

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

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ABSTRACT

Vitiligo is the most common skin de-pigmentation 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. An attempt was made to develop an intervention module to relieve the psychosocial stress of Vitiligo patients. The total study sample of 30 patients were collected which is comprised by males, females 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 post test of experimental group & control group. The result revealed that the difference was found statistically significant between pre-test and post-test of cognitive intervention group.

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

INTRODUCTION

Background: Vitiligo is self generated problem which is due to genetic, stress, hormonal misbalance 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 experience from society, and they also face problems from families, friends and colleagues. Nearly nine out of ten people with mental health problems say that stigmatization and prejudice has made a negative impact on their lives. Absence of proper awareness and lacking knowledgeable sources are the root causes of these widely-experienced issues.

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.

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 are visible to others, therefore, patients with skin diseases not only cope with the effect of the disease, but also with the reaction of people to their disease. Skin color plays an important role in an individual's perception of health, desirability, worth and wealth. Vitiligo presents as milky-white patches in the skin which can result in psychosocial distress and social stigmatization..

Discrimination is the unfair treatment of people simply because they are different from the dominant or normal group in society. Multitude of vitiligo people's experience is made worse by the stigma and discrimination they experience from society, but they also have some problems from families, friends and colleagues. Nearly nine out of ten people with mental health problems say that stigmatization and prejudice has made a negative impact on their lives.

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.

Cognitive Behavior Therapy is a short term goal oriented psychotherapy treatment that takes a practical approach to problem solving. Patient learns how to identify and change destructive thought patterns. CBT is a combination of psychotherapy and behavioral therapy and is usually an one-to-one approach, but it is also well suited for working in groups or families. People having vitiligo face tremendous social and psychological difficulties. CBT training is very effective which the patient's mood is directly related to his or her patterns of thought, Negative, dysfunctional thinking affects a person's mood, sense of self behavior, and even physical state. After CBT, patient's beliefs about themselves start to change and they learn how to control their thinking.

LITERATURE REVIEW

In a study by Prasad, Pandhi, Dogra, Kanwar and Kumar (2003) it has been found that quality of life in patients with Vitiligo has an adverse effect on the treatment outcome.

Parsad et al., 2003 suggests that Vitiligo develops at the age of 20 years in almost 50% of the patients and both males and females are affected equally. Affected persons suffer from social and family stigma and girls in particular, are subjected from the marital point of view especially in India.

Alkhateeb et al., 2003 revealed result that Vitiligo has been found to be associated with a number of other autoimmune diseases.

Ahmed et al. (2007) observed 100 patients with vitiligo and tried to identify the presence of psychiatric disorders. They found 15 cases of major depressive disorder, 10 cases of generalized anxiety and other with anxiety/ depression, social phobia, agoraphobia and sexual dysfunction. They concluded that psychiatric disorders are probably related with vitiligo, and their frequency is influenced by the situations of the disease and the life and that major depression and anxiety remain as the most common psychiatric disorders among these patients.

Pichaimuthu, Ramaswamy, Bikash and Joseph (2011) research a cross-sectional comparative study with a sample of 150 vitiligo cases was done to measure and compare the level of social participation experienced by vitiligo patients in their domestic and social life. Results showed

that 17.3% of vitiligo patients participated minimally in domestic and social life. These patients suffered moderate to severe restriction while participating in domestic and social life.

M.Ramam, V.K. Khaitan, P.Pahwa, M.Mehta (2013) studies of the burden of vitiligo used pre designed generic instruments by conducting semi structured interviews on 50 patients. This study indicates the diverse ways in which vitiligo affects the lives of Indian Patients. They experience more problem in educational and occupational field.

D. Bhagabati (2015) administered to 100 vitiligo patients to assess the impact of the disease on the quality of life of patients suffering from vitiligo. They found that patients of vitiligo are more depressed than the control

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

N. Sawant , N. Vanjari, U. Khopkar (2019) suggests that vitiligo is one of the major psychological disorder. Which do not cause direct physical impairment. In this study 156 patients were screened by a semi structured Performa with direct scales and helps in early identification of psychological problems.

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 available evidence for psychosocial burden in 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 result on the systematic review show that vitiligo greatly affects psychological well being.

METHODOLOGY

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.

Sampling Technique: This study is correlation and involves experimental method of research. For this method the purposive sample technique is preferred.

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.

