

## EXPLORING PSYCHOSOCIAL AND MENTAL HEALTH ISSUES OF FEMALE WITH ACNE VULGARIS: A PHENOMENOLOGICAL STUDY.

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### ABSTRACT

#### Objective:

The purpose/objective of this study was to explore psychosocial and mental health issues of females with acne vulgaris.

#### Methodology:

In this qualitative study phenomenological approach was used. 8 Participants having severe acne vulgaris were selected by purposive sampling technique with the age range of 18 to 25. Semi-structured interviews were conducted to collect the information which was then analyzed by interpretive phenomenological Analysis.

#### Results:

Analysis revealed the combination of psychosocial and mental health problems experienced by females with acne vulgaris in the form of seven major themes which were frustration, inferiority complex, discrimination, bullying, physical discomfort, depression and social appearance anxiety.

#### Conclusion:

Culture has a significant part in the negative experiences that acne vulgaris have. Social stigmatization on the basis of perceived terms which define beauty they are considered physically unattractive. As interviews were conducted in the hospital settings which don't match the standards required for extraction of quality information. Multimodal method should be used to know exact causes of the problem. Clinicians must first take hold of the nature of the psychosocial and mental health experience of acne problems in order to provide information and help. The findings of this study give physicians with meaningful, empirically based information on how to develop awareness in people having acne vulgaris to cope with psychosocial and mental health concern. The development of a comprehensive understanding of the experiences of females with acne problems, will lead to intervention strategies aimed to psycho-educate the females with acne to improve their ability to perform exceptionally well at their daily routine work.

**Keywords:** Discrimination, rejection, acne vulgaris, depression, anxiety, psychosocial issues

### Introduction:

Acne vulgaris is a common dermatological issue that is characterized by chronic inflammatory skin disease. Adult acne is becoming more common, and "female acne" has established itself as a separate clinical entity. Facial acne is difficult to hide and has a damaging effect on people's health. The presence of this illness has a stronger negative influence on women's social and emotional functioning in Western societies that place a high priority on physical attractiveness. The patient's subjective judgments of adult acne correlate with the degree of psychosocial impairment, not the objective clinical severity. The huge emotional ramifications of acne, as well as its social ramifications, call into question the traditional view of acne as solely medical or even insignificant.

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Given the importance of patient self-management in health-care systems, physicians should examine emotional experiences and listen to patients' perspectives in order to improve their clinical practice. The most prevalent ailment that dermatologists encounter is acne. Patients experience humiliation, irritation, rage, and melancholy as a result of the obvious disfigurement of their face. Acne is also more common throughout adolescence and early adulthood, when people are least equipped to cope with additional stress. As a result, distinguishing between acne and psychological disorders is nearly impossible. Some people are severely affected, demanding treatment that is more extensive than acne treatment. Dermatologists must increase their ability to recognize and treat psychological issues in patients who are caused by, coexist with, or result from acne (Steventon, 2013).

#### **Literature:**

As a result of pilosebaceous unit blockage and inflammation, acne vulgaris generates comedones, papules, pustules, nodules, and/or cysts (hair follicles and their accompanying sebaceous gland). Acne is a skin condition that affects the face and upper trunk. Adolescents are the ones who are the most affected. Exams are used to make the diagnosis. Acne develops in teenagers as a result of puberty's hormonal changes. It's more likely that you'll get acne if your parents did as teenagers. The good news is that most people's acne disappears virtually completely by the time they reach adulthood. Acne vulgaris (the meaning of "vulgaris" isn't as nasty as it sounds; it means "of the common variety") is the form of acne that many teenagers get. The face, neck, shoulders, upper back, and chest are commonly affected (William & Paul, 2020). Major depression is characterized by a constant low mood; low self-esteem, feelings of unimportance, and a loss of all-purpose interest. Suicide attempts are common in people with serious depression and are a sign of mental anguish. Suicide is linked to significant depression, which is well-known. In Taiwan's adolescent to middle-aged population, suicide is the third leading cause of death, making it a severe social issue. Women are more likely than men to suffer from significant depression, anxiety, and neurotic disorders, as well as have a lower overall quality of life. There is an increase in depressed symptoms among teenagers with acne, but this is limited to those who have acne. Moreover, several recent questionnaire-based researches have validated the link between acne and suicide attempts and body dysmorphic disorder (Collier, 2008). A high percentage of female acne sufferers have late-onset acne. Although earlier research have connected acne to the development of major depression and suicide, the impact of acne on major depression and suicide may vary by age, gender, ethnicity, and cultural background. Most previous research, for example, was restricted to adolescent populations. Few large-scale investigations on the link between acne and significant depression and suicide in children and adults have been conducted. Few large-scale studies on the link between acne and major depression and suicide in children and adults have indeed been conducted. It's unknown how acne is linked to the progress of serious depression and suicide on its own. As a result, it's critical to look into the independent link between acne and serious depression/suicide in a large sample that's been adjusted for gender and age. We also looked at just how feminine gender and acne affected women's risk of severe depression and suicide.

