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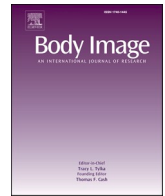
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Early appearance concerns after burns: Investigating the roles of psychological flexibility and self-compassion

Laura Shepherd^{a,d,*}, Fuschia Sirois^b, Diana Harcourt^c, Paul Norman^d, Andrew R. Thompson^e

^a Nottingham University Hospitals NHS Trust, UK

^b Durham University, UK

^c University of the West of England, Bristol, UK

^d University of Sheffield, UK

^e Cardiff University, UK

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ABSTRACT

Few qualitative studies have explored appearance concerns soon after burn injuries. This study aimed to understand the early experiences of appearance concerns after burns, through the lens of psychological flexibility and self-compassion. Template analysis informed data collection and analysis. Fifteen adults (nine female, six male) with appearance concerns were interviewed within three months of their burns. Three superordinate themes were identified: (1) Need for social connection; (2) Distress through difference; and (3) Experiential avoidance and self-criticism in response to early appearance concerns. Findings highlighted that early appearance concerns are influenced by the need for social acceptance and the desire to conform to societal ideals. Internalised gender and appearance ideals and concerns about rejection and stigma were activated by the burn, and individuals had difficulty responding to their early appearance concerns with psychological flexibility and self-compassion. Instead, attempts to avoid distress (experiential avoidance) occurred. Self-criticism in response to distress was evident which, for some, extended to the event leading to their burns. Early interventions to enhance psychological flexibility and self-compassion (e.g., acceptance and commitment therapy, mindful self-compassion), to help individuals respond to appearance concerns with less experiential avoidance and self-criticism, would likely promote adjustment to changes in appearance after burns.

1. Introduction

Adults with visible differences are known to experience higher levels of psychological difficulties compared to the general population, including anxiety, depression, low self-esteem and appearance concerns (Lansdown, Rumsey, Bradbury, Carr & Partridge, 1997; Rumsey & Harcourt, 2004; Thompson & Kent, 2001). Anxiety, shame and social avoidance associated with being visibly different can interfere with work, socialising and relationships (Rumsey & Harcourt, 2012). Adjusting to newly acquired visible difference is a process, starting with initial uncertainty and anxiety, followed by emergence of a sense of concern about difference, an awareness of the social implications and behavioural attempts to minimise the perceived (and actual) impact (e.g., via avoiding social situations or utilising concealment), prior to the development of a sense of acceptance that usually requires some use of

continuing new coping strategies (Clarke, Thompson, Jenkinson, Rumsey & Newell, 2013; Thompson, 2012). After burns, appearance concerns can occur due to wounds, scars or other changes to the skin (Attoe & Pounds-Cornish, 2015; Patterson, Everett, Bombardier, Questad, Lee & Marvin 1993). These concerns can negatively influence global psychological adjustment (Thombs, Notes, Lawrence, Magyar-Russell, Bresnick, & Fauerbach, 2008), social interactions (Lawrence et al., 2016; Taal & Faber, 1998b) and wider functioning (Esselman, Wiechman, Askay, Carrougner, Lezotte & Holavanahalli, 2007; Mason, Esselman, Fraser, Schomer, Truitt & Johnson, 2012). It is therefore important to understand when appearance concerns develop after burns, and what contributes to them.

It is known that subjective severity of an appearance change is more useful in determining distress compared to objective severity (Moss, 2005; Rumsey & Harcourt, 2004). How individuals interpret their

* Correspondence to: Nottingham University Hospitals NHS Trust, Department of Clinical Psychology & Neuropsychology, Queens Medical Centre Campus, Derby Road, Nottingham NG7 2UH, United Kingdom.

E-mail address: L.shepherd6@nhs.net (L. Shepherd).

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visible difference, their self and their interactions with others is key, influenced by underlying cognitive self-schemas, discrepancies (and salience of these discrepancies) between perceptions of actual/ideal/ought selves, and the social context (Clarke et al., 2013; Thompson, 2012; Thompson & Kent, 2001). A variety of cognitive and behavioural factors have been associated with appearance concerns in those living with a visible difference, including a heightened fear of negative evaluation from others, social comparisons, overestimating the likelihood of rejection, appearance salience, negative appearance-related cognitions, lower perceived social acceptance and increased avoidance and concealment (Clarke et al., 2013; Moss et al., 2014; Moss & Rosser, 2012; Rumsey & Harcourt, 2004; Thompson & Kent, 2001).

After burns specifically, research has highlighted that certain coping strategies (suppressing emotions/distraction and over-focusing on distressing thoughts), appearance salience and self-monitoring are associated with greater appearance concerns (Fauerbach, Heinberg, Lawrence, Bryant, Richter & Spence, 2002; Kurian, Padickaparambil, Thomas, Sreekumar & James, 2019; Thombs et al., 2008). Shame has also been implicated in social introversion after burns (Taal & Faber, 1998a; 1998b). Social stigma and symptoms of post-traumatic stress and depression have also been found to influence appearance concerns and community integration (Mercado, Donthula, Thomas, Ring, Trust & Crijns, 2022). To date, most of the literature on appearance concerns after burns has utilised quantitative methodologies, which limits understanding of individuals' experiences of appearance concerns after burns. There is a small but limited body of qualitative research on appearance concerns after burns.

1.1. Qualitative research examining appearance concerns after burns

A systematic review and meta-ethnography of primary qualitative studies conducted by Bayuo, Wong, Lin, Su & Abu-Odah (2022) sought to develop an in-depth understanding of living with scars following burn injury. Two main themes were identified: emergence of a new identity; and living with the redefined self. Bayuo et al. (2022) described how living with scars was entwined with the initial trauma of the incident leading to the burn. Emergence of a new identity involved meaning making, mourning the former self, confronting the new self, reconciling the remains of the old self with the new, rebuilding a new identity and managing functional restrictions created by the burn. Living with the redefined self involved the adoption of coping strategies (e.g., hope, spirituality and accessing support) and shifting perspective (i.e., reflecting and reasoning, shifting from thinking 'what was' to 'what is,' and emotional detachment from the negative responses of others or reliving the injury). The authors concluded that living with burn scars was a latent but ongoing psychological process. Bayuo et al.'s (2022) review provides an in-depth insight into the longer-term experiences of appearance concerns after burns, given that most included studies were conducted several months or years after the burn occurred. At these time points, acute wounds will have typically healed, and scars developed, a considerable amount of time prior. The focus of research at this later stage follows an initial adjustment period (Partridge, 1990, 2005), when people are living with stable scarring and permanent appearance changes. However, there remains limited understanding of individuals' early experiences of appearance concerns, for example within two to three months post-burn, when the wound is typically still healing or has recently healed and individuals begin to realise the degree of permanency or extensiveness of scars and other skin changes (e.g., altered pigmentation). The predominant focus on longer-term appearance concerns after burns could reflect a difficulty for researchers in accessing individuals at an early stage post-burn, concerns about the acceptability of appearance-related research soon after injuries occur, or oversight of the window of opportunity that this early time period may give to intervene proactively in helping people adjust to their appearance changes.

