

Social Resilience and Self-Esteem Among Amputees: A Case Study of Amputees with Positive Self-Esteem

Ndje Ndje Mireille^{1*} and NUNG Nadège FOJE²

¹Ph/D in clinical and Pathological Psychology, Department of Psychology, Faculty of Arts, Letters and Human Sciences, University of Yaounde I, Cameroon.

²Master's degree in Science of Education, specialisation: Physical Handicap, Faculty of Sciences of Education, Department of Specialised Education, University of Yaounde I, Cameroon.

*Correspondence:

Dr. Ndje Ndje Mireille, Department of Psychology, Faculty of Arts, Letters and Human Sciences, University of Yaounde I, Cameroon.

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ABSTRACT

We are living in a society in which people will value you, respect you and accept you in relation to your appearance. So many handicaps especially amputees are not often given that chance to show their worth and are most of the times neglected in the society. These persons are at times discriminated, and have barriers that restrict them from participating in social activities such as, to move freely, to vote, to participate in sports and other cultural activities, to enjoy social protection. As a result of their amputation, their body image has been tempered with but how ever some amputees manage to have a positive self-esteem despite their body image. To better understand this topic we carried out a semi-directive interview with four adult with lower limb amputation all in the CNRPH Etoug-ebe Yaoundé. All this amputees have a positive self-esteem as was tested by a Rosenberg self-esteem scale. We use the content and the thematic analyses for the interpretation of result of our data collected. From the interpretation of result of our study, we came to the conclusion that lower limb amputees can still maintain a positive self-esteem despite their body image with the help of some social resilience factors which include prosthesis, employment, rehabilitation, reintegration, psychological support, love and support from family and friends. It is very important for any person to try to have a positive self-esteem as self-esteem is an important factor to mental health. People with positive self-esteem turn to experience more happiness, optimism and motivation.

Keywords

Social Resilience, Amputation, Self-esteem, Body image.

Introduction

Our daily activities may expose us to accidents that can lead to the amputation of one of our limbs. Equally, diseases like diabetes and other related disorders can lead to amputation. In the course of a war, since we are living in a society where violence and armed conflicts are inevitable this can also cause amputations. So many authors have written about amputation and their causes which may include domestic, workplace or road traffic accidents, natural disasters like earth quakes, tornados and tsunamis, physical violence of all sorts, in the course of a war and armed conflicts, traumatic and injurious events like fire out breaks and the collapse of buildings, as well as different type of diseases. According to the latest Multiple Indicator Cluster survey (MICS 2011) 5.4 % of the population in Cameroon suffers from at least one disability. According to this survey published by the Cameroonian press

Monday, July 15, 2013, sensory impairments (3.5 %) are the most common, especially visual (2.2%) and hearing impairment (1.6%), followed by motor impairments (1.2%) which are mainly deformities of the lower or upper limbs. We also learn that the proportion of people with disabilities is higher in rural areas (6%) than in the urban areas (4%) and this proportion increase steadily with age from (1%) among children from 0-4 years to (6%) among people aged 25-49 years and reaches (19%) among those aged 50 or over. These percentages show that a good number of persons in our society are suffering from different types of disabilities and amongst these different disabilities we equally have lower limb amputees. We will try to find out what happen to these amputees after their amputation that is why some of the amputees can still maintain their self-esteem despite their body image.

Tangnyin C, et al. [1], carried out a study in Yaoundé on patients aged 5 to 73years with a mean age of 42years. This study shows that many people in Yaoundé have a body image that has been

tempered with because of amputation and some of this amputees still manage to maintain a positive self-esteem despite their amputation. According to (WHO, 1954), the problem of the amputee has been recognized as one of world-wide important problem involving social, economic, industrial and psychological domains. Available statistics show that the number of amputees in certain western countries varies between 0.5% and 1.25% of the population. An idea of the extent of the problem of the civilian amputee may be gained from the following figures during the second world war, approximately 20 000 persons suffered amputation in the armed service of the USA, and 120 000 civilians lost their limbs from accidents and diseases during the same period. It was agreed that on the method of obtaining statistical information, it should be the formation of some central body in each country which could collect the necessary figure from the various organization concern with the supply of prostheses, such as the armed service, the ministries of social affairs, veterans, health, State and industrial organization, insurance societies, welfare and benevolent organization, and limb-makers' trade association. It necessarily follows that statistics and should be obtainable in those countries in which there are already one or more limb-fitting centers.

