

A Correlation Assessment of Burnt Adjustment to Society

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Abstract

Introduction: The present study was conducted on “correlating the burnt adjustment to the society”. The study aimed at finding the correlation amongst psycho-social rehabilitation of burnt people with their social adjustment, psychological adjustment, family and peer group relations and economic viability.

Methods: Pearson Correlation test was used to determine the relationship among the study variables. The study was limited to Burn Unit Khyber Teaching Hospital, Peshawar. A total of 186 respondents were randomly selected from the universe.

Results: A highly significant and positive ($r=0.520^{**}$) relation between social adjustment and relations with family and peer group, a positive significant ($r=0.153^*$) relationship between psychosocial rehabilitation and psychological adjustment, positive and significant ($r=0.179^*$) relationship between psychosocial rehabilitation and economic viability, were discovered. However, relationship of psycho social rehabilitation was negative but significant ($r=-0.160$) with family and peer group relations.

Conclusions: Readjustment of burnt back to the society as normal had confounded relationship to social and psychological bonds from the society. Family was the only institution, having tendency of taking the burnt as normal with peer groups. Burnt had a sympathetic considerations in the society, while not considering them as economic liability, due to prevalent cultural traits. These cultural traits were highly coherent on the basis of religion and local concept of brotherhood.

Further understanding the socio-psychological and economic agonies of burnt with specific considerations in job and provision of education for making them viable citizens were suggested recommendations in light of the study.

Keywords: Correlation assessment; Psycho-social rehabilitation; Social adjustment; Psychological adjustment; Family and peer group relations and economic viability

Introduction

Burns mean tissue injuries caused due to heat, friction, radiation, electricity or chemicals. Its intensity varies according to area of the body affected and treatment provided after incidence. Based on the nature and volatility, burns are classified as first, second and third degree. Moreover, cultural stigmatizations associated with personalities were some other social dimensions of segregated feelings for burns. Burns have a range of physical, social and psychological effects on both individuals and their communities [1,2]. Social aspect of personality is emotionally measured with respect to a set of behavior performed on part of actor through a measurement scale denoted through explicit and implicit indicators respectively. Social role is a resultant factor of physical entity taking it instrumental right from the process of socialization in the minor hood while focusing in to adult hood. All these developments are compact and interdependent through which understanding and assessment of personality is possible through proper treatment. Dissatisfaction from life is a significant outcome, associated with the post burn images, which negatively affect the performance and personality as well. Reconstructive surgery have been devised and sought over as rehabilitation for making them valuable citizens to be actively participant but with little effects many difficulties which has been animated as social challenges of life for these burns are the situational non adjustment which is usually revolving around inhabitation and sub optional social skills. Thus resultantly, surfaced in the shape of variation and psycho social adjustment [3-5].

Well-known challenges intrinsic in durable psycho-social treatment subsequent to a main shock such as a burn wound are those connected with optimum social implementation and modification. Social hurdle may include complexity in coping with the performance of others

or with one's own manners in social milieu and could engage social embarrassment and most complimentary social skill. Along burn survivors, factors like social association and professed hold up relation for a considerable quantity of variation in psychosocial modification [5-7] and psychological health-related aspects of quality of life [8]. Rigorousness of the burn damage and time since wounds are not as powerfully extrapolative of these consequences [7].

Hopelessness in burn people can be evoked by numerous factors. Depression is also present in the burnt people. And that depression is caused by the impacts of pain and a response towards sorrow and grief due to loss of material, deceased of a relative and modification in body structure [9]. To portray an unambiguous management of sadness in burn people is impracticable. Initially, the medical demonstration of depression in burn people is obvious as only one learn report a difference among cognitive and physiological symptom. Secondly, no studies on treatment of depression in burn patients are known to the others. In general, taking into account nature of the triggers, depression therapy will be focused at enhancing the person's sense of control over body and environment; if therapy is provided then cognitive (behavioral) therapy is mostly used. Although the question remains unanswered which

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treatment is most effective in burn patients? Psychological cure such as tricyclic antidepressants (TCAs) and discriminating cartooning reuptake inhibitors (SSRI) are used in burn care. In broad research proved that there is complete proof to hold up the recommendation of SSRIs in curing of depression. Depression in burnt people is caused due to various factors. Misery and sorrow are normally originated in the patient. A number of studies proved that the grief and sorrows are related with loss of the property or loss of a beloved. Post burn depression is caused due to long stay in hospital which leads to isolation [10]. Poverty and burns are linked to each other. Burnt skin can be frequently seen in vicious cycle of poverty. The relationship between burnt injury and economic crises are often well documented. The relationship starts as economic poverty which leads to malnutrition's. Disability and impairments may cause low level of human development. Consequences are needed for investment to improve the process of rehabilitation, and regularly these reserves become visible due to scarcity of funding. Hence, poverty mitigation and sustainable monetary improvement can be seen as significant rudiments in the anticipation of mutilation. Poverty is intimately connected to harm, and mutilation frequently leads to social segregation [10].

