



Effect of Maladaptive Psychological Factors on Life Satisfaction among Acne Patients

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Abstract

The present study examines maladaptive psychological factors on life satisfaction among acne patients. The study was based on a cross-sectional survey research design. Participants comprised acne patients (N = 300) that include both male patients (n = 150, 50%) and female patients (n = 150, 50%) from different hospitals, clinics, colleges, and universities of Hazara Division. Data were collected by using a purposive sampling technique. Two standardized instruments with good psychometric properties and reliability were used to measure maladaptive psychological factors (depression, anxiety, stress DASS), and life satisfaction. Pearson correlation, multiple regression analysis, t-test, one-way ANOVA, and post-hoc analysis are applied to analyze data. The findings of the study revealed that maladaptive psychological factors negatively predicted life satisfaction of acne patients. Findings also revealed demographic differences on study variables. The study is an important addition to the existing body of knowledge. The results of the study will be a good reference for clinicians to understand the situation of acne patients and help them accordingly.

Keywords: Maladaptive Psychological Factors, Life Satisfaction, Acne Patients

Introduction

Common skin eruptions of this condition include comments, pimples, lesions such as papules, cystic nodes and inflamed or non-inflammatory lesions that leave prominent scars. The face is where skin lesions are most commonly visible in women, which may have a serious negative effect on the well-being of patients (Chilicka et al, 2020; Oon, 2019; Zhang, 2012). Most (almost 90%) medical students said that their acne treatment was demanding and damaged their psychosocial functioning (Babar & Mobeen 2019). Numerous research of adults and adolescents with acne found that although not physically or threatening life, acne worsens the existence of health related (Klassen et al., 2000; Mallon et al., 1999; Tasoula et al., 2012). In one study, patients with acne have experienced considerably higher levels of discomfort, agony and anxiety/depression than the community sample (Klassen et al., 2000). In a huge analysis of 18-year-olds and elders, it was revealed that people with acne were more likely to suffer from depressive indications, felt lower

against each other, and felt unnecessary and worse body satisfaction than people without acne (Dalgard et al., 2008). In a short research of people susceptible to acne, 44% and 18% of the sample had clinically serious anxiety and depression (Kellett & Gawkrödger, 1999). Other psychological effects of acne facials were identified by qualitative research, including shame, negative perception of themselves, low self-esteem, self-confidence, irritation and anger (Magin et al., 2006).

Numerous research of adults and adolescents with acne found that although not physically or threatening life, acne worsens the existence of health related (Klassen et al., 2000; Mallon et al., 1999; Tasoula et al., 2012). In one study, patients with acne have experienced considerably higher levels of discomfort, agony and anxiety/depression than the community sample (Klassen et al., 2000). In a huge analysis of 18-year-olds and elders, it was revealed that people with acne were more likely to suffer from depressive indications, felt lower against each other, felt unnecessary and worse body satisfaction than people without acne (Dalgard et al., 2008). In a short research of people susceptible to acne, 44% and 18% of the sample had clinically serious anxiety and depression (Kellett & Gawkrödger, 1999). Instead of contributing certain specific areas of life satisfaction, one can assess your overall level of satisfaction of life on the scale (eg work, health, erotic sector or wedding). According to Lopez-Ortega et al. (2016), one of the best major brands of excellent health and effective life changes is life satisfaction. Increased self-esteem, fulfilling wedding, salary and social connections are factors that can contribute to increasing life satisfaction, although unemployment, stress, anxiety or depression can lead to a decrease in life satisfaction (Buetel et al., 2010; Cong et al., 2015; Rogowska et al., 2020).

Previous research focused on the connection between acne and various psychological aspects such as depression, (Narciso, 1952; Muslin, 1972; Jowett & Ryan, 1985; Rubinow et al. Society, social trust, social assertiveness and social concern and dissatisfaction with someone.

Maladaptive psychological factors

Maladaptive habits make it difficult to adapt to the new surroundings. They are often disturbing and non-functional behavior that ranges from mild to serious degrees. Maladaptive actions are regularly used to alleviate mental discomfort and worry, but are ineffective and can sometimes get worse. Maladaptive behavior can range from flagrant delinquency to much finer species of disturbing or antisocial behavior. In addition, maladaptive behavior can be focused on specific individuals (such as bosses, teachers or classmates) or may be wider, focusing on anyone and everything. Finally, the activity could be one-off or ongoing. This wide definition of maladaptive behavior corresponds to several descriptions observed in study documents (Olweus et al. 1986; Van, 2007; van & beukeing, 2009).

Depression

One of the most common types of mental health problems is depression. And often occurs in conjunction with anxiety. Depression can range from mild and transient to severe and chronic. Depression is often examined in patients with dermatology. Psychiatric disruption and psychosocial damage were given in at least 30% of patients with dermatological disorder (Gupta & Gupta, 1996; Melansky & Handler, 1981; Koblenzer, 1983; PanConesi, 1984; Koo & Pham, 1992; Gupta & Gupta, 2000).

