CHAPTER 6

SUMMARY AND DISCUSSIONS
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To carry out the present research, 200 Vitiligo Cases were selected through the technique of "Purposive Sampling". A Control group of 200 Normal Individuals were also selected from rural and urban areas matching them with the vitiligo cases. To meet the purpose of the study three psychological tests, viz. Self Concept Scale, State-Trait Anxiety Inventory and Depression Scale were administered. In addition to this Attitude Scale was also administered on Normal Individuals to assess their attitude towards the vitiligo cases.

These scales were administered individually to the vitiligo group and normal group as per their convenient time and place. This assessment of the dependent variables was the first phase of the study.

The second phase of the study was Counselling of a group of 30 vitiligo cases randomly selected and assessed in relation to their state anxiety and depression. Post Counselling scores on the variables State Anxiety and Depression were obtained by administering the State-Trait Anxiety Inventory and Depression Scale individually.

Assessment data of the first phase of the study were presented in Table 5.2-5.21 and Psychological intervention (Counselling) data including pre-Counselling scores were presented in Table 5.22 in Chapter V.

Let us now discuss the findings of the study presented in Chapter V in brief for revealing the outcome of the present research work.
The findings of the study with possible explanations are presented as follows:-

6.1 Findings and Explanations of the Data Presented in Table 5.2

Vitiligo Cases suffering for 2 yrs to less than 3 yrs, 3 yrs to less than 4 yrs and 4 yrs to 5 yrs did not differ significantly with respect to any of the mental disposition variables viz., Self Concept, State Anxiety, Trait Anxiety and Depression.

6.2 Findings and Explanations of the Data Presented in Table 5.3

1. The Vitiligo cases and Normal individuals differed significantly with respect to mental disposition variable Self Concept. Self Concept of vitiligo cases is worse than that of normal individuals as is expected implying that due to infliction of the disease, the vitiligo cases suffer from feelings of inadequacy and diminished self-esteem which overall worsens their concept of self.

2. The Vitiligo cases and Normal individuals differed significantly with respect to mental disposition variable State Anxiety. State anxiety is more in case of vitiligo cases as compared to the normal individuals. This finding reveals that apprehension of stigmatization and social isolation make the vitiligo cases (unlike their normal counterparts) over concerned of getting rid of themselves of their cosmetic disfigurement and that they experience tension as they are looked down upon by the society which makes them apprehend negative ideas and beliefs.
3. The Vitiligo cases and Normal individuals differed significantly with respect to mental disposition variable Trait Anxiety. The vitiligo cases experienced more trait anxiety than the normal individuals indicating that due to social stigma attached to the diseased people afflicted are ostracized and rebuked and this makes them internalize state anxiety and they perceive the society as threatening and hence, manifest more trait anxiety than their normal counterparts. Though trait anxiety is predominantly a matter of innate disposition, however, the above explanation cannot be ruled out totally as any hereditary predisposition is moulded by environmental conditions.

A full-proof explanation could have been given had it been possible to have access to predisease trait measures which is of course, not feasible in such a cross-sectional study.

4. The Vitiligo cases and Normal individuals differed significantly with respect to the mental disposition variable Depression. Here, depression is more in case of vitiligo cases than the normal individuals highlighting that due to prolonged period of social rejection in the social milieu these people become depressed and develop an apathy towards life in most cases. They are often traumatized in our society that is obsessed with appearance. In our country, vitiligo interferes with marriage prospects and causes marital discord (Grimes, P.E., 2004) and this leads to feelings of helplessness and worthlessness [study corroborates with Beuf (1990)] and thereby depression. But this is not the plight with normal individuals in our country.
6.3 Findings and Explanations of the Data Presented in Table 5.4

1. Rural Vitiligo cases and Urban Vitiligo cases differed significantly with respect to mental disposition variable Self Concept. Self Concept of rural vitiligo cases was less than urban vitiligo cases indicating that rural people have more negative self-image and suffer from feelings of inferiority, and are affected by the threat of dysmorphismophobia or fear of self-image (Jerajani, Jerajani and Amladi, 2000), thus diminishing their self-esteem due to lack of social awareness about the disease in rural areas compared to urban areas where on account of awareness levels and better educational system people with this disease are better accepted by the society.

