

# LIVING WITH PSORIASIS: AN INSIGHT INTO THE EMOTIONAL PAIN OF WOMEN

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## Abstract

**Background:** This qualitative study explore into the lived experiences of females with psoriasis. The main objective of this study was to investigate psychological and emotional aspects of stigmatization, social isolation, and body shaming and intimate relationships and to understand the societal attitudes and stereotypes towards individuals with Psoriasis.

**Methods:** For this purpose purposive sampling was used by taking participants from different institutes and hospitals. A semi structured interview protocol was established to gain insights of their lived experiences. Through in-depth interviews, participants articulated their perceptions of stigmatization across diverse social contexts and its profound impact on overall well-being. The total sample size of the study was (N=8) females with psoriasis, and who were married. Interpretative phenomenological design (IPA) was used for the purpose of analysis.

**Results:** Total eight superordinate themes were emerged after complete analysis that were impaired quality of life, associated health related issues, limited disease awareness, helplessness, ostracism, familial attitude, impact on mental health, experiment with treatment options and coping strategies. The study emphasizes the need of developing awareness regarding psoriasis and normalize living with the conditions.

**Key words:** Psoriasis, stigmatization, social isolation, body shaming, intimate relationship, self-esteem, coping strategies.

## INTRODUCTION

Psoriasis is a chronic and inflammatory skin condition with multiple contributing factors, and it is highly prevalent in Western industrialized countries, affecting 2-4% of the population. It's a papulosquamous skin condition that is persistent and prevalent and it manifests globally, that are affecting individuals at any age [1, 2]. Psoriasis is a chronic and diverse skin condition that exhibits in various types, including plaque, guttate, flexural, and pustular and erythroderma forms that are resulting in clinical diversity throughout its course [3]. Psoriasis affects approximately 60 million people globally, with the incidence rates varying from 0.05% of the community in Taiwan to as high as 1.88% in Australia [4]. Psoriasis which is quite a bit more common amongst whites and as well, increases among the older people. In the UK, 1.52% of the general population is affected [5].

Psoriasis is a huge financial burden for the individual and health care system as well. Psoriasis is one of the systemic diseases associated with a significantly increased risk of psychiatric, metabolic, arthritis and cardiovascular comorbidities. Due to this, it can result in shortened life span [6]. One of the biggest risk factors for developing psoriasis is having a family history of psoriasis. Lifestyle factors, including smoking, stress and alcohol intake, can also play a role as well as obesity in the increased risk of developing psoriasis in people from certain populations [7]. Most auto-inflammatory/autoimmune conditions are associated with psoriasis [8].

Psoriasis occurs in both sexes, usually earlier among women and those with a family history of disease. The age onset of disease displays a bimodal distribution, with peak occurrence at 30 -39 years and 60-69 years for men an about ten year earlier in women. Apparently, the number of people suffering from Psoriasis is 60 million worldwide it varies country by way [3]. Nearly three-quarters (75%) of patients feel that psoriasis disrupts their daily activities, according to a survey from the National Psoriasis Foundation [9]. Patients suffering from psoriasis endure a higher financial constraint not only because of the cost to take care of their illness but also due absenteeism [10]. This can have a major psychological and social impact on the quality of life in patients.

It is characterized by prolong discomforts and can really cause loss of health as well self-esteem in affected persons. Psoriasis influence different aspects of patient quality-of-life including physical, emotional, social functioning sexual and occupation [11]. Direct medical costs with medications are a major element of the cost burden associated with

psoriasis [12].Psoriasis may have a more established link with psychiatric disease than most other dermatologic conditions [13].Mental disorders are common comorbidities in patients with psoriasis that frequently remain undiagnosed and untreated [14].

Stigma has effected many patients who are limited at home and banned from schools, work places, swimming pools even medications. This makes them ashamed and then stays at home alone, so most of them avoid social relationships that often cause a sense of loneliness, unattractiveness or frustration. It also has a big effect on mental health, depression being more common [15].The severity of psoriasis is positively correlated to the psychological stress [16].

Depression, bipolar disorder, anxiety and psychosis account for most of the psychiatric disorders found among patients with psoriasis as well as cognitive impairment (attention deficit) in a minority level related to personality disorders including psychotropic drug use. Sexual dysfunction likewise sleep disturbances such insomnia may coexist independently by the presence or comorbidity of eating disorders [17]. Thus, the association between psoriasis and depression seems to be reciprocal. Depression is more frequent in patients with psoriasis as a whole than among the general population, and depression has been shown to be associated with age, educational level, and disease severity [18]. Dermatologists should adopt a more holistic approach in their practice, providing comprehensive care for both the psychological and dermatological aspects of all rightfully dissatisfied patients. There is need to expand the knowledge base and develop interventions specific for individuals with skin conditions [19].

