



Body Image in Burn Survivors: Influencers and the Challenges

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Introduction

Burns are a devastating injury caused abruptly, leading to physical and psychological trauma to the victim. Burn injuries are caused by direct contact or exposure to any thermal, chemical, electrical, or radiation source. Major burns are life-threatening, requiring intensive medical care, prolonged treatment, and care. The vast majority of burns occur in low and middle-income countries [1].

The burn trauma is complex and involves dysfunction of the various systems of the body. The impact it could have on a person's life includes impairments in their aesthetic appearance, interpersonal relationships, psychological, social, and physical functioning leading to adverse outcomes, including poor quality of life, low self-esteem, and stigmatisation [2,3].

Body image of the burn survivor can be severely affected by the burn injury. Body image is defined as the way an individual perceive their body and appearance, as well as how they think about themselves [4]. Body image relates to a person's perceptions, thoughts, and feelings about their body and is the strongest predictor of long-term psychosocial adjustment to a burn injury [5]. Price defined body image disturbance as any alteration in body image occurring outside the realms of expected human development [6]. Body image disturbance is a very personal matter. It is a part of the psychosocial problems associated with thermally injured individuals [7,8].

Thombs BD et al., [5] in a longitudinal study on body image among burn survivors has shown that nearly one-third of children and adult burn survivors reported significant distress related to changes in the way their body looks, feels, and functions during the

initial hospitalisation. Fortunately, most children and adults adjust well with time; however, almost everyone experiences some ups and downs as they recover from burns and adapt to the change in their appearance.

Burn survivors are frequently from poor communities and do not have the financial means to pay for surgery and other treatments needed to achieve functional and aesthetic improvements after the initial healing and grafting [7]. Body image dissatisfaction can be defined as a negative subjective evaluation of one's own body as a whole or concerning specific aspects of the body, such as height, shape, muscularity, or weight [8]. Body image dissatisfaction is a significant concern for burn survivors because of the disfigurement and deformity caused by the burns. They undergo mental agony, and they are reluctant to face society.

Much of what determines body image distress depends on factors such as personality, history of depression, social support, social and coping skills, and how a person felt about their appearance before their injury [9]. Body image distress may manifest as grief or sadness regarding alterations in appearance and physical abilities. Anxiety may be exhibited in social or intimate settings where the scars may be seen. Burn survivors may also experience anxiety about actual and expected questions and stares from people in the community. They also worry about how people will react when they see the wounds, and they have a desire to be with a trusted person when in public places. The burn survivor needs to understand that these feelings are normal [10].

Research has found that dissatisfaction with one's appearance was highest in the first 6 months following the burn injury, yet it

decreases in the following 6 months [11]. This may be due to the time required to accept the altered appearance and develop a positive, rational acceptance coping construct to better respond to changes in body image [12,13] as cited by *Cleary, et al.*, (2020) [14]. Body image disturbance in burn survivors leads to psychological distress when they are not able to cope with the altered body image, disfigurement, and disability. A positive correlation was elucidated between body image disturbance and psychological distress ($r=0.37$, $p=0.00$), and body image disturbance was negatively correlated with age ($r=-0.18$, $p=0.02$) in a study done by *Anam Tahir* in 2023 [15]. A study was conducted by *Uyar, et al.*, in Turkey among 144 burn survivors to examine the relationship between perceived stress and body image. As the extent of burn injury increased, perceived stress increased, and perceived body image weakened ($p<0.05$). Burn patients who underwent autograft surgery had lower perceived stress and higher perceived body image than those without autograft surgery, which was statistically significant ($p < 0.01$) [16].

The younger age group of people are more affected by the effects of burns on their self-image and self-esteem. In a study done in Egypt to assess the impact of secondary level of burn injuries on body image and self-esteem among 120 adolescents, there was a positive relationship between their total body image and their total self-esteem, a negative correlation between total burn ratio and total body image and total self-esteem and also more than two-thirds of the studied adolescents with secondary burns had moderate body image and the majority of them had moderate self-esteem which necessitates a program to empower adolescents to overcome the effect of burn injuries on body image and self-esteem [17].

Body image disturbance in burns can lead to psychiatric disorders. In a study conducted among 100 burn survivors to assess the psychiatric illness in burn survivors by *Kundal T, et al.*, it was identified that 55% were facing psychiatric illness. Depression was seen in 15%, anxiety in 10% and Post Traumatic Stress Disorder in 25% of the burn survivors, and there was a correlation of psychiatric illness with TBSA, which was statistically significant [18].

Gender plays a role in analysing appearance-related concerns after burns. A study was conducted by *Al Ghriwati, et al.*, emphasised that the burn survivors with higher body image dissatisfaction, especially women, and those with a greater extent of burns require evidence-based psychosocial intervention [19].

Higher scores on coping strategies were associated with better body satisfaction in a study done in India to assess their perception of body image, coping skills, appraisals of social support, and self-monitoring behaviour in social situations [20]. A study done by *Faisal et al.*, among 41 burn survivors in Karachi, on the psychological sequelae of Burn trauma revealed that dissatisfaction and body uneasiness are key symptoms in them. Factors such as people's mental attitude towards the change they have undergone,

the social support they perceive, their personality structure, their ability to return to family and work roles, and the feeling of being accepted and loved by surrounding people influence the recovery of the clients [21].

There can be various factors, including the burn characteristics and psychosocial variables, that influence the body image. In a systematic review of the epidemiology and impact of burn scars, it was found that the prevalence rate of hypertrophic scarring was 32% - 72%. Risk factors for body image alteration included dark skin, female gender, young age, a burn site on the neck and upper limb, multiple surgical procedures, meshed skin grafts, time to healing, and burn severity. Furthermore, burn severity and location had a modest relationship with psychosocial outcome variables. Psychosocial variables such as social comfort and perceived stigmatisation were more highly associated with body image than burn characteristics [22].

Social participation can influence the body image of individuals with burn injuries. Social support, body image, and social involvement were studied among 100 burn survivors during discharge, 6 months after discharge, and 12 months after discharge in Iran by *Ajoudani, et al.* This study showed that all three variables worsened during the first 6 months. The relationship between social participation and body image appears to be relatively stable and consistent [11].

In a study done by *Willemse, et al.*, to assess perceived stigmatization and fear of negative evaluation which brought out that fear of negative evaluation and body image dissatisfaction were associated with self-esteem. Fear of negative evaluation reflected a pre-existing psychological vulnerability affecting body image and self-esteem, whereas, in contrast, perceived stigmatisation indicated a burn-specific effect, as burn severity was shown to be uniquely related to body image through stigmatisation [23].

These studies highlighted the various factors that influenced body image after burns and the consequences of body image alteration. It helped to identify the necessary intervention that burn survivors would require to overcome the adverse effects of body image disturbances and has been recommended to plan interventions that address self-acceptance and coping mechanisms [14].

Burn survivors are able to cope up with the changes in body image by accepting the new normal body image and with the support of their family members and the society which cares for them.

Conflict of Interest

None.

Acknowledgment

None.

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