Gallagher & Maclachlan [2] in a research aimed to explore whether and how people think about their amputated limb, and whether if they considered anything good had emerged from their amputation. He took 104 people to carry out the Trinity Amputation and Prosthesis Experience Scales (TAPES) and two open ended questions. Most participants were young and had traumatic amputations. 56% of the people thought about their amputated limb. People with bilateral or a trans-femoral amputation were more likely to think about their amputated limb than people with a trans-tibial amputation. 48% considered that something good has happened as a result of the amputation. Furthermore, finding positive meaning was significantly associated with more favorable physical capabilities and health rating, lower levels of Athletic Activity Restriction and higher levels of adjustments to limitation. The above assertion shows that some amputees were still able to maintain a positive self-esteem despite their body image. Self-esteem reflects an individual's overall subjective emotional evaluation of his or her own worth. It is the decision made by an individual as an attitude towards the self. Self-esteem encompasses beliefs about oneself, (for example, "*I am competent*", "*I am worthy*"), as well as emotional states, such as triumph, despair, pride, and shame. Amputees will turn to evaluate themselves at times negatively because of their modified body image.

According to Postma, Kingma & Ruiters [3], physical complaints were reported more often by patients with amputated limbs and the amputees showed low self-esteem and isolation in social life, due to their disability and also there felt diminution on the quality of life and disability as measured on the visual analog scale. Bessel, Dures, Semple, & Jackson [4], body image encompasses the way in which a person feels that his or her body image will affect interaction, playing a significant role in social and interpersonal relationship. The body image of an amputee can therefore affect the interaction, social and interpersonal relationship among peers

negatively and hence low self-esteem. However, despite the fact some will have low self-esteem others will still maintain a positive self-esteem despite their body image with the help of some social resilience factors.

Varna, Rubinfeld, Tarbot and Setoguchi (1939) affirms that social support, family functioning, self-perception of appearance, school, behavior, athletics and social competence as well as daily Hassel which are regroup under a general term social resilience were investigated as determinants of positive self-esteem with continental/ acquired limb deficiencies, so amputees can still have a positive self-esteem despite their body image. Our objective is to understand how some of the social resilience factors will help amputees in the CNRPH maintain a high self-esteem despite their body image.

In societies where in the number of disability due to amputation seems to be on steady increase, yet persons with disabilities live and seldom survive in communities not well adapted to accommodate them. However, the extent of their survival most likely depends on their self-esteem which otherwise varies among the amputees. How therefore could one account for the remarkable degree of survival noticed among some amputees living in Yaoundé. Giving the fact that we are living in a society in which people will value you, respect you and accept you in relation to your appearance so many handicaps especially amputees are not often given that chance to show their worth and are at times neglected in the society. These persons are at times discriminated, and have barriers that restrict them from participating in the activities of the society such as to move freely, to vote, to participate in sports and other cultural activities, to enjoy social protection. Therefore, this causes them to feel neglected and thus have a low self-esteem. Given the fact that in the world of today, people pay much attention on physical looks.

The way you appear in front of someone will determine the way that person will value you. So, people turn to pay much attention on their body, the way they view them self and the way others view them. In this article we are working with amputees who with the help of some social resilience factor can still maintain a positive self-esteem body image even though some research as shown the contrary that is amputees usually have a negative self-esteem.

Methodology

This study was carried out in the CNRPH (Cardinal Paul Emile LEGER National Center for Rehabilitation of Persons with disabilities) at Etoug-ébe in the Central region of Cameroon.

