RESULTS

The primary aim of the study was to compare adolescents with and without skin disorders on Eysenckian dimensions of Personality, Health Locus of Control, State-Trait Anxiety, Self Esteem, Self Efficacy, Total Mental Health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Ability to Meet Life Demands, Dimensions of Stress viz. Stress Symptoms, Perceived Stress, Daily Hassles and Uplifts, Coping, Anger (Anger Expressed and Anger Expression Styles), Perceived Parental Bonding, perception of Family Environment, Dermatology Life Index and Family Dermatology Index.

Another aim of the study was to identify predictors for Dermatology Life Index and Family Dermatology Index among adolescents with and without skin disorders.

The sample comprised of adolescents with three types of skin disorders viz. Acne, Eczema and Psoriases. Both male and female subjects comprised the sample. The sample included 400 adolescents in the age range from 16-18 years. 300 adolescents (150 males and 150 females) comprised the sample with skin disorders. They were further selected from three types of skin disorders viz Acne (n=50), Eczema (n=50) and Psoriases (n=50) for each gender. The healthy controls comprised of 100 subjects (50 males and 50 females) chosen randomly from schools of tricity. Those comprising the Healthy Control group were currently without a history of any kind of Skin problem. Care was taken to select the sample form middle socio economic group.

To measure dimensions of Personality, many tests were used. Eysenck's Personality Questionnaire – Revised (1985) was used to get scores on Extraversion/Introversion, Psychoticism, Neuroticism and Social Desirability. The Personality dimensions of Externality / Internality were studied using Health Locus of Control Scale (HLOC) devised by Wallston and Wallston (1982). The State-Trait Anxiety Inventory (STAI) derived by Spielberger et al, (1970) was used to measure the variables of State and Trait Anxiety. Self esteem was measured by using Rosenberg's

For measuring Mental Health, the WHO Measure of Mental Health adapted for use in India by Wig (1999) was used which has three dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Perceived Ability to Meet Life's Demands.

For measuring dimensions of Stress, the Stress Symptoms Rating Scale developed by Heilbrun and Pepe (1985) and Perceived Stress Scale by Cohen et al., (1983) were used. Daily Hassles and Uplifts were assessed through Daily Hassles and Uplifts Scale by Delongis et al (1982).

The Coping Styles Inventory by Carver et al. (1989) was used to measure three types of Coping viz., Task Focused Coping, Emotion Focused Coping and Avoidant Focused Coping.

Anger was assessed with the help of Spielberger's State - Trait Anger Expression Inventory which was developed by Spielberger (1988).

Perceived Parental Bonding was measured by Parental Bonding Instrument by Parker et al., (1979). It has two dimensions viz Perceived Parental Care and Perceived Parental Overprotection. Family Environment dimensions were measured by using Family Environment Scale (FES) by Moos and Moos, (1994). It has three dimensions viz. Family Environment Relationship dimension, Family Environment Personal Growth dimension and Family Environment System Maintenance dimension.

Satisfaction with life was measured by using Satisfaction with Life Scale, developed by Diener et al., (1985).

Dermatology Index was measured by using Dermatology Life Index by Finlay and Khan (1992). Family dermatology index was measured by using Family Dermatology Index by Basra and Finlay (2007). *

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* High scores on Dermatology Life Index mean higher the score, higher is the impaired quality of life

* High scores on Dermatology Life Index mean higher the score, higher is the impaired quality of family life
The raw scores were analyzed using appropriate statistical analyses viz. Descriptive statistics, t-test, Anova, Discriminant Functional Analysis, Inter-Correlations and Regression analysis.

**Descriptive Statistics**

Means and standard deviations were calculated for the various groups. Descriptive statistics was tabulated for total sample (Table 1.1), adolescents with skin disorders (Table 1.2), adolescents without skin disorders (Table 1.3), adolescents with Acne (Table 1.4), adolescents with Eczema (Table 1.5), adolescents with Psoriasis (Table 1.6), same have been graphically presented in figures (Figures 1-64).

**t-ratios**

T-ratios were calculated to find out the significant differences between the means of various groups on the measured variables. Table 2.1 shows means, standard deviations and t-ratios comparing adolescents with and without skin disorders. The comparison revealed the following t-ratios to be significant. Adolescents with skin disorders scored higher than adolescents without skin disorders on Trait Anger (t = 5.13 p<.01), Total Anger Expressed (t = 14.06, p<.01), Neuroticism (t=4.76, p< .01), Psychoticism (t=6.24, p< .01), External Locus of Control (t = 4.89 p < .01), Stress Symptoms (t=14.06, p< .01), Task Focused Coping (t = 7.46, p < .01), State Anxiety (t = 4.22, p < .01), Trait Anxiety (t = 2.25, p < .05), Daily Hassles (t = 11.79, p < .01), Perceived Parental Overprotection (t = 2.16, p < .05), Perceived Stress (t=6.52, p < .01), Family Dermatology Index (t = 10.76,p < .01) and Dermatology Life Index (t = 12.52, p < .01).

Adolescents without skin disorders scored higher than adolescents with skin disorders on Anger Control (t=6.07, p<.01), Extraversion (t=8.18, p<.01), Social Desirability (t = 5.13, p < .01), Being Comfortable with Self (t = 7.08, p < .01), Being Comfortable with others (t = 7.66, p < .01), Ability to meet Life Demands (t = 7.11, p < .01), Total Mental Health (t = 7.95, p < .01), Emotion Focused Coping (t = 7.26, p < .01), Avoidant Focused Coping (t = 4.81, p < .01), Satisfaction with Life (t = 6.19, p < .01), Self Efficacy (t = 5.76, p < .01), Uplifts (t = 10.32, p < .01), Perceived Parental Care...
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(t=2.52, p< .05), Cohesion (t=2.78, p < .05), Family Environment Relationship dimension (t = 4.88, p < .01), Independence (t = 4.95, p < .01), Achievement Orientation (t=5.01, p< .01), Intellectual Cultural Orientation (t= 3.96, p < .01), Family Environment Personal Growth dimension (t=4.29, p<.01), Organization (t = 3.60, p < .01), Family Environment System Maintenance dimension (t = 2.84, p < .01), Self Esteem (t = 12.64, p < .01) and Perceived Happiness Status (t = 3.82, p < .01).

Table 2.2 shows means, standard deviations and t-ratios comparing males and females with skin disorders. The comparison revealed the following t-ratios to be significant. Males with skin disorders scored higher than females with skin disorders on Anger Out (t = 2.44, p < .05), Anger Control (t = 4.13, p < .01), Psychoticism (t = 3.69, p < .01), Being Comfortable with Others (t = 2.79, p < .01), Total Mental Health (t = 3.56, p < .01), Stress Symptoms (t = 3.75, p < .01), Internal Locus of Control (t = 2.04, p < .05), Self Efficacy (t = 2.93, p < .01) and Dermatology Life Index (t = 2.08, p < .05).

Females with skin disorders scored higher than males with skin disorders on State Anger (t = 3.31, p < .01), Anger In (t = 3.68, p < .01), Social Desirability (t = 4.63, p < .01), Being Comfortable with Self (t = 3.77, p < .01), Task Focused Coping (t = 4.11, p < .01), Emotion Focused Coping (t = 4.31, p < .01), Ability to Meet Life Demands (t=3.46, p< .01), Satisfaction with Life (t = 3.17, p< .01), Daily Hassles (t = 2.72, p < .01), Uplifts (t = 3.48, p < .01), Perceived Parental Care (t = 3.97, p < .01), Cohesion (t = 4.04, p < .01), Achievement Orientation (t = 3.99, p < .01), Intellectual Cultural Orientation (t = 2.17, p < .05), Family Environment Personal Growth dimension (t = 2.00, p < .05), Organization (t = 2.62, p < .01), Perceived Stress (t = 2.12, p < .05), Family Dermatology Index (t = 2.13, p < .05) and Perceived Health Status (t = 2.35, p < .05).

Table 2.3 shows means, standard deviations and t-ratios comparing males and females without skin disorders. The comparison revealed the following t-ratios to be significant. Females scored higher than males on Neuroticism (t = 3.22, p < .01), Social Desirability (t = 2.49, p < .05), Trait Anxiety (t = 2.50, p < .05), Family Environment Relationship dimension (t = 2.37, p < .05), Independence (t = 2.27, p < .05), Moral Religions
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Emphasis (t = 2.39, p < .05), and Family Environment Personal Growth dimension (t = 2.85, p < .01).

Table 2.4 shows means, standard deviations and t-ratios comparing males with and without skin disorders. The comparison revealed the following t-ratios to be significant. Males with skin disorders scored higher than males without skin disorders on State Anger (t = 6.75, p < .01), Trait Anger (t = 3.47, p < .01), Total Anger Expressed (t = 1.98, p < .05), Neuroticism (t = 5.53, p < .01), Psychoticism (t = 6.08, p < .01), Stress Symptoms (t = 11.60, p < .01), External Locus of Control (t = 2.38, p < .05), State Anxiety (t=5.64, p< .01), Trait Anxiety (t=5.54, p< .05), Daily Hassles (t=9.99, p< .01), Perceived Stress (t=6.85, p< .01), Family Dermatology Index (t=10.34, p< .01) and Dermatology Life Index (t = 9.15, p < .01).

Males without skin disorders scored higher than males without skin disorders on Anger In (t = 2.00, p < .01), Anger control (t = 5.95, p < .01), Social Desirability (t = 4.20, p < .01), Extraversion (t = 8.18, p < .01), Being Comfortable with self (t = 6.87, p < .01), Being Comfortable with others (t= 6.91, p < .01), Ability to meet Life demands (t = 6.19, p < .01), Total Mental Health (t = 6.28, p < .01), Task Focused Coping (t = 6.07, p < .01), Emotion Focused Coping (t=3.48, p< .01), Satisfaction with Life (t=6.51, p< .01), Self Efficacy (t = 4.68, p < .01), Uplifts (t = 9.61, p < .01), Perceived Parental Care (t = 3.54, p < .01), Cohesion (t = 5.21, p < .01), Family Environment Relationship dimension (t = 2.67, p < .05), Independence (t = 2.91, p < .01), Achievement Orientation (t = 4.92, p < .01), Intellectual Cultural Orientation (t = 3.84, p < .01), Family Environment Personal Growth dimension (t = 2.44, p < .05), Organization (t = 2.63, p < .01), Family Environment System Maintenance dimension (t = 2.01, p < .05), and Self Esteem (t = 10.24, p < .01).

