

CHAPTER IV

PROFILES IN DISTRESS : SELECTED CASE STUDIES

The previous chapters have presented a detailed analysis of the different faces of the episode of Burns. The significance of such an analysis is obvious enough in the sense that it provides a strong basis for drawing the conclusions and suggesting preventive as well as therapeutic measures to control the episode of Burns.

The analysis has been done with an intention to delineate the variables which play a significant role in such episodes. The weakness inherent in the heretofore mentioned analysis is the display of variables in an individual manner. It is equally important to note that there is a multiplicity of factors which is responsible in creating conditions conducive to Burns. The Gestalt concept as the backdrop for the study makes it easier to grasp the totality of factors and their interplay which lead to an episode of Burns. The Lewinian concept of a psychological field, aids us in comprehending the eventual steps that lead a person to the traumatic episode of Burns.

Every case study has been chosen with a view to represent different types of episodes, whether frank or tension related accident or suicides. At the same time, typical problems have been highlighted in the case studies.

The effort to analyse a case is significant from the perspective of understanding the new 'trends' seen through the cases with a view to add new dimensions to the preventive programmes.

The selection of each of the case for discussion is based on the differential aspects of causative factors and or management of burns. The presentation of each case study has been made fully, exploiting the available data to appreciate the precipitation of event and further problems.

The absence of conclusive evidence in most of the cases has limited the scope for offering forthright conclusions. The presentation per se, however, provides the clues to certain conclusions. The cases have been grouped in reference to the habitat and nature of episode being accidental (Frank/Tension Related) suicides (Attempted/Frank). The names have not been mentioned for purpose of confidentiality.

Frank Accidents : The Urban Scene :

Case Study : 1

UFA 016: A 26 years old, married, housewife from Scheduled Caste Hindu family is the subject of this case study. She had studied upto 7th standard. The family's monthly income was Rs.250/- to Rs.300/- earned by her husband. She was mother of two sons and a daughter.

The one roomed, rented house that she lived in was made of concrete, with cement floors. While the family owned a gas bottle and had an electricity connection, they shared the water supply and toilet facilities with their neighbours. The arrangement of the kitchen was safe.

She usually wore a cotton saree while cooking. Her general health status prior to the incident was quite fair.

The traditional pattern of arranged marriages with the consent of the daughter, was followed in this case, and she married at the age of 16 years. She received clothes and utensils as a part of 'Kanyadan'. The family was beset with economic problems and she was dissatisfied with her family life.

The episode occurred an hour before midnight when she and her family were fast asleep. Since it was cold all the windows and doors were locked to keep out the chill. A solitary khadia (crude tin lamp) provided the illumination in the room. Unknown to them, the gas cylinder had developed a small leak. The room was in flames before they could do anything. Their screams for help awakened their neighbours, who broke the door and rescued them. In spite of rushing them to the hospital where they were given prompt medical attention, more than one and half hours was spent before they received medical help. Two of her children did not survive. The house also needed extensive repairs before it could be made habitable.

The subject received 55-60 percent burns of the I^o and II^o and she was in serious condition when admitted. She lost both her sons and a solitary female child survived. The house repairs further increased the economic burden on the family.

She felt strong doubts about being accepted by her husband due to the disfigurement. The whole episode left her dazed and confused and looked up only at God for any salvation.

Inferences:

It is obvious that faulty life style has taken its toll. Lack of awareness in importance of ventilation and constant vigil of equipments (here gas cylinder) has had grave consequences. The time gap lost without any water treatment may have contributed to a seepage of heat in lower layers of the skin. It is shocking to see the practice of 'Khadia' as a night lamp in an urban setting. Could it be attributed to a tradition or the high cost of electricity in Baroda, the current public issue !! The earlier dissatisfaction in life contributes to the post burn condition clearly signifying the scope for social work intervention at therapeutic and preventive level.

Case Study 1 2

UFA 029: was a 26 years old unmarried girl belonging to middle class Hindu family, with a monthly income of Rs.400/-.

The family owned a two-roomed cement house. Individual sewage facilities as well as water supply and drainage facilities were available. The house, also, had an electric connections as well as a natural gas connection. The kitchen was used for other purpose including cooking and the general arrangement was unsafe.

She generally wore a cotton (blouse) and petticoat while cooking, and her general health status before the accident was fair. She had no problem as such, with her way of life, then.

The episode occurred at 3.00 in the afternoon. Repairs were being carried out on the road outside her home. She had informed the labourers earlier twice that there was a possibility of gas leakage. But they took no heed of her warnings and continued their work. Half an hour later, when her mother lighted up the gas for preparing tea, the house burst into flames.

