DEVELOPING A PLAN FOR A DOCTORAL DISSERTATION
CHAPTER-3 : Plan for the Present Study

3.1 Theme:

Vitiligo, popularly known as Leucoderma, is apparently a benign cutaneous disorder which as such does not affect the physical and intellectual capabilities of the individual affected, neither the life span. The term vitiligo is derived from the latin word “vitium” meaning blemish has been used for many years to denote only the variety of acquired progressive depigmentation of the skin arising out of functional abnormality of the melanocytes. It may affect the normal and healthy appearance of man by unusual pigmentation in the skin (Lerner and Nordland, 1978). In modern human society and cultural milieu leucoderma patches elicit aversive reactions.

It is seen that disfiguring skin lesions, particularly those visible on the face and other exposed area may profoundly affect a person emotionally to a high degree and quite often leads to psychological morbidity such as anxiety, depression and aggression, etc. with variable degree of disturbed self concept in a high percentage of subjects afflicted with such skin disorders like vitiligo.

Vitiligo has no physical impact but it has a tremendous psychological effect on the victims because of alterations of appearance. Vitiligo is a global phenomenon. It contributes, on an average, of 1% of new patient referrals at skin clinics, with a relatively higher percentage in the tropics and subtropics.

An undisputed relationship between mental disturbances under psychological distress and sweating, cutaneous irritations, synaesthesia and neurodermatitis are admitted unequivocally in scientific literature. Here, the psychological rationale remains rooted
In the functional dynamics of autonomic nervous system and its link with emotion involving hypothalamus as common nerve centre. In regard to the above speculation Dr. Robert Griesemer provided authentic confirmation on the basis of his 4,576 case study with patients having skin diseases (Padus, 1992). Analyzing the reported generic causes of functional dermatitis, it may be inferred that suppression of mental irritation of high intensity can aggravate unhealthy skin conditions while it may also generate in mind an obsessive urge to scratch a healthy skin till that part is bruised and soared to pacify psychomotor disturbances. Bilateral and equally spaced distribution of leucoderma patches on the body parts suggests also the psychosomatic origin of vitiligo—much of the mystery of which yet remains open to scientific probing.

In our country there exists widespread misconceptions, erroneous ideas and prejudices about the disease which often makes the situation highly depressing and complex, at times even to the level of conjugal and interfamilial maladjustment.

The patient suffering from vitiligo has to undergo social humiliation and pressure. Still in these days in rural as well as in urban areas as soon as the disease is detected, the victimized individual is stamped. People begin to behave differently towards him. For example, they pass remarks in concerned voices, some eye him in such a way as if the individual is a pitiable person. In rural areas especially in villages he is perceived as an ugly being, a cursed soul and inauspicious and therefore ostracized by society.

The social pressures make the individual anxiety-ridden, worsen his self-concept and aggravate morbid depression and
aggression. Due to these psychological pressures the symptoms instead of improving become chronic. In fact, vitiligo is a disease of psychosocial sufferings.

With this aim in view, an attempt will be made here to study the psychological as well as emotional reactivity of vitiligo cases and peoples attitude towards them.

3.2 **Title of the Research Problem: “Self-Concept, Anxiety and Depression of Vitiligo Cases and People’s Attitude Towards them”**.

The proposed research, as entitled aims to probe in the enquiry areas to verify the following objectives:

1) In vitiligo patients disturbed and lowered self-concept will be detectable as they experience considerable social pressure leading to feelings of inadequacy.

2) Vitiligo patients will experience heightened anxiety as they undergo social humiliation.

3) Vitiligo will make the patient depressed as a result of relative chronicity of the disease.

4) Attitude of the people towards vitiligo patients will be negative due to social stigma attached with the disease and thereby ostracization of these patients by the society.

3.3 **Methods:**

a) **Major Reasearch Assumptions (Hypotheses):**

H1= Vitiligo Subjects will have lowered self-concept than the control group.
H2= Vitiligo Subjects will experience more anxiety than the control group.

H3= Vitiligo subjects will experience more depression than the control group.

H4= Attitude of the people will be negative towards the Vitiligo subjects.

Specific detailed hypothesis will be framed before execution of the study.

**b) Selection of Vitiligo Patients (Sample):**

For the present study Vitiligo subjects of both sexes, viz. male and female within the age range of 18-40 years will be selected from the hospitals in different parts of Kolkata City and the suburbs. The size of the sample will be 100 from Urban area and 100 from Rural area suffering in between 2-5 years and 200 from the Normal group. Normal group will be selected matching the age and socio-economic criteria, 100 being selected from Urban area and 100 from Rural area.

**c) Tools:**

Data will be collected from different groups of selected respondents for the verification of research hypotheses by administering the following tools:

**Tools to be used as original or adopted:**


ii) **Self-Evaluation State-Trait Anxiety Inventory** originally developed by Speilberger, Gorsuch and Lushane. Adapted Bengali


Tools to be developed:

iv) Background Information Schedule

v) Attitude Scale for measuring attitude of people towards the vitiligo subjects.

**d) Steps to be Followed:**

1) Selection of the samples according to the plan.

2) Construction and standardization of tools.

3) To contact hospital authorities for obtaining permission to collect data from hospital outdoor and indoor patients, to consult records where necessary. To get a suitable place in the hospital for test administration.

4) To prepare a plan and schedule for data collection from the patients and to print tests and data record sheets.

5) To collect data and tabulate them to meet requirements of hypothesis testing followed by statistical treatment of data.

6) Interpretation of data and verification of hypotheses. Library work for current information, analyzing the data and drawing inferences.

7) Report writing and compilation of reference list.
8) Presentation of report in a Public Seminar and submission of the Doctoral Dissertation.

e) Applied Value of the Work:

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.

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