

MINDFULNESS COGNITIVE BEHAVIOUR THERAPY INTERVENTION ON STIGMA AMONG VITILIGO PATIENTS IN RELATION WITH PSYCHOLOGICAL WELL BEING

Abstract

Vitiligo is the most prevalent skin depigmentation disorder which affects 0-8% of the world's population and 0-4% of Indian population. People with Vitiligo may experience self and social stigma, depression and low self esteem because their appearance may changed dramatically. In this study an attempt was made to find out the discrimination and stigma scale, mood state and psychological wellbeing between experimental and control Vitiligo patients after cognitive behavior intervention. The objectives of the present study are to examine whether any difference between pre-test and post-test group of cognitive behavior therapy intervention on stigma, mood state and psychological well being. Efforts were undertaken to create an intervention module to relieve the psychosocial stress of Vitiligo patients. The total study sample of 30 patients were collected which is comprised by male & female suffered from Vitiligo in between the age of 18-45. The data was collected by administering the discrimination and stigma scale which was developed by Prof. Graham Thornicroft (2008), and eight state questionnaire (8SQ) scale was developed by M Kapoor, M Bhargava (Indian Adaptation) which contains Anxiety, Stress, Depression, Regression, Fatigue, Guilt, Extraversion and Arousal. The data was analyzed statistically and the result was found that there is a positive relation between the experimental and control group intervention and there is a significant difference between the values of

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post test of experimental group & control group. The result indicated a statistically significant difference between the pre-test and post-test outcomes within the cognitive intervention group.

Keywords: Vitiligo, Discrimination, Stigma, Intervention, Cognitive Behavior Therapy, Psychological Well Being

I. INTRODUCTION

- 1. Background:** Vitiligo is self generated problem which is due to genetic, stress, hormonal imbalance and autoimmune problems, but there is another face of vitiligo which is known as leucoderma which is caused accidentally due to burn, allergy, medicine side effect, perfume, long term intake of fast foods or foods with added colour. Vitiligo is commonly known as a discoloration or white patch disease on skin. There are no boundaries of race, ethnicity or gender. They experienced reduced quality of life because they are not treated as per normal individual. Most of the people's experience is made worse by the stigma and discrimination they encounter from society, coupled with challenges from their families, friends and colleagues further compound their difficulties. Approximately nine out of ten people grappling with mental health issues report that they have been negatively affected by stigmatization and prejudice. These prevalent issues can be traced back to a lack of awareness and limited access to reliable sources of information.
- 2. Psychological well being** is the way to handle the various negative consequences in order to hold cognitive ability and emotions. The surrounding and the situations or some events always effects human being's life style and surprised harmony of their life. Psychological well being includes human strengths and positive psychological outcomes which enable to maintain healthy relationship for the purpose of being happy, healthy and harmonious. Optimism among personal life like good thoughts, good spirit, fairly happy and life satisfaction ideation helps them to have good wellbeing. Happiness, positive attitude, positive thinking, being a good human kind in social background and good cognitive status make individual strong in psychological wellbeing. Thus, psychological wellbeing is necessary to handle the various negative consequences in order to hold cognitive ability and emotions. The positive mental and emotional impairment due to pressure negatively impact on behavioral problems like aggressive and homicidal behavior.
- 3. Stigma** is the negative evolution of a person and they become constantly self-conscious and calculating about what impression they are making on others with their disease (vitiligo). Vitiligo stigma is a type of self and social stigma that can lead to social isolation, discrimination and lack of confidence. Diseases affecting the skin ailments are conspicuous to others, therefore, individual with skin conditions must contend not only with the impact of their condition, but also with how people respond to it. One's Skin color plays an important role in how other perceive their health, attractiveness, value, desirability, affluence and wealth. Vitiligo manifests as milky-pale white patches on the skin often leading to psychosocial distress and societal discrimination.
- 4. Discrimination:** Discrimination is the unfair treatment of people simply because they are different from the dominant or normal group of society. Multitude of individuals with vitiligo face exacerbated challenges due to the stigma and discrimination imposed upon them by society. Additionally they also encounter difficulties from families, friendships, colleagues and professional circles society. Nearly nine out of ten individuals dealing with mental health issues attest to the adverse effects of stigmatization and bias on their lives.

