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Vitiligo Impact on Psychological Well-Being: A Study in Kashmir Division

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ABSTRACT

Various studies have been conducted all over the world over vitiligo in relation to mental health, but no considerable research has been conducted over the impact of vitiligo on psychological well-being of vitiligo patients. The present study attempts to explore/examine the impact of some sub-domains (Self-acceptance, Personal growth and Autonomy) of psychological well-being of vitiligo subjects. The effect ofvariables gender, chronicity and education were studied over the variables of autonomy, personal growth and self-acceptance. A sample of 60 respondents were taken by purposive sampling. Ryff's Psychological Well-Being Scales (PWB), 42 Item version, were employed to elicit the information from the sample respondents. The parametric statistical tools of mean, standard deviation percentage and t-test were used for analysis of the data. The statistical interpretation of the data showed significant difference between the variable groups with respect to age, gender, chronicity and education in relation with autonomy, personal growth and self-acceptance. Moreover, study revealed that vitiligo subjects have heightened social pressure and low self-acceptance and autonomy.

Keywords: Autonomy, Ryff's PWB, Self-Acceptance, Vitiligo

INTRODUCTION

The term "Vitiligo" was first used by the Roman Physician Celsus in his Latin medical classic "De Medicina" and it dates back to around 30A.D. According to Bateman "the white and glistening appearance, bearing some resemblance to the flesh of calves ("Vituli") seems to have given rise to the generic term "Vitiligo". (Nair, BKH., 1978). El Mofty suggested that "vitiligo" is derived from the Latin word "Vitelius" which means "calf'; referring to the characteristic white patches of the disease resembling the white patches of a spotted calf. (El Mofty, A.M. 1968). Vitiligo (Vitium), is a kind of leprosy or cutaneous eruption consisting of spots, sometimes black, sometimes white, called morphea, alpus, melas, leuce, also in general- a cutaneous eruption. (Kopera, D., 1997).

***1.1 Approaching to Problem*:** There are various terms in the title of the study, which need operationalization.

***1.1.1 Vitiligo**:*

Vitiligo, popularly known as Leucoderma, is apparently a benign cutaneous disorder which as such does not affect the physical and intellectual capabilities of the individual affected, neither the life span. The term vitiligo is derived from the latin word "vitium" meaning blemish has been used for many years to denote only the variety of acquired progressive depigmentation of the skin arising out of functional abnormality of the melanocytes. It may affect the normal and healthy appearance of man by unusual pigmentations in the skin (Lerner and Nordland, 1978). It is seen that disfiguring skin lesions, particularly those visible on the face and other exposed area may profoundly affect a person emotionally to a high degree and quite often leads to psychological morbidity such as anxiety, depression and aggression, etc. with variable degree of disturbed self-concept in a high percentage of subjects afflicted with such skin disorders like vitiligo. Vitiligo has no physical impact but it has a tremendous psychological effect on the victims because of alterations of appearance.

Vitiligo is a global phenomenon. It contributes, on an average, of 1% of new patient referrals at skin clinics, with a relatively higher percentage in the tropics and subtropics. In our country there exists wide spread misconceptions, erroneous ideas and prejudices about the disease which often makes the situation highly depressing and complex, at times even to the level of conjugal and interfamilial maladjustment. The patient suffering from vitiligo has

to undergo social humiliation and pressure. Still in these days in rural as well as in urban areas as soon as the disease is detected, the victimized individual is stamped. People begin to behave differently towards him/her. For example, they pass remarks in concerned voices, some eye him in such a way as if the individual is a pitiable person. In rural areas especially in villages he/she is perceived as an ugly being, a cursed soul and inauspicious and therefore ostracized by society.

1.1.2 Psychological Well Being:

At the most basic level, psychological wellbeing (PWB) is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways it is not necessary, or helpful to worry about fine distinctions between such terms. If I say that I'm happy, or very satisfied with my life you can be pretty sure that my psychological wellbeing is quite high. **(Professor Ivan Robertson)**Psychological wellbeing has two important facets. The first of these refers to the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of psychological wellbeing is referred to as subjective wellbeing (Diener, 2000).Subjective wellbeing is a necessary part of overall psychological wellbeing but on its own it is not enough.

1.1.3 Six Factor Model:

The Six-factor Model of Psychological Well-being is a theory developed by Carol Ryff which determines six factors which contribute to an individual's psychological well-being, contentment, and happiness. Psychological well- being consists of positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life, and personal growth and development. Psychological well-being is attained by achieving a state of balance affected by both challenging and rewarding life events.Carol Ryff engaged a systematic review of theories and perspectives in psychology, where she identified six broad facets associated with optimal psychological functioning as follows: 1) self-acceptance; 2) positive relations; 3) autonomy; 4) environmental mastery; 5) purpose in life and 6) a sense of personal growth.