**Methodology:**

The interpretive technique is used to look at the context of an experience in connection to other factors like culture, gender, employment, or the well-being of the people or groups who are experiencing the phenomena (Reiners, 2012). The interview took place with females who have acne vulgaris, was selected through purposive sampling technique. If participants are able to provide detailed accounts of the phenomenon, sample sizes of 5 to 7 are sufficient. Sample of the study was consisted on (N = 8) participants.

**Procedure:**

The research will be carried out in ethical consideration in which ethics will be followed. First of all, permission will be taken from the participants. Informed consent will also be taken from the participants through questionnaire. The goal of the study and the possibility to withdraw from the study at any moment during the interview will be explained to participants. Nature of study explained to participants before starting interview. Participants are insuring that the information inquired from them will be held confidential and will not be used for any other purpose other than this research. Semi structured interviews were conducted to collect the information which was then analyzed by interpretive phenomenological Analysis. Semi structure interview was comprised of 8 main questions which were related to their social and psychological experiences. These questions covered many domains as social, psychological, and mental health issues of females with acne vulgaris. These questions helped to probe and elaborate more questions. After getting permission from the participants the interview was audio recorded. Phenomenology tries to understand issues, concepts, and circumstances from the standpoint of shared understanding and experience rather than from the standpoint of disparities. The study of how people perceive their surroundings is known as phenomenology. It gives academics a strong tool to understand subjective experience (Thurston et al., 2014).

**Result:**

The analysis revealed five major themes that emerged from the data: (1) Frustration ; (2) Inferiority Complex; (3) Physical Discomfort; (4) Bullying; (5) Discrimination; (6) Mental Health Issues. Females with acne vulgaris confront with avoidance behavior, wrath, and irritation in daily activities like shopping, housekeeping and gardening. Acne has been related to poor work and school performance, as well as a detrimental impact on interpersonal relationships and communication. In fact, around 5.6 percent of acne patients had suicide thoughts. Patients with acne often have a reduced quality of life as a result of these findings.

**Frustration:**

Every day, at school, at work, in friendships, in marriage, and even in connections with others, frustrating circumstances arise. Life is full of frustrations. It must not, however, be permitted to gain an advantage. Everyone experienced some level of frustration. If one wants to live a happy and fulfilling life, he or she must be able to accept and deal well with annoyance and anger. Frustration levels have risen significantly in recent years. Human beings are experiencing increasing stress and dissatisfaction as a result of increased burden and more automated lives. Patient said,

*"It's unbearably frustrating to imagine the things I've allowed myself to miss out on as a result of my skin," she says. "I've cancelled my plan, miss family functions, called in sick to work and even avoided spending time with my own family because I feared their judgement."*

According to the frustration aggression hypothesis, 1) all acts of aggressiveness are the result of past frustration, and 2) all frustration leads to aggression. A scientist explains shortly after this notion that dissatisfaction causes a variety of different forms of responses, one of which is incitement of some form of hostility. Intentionally induced frustrations elicit more aggressive responses than unintentionally induced frustrations. In a laboratory context, synthetically induced frustration leads to increased violence (Yahya et al., 2012).

### **Inferiority complex**

An inferiority complex is defined by the American Psychological Association (APA) as "a basic feeling of inadequacy and insecurity, stemming from true or imagined physical or psychological weakness." In 1907, eminent psychologist Alfred Adler invented the term to describe why Many individuals lose the desire to act in their own best interests and achieve their goals in life.

