

Beyond Romanticized Ideals of Quadriplegia in Me Before You

Linette Anyiacha

Department of Psychology, University of Alberta

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Dr. Deanna Singhal

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Group Members:

Reese Thurmeier

Jenaya Jones

Me Before You details Will Traynor's life after a motorcycle accident, after which he is left with damage to his cervical spine, resulting in quadriplegia (Sharrock, 2016). As such, he cannot move any of his limbs and is bound to a wheelchair, changing his life for good. Once a prominent banker and avid sports enthusiast, he soon became only a shell of his former self. Unable to engage in any of his previous activities, Will develops a mild depression and his once-mildly cynical demeanor only worsened. As a result, his parents hire Lou as a companion, hoping to prolong his days by changing his mind about assisted suicide, and help soften his outlook on life with his condition. The most prominent symptom the movie emphasizes is Will's immobility, restricting him from his previous lifestyle and even the potential to be with Lou when they do eventually fall in love. Ultimately, he realizes that he does not want to prolong his days unable to do what he once could and puts himself first, considering all the embarrassment and lack of autonomy and his ever-growing depression and pain he experiences, and goes through with assisted suicide.

Quadriplegia is caused by direct traumatic impact to the cervical portion of the spinal cord between C1 and C8 in the form of a concussion, contusion, compressions, laceration, or puncture, which may result in the fracture or dislocation of the bone structures of the cervical spine (O'Connor & Leitner, 1971). Given the importance of the spinal cord, it becomes crucial to pinpoint those areas through a variety of imaging techniques, including X-ray, MRI, laminectomy, and cervical myelogram. The latter three techniques would better indicate cervical spinal narrowing and both spinal cord and bone contusions, though it is damage at the functional spinal cord level that is used to distinguish between the type of damage and its severity (Casey et al., 2021). Damage to the first three cervical levels are fatal due to total respiratory paralysis, while damage to C4 results in limited neck motion but a short life span because of similar

respiratory complications. As the damaged area gets to the lowest levels of the cervical spine, the level of mobility increases weakly along the arms, but never to the level of pre-morbid functioning. Characteristic of quadriplegia is the complete physiological severance of the spinal cord that results in the obvious paralysis with loss of voluntary movement below the level of injury. This entails total paralysis from the neck down and an inability to move all four of the body's extremities (Maxwell, 1971). This disappearance of neural reflex below the point of injury is marked by spinal shock symptoms such as glaring variations in heart rate, respiratory difficulties, pulmonary complications, lack of bladder and bowel control leading to urinary and fecal incontinence, lack of thermoregulatory control, lasting for the first 4 to 6 weeks (Kolb & Whishaw, 2015). Some quadriplegics may experience phantom pains and phantom sensations, and autonomic hyperreflexia, wherein any noxious or painful stimuli could trigger overactivity in the autonomic nervous system (O'Connor & Leitner, 1971). According to Maxwell (1971), these symptoms immediately define the quadriplegic person as being severely physically disabled, warranting their constant reliance on others for medical supervision and an inability to meet their physical needs independently. Although physically dependent, the patient maintains mental independence, which remains a constant throughout the quadriplegic's life.

A more humanized view of the condition lends itself to a heavier consideration of the psychological implications on the patient as they must choose to accept their new reality, which is one filled with "a longing, burning desire for independence and individuality, with the horribly real fact that it is constantly impossible," (Maxwell, 1971, p.11). As such, paraplegics often experience depression, anxiety, hostility, low self-esteem, and shame for their new life being bound to a wheelchair (O'Connor & Leitner, 1971). Although spinal cord injuries as this have long been deemed irreversible, Kolb & Whishaw (2015) suggest that inducing fiber and axonal

regrowth to the injured areas can lead to the restoration of function. This would supplement techniques such as eliminating scar tissue and using pharmaceuticals for the more physiological symptoms. Most recently, Bouton et al. (2016) have suggested that neuroprosthetic devices can be used to bypass disconnected signal pathways between the brain and the muscles and restore cortical control of functional movement. Another prominent symptom is bone and muscle atrophy, which can be mitigated through regular orthopedic and physiotherapy exercising (O'Connor & Leitner, 1971). Lastly, for the pulmonary and respiratory difficulties, the greatest treatment can be prevention, where the patient is kept away from extreme weather and temperature conditions, reducing the possibility of fatality.