People suffering from chronic skin disorders can depress due to the difficulty of the disease in treatment (Zhu et al., 2017) and depression can significantly reduce the quality of life of patients. In recent years, skin disease has become more common. Acne, atopic dermatitis, psoriasis, dermatitis dependent on steroids and alopecia are associated with different degrees of sadness or anxiety, and serious cases even show suicidal.

Participants

In the present study, a sample of acne patients ($N = 300$) with ages ranging from 16 to 30 years ($M = 1.60$, $SD = .49$) was collected from different hospitals, colleges, and universities of the Hazara Division. 150 males and 150 females were included. Data was gathered using a technique known as purposive sampling.

Analysis

The data were analyzed by SPSS using frequency, t-test, ANOVA, correlation and regression.

Procedure

This research was carried out under the University of Haripur's Research Committee's and the APA Declaration's ethical criteria. For collecting research data, official approval was obtained from the research departments of the relevant hospitals, clinics, colleges, and universities. The researcher individually gathered data from the subjects in the Hazara division. Before the questionnaire was given out, participants received informed consent and were notified of the study's objective. The questionnaire was made available to gather information on the participants' depression, anxiety, stress, and life satisfaction. Strict secrecy was established, and every effort was made to make the questionnaire and evaluations as comfortable as possible for the participants. After data collection, a debriefing explaining the study's nature was given to the participants. The outcome was then analyzed.

Research Instruments

Satisfaction with Life Scale (SWLS)

SWLS is a scale of 5 items that measure life satisfaction through general cognitive assessments. Participants evaluate their consent to each declaration of a 7-point scale (1-7). The score ranges from 5 (extremely dissatisfied) to 35 (extremely satisfied). SWLS has excellent internal consistency (Cronbach's Alpha: 0.87) and slight time stability. In this study was Cronbach's alpha 0.75.

Depression, Anxiety and Stress Scale (DASS)

Dass-21 is a questionnaire for its own report, which measures stress, anxiety and depression. It consists of 21 items, with 7 items per sub -factor. Each item is ranked on four point scale (0-4). The Dass 21 items have a strong internat consistency cronbach alpha was 0.74 - 0.93. Cronbach's alpha for depression, anxiety and stress scale was 0.76, 0.71 and 0.75 respectively.

Hypotheses

1. Maladaptive psychological factors negatively effecting life satisfaction of acne patients.
2. There is difference in level of maladaptive factors among acne patients qualification wise.
3. Prevelanc of depression, anxiety and stress among acne patients socioeconomic status wise.
4. Depression anxiety and stress among acne patients gender wise.
5. Junk food and healthy food as maladaptive psychological factor among acne patients

Results

The recent research intended to study the effect of maladaptive psychological factors on life satisfaction among acne patients. SPSS 20 was used for data analysis. Initially, frequencies and percentages were used to determine the demographic features. The alpha reliability coefficient and descriptive statistics were calculated. Pearson Correlation was computed to examine the relationship between variables. The impact maladaptive psychological factors on life satisfaction were investigated using multiple regression analysis. Finally, mean differences across demographic parameters were examined using one way annova and an independent t test.

Table 1. Frequency and Percentage of Demographics Variables (N=300)

Variables	<i>F</i>	%
Age		
Adolescents	119	39.7
Young Adults	181	60.3
Treatment		
Under Treatment	102	34.0
Completed Treatment	132	44.0
Not Taking Treatment	66	22.0
Gender		
Male	150	50.0
Female	150	50.0
Education		
Intermediate	83	27.7
Graduate	145	48.3
Post Graduate	72	24.0
Socioeconomic Status		
Lower Class	25	8.3
Middle Class	229	76.3
Upper Class	26	15.3
Family System		
Nuclear	165	55.0
Joint	135	45.0
Marital Status		
Married	22	7.3
Un Married	278	92.7
Food Pattern		
Junk Food	160	53.3
Healthy Food	140	46.7

The study consisted of 300 participants, with 60.3% young adults and 39.7% of adolescents. Most participants have completed acne treatment (44%) and were from the middle class (76.3%). The sample was evenly divided between men and women, each with 50%. Participants of graduates accounted for 48.3% of the sample and most participants were nuclear families (55%) and were unmarried (92.7%). The mild majority of participants preferred unhealthy food (53.3%) over healthy food (46.7%).