Burn injuries result in significant physical and psychological complications that require comprehensive rehabilitation treatment and coordination with the acute care burn team. This interdisciplinary rehabilitation treatment is focused on preventing long-term problems with scarring, contractures, and other problems that limit physical function. Adequate pain management and recognition of psychological issues are important components of treatment after burn injuries. Burn injuries present significant barriers to community integration, but many people can successfully return to work and other activities. The evaluation and treatment of posttraumatic stress, depression, anxiety, and sleep disturbances are important after burn injuries. Symptoms of posttraumatic stress, such as re-experiencing the trauma and increased arousal, are common early after a burn injury and at 1 year post injury approximately 20% of people meet diagnostic criteria for posttraumatic stress syndrome. A number of factors contribute to the development of symptoms of posttraumatic stress, but studies have shown that the size of the burn injury does not predict posttraumatic stress symptoms. Over 50% of people with burn injuries report moderate or severe depression symptoms early in their hospitalizations, and almost half report moderate to severe depression at 2 years post injury. The severity of the burn injury, as measured by the percentage of TBSA, does not predict psychological problems after burn injuries. A person's coping style or the presence of a higher level of psychological symptoms during early recovery after burn injuries are predictive of longer-term psychological issues [3,4].

Burn injuries are frequently found in poor families and lower classes. These patients face the problem of poverty, poor health and overcrowding and this interact may lead a tragedy. Psychological adjustment is occurred, when there is a strong cohesion of the family of members. The situation will be very difficult for a patient when there is no family cohesion. The worst condition of psychological adjustment is due to the family clash and diminishes cohesion. This can lead to crime and other disturbance [4]. Follow up study of the rehabilitated patient proved that only emotional disturbance is not found in the children and also there is emotional disturbance in their mothers. Mothers are of the view that the emotional disturbance in children is due to the burn experience and isolation from home during the process of hospitalization. Most of the mothers are passing through a tense situation during accident [4]. Management to develop society incorporate, like turn to work, school, and community activities, is

progressively more essential to enhanced endurance of nation who has large burn injuries. It is very difficult for the people to come back to jobs, schools and other social activities who are burned. A large number of persons are rehabilitated and come back to work and other social activities at time of 17 weeks and 90% of the people return to their work at time of 2 years. A study of people with burn injuries who were employed at the time of injury showed that they were more likely to sustain a hand burn and have hand surgery, indicating that hand burns are more common in work-related injuries, which affects the ability to return to work [3].

Materials and Methods

The study was limited to the burn patients available at Burnt Treatment Center (Burnt ward at Khyber Teaching Hospital Peshawar) as universe of the study. A sample size of 186 respondents was randomly picked for data collection from years 2010 to 12 respectively. The sample size was proportionally distributed [11].

Tools for data collection

The study aimed at finding the correlation between psychosocial rehabilitation of burnt with, social adjustment, psychological adjustment, relations with family and peer group and economic viability. A comprehensive interview schedule, encompassing almost every aspect of the study was designed and was served to collect the required information in light of specific objectives of the study. The collected data was of three levels and qualitative in nature, however, it was later on converted into ordinal scale to make it suitable to be tested through Pearson's correlation as a reliable statistical tool. The data was collected and analyzed with the help of SPSS (version 20) software. Pearson correlation test helped to determine the strength of linear dependence of variables.