There is some limited research that has been conducted in the initial

period post-burn to explore early appearance concerns. Bergamasco, Rossi, Amancio, da & de Carvalho (2002) interviewed 35 burns patients in Brazil within an average of three months post-injury. Adjustment to appearance changes were reported to begin as soon as patients began to look at their bodies, usually taking place when in hospital. Bergamasco et al. (2002) reported self-consciousness in relation to anticipating difficulties in relationships and work. Gullick, Taggart, Johnston & Ko (2014) aimed to interview nine patients and a family member within 13 weeks of hospital discharge in Australia. However, some participants were interviewed up to five months post-burn. They described trauma reactions with participants developing a metaphorical 'bubble' around the self to contain grief and to protect themselves from becoming overwhelmed. This 'bubble' included the loss of the known (pre-burn) body, which led to a sense of physical 'otherness.' This 'otherness' represented the loss of the, and at times unrecognisable, pre-burn appearance and reduced humanness. Family members also described this 'otherness', creating feelings of shock and an initial desire to recoil when faced with the changed appearance of their loved one. Johnson, Taggart & Gullick (2016) subsequently re-analysed the data from Gullick et al. (2014) and reported that emerging from the trauma 'bubble' after a burn included challenging this 'otherness' through development of self-acceptance, often through humour or post-traumatic growth. In another Australian study, McLean, Rogers, Kornhaber, Proctor, Kwiet, & Streimer (2015) interviewed six individuals shortly after sustaining facial burns, although specific detail related to the time post-burn that interviews were conducted was not reported. They found that all participants had experienced early appearance concerns and changes in their relationship to their bodies, associated with the similar relational uncertainties as described in the other studies. Lastly, Dunpath, Chetty & Van Der Reyden (2015) interviewed five patients in South Africa who had experienced hand burn injuries within the previous three months. They identified the importance of stigma, represented by anxiety about returning home due to fear of rejection.

The above studies have provided key insights into the early experiences of appearance concerns after burns, and the importance of other people's reactions to them. However, a key gap in this area is the lack of focus on the early psychological processes that may help people adapt to appearance changes after burns. The current study aims to extend this research by exploring psychological variables that may help to protect individuals from appearance concerns after burns. Such variables are important to identify, especially if they are modifiable. Psychological flexibility and self-compassion are two variables that are worthy of exploration.

1.2. Psychological flexibility, self-compassion, and appearance concerns

Psychological flexibility is a model of psychological well-being that involves: the willingness to experience internal experiences (*acceptance*); the ability to stand back from and observe thoughts (*defusion*); maintaining a present moment focus (*contact with the present moment*); an awareness of the self as separate to one's internal experiences (*self-as-context*); knowing what matters (*values*); and behaving in line with one's values (*committed action*; Hayes, Strosahl & Wilson, 1999). In contrast, experiential avoidance (difficulties being open to experiencing distressing internal experiences) is associated with psychological difficulties (Hayes et al., 1999). Neff's (2003) model proposes that self-compassion is an adaptive way of responding to personal difficulties and shortcomings. This involves: engaging in self-kindness versus self-criticism; seeing one's own suffering as common to the human experience rather than feeling isolated; and having a balanced perspective on painful thoughts and emotions rather than over-identifying with them. In health contexts, self-compassion can promote adaptive coping and improve well-being (Ewert, Vater, & Schroder-Abe, 2021; Sirosis, Molnar, & Hirsch, 2015; Zessin, Dickhauser & Garbade, 2015).

There is growing evidence from quantitative studies for the role of

psychological flexibility on appearance concerns in individuals after burns (Shepherd, Reynolds, Turner, O'Boyle & Thompson, 2019) and within a mixed visible difference population (Vasiliou, Russell, Cockayne, Coelho, & Thompson, 2023; Zucchelli, White, & Williamson, 2020). Quantitative research has also demonstrated that self-compassion is associated with appearance, or body image, concerns in women after breast cancer (Przedziecki, Sherman, Baillie, Taylor, Foley, & Stalgis-Bilinski, 2013; Sherman, Woon, French & Elder, 2017) and skin conditions (Clarke, Thompson & Norman, 2020). However, qualitative research into the roles of psychological flexibility and self-compassion is currently lacking.

The current study therefore aims to extend the current literature, beyond those studies that have employed quantitative methodologies. Furthermore, research that has investigated the roles of psychological flexibility and self-compassion in appearance concerns to date have studied these in isolation. The current study aims to investigate both of these variables, using qualitative methodology. This is important for understanding the roles that psychological flexibility and self-compassion play in appearance concerns in more depth and how individuals experience these. In relation to psychological flexibility, qualitative research has found that avoidant coping mechanisms, including emotional suppression, have been reported in those with appearance concerns after burns (Bergamasco et al., 2002; Macleod, Shepherd & Thompson, 2016; Martin, Byrnes, McGarry, Rea & Wood, 2017), which could be interpreted as experiential avoidance and therefore difficulties with psychological flexibility. A further qualitative study found that women had an ambivalent relationship with their burns and coped by minimising their experiences, which could again be interpreted as experiential avoidance (Hunter, Medved, Hiebert-Murphy, Sareen, Thakrar & Logsetty, 2013). Finally, Macleod et al. (2016) found that individuals devalue the post-burn self and idealise the pre-burn self, which could be interpreted as difficulty being in contact with the present moment (Hayes et al., 1999). Considering self-compassion, only one qualitative study has explored how self-compassion helped individuals adjust to living with chronic skin conditions (Clarke, Norman & Thompson, 2022). This study found that self-compassion promoted adjustment through an enhanced sensitivity to distress and value in caring for their wellbeing, with self-kindness and mindful attention used to cope with challenges. However, appearance concerns were not explored specifically.

1.3. Study rationale and aims

Current research provides a limited understanding of individuals' early experiences of appearance concerns after burns. The current study aimed to extend this knowledge. More specifically, it aimed to explore the roles that difficulties in psychological flexibility (Hayes et al., 1999) and self-compassion (Neff, 2003) play in early appearance concerns. Building on the quantitative research that has explored the role of these variables in appearance concerns, this study employed a qualitative methodology to provide richer and nuanced information on the topic. Focusing on how psychological flexibility and self-compassion is relevant to early adjustment to appearance changes, within weeks of burns occurring, may provide a deeper understanding of distress at this early time point and facilitate insight into what early or preventative psychological interventions may be useful within this context.

2. Material and methods

2.1. Design

Given the explicit aim of the study was to investigate the roles of self-compassion and psychological flexibility in appearance concerns shortly after burns, template analysis was chosen as the most appropriate method (King & Brooks, 2017). Template analysis is a form of thematic analysis that allows both inductive and deductive reasoning to be

applied within the analysis of acquired data. This approach guides the development of a priori themes that enable initial coding of interview transcripts, but also enables novel constructs to be identified as the analysis progresses.