1.1.4 Kashmir Division:

The Kashmir Division is a revenue and administrative division in the Kashmir Valley region of Indian-administered Jammu and Kashmir. It borders Jammu Division to the south and the Indian-administered union territory of Ladakh to the east, while the Line of Control forms its border with the Pakistani-administered territories of Azad Jammu and Kashmir and Gilgit−Baltistan to the north and west, respectively.The Indian administrative districts for the Kashmir Valley were reorganized in 1968, and 2006, each time subdividing existing districts. Kashmir Division currently consists of the following ten districts. (Wikipedia)

District	Population 2011 Census
Anantnag	1,069,749
Kulgam	423,181
Pulwama	570,060
Shopian	265,960
Budgam	755,331
Srinagar	1,250,173
Ganderbal	297,003
Bandipora	385,099
Baramulla	1,015,503
Kupwara	875,564

1.1.5 **Review Relevant literature:**

Erving Goffman (1963) produced important work on stigma that informs about the interaction between a "marked" person and their markers. Psychological research on appearance, depression and anxiety about other's evaluation of ourselves informs about how people respond to their own disfigurement and the potential of stigmatization. The skin is the largest and the most visible organ of the human body and plays a significant role in determining one's self-image. Existing research suggests that skin diseases may be associated with a variety of negative psychological effects, such as self-consciousness, feelings of inferiority or withdrawal **(Brown, DG.,Bettley, FR., etal.1971). Beuf (1990)** suggests that a person with a visible stigma may internalize others attitudes towards them and develop feelings of worthlessness. There has been research into the psychological and social effects of skin disease. Studies have indicated that people who suffer from dermatological condition experience higher levels of distress, as measured by such instruments as the General Health Questionnaire (GHQ) **(Hughes et al. 1983 and Root et al, 1994**) and structured diagnostic interviews

(Rauch et ah, 1991 and Weiss et al, 1992). Jones et al (1984) pointed that labeling a person as unacceptable may influence their self-concept, behaviour, cognition and psychological health. In a study of young people with dissatisfaction with facial appearance was related to low global self-worth and low self-perceptions of social acceptance (**Pope and Ward, 1997).** Studies have revealed visible disfigurement has a profound Psychological impact upon the person. (Body Image and disfigurement; **Nicola Rumsay, 2003). Gupta (1996) and Koo. et. al (2000)** have shown the ways in which an individual's emotional state has a direct effect on skin diseases, how skin disease can manifest itself as a symptom of a person's emotional world; and finally how the patient can have intense emotional reactions, such as depression, shame and guilt to the often stigmatizing presence of skin disease. Research shows that patients with vitiligo also have high rates of alexthymia and avoidant behaviours. **(Picardietal 2003).**

1.1.6 Significance:

As there has been a lot of researches conducted over effects of vitiligo on psychological aspects of personality like, Self-Concept, State Anxiety, Trait Anxiety and Depression etc. but there has not been considerable account of studies over impact of Vitiligo on psychological well-being-self-acceptance; autonomy; personal growth etc.
Hence present study was conducted to explore the difference in various sub-domains of psychological well-being between normal and vitiligo patients. The main focus of the present study is on the feelings of the vitiligo patient towards himself/herself while the studies already conducted focused on the attitude of others towards vitiligo patient.

1.1.7 Objectives:

The investigator endeavors to find vitiligo patients self-acceptance, personal growth and autonomy. The study is further extended to find significance of differences in variables of age, chronicity and education with respect to psychological well-beingness.

1.1.8 Delimitations:

Due to various constraints the scope of study is very limited. Firstly, the study has been conducted in Kashmir division only, secondly, the only three variables (self-acceptance, personal growth and autonomy out of six) of Ryff' psychological well-being were considered, thirdly, small sample size and fourthly, only parametric test were used in the study.

2. METHODOLOGY

2.1 Sample Participants:

The sample selection for the present study was little bit complex, as vitiligo is a global phenomenon occurring to one per cent of the population. Therefore, samples were chosen by purposive, incidental and snowball techniques from the skin OPDs, dermo-clinics, offices and villages. Somehow, 60 respondents were selected from both the sexes and ages. The investigator visited the aforesaid places personally, made free association and interacted with the vitiligo patients. This was very easy for investigator, as he himself is a vitiligo patient.

Variable	Sample Size
Chronicity	Onset to 2 years= 30 Above 2 years=30
Education	Educated=40 Uneducated=20
Age	Youth (15-24) years= 35 Adults (25-64) years=25

2.2 Scales and Materials:

The Ryff Scale of measurement is a psychometric inventory consisting 42 items version, has been used in for the present study, in which respondents' rate statements on a scale of 1 to 6, where 1 indicates strong disagreement and 6 indicates strong agreement. Ryff's model is not based on merely feeling happy, but is based on Aristotle's Nicomachean Ethics, "where the goal of life isn't feeling good, but is instead about living virtuously". The Ryff Scale is based on six factors: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

Higher total scores indicate higher psychological well-being. Following are explanations of each criterion, and an example statement from the Ryff Inventory to measure each criterion.1. Autonomy: High scores indicate that the respondent is independent and regulates his or her behavior independent of social pressures. 2. Personal Growth: High scores indicate that the respondent continues to develop, is welcoming to new experiences, and recognizes improvement in behavior and self over time.3. Self-Acceptance: High scores reflect the respondent's positive attitude about his or her self.