The formula for coefficient of correlation (r) is [12]

$$r = \frac{\sum_{i=1}^n (x_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\sum_{i=1}^n (X_i - \bar{X})^2} \sqrt{\sum_{i=1}^n (Y_i - \bar{Y})^2}}$$

Where

X_i = ith value of independent variable

\bar{X} = Mean value of independent variable

Y_i = ith value of dependent variable

\bar{Y} = Mean value of dependent variable

Results and Discussions

Bi-variatic coefficient of correlation among aforementioned selected variables of social readjustment of burnt

Rehabilitation of burns is a multi-dimensional term associated with psychological adjustment, social adjustment, family and peer group relations and economic viability. These variables were indexed and bi-variate analyses were carried out which are presented below;

Result in Table 1 disclosed a positive and significant ($r=0.153$) relationship between psychosocial rehabilitation and psychological adjustment; it is indicated towards the psychosocial rehabilitation of the burnt is absolutely dependent on their psycho-

Variable	Psycho social rehabilitation	Social adjustment	Psychological adjustment	family and peer group	Economic viability
Psycho social rehabilitation	1	-0.118	0.153*	-0.160*	0.179*
social adjustment	-0.118	1	0.014	0.520**	-0.131
Psychological adjustment	0.153*	0.014	1	-0.039	0.095
Family and peer group	-0.160*	0.520**	-0.039	1	0.053
Economic viability	0.179*	-0.131	0.095	0.053	1

*Correlation is significant at the 0.05 level; **Correlation is significant at the 0.01 level.

Table 1: Bi-variate coefficient of correlation among the selected variables of social readjustment of burnt.

social adjustment. These results were supported by Sekaran [11] that psychological support to burn people is very important during the rehabilitation. Social support reduced the emotional stress and encountered the impacts of burns. In addition, a positive and significant ($r=0.179^*$) relationship between psychosocial rehabilitation and economic viability was detected from Table 1, which is indicative of the fact that self-sufficiency in economy leads to a sustainable process of psychosocial rehabilitation. People in poverty find it difficult to be psychologically rehabilitated. Therefore, poverty unification and sustainable monetary improvement reduces the effect of anticipated social segregation of burnt people [10]. Furthermore, the result showed a highly positive significant ($r=0.520^{**}$) relationship between social adjustment and family and peer group relations. It could be concluded that if the family and peer group provides social support, the process of social adjustment would be strengthened. These results endorse the finding of ref. [4] which found that total care of patient is dependent upon emotional and physical support provided by the family. Furthermore, the result indicated a negative but significant ($r=-0.160^*$) relation with family and peer group and psychosocial rehabilitation which is indicative of the fact that people with strong family and peer background find it difficult to be psycho-socially rehabilitated due to continuous isolation during treatment.

Conversely, a negative and non-significant ($r=-0.118$) relation between psychosocial rehabilitation and social adjustment was found. With non-significant ($r=0.014$) relationship between social adjustment and psychological adjustment. Furthermore, the result deduced that there was a negative and non-significant ($r=-0.131$) relation between economic viability and social adjustment. It could be attributed to the prevalent cultural environment, where a close and intimate relationship at family and other institutional level. Such environment did not feel a threat specifically with any impairment to be lonely due to the sympathy for those privileged persons. However, a non-significant ($r=0.014$) relation between psychological adjustment and social adjustment, along-with, a non-significant ($r=-0.39$) relationship between psychological adjustment and family and peer group relations. The result further showed that there was a non-significant ($r=0.095$) relationship between psychological adjustment and economic viability. The result also displayed a non-significant relation among family and peer group, psychological adjustment and economic viability.

Uni-variate Analysis

Awareness of respondents about social adjustment

Uni-variate analysis of the respondents according to their awareness about social adjustment is given in Table 2. The data explore that 86% of the respondents agreed society accepts burn people as a common member of society, 78.4% thought that burns effect the socialization of a person. Results validate that the scars have impacts on socialization of a person, the phenomena is found out by Houston and Bull that socialization is lower in burn as compared to the normal population. Moreover, 52.2% disclosed that burnt people fell shame in society. The

findings are supported by Houston and Bull who stated that the patients having scars on skin feel a sense of shame in society and solemn position of shame is associated with social bashfulness. Similarly, 43.5% of the respondents favored that society provide educational facilities to the burnt people like other member of the society. Furthermore, 53.8% of the respondents admitted that burn is a hurdle to contact other members of the society. Solomon gives a shocking figure that altered physical condition is a barrier in way of interacting with other member of the society. Moreover, 45.2% of respondents agreed that society insult burnt people. The result clearly shows that society insult burnt people as Balkeney and Tall concluded in their study that many culture have a social convention on one hand protecting individual having disfiguring skin and on the other hand rejecting and ridiculed them. Furthermore, the data explain that 44.1% of the respondents agreed that burns lead to loss of social network. The result clearly shows that burnt people loss their social network with little room of ownness from the society as Cannors found in his study that psychological problems of burns, discouragement, loss of social network and grief related to disfigurement occur and in some condition leads to social death. Furthermore, 52.2% of respondents disregarded the statement that society provides social support to burnt people is in support to the finding preceding.