5. **Mood** consists of various feelings and emotions which swings with depression and can fluctuate from irritability to extreme sadness to an angry outburst. Mood consists of various feelings and emotions such as depression, regression, stress, fatigue, guilt, extraversion, and arousal. In the short term mood fluctuation can occur frequently. We need to improve our understanding of such fluctuations.
6. **Cognitive Behavior Therapy** is a brief, goal oriented psychotherapy approach that focuses on practical problem solving. Patients undergoing CBT are taught to recognize and change harmful thought patterns. CBT integrates elements of psychotherapy and behavioral therapy and is usually an one-to-one approach, and it can also be applied effectively in groups or families. Individual having vitiligo encounter tremendous social and psychological challenges. CBT training proves highly effective which the patient's mood is directly related to his or her patterns of thought, Negative and dysfunctional thinking impacts a person's mood, self perception, behavior and even their physical well being. Through CBT, patient's experience shifts in their self beliefs and acquire skills to manage their thought pattern.

II. LITERATURE REVIEW

In a study conducted by Prasad, Pandhi, Dogra, Kanwar and Kumar (2003) they discovered that the treatment outcomes for individuals with Vitiligo are negative influenced by their quality of life.

Parsad et al., 2003 indicate that Vitiligo typically emerges around the age of 20 in almost 50% of the patients, with an equal impact on both males and females. Affected individual suffer from social and family stigmatization and this issue is particularly pronounced for girls, specially with in the context of marriage in India.

Alkhateeb et al., 2003 reported findings that show a connection between Vitiligo and several other autoimmune diseases.

Ahmed et al. (2007) observation involving 100 patients diagnosed with vitiligo and tried to detect the presence of psychiatric disorders. Their finding revealed 15 cases of major depressive disorder, 10 cases of generalized anxiety disorders as well as cases of with anxiety/ depression, social phobia, agoraphobia and sexual dysfunction. They concluded that psychiatric disorders likely have a correlation with vitiligo, and their prevalence is influenced by the course of the disease and the individual's life circumstances. Major depression and anxiety remain as the most common psychiatric disorders among these patients.

Pichaimuthu, Ramaswamy, Bikash and Joseph (2011) conducted a cross-sectional comparative study involving a sample of 150 individuals diagnosed with Vitiligo. The study aimed to assess and compare the level of social participation among vitiligo patients in their domestic and social life. The findings indicates that 17.3% of vitiligo patients had minimum involvement in domestic and social life. These individual experienced moderate to severe restriction while participating in domestic and social life.

In a study conducted by M.Ramam, V.K. Khaitan, P.Pahwa, M.Mehta (2013) the burden of vitiligo was examined using pre designed generic tools through conducting semi structured interviews on 50 patients. The research shed light on the various ways in which vitiligo affects the lives of Indian Patients. They experience more challenges in educational and occupational field.

D. Bhagabati (2015) conducted a study involving 100 vitiligo patients to evaluate the impact of the disease on their quality of life of patients diagnosed with vitiligo. The study revealed that individual with Vitiligo experienced higher level of depression compare to the control group.

Ghosh, Rituparna,(2017) study suggest that the people with vitiligo living in rural areas have lower self concept, anxiety and depression then people with vitiligo living in urban areas.

N. Sawant , N. Vanjari, U. Khopkar (2019) proposed that vitiligo is one of the major psychological disorder, that does not result in direct physical impairment. In this study 156 patients detection of psychological issues.

Patel Dharendra (2021) has been research conducted on 239 female vitiligo patients whose quality of life has been affected psychologically and socially due to Vitiligo.