She was rushed to the hospital in an unconscious state by the fire-brigade which had been called by the neighbours. She suffered II^o and III^o burns on 35 percent of her body and the prognosis was poor.

This accident resulted in a great deal of grief and troubles for the family. Her mother lost her life in the accident. Her father's condition was also serious. The house needed extensive repairs and she would have to stay at home and try and fill the void created by her mother's death.

She was looked after by her married sister. Problems anticipated were lack of marriage proposals since she was burnt to quite an extent and the responsibility of looking after the house being the eldest.

Inferences:

Modern technology brings many comforts, to our life, but it is also accompanied by as many hazards. It is evident that training of manpower in the civic infrastructure is of utmost importance. The usual age of marriage in the subject's caste is 18 to 20 years. She is 26. Sensitive as she was, she said 'I was engaged once but the proposal was called off later. Now at this age and with disfigured looks who will accept me? My father too is rendered alone. It is now my responsibility to look for him. My "personal life is over". The case indicates burns as a cause for further psychosocial problems needing total rehabilitation of the subject. Macrolevel intervention with local self-government in developing training for staff is equally important.

Case Study 1.3

UFA 034: was a 30 years old married construction labourer belonging to a middle caste Hindu family. She was an illiterate woman earning Re.200/- from construction work. She lived with her husband, who was also a labourer, in a rented single-roomed house made of cow-dung and mud bricks in the same compound where they worked. The drainage system was open. They used the public civic water supply and toilet facilities were non-existent. Tin khadia was used for illumination purposes.

The cooking was done on the floor and the arrangement of the room was unsafe.

She suffered electrical burns. The episode occurred at 12.45 in the afternoon and nobody was around to help her at that time. The workers had a holiday. So she thought that she should go up and pour some water on the cement. Then she saw some long iron bars which had to be taken down. While she was bringing them down, they came in contact with a loosely fitted electricity wire. The current passed through the rod and through the lady also. As a result, the remaining rods also dropped down from her hand. This attracted the attention of some people who switched off the electricity main switch and removed her to the hospital. It took only half an hour to avail of medical attention.

She has suffered I^o and II^o burns over 10% of her body area and the prognosis was fair. The accident could cause a financial burden since she was shocked and immobilized and might have to stop working for sometime. The cost of treatment was borne by the employer.

Inference:

The episode brings to light the conditions of working women in construction. Proper orientation to the concerned and proper maintenance of electric fittings call for attention. The needy women in urban areas usually work as house maids/cooks in affluent households and are exposed to agents of burns. This area too has a scope for education.

Case Study 1.4

UFA 036; aged 55 years, Scheduled Caste Hindu, education can read and write, works as a sweeper in Municipal Corporation. Lives in 2 room house with fair amenities with a family of 7 members, total monthly income Rs.1000/-.

Enjoys cordial relationships with family, satisfied with life.

The episode took place on a festival. She was planning to go out to collect festival tips (money, eatables) an usual practice in our culture. She had many visitors sitting in front of her house, so she went to use the

nearby public toilet. She lighted a bidi (indigenous cigarette) in the toilet as her usual practice and threw the burning matchstick in the toilet. The gas collected in the toilet picked up the flame and she landed herself with 20 percent burns. Burnol cream was applied and was rushed to hospital by the people. Prognosis good.

Inference:

The case is indicative of poorly ventilated public toilets and improper immediate management of Burns.

Case Study : 5

UFA 019: was a 26 years old married Muslim lady belonging to unitary family of five persons whose sole breadwinner brought home a monthly income of Rs.300/-. She had two male children below the age of 14 years and one female child below the age of 14 years. She lived with her family in their own one-roomed house which had cooking floor. Water supply and toilet facility was shared with the neighbours, and kerosene-tin-lamp was used for illumination. One corner of the room was used for cooking, but the arrangement was unsafe.

She usually wore a nylon kurta and pyjama with a duppatta while cooking. Her health status prior to the episode was quite poor. She was prone to attacks of giddiness and untreated anaemia had left her pale and weak.

She was married by the traditional pattern of arranged marriages, at the age of 18 years and had received some clothes and silver ornaments at the time of her wedding as gifts. The interpersonal relationships in her family were cordial. Except for the unending problem of making two ends meet, there was no major causes for dissatisfaction.

The episode occurred at 6.30 in the evening when she was preparing dinner. Her children were playing in the same room. Suddenly she felt giddy and collapsed, the hot dal fell on her legs. Her initial reaction was to shout for help. Her children called others and they applied oil on her legs. It took 8 to 10 hours to avail of medical facilities.