Conscious of the Respondents about Psychological Adjustment

Uni-variate analysis of the respondents regarding consciousness about psychological adjustment is shown in Table 3. The result showed that 50% of respondents were agreed with the statement that burns negatively effect personality of a person. The result are in support to the findings of Cash and Pruzinsky who concluded in study that the alteration due to burns have negative impacts on the personality of a person. Moreover, 49.5% of respondents disregarded the statement that burnt people fell alienation from society. Majority i.e. 81.7% of the respondents affirmed that burns produces sleeping problems in a person. Huston and Bull explained the best feature of burning is producing sleeplessness the patient did not sleep for a long time and remain awoken. Similarly, a high proportion i.e. 93% of the respondents affirmed that burns leads to stress and depression. By the findings of Burns have prolonged stress and depression based on unattractiveness of a person (Root, kent and Al. Abadie, and Tall and Feber). In addition, majority i.e. 84.9% of respondents argued that burnt people are more aggressive. The result is consonance with the findings of Browenen and Charissa, that the burn patients are more aggressive as they are depress and which leads to aggressiveness. Moreover, 60.8% of respondents pointed out that burnt people are afraid from difficult situation. This aspect of burns are visible in the finding of Kiecolt who found that universal nervousness are usually observed confusion in burn patients and especially anxiety while facing difficult situation. The data also shows that 40.9% of the respondents were not agree with the statement that burns produce hypersensitivity in a person. The data further explain that 47.8% of the respondents were not aware that

Statement	Agree	Disagree	Don't Know
Society accepts burnt people as a common member	160 (86)	23 (12.4)	3 (1.6)
Burns effect the socialization of a person	146 (78.4)	23 (12.4)	17 (9.1)
Burnt people feel shame in the society	97 (52.2)	76 (40.9)	13 (7)
Society provides educational facilities to burnt people like other people	81 (43.5)	78 (41.9)	27 (14.5)
Burns is a hurdle to contact other member of society	100 (53.8)	68 (36.6)	18 (9.7)
Society insults the burnt people	84 (45.2)	68 (36.6)	34 (18.3)
Burns leads to loss of social network	82 (44.1)	80 (43.0)	24 (12.9)
Society provides social support to the burnt people	74 (39.8)	97 (52.2)	15 (8.1)

*Numbers in table represents frequencies and number in parenthesis represent percentage proportion of the respondents.

Table 2: Uni-variate analysis of the respondents according to their Awareness about social adjustment.

Statements	Agree	Disagree	Don't know
Burning negatively affects the personality of a person	78 (41.9)	93 (50.0)	15 (8.1)
Burnt people feels alienation from society	88 (47.3)	92 (49.5)	6 (3.2)
Burns produces sleeping problems in a person	152 (81.7)	19 (10.2)	15 (8.1)
Burns leads to stress and depression	173 (93.0)	13 (7.0)	00
Burnt people are more aggressive	158 (84.9)	17 (9.2)	11 (5.9)
Burnt people are afraid from difficult situation	113 (60.8)	65 (34.9)	8 (4.3)
Alteration produces hypersensitivity in a person	69 (37.1)	76 (40.9)	41 (22.0)
Burns produces cognitive behavior to cope in society	45 (24.2)	52 (28)	89 (47.8)
Burns disturb the self-esteem of a person	51 (27.4)	80 (43.0)	55 (29.6)
Burns leads to anxiety	146 (78.5)	18 (9.7)	22 (11.8)

*Numbers in table represents frequencies and number in parenthesis represent percentage proportion of the respondents

Table 3: Uni-variate analysis of respondents according to their consciousness about psychological adjustment.

burns produce cognitive behavior to cope with the society. Moreover, 43% disregarded the statement that burns disturb self-esteem of person which denies the findings of Simon and McGuire that effect the self-esteem of a person as the society ridiculed them.

The data also validate that a high amount i.e 78.5% of the respondents believe that burns lead to anxiety. Result is consistent to the findings of Walliam and Griffiths, after that, hopelessness, general nervousness is usually observed anarchy in burn patients.