Hypothesis:

- Hypothesis-1: Stigma, Mood State and Psychological wellbeing significantly differ between control and experimental group interference with Pre & post 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 interference with Cognitive Behavior Therapy Inter

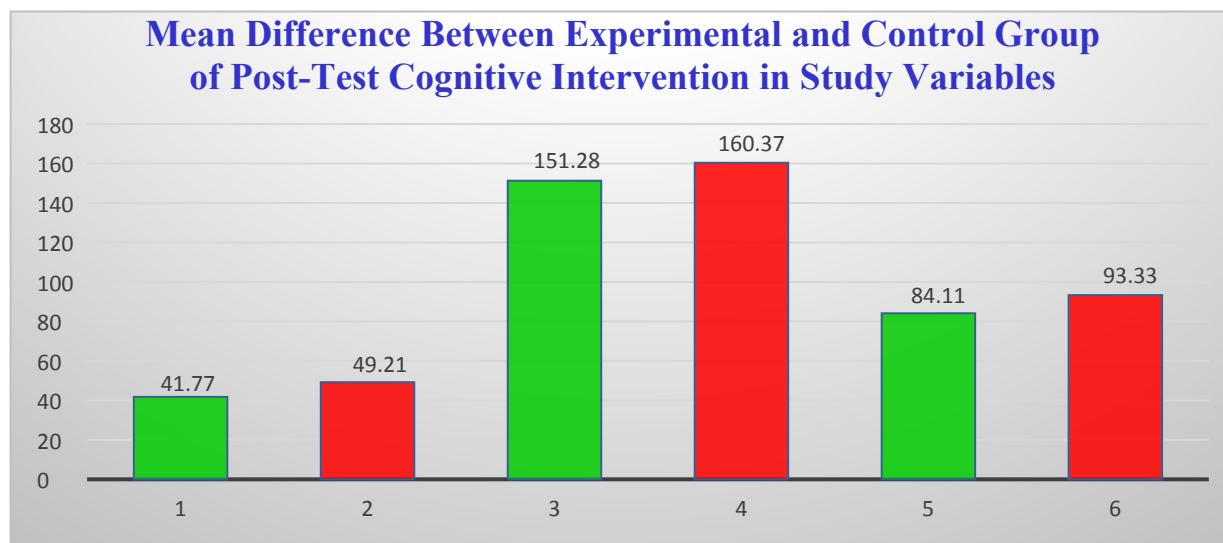
Method: In the present study, Thirty (30) vitiligo patients were selected, Fifteen (15) subjects were assigned as experimental group and another Fifteen (15) subjects were assigned as control group. The subjects were divided into two groups of fifteen subjects each at purposely. The patients were included 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. The physical conditions of the subjects were assessed by a qualified medical practitioner and all the subjects were normally fit to participate in the present study.

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-1.1 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

Figure-1.1

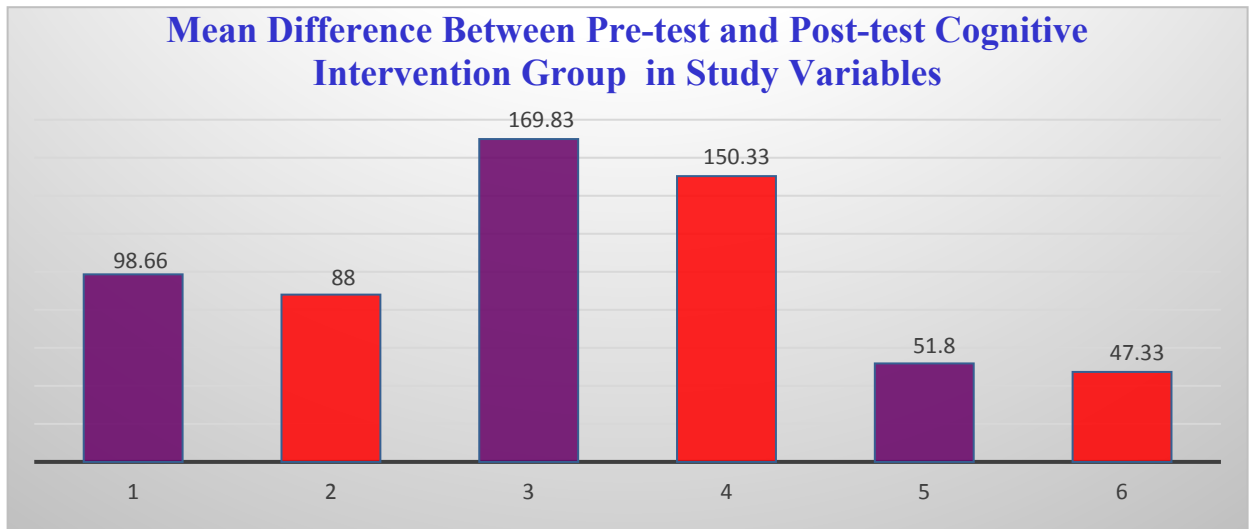


Note : Bar diagram shows mean difference between experimental and control group of post cognitive intervention in study variables such as Discrimination & Stigma, Mood State and Psychological well-being.

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-1.1

Table no-1.2 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.

Figure No-1.2



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.

The result reveals that there was a statistically 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.

DISCUSSION

In this study it was observed that Vitiligo affects all age groups of both sexes. Interestingly Most of the patients suffered with vitiligo in the second and third decade of their life. Vitiligo patients suffer from low self-esteem and poor body image that affects their emotional and psychological well-being. In some cultures there is 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. CBT is a combination of psychotherapy and behavioral therapy and is usually a one-to-one approach and it is also well suited for working in groups or families. After CBT, patient's beliefs about themselves start to change and they learn how to control their thinking.

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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