She suffered 10-12 percent burns of the 1^o on her legs. Her husband looked after her in the hospital. She worried about her children, and whether future attacks of giddiness will result in further accidents.

Inference:

The case indicates economic stress, negligence in health care as precipitating cause for burns. The S.S.G. Hospital receives cases of anaemia, with h^aemoglobin, as low as 4 percent !! The subject admitted having frequent spells of illness in previous year which were not treated. The food for the family being the first priority. Poor

quality of immediate management was seen in application of oil and delayed (8 hours) hospitalization after the husband was home.

One has only to work and wait for a day when a lady considers herself as an individual and is strong enough to look after herself.

Case Study : 6

UFA 032: was a 35 years old married lady belonging to a Maratha family. She studied upto 7th standard and later was employed as an ayah in a nearby Anganwadi, for which she was paid Rs.50/- p.m. The total income of the family was Rs.300/- p.m.

The family resided in a kaccha house with one room which they owned. They had no individual water supply, drainage system or toilet facility and a platform had been built on one side of the kitchen where cooking was done. The fuel generally used was kerosene, and a stove was used to cook the meals. The general arrangement of the kitchen was unsafe.

The general dress while cooking was a cotton saree.

She married at the age of eighteen in a village in Maharashtra. In spite of being married for 14 years, she had no children. Because of this, her in-laws started mistreating her and made her do all the household work and also

forced her to work in the farms. When she could tolerate it no longer, she ran away and went to a distant relative in Baroda, where she met her present husband. She enjoyed present life and had a cordial relationship with her in-laws.

The general health status of the patient was poor. She was prone to attacks of epilepsy (hysteria in her words) averaging atleast one per day. No treatment had been taken for these attacks. Her husband later got a platform built for cooking so that she would not get burnt accidentally.

The episode occurred at 9.30 in the morning while she was cooking the lunch. She had an attack and could not balance herself. The hot vessel containing vegetables upturned from the stove, fell on her and her genitalia were burnt.

She fell down unconscious and it was only after half an hour that she shouted for help. The neighbours responded to her call, removed her clothing and called her husband. After about an hour, she reached the hospital with her husband. She suffered II^o and III^o burns over 15 percent of her body. The prognosis was fair.

The emotional scars of the accident would take long to heal. She worried whether she would ever be able to bear children, as her genitalia were burnt. She constantly

worried about the future without a child. She feared that the lack of offspring could break up this marriage also, and felt guilty.

Inferences:

The case depicts how the interplay of social emotional and physical health problems create conditions conducive to burns.

Lack of issue (infertility) lead to breakdown in marriage. The nature of the fits was unascertained in an untreated case. The affected area though small has deeper burns. The fear of infertility and insecurity in marriage create further psychosocial problems.

Case Study : 7

RFA 045: a married lady of forty years of age, an uneducated housewife hailed from a rural area. The family comprised of six people who lived on the meagre income of Rs.200/- per month. There were two male children below 15 years and two children above 15 years one of each sex, in her family.

The residence was an unauthorised hut in which there was neither a drainage system nor facilities for water supply, nor toilet facilities. Cooking was done on the crowding floor, the kitchen also being used for other purposes.

The general arrangement of the kitchen was improper and unsafe and the usual clothing worn while cooking was a cotton saree.

The general health status of the patient before the accident was fair, without any major health problems.

Arranged marriages below the age of 20 years were the custom in the patient's family. The patient too followed this tradition and married at a young age of about 18 years. The nature of the interpersonal relationships in the family was fairly cordial.

When questioned whether she was satisfied with her life before the episode she had said that she was partly satisfied even though she had financial problems and minor conflicts with her own parents.

The episode occurred in the morning, when she got accidentally burnt with the khadka kept near the bed. There was no significant event and she was in a normal mood before the episode and other members of her family were around when the episode occurred. The family members tried to assist her in removing her saree and applied oil. However, they took her to a Doctor only after 24 hours had lapsed and she was ignorant of what should be done when someone gets burnt. However, she did agree that had the khadka been kept higher the episode could have been avoided.

Even though her parents had been informed of her condition, they had not inquired about her health. The husband had to borrow money from the sarpanch of his village to buy medicines for his wife and could afford to buy coconut water for her. The children were at home with no one to care for them. On the economic front too, the situation was grim; as her parents were too poor to be of help and as her husband says "If I live here to take care of you, how shall we live". Bereft of parental support and totally immobilised, the victim was berated by her husband for having become a burden. She blamed her parents for their lack of help and says "thing would be better if I were dead, why am I alive to see such days?"