The film portrayed Will's symptoms and the various medications he had to take for them quite decently, stating "he [takes] blood pressure medication first thing in the morning, nerve pain tablets, anti-spasm tablets, and does regular physio exercises to prevent muscle atrophy..." (Sharrock, 2016, 0:13:20). While they highlighted all the pharmaceuticals for organic symptoms, the nurse said nothing could be done to fix Will's spinal cord (Sharrock, 2016). This could well be due to the time in which the film was set, but as of recent, there have been many possible technologies that can be used to mitigate and restore spinal function, including neuroprosthetics and axonal regrowth (Kolb & Whishaw, 2015). Will had limited movement of all four limbs and neck, though he could use his fingers to push the buttons on his wheelchair. This was not surprising though, since the film purposely didn't mention which segment of his cervical spine was destroyed in the accident, and even then, variations in mobility exist among quadriplegics. The limited digital functioning and extension suggests that the most likely area of injury was in the C7 (O'Connor & Leitner, 1971).

Another bittersweet critique, albeit both a representation of the stigmatized realities of quadriplegics and physically disabled people at large, is the idea that people with such injury have lost or will eventually lose their mental capacity. Upon meeting Lou for the first time, Will makes some stereotypical ‘disabled person mannerisms’ where he just screamed gibberish and tried to scare her away and then says that “[his] brain isn’t paralyzed...yet,” (Sharrock, 2016, 0:11:20-0:12:15). Yet Maxwell (1971) highlights how quadriplegics retain mental independence. In another instance, someone comments on how sharp Will still is, again assuming that this spinal cord injury would implicate his executive functioning as well (Sharrock, 2016).

Recurring within the first half of the movie, Will insisted on blasting very loud music in protest to his caretaker’s care. According to O’Connor & Leitner (1971), noxious stimuli as such could instate automatic hyperreflexia or lead to other symptoms of autonomic overactivity, yet Will always seems to sit calmly and still, even smiling as he revels in the loud music with no aversive reactions. While this may contribute to portraying his cynicism towards being wheelchair-bound, the characters don’t try to consider Will’s perspective in his rationalizing of his decision in dealing with his quadriplegia his way. Beyond the decently portrayed physical symptoms and implications, quadriplegia’s psychological impact is largely ignored. Thus, his cynicism gets portrayed as just that and not depression. There are two different ways that people can view a quadriplegic: as one “paralyzed from the neck down” or as one “who is active and very much alive from the shoulders up,” (Maxwell, 1971, p.11). While Will’s parents and Lou assumed the latter view, Will assumed the former. Hence why they hired Lou in the first place, to cheer Will up enough so he wouldn’t go ahead with his plans for assisted suicide (Sharrock, 2015). While Will initially hated her, as they got to know one another, they fell in love and everyone thought that’d be enough to get Will to change his mind, that he would stay alive for

her. However, Will listed his reasons why he couldn't: he enjoyed spending time with Lou, but he felt like he had no ability to do things for himself, like open the door for her, call her up himself, show her a glimpse of who he was before without having a chaperone (Sharrock, 2016). Before, Will was a thrill seeker, and after he was merely a "thinking individual with his own needs and desires who depend[ed] on a faceless 'someone else' every minute of the day" (Maxwell, 1971, p.11). Most importantly, Will was always in constant excruciating pain, despite the painkillers, which he hid whenever Lou came around. It was unrealistic to expect that he'd sustain such pain in the name of love, and aptly in the bittersweet end, Will went through with his plan. Although sad, it was a realistic portrayal that honored what was left of Will's autonomy and independence as a person and as a quadriplegia patient.

Me Before You (Sharrock, 2016) although realistic in its portrayal of the physical symptoms of quadriplegia, it is highly tinted by a romanticized lens that assumes love can conquer all, even a lifetime of excruciating pain. Though in an attempt to mitigate the very real "social atrophy" that befalls quadriplegics, they overlooked just how much emphasis quadriplegics place on the grim reality that their physical dependence on others trapped them, as it did Will (O'Connor & Leitner, 1971, p.17). While everyone else saw him as someone with more to live for as long as they took care of him, Will rationalized his personhood as one with the choice to go through with a plan stemming from his own wishes, granting him a self view of a person, not just a patient.

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