Adults (aged 18 years or over) experiencing appearance concerns from a burn injury within three months were eligible to participate. Individuals were excluded if they had sustained their injuries due to a suicide attempt, self-harm or assault as appearance concerns following burns in these contexts would likely involve different psychological experiences compared to appearance concerns following accidents. People were also excluded if they had a known cognitive impairment due to the nature of the study and need to recall their experiences and describe them in depth. The study protocol was uploaded to the Open Science Framework prior to recruitment. Ethics approval was obtained from the South Birmingham NHS Research Ethics Committee (REC) and Health Research Authority (IRAS ID: 292292; REC ref. 21/WM/0144).

2.2. Participants

Fifteen adults (nine female, six male) aged between 18 and 56 years participated. Table 1 displays participant pseudonyms and demographic information.

Self-reported socio-economic status ranged from 4 to 10 on the *McArthur Scale of Subjective Social Status – Adult Version* (Adler, Epel, Castellazzo & Ickovics 2000). This measure and the Appearance Subscale of the Body Esteem for Adolescents and Adults (BESAA-A; Mendelson, Mendelson & White, 2001) are detailed below. The majority of the burn injury information was gathered from medical records but some relied on self-report. Time since burn ranged from just over two weeks to almost eleven weeks. Injuries included scalds ($n=9$) as well as flame ($n=3$), friction ($n=1$), contact ($n=1$), and flash ($n=1$) burns. Total body surface area (% TBSA) burnt ranged from 0.5 % to 28 %. Depth of burn included mixed thickness ($n=6$), full thickness ($n=4$), partial thickness ($n=3$), deep dermal ($n=1$) and unknown ($n=1$). Body location of burns included the legs ($n=11$), chest/abdomen ($n=6$), arms ($n=5$), hands ($n=4$), back ($n=4$), buttocks ($n=3$), feet ($n=2$) and face ($n=1$).

2.3. Data collection

2.3.1. Interview schedule

A priori themes based on template analysis guided the interview schedule (King & Brooks, 2017), and subsequently developed throughout recruitment. A Patient Advisory Group comprising individuals with lived experience of burn injuries contributed to the design of the interview schedule. Sections included questions around early experiences of appearance changes (e.g., 'What are the emotions

Table 1
Pseudonyms and demographic information.

Pseudonym	BESAA-A score	Gender	Age (years)	Ethnic group
Alexei	2.7	Male	47	White European
John	2.3	Male	54	White British
Neema	2.3	Female	50	British Indian
Aadan	2.1	Male	28	Black African
Jake	2.1	Male	46	White British
David	1.9	Male	52	White British
William	1.9	Male	54	White British
Abbie	1.5	Female	18	White British
Lauren	1.1	Female	29	White British
Joanie	0.9	Female	28	White British
Leanne	0.8	Female	26	White British
Nicola	0.7	Female	44	White British
Elaine	0.6	Female	56	White British
Jayne	0.4	Female	53	White British
Nina	0.1	Female	23	White British

Note. BESAA-A: Appearance Subscale of the Body Esteem for Adolescents and Adults

that come up for you, in relation to how your appearance or body has changed?'), psychological flexibility (e.g., 'To what extent are you living your life according to what matters to you at the moment?') and self-compassion (e.g., 'How do you act towards yourself when you have these experiences?'). The interview schedule and a priori themes are available in the [supplementary materials](https://doi.org/10.17605/OSF.IO/FBQUY) and in the Open Science Framework (<https://doi.org/10.17605/OSF.IO/FBQUY>).

2.3.2. Self report-questionnaires

Two measures gathered contextual information, presented in the *Participants* section and [Table 1](#). The *Appearance Subscale of the Body Esteem for Adolescents and Adults* (BESAA-A; [Mendelson et al., 2001](#)) is a 10-item self-report questionnaire that measures body esteem, particularly focusing on appearance. It has been used in previous research exploring appearance concerns after burns ([Lawrence, Fauerbach & Thombs, 2006](#)). Responses to items fall on a scale ranging from 0 ('Not at all') to 4 ('Always'), with some items being reverse-scored. An example item is, 'I'm pretty happy about the way I look.' Total mean scores are used, with lower scores representing reduced body esteem (greater appearance concerns). The *McArthur Scale of Subjective Social Status – Adult Version* ([Adler et al., 2000](#)) is a single-item scale to measure socio-economic status. Participants were asked to rank themselves from one ('Worst off') to 10 ('Best off'), representing their socio-economic standing compared with others in the UK.

2.4. Procedure

The first 15 participants interested in taking part and meeting inclusion criteria were recruited. Eleven of these had participated in another research study during their hospital admission, conducted by the same researchers, and expressed interest in this study. Three participants responded to fliers in hospital burns services and one was recruited through social media. The measures were completed by the participants themselves if they took part in person. For participants who took part remotely, the measures were screen-shared or read out by the first author who then wrote down participants' responses. Semi-structured interviews were conducted by the first author. Interviews were audio-recorded and the first author made notes and wrote case summaries, documenting key interview dynamics and reflections from the interview ([King & Brooks, 2017](#)). Ten interviews were conducted over video-calls, three were held in person and two were telephone interviews. Interviews lasted 79 minutes on average (range: 41–112 minutes). They were transcribed verbatim and pseudonyms were assigned.

2.5. Data analysis

Template analysis guidance by [King and Brooks \(2017\)](#) was followed. Template analysis is not aligned to any particular philosophical position, deferring this to researchers ([King & Brooks, 2017](#)). The data were analysed within a critical realist perspective ([Bhaskar, 2010](#)) given that all authors take this stance in their research. The researchers assumed that participants' responses during the interviews represented meaningful psychological phenomenon. However, it was acknowledged that knowledge is generated and perceived through lenses of cultural, historical, personal and social experiences and therefore researchers cannot be completely objective during the research process.

Whilst a priori themes were identified, these were used with the awareness that they may not necessarily prove relevant, useful or meaningful and may be refined or discarded. The a priori themes are available in the [supplementary materials](https://doi.org/10.17605/OSF.IO/FBQUY) and in the Open Science Framework (<https://doi.org/10.17605/OSF.IO/FBQUY>). They were used to guide preliminary coding of an initial subset of the data (four interview transcripts), which led to additional themes and sub-levels being developed into an initial template, using both inductive and deductive reasoning. The next subset of data (another four interview

transcripts) was applied to this initial template and it was revised accordingly. This was repeated until all data had been applied to the latest version of the template, with a priori themes being discarded and refined as necessary, following which interpretation of the template began (following guidance by [King & Brooks, 2017](#)). The analysis therefore had seven stages, completed sequentially and iteratively: 1) familiarisation with the data; 2) preliminary coding; 3) clustering; 4) producing an initial post data collection template; 5) developing the template; 6) applying the final template; and 7) final interpretation ([King & Brooks, 2017](#)). NVivo version 1.7.1 was used to assist analysis.

The concept of 'saturation' was initially developed by [Glaser and Strauss \(1999\)](#) in the context of grounded theory analysis, where sample size consideration is part of the ongoing analysis where every new observation is compared with previous ones in terms of similarities and differences. However, the concept has come under scrutiny in recent years due to it being used inconsistently and across a variety of analytic methods, and 'information power' has been proposed as an alternative consideration ([Malterud, Siersma & Guassora, 2016](#)). In the current study, saturation was focused on the data analysis rather than data collection and conceptualised as an internal process at "the point at which no new information or themes are observed in the data" ([Guest, Bunce & Johnson, 2006](#), p. 59). The development of the final template was reached when the iterative process of template development reached saturation: when all data could be coded, using that version of the template ([King & Brooks, 2017](#)) and no new themes were being developed ([Guest et al., 2006](#)).