On the medical front, the prognosis was fair even though she had suffered I to II degree burns over about 35 percent of her body including the torso and lower limbs.

The immediate effect of the episode had been on the economic front as the family functioning was impaired and financial problems had beset her husband. The lack of parental support, worry about her children and restriction of her mobility could lead to greater problems in the future, some of which could be a broken marriage, conflicts within the family and total dependency on her husband since her own parents no longer cared for her.

Inference:

The case besides other aspects of improper management and unsafe life style adds the dimension of distance and time factor in treatment coupled with severe economic stress in the rural area. There is a scope for creating "barefoot" para professionals in the rural areas to handle such emergencies.

Case Study : B

UFA 027: aged 26 years, high caste Hindu, with higher secondary education. Lived with husband, B.Sc. and a child in a sophisticated area in a single room on the 1st floor of a bungalow with good amenities in a family income of Rs.1200/- for a family of three. Life style unsafe, kitchen in the corner of a multipurpose room. Kerosene stove used for cooking. Relationship very cordial, fully satisfied. The episode occurred when she went into the room at 9.15 P.M. to warm the food, leaving the child and husband on the terrace. She locked the room from inside to keep the child safely away. In few minutes the husband heard her shouts, saw flames. Broke the door open, poured water to extinguish fire, applied cream and rushed her to hospital. The prognosis is poor. She knew that her end was approaching and was worried about the child.

Inference:

The case is indicative of the fact that even amongst the educated people with fair economic stability accidents can occur if life-style is not proper. The good relationship between the couple and other factors do not suggest tension-relatedness or an attempt at taking life.

Case Study : 9

RFA 58: is 50 years old, Hindu, illiterate widow from a scheduled caste. She stays alone in a family of four with a daughter, son and daughter-in-law, in a meagre sum of Rs.300/- in a substandard house with no civic amenities. The life style in a multipurpose kitchen is unsafe.

She incurred 25 percent burns of I and II^o while helping in the cooking (on floor). The saree got trapped in flames of stove and she got burns.

As observed in the hospital, this victim is uncontrollable and aggressive. She blames her son and daughter-in-law for burns. She complains of being rejected, neglected in spite of the fact that relatives are constantly by her side. Her general health status was poor, anaemic and she was reported to be suspicious, complaining in nature. She feels the episode was pre-planned by others to get rid of her !! She had received no earlier treatment.

Inference:

It is difficult to ascertain if the mental condition of the subject was a result of widowhood, approaching old age or frank symptoms of paranoid tendencies. The important aspect is the lack of any medical attention for both emotional and physical problems in a rural area. The case for loneliness felt by an aging, widow can be taken at the therapeutic level by a social worker.

Case Study : 10

RFA 057: is hailing from a village. She is 28, married in a high-caste Hindu with primary education. Lives in a unitary family of four with two sons. Monthly income Rs.400/- has R.C.C. house with three rooms and civic amenities.

Cooking is carried out on floor, with a pressure stove and chulha (wood). Kitchen exclusively used for cooking. Saree being the usual dress. Suffers from epilepsy, had approximately six attacks in last year, is being treated, outcome poor. Family relations cordial. Excepting economic stress and same due to fits, is fairly happy.

The episode took place while cooking. She fell unconscious near the fire (chulah), her hand right in it ! No one was around, the hand got severely burnt and would

need amputation. Her fits have increased after the episode. Emotionally she is drained. Worries about the children, has nightmares. The husband is angry and blames her parents for cheating him in marriage. If I had no children I would liked to die conveys her mental condition.

Inference:

Epilepsy, an organic disease can be arrested with relatively simple but consistent drug treatment. It is well established that patients get tired of the routine. Replenishing the supply regularly in a rural area, that too for a married woman, is obviously difficult.

Education for care of epileptic women by the family and friends must get priority in preventive programmes to avoid repeated episodes.

The rural and urban cases under the frank accidents highlight the interplay of varied factors in precipitation of burns episodes. The major handicaps being improper, unsafe life style due to lack of awareness. The factors related to negligence of health anomalies play their own role. The inferior status of women (denial) and economic stress serving as the backdrop. The episode has come as bolt from the blue, in most cases without any active participation of the subjects.

Tension Related Accidents:

The new insight into human behaviour brings to light another perspective in understanding accidents. Dunbar b, 1947:111 as discussed in, introduction, relates the whole business of 'accidentists' to persons posing a special profile with impulsiveness, need for pain and living a life leading up to a tragedy. Patience and intensity to withstand stress varies with individual.

This group of case studies attempts to understand some cases, in the light of tension as one of the major pre-disposing factor for the episode.