K.Ezzedine, H.Jones, K.Bibeau (2021) Describes the existing evidence regarding the psychosocial burden associated with vitiligo. They constructed data on 100 patients related to 41 studies on depression, 20 studies on anxiety, 8 studies on stigmatization, 12 studies on adjustment disorder, 10 studies on sexual dysfunction & 7 studies on sleep disturbance. The findings from the systematic review show that vitiligo greatly affects psychological well being.

III.METHODOLOGY

1. **Research Design:** The experimental research design is to be adopted to examine mindfulness cognitive behavioral therapy intervention on Discrimination & stigma among vitiligo patients in relation with psychological well being.
2. **Sampling Technique:** This study is correlation and involves experimental method of research. For this method the purposive sample technique is preferred.
3. **Objectives**
 - To study the stigma, mood state and psychological well being between control and experimental group in reference between pre & post test cognitive behavior therapy intervention.
 - To examine whether any difference between Pre-test and Post-test group of Cognitive Behavior Therapy Intervention on Stigma, Mood State and Psychological wellbeing.

4. Hypothesis

- **Hypothesis 1:** Stigma, Mood State and Psychological wellbeing significantly differ between control and experimental group interference with Pre & post test test Cognitive Behavior Therapy Intervention.
- **Hypothesis 2:** Stigma, Mood State and Psychological wellbeing significantly differ between Pre-test and Post-test group of Vitiligo patients inreference with Cognitive Behavior Therapy Inter

5. Method: In the present study, Thirty (30) vitiligo patients were selected, Fifteen (15) subjects were assigned as experimental group and another Fifteen (15) subjects were assigned as control group. The subjects were divided into two groups of fifteen subjects each at purposely. The patients were included within the age range from 18-45. In the first phase (Pre-test), both groups such as experimental and control group were treated without any intervention program. In the second phase, Cognitive Behavior Therapy training interventions were given to experimental group and the control group was treated without any intervention. In the third phase (Post-test), the data were collected from both experimental and control group. Discrimination and stigma scale developed by Prof Graham Thornicroft (2008), Eight State Questionnaire (8SQ) developed by M Kapoor & M Bhargava, General Well Being Scale developed by V L Chauhan & R K Didwania were used for Data collection. All the subjects were directed to seek their willingness, to act as subjects. The investigator explained to them the purpose, nature and importance of the experiment. Further the role of the subjects during the experimentation and the testing procedure were also explained to them in detail. A qualified medical practitioner evaluate the physical condition of the subject, and it was determined that all participants were in good health and fit to take part in study.

IV. RESULTS

The correlation between pre and post-test group of these variables was find out and it shows that there is a difference between the pre & post values of discrimination & stigma level of that patients who treated by cognitive behaviour therapy, or the result observed that the experimental group has lower values in post-test as compare to pre-test values in respect to mood state, discrimination & stigma level and psychological well being.

Table no-1 observes Mean, SD, MD and t-ratio between post-test cognitive intervention Experimental and Control group in reference to Discrimination and Stigma, Mood State and Psychological wellbeing. The result reveals that there was a statistical significant difference between post-test experimental and control group in respect to Discrimination and Stigma, Mood State and Psychological wellbeing as the p value is lower than 0.01 levels. Here with results observed that the Mean value of Control group was higher than the Experimental group. The Study variables that Discrimination & Stigma Mean value of Experimental Group (M= 41.77) and Control Group (M=49.21), Mood State Mean value of Experimental Group (M= 151.28) and

Control Group (M=160.37) and Psychological Well Being value of Experimental Group (M= 84.11) and Control Group (M=93.33). But the difference was found statistically significant between experimental and Control group of post-test cognitive Intervention group in Discrimination and Stigma, Mood State and Psychological wellbeing. The results revealed that the difference was found statistically significant in Discrimination and Stigma ($t= 2.35$, $p > 0.01$) at 0.01 levels, Mood State ($t= 2.13$, $p > 0.03$) at 0.05 levels and Psychological wellbeing ($t= 12.49$, $p > 0.01$) at 0.01 levels between post-test of experimental and Control group as the p value is lower than 0.01 and 0.05 levels. The Graphical representation are mentioned in Figure no-1

