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Looking in the mirror for the first time after facial burns: A retrospective mixed methods study



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ABSTRACT

Appearance-related concerns are common following burns. However, there is minimal research that has specifically investigated patients' reactions when they looked in the mirror for the first time following facial burns. The current study aimed to investigate patients' reactions and factors associated with distress. Burns patients ($n = 35$) who had sustained facial injuries completed a questionnaire which examined their reactions when looking in the mirror for the first time. Data were collected between April and July 2013. Participants had sustained their burns 12 months prior to participating, on average (ranging from one to 24 months). Forty-seven percent ($n = 16$) of patients were worried about looking for the first time, 55% ($n = 19$) were concerned about what they would see, and 42% ($n = 14$) held negative mental images about what their faces looked like before they looked. Twenty-seven percent ($n = 9$) of patients initially avoided looking, 38% ($n = 13$) tried to 'read' others' reactions to them to try to gauge what they looked like, and 73% ($n = 25$) believed that it was important for them to look. Mean ratings suggested that patients found the experience moderately distressing. Patients most often found the experience less distressing compared to their expectations. Distress was related to feeling less prepared, more worried and increased negative mental images prior to looking. In conclusion, patients' reactions to looking in the mirror for the first time vary. Adequately preparing patients and investigating their expectations beforehand is crucial. The findings have a number of important implications for practice.

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1. Introduction

Changes to appearance following burns are most often sudden, unexpected and not under the control of the individual [1,2] and it is well-documented in the literature that appearance-related distress or body image disturbance is

common [3–6]. Stigma associated with changes to appearance may be one of the most difficult challenges in adjusting to burns [7]. Within the wider disfigurement literature, it has been concluded that premorbid and continuing psychological and social factors are better predictors of post-burn coping and adjustment rather than the objective characteristics of the burns itself. Indeed, factors such as pre-existing

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psychopathology, social support, coping styles, perceived importance of appearance prior to the injury and perceived severity of the disfigurement have been found to be predictive of distress, amongst others [8,9]. There is conflicting evidence about whether it is more difficult to adjust to visible or concealed scars [10]. However, it is acknowledged that the face has particular psychological significance and is central to social interactions [11]. Certainly, it has been widely reported that disfigurement or visible differences can significantly impact upon social interactions. For example, others may stare, ignore, feel awkward, recoil from or bully those who look different [12]. Likewise, the individual with the visible difference may feel self-conscious and preoccupied with their appearance which can lead to unhelpful or conspicuous behaviours which can make for difficult interactions [6]. Overall, reduced quality of life of individuals with facial burns has been documented [11] suggesting the importance of enhancing our knowledge of the area.

The above literature largely focuses on longer-term adjustment to changes in facial appearance following burns and there is comparatively less research which has specifically aimed to investigate patients' reactions in the acute phase. We have identified five studies [13-17] which incorporated some findings that specifically related to looking in the mirror at facial burns for the first time. However, none of these studies aimed to examine this topic specifically. Rather, findings related to looking in the mirror for the first time were part of a more global exploration of adjustment or experiences following burns. This is surprising given that patients' first experiences of looking at their altered appearance may have implications for how they adjust when leaving hospital and reintegrating into society.

The earliest study by Morse and Mitcham [13] explored six patients' experiences of pain and disembodiment using phenomenological analysis during which one patient reflected on her initial refusal to look in the mirror:

"I don't know what my body looked like because, like I said, I never saw it-I never wanted to look at it... My mom was really worried about my face... I guess on one side I had a large hole, a deep one on my cheek, so I knew it was bad, but I didn't realize how bad or anything because I would not, I would not look in a mirror" [13, p. 670].

Bergamasco et al. [14] explored body image changes post-burn and interviewed 35 patients. 'Facing the mirror' was one critical incident that was identified by patients in relation to body image changes. One patient reported needing to look in the mirror several times because he did not recognise himself. Moi et al. [15] aimed to explore 14 patients' lived experiences after burns through a phenomenological approach. Findings suggested that some patients postponed looking in the mirror for the first time and that when they looked it was difficult:

"I was not very pretty before (the accident), but I was a normal person and suddenly you see a person in the mirror, without hair and with an ugly face, and you think 'That is not me!' Even though I knew it was me I saw in the mirror, I refused to admit it was me. It was painful, indescribable. Me, like that" [15, p. 281].

Hunter et al. [16] explored 10 women's experiences in the first year following a burns found a dominant narrative of adjustment and coping well. However, counter-narratives suggested an ambivalent relationship with their injury. One woman in particular talked about her experiences of looking at her injuries in the mirror with a nurse whilst in hospital and recalled:

"Oh my god, it looks like raw meat" [16, p. 7].

Kornhaber et al. [17] explored 21 burn patients' experiences of rehabilitation. One finding was that patients experienced a strong self-awareness and that confronting their altered appearance following the injury was a challenge, especially when looking in the mirror for the first time. Patients recalled:

"I walked in and yeah it was a bit of a shock. Oh that's what I'm going to look like for the rest of my life. Ah Oh shit" [17, p. 5].

These studies all suggest that looking in the mirror for the first time can be difficult, and that distressing feelings and cognitions can arise. Furthermore, Partridge [18] discusses his personal account of sustaining severe facial burns and looking in the mirror for the first time and writes:

"Facing up to the mirror for the first time is a vital step in changing faces - and getting used to looking in a mirror day by day is one of the biggest hurdles in the process of recovery. Can you ever accept that the reflection you see is really 'you'? It is an alien and unfamiliar sight..." [18, p. 9].

Partridge's [18] personal account details his perceived change of identity and how the internal image of himself gradually changed over time to adjust to his altered appearance post-burn. He documented his early reactions which included disbelief, sadness, anger, repulsion and stoicism, in line with findings from other studies [13-17]. Partridge [18] also noted the importance of looking in the mirror once an individual feels ready and with support from burn care staff. Certainly, it has been acknowledged that the inability to recognise the self, or an enforced change to a person's usual appearance, can create considerable disruption to self-concept and psychological models describe stages akin to a grief reaction (e.g. denial, anger, depression, bargaining and acceptance) [6].

In addition, there are two studies [19,20] that can be drawn upon which have investigated burn care staff's experiences of patients looking at their burns (not just facial) for the first time. Birdsall and Weinberg [19] surveyed burn care nurses who reported that burns patients were most frequently accompanied by a nurse when they viewed their injuries for the first time and that patients typically used verbal and nonverbal cues to express to caregivers their readiness to view their injuries. The nurses reported that the initial viewing of injuries was not typically a planned event and that patients often asked their opinion regarding the appearance of their injury. The importance of remaining honest, positive and hopeful to patients was also highlighted by the nurses. Shepherd and Begum [20] aimed to investigate burn care staff's ($n = 33$)

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