Case Study : 11

UTA 043: was a 20 years old married Hindu belonging to a Maratha family with a sole bread winner earning Rs.500/- p.m.

The rented house built of RCC and cement and with two rooms included the kitchen in it. The family enjoyed independent water and electricity connection and toilet facilities. The kitchen was used in a multipurpose manner and the general arrangement was unsafe.

The usual dress used while cooking was a saree, either of cotton or of synthetic material.

The general health status of the subject prior to the accident was fair.

She was married at the age of 18 years in the traditional pattern of arranged marriage. She was gifted gold and cash as dowry. The interpersonal relationships in the family were not cordial. She felt dissatisfied with her present way of life and had numerous conflicts with her mother-in-law.

The episode occurred in the morning which had got off to a bad start due to a quarrel with her mother-in-law. She was preparing the meal when one of her sarees was allowed (as reported) by the subject to catch fire. Her shouts for help attracted the attention of her mother-in-law, who at once covered her with blankets. A delay of 2 hours occurred before medical help could be obtained.

She suffered I - II^o burns involving over 20 percent of her body mainly torso and part of face and head. The prognosis was fair.

She worried that her disfigured face and burnt hair would adversely affect her marriage. She did not have the support of her parents as they were too poor and lived too far away to take care of her. Her mother-in-law did not like to stay with her at the hospital. As a consequence, she was alone for the whole day and brooded over her future. She felt inferior with the realization of looking ugly and unpresentable.

After the episode, she felt that the episode could have been avoided had there been peace in the house instead of a strained, tense atmosphere.

Inference:

There is evidence of deep rooted dissatisfaction in life in the subject generating from some issues in her marriage transaction. The subject reported disturbance in mood due to open conflict with the mother-in-law. The preoccupied mind coupled with a 'cry for help' contribute to the conditions. The improper life style of cooking on floor has added its share.

The traditional values of Indian culture discourage a woman to seek professional help in inter-personal conflicts. The case points to yet another dimension in intervention. The social-emotional rehabilitation areas are obvious.

Case Study : 12

UTA 002: a 25 year old married woman belonging to a Scheduled Caste Hindu family, educated upto 7th standard lived in a 4 membered unitary family, of which two members were employed, earning a total income of Rs.1000/- per month. She had a daughter below 15 years of age.

The general housing condition was good, the structure being made of mud bricks and the floors cemented. The house was a rented accommodation and consisted of only one room, which included the kitchen also. There was no private water supply though toilet facilities were available. In the multipurpose kitchen, cooking was done on the floor, using pressure stove, kerosene as fuel, and a pressure cooker was used to hasten the chore. The kitchen was quite safe and well arranged.

The patient usually wore a knitted saree while cooking and the general health status was quite good.

Here too, the traditional pattern of arranged marriage was followed and married when she was at 20 years of age. Although there were no compulsions for dowry, the parents gave as much as they could. As a result the interpersonal relationships in the family were quite cordial.

Before the episode, a few events recently had created discord and dissatisfaction with regard to her personal life. She was made aware of the fact that she had only one child, that too a female one. Also a few thefts had occurred in the house and this led to a feeling of depression. Main amongst these were the loss of a watch and that of Rs.100/- on the morning of the episode itself.

The episode occurred at night. The day had been fraught with tension and the strain of the thefts. She had been making the beds when one end of her saree caught fire from the khadia used for illumination. She shouted for help and tried to remove her clothes. A delay of half an hour occurred before proper medical care could be administered. She suffered I and II degree burns which had affected 25 percent of the neck and upper torso. The prognosis was fair.

The economic condition of the family which was not so bad before, had worsened because of her episode. Since the family was new to the city, they were not very friendly with the neighbours and they did not have any relatives who could take care of their 3 year old daughter. Her husband and nephew were carpenters by profession and atleast one of them had to spend the day at home for the child's care causing further tightening of the economic bottleneck. The child was restless without her mother and was ill because of her absence.

The victim felt that the episode could have been avoided had she arranged the kitchen in a safer manner. While she hoped that her relationship with her husband would show major changes, she was afraid that she looked like a demon and was no longer worth her husband's affection. She was thinking of discontinuing the treatment because

there was no one look after the child at home. He had also stopped coming very regularly to the hospital, as he did before. She also felt dejected and lonely and longed to leave the hospital saying "It is a severe punishment to live in this ward, like the punishment of 'Kalapani'. The difference is that Kalapani is given by the court and this punishment is given by God". She felt rejected and was afraid of being socially ostracized.

