

From survival to socialization: A longitudinal study of body image in survivors of severe burn injury

Brett D. Thombs^{a,*}, Lisa D. Notes^b, John W. Lawrence^c, Gina Magyar-Russell^a,
Melissa G. Bresnick^a, James A. Fauerbach^a

^aDepartment of Psychiatry and Behavioral Sciences and Johns Hopkins Burn Center, Johns Hopkins University School of Medicine, Baltimore, MD, USA

^bDepartment of Psychology, American University, Washington, DC, USA

^cDepartment of Psychology, College of Staten Island, City University of New York, Staten Island, NY, USA

Received 23 January 2007; received in revised form 13 August 2007; accepted 14 September 2007

Abstract

Objective: Little is known about the course of body image dissatisfaction following disfiguring injury or illness. The objective of this study was to test a proposed framework for understanding the trajectory of body image dissatisfaction among burn survivors and to longitudinally investigate the role of body image in overall psychosocial functioning. **Methods:** A sample of 79 survivors of severe burn injuries completed the Satisfaction with Appearance Scale (SWAP), the Importance of Appearance subscale of the Multidimensional Body–Self Relations Questionnaire, and the SF-36 in the hospital and at 6 and 12 months postdischarge (SWAP and SF-36). A repeated-measures analysis of covariance model was used to assess the course of body image dissatisfaction over time, and a path analysis model tested the role of body image dissatisfaction in mediating the relationship

Keywords: Body image; Disfigurement; Burn injury; Distress

between preburn and postburn psychosocial functioning. **Results:** Female sex ($P<.05$), total body surface area burned ($P<.01$), and importance of appearance ($P<.01$) predicted body image dissatisfaction. From hospitalization to 12 months postdischarge, body image dissatisfaction increased for women ($P<.01$) and individuals with larger burns ($P<.01$) compared, respectively, to men and individuals with smaller burns. In the path analysis, body image dissatisfaction was the most salient predictor of psychosocial function at 12 months ($\beta=.53$, $P<.01$) and mediated the relationship between preburn and 12-month psychosocial function. **Conclusion:** Findings from this study suggest the importance of routine psychological screening for body image distress during hospitalization and after discharge.

© 2008 Elsevier Inc. All rights reserved.

Introduction

Body image esteem or satisfaction is a multidimensional concept that relates to perceptions about one's physical appearance and the degree to which a person is satisfied with his/her appearance [1]. Concerns about physical appearance are of great importance in a sociocultural context that places

a high premium on physical attractiveness, and perceived physical attractiveness is associated with many important personal characteristics and social advantages [2,3]. Studies have consistently found that attractive children and adults are judged and treated more positively than unattractive children and adults [2]. Attractive people are perceived to be healthier [4] and more competent [3], to have more positive personality characteristics [3], and to be more likely to succeed academically [5] than unattractive people. They are more likely to receive help from strangers [6], are treated more leniently in judicial situations [7], and have a distinct advantage in hiring, promotion, and job performance evaluations [8].

People with visible disfigurement, on the other hand, report being confronted with frequent staring, audible

* Corresponding author. Institute of Community and Family Psychiatry, SMBD-Jewish General Hospital, 4333 Cote Ste Catherine Road, Montreal, Quebec, Canada H3T 1E4. Tel.: +1 514 340 8222x5112; fax: +1 514 340 8124.

E-mail address: brett.thombs@mcgill.ca (B.D. Thombs).

¹ Dr. Thombs is now a member of the Department of Psychiatry of the Sir Mortimer B. Davis-Jewish General Hospital and McGill University, Montreal, QC, Canada.

comments about their appearance, unsolicited questions about the cause of their disfigurement, and other avoidant and stigmatizing behaviors [9–11]. *Acquired disfigurement* can result from trauma, disease processes, or surgical intervention (e.g., mastectomy), and often produces sudden and dramatic changes in one's appearance [9,12,13]. High levels of distress or dissatisfaction related to body image have been reported among people with acquired disfigurement related to conditions such as cancer [14,15], facial lacerations or fractures [16], scleroderma [17], vitiligo [18], psoriasis [19], and serious burn injury [12,20]. Higher body image dissatisfaction among patients with these conditions is associated with general psychological distress, poor self-esteem [21–23], and symptoms of anxiety and depression [9,17,21,22,24], including high levels of social anxiety [22], social isolation [25], and sexual problems [15].

