

Emotional State and Psychological Well-Being of Dermatological Patients

Kainat Zia^{1,2}

¹F. G. Post Graduate College for Women, Wah Cantt, Pakistan

²D-CBT, Oxford Cognitive Therapy Center, Oxford, UK

Email: kat_ahmad143@yahoo.com

Received 12 April 2014; revised 21 May 2014; accepted 12 June 2014

Copyright © 2014 by author and OALib.

This work is licensed under the Creative Commons Attribution International License (CC BY).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

The present study aimed to investigate emotional state in terms of depression, anxiety, well-being, body image and social withdrawal in dermatological patients. Additionally it also focuses on investigating the relationship of emotional states and psychological well-being of dermatological patients. Emotional state scale for dermatological patients (ESS-D) by Samina Bukhari 2000 and psychological well-being scale affector-2 by Naheed in Urdu 1997 were used to assess the emotional states and psychological well-being in dermatological patients respectively. A total of 100 patients with chronic skin disease from the areas of Wah Cantt and Islamabad approached. Age limit was from 18 to 40 years. Cross sectional design and purposive convenient sampling was applied. The data were analyzed by applying correlation analysis using Statistical Package for Social Sciences (SPSS 16). The results were statistically significant at 0.01** and 0.05* levels and proved that anxiety, depression and body image were negatively correlated with psychological well-being of dermatological patients while the social withdrawal and well-being shows non-significant results: the correlational values of anxiety and psychological well-being was correlated at -0.301^{**} ; depression and psychological well-being was correlated at -0.288^{**} ; body image and psychological well-being was correlated at -0.261^{*} ; correlation between social withdrawal and psychological well-being was -0.115 ; and correlation between well-being and psychological well-being was 0.098.

Keywords

Emotional States (ES), Psychological Well-Being (PWB), Chronic Dermatological Patients

Subject Areas: Psychology

1. Introduction

The present study aimed at the emotional state and psychological well-being of dermatological patients with

chronic pattern of diseases. Skin is the largest organ of the body and plays a major role in social and sexual communication. A healthy skin is essential for a person's physical and mental well-being and sense of self-confidence. It is an organ of emotional expression. People with skin problems are at high risk of developing psychological problems [1].

Patients with chronic dermatological problems also have disturbed emotional state in terms of depression, anxiety, low body image, social withdrawal and low well-being. Many skin diseases could be the cause of psychological distress. Psychodermatology concerns itself with the psychological causes of skin diseases and patients' adjustment to having skin diseases. Significant psychiatric and psychological morbidity is present in at least 30% of dermatological patients. Diseases involved in such context include acne, psoriasis, atopic dermatitis, urticaria and eczema [2].

The concept of blend of emotional state and well-being has absorbed the attention of many researchers [3] who suggest that individuals vary at a large extent in experiencing emotions and subject well-being. Research evidences in these areas revealed that a number of variables were associated with emotions and perceived sense of well-being of dermatological patients [4].

Hence, this study may prove beneficial information with respect to the psychological interventions for dermatological patients. Psychosocial distress is a natural response to skin symptoms, especially in Pakistani society. In fact many of patients beat up on themselves for their vanity, and this adds to their psychosocial anguish. But it's more than vanity that drives people's desperation to look good. The body image accounts for about one-quarter to one-third of person's self-esteem, and self-esteem has a major influence on overall psychological health. So, when the person has a skin disorder, the self-esteem and psychological health take a hit. So this study is conducted to know that how skin diseases cause psychological problems in the dermatological patient.

2. Method

In the present study cross sectional design was used. First of all, the permission will be taken from higher authorities of those particular hospitals and clinics to permit their staff to allow patients to participate in the study. Emotional state scale for dermatological patients (ESS-D) by Samina Bukhari 2000 and psychological well-being scale affector-2 by Naheed in Urdu 1997 were used to assess the emotional states and psychological well-being in dermatological patients respectively. A total of 100 patients with chronic skin disease from the areas of Wah Cantt and Islamabad approached and then briefed about the purpose of the study, followed by instructions to fill questionnaire were directed. Participants in the present study include both male and female from all socio-economic backgrounds. Age limit was from 18 to 40 years. The patients had chronic skin diseases. Purposive convenient sampling was applied in the study. Data were analyzed by applying correlation analysis using Statistical Package for Social Sciences (SPSS 16).

3. Results

The data are analyzed to test the hypothesis of the present study by using Statistical Package for Social Sciences (SPSS 16).

Table 1 shows that the scales used in this study have internal consistency and is highly reliable with the value of 0.946 and 0.626 respectively.