In spite of her pain, she faced the future confidently for the child, and felt that she was luckier than the other patients who had suffered severe burns.

Inference:

The episode had 'tensions' as one of the precipitating factors. The need for supportive services is obvious. It is, however, gratifying to see that the child becomes a source for positive mechanisms of coping.

The Rural Scene:

Case Study : 13

RTA 046: 23 years, Hindu, Scheduled Caste, illiterate lady. The husband also illiterate, family income Rs.200/- per month. Family size four. No child of her own. Housing condition extremely poor. Life style improper, unsafe. General health fair.

Arranged marriage at a very young age of 15 years. Gifts received from the groom, expense of marriage and gifts (Dowry implied) given by her parents.

Family relations somewhat non-cordial with mother-in-law who is unhappy on account of no issue. Dissatisfied with life of conflict, personally also unhappy on not having an issue. Economic stress as a backdrop.

Episode at 7.00 P.M. was tired of working and had conflict. Pressure stove pumped; hard sudden flames. Saree caught fire.

Effect of crisis on present life. Miserable. Feels guilty for poor impulse control. Husband and mother-in-law more angry. She detests her helplessness condition to be at mercy of the mother-in-law in the hospital. No alternative as parents away and poor. She is considered unlucky.

60 percent of I^o and II^o burns on abdomen, lower limbs, genitalia. Prognosis is poor. Management poor. Future outlook dark.

Inferences:

Infertility, poor SES form basis for strained interpersonal relationships in this case. Once again the woman is looked upon as a child-bearing machine. The case indicates scope for education for safer life style, economic independence of women and proper medical services.

Case Study : 14

RTA 098: 30 years, Hindu, Patel, Illiterate. Income Rs.500/- per month. Family size of three. No issue.

Fair housing condition, 4 rooms, kitchen used exclusively for cooking. No platform. Wood and cowdung cakes for fuel. Life style fair.

Arranged marriage as per tradition at the age of 9 years. Cash and gold in marriage transactions. Relationship is cordial.

Some dissatisfaction with life, Social problem of a peculiar nature. Feels presence of "EVIL SPIRIT" in her body.

The day of episode hold no special significance and yet she felt very depressed. The incident took place at 9.00 P.M. when no one was around. She was cooking. Lighted the wood in the chulha with the 'Khadia'. While replacing the same back on corner of 'Chulha' the saree got ablazed. She started to curb it with hands, meanwhile the petticoat caught flame. She ran around, shouted, others poured water and rushed her to the hospital with 80 percent burns but restricted to I and II^o. Has fair prognosis.

The couple believes the episode as a result of witchcraft of a man who wanted to marry the subject. Once out of this hospital, they will consult a traditional healer as to get the matter over at any cost !!

She feels this as a threat to the marriage and anticipates further problem.

Inference:

Unsafe life style coupled with tensions, preconceived tortures precipitate into an episode of burns in this case. The grip of evil force poses chronic threats to both. The coping is again questionable.

The need for total rehabilitative processes is indicated. Encouragement for adoption and education for proper medicine is required.

Attempted Suicides:

The fact that burns has been one of the most common modes of suicide adopted by women is well established. Ready access to fuel makes it easy for the victim to succumb to the impulse right within the four walls of the house.

The group of case studies attempts to understand the burns episodes of suicides; the frank suicides admission by the subject who expired later on and the attempted suicides where the circumstances are suggestive of suicide but can not be labelled as such for want of evidence.

The Urban Scenes:

Case Study : 15

UFS 028: an aged (65 years) Christian widow was an uneducated lady. The family's economic and educational status

were low, the monthly income being Re.300/-.

She lived with her son and daughter-in-law. The accommodation was very small and the water as well as toilet facilities were publicly shared. The source of illumination was electricity.

Notably, despite the multipurpose use of the kitchen, the kitchen arrangement was safe, so was her clothing apparels.

The son and daughter-in-law failed to understand her psychological and emotional needs which resulted in her feeling lonely and rejected. She felt totally dissatisfied with her life which was usually punctuated with frequent conflicts with the daughter-in-law. Persistent anaemic condition added to the stress.

Finally, overcome with feelings of extreme loneliness, one day, following up a conflict in the morning she saw the opportunity when both the son and daughter-in-law were absent from the house, she poured kerosene on her clothes and set them on fire.

Obviously, it seems that she had failed to foresee the traumatic ensuing consequences. The burning sensation caused her to panic and she rushed out of the house shouting and calling for help. It took an hour before any medical aid could be administered. When she returned to her senses,

she painfully became aware that she was going to live. This unforeseen development placed the episode in an entirely new light. Though her burns were quite severe (80 percent) but were of first and second degree and practically on all the parts of the body.

