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Comparative Analysis of the Psychosocial Impact of Skin Diseases

KEYWORDS: dermatology, coping, perceived stress, social appearance anxiety

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ABSTRACT *People suffering from skin diseases may suffer serious social and emotional consequences. The purpose of this research was to compare patients suffering from acne, alopecia areata (AA) and melanosis on perceived stress, social appearance anxiety and coping. The study included 120 patients ages ranged from 15 to 25 years from Jaipur, Rajasthan. Perceived Stress Scale (PSS), Social Appearance Anxiety Scale (SAAS), and The Brief COPE were administered to the patients. Analytical evaluation was done by Kruskal Wallis and ANOVA-tests.The results of the present study clearly revealed that perceived stress and social appearance anxiety were highest in patients with AA followed by acne patients and found least in patients with melanosis. Significant results were also found in relation to coping. This study is an attempt to increase awareness regarding the difficulties that patients with skin diseases can face.*

INTRODUCTION

Skin has long been recognised as 'organ of expression' according to Sack, as cited in (Walker & Papadopoulos, 2005) and serves as the boundary between ourselves and the outside world, a 'first point of contact' when strangers meet us. Though it is easy to think of skin as a mere wrapping to protect the sensitive organs inside the body, but to understand its problems, we must realize that the skin is itself an organ, just like the heart, lungs, and liver. The enormous growth in the last two decades in cosmetic surgery, dieting and the fashion industry are all indicators of the huge investment that society puts into the 'appearance industry'. In the current world, people are subjected to the same message constantly: 'Beautiful people are popular, happy, successful, interesting and are often loved, respected and worshipped' (Papadopoulos & Walker, 2003). As a result, people with dermatological illnesses are left feeling minimised as individuals, tend to be very sensitive to the social significance of their actions and appearance, to anticipate rejection by others, and to experience humiliation and/or shame (Kellett & Gawkrodger, 1999).

Perhaps not surprisingly given the potential social, and physical consequences, elevated levels of psychological morbidity have been reported in people with skin diseases within the literature (Harlow, Poyner, Finlay, & Dykes, 2000). The kind of psychological difficulties commonly found have included: anxiety (Jowett, & Ryan, 1985); depression including risk of suicide (Cotterill & Cunliffe, 1997); lowered self-esteem (Van der Donk, Hunfield, Passcher, Knegt-Junk, & Nieber, 1994); feelings of shame (Thompson, Kent, & Smith, 2002); and concerns with body image (Benrud-Larson et al., 2003).

Thus, it is high time when a patient-centered approach is particularly needed. In fact, it has been shown that clinical evaluation alone is not sufficient for a comprehensive assessment of the burden of skin diseases on patients. The issues of health-related quality of life and psychological distress were increasingly regarded as important components of the burden of skin disease suffered by individual patients, and therefore as relevant aspects of a comprehensive clinical assessment.

OBJECTIVE

The main objective of the study is to analyze the differences in people with three skin diseases namely, acne, AA and melanosis for perceived stress, social appearance anxiety and coping.

METHODOLOGY

Participants

A total of 120 skin outpatients suffering from acne, AA and melanosis (acne = 40 AA = 40 melanosis = 40) ranging from 15-25 years of age who were undergoing treatment in a private skin clinic of Jaipur, Rajasthan participated in this study. The study included 40 patients in each of the three skin diseases with equal number of males and females. The data were collected from participants who were undergoing medical treatment and suffered from the disease since six months or more.

Measures

Demographic questionnaire

A self-made demographic questionnaire was administered which assessed were age, sex, religion, domicile, family type, family background, type of alternative treatment taken (if any) and nature of skin disease of the participants.

Perceived stress scale

The perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983) measures the degree to which situations in one's life are deemed to be stressful.

Social Appearance Anxiety Scale

The Social Appearance Anxiety Scale (Hart et al., 2008) is a self-report inventory which assesses anxiety of situations regarding one's overall appearance.

The brief COPE

The Brief COPE (Carver, 1997) is a self-report questionnaire used to assess a number of different coping behaviors and thoughts a person may have in response to a specific situation.

Procedure

A detailed information about the identity of the researcher, the type and purpose of study, how to complete the questionnaire was provided to the participants and those

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who expressed the desire to participate in the study were selected. Sufficient time was given to them so that they could understand the questionnaire carefully. The subjects were appropriately instructed and assured for the anonymity and confidentiality of the results.

RESULTS

Patients' characteristics

A total of 120 skin outpatients suffering from acne, AA and melanosis with equal proportion of males and females (50%) participated. Majority of participants were Hindus (65%), followed by Muslims (26.66%), Sikhs (4.26%) and Christians (4.08%). The patients were mostly of urban origin (75.90%) wherein some came from nuclear (55.23%) while others came from joint families (44.77%). Most sought after alternative treatment was Homeopathy (46.80%) followed by Ayurvedic (35.55%), Naturopathy (15%) and any other (2.65%).