2.3 Administration and Statistical tools:

The investigator printed the required material and visited the selected dermo-clinics, skin OPDs, and some offices personally across the Kashmir division. He introduced himself with vitiligo subjects and made free association with them He then explained the purpose of visit and provided them the information about tools and objectives of the study. With simple instructions, subjectswere asked to fill in the bio-data form (name optional) and response sheets within an hour. The investigator helpeduneducated respondents in filling response sheets. After completion of time response sheets were collected by the investigator himself. The raw date were checked for errors and omissions then classified and codified according to the variables. The scoring were done by using scoring key of Ryff's PWB manual. For the statistical analysis mean, standard deviation, percentage and t-test techniques were applied to the scores and the results were tabulated on the basis of framed objectives. During analysis of the data various parameters were thoroughly considered. The validity and reliability of the tools were again ensured. The processed data was tabulated for easy understanding. Some portion of analysis was done on SPSS-18.

3. FINDINGS

3.1 Effect of Chronicity of Disease (Vitiligo) in relation to Psychological Well-being:

Table: I-F

variable	Chronicity	Mean	SD	Calculated t-Value	Table t-value	Signf. at 5% level
Autonomy	Onset to 2 yrs	24	2.3	3.1	1.97	Significant
	2 years above	34	2.0			
Personal Growth	Onset to 2 yrs	28	3.1	2.9	1.97	Significant
	2 years above	23	2.7			
Self-Acceptance	Onset to 2 yrs	27	3.9	3.7	1.97	Significant
	2 years above	42	2.4			

Table: I-F clearly depicts that there is significant difference in psychological well-being with respect to the chronicity. It has been reported that effect of vitiligo is heavy on autonomy, personal growth and self-acceptance from onset to 2yeas of age but the effect is reducing with the passage of time. The calculated t-value for autonomy, personal growth and self-acceptance is 3.1, 2.9 and 3.7 respectively, all greater than tabulated t-value of 1.97 at 5 percent level of significance, therefore, there difference is significant. Also, considering the mean and standard deviation, this difference can't be attributed to chance.

3.2 Effect of Age of Disease (Vitiligo) in relation to Psychological Well-being:

Table: II-F

variable	Age in Years	Mean	SD	Calculated t-Value	Table t-value	Signf. at 5% level
Autonomy	Youth(15-24)	42	3.3	2.7	1.97	Significant
	Adults(25-64)	34	3.0			
Personal Growth	Youth(15-24)	38	2.1	2.9	1.97	Significant
	Adults(25-64)	33	2.7			
Self-Acceptance	Youth(15-24)	27	3.2	3.3	1.97	Significant
	Adults(25-64)	32	2.5			

The age plays an important role for the impact of vitiligo on psychological well-being as depicted by the analysis of the statistical data. Analysis data by taking percentage shows that patients above 24 years do not take vitiligo seriously hence light impact on psychological well-being but impact is heavy on youth(15-25 year) be that autonomy, personal growth or self-acceptance. The Table: II-F, shows that there is significant difference for impact with consideration of age. The calculated t-value of 2.7, 2.9, and 3.3 with regard to autonomy, personal growth and self-acceptance respectively is greater that table t-value of 1.97 at 5 percent level of significance.

3.3 Effect of Education of Disease (Vitiligo) in relation to Psychological Well-being:

Table: III-H

Variable	Education	Mean	SD	Calculated t-Value	Table t-value	Signf. at 5% level
Autonomy	Educated	35	3.7	3.0	1.97	Significant
	Un-Educated	37	2.9			
Personal Growth	Educated	42	2.7	3.9	1.97	Significant
	Un-Educated	33	3.7			
Self-Acceptance	Educated	34	3.7	3.3	1.97	Significant
	Un-Educated	32	2.8			

Table: III-H, the calculated t-value for autonomy is 3.0, personal growth is 3.9, self-acceptance is 3.3 which are greater that table t-value of 1.97 at 0.5 level of significance, and hence difference is significant. The percentage taken shows that impact of vitiligo on educated patients is lesser than uneducated patients.

4. CONCLUSION

The chronic nature, ineffective long treatment, lack of actual cause of vitiligo has badly affected the person with vitiligo besides they have social pressure and social stigma. The impact of vitiligo on psychological well-being is highly negative as reported by the studied. The study showed that there is significant difference in autonomy, personal growth and self-acceptance with respect to age, education and chronicity. It has also been reported that with the passage of time and agethe impact of vitiligo on psychological well-being fades away, however education plays an important in reducing the stress and distress of disease. On the basis of findings, it can be concluded that vitiligo impact badly on normal functioning, proper growth and development, self- acceptance and autonomy of the person. However, education reduces the impact to some extent.

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