The son and daughter-in-law faced social as well as medico-legal complications and they blamed the widow for bringing upon them social stigma, through what they believe, no fault of theirs. Such statement only aggravated the widow's emotional wounds and she looked to death as her saviour.

Inference:

The case highlights the problem of the aged and the dependant status of women, as documented in the Sanskrit verse which endorses the traditional approach obliging women to be always dependant on men; on father in childhood, on husband in youth and on the son in old age.

Neighbourhood level day care programmes for the aged should be multiplied in number to cope with the needs. Health monitoring, financial support and especially counselling services are required to reach such lonely, depressed women. The same can be used for helping them transfer the key roles in the family to second generation more gracefully.

The Rural Scene:

Case Study : 16

RAS 053: is an unmarried girl of 18, a scheduled caste Hindu, educated upto 8th standard, living in a family of four with the step mother in monthly income of Rs.300/-.

She lives in a R.C.C. rented house with three rooms with fair civic amenities, kitchen used exclusively for cooking.

Marriages are of 'arranged' type around 20 years in their coats.

The step relations with the mother result into frequent quarrels, the family relationships not at all cordial. Severe dissatisfaction with present life.

The episode occurred on the day preceeding the day of her wedding in a house full of guests. She was being married to her mother's choice, her own choice elsewhere. She poured kerosene on herself and got burnt. She said that she felt utterly helpless and saw taking her life as the only alternative.

Others rushed to the scene immediately, covered her with a rug. Two hours passed before she could get medical attention.

The present crisis is 'worst' as reported by the subject. Parents detested her action bringing stigma to everyone. Future outlook gloomy. She felt sorry for her survival, worried about the disfigurement.

She felt that the episode could have been avoided if parents respected her desire to marry the boy of her choice.

Her youth was the only positive factor for prolonging her life so far, with the utterly poor prognosis due to 90 percent but restricted to I - II⁰ of burns !

Inference:

The case highlights the yet another area for social work intervention. Lack of understanding and communication between parents and children is one of the major factors leading to such episodes. The general, bad image of step mothers in our society itself can be one of the blocks in developing the bridge of relationship between step relations. Programmes of education in this area can contribute to the prevention.

Case Study : 17

RSS 049: a 27 year old married women belonging to a high caste family hailed from a rural area. She passed 11th standard. She lived alone with her husband in a unitary

family, with a monthly income of about Re.600/-. The rented 3 roomed house was a pucca structure, of mud and bricks though the flooring was of cowdung cakes. The kitchen was used exclusively for the purpose of cooking and drainage system as well as individual toilet facilities were available. There was no private plumbing but the civic water supply was conveniently available. However, the arrangement of the kitchen was not totally safe and foolproof. The general dress worn while cooking was a saree of nylon or other synthetic material.

Except for suspected infertility, the general health status of the patient was fair before the episode. Occasional attacks of malaria were a minor irritant compared to the constant problems concerning the reproductive system for which no medical advice had been sought.

The patient married at the age of 21 years in the traditional pattern of arranged marriages and besides ornaments and clothes, household goods were also gifted by her parents at the time of the wedding. The interpersonal relationships in the family were not cordial as the patient was totally frustrated and dissatisfied with her life; and this led to several conflicts with her sisters-in-law and mother-in-law. As a result of lack of any issue, her husband also cursed her for not having borne him an heir.

The episode occurred at night, after a day that had been unusually tense because of endless violent conflicts with her husband. The episode also was the culmination of an emotionally tense and depressing day for the patient. The presence of her husband in the next room did not deter her from the 'accident'. According to her, she was wearing her saree in the bengali style and one end of the saree caught fire when she stood up to take a pair of tongs from the shelf. She shouted for help, and her husband rushed in to help her removed her clothes and he poured water over her. It took half an hour to obtain medical attention. She did admit later that the episode could have been avoided had there been peace in home and had she taken proper care of herself and arranged the kitchen in a safer manner.

The episode alienated her in-laws even further, who were initially hostile and disliked her. Her mother-in-law accused her of having purposely staged the episode to gain sympathy and defame the husband's family. Her parents, who were already burdened with the cost of her wedding and dowry now had a greater financial burden to bear as they had to spend money for her treatment.

Fortunately for the victim, the shock of the episode and the fact that his wife was so near her death made her husband realize how much care she took of him. He decided

to live away from his joint family in order to avoid further quarrels, and live happily with her.

She suffered I^o burns with 25 percent of her upper torso and limbs affected. The prognosis was fair and she could recover soon. She took a positive viewpoint, had diverted her mind from the suffering towards religion and spent her time reading books of religious nature.