Table 2.5 shows means, standard deviations and t-ratios comparing females with and without skin disorders. The comparison revealed the following t-ratios to be significant. Females without skin disorders scored higher than females with skin disorders on Anger Control (t = 2.74, p < .01), Social Desirability (t = 3.28, p < .01), Being Comfortable with self (t = 3.25, p < .01), Being Comfortable with others (t = 3.98, p < .01), Ability to
meet Life demands (t = 4.01, p < .01), Total Mental Health (t = 5.09, p < .01), Tasked Focused Coping (t = 4.85, p < .01), Emotion Focused Coping (t = 2.57, p < .05), Self Efficacy (t = 3.43, p < .01), Uplifts (t = 5.48, p < .01), Family Environment Relationship Dimension (t = 4.22, p < .01), Independence (t = 4.10, p < .01), Achievement Orientation (t = 2.68, p < .01), Family Environment Personal Growth dimension (t = 3.62, p < .01), Organisation (t = 2.51, p < .05), Family Environment System Maintenance Dimension (t = 2.02, p < .05), Self Esteem (t = 7.95, p < .01).

Females with skin disorders scored higher than females without skin disorders on State Anger (t = 5.18, p < .01), Trait Anger (t = 3.74, p < .01), Psychoticism (t = 2.84, p < .01), Stress Symptoms (t = 8.53, p < .01), External Locus of Control (t = 4.52, p < .01), Daily Hassles (t = 6.86, p < .01), Perceived Stress (t = 7.95, p < .01), Family Dermatology Index (t = 6.69, p < .01), Dermatology Life Index (t = 8.64, p < .01) and Perceived Happiness Status (t = 3.70, p < .01).

Table 2.6 shows means, standard deviations and t-ratios comparing adolescents with Eczema and Acne. The comparison revealed the following t-ratios to be significant. Adolescents with Eczema scored higher than adolescents with Acne on Anger In (t = 2.05, p < .05), Anger Out (t = 2.50, p < .05), Extraversion (t = 2.03, p < .01), Internal Locus of Control (t = 3.64, p < .01), Task Focused Coping (t = 4.28, p < .01), Satisfaction with Life (t = 3.73, p < .01), Uplifts (t = 2.37, p < .05), Intellectual Cultural Orientation (t = 2.42, p < .05), Active Recreational Orientation (t = 3.08, p < .01), Family Environment Personal Growth dimension (t = 2.55, p < .05) and Self Esteem (t = 3.05, p < .01).

Adolescents with Acne scored higher than adolescents with Eczema on Neuroticism (t = 3.31, p < .01), Psychoticism (t = 5.98, p < .01), Avoidant Focused Coping (t = 3.05, p < .01), Conflict (t = 3.20, p < .01), Family Dermatology Index (t = 3.20, p < .05), Dermatology Index (t = 5.58, p < .01), and Perceive Health Status (t = 2.57, p < .05).

Table 2.7 shows means, standard deviations and t-ratios comparing adolescents with Eczema and Psoriases. The comparison revealed the following t-ratios to be significant. Adolescents with Eczema scored higher
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than adolescents with Psoriases on Internal Locus of Control \( (t = 2.50, p < .05) \), Task Focused Coping \( (t = 3.60, p < .01) \), Emotion Focused Coping \( (t = 2.30, p < .05) \), Expressiveness \( (t = 3.56, p < .01) \), Family Environment Relationship dimension \( (t = 3.61, p < .01) \), Active Recreational Orientation \( (t = 2.07, p < .05) \), Family Environment Personal Growth dimension \( (t = 2.10, p < .05) \) and Self Esteem \( (t = 7.23, p < .01) \).

Adolescents with Psoriases scored higher than adolescents with Eczema on State Anger \( (t = 2.05, p < .01) \), Trait anger \( (t = 2.33, p < .01) \), Psychoticism \( (t = 2.91, p < .01) \), Being Comfortable with Others \( (t = 2.24, p < .05) \), Avoidant Focused Coping \( (t = 2.57, p < .05) \), Satisfaction with Life \( (t = 2.03, p < .05) \) and Perceived Stress \( (t = 6.04, p < .01) \).

Table 2.8 shows means, standard deviations and t-ratios comparing adolescents with Acne and Psoriases. The comparison revealed the following t-ratios to be significant. Adolescents with Psoriases scored higher than adolescents with Acne on Trait Anger \( (t = 3.68, p < .01) \), Anger In \( (t = 3.85, p < .01) \), Anger Control \( (t = 5.22, p < .05) \), Total Anger Expressed \( (t = 2.11, p < .05) \), Being Comfortable with others \( (t = 2.71, p < .05) \), Ability to meet Life demands \( (t = 3.12, p < .01) \), Total Mental Health \( (t = 2.76, p < .01) \), Satisfaction with Life \( (t = 5.88, p < .01) \), Perceived Stress \( (t = 6.37, p < .01) \) and Family Dermatology Index \( (t = 2.68, p < .01) \).

Adolescents with Acne scored higher than adolescents with Psoriases on Neuroticism \( (t = 3.47, p < .01) \), Psychoticism \( (t = 3.33, p < .01) \), Cohesion \( (t = 2.04, p < .05) \), Expressiveness \( (t = 3.47, p < .01) \), Conflict \( (t = 4.12, p < .01) \), Family Environment Relationship dimension \( (t = 2.65, p < .05) \), Moral Religious Emphasis \( (t = 2.13, p < .05) \), Control \( (t = 2.61, p < .05) \), Self Esteem \( (t = 4.71, p < .01) \), Dermatology Life Index \( (t = 5.41, p < .01) \) and Perceived Health Status \( (t = 2.53, p < .05) \).

Table 2.9 shows means, standard deviations and t-ratios comparing males and females with Acne. The comparison revealed the following t-ratios to be significant. Males with Acne scored higher than females with Acne on Psychoticism \( (t = 5.49, p < .01) \), Stress Symptoms \( (t = 2.12, p < .05) \), State Anxiety \( (t = 2.37, p < .01) \), Moral Religious Emphasis \( (t = 3.21, p < .01) \),
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Family Environment System Maintenance dimension (t = 2.12, p < .01), Self Esteem (t = 2.62, p < .01), Dermatology Life Index (t = 3.31, p < .01) and Perceived Happiness Status (t = 4.02, p < .01).

Females with Acne scored higher than males with Acne on Trait Anger (t = 3.99, p < .01), Anger In (t = 7.25, p < .01), Anger Out (t = 7.45, p < .01), Anger Control (t = 3.79, p < .01), Total Anger Expressed (t = 3.24, p < .01), Being Comfortable with Self (t = 2.76, p < .01), Ability to meet Life demands (t = 2.84, p < .01), Internal Locus of Control (t = 5.53, p < .01), External Loss of Control (t = 5.83, p < .01), Task Focused Coping (t = 3.14, p < .01), Emotion Focused Coping Control (t = 2.39, p < .05), Self Efficacy (t = 2.86, p < .01), Perceived Parental Care (t = 2.27, p < .05), Achievement Orientation (t = 3.21, p < .01), Family Dermatology Index (t = 2.89, p < .01) and Perceived Health Status (t = 2.29, p < .05).

Table 2.10 shows means, standard deviations and t-ratios comparing males with Acne and Eczema. The comparison revealed the following t-ratios to be significant. Males with Acne scored higher than males with Eczema on Neuroticism (t = 2.05, p < .05), Psychoticism (t = 8.30, p < .01), Task Focused Coping (t = 3.46, p < .01), Moral Religious Emphasis (t = 3.16, p < .01), Organisatio (t = 2.17, p < .01), Control (t = 3.21, p < .01), Family Environment System Maintenance Dimension (t = 3.64, p < .01), Dermatology Life Index (t = 6.86, p < .01) and Perceived Happiness Status (t = 4.08, p < .01).

Males with Eczema scored higher than males with Acne on State Anger (t = 2.34, p < .05), Trait Anger (t = 4.57, p < .01), Anger In (t = 4.97, p < .01), Anger Out (t = 5.09, p < .01), Total Anger Expressed (t = 4.33, p < .01), Internal Locus of Control (t = 7.01, p < .01), External Locus of Control (t = 4.06, p < .01), Task Focused Coping (t = 3.46, p < .01), Self Efficacy (t = 2.60, p < .05), Active Recreational Orientation (t = 2.05, p < .05) and Perceived Stress (t = 3.64, p < .01).

Table 2.11 shows means, standard deviations and t-ratios comparing males with Acne and Psoriases. The comparison revealed the following t-ratios to be significant. Males with Acne scored higher than males with Psoriases on Neuroticism (t = 2.82, p < .01), Psychoticism (t = 4.18, p < .01),
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State Anxiety (t = 3.47, p < .05), Expressiveness (t = 4.30, p < .01), Conflict (t=4.15, p< .05), Family Environment Relationship dimension (t=4.11, p < .01), Moral Religious Emphasis (t = 3.85 p < .01), Self Esteem (t = 4.77, p < .01), Dermatology Life Index (t = 5.37, p < .01) and Perceived Happiness Status (t = 2.99, p < .01).

Males with Psoriases scored higher than males with Acne on State Anger (t=2.62, p< .01), Trait Anger (t=3.33, p< .01), Anger In (t=7.65, p< .01), Anger Out (t = 10.28, p < .01), Total Anger Expressed (t = 3.43, p < .01), Ability to meet Life demands (t = 3.50, p < .01), Total Mental Health (t = 2.57, p < .01), Internal Locus of Control (t = 4.79, p < .01), External Locus Control (t = 3.07, p < .01), Task Focused Coping (t = 2.36, p < .01), Satisfaction with Life (t=4.02, p < .01) and Perceived Stress (t = 6.36, p < .01).

Table 2.12 shows means, standard deviations and t-ratios comparing females with Acne and Eczema. The comparison revealed the following t-ratios to be significant. Females with Acne scored higher than females with Eczema on State Anger (t = 3.97, p < .01) Total Anger Expressed (t = 3.34, p < .05), Neuroticism (t = 2.65, p < .01), Stress Symptoms (t = 2.04, p < .05), Daily Hassles (t = 3.39, p < .01), Perceived Parental Overprotection (t = 2.72, p < .01), Conflict (t = 3.17, p < .01), Family Dermatology Index (t = 2.86, p < .01) and Perceived Health Status (t = 2.43, p < .05).