The CNRPH is a rehabilitation center so after amputation must amputees comes to this center from other hospitals for rehabilitation and after rehabilitation or in the rehabilitation process many amputees turn to regain their self-esteem. To select the participants we have respected a certain procedure. Firstly the Rosenberg self-esteem scale was pass on a total number of 10 lower limb amputee at the CNRPH and 8 participants responded to the scale and the other two just when with the scale. Two of them had a low self-esteem that is after calculating the scores their total

score was below 15. After using the criteria of exclusion out of the 10 lower limb amputees we went ahead to carry out our interview with four participants

Description of participants

Elements	Armstrong	Martin	Victor	Jack
Age	36years	36years	25 years	54 years
Sex	Male	Male	Male	Male
Type of Amputation	Transtibial Amputation	Transtibial Amputation	Transfemoral Amputation	Transtibial Amputation
Duration of amputation	22 years	1yrs 3months	3years	1 year
Region of Origin	S.W Region	N.W Region	Central Region	Littoral Region
Marital Status	Married	Married	Married	Married
Occupation	Orthoprothesist	Security	Soldier	Business man

Table 1: Descriptive table of our participants.

Our research is a qualitative research and we have a clinical orientation due to the fact that it deals with a particular case that is case study. Our entire interview took place in the consultation room at the functional re-education services in the CNRPH (Cardinal Paul Emile LEGER National Center for Rehabilitation of Persons with Disabilities) at Etoug-Ebe in Yaoundé Central region of Cameroon. We start by evaluating the participant self-esteem since we aimed at working only with lower-limb amputees with positive self-esteem. We present to the amputee the Rosenberg's self-esteem scale for him to feel and when he is done we do a fast calculation of the scores and if the patient has a positive self-esteem we proceed with our interview. The collection of data from amputees with positive self-esteem needed an important ethical consideration. So we had to make sure that we don't ask questions that will make them feel bad about their situation. We also try to respect and keep all information gathered in confidentiality that is why we use fictive name in the interview of these documents so that anybody reading this piece of work will not be able to identify the participant. During our interview, we tried to install and conserve an atmosphere of mutual confidence and respect.

Findings

From the analysis, the four participants of the study are all Cameroonian adults from the age of 25 years to 54 years. These adults are from different backgrounds. They all have different causes of amputation, different experiences before and after their amputation and equally they have different reasons that made had a positive self-esteem despite their amputation. Armstrong says his amputation resulted from a tumor on his leg, Martin amputation comes as a result of accident of circulation on his way back from work on his bike, Victor's amputation is as a result of a wrong administration of an injection on his buttock that led to a trauma on the sciatic nerve leading to paralysis and finally to amputation of the leg and lastly Jack amputation is as a result of his diabetes that cause a wound on his leg to only got bigger and finally to amputation.

Before amputation each participant had a life, had activities he carried out so we try to find out from each participant how their life looks like before their amputation and the entire participant said before their amputation there where happy with their families and friends and there all had something doing. The first participant Armstrong was a student going to school, the second participant Martin was working with the American embassy before his amputation, the third participant Victor is a soldier in the Cameroon military and finally Jack is a business man. Participant where also ask to talk about their daily experiences after amputation. This was to find out the challenges the participant face after their amputation so that at the end we will try to find out the reason for their positive self-esteem despite these challenges. All the four participant mention the major challenges like Armstrong who was not longer able to go to school, visit friends and others and Martin could no longer carry out his task at his job side effectively and it was difficult to displace himself, Victor could no longer hang out with his friends, carry out his job effectively and Jack business was going down with no one to support him and to support his business too. The entire participant talks of the difficulties with their family and difficulties to relate with friends due to their amputation.

Finally, participants were ask to talk according to them the reasons there could still maintain a high self-esteem despite their amputation in which each participants gave his own opinion. According to the first participant Armstrong what made him to be able to maintain a positive self-esteem despite his amputation was his family first and he went ahead to talk about his life at the rehabilitation center in which he spend five years, he equally talk about his social life and then his wife and children. The second participant what really made him able to get a positive self-esteem despite his amputation is his wife and children first, he talk about his job and lastly his friends. The third participant Victor what made him to be able to get a positive self-esteem despite his amputation was the support he had from his friends, the fact that he could walk again with the help of prosthesis and lastly his family. According to the last participant Jack what made him to be able to have a positive self-esteem despite his amputation was firstly the support he got from his family, and the fact that he was able to purchase a prostheses that help him to walk again. All the four participants had their reasons why there think there are able to maintain a positive self-esteem despite their body image but it should be noted that most of them talk about family acceptance and support, friends support, their jobs, the use of prosthesis and their social life as the reasons for their positive self-esteem despite their body image and all this reasons comes at different levels or there lave different priorities.