2.6. Quality control, rigour and reflexivity

Credibility and rigour can be established using a variety of methods, including auditing the analytic process, keeping detailed audit notes and reflexivity ([Malterud, 2001](#); [Spencer & Ritchie, 2012](#)). Template analysis is a form of thematic analysis ([King & Brooks, 2017](#)), and therefore it was considered important for researchers to reflect and interrogate how their assumptions and expectations impact on their engagement with the data ([Braun & Clarke, 2019](#)). Combined with the critical realist stance taken in the current study, reflexivity was important ([Braun & Clarke, 2019](#); [King & Brooks, 2017](#)). A reflective diary was maintained throughout the study by the first author and used to inform reflection as to the concepts evident in the data. Transparency was explicit and an audit trail with detailed notes was kept, which also detailed reflexive comments about how the first author's own position influenced coding choices/template development and interpretation, in line with the process of template analysis ([King & Brooks, 2017](#)). Example excerpts from the reflective diary and audit trail can be found in the [supplementary materials](#). An audit checklist was developed prior to the study commencing and completed at the end of the study by the first and last authors. To provide rich and detailed accounts, participant quotes and thick description were also utilised ([King & Brooks, 2017](#)).

The first author was aware of her ongoing clinical role as a Consultant Clinical Psychologist in a burns service and previous experience of working with burns patients who experience appearance concerns. The third and last authors also have experience of conducting research and providing clinical services (last author) with people who have sustained burn injuries. In addition, all authors have conducted prior work on the roles of psychological flexibility and/or self-compassion. In keeping with utilising reflexivity in qualitative research ([Finlay & Gough, 2003](#); [Olmos-Vega, Stalmeijer, Varpio & Kahlke, 2023](#)), the research team continually reflected on the relationship between preconceptions and the emerging findings during team meetings and through field notes. This informed the analysis through the consideration of other relevant theories that explained the data. Positionality statements for all authors can be found in the [supplementary materials](#).

3. Results

The majority of participants described acute/post-traumatic stress symptoms in relation to their burn injury. Participants typically contextualised their changed appearance within pre-existing negative beliefs or sensitivities about their bodies or themselves more generally. Further, early appearance concerns were contextualised within the uncertainty and unexpected severity of their injuries surrounding wound healing (e.g., how long wounds would take to heal) and future appearance (e.g., what degree of appearance change/scarring would develop and whether these would be permanent or not). Other people's reactions to their wounds or scars (e.g., looks, comments and questions) also contributed to participants' views of themselves post-burn.

Three superordinate themes resulted from analysis: (1) *Need for social connection*; (2) *Distress through difference*; and (3) *Experiential avoidance and self-criticism in response to early appearance concerns*. *Need for social connection* was identified as an overarching theme. The other two superordinate themes, *Distress through difference* and *Experiential avoidance and self-criticism in response to early appearance concerns*, were situated within this overarching theme and related to each other. Each of the superordinate themes and subthemes are discussed below with example quotes.

3.1. Superordinate theme 1: need for social connection

Almost all participants situated their appearance changes within the need for, and importance of, connection with other people. The burn appeared to activate previously unconscious or latent schema around the need to connect and build relationships with other people. Schema related to the importance of feeling socially accepted and the desire to conform to societal ideals were triggered by the realisation of how their appearance changes may be viewed by other people and wider society, creating a sense of threat to social connection. Participants were aware of the social and relational implications of their appearance changes and the rejection and stigma they may experience. They had often already received reactions from other people towards their wounds or scars (e.g., stares and comments), and were facing uncertainty about how their burns will look in the future and the permanency of appearance changes. There were two subthemes within this theme: *Seeking acceptance*; and *Triggering of social threat through internalised gender and appearance ideals*.

3.1.1. Subtheme 1.1: seeking acceptance

All participants described anticipating other people's reactions towards their appearance that acknowledged the way appearance can be highly valued in society. Many of the respondents placed value on other people's reactions to their changed appearance, through the activation of a schema related to the need for social acceptance. Appearance changes were perceived as a social threat to being accepted by society and other people. Concern about how other people would perceive or react towards them because of their appearance changes was apparent because of the desire to be accepted. However, the salience attached to acceptance from others varied between participants. Some attached a particularly high level of value to other people's reactions towards their appearance, highlighted by the following quote by Nicola, a 44-year-old female: "I know there's other people are like 'oh I don't care what people think of me, but I can't help it, I do, I wish I didn't but I do.'"

However, for John (54-year-old male), there was an evident conflict about how important other people's reactions were or should be to him:

Whether people who I know have accepted me for who I am and I'm happy with that, you know, but people who I don't know, whether I still want them to like me or not but they can't because I'm not perfect, I don't know...I suppose why am I worrying about it, because obviously I've got a loving family, I've got a good job, I've got loads of friends, so why am I bothered about the way I perceive people looking at me?

Some male participants sought social acceptance through additionally perceiving that it was their responsibility for protecting other people from their appearance changes. This internalised masculinity seemed important for these men. For example, one respondent said,

I don't want the grandkids seeing it or owt like that, you know, I don't want them getting scared or (anything) like that. I don't want them to be scared of me, you know, it's like 'weird grandad' sort of thing (William, 54-year-old male).

The need to feel that other people understood and had compassion for the emotional impact of their changed appearance was key to feeling accepted. Some women felt this had been lacking, leading to a sense of isolation from their social support networks, strangers and burns teams. For example, one woman talked about other people, including her husband, not understanding how she felt, making her feel dismissed:

They want to give you a 'ah' for like two minutes but you're like 'no, I need a 'ah' for a lifetime because, you know, you don't understand. And I think that's really hard when the people close to you don't understand and you're just like 'oh god you're never going to understand so I'm not' – like my husband – 'you don't understand, you're never going to begin to understand so I'm not even going to bother telling you, you know, you're just going to waste my breath so I'm not even going to go there (Jayne, 53-year-old female).

3.1.2. Subtheme 1.2: triggering of social threat through internalised gender and appearance ideals

The burn injury triggered schema related to internalised gender and appearance ideals in many participants, rooted in a desire to conform to social ideals and feel socially connected and accepted. This led them to reflect about how their appearance changes integrated with their previous gender- and appearance-related identities. Participants felt a sense of threat due to these ideals being challenged, couched within concerns about what their appearance changes could mean in terms of how other people and society perceived them. Attractiveness seemed particularly salient for female participants, representative of societal ideals, and they perceived themselves as less attractive or sexually desirable to other people due to the burn injury. This was particularly salient when the burns affected body parts such as the breasts or legs. Some women felt a threat to their femininity, feeling unable to wear certain clothing or accessories considered 'feminine', due to their altered appearance and how others may perceive them if their burn was visible. One woman talked about her burn to her breast as being salient in terms of her sense of sexual attractiveness and femininity and stated,

Erm, just because it's not – it's my boob, and it's not the same as it was before. And, erm, it just doesn't look very pretty. It looks very ugly, and erm it's on some of my nipple as well, and it just – obviously – this sounds weird, but your nipples get hard and soft, but it's kind of affect that movement in my nipple. And I just – yeah – it's just not attractive. It just makes me feel a bit gross... (Nina, 23-year-old female).