Table 2 Psychometric Properties of Study Variables ($N=300$)

Variables	<i>M</i>	<i>SD</i>	Cronbach's α	Range	Skewness	Kurtosis
Depression Scale	8.71	4.77	.76	0 – 20	-.05	-.87
Anxiety Scale	9.33	4.64	.71	0 – 21	-.02	-.52
Stress Scale	8.81	4.26	.75	0 – 20	-.06	-.52
Life Satisfaction Scale	23.76	6.12	.75	7 – 35	-.74	-.04

Table 2 shows the psychometric properties of the scale used in a recent study. The Cronbach scale of depression, an anxiety and stress scale was 0.76, 0.71 and 0.75 (> 0.70), indicating a satisfactory internal consistency. Cronbach's scale and the scale of life satisfaction was 0.75 (> 0.70), indicating an acceptable internal stability.

Table 3. Relationship within Study Variables

Variables	1	2	3	4
1. Depression	-	.73***	.69***	-.37***
2. Anxiety		-	.71***	-.33***
3. Stress			-	-.33***
4. Life Satisfaction				-
5. Maladaptive Psychological Factors				-.37***

*** $p < .001$

Table 3 revealed that depression has a significant positive correlation with anxiety ($R = 0.73$, $p < 0.001$) and stress ($R = 0.69$, $P < 0.001$) also depression has a significant negative correlation with life satisfaction ($R = -.33$, $p < 0.001$). Anxiety has a significant positive relationship with stress ($r = 0.71$, $p < 0.001$) also anxiety has a significant negative relationship with life satisfaction ($R = -.33$, $p < 0.001$). Stress has a significant negative relationship with life satisfaction ($R = -.33$, $p < 0.001$). The overall results of maladaptive psychological factors have a significant negative connection with life satisfaction ($R = -.37$, $p < 0.001$).

Table 4. Regression Coefficient of Maladaptive Psychological Factors on Life Satisfaction

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% <i>CI</i>
					LL , UL
Constant	21.02	2.90	7.24	.000	[15.31, 26.74]
Maladaptive Psychological Factors	-.17	.03	-6.12	.000	[-.22, -.12]

Note. CI = Confidence Interval, $R^2=0.16$, $F=28.37$

Table 4 illustrates the effect of maladaptive psychological factors on life satisfaction in acne patients. The value of R^2 0.16 revealed that predictors clarified 16% scattering in the result variables with $F(2, 297) = 28.37$, $p < 0.001$. The finding revealed that maladaptive psychological factors have a significant negative result for life satisfaction ($\beta = -.36$, $p < 0.001$).

Table 5. *Regression Coefficient of Depression, Anxiety, and Stress on Life Satisfaction*

Variables	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% <i>CI</i>
					LL , UL
Constant	28.75	.79	36.03	.000	[27.17, 30.31]
Depression	-.30	.11	-2.77	.006	[-.51, -.09]
Anxiety	-.10	.11	-2.91	.041	[-.33, .12]
Stress	-.16	.12	-2.34	.038	[-.39, .07]

Note. CI = Confidence Interval, $R^2=0.15$, $F=17.21$

Table 5 displays the impact of depression, anxiety, and stress on life satisfaction among acne patients. The R^2 value of .15 discovered that the predictors explained a 15% change in the outcome variable with $F(3, 296) = 17.21$, $p < .001$. The findings discovered that depression significantly negatively predicts life satisfaction ($\beta = -.24$, $p < .01$) and anxiety consumes a negative significant effect on life satisfaction ($\beta = -.26$, $p < .05$) and stress takes a negative significant effect on life satisfaction ($\beta = -.21$, $p < .05$).

Junk food and healthy food as maladaptive psychological factor among acne patients

Table 6. *Mean, Standard Deviation, and t-Values for Male and Female Patients on Study Variables (N=300)*

Variables	Male (<i>n</i> =150)		Female (<i>n</i> =150)		<i>t</i> (298)	<i>p</i>	Cohen's <i>d</i>	95% <i>CI</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				LL	UL
Depression	9.89	4.50	7.53	4.75	4.41	.000	0.51	1.31	3.41
Anxiety	10.05	4.09	8.62	5.05	2.68	.008	0.31	.38	2.47
Stress	9.19	3.89	8.43	4.57	1.55	.112	0.18	.21	1.73

Note. Patients for men achieved significantly higher depression ($M = 9.89$) and anxiety ($M = 10.05$) compared to patients ($M = 7.53$ and $M = 8.62$). The differences in depression were of medium size, while the differences in anxiety were small. There were no significant differences in stress levels between patients with men and women, with low size.

Table 7. *Mean Comparison of Junk Food Patterns and Healthy Food Patterns of Patients on Maladaptive Psychological Factors*

Variables	Junk (<i>n</i> =160)		Food Healthy (<i>n</i> =140)		<i>t</i> (298)	<i>p</i>	Cohen's <i>d</i>	95% <i>CI</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				LL	UL
Depression	9.76	4.58	7.51	4.71	4.19	.000	0.48	1.19	3.31
Anxiety	9.67	4.26	8.95	5.03	1.34	.18	0.15	.34	1.77
Stress	9.32	3.95	8.22	4.52	2.24	.02	0.26	.14	2.06

Patients who consumed unhealthy food had significantly higher levels of depression ($M = 9.76$) and stress ($M = 9.32$) compared to those who consumed healthy food ($M = 7.51$ and $M = 8.22$). The differences in depression and stress were small. There were no significant differences in the level of anxiety between unhealthy foods and consumers of healthy foods.