Table 1: Mean, SD and t-ratio between Post-test Experimental and Control Group in Stigma, Mood State and Psychological Wellbeing

Variables	Post-test Group	N	Mean	SD	MD	t-ratio	p-value
Discrimination & Stigma	Experimental Group	15	41.77	7.23	7.44	2.35**	0.01
	Control Group	15	49.21	6.50			
Mood State	Experimental Group	15	151.28	5.73	9.09	2.13*	0.03
	Control Group	15	160.37	6.44			
Psychological Wellbeing	Experimental Group	15	84.11	5.52	9.22	2.49*	0.01
	Control Group	15	93.33	6.71			

Note: **- significant at 0.01 level ; *- significant at 0.05 level

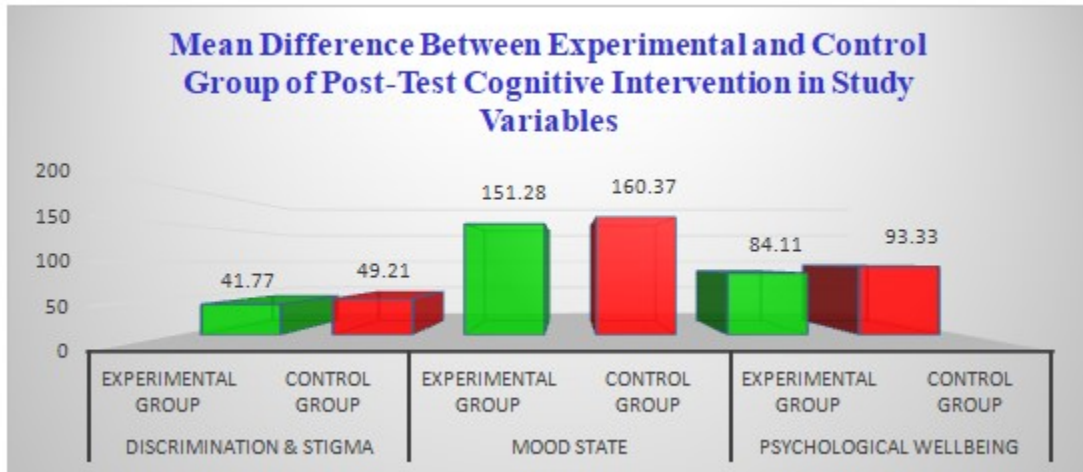


Figure 1

Note: Bar diagram shows mean difference between experimental and control group of post cognitive intervention in study variables such as Discrimination & Stigma, Mood State and Psychological well-being.

Table no 2 observes Mean, SD, MD and t-ratio between Pre-test and Post-test cognitive intervention group in Discrimination and Stigma, Mood State and Psychological wellbeing. The result reveals that there was a statistical significant difference between Pre-test and Post-test Cognitive Intervention group in respect to Discrimination and Stigma, Mood State and Psychological wellbeing as the p value is lower than 0.01 levels. Here with results observed that the Mean value of Post-test Cognitive Intervention group was higher than the Pre-test group. The Study variables that Discrimination & Stigma Mean value of Post-test Group (M= 88.00) and Pre-test Group (M=98.66), Mood State Mean value of Post-test Group (M= 150.33) and Pre-test Group (M=169.83) and Psychological Well Being value of Post-test Group (M= 47.33) and Pre-test Group (M=51.8.). But the difference was found statistically significant between Pre-test and Post-test cognitive Intervention group in Discrimination and Stigma, Mood State and Psychological wellbeing. The results revealed that the difference was found statistically significant between Pre-test and Post-test of Cognitive Intervention group as the p value is lower than 0.01 levels in Discrimination and Stigma ($t= 2.81, p > 0.01$) at 0.01 levels, Mood State ($t= 3.43, p > 0.03$) at 0.05 levels and Psychological wellbeing ($t= 3.11, p > 0.01$). The Graphical representation are mentioned in Figure no-1.