Similarly, Neema, a 50-year-old female, who burnt her legs, stated, "Like I said, you start doing a comparison, you know, you watch a film and you say 'Oh yeah, they've got lovely legs, why did that have to happen to me?'" For male participants, the threat seemed more related to their masculine identities. Schema associating masculinity with emotional strength and stoicism appeared to have been triggered for David, a 52-year-old man. He was concerned about how other people would perceive his distress caused by his changed appearance, stating,

If I meet someone and on the first date I'm talking about all of this stuff, do I appear like a soppy person, actually a wet blanket, or do I keep it bottled and be the man about the house and the strong person.

Similarly, John, a man also in his 50 s, talked about "male bravado" and a desire to feel attractive. John talked about his passion for martial

arts and the importance he placed on his physical stature. He explained that the burn injury had not only changed his appearance but had also led to weight gain and a loss of muscle definition. John explained:

You're still trying to think, you know, when you walk down the street people look at you and you think, you know, they look all right, kind of thing, whether you've got that kind of – erm, you fit into the slot where you think society thinks you should look, you know, men look one way, women should look another way.

Some men also appeared to hold a sense of responsibility for other people's reactions to their appearance and protecting them from distress. This internalised masculinity led them to consciously consider other people's reactions and whether they could reduce any distress they felt in seeing their burns, for example, by concealing or disclosing their appearance in ways that would be less distressing for others.

3.2. Superordinate theme 2: distress through difference

This theme, which represented all respondents' data, captures the conscious appearance concerns that were readily accessible by participants soon after the burn occurred and the varying trajectories they took. Appearance changes led to individuals feeling different from other people due to the changes resulting from the burn injury being a deviation from societal ideals around appearance. This perceived difference led to a range of distressing thoughts and feelings about themselves, the appearance of the burns now and in the future and the impact of this on their relationships with others, through a fear of rejection and stigma. This reflected the beginning of a shift from their pre-burn identities (where they conformed more to societal ideals around appearance) to their post-burn identities (where societal ideals around appearance were threatened). Appearance concerns were rooted in the need for social connection, and for some, influenced by pre-existing negative body image or insecurities about the self. The unexpected severity of their burns and uncertainty around future appearance also contributed to distress. Two subthemes were identified: *Fear of rejection and stigma*; and *Early onset with a variable course*.

3.2.1. Subtheme 2.1: fear of rejection and stigma

Although some participants expressed interspersed feelings of relief that their appearance had not been more severely affected, participants also described a fear of rejection and stigma from others because of their appearance changes. This was driven by the early development of a post-burn identity which was perceived as deviating from societal ideals around appearance. This, along with the triggering of schemas related to the need for, and importance of, social connection led to feelings of self-consciousness and shame about their appearance. Feelings and thoughts representing these and related concepts of anxiety and self-disgust were common, in addition to secondary experiences of sadness, anger and helplessness about their situation. In turn, a desire to hide from or avoid other people occurred in order to avoid unwanted reactions, either through concealment of the body, avoiding social or public situations or withdrawing from relationships or society. Those with milder appearance concerns described their lives as continuing as they had been prior to the injury. However, all participants expressed a desire to avoid, or hide away from, others to avoid their reactions to some extent. For example, one respondent talked about her self-consciousness and said,

The feeling of not – just the feeling of going abroad now, because we were talking about it last night – erm, of having to kind of wear a swimming costume or – in front of other people, it kind of – it just puts me off now. Just getting any bit of my body out on show that's been burnt – it just makes me more anxious than I already was (Joanie, 28-year-old female).

Similarly, one man talked about his fear of other people's reactions and therefore his avoidance of public places and said,

The idea of going into a swimming pool as an example now with children and having people look and stare – and I may be building this up to way more than it is – that may well be the case – but that doesn't hold any attraction to me whatsoever so it's easier to stay hidden (Jake, 46-year-old male).

This occurred within a grieving process for the loss of their 'normal' pre-burn appearance. For example, one respondent who struggled with low self-esteem and mental health problems prior to her accident, stated,

It's just 'cos of how red they are, and the scarring on my stomach – it's just – I just think they look monstrous, they are just there – there is no, I know it's still early days, but it's like they are not gonna go away. The colour is never going to look normal again (Leanne, 26-year-old female).

For some, the fear of rejection and stigma was perpetuated by self-blame and shame about the accident that led to the appearance change. Abbie, an 18-year-old female, said, "Um, I just think, like, it was kind of my fault, like, it was an accident but in that time it's like it was my fault and I've done this to myself." An association between the accident and their appearance concerns was evident in these individuals, with the self-blame and shame experienced across both becoming impossible to separate.

3.2.2. Subtheme 2.2: early onset with a variable course

The psychological impact related to appearance changes started soon after the burn. Appearance concerns typically began during hospital admission during initial dressing changes or showers, or for those who were not admitted to hospital, shortly after the injury when dressings were first removed. This acute awareness of their difference and the social and relational impact of their changed appearance was clear, highlighted by the following quote:

The upset over how it will look in regards to relationships was actually pretty soon, just a couple of days after surgery so probably about two weeks ago, yeah, bearing in mind it was only two and a half weeks ago that I did it (Lauren, 29-year-old female).

For a small number, appearance concerns only became a focus a few weeks after the injury. This reflected an initial focus on survival and physical rehabilitation, with reintegration back into society after discharge from hospital subsequently triggering distress. Leanne (a 26-year-old female) explained, "Er, not until I left the ward and was able to walk a bit better...Erm, about three weeks – no – four weeks."

Appearance concerns had varying trajectories. For most, distress remained stable or worsened over time as wounds were progressing due to the development of scars or pigmentation changes. This reflected the ongoing and anticipated longer-term perceived deviation from societal ideals and social threat. Indeed, Abbie, an 18-year-old female, said,

I think I'm more bothered about it now than at the start for sure. I didn't mind when I was in hospital and I wasn't really that worried but every time the psychologist was like 'oh how are you feeling about the way you look?' I was always like 'I don't care' [Laughs], whereas now it's more of a – I think being in the outside world, like, not just in the same place and more people seeing it definitely increases the way I feel about it.

However, some reported improvements over time. These individuals did not have full thickness burns, and they had noticed objective improvements in their appearance and were not expecting permanent scarring. Therefore, these individuals were re-establishing their pre-burn identity of conforming to societal ideals. Neema, a 50-year-old female, explained this is the context of her wounds having healed and pigmentation changes were expected to improve: "I think I'm not as weak and fragile as at that point in the earlier stages of the burns."

