

## PSYCHOSOCIAL AND PROFESSIONAL CHALLENGES FOR INDIVIDUAL HAVING CLEFT LIP AND PALATE : A CASE REPORT

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### ABSTRACT

Research shows, learning to live with a change in appearance of one's face as a result of injury or disease is a difficult task.[1] It is additionally challenging for children with congenital craniofacial conditions and their parents to adjust. Evidence shows, amongst the various craniofacial developmental abnormalities, cleft lip and cleft palate occur most commonly, affecting one in 700 live births.[2] The role of physical appearance has proved that a healthy physical appearance, regardless of facial or physical characteristics, is considered attractive.[3] Significant literature has shown, in addition to coping with their physical appearance, children with cleft anomaly in general have to deal with their more superficial psychological issues/ psychosocial limitations. Existing multispecialty treatment care aimed at physical rehabilitation is primarily where as the psychological issues of care are often being neglected.[4] This paper discusses the various psychosocial issues amongst adults and children with cleft lip and cleft palate.

**KEYWORDS:** Psychosocial, Cleft lip, Cleft palate, Social stigma.

### INTRODUCTION

Various physiological and socio-cultural factors contribute in the development of psychosocial issues among individuals with any form of facial anomaly in general. Research shown that children with attractive features are seen brighter, has more positive social behavior and receive more positive treatment by others, in comparison to their less attractive counterparts (4-5). Self image and Self perception plays a vital role in an individual's self esteem and psychological adjustment who are affected by cleft lip and palate anomaly (6-8). Additionally, parental influence also shapes ones psychosocial perception. Parents attitudes, expectations and degree of support can influence a child's perception of their cleft impairment (9-10). It has also seen that sometimes Parents become more tolerant of misbehavior in their with clefts may be and are more likely to spoil their child by being overprotective (4,11). Additionally, interaction with peer also plays an important role in managing psychosocial limitations. Oftenly children with cleft lip and palate may have a less attractive facial appearance or speech in comparison to their peers. Number of teasing incidents reported over facial appearance among those with cleft lip and palate (12-17). A self report research study on determining the psychosocial functioning about cleft lip and

palate, reported greater behavioral problems showed in participants with cleft lip and palate ; were teased often and less happy with their facial appearances (12).

### CASE REPORT

A 24 year, young guy, visited to psychologist for cognitive assessment, for admission in Paramedical course, seems worried about his admission and career, has stuttering voice as he had cleft lip and palate since birth. his father was forth class employee in animal husbandry department and has two more siblings, one is elder sister and a younger brother. Therefore the financial condition of family can be understandable.

Ten years back he quits his studies due to unbearable social mocking, about his problem. he was not just quits his studies but also gave up on his appearance and voice, and doesn't wants to face the situation at all. later considering his financial issues ,he started looking for job and got appointed as compounder in a private clinic and started earning 5000 bucks per month. This job not even gave him financial support but made him courageous to face the society up to some extent. While having deep desire to get over with his problem he undergoes surgery for his problem, but left dishearten ,as he didn't got as improvement as he thought so, but during the course of time he become more mature and capable to handle his problem and decided to continue his studies in the year 2014 he clears his high school

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with 72 %,and later his intermediate with 53% along with his job. In the year 2019 march the owner of the clinic passed away which left him jobless again. He continues his search for job but fails to avail as he didn't have any sort of promising professional degree or diploma, this made him to rethink about his career and studies. As he decided to continue his studies again, he visited to Era's University for Paramedical Course, and face the admission interview were his stuttering voice become point of concern for the Course Incharge and he send him for cognitive screening and check for suitability for technical course.

According to his cognitive screening report he has average IQ, is laborious and calm by nature and above all he accept himself as the way he is which will turn positive in favor of him while dealing with society and co-batch mates. On basis of all screening and evaluation he was found suitable for technical course.

The study concludes that being teased was a significant predictor for non-adaptive psychological functioning amongst the individuals with cleft lip and palate. However, it found limited evidence to suggest that individuals may encounter psychosocial problems as a result of having a cleft lip and palate, with overall adjustment and functioning appearing to be good.

#### **SOCIAL STIGMA AND CLEFT DISORDERS**

A social stigma is created within an individual when he/she is negatively discriminated by labeling him/her different from normal. An individual's own thoughts, feelings and behavior regarding their physical appearance makes their body image attitudes (17). self-image may adversely affect by negative response from outsiders, actual or perceived (4,18-19). Also physical attractiveness is an important phenomena in maintenance and development of self beliefs. Research indicates that self esteem, social competence, and future ratings of attractiveness influences subsequently by preference for attractive individuals (3). Moreover, being physically attractive is an advantageous trait regardless of age. Physical attractiveness has a significant role in social set ups like building relationships in various stages of life, school, courtships, workplace etc. Social acceptance depends on one's physical appearance oftenly. These crucial associations between physical features and social acceptability indicate the psychosocial difficulties for cleft lip and palate affected individuals(4,9).

#### **EDUCATION AND COMMUNICATION PROBLEMS**

Evidence shows that communication problems related to cleft lip and palate are noticeable at a young age. A research study on the development of children with cleft lip and palate infants and toddlers, from birth till

the age of three, reveals that toddlers with cleft palate exhibit 'at-risk/delayed' development in the expressive language domain at 36 months (20). It is also observed that factors like possible speech and language disorders, facial disfigurement, and hearing loss directly affect the psychological development of a child born with cleft lip and palate (21). Research thus makes the association of communication problems with cleft lip and palate evident. To add on to the communication disadvantages experienced by individuals with cleft lip and palate, it becomes more difficult to deal with emotional issues during their academic years. Studies on cleft have shown relationships between (a) facial features and teacher perception, (b) behavioral inhibition and under school achievement, and (c) speech defect and self-esteem (22).