Origin of amputation

According to Richa S, Wim JA, in developed countries, vascular complications are the major contributors to lower limb amputations, whereas in developing countries, traumatic accidents are the major cause of amputation. This can be seen in the case of Armstrong when he says, "I had an accident when I was just fourteen" he continue to explain that the accident was not the main cause of his amputation but a tumor on his leg as a result of the accident as he says, "in the course of my accident I had a wound on my leg

but after some months a tumor was notice in the area where the wound was found". Accidents are one of the most common causes of amputation in our country. People are involve in a car accident, bike accident, accident at work and many other form of accident on a daily bases. This can equally be seen with the case of Martin when he was ask to talk about the history of his amputation he says,

"it was one faithful evening on my way back from work on my bike when I was knock down by a lorry running over my one leg, I was immediately rush to the hospital but my leg could not be safe by the doctors, the only solution was to cut off the leg totally and that was the results of my amputation".

Some other common causes of amputation include Vascular complications and diabetes are burgeoning health issues in developing countries, and diabetic ulcers are precursors of lower limb amputation. When Jack was asking to talk about the history of his amputation he first says, *"some few years behind I was diagnose with diabetes"*. What lead to his amputation was diabetes eventhough he later on explain that he had a wound on his leg that grow bigger and lead to the cutting of his leg as he says

"I had a wound on my leg that was getting bigger and bigger. I visited so many hospitals but with all the drugs that I could take none could cure my wound but the wound only growing bigger. Finally my doctor told me that the only solution was that my leg had to be cut off. It was the most terrible news I had the whole of that year but I had no choice but to aloud my leg to be amputated".

Daily experiences and relationship with family and friends before and after amputation

In other to find out how much amputation can affect an individual we need to understand the person life before his amputation and his life after his amputation. We try to find out from the different participants their life before amputation that is their daily activities and relationship with family and friends before amputation. According to Stanley Coopersmith in his theory of self-esteem, self-esteem is built positively from early childhood depending on how the individual was raise that is if the individual is raise with love and security. This love and security will mostly come from the family and the immediate environment of the child. This can be seen with case of Armstrong who had a happy childhood with his family before his amputation. This can be seen when he says, *"As a young boy of 14years I had a normal life like any other kid. I went to school and carried out my daily activities like any other kid of my age. I grow up with my parents and equally had brothers and sister, what I can describe as a happy family. I had friends that I played with in school and at home. Generally I can say I was a happy kid"*.

This can be equally be seen according to Brown et al., The affective model of self-esteem shows that firstly self-esteem that is form early in life is in response to relational and temperamental factors that could be with the child interaction with one another in school and in the environment and the relationship the child has with the people he meets and secondly once this self-esteem is form the child will now have the ability to promote, to protect

and able to restore the feeling of self-worth. According to Ahmed M, [5], self-esteem is an important determinant of emotional well-being that is persons with high self-esteem have the possibility of having a more stable emotion a can equally control their emotions in times of crises. William J, one of the founding fathers of western psychology says that self-esteem is an important factor to mental health. He continued that people with positive self-esteem with turn to experience more happiness, optimism and motivation. We can say Martin had a positive self-esteem already before his amputation when he says,

"I go to work every day and I had a good relationship with my colleagues and I have friends too that I interact with them on a daily bases so I can say my life was simple and normal before my amputation".

There will always have reasons to celebrate and feel happy in their life situations and even in situation of crises there are always positive while expecting better days ahead and with this are motivated to continue pushing forward in life and so there are less depressed, anxiety and hardly fine them in a negative mood. After amputation most patients face it very difficult to accept their new body image immediately. It is very frustrating to them how there are going to adapt in the society without one of their limbs. According to Aherton and Robertson given the many challenges and the experience of loss adjustment to amputation is at times difficult to some people and this can hence trigger psychological distress in an individual. Usually individuals are required to adapt to their new situation and this often required much time for them to adapt in their new situation and some others becomes depress, have anxiety, social discomfort and this equally have an effect to people around them. This can be seen in the case of Jack when he says,

"The first months after my amputation was a very difficult moment for me, I feel like my world was coming to an end, like I could do nothing with one leg and more so my business was going down with no one to manage it but I thank God for my wife and children that was there to support me".