3.3. Superordinate theme 3: experiential avoidance and self-criticism in response to early appearance concerns

This theme, which represented all participants' data, encapsulates their attempts to cope with, or respond to, their appearance concerns. Influenced by the need for social connection, perceived deviation from societal ideals around gender and appearance and fear of rejection and stigma, individuals attempted to cope with their distress but had difficulty responding to their appearance concerns with psychological flexibility and self-compassion. Instead, experiential avoidance and self-criticism were common reactions, although some were able to be kind to themselves. Four subthemes were identified: *Difficulty responding with psychological flexibility*; *Struggling for self-compassion*; *Finding self-kindness*; and *Emotion-focused coping*.

3.3.1. Subtheme 3.1: difficulty responding with psychological flexibility

Participants responded to their appearance concerns in ways that are relevant to psychological flexibility. Difficulties responding to their distress with psychological flexibility was particularly striking in participants with more significant appearance concerns. Participants often described attempts to avoid or control their distress (experiential avoidance) and had strong attachments to their thoughts (fusion) around their appearance. Influenced by a fear of rejection and stigma, participants seemed to perceive their thoughts as truths and reasons for concealing their burns and avoiding other people or social/public situations. Nicola (44-years-old) described trying to avoid her internal feelings and thoughts by staying at home and avoiding public situations. She also spoke about fusion with her thoughts about her appearance and attachment to the conceptualised self, which was also impacting on her life:

I get up some days and I think right, let's just go then, and I go up to the shops and then I remember, oh I can't do that, it's horrible, that you feel like you're a freak...you should see the back of my legs, they're horrible, it's disgusting, the back of it, I can't stand it.

Participants also described difficulties in being present-moment focused, often appearing stuck in their feared or uncertain futures (e.g., about what their future appearance will look like) or conceptualised pasts (e.g., thoughts about their pre-burn appearance) and had difficulty observing their experiences mindfully. This is illustrated in the following quote by Jake (a 46-year-old male) who had explained how he often drifted back to thoughts about his pre-injury appearance, creating a sense of loss, as well as anticipating the future, thinking about his future appearance, what this will be like for him and how other people will react if they saw his scars:

Um...[sighs]...very...um...because if I open that trapdoor then you're there, so it is, if you sit looking at them and thinking about them it's difficult to suddenly snap out of it, you go down the route of looking at them and thinking about how they used to be and I kind of project forward to next summer and being on a beach with the children and I don't want to be the guy on the beach with the funny legs. I'd rather be in the bar, not because I don't want to be with the children, but I'd rather be there where I can wear trousers and not have to share what they look like.

Finally, participants had difficulties engaging in patterns of effective (committed) action. Instead, their behaviour was driven by inaction, impulsivity or avoidance as a response to their appearance concerns. For example, Nicola (44-year-old female) was avoiding wearing clothes she wanted to wear and going to place she liked to go:

It's the summer season now, and I just think, you know, I wish I could just put my shorts on, wear a bikini top like I used to, jump in the car, go down the beach, and that's not something I can do at the moment.

3.3.2. Subtheme 3.2: struggling for self-compassion

Participants often found it difficult responding to their experiences with self-compassion. Similar to the difficulties with psychological flexibility, this was particularly noticeable in participants with stronger appearance concerns. Participants had difficulties responding to their appearance concerns with kindness and understanding. Instead, they appeared harsh and self-critical in response to their internal experiences. For example, Elaine described how she responded to her distress about her appearance through the following quote, "That I'm just being stupid about getting upset, about that it happened or that I'm not doing what I should be doing or want to do." Self-criticism and harsh self-judgement was particularly noticeable in those who experienced self-blame about the accident happening, and therefore the appearance changes occurring. For example, Leanne, a 26-year-old female, said,

Erm, I'm quite nasty to myself, I will insult myself and tell myself I'm stupid and I'm an idiot and I'm hideous. So I do like to attack myself quite a bit when I'm in those moments...I'm very much the – when I'm bothered about it, I'm very much, erm, along the lines of this is your fault, you're an idiot, you've got no right to feel sorry for yourself, you look hideous, it is entirely your fault, you're just going to have to deal with it [harsh tone of voice].

Rather than being able to hold painful thoughts and feelings in balanced awareness, participants described over-identifying with them and attempts to suppress or deny them. The above quote from Leanne highlighted how self-critical and harsh judgements in response to her internal experiences about her appearance changes snowballed into attacking herself about how her injuries were sustained, despite it being an accident. Similarly, Nina (23-year-old female) described how her appearance concerns had exacerbated her pre-existing mental health problems and that she typically over-identified with her thoughts and feelings, leading to rumination and snowballing of emotions and upsetting thoughts about her appearance:

I don't really manage them very well [brief laugh]. I don't manage them very well, but it kind of adds to my sadness, if that makes sense – so I'll be upset about this, this, this, and this, and then I'll think about my boobs and then I'll add it onto what I'm being sad about... You know, I do think about feelings, but then the feeling doesn't really go, it just stays there, rather than I think about it and then it goes – I just think about it all the time, and then it just stays there and then the next one I think about it again and then the next time....

Some participants expressed feeling separated from other people, creating a sense of isolation in their experiences. The sense of isolation seemed to be particularly relevant for female participants, likely linked to their perceived deviation from societal ideals around gender and appearance, creating a feeling of loneliness in experiencing appearance changes. However, many participants also described a sense of common humanity, perceiving their appearance concerns to be understandable and part of the human experience. This position seemed variable, with their perceptions of their experiences waning between understanding these as common human experiences and times when this was less so. For example, Joanie (28-years-old) said, "Again, I feel like I'm the only person that feels like this, but actually I know I'm not."

3.3.3. Subtheme 3.3: finding self-kindness

Despite the struggle for self-compassion for many participants, a small number were able to find kindness for themselves in response to their appearance concerns. For some, self-kindness seemed to be a consistent way of responding to themselves in their distress. These were typically participants with milder appearance concerns or where their appearance concerns were improving over time, which seemed to allow for self-kindness. Alternatively, where self-blame was not experienced for the accident (and therefore appearance changes) happening, self-kindness was permitted. For example, Neema (50-year-old female) described how she responded to her experiences within the following

quote, “Kindness and forgiving. It could have happened to anybody, you know. You think to yourself it was an unfortunate situation.” For others, this appeared fleeting or interspersed with the struggle for self-compassion, either about the accident happening or harsh judgements around accepting the reality of the appearance changes. For example, Jake (46-year-old male) said,

Um... I think I'm relatively OK with that, again maybe it's telling that I use the phrase self-indulgent, but I do kind of view it as...[sighs]... and again maybe it's...is it self-indulgent to sit there and be, I don't know, wistful for how they used to look? No, I don't think it is. Am I kind to myself in terms of that? Yes. Do I also at the same time have another voice in my head that says that 'you've just got to accept it because you can't change it, so it is what it is, you may as well just get on with it and make the most of it'? Yeah, there's also that perspective. And I'd say it's probably, you know, the two different voices both trying to get attention.