Table 2: Mean, SD and t-ratio between Pre-test and Post-test Cognitive Intervention Group in Stigma, Mood State and Psychological Wellbeing

Variables	Group	N	Mean	SD	MD	t-ratio	p-value
Discrimination & Stigma	Pre-test	30	98.66	9.69	9.86	2.81**	0.01
	Post-test	30	88.00	5.23			
Mood State	Pre-test	30	169.83	8.21	19.50	3.43**	0.01
	Post-test	30	150.33	5.25			
Psychological Wellbeing	Pre-test	30	51.80	4.77	4.46	3.11**	0.01
	Post-test	30	47.33	3.21			

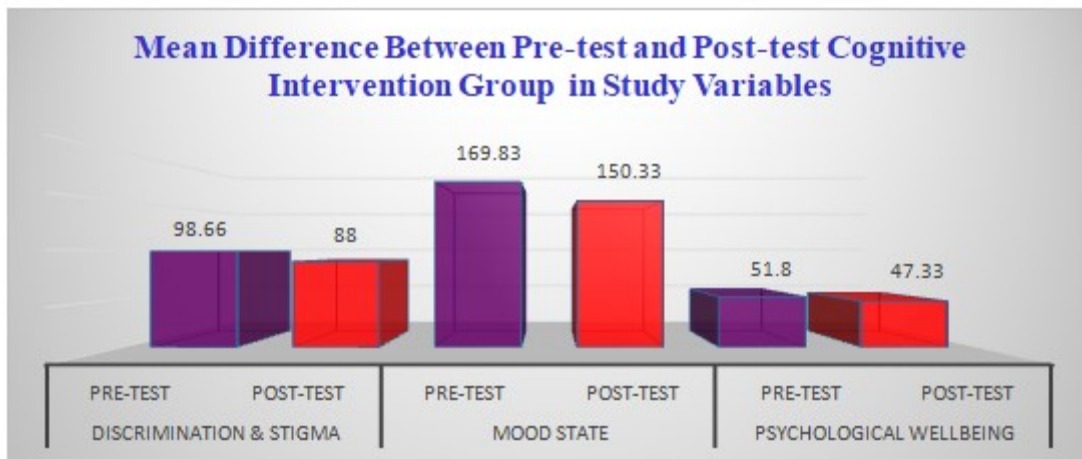


Figure 2

Note: Bar graph shows mean difference between pre-test and post-test cognitive intervention group in study variables such as Discrimination & Stigma, Mood State & Psychological Well-being.

V. DISCUSSION

This study observed that Vitiligo can impact individuals of all ages and both gender. Interestingly a significant number of the patients suffered with vitiligo during their second and third decade of life. Vitiligo condition may lead to reduce self-esteem and a negative body image that affects their emotional and psychological well-being. In some culture contexts, there exists a stigma attached to having Vitiligo. Those affected with the condition are sometimes thought to be evil or diseased and are shunned by others in the community. Cognitive behavior therapy (CBT) combines elements of psychotherapy and behavioral therapy and is typically conducted on one-to-one basis and it is also well suited for working in groups or families. Through CBT, patient's beliefs about themselves, acquire skills and they learn how to control their thought process.

VI. CONCLUSION

Absence of proper awareness and lacking knowledgeable sources are the root causes of these widely-experienced issues. The findings of the present study will be of immense help to the specialists, academicians and counselors for adopting necessary measures in controlling psychological symptoms concomitant of Vitiligo and to create awareness among the public so that they can develop a positive attitude towards the vitiligo patients. The present study was confined to vitiligo patients suffering from discrimination & stigma level. It is suggested that similar investigations can be extended to different stages of depression and stigmatization of vitiligo patients.

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MINDFULNESS COGNITIVE BEHAVIOUR THERAPY INTERVENTION ON STIGMA
AMONG VITILIGO PATIENTS IN RELATION WITH PSYCHOLOGICAL WELL BEING

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