2. As to State and Trait Anxiety rural vitiligo cases differed significantly from urban vitiligo cases. The findings reflect that rural vitiligo cases are more anxious as they are victimized by the society as “ugly beings” and hence suffer from the fear of being rejected by the environment as compared to urban vitiligo cases.

3. Rural and urban vitiligo cases differed significantly with respect to depression. Rural vitiligo cases suffered from higher level of depression, generally feel more sad and hopeless than urban vitiligo cases as they experience greater trauma of social isolation and accumulate a fear of rejection within themselves.

6.4 Findings and Explanations of the Data Presented in Table 5.5

Male and Female Vitiligo cases did not differ significantly with respect to mental disposition variables, Self Concept, State Anxiety,
Trait Anxiety and Depression and this reflects that both the groups are equally obsessed with their cosmetic disfigurement and self-image.

6.5 Findings and Explanations of the Data Presented in Table 5.6

1. Rural Male Vitiligo cases and Urban Male Vitiligo cases differed significantly with respect to Self Concept i.e. rural males have lower self concept than urban males as in rural areas people are subjected to greater social oppression thereby making them feel inadequate.

2. For State and Trait Anxiety both rural and urban male vitiligo cases differed significantly emphasizing that rural males suffering from vitiligo are more anxious (i.e. at par with their low self concept scores) as they are exposed to greater social rejection in rural areas reflecting that vitiligo is a matter of great social concern in rural areas.

3. Depression level of rural males with vitiligo is higher than urban males with vitiligo as people in rural areas become victims of negative remarks related to the disease and are rebuked by the society which leads to depression.

6.6 Findings and Explanations of the Data Presented in Table 5.7

1. Rural Female Vitiligo cases and Urban Female Vitiligo cases differed significantly with respect to Self Concept i.e. rural females with vitiligo have lower self concept as they perceive a negative self-image due to continuous social rejection and criticism in comparison
to urban females with vitiligo who are better accepted by the society
due to higher social awareness in the urban areas.

2. Depression scores are higher in case of rural females with vitiligo. In India, vitiligo is a common disease of social concern. For females living in rural areas degree of social oppression and isolation is higher and this adversely affects their prospects of getting married which arouse depressive ideas, helplessness and worthlessness in these females.

6.7 Findings and Explanations of the Data Presented in Table 5.8

1. In accordance with the above finding it is noted that state anxiety is more in rural males with vitiligo than rural females with vitiligo portraying that males are more obsessed with their cosmetic disfigurement on account of more exposure in the social set-up.

6.8 Findings and Explanations of the Data Presented in Table 5.9

1. Urban Male Vitiligo cases and Urban Female Vitiligo cases did not differ significantly with respect to self concept, state anxiety, trait anxiety and depression.

6.9 Findings and Explanations of the Data Presented in Table 5.10

1. From Findings of Table 5.10 it is evident that Age is an important factor in response to impaired appearance [study corroborated with Kent, 2000; Ginsburg and Link, 1989; Porter and Beuf, 1988]. Self concept of age group 26-33 yrs is the best as compared to age group 18-25 yrs and 34-40 yrs. This can be
explained by the fact that in the age group 18-25 yrs people are more sensitive towards appearance and any cosmetic disfigurement makes them feel embarrassed and they suffer from low self-concept. Also people in the age group 34-40 yrs are mostly in their marital life and getting inflicted with the disease leads to social isolation, rejection and criticism from the immediate environment especially the spouse which diminishes their concept of self. However, in the age group 26-33 yrs people are more involved in their career prospects and jobs and so they do not pay much heed to the negative comments targeted towards them, thereby rendering their self concept to be better.

2. As already noted that self concept is worse in the age group 34-40 yrs, hence, their level of state anxiety is highest which reveals that they feel anxious and tensed due to social ostracization and in due course it becomes a trait in their personality and so trait anxiety is also higher in this age group as compared to the other two age groups.

3. Level of depression is highest in the age group 26-33 yrs with this disease as they are stressed with seeking for career development and work commitments and are unable to express their anxieties due to the disease.