3.3.4. Subtheme 3.4: emotion-focused coping

Participants tended to employ emotion-focused coping strategies (Carver, Scheier & Weintraub, 1989) to manage their experiences associated with their appearance, aimed at reducing or managing emotional distress. Participants spoke about a variety of emotion-focused coping strategies that they had adopted to try to change their internal experiences, reflecting difficulties with psychological flexibility and struggle for self-compassion. Distraction, trying to retain positivity and other cognitive or affective ways to change thoughts or feelings were described, as well as seeking emotional support from other people. Distraction was a particularly common coping strategy. For example, William (a male in his 50 s) explained,

Basically I'm trying to keep my mind busy because my mind is my worst enemy. Like I said with anxiety etc. I've been trying to keep myself busy. I do lots of painting, you know, I mean I've been basically watching TV, you know, just trying to keep my mind occupied...

Participants also described seeking sources of support, which included significant others in their support networks, healthcare professionals and other burns survivors. Male participants more typically spoke about receiving support from their partners. A small number of participants, all of them female, spoke about receiving support (or considering accessing) support from other burns survivors, suggesting that support from other burns survivors may be more acceptable for females. Jayne (a female in her 50 s) described how meeting another individual with a burn injury when she was in hospital was helpful for her by saying,

But also my other lifeline was that while I was on the ward, I met a lady who was like a similar age to me and she'd had the burns the same but down the opposite side. So between me and her we've cried together, we've laughed together, you know, and I think that was really important because I say to her – we call each other 'burn buddies' – and I couldn't have got through it without her ([tearful]).

4. Discussion

This study is the first qualitative investigation into the early psychological experiences associated with appearance concerns after burn injuries through the lens of psychological flexibility (Hayes et al., 1999) and self-compassion (Neff, 2003). The findings contribute to the limited amount of qualitative research on appearance concerns conducted shortly after burns (Bergamasco et al., 2002; Dunpath et al., 2015; Gullick et al., 2014; Johnson et al., 2016; McLean et al., 2015), and extend emerging quantitative research that implicates psychological flexibility and self-compassion in appearance concerns in those with visible differences (Clarke et al., 2020; Przewdzicki et al., 2013;

Shepherd et al., 2019; Sherman et al., 2017; Zucchelli et al., 2020).

Themes were situated within time-oriented (past, current, future) contextual factors. Many participants were already experiencing pre-existing insecurities about their bodies or themselves as a person prior to their burn. This is unsurprising given the psychological vulnerability of the burns population (Patterson et al., 1993). The burn triggered previously unconscious schema about gender and appearance ideals and beliefs about relating to others, as well as pre-existing or latent body image or appearance sensitivities. This led to distress and attempts to avoid other people's reactions that were within participants' conscious awareness. This occurred within the context of the burn injury event being a traumatic experience, other people reacting to their wounds or scars (e.g., looks, comments and questions) and the unexpected severity and uncertainty related to wound healing and future scarring. The significance of the uncertainty around future appearance was also highlighted by McLean et al. (2015). The current findings suggest that the uncertainty around future or longer-term appearance changes was responded to with experiential avoidance due to the discomfort this created, rooted in the need for social connection and concern about rejection and stigma due to deviating from societal ideals.

Overall, the findings of the study are supportive of Thompson and Kent's (2001) conclusion that how individuals adjust to a visible difference reflects how they interpret their visible difference, their self and their interactions with others, influenced by underlying cognitive self-schemas, discrepancies between actual/ideal/ought selves (Higgins, 1987), and the social context. Cognitive-behavioural models of visible differences acknowledge the role of the social world and stigma, where anticipated negative social outcomes and perceived stigma lead to distressing thoughts and emotions and social avoidance (Clarke et al., 2013; Kent, 2000; Newell & Marks, 2000; White, 2000). Alternatively, it can be understood using the model of psychological flexibility, whereby individuals become fused with their upsetting thoughts about their body/appearance/self and are unable to hold a self-as-context perspective, which along with a desire to avoid internal distressing experiences (e.g., thoughts and emotions) creates a lack of committed action and social avoidance (Hayes et al., 1999). It is also possible that those vulnerable to appearance concerns following burns may place particular importance on appearance prior to the burn injury, as suggested by research involving those with visible differences (Moss et al., 2014). The current findings provide novel insights into how self-schema, fear of rejection and stigma and the social context (including societal ideals) combine to influence individuals' attempts to cope with an appearance change, which in the current study was through experiential avoidance, self-criticism and emotion-focused coping.

The current findings suggest that participants attempt to conceal their burn injuries and avoid other people or public activities. This is consistent with the findings of previous studies in which attempts to hide away and conceal scars were described (Dahl, Wickman & Wengström, 2012; Hunter et al., 2013). The current findings suggest that the need for connection with others contributes to appearance concerns and influences attempts to cope or respond to distressing inner experiences. Both Dunpath et al. (2015) and Martin et al. (2017) highlighted the fear of rejection from other people as being implicated in appearance concerns, with the former identifying this as being relevant at an early stage following a burn injury as in the current findings. Martin et al. (2017) also identified other people's inquisitive reactions and behaviours as contributing to individuals' appearance concerns, and the current study suggests how this experience can then influence subsequent ways of responding to distress. Furthermore, Macleod et al. (2016) discussed the role of social stigma due to burns scarring in appearance concerns. Finally, Bergamasco et al. (2002) reported that facing other people and managing their reactions was a key event in adjusting to changes in appearance following burn injuries and feeling upset at other people's reactions was common, which is in line with the current findings that participants placed value on other people's reactions and therefore influenced how they responded to their appearance concerns.

The current findings suggest that early appearance concerns are influenced by the activation of schema associated with relating to others. Evolutionary advantages of being valued and accepted by others within social groups are well known (e.g., Richman, Martin & Gaudagno, 2016). Goffman (1963) argued that anxiety about social acceptance is an important concern for stigmatised people with visible differences, and the findings of the study support this. Stigma has indeed been found to influence appearance concerns and community integration after a burn (Mercado et al., 2022; Watson & Perrin, 2022). Appearance concerns may therefore be a consequence of stigma-induced identity threat whereby other people's reactions (negative treatment) and negative stereotypes are activated, leading to identity threat appraisals which can be in excess of an individual's resources to cope with (Major & O'Brien, 2005). This, in turn, influences how individuals make efforts to avoid or control their distressing inner experiences by avoiding situations that pose a social threat.

Although participants generally had difficulties responding to their appearance concerns with both psychological flexibility (Hayes et al., 1999) and self-compassion (Neff, 2003), a small number of less distressed participants were able to find self-kindness, at least some of the time. In relation to self-compassion, the current study found variability in common humanity/isolation (Neff, 2003). Female participants in particular felt isolated in their experiences, likely influenced by their perceived deviation from societal ideals around gender and appearance (Fredrickson & Roberts, 1997), creating a feeling of loneliness in experiencing appearance changes. The current findings also support Hunter et al.'s (2013) conclusion that women had an ambivalent relationship with their burns and coped by minimising their experiences, as well as previous research that has reported avoidant coping as common in those with appearance concerns after burns (Bergamasco et al., 2002; Macleod et al., 2016; Martin et al., 2017). The current study found that, instead, many individuals employed emotion-focused coping strategies (Carver et al., 1989), which can be interpreted as experiential avoidance (Hayes et al., 1999). Indeed, difficulties with psychological flexibility and self-compassion are associated with maladaptive coping strategies (e.g., Ewert, Vater & Schröder-Abé, 2021; Rueda & Valls, 2020).