Females with Eczema scored higher than females with Acne on Anger Control (t = 2.30, p < .05), Extraversion (t = 2.94, p < .01), Social Desirability (t = 3.88, p < .01), Being Comfortable with Self (t = 2.66, p < .01), Total Mental Health (t = 2.30, p < .05), Task Focused Coping (t = 3.01, p < .01), Satisfaction with Life (t = 4.47, p < .01), Self Efficacy (t = 2.12, p < .01), Uplifts (t = 4.70, p < .01), Intellectual Cultural Orientation (t = 3.16, p < .01), Active Recreational Orientation (t = 2.30, p < .05), Moral Religious Emphasis (t = 3.91, p < .01), Family Environment Personal Growth dimension (t = 4.15, p < .01) and Organisation (t = 2.99, p < .01).

Table 2.13 shows means, standard deviations and t-ratios comparing females with Acne and Psoriases. The comparison revealed the following
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t-ratios to be significant. Females with Acne scored higher than females with Psoriases on Neuroticism (t = 2.06 p < .05), External Locus of Control (t = 3.99, p < .01), Cohesion (t = 2.38, p < .05), Self Esteem (t = 2.18, p < .05), Family Dermatology Index (t = 3.48, p < .01), Dermatology Life Index (t = 2.51, p < .05), Perceived Stress (t = 3.19, p < .01) and Perceived Health Status (t = 2.38, p < .05).

Females with Psoriases scored higher than females with Acne on Being Comfortable with others (t = 2.25, p < .01) and Satisfaction with life (t = 4.26, p < .01).

Table 2.14 shows means, standard deviations and t-ratios comparing males with Eczema and Psoriases. The comparison revealed the following t-ratios to be significant. Males with Eczema scored higher than males with Psoriases on Internal Locus of Control (t = 2.83 p < .01), Expressiveness (t = 2.92, p < .01), Conflict (t = 2.69, p < .05), Family Environment Relationship dimension (t = 4.20, p < .01) and Self Esteem (t = 2.69, p < .01).

Males with Psoriases scored higher than males with Eczema on Anger Out (t = 2.17 p < .05), Anger Control (t = 3.45, p < .01), Psychoticism (t = 4.10, p < .01), Being Comfortable with others (t = 3.31, p < .01), Ability to Meet Life demands (t = 2.27, p < .05), Total Mental Health (t = 2.68, p < .01), Satisfaction with Life (t = 4.00, p < .01), Family Environment System Maintenance dimension (t = 4.20, p < .01), Perceived Stress (t = 3.54, p < .01), Family Dermatology Index (t = 3.36, p < .05) and Dermatology Life Index (t = 2.25, p < .05).

Table 2.15 shows means, standard deviations and t-ratios comparing males and females with Eczema. The comparison revealed the following t-ratios to be significant. Males with Eczema scored higher than females with Eczema on State Anger (t = 4.95, p<.01), Trait Anger (t = 2.73, p<.01), Total Anger Expressed (t = 3.27, p<.01), Stress Symptoms (t = 3.36, p<.01), External Locus of Control (t = 3.54, p<.01), Daily Hassles (t = 4.93, p<.01), Perceived Parental Overprotection (t = 3.39, p<.01), Conflict (t = 2.07, p<.05) and Perceived Stress (t = 3.57, p<.01).
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Females with Eczema scored higher than males with Eczema on Anger Control (t = 5.67, p<.01), Extraversion (t = 2.76, p<.01), Social Desirability (t = 5.61, p<.01), Being Comfortable with Self (t = 3.62, p<.01), Being Comfortable with Others (t = 4.65, p<.01), Ability to Meet Life Demands (t = 2.45, p<.05), Total Mental Health (t = 4.37, p<.01), Task Focused Coping (t = 4.08, p<.01), Emotion Focused Coping (t = 6.71, p<.01), Satisfaction with Life (t = 4.78, p<.01), Self Efficacy (t = 2.01, p<.05), Uplifts (t = 5.48, p<.01), Perceived Parental Care (t = 4.61, p<.01), Cohesion (t = 2.71, p<.01), Independence (t = 2.04, p<.05), Intellectual Cultural Orientation (t = 3.07, p<.01), Family Environment Personal Growth Dimension (t = 3.55, p<.01), Moral Religious Emphasis (t = 3.74, p<.01), Organization (t = 4.57, p<.01), Control (t = 2.03, p<.01), Family Environment System Maintenance Dimension (t = 4.80, p<.01) and Self Esteem (t = 5.06, p<.01).

Table 2.16 shows means, standard derivations and t-ratios comparing females with Eczema and Psoriases. The comparison revealed the following t-ratios to be significant. Females with Eczema scored higher than females with Psoriases on Anger Control (t=3.64, p<.01), Extraversion (t=2.16, p<.05), Social Desirability (t = 2.94, p < .05), Task Focused Coping (t = 4.46, p < .01), Emotion Focused Coping (t = 4.38, p < .01), Self Efficacy (t = 2.18, p < .05), Uplifts (t = 4.02, p < .01), Perceived Parental Care (t = 2.60, p < .05), Expressiveness (t = 2.14, p < .05), Intellectual Culture Orientations (t = 2.36, p < .01), Moral Religious Emphasis (t = 2.82, p < .01), Family Environment Personal Growth dimension (t = 2.52, p < .05) and Self Esteem (t = 7.94, p < .01).

Females with Psoriases scored higher than females with Eczema on State Anger (t = 2.35, p < .05), Trait Anger (t = 2.29, p < .05), Total Anger Expressed (t = 2.36, p < .05), Avoidant Focused Coping (t = 2.38, p < .05), Daily Hassles (t = 3.65, p < .05), Perceived Parental Overprotection (t = 2.16, p < .05) and Perceived Stress (t = 5.16, p < .01).

Table 2.17 shows means, standard deviations and t-ratios comparing males and females with Psoriases. The comparison revealed the following t-ratios to be significant. Males with Psoriases scored higher than females on...
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with Psoriases on State Anger ($t = 2.11, p < .05$), Psychoticism ($t = 2.43, p < .05$) and Family Dermatology Index ($t = 1.99, p < .05$).

Females with Psoriases scored higher than males with Psoriases on Family Environment Relationship dimension ($t = 2.57, p < .05$).

Analysis of Variance (ANOVA)

Analysis of variance was conducted with groups and gender as independent variables. 4x2 ANOVA was employed with two levels of gender viz. (males and females) and four levels of groups viz. three levels of adolescents with skin disorders viz. (Acne, Eczema, Psoriases) and one level of healthy controls. The effect of these two variables was singly and jointly analyzed for all the variables.

Analysis of variance for the variable State Anger (Table 3.1) revealed that F-ratios for gender ($F = 26.37, p < .01$) and groups ($F = 14.09, p < .01$) emerged highly significant. F-ratio for the interaction effect also emerged to be highly significant ($F = 6.20, p < .01$).

Analysis of variance for the variable Trait Anger (Table 3.2) revealed that F-ratios for gender ($F = 15.34, p < .01$) and the interaction effect emerged to be highly significant ($F = 6.63, p < .01$). However the F-ratio for the groups was not found to be significant.

Analysis of variance for the variable Anger In (Table 3.3) revealed that F- ratios for gender ($F = 12.53, p < .05$) and groups ($F = 15.73, p < .01$) were highly significant. F-ratio for the interaction effect also emerged to be significant ($F = 11.13, p < .01$).

Analysis of variance for the variable Anger Out (Table 3.4) revealed that F- ratios for gender ($F = 7.34, P < .05$) and groups ($F = 5.55, p < .05$) were found to be significant. F-ratio for the interaction effect also emerged to be significant ($F = 10.41, p < .01$).

Analysis of variance for the variable Anger Control (Table 3.5) revealed F-ratios for gender ($F = 15.73, p < .01$) and groups ($F = 12.53, p < .01$) emerged to be significant. F-ratio for the interaction effect was also found to be highly significant ($F = 11.13, p < .01$).
Analysis of variance for the variable **Total Anger Expressed (Table 3.6)** revealed that F-ratios for gender and groups were found to be insignificant. However, the F-ratio for the interaction effect was found to be significant (F = 7.73, p < .01).

Analysis of variance for the variable **Extraversion (Table 3.7)** revealed that F-ratio for gender (F = 24.77, p < .01) emerged to be highly significant. However, F-ratios for the groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Psychoticism (Table 3.8)** revealed that F-ratios for gender (F = 31.14, p< .01) and groups (F = 11.55, p< .01) were highly significant. F-ratio for the interaction effect also emerged to be significant. (F= 9.90, p< .01).

Analysis of variance for the variable **Neuroticism (Table 3.9)** revealed that F-ratio for gender (F= 13.14, p < .01) emerged to be highly significant, whereas F-ratios for the groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Social Desirability (Table 3.10)** revealed that F-ratios for gender (F = 11.43, p < .01) and groups (F= 28.75, p < .01) were highly significant. F-ratio for the interaction effect also emerged to be significant (F = 5.20, p < .05).

Analysis of variance for the variable **Being comfortable with Self (Table 3.11)** revealed that F-ratios for gender (F = 17.51, p< .01) and groups (F= 9.08, p< .01) emerged to be significant. F-ratio for the interaction was also found out to be significant (F= 4.87, p< .01).

Analysis of variance for the variable **Being comfortable with Others (Table 3.12)** revealed that F-ratios for gender (F = 24.05, p < .01) and groups (F= 4.77, p < 0.05) were found to be significant. F-ratio for the interaction effect also emerged to be significant (F = 5.25, p < .01).

Analysis of variance for the variable **Ability to Meet Life Demands (Table 3.13)** revealed that F-ratios for gender (F = 21.32, p < .01) and groups (F = 10.69, p < .01) were found to be highly significant. F-ratio for the interaction effect was found to be insignificant.
Analysis of variance for the variable **Total Mental Health (Table 3.14)** revealed that F-ratios for gender (F= 25.47, p < .01) and groups (F= 13.83, p < .01) emerged to be highly significant. F-ratio for the interaction effect was also found to be significant (F= 2.85, p < .05).

Analysis of variance for the variable **Stress Symptoms (Table 3.15)** revealed that F-ratios for gender (F = 69.80, p < .01) and groups (F= 9.29, p < .01) were highly significant. F-ratio for the interaction effect also emerged to be significant (F= 4.39, p < .01).