Per caption of the respondents about role of family and peer group in psychosocial rehabilitation of burnt person

Uni-variate analysis of the respondents attitude regarding the role of family and peer group in psycho social rehabilitation of burnt is given in Table 4. The table shows that 85.5% of the respondents taught that family accepts burnt people as a common member of family. Similarly, 88.7% of the respondents admitted that family love burn people in a common way. These findings are supported by study of Salter who pointed out those family variates in psychological development of burnt peoples, family involved in childhood burns include special attention and emotional support. Most of the families give special attention to their children to improve the process of social adjustment. Moreover, 66.7% of respondents were of the view that family provides emotional support to the burnt people, as pointed out by Hurren that total care of patients is depend upon affecting and corporeal support provided by the family. Similarly, 61.8% of the respondents taught that family socializes burnt people in common manner and 40.9% of the respondents agreed with the statement that burnt face problems in sexual satisfaction. The above results is strongly supported by White Head, and Grios, their study found that damage blemish may influence sexuality from hypertrophy burs scars are parallel with modifications in skin feeling, the resulting variation look may influence an individual's, physical image and confidence which are vital issues in sexual life. Moreover, these findings are also in lines of Patterson according to him burns produce sexual problems in a person and sex problem is very

common in women. A high proportion that is 69.9% of respondents was of the view that burns create problems in doing domestic work. The data also explain that 49.5% of the respondents were agreed with the statement that family provides opportunities to cope with society. A high proportion 66% of respondents endorsed that peer group accepts burnt people as a common member after burning. Similarly, 45.2% of respondents taught that peer group provides social support to the burnt people. The data also shows that 62.4% of the respondents believe that burns produce hurdle in the way of marriage. However, 57.5% of the respondents were of the views that burns lead to divorce. The above results are supported by Walliam who found that further source of assist is linked to the community rank: societal support, which encloses the heart both in a tangible and symbolic wisdom also helps him to handle with the psychological complexity shaped by the burnt. It is not amazing that study shows that the hold up of friends other than family has marvelous collision on the long term modification of burn wounded.

Perception of respondents about economic viability of burnt people

Uni-variate analysis of the respondents with respect to their perception about economic viability of burnt is given in Table 5. The table emanates that high proportion that 97.8% of respondents consider that burning creates financial problems for individual. The results are strongly in consonance to Portage who stated that person with scared require more human and financial resources from as many as of the impairments experienced by people with disabilities are preventable, and are directly linked to poverty. Notwithstanding 91.5% respondents viewed burning negatively affect economy of family, which is consistent with the findings supported by the study of Warad stated that poverty is closely linked to impairments of person, which directly affect economy of a person. Moreover, 86.6% of the respondents agreed that burns lead to losing a jobs. Similarly, 56.5% of respondents found that burning produce obstacles in occupation engagement. However, 46.8% of the

Statement	Agree	Disagree	Don't know
Family accepts you as a common member	159 (85.5)	27 (14.5)	00
Family loves burnt people in a common way	165 (88.7)	16 (8.6)	5 (2.7)
Family provide emotional support to the burnt people	124 (66.7)	57 (30.6)	5 (2.7)
Family socializes burnt people in common manner	115 (61.8)	60 (32.3)	11 (5.9)
Burn produces problems in sexual satisfaction	76 (40.9)	50 (26.9)	60 (32.3)
Burns create problems in domestic works	130 (69.9)	29 (15.6)	27 (15.4)
Family provides opportunities	92 (49.5)	41 (22.0)	53 (28.5)
Peer group accept you as a common person after burning	123 (66.1)	58 (31.2)	5 (2.7)
Peer group provides social support to the burnt people	84 (45.2)	80 (43.00)	22 (11.8)
Burnt produces hurdles in the way of marriage	116 (62.4)	44 (23.7)	26 (14)
Burn leads to divorce	107 (57.5)	10 (5.4)	69 (37.1)

*Numbers in table represents frequencies and number in parenthesis represent percentage proportion of the respondents.

Table 4: Univariate analysis of the respondents according to their perception about family and peer group.

Statement	Agree	Disagree	Don't know
Burning create financial problems for the individual	182 (97.8)	4 (2.2)	00
Burning negatively effects the economy of the family	185 (99.5)	1 (0.5)	00
Burning lead to losing jobs	161 (86.6)	14 (7.5)	11 (5.9)
Burning produce obstacles in occupational engagement	105 (56.5)	65 (39.9)	16 (8.6)
Burns hinder the opportunities of business	71 (38.2)	87 (46.8)	28 (15.1)
Burns is a hurdle in the way of employment	84 (45.2)	67 (36)	35 (18.8)

*Numbers in table represents frequencies and number in parenthesis represent percentage proportion of the respondents.

Table 5: Uni-variate analysis of the respondents according to their perception about economic viability of burns.