In the same light Kindon says amputation leads to a loss of one's perception of wholeness, symbolic castration, and even death as clearly seen when Martin says, *"I preferred I had died in the course of my accident because I did not believe I could live with just one leg"*. Perception of one's wholeness here is in relation to his body image. The amputee will turn to feel that something is missing that is he will have a perception of himself as a half person or someone lacking. Anamika et al. [6] holds that, the loss of the limb may cause distress not only due to the loss of a body part but also due to the role limitation and the need for adjustment to the changed lifestyle options and this can be seen in the case of victor when he says, *"After my amputation so many things change. I face a lot of difficulties. I needed help to carry out most of my activities"*. The individual undergoing amputation may be at risk of developing depressive disorder due to multiple factors such as feelings of loss, self-stigma, and difficulty in coping up with the impairment.

Reasons why amputees can still maintain a positive self-esteem despite their body image

However, despite these many difficulties faced by amputees after their amputation, there are still able to maintain a high self-esteem.

Personal and environmental factors

According to Sinha R et al., Personal and environmental factors plays a very important role in determine the outcome after amputation and the long-term functioning of and amputees. Personal factors will depend on the individual, how the individual in willing to accept his situation as Martin puts it, *“With the help of my family and friends I start learning to accept my situation”* and at times will equally depends on the individual past history before amputation and the environmental factor will just depends on the environment in which the amputee find himself and this environment we have all the people around him and the way he turns to interacts with the people around him. To victor, he says, *“My friends had a great role to play in my life throughout my amputation period. There stood by me even more than my family I can say. There supported me and gave me all the encouragement I needed during this period”*.

To Armstrong he says,

“I am happy because though I am an amputee I am able to carry out my different social activities. I have so many friends at my job side that treat me like any other normal person and some of them even look up to me for help in case where there face some difficulties. I carry out other social activities like swimming and running”.

Psychosocial support

According to Desmond D & Gallagher P. [7] talks of the psychosocial support as an important determinant for adjustment to amputation. This will equally have an effect on the quality of life (QOL). After amputation, the amputee need to be prepared psychologically for him to be able to manage his new body image and this can be done with the help of a psychologist that is the psychologist will counsel the amputees in other to enable him face his new body image. The society equally has a great part to play in relation to the quality of life of amputees. Martin in this case says, *“I had friends that we socialize together. We hang out and took some bottle of beers and had other fun activities that really made me happy. I still carry out my activities and the things I use to do even before my amputation like going to the field but this time to watch others play and cheer them up and not to play as I use to do”*.

Sinha R et al., still holds that Psychosocial support is also a very important factor for the adjustment of amputation. Psychological support is very important after amputation because this will help the amputees to accept his new situation and this can be mostly done by providing a counseling section with the amputees and his amputation and a continues follow up by a psychology till the amputee finally accept his new situation as clearly seen in the case of Armstrong when he says, *“whenever I have a talk with the psychologist I always feel so happy and motivated. she help me push forward and become a better person despite my amputation”*.

The society need to accept the amputee with his new situation and be willing to give him their maximum support especially family and friends. Martin in his part says,

“What makes me to regain my happiness after my amputation was my wife. It’s like her love for me increase after my amputation. She took good care of me and supported me in all possible means, her prayers and encouragements keep me going. Equally my children took care of me too. My family in general has been very supportive. My friends and colleagues too where supportive. There did not abandoned me in moments like this, there always visited me with words of encouragement. I really did feel loved”.

Rehabilitation

According to Johnson VJ, Kondziela S, Gottschalk F [8] Quality of life (QOL) is recognized as an important outcome of rehabilitation programme in which mobility is considered an important rehabilitation goal which have a great effect on the quality of life of an amputees. In the cause of this rehabilitation programme the amputee will learn how to walk, manage his new situation which will help him to better re-intergrade in the society and enable him to carry out his activities. This can be clearly seen when Armstrong says,

“my experience in the five years I made in the rehabilitation center.....we had many activities that included sporting activities that made us live a normal life, we were train in different trade of our choice and you could as well further your education in the area you want, according to your abilities”.