Even though many dermatological problems are not life-threatening, they can be emotionally draining. Because individuals with these conditions are frequently unable to hide their illness from public view, cutaneous sickness has a distinct psychosocial cost. Acne vulgaris, in particular, is a common skin condition that has been linked to serious psychological consequences. Acne affects more than 80% of teenagers, making it the most prevalent reason for a dermatologist visit. In their twenties, acne affects up to 50.9 percent of females and 42.5 percent of males, and it can linger well into adulthood. One the interview statement of patient,

*"I feel hesitation. When I have to go somewhere to meet people, I sit for a long time and think whether to go or not. If I go I will have to face the strange eyes of the people and answer their questions, like since when are pimples formed and how are they formed? I avoid going to weddings so that I don't have to do makeup because before I go like this I look in the mirror again and again and then try to hide these pimples."*

30 to 50 percent of teenagers with Body image issues, humiliation, social impairment, anxiety, frustration, fury, despair, and low self-esteem are all common symptoms of acne. Additionally, the poor psychosocial effects of acne have been linked to suicidal ideas and attempts. Acne not only causes emotional distress, but the anxiety it causes can exacerbate the skin problem, creating a vicious cycle.

Humans have been affected with skin illnesses that have lowered their self-esteem and reduced their standard of life. AV affects over 80% of adolescents between the ages of 12 and 18, according to epidemiological studies. Dermatologists in the United States view it as the most ordinary Cutaneous condition. According to Thomas,

*"In the long run acne may cause Cutaneous as well as psychological scars".*

Acneic lesions cause a higher drop in self-esteem and self-confidence, behavioural abnormalities in this age group because they lack the capacity to deal with the psychological impact of AV deforming lesions. According to Rosenberg, low self-esteem is characterised by feelings of worthlessness, ineffectiveness, and inability to face the challenges, while average ego is characterised by fluctuations between perceptions of

self and rejection, and high self-esteem is characterised by self-judgment of value, competence, and trust. Because AV is a dermatosis that affects the look of the face and other bare regions, it is expected to lower self-esteem in those who are affected, particularly teens (Vilar et al., 2015).

Scars can be related with frustration, grief, rage, and/or anxiety. Acne scars make people self-conscious about their appearance, which has a negative impact on their professional relationships and employment chances. As a result, preventing acne scars should be a top priority in inflammatory acne treatment. It is critical to treat acne early, aggressively, and appropriately before scarring develops, since this can dramatically reduce the likelihood of acne scarring. While interviewing patients her statement is,

*“I get upset when people treat me differently. People ask again and again what’s wrong with your skin. Are you applying different creams. What do you do with your face. I do not answer them. I can’t go anywhere. It’s frightening to face people. I don’t feel like going to college. Doesn’t like to meet friends. I think if I go in front of them they will ask questions about my acne. I would be embarrassed. My heart gets up from everything again, I don’t feel like doing anything, I start getting complex that I don’t look good at all.”*

Researchers have been studying the effects of physical appearance 'stereotypes' on social acceptance and future professional possibilities since the 1970s. More recently, multiple studies have revealed that physical appearance has a detrimental impact on judgements and decisions; for example, being overweight is linked to lower pay, and attractiveness is a plus when job applications are subpar (Thiboutot et al., 2009). In our study, half of the acne patients had feelings of unworthiness as a result of negative peer feedback. The severity of acne had a direct correlation with the effect. Teasing or taunting, Acne and discomfort, as well as social avoidance, are two major aspects in the link between acne and self-consciousness. This causes a sense of inadequacy, as well as a decrease in self-esteem and self-image. Acne-prone teenagers have been spotted avoiding make contact with eyes, growing their hair lengthy to hide their features, and concealing acne lesions with make-up. Patients verbatim is,

*“I feel weird when people treat me differently because I feel inferior I think I don't look good at all. I feel like they look at me with contempt. I have negative thoughts. I feel ashamed to go in front of them. It seems that if I go in front of them, they will react strangely when they see me. They will treat me badly. I feel bad that people look at my face and pass the comment. Some people laugh at me or react strangely.”*

According to a survey, 14.4% of patients said that acne caused them to have difficulty participating in sports. We discovered that 32.7 percent of female participants experienced trouble with sports and related activities to varied degrees as a result of their acne. Acne affected 60% of females' social lives and leisure activities, and when their acne flared up, they stayed away from going out in public and part in community events. Social disengagement and anxiety are particularly common acne side effects among female patients, according to Yolac and his coworkers. Another study found that many of the participants displayed avoidant behaviour, which eventually led to the development of avoidant personality traits. According to another client’s verbatim related to daily activities,

*“I don't like meeting my friends. I don't feel like going anywhere to sit next to anyone. When I see people's clean faces without pimples, I feel bad about my face. I don't feel like going to university nor do I feel like studying.”*