Statements	Agree	Disagree	Don't know
Level of medication provided in hospital is sufficient	48 (25.8)	132 (71.0)	6 (3.2)
Rehabilitation removes the impact of posttraumatic stress	122 (65.6)	49 (26.3)	15 (8.1)
Rehabilitation provides confidence in returning to work as a normal person	139 (74.7)	34 (18.3)	13 (7)
Rehabilitation contributes to remove the barriers to community integration	96 (51.6)	28 (15.1)	62 (33.3)
Rehabilitation is sufficient as it economically pays for off also	91 (48.9)	25 (13.4)	70 (37.6)

*Numbers in table represents frequencies and number in parenthesis represent percentage proportion of the respondents.

Table 6: Uni-variate analysis of the respondents according to their perception about psycho social rehabilitation.

respondents disregarded the statement. Similarly, data also explain that 45.2% of the respondents are agreed that burnt is a hurdle in the way of employment. The result are strongly supported by the findings of Partdage who find out that it is not the impairment per se creating poverty and dependency in people with burnt skin, but their exclusion from mainstream social, economic and political opportunities. Persons with scared required more human and financial resources.

Perception of respondents about psycho social rehabilitation

Uni-variate analysis of the respondents according to their perception on psycho social rehabilitation is given in Table 6. The results show that 71% of the respondents were not satisfied with the level medication in the hospital. 65.5% respondents believe that rehabilitation removes impacts of posttraumatic stress of individuals, 74.7% respondents thought that rehabilitation provides confidence to individuals in returning to work as a normal person while 51.6% respondents agreed that rehabilitation contribute to remove barriers in community integration. In addition, 48.9% respondents taught that rehabilitation is significant as economically pays off also. Moreover, 44.1% of respondents were of the view that rehabilitation serves as a tool of social sufficiency of burns. The above results were supported with the findings of Brych who found that treatment to improve community integration, such as their turn to work, school, community activities is increasingly importance. People with burn injuries have difficulties in

returning to work and school and with participation in social activities.

Conclusions and Recommendations

The study concluded that readjustment of burnt back to the society as normal had confounded relationship to social and psychological bonds from the society. Family was the only institution, having tendency of taking the burnt as normal with peer groups. Burnt had a sympathetic considerations in the society, while not considering them as economic liability, due to prevalent cultural traits. These cultural traits were highly coherent on the basis of religion and local concept of brotherhood. The study recommended further undertaking of the agonies of burnt with specific consideration in jobs and provision of education for making them viable citizens.

References

- Houston V (1994) Bull, do people avoid sitting next to someone who is facially disfigured. *European Journal of Social Psychology* 24: 279-284.
- Din S, Shah M, Asadullah, Jamal H, Bilal M (2015) Rehabilitation and social adjustment of people with burns in society. *Burns* 41: 106-109.
- Thombs BD, Haines JM, Bresnick MG, Magyar-Russell G, Fauerbach JA, et al. (2007) Depression in burn reconstruction patients: Symptom prevalence and association with body image dissatisfaction and physical function. *Gen Hosp Psychiatry* 29: 14-20.
- <http://informahealthcare.com>.

5. Davidson TN, Bowden ML, Tholen D, James MH, Feller I (1981) Social support and post-burn adjustment. *Arch Phys Med Rehabil* 62: 274-278.
6. Kapp-Simon KA, Simon DJ, Kristovich S (1992) Self-perception, social skills, adjustment and inhibition in young adolescents with craniofacial anomalies. *Cleft Palate Craniofac J* 29: 352-356.
7. Browne G, Byrne C, Brown B, Pennock M, Streiner D, et al. (1985) Psychosocial adjustment of burn survivors. *Burns Incl Therm Inj* 12: 28-35.
8. Anzarut A, Chen M, Shankowsky H, Tredget EE (2005) Quality-of-life and outcome predictors following massive burn injury. *Plast Reconstr Surg* 116: 791-797.
9. Kiecolt-Glaser JK, Williams DA (1987) Self-blame, compliance, and distress among burn patients. *J Pers Soc Psychol* 53: 187-193.
10. Ward HW, Moss RL, Darko DF, Berry CC, Anderson J, et al. (1987) Prevalence of postburn depression following burn injury. *J Burn Care Rehabil* 8: 294-298.
11. Sekaran U (2003) *Research Methods for Business*. USA, Hermitage Publishing Services.
12. Nachmias CF, Nachmias D (1992) *Research Methods in Social Sciences*. (4th edn) St Martin's Press Inco. New York. USA.