Gallagher P, Mac Lachlan M [9], Rehabilitation is very important factor in determining the quality of life especially in relation with prosthesis. This rehabilitation center is where the prosthesis is being fixed and fitted and the amputees equally learn to move with this prosthesis. Some of this rehabilitation centers, the amputees are taught activities that will enable to better re-intergrade into the society. Hence the Proper appraisal of the relevant factors in the rehabilitation programme would be helpful in establishing an effective treatment. Effective use of prostheses and employment reintegration measures would be helpful in improving the quality of life in amputees. Armstrong says he have a job thanks to the training he got from the rehabilitation center as he puts it, *“today I have a job at.....my job has given me has given me a happy life and help me able to maintain my self-esteem”*.

Employment and reintegration

Must amputees are suffering from unemployment because of their situation there cannot perform certain tasks which there used to, for this reasons there are not able to meet with their family responsibilities and can lead to depression and hence a low self-esteem. According to Richa S, et al. in a study of the factors affecting quality of life in lower limb amputees, holds that more than half of amputees are suffering from unemployment and their unemployment is prior to amputation. According to the study amputation have a great impact on employability and this can be solved through vocational rehabilitation and other means. Most of the amputees are made up of the male population. Armstrong says,

“today I have a job at.....my job has given me has given me a happy life and help me able to maintain my self-esteem” and Martin on his part puts it this way,

“Even though I can no longer fulfill my tasked as a security in the embassy I did not loss my job. I was rather change and placed in an office to carry out different task so I can still support my children and send them to school even after my amputation. This really gave me much hope that even with my amputation and could still live a happy life”.

According to Heikkinen M [10] the population of amputees are made up of mostly male than females and this can be explained due to the fact that men are more expose to activities that can lead to amputation some of which include war, risky jobs and others. The unemployment status of this male amputees can have a direct impact on the family’s income and living standard since most families especially in Africa depends on the man for survival so this as a result will not only affects the quality of life (QOL) of the amputee but it will affect the whole family at large. Unemployment may be distressing for the amputees and potentially affects his mental functioning. This can be seen in the case of Martin when he says,

“Support from job side. The embassy opted to provide me with the prostheses that I am using now and with these prostheses I can carry out most of my activities now. Even though I can no longer fulfill my tasked as a security in the embassy I did not loss my job. I was rather change and placed in an office to carry out different task so I can still support my children and send them to school even after my amputation. This really gave me much hope that even with my amputation and could still live a happy life”.

Use of prosthesis

There is much hope for amputees of our days because of the common use of prosthesis. With the use of prosthesis most amputees does not need to worry again of mobility issues because this amputees can now go around alone and carry out their activities and equally help to protect their body image. According to Richa S, Wim JA, an amputee will live with his amputation for the rest of his life, but however the amputated part can only be modified with the help of a prosthesis which can help to improve his daily functioning and equally help him to be able to adapt to this dramatic change as Armstrong puts it, *“The second year after my amputation life was becoming normal again. My family could afford me prostheses”* he says. *“My family provided for me my first prostheses”.*

“The use of prosthesis could be an important tool and mediator between disability and emotional well-being” [11]. At least one of a person’s activities each day is restricted when a prosthetic limb is not use by an amputee [12]. Using prosthesis is very important for an amputee. According to Murray [12], using prosthesis has the potential for significant increase in one’s psychological health and also improving body image with limb loss. Victor says,

“What made me happy and was able to gain a positive self-esteem is when I had the news that could work again with the help of prosthesis. The ministry of defense had signed a document so that prostheses can be manufacture for me and I am still following up

the documents so that I can finally have my prostheses. I can’t wait to have my prosthesis; I have a feeling that with it I can have a normal life again”.

The results obtained from this study have enabled us to have a global view of the phenomenon of social resilience in relation to self-esteem on amputees. Most studies would hold that amputees generally have a low self-esteem because of their modified body image but this is not usually the case because after carrying a self-esteem test with the help of the Rosenberg’s self-esteem scale with lower limb amputees from the CNRPH we came to realize that most of the amputees had a positive or high self-esteem.

Conclusion

Many authors hold that amputees generally have a low self-esteem because of their body image. According to Anamika et al. [6] amputation may result in the patient being severely affected emotionally and result in poor quality of life. Because of emotional trauma this can lead to low self-esteem and depression that will affect the person’s life style in negative aspects. This article is center on those motivating factors that help and amputee to maintain a positive self-esteem despite their body image. Some of the reasons why these amputees can maintain a positive self-esteem can be seen in William James theory of self-esteem. According to this theory, *self-esteem is equal to success/preentions*. Pretensions to him stand for our goals, values and what we believe about our potentials. If our achievements are low and our believes, potential, goals and value are high we see our self as a failure and hence low self-esteem. This is the case of most amputees because of their body image and the difficulties they face as amputees some of which include lack of mobility, unemployment they cannot really achieve what they believe hence low self-esteem.

On the other hand if our achievements are higher and our believes, potential, goals and value are low, we see our self as successful and therefore high self-esteem. The main concern here is how can an amputee achieve more than believe, potential and goals? The use of prosthesis for mobility, reintegration of amputees to new job will help reduce the problem of unemployment among amputees and equally the rehabilitation centers can train amputees to be able to carry out various activities with their amputation that will help to reduce unemployment. This will help them achieve more than their believes, potential and goals hence a high self-esteem.

To enhance the reasons of positive self-esteem among amputees, Cooley and Charles theory of symbolic interactionism claims that people will turn to base their thoughts and behaviors towards things and people base on the value there believe those subjects possess. This thoughts and behavior is greatly modified interaction with others and their influence. These two theories proposed that self-esteem is built with the help of interaction with others in the society rather than an individual inner notion of self-worth.

Amputees will be able to rebuild their self-esteem if there interacts with others in the society especially the people who are considered as every important to them, here we can think of family and

close friends. The main objective was to understand how some amputees, maintain a high self-esteem despite their body image, with particular focus on lower limb amputees in CNRPH at Etoug-ebe in Yaoundé. The collection of data was done through the semi-directive interview that was conducted on four adult with lower limb amputation all in the CNRPH Etoug-ebe Yaounde. All this amputees have a positive self-esteem as was tested by a Rosenberg self-esteem scale.

We use the content and the thematic analyses for the interpretation of result of our data collected. From the interpretation of result of our study, we came to the conclusion that lower limb amputees can still maintain a positive self-esteem despite their body image with the help of prosthesis, employment, rehabilitation, reintegration, psychological support, love and support from family and friends. In addition to the above theory, other areas of interest that help the amputees to be able to maintain a positive self-esteem despite their amputation we have the personal and the environmental factor. The personal we talk about the amputee himself, how he is able to deal with his situation, if he is willing to accept his new body image and live a happy life with it and the environmental factor we talk about the environment in which the amputee fine himself, the people around him, the love shown to him by family and friends.

As Ustun, TB et al. rightly puts it, Personal and environmental factors have and important role to play in determining the outcome after amputation and the long-term functioning of the amputees. The personal factors will depend on the amputees, how he perceives his amputation and how he goes about it; this will have a great role to play in relation to the quality of life (QOL) of the amputee. The environmental factor have to do with the people around the amputees, his family and friends and the role there play in the amputees life after his amputation, this will have a great role to play in the quality of life (QOL) of the amputee. The support of people close to the amputee is very important to enable him maintain his self-esteem. These can be seen as all the participants keep on mentioning the help of their family and friends. Psychosocial support is another very important element that will help the amputee to maintain his self-esteem after amputation. After amputation a psychologist need to help prepare the amputee to face his new body image.

According to Desmond D, Gallagher P [7], talks of the psychosocial support as an important determinant for adjustment to amputation. This will equally have an effect on the quality of life (QOL). After amputation, the amputee need to prepared psychologically for him to be able to manage his new body image and this can be done with the help of a psychologist that is the psychologist will counseling amputees in other to enable him able to face his new body image. The society equally have a great part to play in relation to the quality of life of an amputees. Another very important area that we will like to look at that help an amputee to have a positive self-

esteem despite his amputation is the rehabilitation programmer. It is with the help of this program that the amputee will learned to live with his new body image and equally adapt to the environment.

According to Johnson VJ, Kondziela S, Gottschalk F., Quality of life (QOL) is recognized as an important outcome of rehabilitation programmes in which mobility is considered an important rehabilitation goal which have a great effect on the quality of life of an amputees. In the cause of this rehabilitation program the amputee will learn how to walk, manage his new situation which will help him to better re-intergrade in the society and enable him to carry out his activities.

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