Table 8. Mean, Standard Deviation and One-Way Analysis of Variance in Depression, Depression, Anxiety and Stress Across Socioeconomic Status (N=300)

Variables	Lower Class (n = 25)		Middle Class (n= 229)		Upper Class (n = 49)		F (2, 297)	η^2	Post-Hoc
	M	SD	M	SD	M	SD			
Depression	10.24	4.08	8.81	4.84	7.35	4.52	3.27*	0.03	1>2>3
Anxiety	11.52	3.34	9.32	4.53	8.22	5.45	4.19*	0.03	1>2>3
Stress	10.72	3.79	8.81	4.25	8.73	4.20	3.15*	0.02	1>2>3

* $p < .05$

The study found significant differences in depression, anxiety and level of stress across various socio-economic status. The lower class showed higher levels of depression, anxiety and stress compared to middle and higher classes. The differences found were relatively small, with the size of the effects ranging from 0.02 to 0.03. Post-hoc comparison revealed significant differences between groups, suggesting that the lower class had a significantly higher level of depression, anxiety and stress compared to the other two groups.

Table 9. Mean, Standard Deviation and One way Analysis of Variance of Anxiety and Stress Across Different Educational Level (N=300)

Variables	Intermediate (n = 83)		Graduate (n= 145)		Post Graduate (n = 72)		F (2, 297)	η^2	Post-Hoc
	M	SD	M	SD	M	SD			
Depression	10.40	4.58	8.68	4.67	6.82	4.45	11.46***	0.07	1>2>3
Anxiety	10.45	4.73	9.10	4.41	8.53	4.84	3.72*	0.02	1>2>3
Stress	9.73	4.42	8.48	4.07	8.40	4.32	2.77	0.02	1>2>3

* $p < .05$, *** $p < .001$

The study found significant differences in depression and anxiety levels across different educational levels, with intermediate level patients showing higher levels compared to graduate and post-graduate patients. However, stress levels did not differ significantly across educational levels. The differences found were relatively small, with effect sizes ranging from 0.02 to 0.07.

Discussion

Research consistently demonstrates that acne can significantly affect an individual's quality of life, particularly their satisfaction with life (Tan, 2004). Maladaptive psychological elements, such as low self-confidence, rumination, and avoidance behavior, can exacerbate the adverse effects of acne on life satisfaction (Koblezer, 2006). The study by Gupta et al. (2014) revealed that patients experiencing higher levels of anxiety and depression reported lower life satisfaction. Consequently, it is essential to address these maladaptive psychological factors in the treatment of acne patients to enhance their life satisfaction. Additionally, it has been found that educational attainment plays a crucial role in the psychological needs experienced by patients with acne.

A study of Aktana et al. (2017) found that patients with lower education levels reported a higher level of depression, anxiety and stress. Similarly Yazici et al. (2018) found that patients with university acne have given better mental health results. The finding of this study supports these previous studies and emphasizes the importance of considering the level of education in the evaluation of psychological problems of acne patients.

The connection between depression, anxiety, and stress in patients according to their socioeconomic status related to acne has been well-established. Socio-economic status (SES) has consistently been shown to be a significant factor influencing the occurrence of mental health issues, including depression, anxiety, and stress (Adler et al., 1994). The research conducted by Gupta et al. (2014) revealed that individuals with acne from lower socioeconomic backgrounds exhibited greater levels of depression, anxiety, and stress. The findings of this study corroborate earlier research and highlight the significance of taking socioeconomic status into account when assessing the mental health of acne sufferers. Research has constantly showed that women are more likely to depress, anxiety and stress than men (Kessler et al., 1994). Yazici et al. (2018) found that patients with acne women reported higher levels of depression, anxiety and stress than patients with men acne. However, the finding of the current study is contrary to these previous studies and emphasizes the need for further research to understand the relationship between sex and mental health in acne patients.

Depression, anxiety and stress between patients with sex acne

Healthy food and healthy food as maladaptive psychological factors in patients with acne

Investigate has continually appeared that ladies are more likely to discourage, uneasiness and stretch than men (Kessler et al., 1994). Yazici et al. (2018) found that patients with skin break out ladies detailed higher levels of misery, uneasiness and push than patients with men skin break out. Be that as it may, the finding of the current ponder is opposite to these past ponders and emphasizes the require for assist inquire about to get it the relationship between sex and mental wellbeing in skin break out patients.

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