

Understanding and Improving Body Image after Burn Injury

Boston-Harvard
Burn Injury Model System
<http://bh-bims.org>

617-952-6311
BostonHarvardBIMS@partners.org

Spaulding Rehabilitation
Hospital
300 First Avenue
Charlestown, MA 02129

This publication was produced by the Burn Injury Model Systems in collaboration with the University of Washington Model Systems Knowledge Translation Center with funding from the National Institute on Disability and Rehabilitation Research in the U.S. Department of Education, grant no. H133A060070.

Major burn injuries can change how the body looks and functions and lead to body image distress. Body image is defined as how satisfied, comfortable and confident a person is with his or her appearance.

Approximately, one-third of children and adult burn survivors report significant distress related to changes in the way their body looks, feels, and functions during the initial hospitalization. Fortunately, most children and adults adjust well with the passage of time; however, almost everyone experiences some ups and downs as they recover from burns and adapt to the change in their appearance.

What determines body image distress?

Burn severity and burn location do not necessarily determine how distressed burn survivors are about the change in their appearance. For example, one person may be very distressed about the appearance of a small burn, whereas someone else with very large burns may not be distressed at all about his or her appearance. 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 his or her appearance before their injury.

Some burn patients may think that their burn scars are “ugly” and worry that others will reject them because of the scars. Body image distress may involve:

- Grief or sadness about changes in appearance and physical abilities.
- Anxiety about social or intimate settings where the scars may be noticed.
- Worrying about how people will react when they see the scars.

These feelings are normal and described below are ways you can alleviate this distress and feel more positive about your body image.

Phases of healing

After a burn injury, your skin goes through several phases of healing. During each phase of healing, it is important to follow the guidance provided by your burn team to improve how your skin heals.

Wound Healing Phase

What you see: Light-colored skin replacing open wounds. The faster a wound heals, the less scarring will occur.

What you can do: Get involved with your wound care as much as possible,

such as helping with dressing changes. A cleaner wound heals faster, and the more aware you are of your wound care, the more likely you are to take good care of it.

Scar Formation Phase

What you see: After the wound heals, the skin changes over the next 3–4 months becoming darker, stiffer and raised.

What you can do: Scarring is a problem not only because of its appearance, it can also be disabling due to stiffness and pain.

- Work with the rehabilitation team to minimize scarring. Your team may advise you to wear pressure garments or splints or perform scar massage or stretching exercises.

Scar Maturation Phase

What you see: Scar maturation can take up to 1–2 years. During this process the scarred skin gradually returns to a more normal skin tone and becomes softer and flatter.

What you can do:

- The rehabilitation team may recommend that you continue wearing pressure garments or splints or performing scar massage and stretching exercises.
- Ask for help from people trained in the use of cosmetics and clothing to make scars seem less obvious. Certain cosmetic techniques and clothing styles and colors can help improve the appearance of scars. The Phoenix Society has a referral service to help you find a cosmetic or hair replacement specialist in your area. For more information, visit: <http://www.phoenix-society.org/programs/bestimageenhancement/creativemakeuptechniques/>.
- You may want to consult with a plastic surgeon specializing in burn reconstruction who can improve appearance and restore function using a wide array of techniques.

Burn injuries not only change how your skin looks but can change your appearance in other ways.

- In severe burns, body structures under the skin can be damaged. For example, cartilage

in the ears or nose may be damaged causing changes in these structures.

- Some burn survivors undergo multiple skin grafts and other reconstructive surgeries that can change the way they look.
- Skin grafts can result in hair loss because hair follicles do not regenerate.
- Sometimes burn injuries cause damage that requires amputation of fingers, toes, or limbs.

Wanting to improve your appearance does not mean you are vain. Using cosmetics, clothing or plastic surgery can help you feel better about your appearance and yourself. However, even with the best acute care, rehabilitation and reconstruction, major burns often result in some permanent changes in the way one's body looks, feels and works. Part of the emotional healing process from burns is learning to accept these changes.

Getting the support you need

Emotional and psychological healing is as important as physical healing. It is important to get support from other burn survivors who may share your experience.

The Phoenix Society (a U.S.-based nonprofit organization) has trained burn survivors available across the U.S. to provide support through the Survivors Offering Assistance in Recovery program (SOAR) (<http://www.phoenix-society.org/programs/soar/>).

Social interactions following burn injury

Some people react to seeing or meeting someone with burn scars for the first time by staring, avoiding interactions or asking intrusive questions. Burn survivors can learn coping skills to feel more confident and social skills to defuse these uncomfortable situations and make them less awkward.

Some things you can do:

- To feel confident while you are talking to someone you can make eye contact, use confident body posture, smile and use a friendly tone of voice.

- Have a response prepared ahead of time to explain “what happened.” For example, “I was burned when I was younger, but fortunately I am back to doing all the activities I did before.” Some burn survivors have found that being able to talk about their injury helps with emotional healing.
- If you prefer not to discuss your appearance, you can say you do not want to talk about your injury, or you can guide the conversation to take the focus off you. You can ask open ended questions (questions that a person cannot answer with “yes” or “no”) about the other person. For example, “I heard you went to India. That sounds exciting. Tell me about your experience.”