### **Discrimination**

Acne vulgaris is a skin problem that influence many young people and can be a substantial social barrier if it lasts into their twenties. Although there is evidence that sufferers are mentally harmed, research to yet has been inconclusive as to whether this is due to poor self-beliefs or discriminating attitudes from others. Interpersonal rejection, as well as Social, vocational, and sexual competency difficulties can all be problematic influence of psychosocial and sexual maturity as a result of a visible skin that could be disfiguring condition (Magin et al., 2006). One of the patient gives statement about rejection is,

*“Then I quit my studies and gave private papers. When I did intermediate, I did not try to continue my studies after. The family was looking for a proposal for me. Whenever they came to see me, they saw it and left. No one answered, but one could tell by the look on their faces. The proposal was almost denied 3 times just because I have pimples on my face. It was also very painful.”*

Disgust is a strong psychological experience characterized by nausea, disgust, particularly in connection to smells and flavors, and, metaphorically, moral repulsion, intolerance, and hatred. It manifests as a behaviour that tries to get rid of something or someone, as well as a physiological response to dirt and contamination symptoms, such as nausea and vomiting (Lateiner & Spatharas, 2016).

Several studies suggest that disgust serves to keep us away from potentially dangerous circumstances or substances, as well as everything that is disgusting and dirty, such as values, thoughts, people, and, in certain cases, even the self. Despite the fact that disgust is assumed to play a role in body image and dermatological disease, little studies have been done on the topic (Yoder & Russell, 2016). In one interview, one of my clients said,

*“I feel like I am disgusting. I feel unattractive and I have such little confidence in myself as a result of how I look. People stare at my face and it makes me feel completely worthless.”*

### **Bullying**

Bullying is typically appearance-related, in both nonmedical (including weight-related bullying) and health-related settings. Given the prevalence of skin diseases, it would be surprising if they were not linked to bullying. The overall population of skin disorders, as well as prevalent misunderstandings about contagiousness, are other factors that make victims more vulnerable to scorn and abuse. Children and teenagers are the age groups those who are most impacted and vulnerable to teasing and bullying, and they suffer from a variety of skin diseases. According patients verbatim,

*“They make faces while seeing me sitting with them, and laughing at me. Make fun of me. Gives weird advice. I lock myself in the room and I don't feel like talking to anyone, to face people. Then they laugh at me again for giving advice.”*

According to another patient,

*“I said goodbye to my studies for a while, because we belong to the village side, the thinking of the people is very weird. When I started going to college, girls used to*

*make fun of me, which hurts me a lot. I ignored them for a while but they laughed at me strangely. If I tried to talk to them, they would not like to talk to me. If I sit next to her she gets up, I feel like they're doing this to me, maybe because of my face.”*

In a variety of settings, bullying and mocking have been linked to mental health morbidity in victims of bullying. Psychosomatic symptoms, suicide, suicidality, and self-harm have all been researched, as has psychiatric hospitalisation and the use of anti-psychotic, anti-depressant, and anxiolytic medicines in women. Adolescents who were bullied had a worse health-related quality of life, especially in terms of psychological health. Bullying's effects can last a lifetime, with psychiatric symptoms like anxiety or depression, or both, as well as body-dissatisfaction, poor self-image, and low self-esteem, persevere into adulthood (Hawker & Boulton, 2000).

### **Physical Discomfort**

We identified an improved the effect of physical discomfort due to acne in the majority of patients during both qualitative and quantitative research. According to the quantitative study, the majority of the participants' responses in the items determining bodily discomfort were intense, that is, on the negative side, and thus this scale's total average score and percentages were also greater than the others. In one interview one of my clients describes about her problem like,

*“I struggled hugely as a youngster... because of the constant itch, I slept very poorly and to this day, I have a completely strange sleep pattern.”*

One of the verbatim used by another patient that was,

*“The fact is that I cannot be normal, when it hurts and is red. It pains and oozes out at times and hurts to smile, and then I cannot feel happy, even if I want to. Also the marks that get left behind, I feel bad about it because it makes my face ugly looking.”*

Physical discomfort, in the great majority of cases, generates social withdrawal and, as a result, diminishes attendance at social gatherings (Tallab, 2004).

### **Mental Health Issues**

Acne can have a severe influence on self-esteem and confidence in a culture where physical appearance is valued so highly and it may result in mental health issues in some circumstances disorders such as anxiety and depression, because acne is an observable skin problem, it can have a substantial impact on mental wellbeing, ego, and confidence. According to an early 2018 study published in the British Journal of Dermatology, patients with acne had a greater risk of developing major depression. More than 20% of acne sufferers asked in a separate British Skin Foundation survey of 2,299 acne sufferers claimed they had pondered or attempted suicide.