6.10 Findings and Explanations of the Data Presented in Table 5.11

From Findings of Table 5.11 it is evident that there is no effect of Gender (Male and Female) on Vitiligo and Normal individuals in relation to mental disposition variables Self Concept, State Anxiety, Trait Anxiety and Depression.
6.11 Findings and Explanations of the Data Presented in Table 5.12

From the Findings of Table 5.12 it is found that there is a significant effect of Locality (Rural and Urban) on Vitiligo Cases and Normal individuals in relation to mental disposition variables Self Concept, State Anxiety, Trait Anxiety and Depression.

1. This implies that irrespective of vitiligo, urban people have better self concept than rural people due to better educational facilities and work provisions.

2. Also, urban people irrespective of vitiligo have less state anxiety, trait anxiety and depression than people living in rural areas. This may be attributed to the better coping strategies adopted by the urban people to combat anxiety and depression.

6.12 Findings and Explanations of the Data Presented in Table 5.13

From the Findings of Table 5.13 it is found that there is a significant effect of Age on Vitiligo Cases and Normal individuals in relation to mental disposition variables Self Concept.

1. Self concept irrespective of vitiligo of age group 26-33 yrs is the best as compared to age group 18-25 yrs and 34-40 yrs.

2. There is no effect of Age on state anxiety, trait anxiety and depression, irrespective of vitiligo.
6.13 Findings and Explanations of the Data Presented in Table 5.14

1. There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status) and locality in relation to self concept. It implies that rural people with vitiligo have lower self concept than normal people living in rural areas.

2. From the table it is noted that there is a significant difference of the interaction effect of gender and age on self concept. In case of age group 18-25 yrs females have better self concept than males.

   However, in case of age group 26-33 yrs, males have better self concept than females.

   In case of age group 34-40 yrs the mean scores of males and females with respect to self concept is almost similar.

3. The table indicates that there is no significant difference of the interaction effect in relation to Self Concept of-
   • vitiligo cases and normal individuals (disease status) versus gender.
   • vitiligo cases and normal individuals (disease status) versus age.
   • gender versus locality.
   • locality versus age.
   • vitiligo cases and normal individuals (disease status) versus gender versus locality.
   • vitiligo cases and normal individuals (disease status) versus gender versus age.
6.14 Findings and Explanations of the Data Presented in Table 5.15

1. There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status), gender and locality in relation to state anxiety. The table indicates that males with vitiligo living in rural areas.

However, state anxiety level of females with vitiligo living in rural areas and normal females in rural areas is almost similar.

Urban males with vitiligo have more state anxiety than normal males in urban areas. Also, females with vitiligo have more state anxiety than normal females in urban areas.

2. There is a significant difference of the interaction effect of gender, locality and age in relation to state anxiety. The table reflects that males in rural areas under the age group 18-25 yrs have less state anxiety than females in rural areas in the same age group.

However, males in rural areas under 26-33 yrs have more state anxiety than females in the same age group.

However, males in urban areas in the age group 18-25 yrs have more state anxiety than females in the same age group.
Males in urban areas under age group 26-33 yrs have lower state anxiety than females.

However, males in urban areas under the age group 34-40 yrs have more state anxiety than females.

3. The table indicates that there is no significant difference of the interaction effect in relation to State Anxiety of –

- vitiligo cases and Normal individuals (disease status) versus gender.
- vitiligo cases and normal individuals (disease status) versus locality.
- vitiligo cases and normal individuals (disease status) versus age.
- gender versus locality.
- gender versus age.
- locality versus age.
- vitiligo cases and normal individuals (disease status) versus gender versus age.
- vitiligo cases and normal individuals (disease status) versus locality versus age.
- vitiligo cases and normal individuals (disease status) versus gender versus locality versus age.
6.15 Findings and Explanations of the Data Presented in Table 5.16

There is no significant difference of interaction effect in relation to:

