Perception of Self through Mirror-Viewing: Insight into the Experience Following Limb Amputation

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AIMS

Specific Aims- Generate a) description of the mirror experience following a limb amputation and perceptions of the relationship between this experience and well-being, and b) perceptions of appropriate clinical and/or educational mirror interventions.

Definition- In this project, mirror-viewing is defined as viewing one’s own body, including viewing the affected limb in a mirror.

Impact on Outcomes- Body image anxiety in amputees has been shown to be related to increased depression and anxiety and lower levels of quality of life and self-esteem.

Review of Literature- The U.S. Department of Veterans Affairs is recommending a paradigm shift in amputee care beyond prostheses with a greater focus on many aspects of care including body image. A literature review undertaken prior to this study synthesized qualitative findings that revealed the mirror recovery experience may have three key elements: facing the mirror; recognizing self; and accepting self.

Purpose- Currently, nurses, occupational therapists, physical therapists, and psychologists have no evidence based interventions to guide them in how best to facilitate the mirror-viewing experience.

METHODS

Ricoeur’s philosophy of phenomenology and hermeneutics is the philosophical foundation for this study. The PI performed research studies on mirrors and the mirror-viewing experience, in oncology patients, the elderly, and in various settings, prior to this qualitative study.

Small focus group discussions were facilitated among individuals (n=17), ages 17 – 68 (mean=43) who have had an amputation.

The discussions were facilitated by a moderator’s use of semi structured questions:

- Tell us about an experience of looking in a mirror since the amputation and tell us about one of the first times you saw yourself in a mirror after your amputation.
- What were your feelings? What were your emotions?
- What was your self-talk before/during/after looking in the mirror?
- Tell us about the journey of viewing self in the mirror the first time to what it is like to view self in the mirror now and what might each of the stages of this journey be called?
- What would you say is really important for healthcare providers to know about mirrors?

This multidisciplinary research approach next called for naïve readings of the transcribed text of the small focus group discussion, structural analysis and phenomenological interpretation.

RESULTS

Participant statements which referred to the experience of viewing self in a mirror were brought together in several combinations until an understanding of the experience began to emerge. Through dwelling with the textual data, elements of the trajectory of the experience began to take shape: shock, anguish, seeing only the affected limb, seeing the whole self, and acceptance: a new normal.

Two structural themes emerged from the data: mirrors as an everyday occurrence except in healthcare and healthcare providers’ lack of mirror knowledge.

There are two distinct uses of the mirrors: One is to begin to recognize, adapt, and adjust to a new body which, according to participants, should begin with the initial viewing that is facilitated by a rehabilitation nurse or other health care provider. The other use of the mirror is utility, in that the mirror may be used as a tool to assess skin breakdown, and to monitor gait and balance.

Participants believed support was essential when an amputee first views self in a mirror. The essential elements of initial mirror-viewings include support, offering of the mirror (full length), and universality.

DISCUSSION

Consent to what one sees in the mirror ranges from devastation to acceptance. One participant talked about taking one of two paths:

“In the mirror …you learn to accept it sooner and pick up and…Ok this is life now, let’s move on or the other person is like…I just want to lay here and die…two different paths”.

SIGNIFICANCE

We believe this project provides an understanding of the mirror experience and offers information that will allow for the development of sensitive and professional clinical mirror interventions and appropriate education for patients and clinicians. A proposal for development and study of an educational intervention for rehabilitation nursing staff is now under review.

In addition to a publication and conference presentations, two videos have been developed (one for the general public and one for nurses).