Research shows that underachievers cleft children are in high percentage along with the evidence of behavioral inhibition, concern regarding physical appearance, and decreased expectations by their teachers and parents.

#### **PSYCHOLOGICAL FACTORS IN CLEFT SURGERY**

It is evident that with various limitations that individuals with cleft lip and palate experience, they are vulnerable to encounter various psychological difficulties. Moreover, these limitations build up over a period of time because of the psychological problems faced. For example, speech disorders in individuals with cleft lip and palate seem not because of phonological defects but from psychological problems that may influence the entire development of an affected child (23). Anxiety and depression have also been reported to be twice as prevalent in adults with cleft lip and palate compared with normal controls (24). Difficulties are also experienced in relation to behavioral problems and self satisfaction with facial appearances (12). Moreover, these psychological problems can be interrelated. Anxiety, depression, and palpitations were reported about twice as often by subjects with cleft lip and palate compared with controls, and these psychological problems were strongly associated with concerns about physical appearance, dentition, speech, and will for further treatment (24). Additionally, findings in studies indicated that psychological and behavioral problems depended on the type of cleft deformity. For example, children with only cleft palate showed greater problems with parents, reported depression, anxiety, and learning related to speech than children with unilateral cleft lip and palate or bilateral cleft lip and palate. The latter two groups showed fewer problems and a greater relationship of problem to facial appearance (25). These psychological difficulties are not just limited to individuals/children with cleft lip

abnormality, but also to their parents. Research studies have shown parents to experience mental crisis, based on their own previous background, coping with present stress etc. in bringing up a child with cleft lip (4,26).

### **SATISFACTION AND ISSUES AFTER SURGERY**

Surgery, being the immediate option of dealing with certain issues related to disfigurement, is beneficial in dealing with both physical and psychological issues. Surgery usually results in enhanced self esteem, self confidence and satisfaction with appearance (27). It can be option for young patients to improve esthetic appearance, an important phenomenon in the psychological development of adolescents (28). However, it is necessary for oneself to develop positive self skills to deal with the post surgery situations. Any individual with facial differences, who has fostered these skills, can achieve acceptance, develop positive social interaction skills, demonstrate social competence, and be less likely to exhibit significant adjustment problems (29). Unrealistic, high expectations post surgery may also lead to dissatisfaction, which may further affect an individuals self satisfaction (4). This disappointment and dissatisfaction can also be experienced by parents. Evidence makes the need for disseminating valuable information on the pros and cons of surgery essential. A study on patient satisfaction observed that majority of the patients expressed satisfaction on the care provided, 30% of the parents expressed a need to make them more involved treatment planning decision with most of them having no or inadequate knowledge on cleft lip treatment procedures (30).

### **RESEARCH ON PSYCHOLOGICAL PROBLEMS WITH CLEFT LIP AND PALATE**

Though several research studies have been carried out on various aspects of cleft lip and palate they are insufficient in providing information. Studies do predict some amount of difficulties in psychosocial functioning among cleft lip palate individuals, however there is limited information on the severity and the duration of the same (12). There is no direct evidence of cleft lip palate on behavior. Many studies have shown other environmental, confounding factors such as teasing, leading to poor psychological health, more so than having a cleft lip and/or palate (21). thus conflicting evidence available when it comes to establishing whether children and adults with cleft lip and palate experience psychological problems as a result of their cleft.

Many studies use self reported data for investigating psychological issues of cleft lip and palate, (4,12) thus indicating a possible error of predisposition to self perception Similar self reports by parents and

individual with cleft lip and palate have been reviewed to identify the level of satisfaction post surgery (31). As observed, unrealistic expectations can also play a pivotal role in developing psychological distress. Research on determining the needs of parents as well as patients on cleft lip and palate would be useful in providing basic information of cleft lip palate and its characteristics pre and post surgery.

Additionally, facial growth would change along with age and treatment interventions; longitudinal studies which determine the changed facial growth and the surgery experience should be investigated as possible factors influencing psychosocial functioning (4). An individual's personality traits i.e. level of confidence and environmental factors like upbringing, family background play a central role in influencing behavior. It looks like that research studies of the effects of cleft related conditions on behavior and should examine internalizing and externalizing both dimensions of behavior and consider that there may be subgroups of children showing different kinds of behavior across their different age levels (21). In cases of LAD II (Leukocyte Adhesion disorders II) the main defect is in the rolling phase of the adhesion process. The precise mechanism leading to the severe psychological and growth retardation is still unknown. So, It should be also kept in mind (32).

### **CONCLUSION**

Identifying the common psychosocial factors related to cleft lip and palate remains a major challenge. Extensive research data does suggest that psychological and psychosocial factors have an effect on behavior, but there are limited evidences are available that suggest individuals experience psychosocial problems as a result of cleft lip and palate. More research is required to develop a tool whereby bias in self reporting could be avoided. Additionally, there is a need to evaluate patient and family before surgery and help provide them with relevant information on post and pre-surgery issues.

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