

# Scoliosis and Emotional Health

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## What are the possible emotional issues and adjustment difficulties related to scoliosis?

Following the diagnosis of scoliosis, the children may have to adapt to the new daily routine physically and psychologically. These include attending medical follow-ups and receiving treatment such as wearing a spinal orthosis and doing exercise.

Adapting to live a life with scoliosis could be challenging for children and their parents. Some might feel overwhelmed by different emotions, or simply could not accept the diagnosis. Some might try to look for the cause or factors leading to scoliosis. Others might worry about the treatment and prognosis.

Children with scoliosis may come across possible emotional issues and adjustment difficulties as follows:

- Feeling “different” from their peers and developing a sense of inferiority or shame.
- Hiding their spinal deformity by wearing additional clothing and avoiding participation in certain activities such as swimming.
- Developing psychological symptoms such as anxiety and/or depression leading to social withdrawal.
- Distorted perception in body image, especially in the initial stage of orthosis-wearing.
- Non-compliance to treatment, not keen to wear orthosis or doing exercise.
- Alteration in the role and daily life of family -
  - Daily assistance from parents such as putting on or taking off spinal orthosis and exercise routines.
  - More consideration to the condition and treatment of scoliosis.
  - Changes in schedules and priorities.
  - Other siblings may feel being left out if parents shift more attention to the child with scoliosis.

Some parents with children diagnosed with scoliosis may have feelings of helplessness, low mood, and anxiety. Some parents may be overconcerned about their children's wellbeing and compliance to treatment. This may create conflicts and stress within the family. Appropriate adjustment in the daily routine to different family members could improve family harmony.

## Coping strategies

Not all children with scoliosis would have emotional issues and adjustment difficulties; some children reported that scoliosis treatment could increase their independence and maturity. The following recommendations may be helpful to deal with possible emotional issues and adjustment difficulties:

- Active involvement in obtaining further information from health professionals such as medical doctor, nurse, orthotist, physiotherapist and clinical psychologist.
- Engaging in regular social activities with peers.
- Maintaining good communication and flexibility.
- Coordinating with the children's schools regarding special health needs.
- Encouraging the children to express their feelings by active listening and being non-judgmental.
- Maintaining positive attitudes and this would influence the children's perspective towards the treatment.
- Involving the whole family to join a mutual supporting group such as the orthosis-wearers group that allows the children to share their experience and provide support for each other.

If the parents and/or their children have persistent emotional distress or difficulties in adjustment for more than 3-4 weeks, please seek help from the medical team to arrange appropriate review and follow-up.

### Other Useful Mental Health-related Websites

- Student Health Service (Department of Health, The Government of the Hong Kong Special Administrative Region)

[https://www.studenthealth.gov.hk/tc\\_chi/emotional\\_health\\_tips/eh/eh/eh.html](https://www.studenthealth.gov.hk/tc_chi/emotional_health_tips/eh/eh/eh.html)  
[https://www.studenthealth.gov.hk/tc\\_chi/emotional\\_health\\_tips/stress\\_management.html](https://www.studenthealth.gov.hk/tc_chi/emotional_health_tips/stress_management.html)

- Scoliosis and emotional issues (SickKids, Canada)  
<https://www.aboutkidshealth.ca/Article?contentid=2010&language=English>

## Reference

1. MacLean W, Green N, Pierre C (1989). Stress and coping with scoliosis: psychological effects on adolescents and their families. *Journal of Pediatric Orthopaedics*, 9(3): 257–261.
2. Reichel D, Schanz J (2003). Developmental psychological aspects of scoliosis treatment. *Pediatric Rehabilitation*, 6(3-4): 221–225.
3. Tones M, Moss N, David W. Polly J (2006). A review of quality of life and psychosocial issues in scoliosis. *Spine*, 31(26): 3027–3038.
4. Danielsson A, Wiklund I, Pehrsson K (2001). Health-related quality of life in patients with adolescent idiopathic scoliosis: a matched follow-up at least 20 years after a brace or surgery. *European Spine Journal*, 10(4): 278–288.
5. Nathan W (1978). Coping with disability and the surgical experience – body image of scoliotic female adolescents. *Clinical Pediatrics*, 17(May): 434–440.
6. Maclean E, William, Green E, Neil, Pierre B, Claudette et al. (1989). Ping with scoliosis: psychological effects on adolescents and their families. *Journal of Pediatric Orthopaedics*, 9(3): 257–261.
7. Andersen M, Andersen G, Thomsen K (2002). Early weaning might reduce the psychological strain of Boston bracing: a study of 136 patients with adolescent idiopathic scoliosis at 3.5 years after termination of brace treatment. *Spine*, 11(2): 96–99.
8. Matsunaga S, Sakou T, Nozoe S (1997). Psychological effects of brace therapy on patients with idiopathic scoliosis. *Journal of Orthopaedic Science*, 2(6): 391–395.
9. Scoliosis and emotional issues  
<https://www.aboutkidshealth.ca/Article?contentid=2010&language=English>. Accessed June 6th 2020.
10. Olafsson Y, Saraste H, Ahlgren R (1998). Does bracing affect self-image? A prospective study on 54 patients with adolescent idiopathic scoliosis. *European Spine Journal*, 8(5): 402–405.
11. Kahanovitz N, Weiser S (1988). The psychological impact of idiopathic scoliosis on the adolescent female: a preliminary multi-centre study. *Spine*, 14(8): 483–485.