Table 2 indicates that the sub-scales used in this study has internal consistency and is highly reliable as anxiety, depression, social withdrawal, body image and well-being shows alpha coefficients 0.837, 0.900, 0.735, 0.795, 0.618 respectively.

Table 3 shows frequency distribution and percentages of demographic variables of the present study *i.e.*, relationship between emotional state and psychological well-being of dermatological patients.

Table 1. Alpha reliability of ESS-D and PWB: (N = 100).

Scale	No. of items	Alpha coefficient
ESS-D	40	0.946
PWB	39	0.626

Note: emotional state scale for dermatological patients (ESS-D); psychological well-being affector-2 scale (PWB scale).

Table 2. Alpha reliabilities of sub-scales of ESS-D: (N = 100).

Scales	Items	Alpha coefficient
Anx	9	0.837
Dep	12	0.900
SW	5	0.735
BI	8	0.795
WB	6	0.618

Note: anxiety (Anx), depression (Dep), body image (BI), social withdrawal (SW), well-being (WB).

Table 3. Frequency distribution of demographic variables: (N = 100).

Variables	<i>f</i>	%
Gender		
Male	38	31.1
Female	62	68.9
Education		
Illiterate	6	6.7
Primary	7	7.8
Middle	5	5.6
Metric	12	13.3
Inter	29	21.1
Others	41	45.6
Marital status		
Married	41	34.4
Unmarried	59	65.6
Income		
5000 - 15,000	62	68.9
16,000 - 25,000	13	14.4
26,000 - 35,000	6	6.7
Above	19	10.0
Duration of illness		
6 - 12 months	46	40.0
1 - 2 yrs	17	18.9
2 - 3 yrs	14	15.6
Above	23	25.6

Table 4 shows that each sub-scale is significant at 0.01** levels and positively correlated with each other.

Table 5 shows that the first three hypothesis are accepted at 0.01** and 0.05* level of significance which shows that the anxiety, depression and body image of chronic dermatological patients are negatively correlated with the psychological well-being, while fourth and fifth hypothesis are not at any significant level and are rejected.

Table 4. Inter sub-scale correlation of ESS-D: (N = 100).

Scale	Dep	Anx	BI	WB	SW
Dep		0.791**	0.838**	0.427**	0.733**
Anx			0.691**	0.413**	0.697**
BI				0.476**	0.750**
WB					0.518**
SW					

Note: anxiety (Anx), depression (Dep), body image (BI), social withdrawal (SW), well-being (WB) & psychological well-being (PWB).

Table 5. Correlation between ESS-D and PWB: (N = 100).

Variables	R (PWB)	<i>p</i>
Anx	-0.301**	0.01
Dep	-0.288**	0.01
BI	-0.261*	0.05
SW	-0.115	0.28
WB	0.098	0.35

Note: anxiety (Anx), depression (Dep), body image (BI), social withdrawal (SW), well-being (WB) & psychological well-being (PWB).

4. Discussion

The purpose of the study was to explore the emotional state of dermatological patients and their psychological well-being.

The first hypothesis indicates that patients with chronic skin diseases have anxiety which is negatively correlated with their psychological well-being. The statistical findings of the present study indicate significant results and the first hypothesis accepted. Dermatological patients feel helpless and depressed due to long duration of their disease [5]. A study was conducted in 2001 showed results in higher anxiety in adolescent girls due to acne. Adolescent girls are more vulnerable than boys to the negative psychological effects of acne because of their concern of looks [6].

The second hypothesis showed significant result, stated that depression in chronic skin patients is negatively correlated with psychological well-being. A study included 384 dermatological patients, the screening questionnaire identified that suicidal ideation and suicide attempts due to severe depression are related to the negative psychosocial impacts of acne and dermatological diseases [7].

The third hypothesis of this study states that the body image of chronic skin patients is negatively correlated with their psychological well-being. It has been found in the present study that body image is an important factor in skin problems that involve exposed body areas. Usually patients have low body image which leads to the depression, anxiety and social withdrawal. It seems that all of these emotions are interlinked with each other [8].

The fourth hypothesis states that the social withdrawal of chronic skin patients is negatively correlated with their psychological well-being. In the present study it was found that the aversion to life and social withdrawal are important aspects of emotional states of dermatological patients. But the statistical analysis of present study was non-significant and rejected the fourth hypothesis; however it shows negative relation between social withdrawal and psychological well-being but rejected due to insignificant results. This is because now a day's people have large social circles and the data was collected from civilized areas of Pakistan where social isolation is not possible. People are so aware of their problems that they can manage to walk in the society with dermatological complaints as life is in fast pace and no one can live in isolation. Family members and friend circle is also cooperative in helping people to walk in the society with confidence.