Analysis of variance for the variable **Internal Locus of Control (Table 3.16)** revealed that F-ratios for gender (F= 3.63, p < .05) and the interaction effect (F=8.78, p < .01) were found to be significant. However, the F-ratio for groups emerged to be insignificant.

Analysis of variance for the variable **External Locus of Control (Table 3.17)** revealed that F-ratios for gender (F= 9.32, p < .01) and the interaction effect (F= 18.38, p < .01) emerged to be highly significant. F-ratio for the groups was found to be insignificant.

Analysis of variance for the variable **Task Focused Coping (Table 3.18)** revealed that F-ratios for gender (F=29.36, p< .01) and groups (F= 24.79, p < .01) were found to be highly significant. F-ratio for the interaction effect was insignificant.

Analysis of variance for the variable **Emotion Focused Coping (Table 3.19)** revealed that F -ratios for gender (F = 19.79, p < .01) and groups (F= 15.41, p < .01) were highly significant. F- ratio for the interaction effect ( F= 4.21, p < .01) also emerged to be highly significant.

Analysis of variance for the variable **Avoidant Focused Coping (Table 3.20)** revealed that F - ratio for gender (F= 11.64, p < .01) emerged to be highly significant. F- ratios for groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Satisfaction with Life (Table 3.21)** revealed that F- ratios for gender (F= 27.32, p < .01) and groups (F= 6.06, p < .05) emerged to be significant. F-ratio for the interaction effect (F= 5.40, p < .01) also emerged to be significant.
Analysis of variance for the variable **State Anxiety (Table 3.22)** revealed that F-ratios for gender (F= 6.21, p < .01) and the interaction effect (F= 4.61, p < .01) emerged to be significant. F-ratio for the groups was insignificant.

Analysis of variance for the variable **Trait Anxiety (Table 3.23)** revealed that F-ratios for gender F = 2.73, p < .05) and the interaction effect (F= 4.06, p < .01) emerged to be significant. F- ratio for the groups was insignificant.

Analysis of variance for the variable **Self Efficacy (Table 3.24)** revealed that F- ratio for gender (F= 13.64, p < 0.01) was found to be highly significant. However, F - ratios for groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Daily Hassles (Table 3.25)** revealed that F- ratios for gender (F = 50.28, p < .01) and groups (F= 4.39, p< .01) were highly significant. F-ratio for the interaction effect also emerged to be significant. (F = 6.18, p < .01).

Analysis of variance for the variable **Uplifts (Table 3.26)** revealed that F- ratios for gender (F = 40.84, p < .01) and groups (F= 6.57, p < .01) emerged to be significant. F-ratio for the interaction effect (F = 7.99, p < .01) was also found to be significant.

Analysis of variance for the variable **Perceived Parental Care (Table 3.27)** revealed that F- ratios for groups (F = 12.09, p < .01) and the interaction effect (F= 2.71, p < .05) emerged to be significant. F- ratio for gender was found to be insignificant.

Analysis of variance for the variable **Perceived Parental Overprotection (Table 3.28)** revealed that F- ratio for the interaction effect (F= 4.43, p < .01) emerged to be significant. F - ratios for gender and groups came out to be insignificant.

Analysis of variance for the variable **Cohesion (Table 3.29)** revealed that F- ratios for gender (F= 5.38, p < .01) and groups (F= 19.23, p < .01) emerged to be highly significant. F- ratio for the interaction effect was also found to be highly significant (F= 4.69, p < .01).
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Analysis of variance for the variable **Expressiveness** (Table 3.30) revealed that F- ratio for gender (F = 5.86, p < .01) emerged to be significant. F- ratios for groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Conflict** (Table 3.31) revealed that F- ratios for gender (F= 6.79, p < .01) and the interaction effect (F= 2.98, p < .05) emerged to be significant. F-ratio for groups was found to be insignificant.

Analysis of variance for the variable **Family Environment Relationship Dimension** (Table 3.32) revealed that F- ratios for gender (F= 13.53, p < .01) and the interaction effect (F = 2.99, p< .05) were found to be significant. F- ratio for groups was insignificant.

Analysis of variance for the variable **Independence** (Table 3.33) revealed that F-ratios for gender (F= 8.46, p < .01) and groups (F= 6.65, p < .05) emerged to be significant. F-ratio for the interaction effect was found to be insignificant.

Analysis of variance for the variable **Achievement Orientation** (Table 3.34) revealed that F- ratios for gender (F=10.69, p < .01) and groups (F= 17.98, p < .01) were found to be highly significant. F-ratio for the interaction effect was found to be insignificant.

Analysis of variance for the variable **Intellectual Cultural Orientation** (Table 3.35) revealed that F- ratio for gender (F= 7.30, p < .01) was found to be significant. However, F -ratios for groups and the interaction effect were found to be insignificant.

Analysis of variance for the variable **Active Recreational Orientation** (Table 3.36) revealed that F- ratio for gender (F= 4.26, p< 0.01) emerged to be significant. F-ratio for groups and the interaction effect was found to be insignificant.

Analysis of variance for the variable **Moral Religious Emphasis** (Table 3.37) revealed that F-ratios for groups (F= 5.14, p < .05) and the interaction effect (F= 8.04, p < .01) emerged to be significant. F-ratio for gender was insignificant.
Analysis of variance for the variable **Family Environment Personal Growth Dimension** (Table 3.38) revealed that F-ratios for gender (F=9.42, p< .01) and groups (F=9.88, p< .01) were highly significant. F-ratio for the interaction effect (F= 5.52, p < .01) also emerged to be significant.

Analysis of variance for the variable **Organization** (Table 3.39) revealed that F-ratios for gender (F=5.18, p< .01) and groups (F=9.22, p< .01) were highly significant. F-ratio for the interaction effect also emerged to be significant (F = 3.47, p < .05).

Analysis of variance for the variable **Control** (Table 3.40) revealed that F-ratio for gender (F= 4.72, p < .01) was found to be significant. F-ratios for groups and the interaction effect emerged to be insignificant.

Analysis of variance for the variable **System Maintenance Dimension of Family Environment** (Table 3.41) revealed that F- ratios for gender (F= 3.08, p < .01) and the interaction effect (F= 6.27, p < .01) emerged to be significant. However, F –ratio for groups was insignificant.

Analysis of variance for the variable **Perceived Stress** (Table 3.42) revealed that F-ratios for gender (F= 37.56, p < .01) and the interaction effect (F= 4.78, p < .01) were highly significant. However, F- ratio for groups was found to be insignificant.

Analysis of variance for the variable **Self Esteem** (Table 3.43) revealed that F-ratios for gender (F= 87.98, p < .01) and the interaction effect (F= 11.87, p< .01) emerged to be highly significant. However, F-ratio for groups was found to be insignificant.

Analysis of variance for the variable **Family Dermatology Index** (Table 3.44) revealed that F- ratios for gender (F= 49.41, p < .01) and groups (F= 5.53, p < .01) were highly significant. F-ratio for the interaction effect also emerged to be significant (F = 7.01, p < .01).

Analysis of variance for the variable **Dermatology Life Index** (Table 3.45) revealed that F- ratios for gender (F= 86.97, p < .01) and groups (F= 5.06, p < .01) were highly significant. F-ratio for the interaction effect also emerged to be highly significant (F= 8.35, p < .01).
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Analysis of variance for the variable **Perceived Health Status (Table 3.46)** revealed that F-ratios for gender (F = 6.28, p < .01) and groups (F = 5.79, p < .05) emerged to be significant. F-ratio for the interaction effect was also found to be significant (F = 4.64, p < .01).

Analysis of variance for the variable **Perceived Happiness Status (Table 3.47)** revealed that F-ratios for gender (F = 5.97, p < .01) and the interaction effect (F = 5.18, p < .01) were found to be significant. However, F-ratio for groups was found to be insignificant.

**STEPWISE DISCRIMNANT FUNCTIONAL ANALYSIS**

The number of predictor variables in the present study was very large and therefore, it was thought appropriate to conduct Stepwise Discriminant Analysis instead of Standard or Direct Discriminant Analysis.

It was aimed to enter the predictors which meet the criteria of entry into the equation i.e. to enter with p < 0.05 and F to remove with p > 1.0. In case of such large number of predictor variables, researcher has no reason for assigning some predictors higher priority than others. Therefore it was left to the statistical criteria to determine order of entry of the predictors into the equation.

**Table 4.1** shows Discriminant Functional Analysis for adolescents with and without skin disorders.

**Table 4.2** shows Discriminant Functional Analysis for males and females with skin disorders.

**DESCRIPTION OF DISCRIMINANT FUNCTIONAL ANALYSIS FOR ADOLESCENTS WITH AND WITHOUT SKIN DISORDERS**

In order to examine the predictive efficiency of the independent variables pertaining to various areas like **Personality dimensions viz. Eysenckian, Health Locus of Control, State-Trait Anxiety, Self Esteem, Self Efficacy, Mental health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Ability to Meet Life**
Demands, Satisfaction with Life, Measures of Stress, Daily Hassles and Uplifts, Ways of Coping, Anger (Anger Expressed and Anger Expression Styles), dimension of Family Environment and Parental Bonding, Dermatology Indices (Dermatology Life Index and Family Dermatology Index), a total of 47 variables were included in the analysis to compare adolescents with and without skin disorders.

Wilk’s Lambda statistics pertaining to the variables entered into the equation are presented in Table 4.1. It is clear from the table that only 20 predictors have entered the equation contributing lambda to the discrimination of group members. Interestingly, the predictor once entered was not removed, thereby suggesting that all 20 predictors discriminate between the groups significantly.

A perusal of Table 4.1 revealed that lambda co-efficient of the 20 predictors entered in the equation ranged between 0.99 to 0.92 from step 1 to step 20. At step 20, with the entry of the last predictor in the equation, lambda coefficient reduced to 0.92 F being 33.47 (df 20,379) is significant beyond 0.0001 probability level.

In other words a set of 20 variables accounted for 0.85 (85%) of the total variance attributable to differences among the groups. These results suggest, concluding that about 0.15 (15%) proportion of variance in the group membership could not be accounted for by all the 20 predictors included in the equation.

The Eigen value of the present analysis equals to 1.49 and the variance accounted for all the 20 variables is 100. It clearly indicates that the set of 36 variables discriminates 100% between the two groups. The canonical correlation is (0.77) which is significant at a probability level below 0.0001.