Intimacy following burn injury

If you are worried about showing your burn scars during intimate experiences, there are ways to help you feel more comfortable and confident such as:

- Be open and talk to your partner about your concerns.
- Get the support you need to address your concerns about intimacy such as talking to a health professional and/or other burn survivors.

Other resources that can help you with social interactions & intimacy

The Behavior & Enhancement Skills Training (BEST) program (<http://www.phoenix-society.org/programs/bestimagineenhancement/>).

A Guide to Intimacy & Relationships (<http://admin.changingfaces.org.uk/downloads/intimacyandrelationships.pdf>).

Phoenix Society’s Burn Support News, Winter 2001, issue 1 (http://www.phoenix-society.org/downloads/reprint_article/intimacy.pdf).

“Handling other people’s reactions: Communicating with confidence when you have a disfigurement” pamphlet (<http://admin.changingfaces.org.uk/downloads/Handling%20Reactions.pdf>).

Child burn survivors and teasing

Parents and teachers need to closely monitor the child burn survivor’s behavior and interactions with other people. Children often tease each other about even slight differences in appearance. Parents may not be aware of how severely their child is being teased. Children who are teased may become depressed or anxious when meeting new people.

Early interventions by adults in a child’s life can help protect them from teasing. Adults can teach other children some basic information about burns and how to treat a burn survivor with respect which can help create a supportive environment for child burn survivors.

School Reentry and Burn Camp Programs

Burn centers often offer programs to help burn survivors return to school. School reentry programs generally involve a burn professional visiting the burn survivor’s school before the child returns. The purpose of this visit is to explain the burn recovery process to the survivor’s teachers and classmates and to encourage the students to be caring and supportive of the burn survivor. Many families find this process helpful in creating a supportive environment for the burn survivor.

Schools should have policies in place for minimizing teasing and bullying and for creating a supportive learning environment in the school. Parents should have a frank discussion with the school administration about these policies and how they are going to be implemented in their child’s case.

The Journey Back: Resources to Assist School Reentry after Burn Injury provides helpful information about the school reentry process. For more information or to order, visit <http://www.phoenix-society.org/programs/schoolreentry/>.

Some burn centers offer burn camps for children that are often free of charge. These camps offer children an opportunity to play and socialize with other children with burn injuries so they don’t feel so different.

Finding help

Recovering from a burn can be emotionally difficult. Seek help if you are feeling anxious or depressed. Do not suffer alone. Many burn survivors can benefit from speaking to a psychologist or counselor who has expertise in the psychosocial challenges of recovering from a burn. Your local burn center or health care provider can refer you to a mental health professional in your area.

Below are some treatment options to discuss with your health care providers.

Medications: Some survivors benefit from treatment with medications for depression and anxiety. Taking medications is not a weakness and can help you move forward in your life.

Cognitive-behavioral therapy (CBT): CBT is an effective therapeutic approach in behavioral health. It shows people how to understand and improve the connections between their thoughts, emotions, and behaviors. It is effective in treating severe depression and anxiety and has successfully helped people with body image distress.

Family therapy: A burn injury can put stress on the entire family and change the family dynamics. Sometimes burn survivors and their families benefit from family therapy (counseling).

Other treatments for trauma: Other research-based treatments for trauma can be discussed with your health care provider. Some of these treatments can be found through the following organizations:

- National Center for PTSD (Post-Traumatic Stress Disorder): www.ptsd.va.gov
- Anxiety Disorders Association of America: www.adaa.org

Additional Resources

The Phoenix Society is “dedicated to empowering anyone affected by a burn injury.” For more information, visit <http://www.phoenix-society.org>, or call 1-800-888-BURN.

- Weekly online chats with moderators <http://www.phoenix-society.org/community/chat/>

- Resource catalog of books, videos and CDs for burn survivors: http://www.phoenix-society.org/downloads/forms/2009_resource_catalog.pdf
- Changing Faces, an advocacy organization located in England, mission “is to create a better and fairer future for everyone who has a disfigurement to their face or body from any cause, and their families.” For more information, visit <http://www.changingfaces.org.uk/Home>.

Partridge, J. (2006). From burns unit to boardroom. *British Medical Journal*, 332, 956-959. This article gives a personal perspective of the psychosocial challenges faced by burn survivors.

Kammerer Quayle, B. (2006). Behavioral skills and image enhancement training for burn survivors: essential interventions for improving quality of life and community integration. In Sood, R., & Achaur, B (Eds.), *Achauer and Sood's Burn Surgery, Reconstruction and Rehabilitation*. Elsevier Health Sciences.

References

- Blakeney, P., Partridge, J., & Rumsey, N. (2007). Community integration. *Journal of Burn Care & Research*, 28, 598-601. A review of the issues related to community integration of burn survivors.
- Thompson, A., & Kent, G. (2001). Adjusting to disfigurement: Processes involved in dealing with being visibly different. *Clinical Psychology Review*, 21, 663-682.
- Corry, N., Pruzinsky, T., & Rumsey, N. (2009). Quality of life and psychological adjustment to burn injury: social functioning, body image, and health policy perspectives. *International Review of Psychiatry*, 6, 539-548.

Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Source

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the Burn Injury Model System directors.

Authorship

Understanding & Improving Body Image after Burn Injury was developed by John Lawrence, Ph.D., James Fauerbach, Ph.D., and Shawn Mason, Ph.D., in collaboration with the University of Washington Model Systems Knowledge Translation Center.