

Lived Experiences of Indians with Acne: Navigating Social Support and Mental Well-Being

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ABSTRACT

This qualitative inquiry delved into the complex lived experiences of individuals in India navigating acne and its impact on social support dynamics and psychological well-being. Through subjective narratives, the study revealed profound emotional repercussions, challenges to self-perception, and sociocultural influences. Participants reported feelings of embarrassment, anxiety, and insecurity, exacerbated by societal beauty standards and external scrutiny. Familial support provided crucial emotional solace, while societal pressures, especially through social media, heightened psychological distress. Supportive peer relationships mitigated adverse effects on self-esteem. Coping strategies ranged from therapy-seeking to skincare regimens. Cultural factors and gender disparities, including male emotional invalidation, were identified. This research contributes to understanding the multidimensional challenges faced by individuals with acne in India, highlighting the need for tailored interventions promoting resilience and holistic well-being.

Keywords: Lived Experiences, Acne, Social Support, Psychological Impacts, Coping Strategies

INTRODUCTION

Acne vulgaris, a prevalent dermatological concern characterized by comedones, papules, pustules, and nodules, extends far beyond its physical manifestations (Sharma et al., 2017). In India, young adults aged 25-30 are particularly susceptible, with food and cosmetics often cited as aggravating factors (Sridharan & George, 2018). While acne is not life-threatening, it significantly impacts quality of life (QoL) by affecting self-esteem, social interactions, and emotional well-being (Behnam et al., 2013). This chapter explores the multifaceted nature of acne in India, examining its prevalence, psychosocial impact, and coping mechanisms employed by individuals.

Although hormonal fluctuations during puberty contribute to acne development, dietary habits, stress, and genetics also play a role (Sharma et al., 2017). Notably, Indian studies reveal a disconnect between public perception and scientific evidence. For instance, many believe chocolate or oily food worsens acne, despite limited supporting research (Zaenglein et al., 2016). This highlights the need for improved acne education in India, particularly within school curricula (Kaushik et al., 2017).

Studies by Sharma et al. (2017) and Durai and Nair (2015) suggest a high prevalence of acne in India, affecting over 70% of teenagers. Acne severity directly impacts QoL, with facial and truncal acne causing

significant psychological distress (Tan, Beissert, et al., 2022). Research by Mohan et al. (2016) indicates feelings of anger, embarrassment, and social withdrawal among individuals with acne. Acne can even lead to suicidal ideation, particularly in severe cases (Halvorsen et al., 2011).

The emotional burden of acne is not gender-neutral. Females tend to report a greater psychosocial impact compared to males (Shaikh et al., 2020). Social expectations around female beauty in India may contribute to this disparity (Pruthi & Babu, 2012). Furthermore, societal stigma surrounding acne can lead to social isolation and hinder romantic relationships (Murray & Rhodes, 2005).

Despite the challenges, individuals with acne develop various coping mechanisms. Prior and Khadaroo (2014) identified avoidance, concealment, and social media comparisons as common strategies. Additionally, social support from family and friends plays a crucial role in managing the emotional aspects of acne (Gudiya et al., 2022). Interestingly, Indian studies highlight the unique role of family in navigating treatment plans and offering emotional support (Pruthi & Babu, 2012).

In conclusion, acne in India is more than just a skin condition. It significantly impacts the psychological and social well-being of young adults. While effective treatments exist, addressing the emotional burden requires a multifaceted approach. Enhancing acne education, promoting social acceptance, and integrating psychological support into treatment plans are all crucial steps towards improving the lives of those living with acne in India.

METHODOLOGY

Statement of the problem

This study aims to illuminate the nuanced lived experiences of Indians grappling with acne, the challenges they face while navigating social support networks, and the often-overlooked psychological burdens borne by those affected. By exploring the unique socio-cultural factors shaping these experiences, the research endeavors to foster deeper understanding and pave the way for more comprehensive and culturally sensitive support mechanisms.

Objectives of the study

- To explore and document the personal experiences of individuals in India dealing with acne, highlighting the psychological challenges faced, and key moments in their journey.
- To understand how social relationships, including family, peers, and societal attitudes, impact the mental well-being of individuals with acne, with a focus on support systems and potential sources of distress.
- To identify and analyse the coping strategies employed by individuals with acne to navigate social and psychological challenges, aiming to uncover patterns and variations in their approaches.

Research Questions

1. What are the personal experiences of individuals in India dealing with acne?
2. How do social relationships influence the mental well-being of individuals with acne?
3. What coping strategies do individuals with acne employ to navigate social and psychological challenges?

Research Design

This study adopts a qualitative research design to gain an in-depth understanding of the Lived Experiences of Indians with Acne: Navigating Social Support and Mental Well-Being. Qualitative methods are well-suited for exploring the nuanced and subjective aspects of individuals' lives.

Participants

A purposive sample of 9 individuals were recruited with diverse experiences of acne meeting the criteria of the study.

Participant Distribution

Inclusion criteria

- 18 years of age and older residing in Bangalore
- Individuals with a documented history of acne for at least 6 months.
- Both male and female participants to explore potential gender-specific experiences.

Exclusion criteria

- Adults who have other skin conditions (e.g., eczema, psoriasis).

Data Collection

9 participants were selected for Interview using the Zoom Platform after obtaining informed consent. Semi-structured interviews were the primary data collection method, allowing participants to share their experiences and perceptions. An interview guide, developed based on a review of relevant literature, was utilized to ensure consistency across interviews. The interview questionnaire will be considered only after it is reviewed and checked thoroughly by experts in the field of qualitative research. Interviews were audio-recorded, transcribed, and anonymized for analysis. Field notes were made after interviews in order to record further insights. After that, transcripts were subjected to thematic coding, which made it easier to conduct in-depth analysis and spot recurrent themes. Overall, the process emphasised participant anonymity and research integrity while guaranteeing a thorough investigation of individuals lived experiences with acne – navigating social support and mental well being residing in India.

Data Analysis

Thematic analysis was employed to identify patterns and themes within the qualitative data. The analysis process involved coding, categorization, and constant comparison to derive meaningful insights from the participants' narratives. The themes that emerged were verified by experts in the field of qualitative research to avoid bias. In order to address research problems, an inductive data-driven strategy was employed.

Ethical Considerations

- Informed consent should be taken and participants should be fully informed about the research and its purpose and they can choose not to participate at any point in time.
- Confidentiality of the identities should be maintained.
- Participants may experience emotional distress when discussing their experiences, and the researcher should be prepared to provide support or referrals if necessary.
- The researcher should be aware of and sensitive to cultural differences that may impact the research process and the interpretation of the results.

RESULTS AND DISCUSSION

Table 1 The Main Themes, Sub Themes and Codes that emerged from the analysed data

Theme	Sub- theme	Codes
1. Personal Experiences with Acne	1.1 Emotional Impact	Embarrassment, Social Anxiety, Anxiety, Insecurity, Self-blame, Self-sympathy, Self-acceptance content, Self-blame reduction, Self-esteem impact, Relationship hesitation

	1.2 Body Image and Self-Perception	Body Image, Self-worth, Self-acceptance, Self-esteem impact, External judgment
	1.3 Coping Strategies	Persistence, Confidence boost, Skincare routine, Shift in priorities, Self-blame reduction, Acceptance, Turning point
2. Impact of Social Relationships	2.1 Family Support	Family Influence
	2.2 Societal Influence	Social media influence
	2.3 Friend Support	Supportive friends
3. Support Systems and Distress	3.1 Social Support	Family Support, Friend Support
	3.2 Societal Pressure	Societal Pressure on Men's Physical Appearance
4. Coping Strategies	4.1 Emotional Coping	Emotional distress, Coping through distraction, Therapy, Perspective Shift
	4.2 Practical Coping	Skincare Routine, Seeking Professional Help, Exercise/Hobby
5. Patterns and Variations	5.1 Coping Patterns	Acceptance of acne as a part of life, Trying different treatments, Diversification of Coping Strategies
	5.2 Cultural Influences	Cultural Acceptance of Acne
	5.3 Gender Differences	Emotional Invalidation for Men

Personal Experiences with Acne emerged as a central theme, highlighting the profound emotional toll exacted by acne. Participants articulated a spectrum of negative emotions, including embarrassment, social anxiety, insecurity, and self-blame, echoing previous findings on the psychological burden of acne (Behnam et al., 2013; Tan et al., 2022). One participant poignantly stated, "I used to really be embarrassed and angry with myself" (Participant 3).

Furthermore, acne significantly influenced individuals' body image and self-perception, leading to diminished self-esteem and self-worth, a phenomenon corroborated by studies linking visible dermatological conditions to internalized stigma and maladaptive behaviors (Coneo et al., 2017; Kumar et al., 2019). A participant shared, "...even post-puberty, I had acne... affected my... body image... struggled with a lot of low self-esteem..." (Participant 6).

Notably, participants adopted diverse coping strategies, such as persistence, confidence-boosting techniques, adherence to skincare routines, and a shift towards self-acceptance, aligning with previous research on coping mechanisms for chronic skin conditions (Prior & Khadaroo, 2014; Dixon et al., 2018). The Impact of Social Relationships emerged as another salient theme, underscoring the pivotal roles of familial support, societal influence, and peer relationships. Familial support served as a vital buffer, furnishing emotional solace and practical assistance, echoing the findings of Magin et al. (2010) and Coneo et al. (2017).

Concurrently, societal pressures, amplified through social media platforms, exacerbated negative feelings about appearance and acne, corroborating the observations of Perloff (2014) and Gupta and Dhande

(2019). Supportive friendships, however, offered a counterbalancing force, providing invaluable emotional validation and encouragement.

The theme of Support Systems and Distress highlighted the salutary effects of robust social support networks in mitigating distress, while also acknowledging the unique challenges posed by societal pressures on men's physical appearance (Jones et al., 2019). Additionally, the study delved into the interplay of Coping Strategies, encompassing both emotional and practical mechanisms. Emotional coping strategies, such as therapy, distraction, and cognitive reframing, were prevalent, aligning with the insights of Behnam et al. (2013) and Gupta and Gupta (2013). Practical strategies, including adherence to skincare regimens, seeking professional assistance, and engagement in physical activities or hobbies, were also widely adopted, resonating with the findings of Sundaram et al. (2015).

Finally, the Patterns and Variations theme shed light on the diverse trajectories and nuances within individuals' experiences. Acceptance of acne as an inherent aspect of life, experimentation with various treatment options, and the diversification of coping strategies emerged as recurrent patterns. Cultural influences, including varying levels of societal acceptance or stigma towards acne, played a pivotal role in shaping individuals' perceptions and coping mechanisms, corroborating the observations of Koo (1995). Notably, gender disparities surfaced, with male participants reporting instances of emotional invalidation and societal pressure regarding physical appearance standards, aligning with the findings of Prior and Khadaroo (2014) and Griffiths et al. (2016).

Through this comprehensive analysis, your study offers invaluable insights into the complex interplay of emotional, psychological, social, and cultural factors that shape the lived experiences of individuals contending with acne in the Indian milieu.

Summary

This study Investigates the experiences of Indian individuals coping with acne, examining how they navigate social support systems and mental well-being in the context of their condition. Employing thematic analysis, the research uncovers several key insights. Participants express a range of emotional challenges, including embarrassment, social discomfort, and self-reproach, highlighting the significant psychological impact of acne. Coping mechanisms vary, with some individuals demonstrating resilience and eventual acceptance. Acne profoundly influences participants' perceptions of self-esteem and self-worth, with societal beauty standards exacerbating feelings of inadequacy. Participants also face external scrutiny and internalized stigma, which affect their confidence and sense of self-worth. Family support emerges as crucial in providing emotional solace and practical assistance, while societal pressures, particularly through social media, exacerbate emotional distress. Supportive friendships play a vital role in mitigating adverse effects on self-esteem and well-being. Gender disparities are evident, with male participants reporting instances of emotional invalidation and societal pressure to conform to appearance standards. Cultural norms and values shape individuals' perceptions and coping strategies toward acne, with varying degrees of acceptance within Indian society. The study underscores the complex interplay among individual experiences, social dynamics, coping mechanisms, and cultural influences in shaping the lived realities of Indians with acne. It emphasizes the need for tailored interventions to address psychosocial impacts and foster resilience among those affected.

Conclusion

This qualitative inquiry offers a holistic understanding of the lived experiences of individuals in India nav-

igating acne, social support dynamics, and the concomitant impact on psychological well-being. Through an in-depth exploration of subjective narratives, the findings elucidate the multidimensional emotional, psychosocial, and sociocultural facets of the acne experience. The study underscores the profound emotional reverberations of acne, manifested in sentiments of embarrassment, social apprehension, diminished self-worth, and self-reproach. Concurrently, it illuminates the intricate nexus between acne, body image distortions, and impaired self-perception, exacerbated by prevailing beauty ideals and external scrutiny. Significantly, the inquiry accentuates the pivotal role of social relationships in shaping mental well-being. Familial support emerges as an indispensable buffer against psychological distress, furnishing emotional succor and pragmatic assistance. Conversely, societal pressures, amplified through social media platforms, exacerbate emotional turmoil and adversely impact self-perceptions. Supportive peer relationships serve as invaluable sources of validation and encouragement, mitigating the deleterious effects of acne on self-esteem and psychological equilibrium. The study elucidates a diverse array of coping strategies employed by participants, encompassing emotion-focused and problem-focused approaches. Emotional coping mechanisms, such as therapy-seeking, distraction engagement, and cognitive reframing, emerge as crucial tools for managing psychological distress. Concurrently, practical strategies like adherence to skincare regimens, professional consultation, and engagement in physical activities or hobbies empower individuals to assert agency over their condition and promote holistic well-being.

Moreover, the research underscores the influence of cultural factors, notably varying degrees of societal acceptance of acne, in shaping individuals' experiences and coping mechanisms. Gender disparities are also evident, with male participants reporting instances of emotional invalidation and societal pressure to conform to appearance standards. This study contributes to a holistic comprehension of the multifaceted challenges confronted by individuals with acne in India, underscoring the necessity for tailored interventions that address psychosocial ramifications and cultivate resilience. By elucidating the intricate interplay between subjective experiences, social dynamics, coping strategies, and cultural influences, the research paves the way for more inclusive and culturally sensitive support mechanisms, ultimately enhancing psychological well-being and quality of life for those afflicted by acne within the Indian context.

Implications:

The findings highlight the need for comprehensive support systems and interventions that address the multifaceted psychosocial challenges faced by individuals with acne in India. These interventions should encompass emotional support, coping strategies, and efforts to challenge societal stigma and misconceptions. Healthcare professionals, including dermatologists and mental health practitioners, should adopt a holistic approach that recognizes the interplay between physical and psychological aspects of acne. This could involve integrating counseling and psychosocial support into acne treatment plans. Awareness campaigns and educational initiatives should be developed to promote greater understanding and acceptance of acne within Indian society. These efforts could target family members, peers, and the broader community to foster supportive environments and reduce stigma. The study emphasizes the importance of considering cultural and gender-specific factors when addressing acne-related concerns. Interventions should be tailored to the unique sociocultural contexts and experiences of diverse individuals within the Indian population.

Limitations:

The study was conducted with a relatively small sample size (9 participants), which may limit the generalizability of the findings to the broader Indian population. The study focused on participants residing in South India, which may not capture the diverse experiences and cultural nuances of individuals from different regions or socioeconomic backgrounds within India. The study relied on self-reported data from participants, which may be subject to personal biases, selective memory, or social desirability bias. The research did not explore the potential impact of factors such as severity or duration of acne, which could influence individuals' experiences and coping strategies.

Scope for Future Research:

Larger-scale studies involving participants from diverse regions, socioeconomic backgrounds, and cultural backgrounds within India could provide a more comprehensive understanding of the lived experiences with acne. Longitudinal studies could explore how individuals' experiences and coping strategies evolve over time, particularly during different stages of acne severity or treatment. Comparative studies could investigate potential differences in acne experiences and coping mechanisms between urban and rural populations, as well as across different age groups or socioeconomic strata. Future research could delve deeper into the intersectionality of acne, mental health, and other aspects of identity, such as gender, sexuality, or disability, to understand the compounding effects and develop tailored support strategies. Quantitative studies could complement the qualitative findings by examining the prevalence and severity of psychological distress, coping strategies, and the effectiveness of interventions among individuals with acne in India. Intervention-based studies could explore the efficacy of culturally-tailored psychosocial interventions, educational programs, or support groups in improving mental well-being and quality of life for individuals with acne in India.

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