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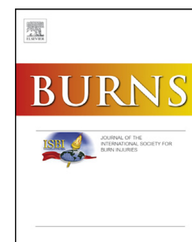

A pilot study exploring the relationship between trauma symptoms and appearance concerns following burns

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ABSTRACT

Individuals who have experienced burns often have to adjust to distressing changes to their appearance. Trauma symptoms are another common psychological difficulty in the burn-injured population. However, there has been a lack of research exploring the possible relationship between trauma symptoms and appearance concerns in populations where incidents have led to appearance changes, including burns. The aim of this pilot study was to investigate the relationship between trauma symptoms and appearance concerns in the burn-injured population. Burn-injured patients ($n = 33$) referred to a Burns Clinical Psychology service completed measures of trauma symptom severity, appearance concerns and changes in outlook. Analyses revealed a statistically significant positive relationship between trauma symptoms and appearance concerns ($r = 0.41$, $p < 0.01$, one-tailed). Participants with higher trauma symptoms had more appearance concerns. Furthermore, negative changes in outlook following the burns were positively related to trauma symptoms ($r = 0.69$, $p < 0.001$, two-tailed) and appearance concerns ($r = 0.50$, $p < 0.01$, two-tailed). Age was negatively related to appearance concerns ($r = -0.41$, $p < 0.05$, two-tailed) but not trauma symptoms. Gender was not statistically related to trauma symptoms or appearance concerns. Burn injury factors (% TBSA, primary location of the injury, cause of the injury and time since the injury) were not related to trauma symptoms or appearance concerns. In conclusion, trauma symptoms and appearance concerns following burns may be positively related and further research in this area is needed. Theoretical and clinical implications are discussed.

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1. Introduction

It is well known that a common difficulty after burns is the experience of trauma symptoms with post-traumatic stress disorder (PTSD) symptoms reported to be 15–38% one to two weeks post-burn, 33% at three to six months post-burn and 20% at one year post-burn [1–5]. This is unsurprising given the nature of the incidents which typically cause burns, such as fires, explosions and industrial accidents, as these are sudden, unexpected traumatic events that can lead to death or serious physical injury. Indeed, such incidents would meet diagnostic criteria for traumatic events [6]. Changes in outlook [7] can occur following traumatic events and these can involve

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negative (e.g. ''My life has no meaning anymore'') or positive (e.g. ''I value other people more now'') appraisals. Negative appraisals about traumatic events or their consequences are known to play an important role in the maintenance of PTSD and cognitive behavioural treatments for the disorder involve restructuring and challenging these negative appraisals [8]. As such, measurement of changes in outlook [7] can be argued to be important when exploring trauma symptoms especially when appraisals may be an important element of investigation.

Individuals who have experienced burns also often have to adjust to sudden, unexpected and sometimes permanent changes (e.g. scarring) to their appearance. With acquired visible differences, such as burns, individuals must integrate their altered appearance into their existing self-concept. In the context of appearance being important and disfigurement or visible difference being stigmatised in many societies [9], this can lead to appearance concerns [10–12]. Appearance concerns have often been explained using cognitive-behavioural theory with distress being maintained by negative appraisals about the self and others' perceptions, unhelpful avoidance and safety-seeking behaviours and negative social interactions [13–17]. In line with a cognitive-behavioural framework, the general consensus within the broader literature of disfigurement is that it is the appraisal of the change in appearance that is important in determining appearance concerns rather than the objective features of the difference itself, such as the size of the injury or location of the injury on the body [16,18].

Despite trauma symptoms, including PTSD, and appearance concerns being two common problems following burns there has been a surprising lack of research exploring the possible relationship between the two difficulties given the nature of incidents that lead to burns and the physical trauma to the body that is frequently sustained. Only three relevant studies could be found, which included literature searches related to burns and other physical trauma populations. Two studies [1,19] explored the burn-injured population and the third [20] studied survivors of domestic violence. The first study [1] explored objective and psychological variables that predicted PTSD symptoms in 35 burn injured patients and found that visibility of scars was not predictive of PTSD symptoms but concern about scarring accounted for 40% of the variance of PTSD symptoms, making it the biggest predictor of PTSD. Despite the small sample size, the results may suggest a positive relationship between perceived severity and distress about appearance and PTSD symptoms and that this relationship may be worth exploring. The second study [19] explored the risk factors for acute stress disorder (ASD) in 72 children who had experienced burns. The study [19] reported that a path analysis revealed that body image as well as other factors (heart rate, parents' acute stress symptoms) were directly related to the development of ASD symptoms and accounted for 41% of the variance in total. The results may also suggest a relationship between trauma symptoms and how burns patients feel about their appearance.

The third study [20] explored PTSD symptoms in a group of 56 women who had experienced domestic violence. Participants were split into two groups; those with appearance-related residual injuries ($n = 31$) and those without ($n = 25$). It was reported that visible scarring was not related to greater appearance concerns or PTSD symptoms overall in this sample, but there was a stronger relationship between PTSD symptoms and appearance concerns in the appearance-related residual injury group. The authors of the study [20] speculatively concluded that distress about scarring may maintain PTSD symptoms by acting as a reminder of the distressing traumatic event, through seeing the injury, receiving comments from others, or somatosensory experiences. The authors [20] continued to speculate that avoidance behaviours and negative affect associated with PTSD and appearance concerns may be mutually maintaining.

Anecdotal evidence based on the author's clinical experience of working with individuals following burns suggests that the resultant scarring and other changes to the body can trigger re-experiencing trauma symptoms such as flashbacks and intrusive memories, especially when the individual is distressed about their altered appearance. Furthermore, re-experiencing symptoms can also appear to trigger thoughts and distress related to their scars or other injuries due to the burn. It is known from trauma theory [8] that sensory memories (in particular, imagery, but also sounds, smells or sensations of heat or pain) of the incident and appraisals made at the time of the incident or as a consequence of the incident can be powerful in maintaining PTSD. Images (or other sensory memories) and appraisals from the traumatic event become 'frozen' or stuck and represent fragments of the trauma memory that are not updated or processed effectively. Psychological treatment aims to elaborate upon the trauma memory so that it becomes processed and updated, in line with present day knowledge and information [8]. Anecdotal evidence suggests that burns patients can also avoid looking at or thinking about the appearance of their injuries due to fear that doing so will trigger distressing sensory experiences, particularly 'frozen' images from the incident that led to the burns but also sounds, smells and sensations of heat or pain. This avoidance then becomes problematic and prevents the patient from processing the trauma memory.

The paucity of relevant research is striking. However, the above three studies [1,19,20] may suggest a positive relationship between trauma or PTSD symptoms and appearance concerns in the burn-injured population. Mutually maintaining models of pain and PTSD, for which there is a much larger body of literature, may be relevant to draw upon in the absence of directly relevant literature. Indeed, chronic pain and PTSD are frequently co-morbid and several accounts of this relationship have been proposed. There is some evidence for a 'shared vulnerability,' such as trait negativity, harm avoidance, and particularly high anxiety levels [21]. Additionally, a model of mutual maintenance [22] suggested that pain serves as a reminder of a traumatic accident, which then leads to avoidance of situations that may exacerbate the pain. The authors of the model [22] propose seven mechanisms which may then serve to maintain both problems once developed; attentional biases, anxiety sensitivity, reminders of the trauma, avoidance, depression, anxiety and pain perception, and cognitive demand. In addition, one study [23] suggested that in children with burns higher doses of morphine for pain relief during admission was associated with reduced PTSD

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