The stability of these results has been confirmed in terms of the frequency of the predicted group members. Table 4.1 revealed that discriminant function based on 20 predictors could predict group membership with 91.3% accuracy. Overall, it may be concluded that a set of 20 predictors selected out of 47 variables are the best discriminants of
adolescents with and without skin disorders. The predictors that emerged significant in order of importance were Total Anger Expressed, Perceived Parental Overprotection, Perceived Parental Care, Family Environment System Maintenance, Perceived Stress, Perceived Happiness Status, Stress Symptoms, State Anxiety, Family Environment Personal Growth dimension, Neuroticism, Avoidant Focused Coping, External Locus of Control, Family Environment Relationship dimension, Daily Hassles, Trait Anger, Uplifts, Self Esteem and Dermatology Life Index.

DESCRIPTION OF DISCRIMINANT FUNCTIONAL ANALYSIS FOR MALES AND FEMALES WITH SKIN DISORDERS

In order to examine the predictive efficiency of the independent variables pertaining to various areas like Personality dimensions viz. Eysenckian, Health Locus of Control, State-Trait Anxiety, Self Esteem, Self Efficacy, Mental health and its dimensions viz. Being Comfortable with Self, Being Comfortable with Others and Ability to Meet Life Demands, Satisfaction with Life, Measures of Stress, Daily Hassles and Uplifts, Ways of Coping, Anger (Anger Expressed and Anger Expression Styles), dimension of Family Environment and Parental Bonding, Dermatology Indices (Dermatology Life Index and Family Dermatology Index), a total of 47 variables were included in the analysis to compare males and females with skin disorders.

Wilk’s Lambda statistics pertaining to the variables entered into the equation are presented in Table 4.2. It is clear from the table that only 16 predictors have entered the equation contributing lambda to the discrimination of group members. Interestingly, the predictor once entered was not removed, thereby suggesting that all 16 predictors discriminate between the groups significantly.

A perusal of Table 4.2 revealed that lambda co-efficient of the 16 predictors entered in the equation ranged between 0.99 to 0.96 from step 1 to step 16. At step 16, with the entry of the last predictor in the equation, lambda
coefficient reduced to 0.96 F being 13.59 (df 1283) is significant beyond 0.0001 probability level.

In other words a set of 16 variables accounted for 0.94 (94%) of the total variance attributable to differences among the groups. These results suggest, concluding that about 0.06 (6%) proportion variance in the group membership could not be accounted for by all the 16 predictors included in the equation. The Eigen value of the present analysis equals to 0.56 and the variance accounted for all the 16 variables is 100. It clearly indicates that the set of 16 variables discriminates 100% between the two groups. The canonical correlation is (0.60) which is significant at a probability level below 0.0001.

The stability of these results has been confirmed in terms of the frequency of the predicted group members. Table 4.2 revealed that discriminant function based on 16 predictors could predict group membership with 77.3% accuracy. Overall, it may be concluded that a set of 16 predictors selected out of 47 variables are the best discriminants of males and females with skin disorders. The predictors that emerged significant in order of importance were Internal Locus of Control, Family Environment Personal Growth dimension, Perceived Stress, Family Dermatology Index, Dermatology Life Index, Anger Out, Being Comfortable with Others, State Anxiety, Daily Hassles, Total Mental Health, Perceived Health Status, Uplifts, State Anger, Satisfaction with Life, Stress Symptoms and Anger In.

Correlational Analysis

Correlational Analysis was done to study the relationship of Dermatology Life Index, Family Dermatology Index, Perceived Stress, Perceived Health Status and Perceived Happiness Status with Anger, Eysenckian Dimensions of Personality Dimensions of Mental Health, Stress Symptoms Dimensions of Locus of Control, Coping, Satisfaction with Life, Anxiety, Self Efficacy, Daily Hassles and Uplifts, Dimensions of Perceived Parental Bonding, dimensions of Family Environment and Self Esteem. Tables 5.1-5.9 show the inter- correlational analysis of various groups.
Dermatology Life Index (DLI) and its correlates

Dermatology Life Index was found to be significantly and positively related with State Anger in the total sample ($r = .27$) and in adolescents with Psoriases ($r = .28$). Dermatology Life Index was found to be significantly and positively related with Psychoticism in the total sample ($r = .40$); in adolescents with the skin disorders ($r = .33$); in males with skin disorders ($r = .47$); in females without skin disorders ($r = .46$); in adolescents with Acne ($r = .34$). It was found to be significantly and positively related with Stress Symptoms in the total sample ($r = .28$) and in males without skin disorders ($r = .34$). It was found to be significantly and positively related with Perceived Parental Overprotection in the total sample ($r = .18$); in adolescents with skin disorders ($r = .15$); in males without skin disorders ($r = .30$) and in adolescents with Acne ($r = .23$). It was found to be significantly and positively related with skin disorders ($r = .26$) and in adolescents with Acne ($r = .21$). It was found to be significantly and positively related with Expressiveness in the total sample ($r = .15$); in adolescents with skin disorders ($r = .25$); in males with skin disorders ($r = .17$); in females without skin disorders ($r = .17$) and in adolescents with Acne ($r = .31$). DLI was found to be significantly and positively related to Conflict in the total sample ($r = .18$); in males with skin disorders ($r = .22$); in females without skin disorders ($r = .22$) and in adolescents with Acne ($r = .37$). It was significantly and positively related with Control in the total sample ($r = .29$); in males with skin disorders ($r = .26$); in females without skin disorders ($r = .20$) and in adolescents with Psoriases ($r = .31$).

DLI was significantly and positively related with Family Dermatology Life Index in the total sample ($r = .66$); in males with skin disorders ($r = .46$); in females without skin disorders ($r = .46$); in females with skin disorders ($r = .35$) and in adolescents with Eczema ($r = .44$). It was significantly and positively related with Perceived Health Status in the total sample ($r = .31$); in adolescents with skin disorders ($r = .33$) and in adolescents with Acne ($r = .36$). Dermatology Life Index was found to be significantly and positively related with State Anger...
related with Being Comfortable with others in adolescents with skin disorders 
(r = .18); males with skin disorders (r = .19); females without skin disorders 
(r = .18) and in adolescents with Acne (r = .42). Dermatology Life Index was 
found to be significantly and positively related with Avoidant Focused Coping 
in adolescents with skin disorders (r = .28); females without skin disorders 
(r = .50). Dermatology Life Index was found to be significantly and positively 
related with Moral Religious Emphasis in adolescents with skin disorders 
(r = .14); males with skin disorders (r = .24); and in females without skin 
disorders (r = .24). Dermatology Life Index was positively and significantly 
related with Extraversion in males with skin disorders (r = .19); females 
without skin disorders (r = .18) and in adolescents with Acne (r = .23).

Dermatology Life Index was significantly and positively related with 
Being Comfortable with others in males with skin disorders (r = .35) and in 
females without skin disorders (r = .34). It was significantly and positively 
related with Total Mental Health in males with skin disorders (r = .24) and in 
females without skin disorders (r = .23). Dermatology Life Index was 
significantly and positively related with Family Environment Relationship 
dimension in males with skin disorders (r = .18); females without skin 
disorders (r = .18) and in males without skin disorders (r = .48). DLI was 
significantly and positively related with Family Environment System 
Maintenance dimension in males with skin disorders (r = .17); females without 
skin disorders (r = .17); adolescents with Acne (r = .43) and in adolescents 
with Psorias (r = .26). Dermatology Life Index was significantly and 
positively related with Being Comfortable with others in males with skin 
disorders (r = .35) and in females without skin disorders (r = .34).

Dermatology Life Index was also found to be significantly and 
positively related with Emotion Focused Coping (r = .20), Perceived Parental 
Care (r = .14), Achievement Orientation (r = .12) in adolescents with skin 
disorders. It was positively and significant related with External Locus of 
Control in males without skin disorders (r = .27). DLI was significantly and 
positively related with Social Desirability (r = .34) and Anger Out (r = .30) in 
females with skin disorders. It was significantly and positively related with 
Ability to meet Life demands (r = .25), Satisfaction with Life (r = .22),

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Intellectual Cultural Orientation ($r = .20$) and Family Environment Personal Growth dimension ($r = .31$) in adolescents with Acne. It was significantly and positively related with State Anxiety ($r = .34$), Trait Anxiety ($r = .19$) and Self Esteem ($r = .59$) in adolescents with Psoriasis. It was significantly and positively related with Self Efficacy in adolescents Eczema ($r = .41$).

Dermatology Life Index was found to be significantly and negatively related with Anger Out in the total sample ($r = -.14$); in adolescents with skin disorders ($r = -.15$) and in adolescents with Acne ($r = -.25$). It was found to be significantly and negatively related with Anger Control in the total sample ($r = -.27$); in adolescents with skin disorders ($r = -.15$) and in adolescents with Acne ($r = -.29$). It was found to be significantly and negatively related with Extraversion in the total sample ($r = -.14$) and in females with skin disorders ($r = -.32$). It was found to be significantly and negatively related with Ability to meet Life demands in the total Sample ($r = -.23$) and in adolescents with Psoriasis ($r = -.19$). It was found to be significantly and negatively related with Total Mental Health in the total sample ($r = -.19$); in males without skin disorders ($r = -.34$) and in adolescents with Psoriasis ($r = -.22$). It was significantly and negatively related to Internal Locus of Control in the total sample ($r = -.22$); in males with skin disorders ($r = -.47$); in females without skin disorders ($r = -.47$); in adolescents with Acne ($r = -.45$) and in adolescents with Eczema ($r = -.25$). It was found to be significantly and negatively related with Satisfaction with Life in the total sample ($r = -.36$), in males with skin disorders ($r = -.33$); in females without skin disorders ($r = -.33$) and in adolescents with Acne ($r = -.42$). It was significantly and negatively related with Trait Anxiety in the total sample ($r = -.10$); in adolescents with skin disorders ($r = -.14$) and in adolescents with Acne ($r = -.41$). It was significantly and negatively related with Self Efficacy in the total sample ($r = -.25$); in adolescents with skin disorders ($r = -.23$); in males with skin disorders ($r = -.21$); in females without skin disorders ($r = -.21$) and in adolescents with Psoriasis ($r = -.31$). It was significantly and negatively related with Family Environment Relationship dimension in the total sample ($r = -.13$) and in males without skin disorders ($r = -.28$). It was significantly and negatively related with External Locus of Control in adolescents with skin disorders ($r = -.15$); in males with skin disorders ($r = -.38$); in females without skin disorders ($r = -.45$).
disorders (r = -.38) and in adolescents with Acne (r = -.27). DLI was significantly and negatively related with State Anxiety in adolescents with skin disorders (r = -.28) and in adolescents with Acne (r = -.32). It was significantly and negatively related with Self Esteem in adolescents with skin disorders (r = -.13) and males without skin disorders (r = -.36). Dermatology Life Index was significantly and negatively related with Trait Anger in males without skin disorders (r = -.21); and in females without skin disorders (r = -.21). It was significantly and negatively related with Task Focused Coping in males with skin disorders (r = -.18); in females without skin disorders (r = -.18); in males without skin disorders (r = -.31) and adolescents with Psoriases (r = -.22). It was negatively and significantly related with Perceived Happiness Status in males with skin disorders (r = -.17) and females without skin disorders (r = -.17).