A major burn injury can cause considerable damage to skin integrity and often leads to hypertrophic scarring. In addition to altering appearance, burns can impair physical function. Scars across joints, for example, can substantially limit range of motion [26]. Distress related to body image is a common problem among burn survivors even many years after the burn injury [12,20,27] and is associated with symptoms of depression and social difficulties [27,28]. Factors that have been related to high levels of body image dissatisfaction in burn injury include the severity of the disfigurement (e.g., extent or visibility of scarring) [12,27,29], female sex [27,29,30], and the degree to which physical attractiveness is valued [20].

Relatively little is known about the course of body image distress or dissatisfaction following disfiguring injury or illness, and only one study [31] has tracked body image concerns among patients with acquired disfigurements more than 1–2 months longitudinally from the time of disfigurement [13]. That study of 44 patients with oral and pharyngeal cancer who underwent free-flap reconstruction used a single questionnaire item to assess disfigurement concerns and reported a significant increase in distress compared to presurgery at 6 weeks, 3 months, 6 months, and 12 months postsurgery [31].

People with acquired disfigurement face the dual challenges of managing their own emotional response to disfigurement and dealing with the behavior of others [32]. Thompson et al. [33] described a period at the onset of vitiligo characterized by uncertainty and anxiety, a sense of difference, and a growing awareness of the social implications of disfigurement, followed by a phase in which patients attempt to minimize their differences through avoidance of social situations or concealment of the disfigurement. A final stage described by Thompson et al. is the development of a fragile sense of acceptance of the disease as uncontrollable, but not necessarily as overwhelming the individual's ability to cope. James Partridge, a burn survivor and founder of *Changing Faces*, a UK-based advocacy and educational organization for people with disfigurement, has proposed that burn survivors move through similar stages [34]. According to Partridge's framework, the first months after

the burn injury are characterized by survival, and the focus is on physical recovery and rehabilitation. Burn survivors at this stage are likely to be surrounded by supportive health professionals, family, or friends, and often maintain a preburn sense of self-concept. Key psychological issues include pain, grief, posttraumatic stress, and early appearance anxiety. As recovery progresses, typically by 6 months postdischarge, the level of professional and social support decreases, and socialization becomes a central challenge. During this phase, which may last from several months to ≥ 2 years postburn, patients may shift between a preburn or temporarily scarred vision of the self and an identity as a person with a permanent disfigurement. Anger, shame about body image, and dysphoria are likely to be prominent issues, in addition to ongoing grief and fear. Partridge also proposed a third stage, advocacy, in which survivors transform their sense of self through the adaptation of attitudes that are incompatible with society's idealization of "cosmetic purity" in order to rebuild a sense of self-esteem [34,35].

The objective of this study was to test whether body image worsens over the first year of burn recovery, as suggested by both Thompson et al. [33] and Partridge [34], by tracking the course of body image dissatisfaction longitudinally from the time of discharge from the index hospitalization (survival) to 1 year postdischarge (socialization) among a sample of survivors of serious burn injury. Specifically, it was hypothesized that body image dissatisfaction would increase significantly from discharge to 1 year postdischarge and would mediate the relationship between preburn psychosocial function and psychosocial function 12 months postdischarge. In addition, based on previous research on body image among burn survivors, it was hypothesized that body image dissatisfaction would be higher and would increase more from baseline for female patients, patients with larger total body surface area (TBSA) burned, and patients who valued physical appearance more highly.

Method

Participants

Study participants were patients with acute burn injury who were admitted to the Johns Hopkins Burn Center from January 1998 to October 2003. Patients were eligible for the study if they were ≥ 16 years and met one or more of the American Burn Association criteria for severe burn injury [36]. Patients were excluded from participation if they were unable to provide informed consent due to cognitive impairment, delirium, or psychotic disorder.

Procedure

The study was conducted with patients who were part of a larger multisite study on recovery from burn injury. Only patients from the Johns Hopkins site were included in this

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات