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MIND AND THE BODY FROM THE PERSPECTIVE OF REHABILITATION MEDICINE

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Summary

The main rehabilitation goal is to give a person faced with disability optimal functioning, i.e., to enable them to optimally participate in all aspects of life (education, family, professional, recreational, social). Contrary to this, rehabilitation is not an enhancement of a healthy, normal-functioning person. Personal factors (i.e., patient's personality, attitude, motivation and expectations, cognitive function, level of education, cultural norms, patient's age, and comorbidities) interact with impairment, activities limitations, and participation limitations, thus strongly influencing rehabilitation outcomes. When faced with disability a person goes through a 5-stage process of grief: a stage of shock, denial, frustration and anger, and finaly acceptance. The process is highly personal and it is not linear, thus everyone can go through the stages differently. There are some factors that tend to affect the length and depth of the personal change curve, i.e. how deeply an individual is affected by the change, the personal optimism, confidence, and the extent of control (or influence) a person feels to have over the change. To change the brain, rehabilitation interventions must have some meaning and reverence and have to be important to the patient, thus the rehabilitation goals should not only be realistic but should be important to the patient. The patient's motivation is indicated by the patient's compliance with rehabilitation. Intrinsic motivation is present when the patient augments compliance with a desire to recover for him- or herself. A motivated patient expresses a bold and proactive demeanor, involving certain appropriate forms of behavior. Those patients frequently ask relevant questions (e.g., the reasons for performing a specific exercise) rather than focusing on unimportant issues, ask for a more intense rehabilitation program, show an understanding of rehabilitation interventions, initiate therapeutic activities, and perform therapeutic exercises when alone.

Motivation may be affected by the individual patient's personality (an optimist or a pessimist), clinical factors (age, severity and progressive course of the disease, impaired cognitive functions, depression), family factors (unrealistic expectations, overprotection), cultural factors (fatalistic norms that present disability as a deserved state rather than something to be overcome), and the rehabilitation environment. A stimulating rehabilitation environment involves things like a nicely decorated patient's room (bright and sunny with a view to the green, and pictures of nature on the walls), communal meals, a well-maintained day room, group treatment sessions in which patients can share beliefs about rehabilitation and observe each other's progress, and positive behavior of medical professionals with respect to the patient's dignity and avoidance of labeling the patients. Patients describe being treated with dignity by the rehabilitation staff as being an active participant in the process of rehabilitation, being appreciated and understood, being heard (the patient's feelings and thoughts are respected), being given time and being respected as a person. There is no, or little evidence from clinical randomized trials that a patient's positive thinking, or a positive attitude may directly influence healing processes after an injury, or cure a disease, i.e. restore body structure or function. Lack of evidence from clinical trials, especially when there are no relevant trials on the subject, does not mean direct influence of positive attitude on physical and mental health does not exist. One can speculate that there is a strong connection between the mind and the human body. There is some evidence of dispositional optimism in promoting higher levels of cognitive functioning in people who sustained a traumatic brain injury, thus dispositional optimism is related to psychological functioning, which in turn predicts improved cognitive and functional outcomes. Indirect positive influence of positive thinking or dispositional optimism on mental and physical well-being may be explained by the promotion of a healthy lifestyle as well as by the adaptive behaviors and cognitive responses, associated with greater flexibility, problem-solving capacity, goal adjustment, and a more efficient elaboration of negative information, all resulting with better compliance with the rehabilitation process. There are four goods of life: happiness, achievement, knowledge, and rewarding relationships. In principle, there is compatibility of disability and the goods of life. Sometimes people with disability are thwarted from achieving a particular good of life due to their own expectations or attitudes.

Keywords: rehabilitation, optimism, attitude, motivation, dignity

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