Dermatology Life Index was found to be significantly and negatively related with Being Comfortable with others (r = -.14), Independence (r = -.11), Intellectual Cultural Orientation (r = -.15), Family Environment Personal Growth Dimension (r = -.19) and Family Dermatology Life Index (r = -.34) in total sample. It was found to be significantly and negatively related with Total Anger Expressed (r = -.17) and Daily Hassles in adolescents with skin disorders (r = -.18). It was significantly and negatively related with Stress Symptoms (r = -.27) and Perceived Stress (r = -.29) in adolescents with Acne. DLI was found to be significantly and negatively related with Being Comfortable with Self (r = -.20) and Emotion Focused Coping (r = -.22) in adolescents with Psoriases.

**Family Dermatology Index (FLI) and its correlates**

Family Dermatology Index was found to be significantly related with State Anger in the total sample (r = .31); adolescents with skin disorders (r = .17) and in adolescents with Acne (r = .22). It was found to be significantly and negatively related with Trait Anger in the total sample (r = .18); females with skin disorders (r = .25) and in adolescents with Acne (r = .22). It was significantly and negatively related with Neuroticism in the total sample (r = .25) and in adolescents with skin disorders (r = .17). It was significantly

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*High scores on Family Dermatology Index mean higher the score, higher is the impaired quality of family life*
and positively related with Stress symptoms in the total sample ($r = .28$) and in males without skin disorders ($r = .42$). It was significantly and positively related with External Locus of control in the total sample ($r = .23$); adolescents with skin disorders ($r = .14$); males without skin disorders ($r = .38$) and in adolescents with Acne ($r = .25$). It was positively and significantly related with Emotion Focused coping in the total sample ($r = .23$); adolescents with skin disorders ($r = .14$) and in adolescents with Acne ($r = .82$). It was significantly and positively related with Perceived Parental Care in the total sample ($r = .26$); adolescents with skin disorders ($r = .43$) and in adolescents with Acne ($r = .66$). It was significantly and positively related with Perceived Parental Overprotection in the total sample ($r = .34$); adolescents with skin disorders ($r = .37$) and in adolescents with Acne ($r = .59$). It was positively and significantly related with Cohesion in the total sample ($r = .45$); adolescents with skin disorders ($r = .62$) and in adolescents with Acne ($r = .84$). Family Dermatology Index was found to be significantly and positively related with Expressiveness in the total sample ($r = .27$); adolescents with skin disorders ($r = .40$); adolescents with Acne ($r = .61$) and in adolescents with Eczema ($r = .19$). It was found to significantly and positively related with Achievement Orientation in the total sample ($r = .67$) and in adolescents with Acne ($r = .66$). It was significantly and positively related with Dermatology Life Index in the total sample ($r = .55$); in adolescents with skin disorders ($r = .48$); females without skin disorders ($r = .46$); adolescents with Acne ($r = .48$) and in adolescents with Psoriasises ($r = .59$). It was significantly and positively related with Task Focused Coping in adolescents with skin disorders ($r = .54$) and in adolescents with Acne ($r = .51$). It was found to be significantly and positively related with Avoidant Focused Coping in adolescents with skin disorders ($r = .54$) and in adolescents with Acne ($r = .51$). It was found to be significantly and positively related with Being Comfortable with Self in males with skin disorders ($r = .20$); females without skin disorders ($r = .20$) and in adolescents with Acne ($r = .57$). It was found to be significantly and positively related with Being Comfortable with others in males with skin disorders ($r = .25$) and in females without skin disorders ($r = .24$). It was significantly and positively related with Total Mental Health in
males with skin disorders \((r = .24)\) and in females without skin disorders \((r = .23)\).

Females Dermatology Index was also found to be significantly and positively related with Daily Hassles \((r = .26)\) and Control \((r = .48)\) in the total sample. It was significantly and positively related with Conflict \((r = .25)\), and Family Environment Relationship Dimension \((r = .28)\) in females with skin disorders. It was found to significantly and positively related with Ability to meet Life demands \((r = .17)\) in females without skin disorders. It was found to be significantly and positively related with Perceived Stress \((r = .29)\) in adolescents with Psoriasis.

Family Dermatology Index was found to be significantly and positively related with Anger In \((r = .22)\), Anger Out \((r = .23)\), and Trait Anxiety \((r = .20)\) in adolescents with Eczema.

Family Dermatology Index was found to be significantly and negatively with Extraversion in the total sample \((r = -.27)\) and in the females with skin disorders \((r = -.27)\). It was significantly and negatively related with Being Comfortable with others in the total sample \((r = -.27)\); adolescents with skin disorders \((r = -.12)\), in females with skin disorders \((r = -.21)\) and in adolescents with Acne \((r = -.23)\). It was found to be significantly and negatively related with Ability to meet Life demands in the total sample \((r = -.11)\) and in females with skin disorders \((r = -.25)\). It was found to be significantly and negatively related with Total Mental Health in the total sample \((r = -.11)\); in females with skin disorders \((r = -.19)\) and in males without skin disorders \((r = -.33)\). FLI was significantly and negatively related with Satisfaction with Life in the total sample \((r = -.30)\); in females with skin disorders \((r = -.31)\); in males without skin disorders \((r = -.38)\) and in adolescents with Acne \((r = -.26)\). It was significantly and negatively related with State Anxiety in the total sample \((r = -.24)\); adolescents with skin disorders \((r = -.44)\), and in adolescents with Acne \((r = -.79)\). It was found to be significantly and negatively related with Trait Anxiety in the total sample \((r = -.26)\) and in adolescents with Acne \((r = .72)\). It was significantly and negatively with Self Efficacy in the total sample \((r = -.81)\), and in females with skin disorders \((r = -.20)\), It was significantly and negatively related with Uplifts in the total sample \((r = -.27)\), and in adolescents with Acne \((r = -.20)\). It was
negatively and significantly related with Family Environment Relationship Dimension in the total sample \((r = -0.29)\); adolescents with skin disorders \((r = -0.23)\) and in adolescents with Acne \((r = -0.52)\). It was significantly and negatively related with Independence in the total sample \((r = -0.16)\) and in females with skin disorders \((r = -0.20)\). It was significantly and negatively related with Family Environment Personal Growth dimension in the total sample \((r = -0.19)\) and in adolescents with Acne \((r = 0.57)\). It was found to be significantly and negatively related with Self Esteem in the total sample \((r = -0.34)\); in adolescents with skin disorders \((r = -0.24)\), in females without skin disorders \((r = -0.18)\) and in adolescents with Acne \((r = -0.51)\). It was significantly and negatively related with Perceived Happiness Status in females without skin disorders \((r = -0.17)\) and in adolescents with Acne \((r = -0.35)\). It was significantly and negatively related with Family Environment System Maintenance dimension in adolescents with Acne \((r = -0.27)\).

Family Dermatology Index was also found to be significantly and negatively related with Anger Control \((r = -0.19)\), Social Desirability \((r = -0.17)\) and Intellectual Cultural Orientation \((r = -0.15)\) in the total sample. It was significantly and negatively related with Internal Locus of Control \((r = -0.18)\) in adolescents with skin disorders. It was found to be significantly and negatively related with Task Focused Coping \((r = -0.19)\) in females with skin disorders. It was significantly and negatively related with Avoidant Focused Coping \((r = -0.21)\) and Perceived Stress \((r = -0.53)\) in adolescents with Acne.

**REGRESSION ANALYSIS**

One of the objectives of the present study was to derive regression equations to delineate the significant predictors for the criterion variables of Dermatology Life Index, Family Dermatology Index, Perceived Stress, Perceived Health Status and Perceived Happiness Status.

Regression analysis was done for the adolescents with skin disorders, males with skin disorders, females with skin disorders, adolescents with Acne, adolescents with Eczema and adolescents with Psoriasis, total number of males, total number of females, adolescents without skin disorders.
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Stepwise multiple regression analysis using the SPSS version 16 was employed.

Regression analysis was run for all the criterion variables and the groups mentioned above. The following variables were entered as common predictors for the same viz. State Anger Trait Anger, Anger In, Anger Out, Anger Control, Extraversion, Neuroticism, Social Desirability, Psychoticism, Being Comfortable With Self, Being Comfortable with Others, Ability to Meet Life Demands, Stress Symptoms, Internal Locus of Control, External Locus of Control, Task Focused Coping, Emotion Focused Coping, Avoidant Focused Coping, Satisfaction with Life, Trait Anxiety, State Anxiety, Self Efficacy, Daily Hassles, Uplifts, Perceived Parental Care, Perceived Parental Overprotection and Self Esteem.

Dermatology Life Index and its Predictors

Besides the common predictors mentioned above; additional variables viz. Family Dermatology Index, Perceived Stress, Perceived Health Status and Perceived Happiness Status were also entered as predictors for running regression with Dermatology Life Index as the criterion variable.

Table 6.1 shows regression equation for adolescents with skin disorders (n = 300). It revealed that nine variables turned out to be relevant and were retained as predictors. They explained 58% (R^2 = .58) of the variance in the criterion variable. The predictors were Family Dermatology Index (β = .56), Psychoticism (β = .15) Avoidant Focused Coping (β = .18), Internal Locus of Control (β = .18), Satisfaction With Life (β = -.23), Anger Out (β = -.12), Being Comfortable with Others (β = -.16), Task Focused Coping (β= .16), Emotion Focused Coping (β = .11) and Perceived Happiness Status (β = -.10).

Table 6.2 shows regression analysis for males with skin disorders (n= 150). It revealed that nine variables turned out to be relevant and were retained as predictors. They explained 67% (R^2 = .67) of the variance in the criterion variable. The predictors were Avoidant Focused Coping (β = .18), Psychoticism (β = .17), Family Dermatology Index (β=. .35), Satisfaction with Life (β = -.24), Emotion Focused Coping (β= -.18), Being Comfortable with
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Table 6.3 shows regression equation explain for females with skin disorders (n = 150). It revealed that two variables turned out to be relevant and were retained as predictors. They explained 53% ($R^2 = .53$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = .90$) and Perceived Health Status ($\beta = -.23$).

Table 6.4 shows regression equation for adolescents with Acne (n = 100). It revealed that ten variables turned out to be relevant and were retained as predictors. They explained 76% ($R^2 = .76$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = .94$), Psychoticism ($\beta = .19$), External Locus of Control ($\beta = -.21$), Satisfaction with Life ($\beta = -.24$), Being Comfortable with others ($\beta = -.32$), Perceived Happiness Status ($\beta = .34$), Anger In ($\beta = -.21$), Perceived Parental Care ($\beta = -.16$), Anger Control ($\beta = -.12$) and Perceived Stress ($\beta = .15$).

Table 6.5 shows regression equation for adolescents with Eczema (n = 100). It revealed that three variables turned out to be relevant and were retained as predictors. They explained 45% ($R^2 = .45$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = .55$), Avoidant Focused Coping ($\beta = .22$) and Perceived Health Status ($\beta = -.16$).

Table 6.6 shows multiple regression equations adolescents with Psoriasis (n = 100). It was revealed that three variables turned out to be relevant and were retained as predictors. They explained 45% ($R^2 = .45$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = .57$), State Anxiety ($\beta = .24$) and Ability to meet Life demands ($\beta = -.17$).

Table 6.7 shows regression equation for total sample of males (n = 200). It was found that eleven variables turned out to be relevant and were retained as predictors. They explained 72% ($R^2 = .72$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = .45$), Psychoticism ($\beta = -.24$), Satisfaction with Life ($\beta = -.18$), External Locus of Control ($\beta = -.18$), Avoidant Focused Coping ($\beta = .18$), Emotion Focused
Coping ($\beta=.11$), Anger Control ($\beta=.10$), Task Focused Coping ($\beta=-.13$), Being Comfortable with Others ($\beta=-.13$), Neuroticism ($\beta=.11$) and Anger Out ($\beta=-.11$).

Table 6.8 shows regression of equations for total sample of females ($n=200$). It was found that two variables turned out to be relevant and were retained as predictors. They explained 62% ($R^2=.62$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta=.97$) and Perceived Health Status ($\beta=-.27$).

Table 6.9 shows regression equation for adolescents without skin disorders ($n=100$). It revealed that four variables turned out to be relevant and were retained as predictors. They explained 30% ($R^2=.30$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta=.49$), Self Esteem ($\beta=-.27$), Satisfaction with Life ($\beta=-.32$) and Uplifts ($\beta=-.25$).

**Family Dermatology Index and Its Predictors**

Besides the common predictors mentioned above; additional variables viz. Dermatology Life Index, Perceived Stress, Perceived Health Status and Perceived Happiness Status were also entered as predictors for running regression with Family Dermatology Index as the criterion variable.

Table 6.10 shows regression equation for Adolescents with Skin Disorders ($n=300$). It revealed that eight variables turned out to be relevant and were retained as predictors. They explained 72% ($R^2=.72$) of the variance in the criterion variable. The predictors were Perceived Health Status ($\beta=-.62$), Dermatology Life Index ($\beta=.37$), Perceived Happiness Status ($\beta=-.18$), Trait Anxiety ($\beta=.14$), Emotion Focused Coping ($\beta=.14$), Perceived Stress ($\beta=.08$), Anger Control ($\beta=.10$) and State Anger ($\beta=.09$).

Table 6.11 shows regression equation for males with skin disorders ($n=150$). It revealed that nine variables turned out to be relevant and were retained as predictors. They explained 49% ($R^2=.49$) of the variance in the criterion variable. The predictors were Dermatology Life Index ($\beta=.62$), Perceived Happiness Status ($\beta=-.20$), Self Esteem ($\beta=-.17$), Anger Control
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\((\beta = .29)\), Trait Anxiety \((\beta = .24)\), Daily Hassles \((\beta = .23)\), Self Efficacy \((\beta = .19)\),
Ability to meet Life Demands \((\beta = .15)\) and Uplifts \((\beta = -.13)\).

Table 6.12 shows regression equation for females with skin disorders 
\((n = 150)\). It revealed that four variables turned out to be relevant and were
retained as predictors. They explained 82\% \((R^2 = .82)\) of the variance in the
criterion variable. The predictors were Perceived Health Status \((\beta = -.56)\),
Dermatology Life Index \((\beta = .39)\) Perceived Happiness Status \((\beta = -.14)\) and
Being Comfortable with others \((\beta = -.09)\).

Table 6.13 showing regression equation for adolescents with Acne 
\((n = 100)\). It revealed that nine variables turned out to be relevant and were
retained as predictors. They explained 91\% \((R^2 = .91)\) of the variance in the
criterion variable. The predictors were Perceived Health Status \((\beta = -.79)\),
Perceived Happiness Status \((\beta = -.19)\), Dermatology Life Index \((\beta = .34)\),
Psychoticism \((\beta = .12)\), Task Focused Coping \((\beta = .12)\), Trait Anxiety \((\beta = .18)\),
Daily Hassles \((\beta = .09)\), Anger Control \((\beta = .09)\), Anger Control \((\beta = .09)\) and
Anger In \((\beta = .07)\).

Table 6.14 showing regression equation for adolescents with Eczema 
\((n = 100)\). It revealed that two variables turned out to be relevant and were
retained as predictors. They explained 41\% \((R^2 = .41)\) of the variance in the
criterion variable. The predictors were Dermatology Life Index \((\beta = .60)\) and
Anger Out \((\beta = .18)\).

Table 6.15 shows multiple regression equation for adolescents with Psoriasis \((n = 100)\). It was revealed that four variables turned out to be relevant and were
retained as predictors. They explained 43\% \((R^2 = .43)\) of the variance in the criterion variable. The predictors were Dermatology life index \((\beta = .57)\), Ability to meet life demands \((\beta = -.19)\), Perceived Stress \((\beta = .20)\), and Anger In \((\beta = -.16)\).

Table 6.16 shows regression equation for total sample of males 
\((n = 200)\). It revealed that eight variables turned out to be relevant and were
retained as predictors. They explained 60\% \((R^2 = .60)\) of the variance in the
criterion variable. The predictors were Dermatology Life Index \((\beta = .56)\), Self
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Esteem (β= - .21), Perceived Happiness Status (β = - .14), Daily Hassles (β = .20), Anger Control (β= .19), State Anger (β = .15), Ability to meet Life Demands (β= .14) and Trait Anxiety (β = .11).

Table 6.17 Shows regression equation for total sample of females (n = 200). It revealed that five variables turned out to be relevant and were retained as predictors. They explained 60% (R² = .60) of the variance in the criterion variable. The predictors were Dermatology Life Index (β = .46), Perceived Health Status (β= -.49), Perceived Happiness Status (β = -.14), Being Comfortable with Others (β = -.08) and Stress Symptoms (β = .07).

Table 6.18 shows regression equation for adolescents without skin disorders (n = 100). It revealed that three variables turned out to be relevant and were retained as predictors. They explained 34% (R² = .34) of the variance in the criterion variable. The predictors were Dermatology Life Index (β = .44), Satisfaction with Life (β = -.41) and Uplifts (β = -.25).

Perceived Health Status and its Predictors

Besides the common predictors mentioned above; additional variables viz. Dermatology Life Index, Family Dermatology Index, Perceived Stress and Perceived Happiness Status were also entered as predictors for running regression with Perceived Health Status as the criterion variable.

Table 6.19 shows regression equation for adolescents with skin disorders (n = 300). It revealed that fourteen variables turned out to be relevant and were retained as predictors. They explained 89% (R² = .89) of the variance in the criterion variable. The predictors were State Anxiety (β= -.20), Family Dermatology Index (β= -.21), Perceived Parental Overprotection (β = .19), Perceived Parental Care (β = .30), Anger Control (β = -.09), Emotion Focused Coping (β = .23), Self Efficacy (β = .10), Trait Anxiety (β = -.14), Task Focused Coping (β = -.08), Perceived Happiness Status (β = .07), Extraversion (β= -.06), Self Esteem (β= .11), Perceived Stress (β= -.11) and External Locus of Control (β = .05).

Table 6.20 shows regression equation for males with skin disorders (n = 150). It revealed that three variables turned out to be relevant and were
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retained as predictors. They explained 21% ($R^2 = .21$) of the variance in the criterion variable. The predictors were Perceived Happiness Status ($\beta = .36$), State Anxiety ($\beta = -.18$) and Dermatology Life Index ($\beta = .18$).

Table 6.21 shows regression equation for females with skin disorders ($n = 150$). It revealed that twelve variables turned out to be relevant and were retained as predictors. They explained 95% ($R^2 = .95$) of the variance in the criterion variable. The predictors were State Anxiety ($\beta = -.23$), Family Dermatology Index ($\beta = -.19$), Perceived Parental Overprotection ($\beta = .21$), Perceived Parental Care ($\beta = .28$), Self Esteem ($\beta = -.11$), Extraversion ($\beta = .07$), Emotion Focused Copying ($\beta = .15$), Self Efficacy ($\beta = .08$), Satisfaction With Life ($\beta = .06$), Trait Anxiety ($\beta = -.10$) and Perceived Happiness Status ($\beta = -.05$).

Table 6.22 shows regression equation for adolescents with Acne ($n = 100$). It revealed that nine variables turned out to be relevant and were retained as predictors. They explained 96% ($R^2 = .96$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = -.20$), Psychoticism ($\beta = .21$), External Locus Of Control ($\beta = .20$), Satisfaction with Life ($\beta = .24$), Being Comfortable With Others ($\beta = .07$), Perceived Happiness Status ($\beta = .08$), Anger In ($\beta = -.08$) Perceived Parental Care ($\beta = -.28$) and Anger Control ($\beta = -.06$).