- vitiligo cases and normal individuals (disease status) versus gender.
- vitiligo cases and normal individuals (disease status) versus locality.
- vitiligo cases and normal individuals (disease status) versus age.
- gender versus locality.
- Gender versus age.
- Locality versus age.
- vitiligo cases and normal individuals (disease status) versus gender versus locality.
- vitiligo cases and normal individuals (disease status) versus gender versus age.
- vitiligo cases and normal individuals (disease status) versus locality versus age.
- gender versus locality versus age.
- vitiligo cases and normal individuals (disease status) versus gender versus locality versus age.
6.16 Findings and Explanations of the Data Presented in Table 5.17

1. There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status) with gender in relation to depression.

2. The table indicates that there is no significant difference of the interaction effect in relation to Depression of -

- vitiligo cases and normal individuals (disease status) versus locality.
- vitiligo cases and normal individuals (disease status) versus age.
- gender versus locality.
- gender versus age.
- locality versus Age.
- vitiligo cases and Normal individuals (disease status) versus Gender versus Locality.
- vitiligo cases and Normal individuals (disease status) versus Gender versus Age.
- vitiligo cases and Normal individuals (disease status) versus Locality versus Age.
- gender versus Locality versus Age.
- vitiligo cases and Normal individuals (disease status) versus Gender versus Locality versus Age.
6.17 Findings and Explanations of the Data Presented in Table 5.18

The findings in respect to Vitiligo Cases reveal the following on the basis of correlation coefficients computed:

- Lower the Self Concept, more is the State Anxiety.
- Lower the Self Concept, more is the Trait Anxiety.
- Lower the Self Concept, more is the Depression.
- More the State Anxiety, more is the Trait Anxiety.
- More the State Anxiety, more is the Depression.

6.18 Findings and Explanations of the Data Presented in Table 5.19

The findings in respect to Normal Individuals reveal the following on the basis of correlation coefficients computed:

- Lower the Self Concept more is the Trait Anxiety.
- More the State Anxiety, more is the Trait Anxiety.

6.19 Findings and Explanations of the Data Presented in Table 5.20

From the table it is evident that the Attitude of people (i.e. public) is more or less normal towards the vitiligo cases.

This is due to the fact that social awareness among the normal group is increasing and getting enhanced due to better educational system and various social awareness programmes are conducted nowadays from time to time related to the disease. Hence, though people afflicted with this disease are sometimes exempted and
ostracized by society, yet in recent times they are being gradually accepted in the social milieu (especially in urban areas) which leads to better adjustment among the vitiligo patients and they can contribute productively towards the society.

6.20 Findings and Explanations of the Data Presented in Table 5.21

From table 5.21 it is evident that normal rural people have Negative Attitude in the Attitude scale as compared to the normal urban people who have a Positive Attitude towards vitiligo subjects as in rural areas due to lack of educational facilities and social awareness, people suffering from vitiligo have to undergo more social humiliation, they are victimized and stamped and normal people in rural areas behave indifferently towards them.

In urban areas, people are more educated, socially aware and somewhat have some knowledge of this disease which helps them to accept the vitiligo patients in the social strata, making them feel more secure and confident which enhances their (i.e. vitiligo patients) self-esteem in the long run. As being enlightened by education, normal people living in urban areas break the shackles of superstitious thinking and accept the vitiligo patients whole-heartedly.

6.21 Findings and Explanations of the Data Presented in Table 5.22

Analysis of data presented in Table 5.22 reveals that the Post-Counselling scores are less than Pre-Counselling scores in relation to State Anxiety and Depression of the 30 vitiligo patients who underwent counselling which implies that their mental suffering has
been lessened i.e. their mental conditions have improved [study corroborates with Papadopoulos et. al,1999]. Therefore, it can be confirmed that Counselling has a positive effect in improving the distressed condition of the vitiligo cases.

6.22 Outcome and Concluding Remarks of this Research in a Nutshell

• Vitiligo cases did not differ significantly with respect to Chronicity of the disease.

• Self Concept of vitiligo cases was worse and state and trait anxiety and depression were higher in vitiligo cases as compared to the normal individuals.

• People with vitiligo living in rural areas have lower Self Concept and more State and Trait Anxiety and Depression than people with vitiligo living in urban areas.

• Male and Female vitiligo cases did not differ significantly with respect to the mental disposition variables-Self concept, State Anxiety, Trait Anxiety and Depression.