The fifth hypothesis emphasize on the well-being of chronic dermatological patients as it is stated that chronic skin patients has low sense of well-being [9]. Another study indicates the same and consistent results that well-being of skin patients is low due to chronic pattern of disease [10]. The present study shows insignificant results

and fifth hypothesis rejected which states that the well-being of chronic skin patients is positively correlated with their psychological well-being. A study proved that the women show more disturbances in their emotions and have low psychological well-being along with depression, anxiety and low body image [11].

The last thing which is important to mention is that many of the studies done were mainly concerned about the depression in dermatological patients but the present study considers disturbance in emotional state of dermatological patients and their psychological well-being. The data are collected from Pakistani culture and it would prove beneficial for future concern as no momentous contribution has done before in this domain.

5. Conclusions

The purpose of the study was to explore the emotional state of dermatological patients and their psychological well-being. Three scales were used in this study in order to investigate the emotional problems of dermatological patients and their well-being. The study was conducted in Pakistan, may not have given the exact estimate of emotional states and subject's psychological well-being of dermatological patients but seems to have shown consistent results with that of the many researches quoted throughout the previous chapters however, it seems to have paved avenue and way for future efforts.

The male-female ratio of respondents was 31.1% - 68.9%. Majority of the respondents were unmarried *i.e.*, 65.6% and married were 34.4%. 40% of the patients were in 6 - 12 months of dermatological illness, 25.6% were 3 - 4 years of dermatological illness, 18.9% were in 1 - 2 years of dermatological illness and 15.6% were in 2 - 3 years of dermatological illness. 68.9% of participants were in lower income group *i.e.*, 5000 - 15,000. The results were statistically significant at 0.01** and 0.05* levels and proved that anxiety, depression and body image were negatively correlated with psychological well-being of dermatological patients while the social withdrawal and well-being shows non-significant results. The correlations between variables were as follows: anxiety and psychological well-being was correlated at -0.301^{**} ; depression and psychological well-being was correlated at -0.288^{**} ; body image and psychological well-being was correlated at -0.261^{*} ; correlation between social withdrawal and psychological well-being was -0.115 ; and correlation between well-being and psychological well-being was 0.098.

References

- [1] Grossbart, T. (2010) The Psychology of Physical Symptoms. Journal of American Medical Assessment. Platter File 3.11. Platter: Psychosomatic Dermatitits.
- [2] Saleh, H.M., Salem, S.A.M., El-Sheshetawy, R.S. and El-Samei, A.M.A. (2008) Psychosomatic Medicine, Its Principle and Applications. *Journal of Personality and Social Psychology*, **52**, 833-843.
- [3] Kring, A.M., Smith, D.A. and Neal, J.M. (1994) Skin and Emotions—One's Mental State Affects the Body; Stress Can Precipitate or Aggravate Skin Disorders. *New York Times Magazine*.
- [4] Haring, M.J., Okum, M.A. and Stock, W.A. (1984) Stressful Events Are Indeed a Factor in Physical Illness: Reply to Schroeder Medline. Abstract from Silver Plater File 3.11, Psychosomatic Dermatitits.
- [5] Gupta, M.A. and Gupta, A.K. (1998) Depression and Suicidal Ideation in Dermatological Health, Disease and the Mind Body Problem: Linguistic Parallelism. Groups of Different Degree of Severity [C.D-Rom] Medline. Abstract from Silver.
- [6] Aktan, S., *et al.* (1991) Measurement of Subjective Well-Being. *International Encyclopedia of the Social Sciences*, **5**.
- [7] Doyle, A. (2008) Unraveling the Mysteries of Anxiety and Its Disorders from the Perspective. *International Journal of Health Services*.
- [8] Cotterill, J. (1991) Suicide in Dermatological Patient. A Color Wolf Medical Publication.
- [9] Mallon, E.M., *et al.* (1999) Stressful Events Are Indeed a Factor in Physical Illness: Reply to Schroeder Medline. Abstract from Silver Plater File 3.11, Psychosomatic Dermatitits.
- [10] Bhosle, M.J., Kulkarni, A., Feldman, S.R. and Balkrishnan, R. (2006) Psychological Factors with Somatic Findings. Psychological Well-Being. *Abstract Psychological Bulletin*, **36**, 99.
- [11] Sampogna, *et al.* (2007) Neuroticism, Somatic Complaints, and Diseases: Is Consideration of Allergic Phenomena. *Nervous Child*, **5**, 1946.