Dealing with skin problems can be difficult, but dealing with skin problems plus depression can feel overwhelming. Skin problems, like depression, can make people depressed, worried, irritable, and reluctant to mingle. When you have skin problems and depression at the same time, the unpleasant emotional sentiments that both disorders can bring can often work against you. Cognitive distortions might happen during a depressed episode. Intense emotional distress might result from distorted thinking. Skin disorders, like depression, can deceive your brain into believing you have more serious concerns than you do. Skin problems can lead to erroneous thinking, which can lead to false thinking patterns if left unaddressed. Knowing how to recognize when your thinking is incorrect is the difficult part. Imagine waking up in the morning and realizing you won't

be able to leave the house today because your skin is terrible, and no one wants to be around you when you're miserable (Matt & Traube, 2017). Evidence from client's statement is,

*"I start taking depression. Start to get irritated. My mood turns off. I start to cry about why these pimples are forming and why they are not healing. I get weird depressed when people make fun of me while looking at my face I don't understand what feeling is it."*

According to research conducted in Saudi Arabia, approximately 79.7% of acne victims were depressed, with high levels of depression (83.18 percent) among adolescents aged 17 to 25, and 67.69 percent among adults over 25. And according to World Health Organization (WHO), depression is the biggest and most important cause contributing to global disability, affecting more than 300 million people globally (Liu et al., 2020).

Psychosocial distress is considered to affect dermatology patient's account for at least a third of all patients, with 85 percent of patients reporting variables are a significant feature of having a skin disorder. In comparison to the general population, dermatological samples have been found to have higher rates of sadness and anxiety. Acne patients have higher rates of depression, social anxiety, and suicidal ideation than the overall population. Anxiety, depression, and phobic emotions have all been reported to be increased in those with alopecia. People with skin conditions are more likely to be distressed in social circumstances, which can lead to avoidance of social interactions (Bewley et al., 2013). From patients statement during interview,

*"This issue affects socially in such a way that if you have to go to college, you have to face your friends and teachers. Does not feel like to go on some family gatherings. Psychologically, there is just more anxiety. It's really hard to face people, so I feel bad about my face."*

Anxiety has been linked to some types of attentional processing, for example, this is a type of cognitive processing and assessment biases, in which a person runs the risk of misinterpreting others' replies. According to Magnetic Resonance with Function Psoriasis patients may inhibit emotional processing when confronted with unattractive faces as a coping strategy to protect themselves from unpleasant emotional responses, according to imaging studies. In the instance of acne, a recent eye-tracking study found that, as compared to controls, individuals had an attentional bias towards acne lesions (Thompson et al., 2010).

Obsessive compulsive disorder is among the most frequent psychiatric illnesses treated in dermatology clinics, and acne is one of the most frequently identified diseases. As a result, there is a good chance that these disorders will coexist. The purpose of this study was to evaluate OCD symptoms and quality of life in acne vulgaris patients, compare them to healthy control participants, and discover if obsessive compulsive symptoms have any prognostic value for acne patients' quality of life.

Patients with acne vulgaris reported more obsessive compulsive symptoms than healthy people, which could be related to the severity of the disease and patient satisfaction. The patient said,

*"Whenever I look in the mirror, I feel bad for my face. It makes me want to break the glass/mirror or never look in the mirror. There is a lot of stress. I feel like my face looks ugly. I would not like to wear anything. When I wake up in the morning, I see my*



*face first, whether a new pimple has come out or whether the previous pimple has disappeared or not. I do it right away as soon as someone tells me that this thing will cure pimples but it doesn't give any result. I wash my face again and again, it seems that if I don't wash it, more pimples will form. Then when I wake up in the morning, if there is a new pimple, then I think that maybe I did not follow a good diet, or it is because dust that new pimples appears on my face."*

Obsessive compulsive disorder (OCD) is a common mental disease that affects 1–2% of the population. It is characterized by Obsessions, compulsive behaviors, or both that cause severe psychological anguish or incapacity. One of the most common psychopathological disorders connected with dermatological diseases is obsessions and compulsions. In prior research, patients admitted to dermatology outpatient clinics were diagnosed with OCD at a rate of 20% to 24.7 percent using the Diagnostic and Statistical Manual of Mental Disorders (DSM). Compulsions concerning the skin were noted as one of the most commonly observed disorders in patients who visited dermatology clinics in another study (Folks & Warnock, 2001).