Table 6.23 shows regression equation for adolescents with Eczema ($n = 100$). It revealed two variables turned out to be relevant and were retained as predictors. They explained 20% ($R^2 = .20$) of the variance in the criterion variable. The predictors were Perceived Happiness Status ($\beta = .37$) and State Anxiety ($\beta = -.27$).

Table 6.24 shows multiple regression equation for adolescents with Psoriasises ($n = 100$). It was revealed that five variables turned out to be relevant and were retained as predictors. They explained 40% ($R^2 = .40$) of the variance in the criterion variable. The predictors were Perceived Happiness status ($\beta = .33$), Self Esteem ($\beta = .27$), Ability to meet life demands ($\beta = .31$), Internal Locus of control ($\beta = .28$) and Anger Control ($\beta = -.17$).
Table 6.25 shows regression equation for total sample of males (n = 200). It revealed that three variables turned out to be relevant and were retained as predictors. They explained 23% ($R^2 = .23$) of the variance in the criterion variable. The predictors were Perceived Happiness Status ($\beta = .42$), State Anxiety ($\beta = -.19$) and Dermatology Life Index ($\beta = -17$).

Table 6.26 shows regression equation for total sample of females (n = 200). It revealed that thirteen variables turned out to be relevant and were retained as predictors. They explained 92% ($R^2 = .92$) of the variance in the criterion variable. The predictors were State Anxiety ($\beta = -.24$), Family Dermatology Index ($\beta = -.27$), Perceived Parental Overprotection ($\beta = .22$), Perceived Parental Care ($\beta = 0.25$), Task Focused Coping ($\beta = 0.18$), Self Esteem ($\beta = .12$), Self Efficacy ($\beta = .07$), Satisfaction with Life ($\beta = .08$), Trait Anxiety ($\beta = -.11$), Perceived Happiness Status ($\beta = .07$), Extraversion ($\beta = -.06$), Dermatology Life Index ($\beta = -.08$) and Perceived Stress ($\beta = -.05$).

Table 6.27 shows regression equation for adolescents without skin disorders (n = 100). It revealed that six variables turned out to be relevant and were retained as predictors. They explained 47% ($R^2 = .47$) of the variance in the criterion variable. The predictors were Perceived Happiness Status ($\beta = .55$), Task Focused Coping ($\beta = .22$), Trait Anxiety ($\beta = -.43$), Perceived Stress ($\beta = .28$), Perceived Parental Care ($\beta = -.31$) and Social Desirability ($\beta = .16$).

Perceived Happiness Status and its predictors

Besides the common predictors mentioned above; additional variables viz. Dermatology Life Index, Family Dermatology Index, Perceived Stress and Perceived Health Status were also entered as predictors for running regression with Perceived Happiness Status as the criterion variable.

Table 6.28 shows regression equation for adolescents with skin disorders (n = 300). It revealed that five variables turned out to be relevant and were retained as predictors. They explained 19% ($R^2 = .19$) of the variance in the criterion variable. The predictors were Family Dermatology
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Table 6.29 shows regression equation for males with skin disorders (n = 150). It revealed that five variables turned out to be relevant and were retained as predictors. They explained 32% (R² = .32) of the variance in the criterion variable. The predictors were Perceived Health Status (β = .37), Dermatology Life Index (β = -.59), Extraversion (β = .26), Avoidant Focused Coping (β = .26), Family Dermatology Index (β = -.26) and Extraversion (β = .18). Perceived Health Status (β = .37) and Trait Anxiety (β = .22).

Table 6.30 shows regression equation for females with skin disorders (n = 150). It revealed that one variable turned out to be relevant and was retained as a predictor. It explained 12% (R² = .12) of the variance in the criterion variable. The predictor was Family Dermatology Index (β = -.35).

Table 6.31 shows regression equation for adolescents with Acne (n = 100). It revealed that six variables turned out to be relevant and were retained as predictors. They explained 56% (R² = .56) of the variance in the criterion variable. The predictors were Family Dermatology Index (β = -.12), Dermatology Life Index (β = .43), Perceived Stress (β = - .23), Being Comfortable with Others (β = -.30), Avoidant Focused Coping (β = .27) and Perceived Parental Care (β = .23).

Table 6.32 shows regression equation for adolescents with eczema (n = 100). It revealed that two variables turned out to be relevant and were retained as predictors. They explained 24% (R² = .24) of the variance in the criterion variable. The predictors were Perceived Health Status (β = .37) and Neuroticism (β = -.31).

Table 6.33 shows multiple regression equation for adolescents with Psoriasis (n = 100). It was revealed that two variables turned out to relevant and were retained as predictors. They explained 24% (R² = .24) of the variance in the criterion variable. The predictors were Perceived Health Status (β = .36) and Anger Out (β = -.29).

Table 6.34 shows regression equation for total sample of males (n = 200). It revealed that five variables turned out to be relevant and were
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retained as predictors. They explained 31% ($R^2 = .31$) of the variance in the criterion variable. The predictors were Perceived Health Status ($\beta = .42$), Family Dermatology Index ($\beta = -.22$), External Locus of Control ($\beta = -.17$), Trait Anxiety ($\beta = .20$) and Trait Anger ($\beta = -.15$).

Table 6.35 shows regression equation for total sample of females (n = 200). It revealed five variables turned out to be relevant and were retained as predictors. They explained 26% ($R^2 = .26$) of the variance in the criterion variable. The predictors were Family Dermatology Index ($\beta = -.36$), Perceived Stress ($\beta = -.18$), Social Desirability ($\beta = -.19$), Uplifts ($\beta = -.17$) and Stress Symptoms ($\beta = -.16$).

Table 6.36 shows regression equation for adolescents without skin disorders (n = 100). It revealed that six variables turned out to be relevant and were retained as predictors. They explained 43% ($R^2 = .43$) of the variance in the criterion variable. The predictors were Perceived Health Status ($\beta = .51$), External Locus of Control ($\beta = -.18$), Ability to meet Life Demands ($\beta = .21$), Trait Anxiety ($\beta = .41$), Perceived Stress ($\beta = -.21$) and Perceived Parental Care ($\beta = .18$).

Perceived Stress and its Predictors

Besides the common predictors mentioned above; additional variables viz. Dermatology Life Index, Family Dermatology Index, Perceived Health Status and Perceived Happiness Status were also entered as predictors for running regression with Perceived Stress as the criterion variable.

Table 6.37 shows regression equation for adolescents with skin disorders (n = 300). It revealed that seven variables turned out to be relevant and were retained as predictors. They explained 46% ($R^2 = .46$) of the variance in the criterion variable. The predictors were State Anxiety ($\beta = .15$), Self Esteem ($\beta = -.42$), Perceived Health Status ($\beta = -.32$), State Anger ($\beta = .26$), Anger Control ($\beta = .11$), Task Focused Coping ($\beta = -.14$) and Psychoticism ($\beta = .09$).

Table 6.38 shows regression equation for males with skin disorders (n = 150). They revealed that three variables turned out to be relevant and
were retained as predictors. They explained 43% ($R^2 = .43$) of the variance in the criterion variable. The predictors were Self Esteem, ($\beta = - .45$), State Anger ($\beta = .40$) and Anger Control ($\beta = .20$).

Table 6.39 shows regression equation for females with skin disorders ($n = 150$). It revealed that nine variables turned out to be relevant and were retained as predictors. They explained 60% ($R^2 = .60$) of the variance in the criterion variable. The predictors were Trait Anxiety ($\beta = .36$), Self Esteem ($\beta = -.39$), Stress Symptoms ($\beta= .10$), Perceived Health Status ($\beta = -.32$), Neuroticism ($\beta = .28$), Daily Hassles ($\beta = .18$), Extraversion ($\beta= -.17$), Perceived Happiness Status ($\beta = -.14$) and Uplifts ($\beta = -.14$).

Table 6.40 shows regression equation for adolescents with Acne ($n = 100$). It revealed that three variables turned out to be relevant and were retained as predictors. They explained 55% ($R^2 = .55$) of the variance in the criterion variable. The predictors were Trait Anxiety ($\beta = .53$), Anger Out ($\beta = .26$) and Being Comfortable with Self ($\beta = -.19$).

Table 6.41 shows regression equation for adolescents with Eczema ($n = 100$). It revealed that four variables turned out to be relevant and were retained as predictors. They explained 45% ($R^2 = .45$) of the variance in the criterion variables. The predictors were Self Esteem ($\beta = -.32$), Trait Anxiety ($\beta= .38$), Daily Hassles ($\beta = .26$) and Self Efficacy ($\beta = -.22$).

Table 6.42 shows multiple regression equation for adolescents with Psoriasises ($n = 100$). It was revealed that six variables turned out to be relevant and were retained as predictors. They explained 42% ($R^2 = .42$) of the variance in the criterion variable. The predictors were State Anger ($\beta = .30$), Self Esteem ($\beta= -.27$), Self Efficacy ($\beta= -.28$), Family Dermatology Index ($\beta= -.22$), Perceived Health Status ($\beta= -.20$) and State Anxiety ($\beta= .22$).

Table 6.43 shows regression equation total sample of males ($n = 200$). It revealed that six variables turned out to be relevant and were retained as predictors. They explained 48% ($R^2 = .48$) of the variance in the criterion variable. The predictors were Self Esteem ($\beta = -.39$), State Anger ($\beta = .27$), State Anxiety ($\beta = .20$), Self Efficacy ($\beta = -.28$), Daily Hassles ($\beta = .18$) and Perceived Health Status ($\beta = -.14$).
Anger In (\(\beta = .17\)), Self Esteem (\(\beta = -.16\)), Anger Control (\(\beta = -.16\)) and Self Efficacy (\(\beta = -.12\)).

Table 6.44 shows regression equation total sample of females (\(n = 200\)). It revealed that one variable turned out to be relevant and was retained as a predictor. They explained 62% (\(R^2 = .62\)) of the variance in the criterion variable. The predictor was Achievement Orientation (\(\beta = -.27\)).

Table 6.45 shows regression equation for adolescents without skin disorders (\(n = 100\)). It revealed that six variables turned out to be relevant and were retained as predictors. They explained 45% (\(R^2 = .45\)) of the variance in the criterion variable. The predictors were Being Comfortable with Self (\(\beta = -.33\)), Uplifts (\(\beta = -.29\)), Anger In (\(\beta = .27\)), State Anger (\(\beta = .29\)), Ability to meet Life Demands (\(\beta = -.32\)) and Self Efficacy (\(\beta = -.17\)).