Case report

Value of considering psychological strengths in patients with eye pain

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ABSTRACT

Purpose: To characterize the possibility of strength intervention to improve eye-related quality of life and satisfaction with life of a patient who experienced eye pain and dissatisfaction with the outcomes of ocular surgery. Observation: A young female patient who underwent LASIK surgery and experienced dissatisfaction with the outcome claimed that she had eye pain and had lost her strengths and self-confidence, having lower quality of life despite the successful surgery. We performed strength intervention in an attempt to improve her psychological condition. After the intervention, her quality of life and satisfaction with life improved, although her near vision remained unchanged. Conclusions and Importance: This case report emphasized the importance of considering positive psychological aspects when dealing with patients who are dissatisfied with the outcomes of ocular surgery. Ophthalmologists should proactively consider their patients’ psychological strengths as part of the diagnosis in order to improve their patients’ quality of life.

1. Introduction

Some patients report ocular discomfort and dissatisfaction after laser-assisted in situ keratomileusis (LASIK) surgery, even though the surgery itself had been successful.1 From an ophthalmological point of view, dry eye syndrome or cornea paresthesia has been reported to be a potential reason for these symptoms,1 although this remains controversial.

2. Case report

We report the case of a 34-year-old female patient who underwent LASIK surgery at the age of 24 years, but who experienced dissatisfaction with the outcome.

The patient’s surgery was successful, with postoperative uncorrected visual acuity returning to 20/16. Moreover, her ocular parameters, including tear film breakup time and kerato-conjunctival staining score, were normal (Table 1). Her near vision was also normal (20/20) and her high order aberrations were not severe. However, although she already had reading glasses and used ophthalmic solutions (low concentration Cyplegin) to release ocular accommodation, there was no effect on her sense of pain; she reported experiencing severe eyestrain, subjective dry eye symptoms, and lower quality of life (Dry Eye-related Quality of Life score, DEQS2) after the surgery. Although she used to enjoy handcrafting, she could no longer pursue this hobby because of the difficulty with near vision after LASIK surgery. She stopped doing handcrafting and claimed to have totally lost her self-confidence, because she believed that handcrafting was her strength, and that her inability to pursue this activity meant that she had lost her strong suit.

We conducted a 45-min strength intervention after her regular eye check-up in October 2017 in order to improve her quality of life and satisfaction with life, given that the implementation of one’s strengths is correlated with subjective happiness, even among visually impaired individuals.3 Here, a psychological strength is defined as a particular way of thinking, behaving, and feeling that is authentic and energizing to the user, and enables optimal functioning, development, and performance.4 A strength intervention is a positive psychological coaching intervention, consisting of identifying and appreciating the client’s psychological strengths, followed by 1 week of homework involving application of the identified strengths in daily life. During the one-on-one coaching session, the experienced strength coach listens to the client’s previous success stories and peak experiences and identifies his or her psychological strengths by labeling them with strength vocabulary, such as curiosity, kindness, or bravery. Once the client realizes his or her strengths, the strengths coach encourages the client to articulate good aspects of these strengths and appreciate each of them. Then, the client is required to utilize the identified strengths in daily life, intentionally, for the next week, being aware of the appropriateness of a strength in specific contexts as homework. During the intervention, we identified the patient’s psychological strengths, including curiosity, kindness, and bravery.

We applied an identification process consisting of identifying strengths, appreciating strengths, and applying strengths. During the intervention, the patient’s strengths coach listened to the patient’s previous success stories and peak experiences and identified her psychological strengths by labeling them with strength vocabulary, such as curiosity, kindness, or bravery. Once the patient realized her strengths, the strengths coach encouraged her to articulate good aspects of these strengths and appreciate each of them. Then, the patient is required to utilize the identified strengths in daily life, intentionally, for the next week, being aware of the appropriateness of a strength in specific contexts as homework. During the intervention, we identified the patient’s psychological strengths, including curiosity, kindness, and bravery.

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Over the next week, she intentionally utilized these strengths in daily life activities, such as cleaning a room. Realizing that she still had these strengths helped her regain self-confidence and a positive attitude toward life. Eventually, she reported that her quality of life and satisfaction with the outcomes of ocular surgery had improved. In addition, her use of strengths, as based on the Strengths Use Scale and DEQS, had also increased (see Table 1).

| Variables          | Pre-Strengths Intervention | Post-Strengths Intervention |
|--------------------|---------------------------|----------------------------|
| DEQS               | 81.67                     | 63.33                      |
| SUS                | 16                        | 40                         |
| Ocular parameters  |                           |                            |
| Right eye          |                           |                            |
| Left eye           |                           |                            |
| Visual acuity      | 1.2 (1.2 × S + 1.00D:C-0.75D) | 1.2 (1.2 × S + 1.00D:C-1.00D) |
| Kerato-conjunctive | 10                        | 10                         |
| Tear film breakup time | 10                      | 10                         |
| Keratoconjunctive staining score | 0 | 0 |
| Schirmer’s value (mm) | 25                   | 35                         |
| Corneal sensitivity (mm) | 60             | 60                         |
| High order aberrations (whole) | 0.224 | 0.180 |

DEQS: Dry eye-related quality of life score, which consists of 15 items designed to examine visual symptoms and general functions, including emotional conditions. The total score range is 0–100, with higher values corresponding to lower quality of life. SUS: Strengths use scale, which is a 14-item scale that measures use of strengths by means of a five-point Likert scale (ranging from 1 to 5; total range 14–70), with higher values corresponding to greater use of strengths.

3. Discussion

This case report emphasizes the importance of considering positive psychological aspects when dealing with patients who are dissatisfied with the outcomes of ocular surgery. Our patient’s self-confidence and perceived quality of life improved when she was made more aware of her psychological strengths and started applying them in different ways in daily life activities. Helping her understand that the reason for her enjoyment of handcrafting was that it allowed her to utilize her psychological strengths led her to experiencing more fulfillment and to a sustainable, positive sense of well-being. Moreover, the 1-week intentional implementation of strengths reassured her that she was still capable of performing well by utilizing her strengths, even though her near vision remained unchanged. By shifting her perspective from the deficit model to the strengths-based approach, she began to deal with her sense of disappointment about her ocular discomfort, and her satisfaction with life increased.

4. Conclusions

This report highlights the value of investigating not only the patients’ ocular functioning, but also their psychological strengths, when dealing with ocular discomfort and dissatisfaction after LASIK surgery. Ophthalmologists should proactively consider their patients’ psychological strengths as part of the diagnosis in order to improve their patients’ quality of life.