• Rural male vitiligo cases have lower Self Concept and more State and Trait Anxiety and Depression than Urban male vitiligo cases.

• Rural female vitiligo cases have lower Self Concept and more Depression than Urban female vitiligo cases.

• Rural male vitiligo cases have more State Anxiety than rural female vitiligo cases.
• Urban male and urban female vitiligo cases did not differ significantly with respect to the mental disposition variables - Self concept, State Anxiety, Trait Anxiety, and Depression.

• Self Concept is best in the Age group 26-33 yrs, Self Concept is worse and State and Trait Anxiety is highest in the Age group 34-40 yrs and level of Depression is highest in the Age group 26-33 yrs.

• There is no effect of Gender (Male and Female), irrespective of vitiligo with respect to the mental disposition variables - Self concept, State Anxiety, Trait Anxiety, and Depression.

• There is a significant effect of Locality (Rural and Urban), irrespective of vitiligo with respect to the mental disposition variables - Self concept, State Anxiety, Trait Anxiety, and Depression.

• There is a significant effect of Age, irrespective of vitiligo with respect to the mental disposition variable - Self concept, however, there is no significant effect of Age, irrespective of vitiligo with respect to State Anxiety, Trait Anxiety, and Depression.

• There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status) and locality in relation to self concept.

• There is a significant difference of the interaction effect of gender and age on self concept.
• There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status), gender and locality in relation to state anxiety.

• There is a significant difference of the interaction effect of vitiligo cases and normal individuals (disease status) with gender in relation to depression.

• Average Attitude of people is noted towards the vitiligo cases, however, Urban people have more Positive Attitude towards the vitiligo cases as compared to the Rural people who portray a Negative Attitude.

• Counselling has Positive effect in improving the distressed condition of the vitiligo cases.

Hence, it is clear from the present study that patients with vitiligo are subject to social rejection which leads to shame, low self-esteem, anxiety, depression and aggression and in the long run the afflicted person gets socially isolated. Thus, a treatment plan for vitiligo patients should include psychological intervention. Analysis of data in Table- 5.22 reveals that counselling improved the mental condition of these patients relating to state anxiety and depression.

6.23 Applied Value of the Research

1) The study suggests necessity of Counselling in overcoming the distressed condition of people afflicted with vitiligo.

2) Psychologists and Counsellors may apply the present study findings for Counselling and Psychotherapy of the vitiligo cases.
3) The findings of the present study may be of immense help to the Dermatologists, other health professionals and academicians for adopting necessary measures in controlling the psychological symptoms concomitant of vitiligo and create awareness among the public so that they can develop a positive attitude towards people suffering from vitiligo.

4) The study aims to look forward to future advancement of knowledge which will eradicate the myth surrounding vitiligo.

### 6.24 Suggestion for further Research

1) Since vitiligo has adverse effect on psychological quality of life, it is vital that Dermatologists and Health care professionals gather a thorough understanding of its psychological impact which will help in assisting the patients whose psychological deficits can make them difficult to treat.

2) The Physician or Psychologist must have patience and insight into human behaviour and must motivate vitiligo patients to talk freely without hesitation.

3) The anxious and depressed vitiligo patient requires sensitive and sympathetic handling and many of them benefit from psychiatric and psychological interventions (like training in relaxation skills-Mozzanica, N., et. al, 1992).
4) If the physician notes that the patient is experiencing distress it is important to explore this issue and take decisions to refer him to mental health professionals.

5) Counselling and education about the nature, course and outcome of disease should be provided to the patient so that he/she may have realistic expectations.

6) It is always advisable to consider support with other people who have vitiligo.

7) Average attitude has been revealed from the study which portrays that in modern times people are trying to accept the vitiligo patients in the social milieu due to more awareness and educational facilities related to the nuances of the disease. As it is noted that, a negative attitude of the normal people still prevails especially in rural areas, hence, awareness programmes should be directed against the misconceptions about the disease so that the vitiligo cases are not looked down upon and rejected by the society.

8) Community education is needed to clear some false perceptions in the mind of general people regarding vitiligo. It promotes healthy lifestyle and better understanding of this disease by general public (i.e. people) which may result in better adaptation of vitiligo patients in the society.