TABLE 1
DISEASEWISE COMPARISON OF MEAN AND SD FOR PERCEIVED STRESS

Variable	Category	Mean	SD	F Value (P Value)
Perceived Stress	Melanosis	22.08	8.56	0.000(0.001)*
	Acne	25.28	8.86	
	AA	31.48	8.55	

*Statistically significant p < 0.001

Table 1 suggests that there exists a significant difference between melanosis, acne and AA in which perceived stress was found highest in patients with AA followed by acne patients and found least in patients with melanosis.

TABLE 2
DISEASE-WISE COMPARISON OF MEAN AND SD FOR SOCIAL APPEARANCE ANXIETY

Variable	Category	Mean	SD	F Value (P Value)
Social Appearance Anxiety	Melanosis	38.68	9.42	0.000(0.001)*
	Acne	47.48	13.80	
	AA	49.98	11.61	

*Statistically significant p < 0.001

Table 2 indicates significant difference between melanosis, acne and AA in which social appearance anxiety was highest in patients with AA followed by acne patients and found least in patients with melanosis.

TABLE 3
DISEASEWISE COMPARISON OF MEAN AND SD FOR COPING

Variable	Category	Mean	SD	F Value (P Value)
Self-Distraction	Melanosis	4.83	1.52	0.050 (0.05)*
	Acne	5.35	1.58	
	AA	5.60	1.30	
Active Coping	Melanosis	6.63	1.00	0.113 (NS)
	Acne	6.78	1.25	
	AA	7.13	0.99	
Denial	Melanosis	3.20	1.22	0.030 (0.05)*
	Acne	4.13	1.62	
	AA	3.90	1.72	
Substance Use	Melanosis	2.20	0.61	0.186 (NS)
	Acne	2.28	0.82	
	AA	2.58	1.32	
Use Of Emotional Support	Melanosis	6.18	1.26	0.097 (NS)
	Acne	5.78	1.76	
	AA	6.48	1.24	
Use Of Instrumental Support	Melanosis	6.13	1.26	0.937 (NS)
	Acne	6.23	1.27	
	AA	6.20	1.32	
Behavioural Disengagement	Melanosis	4.23	1.76	0.039 (0.05)*
	Acne	4.23	1.67	
	AA	3.40	1.51	
Venting	Melanosis	5.10	1.21	0.133 (NS)
	Acne	5.50	1.55	
	AA	5.78	1.69	
Positive Reframing	Melanosis	3.95	1.71	0.489 (NS)
	Acne	4.43	1.88	
	AA	4.08	1.91	
Planning	Melanosis	6.30	1.24	0.274 (NS)
	Acne	6.75	1.29	
	AA	6.48	1.22	
Humor	Melanosis	3.53	1.69	0.122 (NS)
	Acne	3.08	1.73	
	AA	3.90	1.92	
Acceptance	Melanosis	6.03	1.25	0.050 (0.05)*
	Acne	5.40	1.26	
	AA	5.48	1.22	
Religion	Melanosis	4.13	1.71	0.514 (NS)
	Acne	4.60	1.81	
	AA	4.48	2.16	
Self-Blame	Melanosis	3.60	1.55	0.050 (0.05)*
	Acne	4.43	1.46	
	AA	4.28	1.74	

*Statistically significant p < 0.05, NS = Not statistically significant

Table 3 reveals there exists a significant difference between patients suffering from melanosis, acne and AA for self-distraction, denial, behavioural disengagement, acceptance and self-blame. Self-distraction as a coping technique was found highest in patients suffering from AA followed by acne and then melanosis. Denial was found highest in acne patients followed by AA patients and experienced least by patients with melanosis. Behavioural disengagement was found almost equal in patients with melanosis and acne and a little less in patients suffering from AA. Acceptance was found highest in patients with melanosis, followed by AA and accepted least by acne patients. Self-blame was found highest in patients with acne, followed by AA patients further followed by patients suffering from melanosis.

DISCUSSION

The current study is an attempt to stimulate professionals working in the field of dermatology and mental health to explore their supportive communication and increase awareness regarding the difficulties that patients with skin disease can face. One of the great problems facing those with skin disease is the trivialisation and minimization of the associated difficulties and distress

and this piece of work is an effort to highlight the strug-

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gle that some people affected by dermatology endure. The present also study brings to light the biological, psychological and social implications of the skin disease and thereby reflects the seriousness of the problem, which needs to be attended to in a more comprehensive manner. Thus, this study aims at a more holistic approach towards the treatment of skin disorders with the inclusion of psychotherapy along with medical treatment thereby reducing the probability of relapse in skin patients and thereby reflects the seriousness of the problem which needs to be attended to in a more comprehensive manner.

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