Inference:

The case once again brings to light the problem of infertility and episode used as cry for help. 'The secondary gain' was obvious that the relations with atleast the husband were improved, but at what cost?

Case Study : 18

UAS 024: was a 35 years old married lady belonging to a high caste family. She had studied upto SSC and the monthly income of the six membered unitary family was Ra.900/-.

The family lived in a well built five roomed house with a cemented floor and RCC walls. The water supply facilities and toilet facilities were available and the house had electric connection.

The kitchen was L-shaped and safely arranged. Cooking utensils like pressure cooker were used. The subject usually wore a polyester saree while cooking, and her general health status was quite good.

She married at the age of 19 years in the traditional pattern of arranged marriage and a dowry had been given to the in-laws. She did not enjoy cordial relations with her in-laws.

The main cause of dissatisfaction with her life was her husband's suspected extra-marital affair. In spite of reasoning with him to mend his ways, he had continued his liaison. The subject was desperate and thought that there was no way out except suicide. She had been looking for an opportunity when she could take her life.

On the day of the episode, the victim was desperate. She carefully planned out her death. She sent her children to school and in-laws to the temple so that no one could stop her. She closed the house and poured kerosene over herself.

She suffered I - III degree burns over 70-80 percent of her body. Her condition was serious and the chances of her survival were poor.

She admitted that her children would be adversely affected by her action yet she felt that there could have been no other way out. She expected more attention from her family and hoped that her husband would put an end to the affair, but things are too late now !

Inference:

Dynamics of relationship in marriage is yet another factor leading to suicides in burns as seen in this case. Infidelity by the husband is a problem, difficult to be tolerated by the otherwise docile, dependant wife. Professional help could have avoided the episode. The reluctance in seeking 'outside' help is a result of age-old values in our culture glorifying the women who silently suffer.

Case Study : 19

RSS 096; a 22 year old married pregnant (primipara) Hindu lady. Educated upto 7th standard. Family size of 2, monthly income Rs.400/-.

Resided in staff quarters with fair housing facilities. Safe life style.

The family life was non-cordial. She was dissatisfied with her life as the husband was attached to another woman.

The episode took place at 5.00 P.M. in the evening when she added kerosene to the stove while cooking, the saree caught fire. She had arguments with husband and felt unhappy and angry too. As reported by the mother-in-law, she herself tried to kill herself - endorsed by the 75 percent burns of I and II^o with extremely poor prognosis.

She worried about the child and felt sorry for the whole episode now. The prognosis very poor, soon would see an end to two lives !!

Inference:

The case shows how lack of issue for a long time, leading to husband's infidelity and aggression precipitated into a suicidal attempt. It is shocking to know how a pregnant woman could allow herself to run into such a catastrophe.

Case Study : 20

RAS 079: 23 years, High caste Hindu, married but contemplating divorce lived in a family with income of Rs.1000/- per month, joint family of 14 members.

Housing condition fair with four rooms, civic amenities, kitchen exclusively used for cooking.

The family relations were not at all cordial (as reported by a 'significant other', the sister, as subject suffered severe burns). It was reported that the amount of dowry given did not satisfy the in-laws and constant harassment was done to the subject. The parents were contemplating divorce.

The episode of pouring kerosene (as learnt by the sister) took place at midnight. The husband and a neighbour brought her (dumped her) to the hospital, sent an intimation to the parents and eloped leaving the subject alone, before the sister could reach the hospital.

The subject unconscious with 100 percent burns of I - II^o death imminent, no other information was available. Only a thorough follow up can bring out, if it was a homicide :

Inference:

The case study is limited in terms of inadequacy of data in view of several factors. It however clearly highlights the consequences of dowry and especially the efforts to fight the issue legally. This explains the reluctance (also the fear) in seeking professional help. The presence of a qualified worker, round the clock is imperative.

Concluding Remarks:

The case studies, constituting approximately twenty percent of the total sample project the profile of women in distress due to burns. The profiles highlight a multiplicity of factors that explain the dynamics of the phenomenon of burns. In spite of the limitation of inadequacy of data in certain cases, the comprehensive picture highlights the variety of dimensions in the episode.

The interplay of factors like anomalies in mental and physical health, economic and social, psychological stress, the grip of culture-born traditions and poor status of women create conditions conducive to burns.

The ignorance of safer life style, poor civic services and sub-standard equipments form a part of the complex phenomenon. The precipitating causes being unique in each case and the influx of new problems generating because of burns pose an utopian challenge for social work intervention.