Acne patients who are overly concerned with their skin, on the other hand, have been proven to have an underlying depressive disorder, according to studies. The fact that acne vulgaris clients and healthy control subjects in our study had similar levels of depression as measured by HADS considerably reduced the risk of underlying depression in acne vulgaris patients (Lee et al., 2008).

### **Discussion**

The goal of this study was to look into acne vulgaris patients' experiences with psychosocial difficulties including low self-esteem, low self-image, and damaged self-image, as well as mental health issues like stress, anxiety, and depression, and marriage proposal issues.

The result of present study suggests that acne does not only have a substantial net effect on educational attainment, job, and marital status, but it also has a considerable net effect on human psychological and mental health. My research contributes to a better understanding of wider systems of dominance, such as acne. It means that acne is still a problem for Pakistani women. This indicates that people with acne problems, in particular, are less satisfied with them and have difficulty embracing their own skin problem. Acne has a harmful impact on Pakistani culture, according to my research. Acne has an impact on almost half of teens and several adults while speaking with strangers, according to the study. For some, it was a lack of confidence, while for others, it was a fear of how new people might react to their acne. When chatting to new people, participants described feeling "uneasy," "embarrassed," "anxious," or "intimidated." Acne has a negative impact on building relationships with girlfriends/boyfriends, according to several teenagers. Some teenagers also discussed how acne had affected their friendships, such as when their friends teased them about their acne or when their friends didn't understand when they complained about it. Embarrassment/self-consciousness related to acne was mentioned in 88 percent of patients in this study, which was similar with earlier research. Females with an acne vulgaris have more inferiority complexes, as we have studied in the literature. Nowadays, in order to be socialized, one must be wealthy and attractive, which increases female inferiority complexes. These inferiority complexes raise female awareness because today's society values socialization, which may evolve into fixation over time. They have

become more conscious of having more friends, being liked in their social circle, and having a good-looking life mate as a result of their increased contact. Patients in this study complained of difficulties with daily tasks in 69 percent of cases. In a statistically significant way, the difficulty of routine tasks was associated to the severity of acne and post-acne hyperpigmentation (P 0.05).

### **Conclusion**

In this study according to our understand that some women avoid leaving their houses because they are afraid of being humiliated in front of others and made fun of. Because of the rejection, they are also hesitant to speak with others. They are unable to perform in front of others due to a lack of confidence, which causes nervousness. After experiencing all of these rejections, some females may become sad all of the time and refuse to attend gatherings and social gatherings, resulting in loneliness, which can lead to depression if it persists for a long time. Depression and mental illness are common in Pakistan, owing to the pressures of society, family, work, and studies. Another factor contributing to low self-esteem and sadness is society's regressive belief that having a dark skin tone is a bad thing. A person with a skin problem tone has been taught that they are useless and will not be successful for the rest of their lives. Many people's lives are being destroyed by society's backward mentality, particularly the lives of girls.

### **Limitations**

This research contains a number of pros and weaknesses. The fact that this is a qualitative study means that it cannot be generalized. Other findings cannot be transferred to others owing to individual variances. The sample size was too small, resulting in a false description of all acne problems. The interview was conducted in Urdu, which may modify the meaning given after translation. The interviews are conducted in dermatology unit, mostly are educated but mostly are uneducated people. They both are included in the study to learn more about the issues that affect women with acne problem.

### **Suggestions**

Give awareness of the fact that potential and abilities are more significant for success than appearance. It is necessary to recognise girls' work, encourage them, promote their abilities, and offer them proof that nature, good behaviour, and inner beauty are more essential than appearance and a clean face in order to boost self-confidence, self-esteem, and poor self-image. Acne patients should be given a supportive environment in order to increase their self-esteem. Strong relationships with family, friends and community have helped these individuals to be resilient in the face of confusion from others.

### **Implications**

This study is important to identify the psychosocial and mental health issues of females with acne vulgaris in Pakistan and to generate the coping strategies to cope with these issues. The study bring the light with difficulties of acne vulgaris in getting marriage proposal and social rejection which develop the mental health issues in female like anxiety, stress and depression. Through awareness session, psycho-education and developing cognitive strategies to help workout the problems associated with acne vulgaris. Permanent scarring which are difficult to correct, people need support with understanding the long-term management of acne, building control over acne and its

treatments, acknowledging the impact and appropriate information to reduce the barriers to effective treatment use.

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