Participants' appearance concerns typically had an early onset but subsequently varied in terms of whether these had begun to change over time or not. McLean et al. (2015) also reported an early onset of appearance concerns. The current findings are also consistent with those of Bayuo et al. (2022) who concluded that living with burns scars is an ongoing process, and Thompson et al. (2002) who proposed stages or phases of adjustment in living with a visible difference that included a realisation of difference to others and subsequent behavioural avoidance. Similarly, the current findings align with Bergamasco et al. (2002), who found that adjustment to changes in appearance began as soon as patients started looking at their bodies, which was typically in hospital. The current findings further suggest that the context of a burn being unexpectedly serious and uncertain in terms of healing and scar development may also affect the early stages or phases of adjustment.

The current study also highlighted interesting findings with regard to gender. Internalised gender and associated appearance ideals were threatened post-burn. For females, this involved perceiving themselves as less attractive or sexually desirable to other people, particularly when the burn injuries affected certain body parts, such as the breasts or legs, and when they felt unable to wear feminine clothing and accessories. For males, their sense of masculinity (i.e., emotional strength/stoicism, physical stature and protecting others) was threatened. Following burns, self-objectification (Fredrickson & Roberts, 1997), a process of internalising society's views of them in relation to their bodies, may be triggered, feeding into attempts to avoid distressing inner states. Seeking support from other burns survivors also seemed to be more acceptable for females.

4.1. Clinical implications

Within the wider visible differences literature, systematic reviews have highlighted the lack of high-quality studies exploring the effectiveness of any type of psychological therapy for appearance concerns (Bessell & Moss, 2007; Muftin & Thompson, 2013; Norman & Moss, 2015). The current study has identified potential targets for psychological interventions that are implicated in appearance concerns, and are malleable, that can guide interventional research and the development of psychological interventions that are likely to be helpful to those who have appearance concerns after burns. Specifically, psychological interventions that enhance psychological flexibility, such as acceptance and commitment therapy (ACT; Hayes et al., 1999), or self-compassion, such as mindful self-compassion (Neff & Germer, 2013) or compassion-focused therapy (Gilbert, 2014), are likely to be beneficial for appearance concerns after burns and possibly other types of visible difference. The findings also suggest that psychological interventions, including those that are ACT or compassion-based, likely also need to target pre-existing schema related to the need for social connection and internalised gender and appearance ideals in addition to the burns-related distress.

This study also suggests that early interventions should be offered after burns given that appearance concerns start soon after injury. To date, this has been overlooked clinically, with no research having focused on early interventions to prevent or reduce distress. Due to resource implications in healthcare settings, it is possible that there has been an over-emphasis on watchful waiting. However, the early weeks post-burn offer a window of opportunity for proactive or preventative interventions. For wider difficulties, ACT and compassion-based interventions are already known to be effective (Gloster, Walder, Levin, Twohig & Karekla, 2020; Kirby, Tellegen & Steindl 2015).

Although not a focus of the current study, it is possible that some people would benefit more from an ACT-based intervention, whereas others may find a compassion-focused intervention more useful. For example, those who experience self-blame for the accident occurring might be better suited to a compassion-focused intervention to increase self-compassion in relation to both the accident and their distressing internal experiences about their appearance. In contrast, for individuals whose experiential avoidance is impacting upon daily activities (e.g., avoidance of public or social situations), an ACT intervention may be more beneficial to develop acceptance of distressing internal experiences in the value of living a more meaningful life.

A body functionality intervention (Alleva, Martijn, Van Breukelen, Jansen & Karos 2015) that has been used to promote body image positivity in those without visible differences has recently been investigated in people living with skin conditions (Adkins, Overton & Thompson 2022) and piloted in a group of individuals living with a variety of visible differences (Guest, Halliwell, Mathews, Alleva & Harcourt, 2024) to reduce self-objectification by focusing on body functionality. The findings of these studies suggest that body functionality interventions may hold promise for improving aspects of body image but not appearance concerns or distress (Adkins et al., 2022; Guest et al., 2024). However, given the findings of the current study, body functionality interventions may be useful clinically and a worthy line of future investigation given the influences of societal norms and internalised societal ideals.

4.2. Study strengths and limitations

The sample was diverse with regard to gender, age, socio-economic status, and burn severity/cause. There was also diversity in the level of appearance concerns individuals were experiencing. Therefore, the sample was heterogeneous and findings should be transferrable to adults with burns injuries who identify as having appearance concerns. However, the majority of participants were of White ethnicity. Therefore, the findings may not be transferrable to individuals from other ethnic

groups in the UK. Furthermore, the interviews took place between just over two weeks and almost eleven weeks following the burn injury. Participants were therefore at different stages in terms of wound healing, scar development and other appearance changes (e.g., skin pigmentation). However, this permitted insight into the differing trajectories that participants experienced. Furthermore, given that most respondents reported acute/post-traumatic stress symptoms associated with their burns, future research may benefit from exploring how trauma reactions might influence early appearance concerns and how individuals respond to their inner experiences related to their appearance. If indicated, it is possible that interventions for appearance concerns may benefit from incorporating trauma-focused techniques. Similarly, it is not possible to determine whether other psychological/mental health conditions, that were either pre-existing or a result of the burns, could add to the interpretation of the findings. In particular, it is possible that individuals were experiencing additional psychological/mental health difficulties that made them prone to difficulties responding to distress with psychological flexibility and self-compassion. Indeed, a diathesis-stress model of experiential avoidance has been proposed, suggesting that experiential avoidance makes people vulnerable to stressors, in that individuals who typically try to avoid internal distressing experiences may continue this approach when faced with stressful life events (Biglan, Hayes & Pistorello, 2008).

4.3. Conclusions

The current findings provides novel insights into how difficulties in psychological flexibility and self-compassion are implicated in the experience of early appearance related distress after burn injury, and are influenced by the need for social connection and an awareness of difference created by a fear of rejection and stigma and internalised societal ideals. This study demonstrates that psychological interventions that increase psychological flexibility or self-compassion offered soon after burns are necessary. They are likely to help individuals respond to internal distressing experiences related to appearance change post injury, especially if they also target pre-existing schema related to other people, society and internalised gender and appearance ideals.

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CRediT authorship contribution statement

Andrew R Thompson: Writing – review & editing, Visualization, Supervision, Methodology, Formal analysis, Conceptualization. **Paul Norman:** Writing – review & editing, Visualization, Supervision. **Diana Harcourt:** Writing – review & editing, Visualization, Supervision, Methodology, Formal analysis, Conceptualization. **Fuschia Sirois:** Writing – review & editing, Visualization, Supervision, Methodology, Formal analysis, Conceptualization. **Laura Shepherd:** Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization.

Declaration of Competing Interest

None to be declared.

Data Availability

The data from this study are openly available in the Open Science

Framework at <https://doi.org/10.17605/OSF.IO/FBQUY>.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.bodyim.2024.101797](https://doi.org/10.1016/j.bodyim.2024.101797).

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