### **Rationale of the study**

The study provided us to seek a proper understanding by focusing on the experiences that go beyond visible symptoms of the disease. Studying gender specific factors will contribute to more comprehensive understanding of psychosocial impact of psoriasis. This study aims at exploring experiences of females with psoriasis, with focusing on important psychological aspects like stigmatization, social isolation, body shaming and challenges in intimate relationships By highlighting out the multifaceted experiences in females with psoriasis, this research will contribute to a more comprehensive understanding of the psychosocial challenges faced by them .Findings of this study will help to inform health care professionals and support groups to develop to main interventions that will address the unique needs of this population , fostering care and improving overall wellbeing.

### **Objectives**

(1)To investigate the lived experiences of individuals with psoriasis who have been inflated by stigmatization. (2)To investigate psychological and emotional aspects of stigmatization, social isolation, body shaming and intimate relationships.(3)To investigate psychological and emotional consequences of stigmatization, social isolation, body shaming and intimate relationships.(4)To explore the influence of social isolation caused by stigmatization in individuals dealing with psoriasis.(5)To understand the societal attitudes and stereotypes towards individuals with Psoriasis and how these attitudes are contributing towards stigmatization.(6)To explore the experiences of body shaming in individuals suffering from Psoriasis.(7)To acknowledge the role of support system by intimate relationships of psoriasis patients.

### **Research Questions**

(1)How Psoriasis is perceived by individuals living with this condition, how they describe their experiences of stigmatization in numerous social contexts and how stigmatization impact their overall wellbeing?.(2)What strategies are employed to negotiate social isolation and how these strategies impact sense of self and relationships in individuals with Psoriasis?.(3)How body shaming is experienced in Psoriasis and how it impacts self-esteem and body image of psoriasis patients?.(4)What kind of challenges individuals with Psoriasis face in establishing and maintaining intimate relationships? How romantic relationships of individuals with psoriasis are affected by this condition? How communication plays a role among intimate relationships in managing the impact of psoriasis?.(5)How societal demands and perceptions of physical appearances contribute stigmatization of individuals with psoriasis, what coping strategies these individuals apply to challenge societal standards?

## **MATERIALS & METHODS**

The purpose of this phenomenological study is to examine the lived experiences of females who have been suffering from psoriasis utilizing a qualitative research design.

In this study, purposive sampling is used, to collect information from participants. As, purposive sampling is a method of non-probability sampling commonly used in clinical and qualitative research. The goal of using this sampling technique is the characteristics that are according to the research questions.

Inclusion criteria includes; (a) Female participants with a confirmed diagnosis of Psoriasis by a healthcare professional.(b)Middle age women age ranging from 30 to 45 years old to ensure relevance in life experiences.(c)Female participants who have been married for at least five years.(d)Female participants having children.(e)Participants who have been suffering from Psoriasis for at least three years.(f)Participants from different socioeconomic backgrounds to explore contribution of economic factors in experiences of stigmatization.(g)Participants from Lahore will be selected for the study purpose. Exclusion criteria includes; (a)

Participants with cognitive impairments that may affect ability to recall experiences in order to ensure reliability (b) Exclusion of participants who have mild Psoriasis.

Data was analyzed using interpretative phenomenological analysis (IPA). Interpretative Phenomenological Analysis (IPA) is grounded in the theory of double hermeneutics, where analyst understand how participants make sense to their worlds; what parts or events they identify with and defining aspects/terms for these states.

### RESULT

The findings shed a light on a more detailed picture about subjective experiences of females who are living with psoriasis and psychosocial challenges of the females.

**Table 1** Table 1 involves the female participants from various socioeconomic backgrounds involves the participants who have been suffering from disease for more than 3 years but not less than that. It involves women's of middle age.

Demographics	Participants							
	P1	P2	P3	P4	P5	P6	P7	P8
Gender	Female	Female	Female	Female	Female	Female	Female	Female
Age	33	31	42	36	44	35	34	40
Education	Matric	Intermediate	B.A	Uneducated	Intermediate	Bachelors	Master's	Matric
Profession	Housewife	Housewife	Housewife	Housewife	Housewife	Housewife	Housewife	Housewife
Husband's age	37	34	50	36	48	43	39	47
Husband's profession	Labor	Govt. Job	Govt. Job	Labor	Private Job	Business	Other(Medical)	Private Job
Duration of marriage?	10 years	10 years	18 years	10 years	13 years	6 years	7 years	22 years
How many children you have	3	2	5	2	3	1	4	3
Duration of disease?	5years	8 years	8 years	Almost 5 years ago	10years	Almost 5 years ago	3.5 years	5years
Family system	Joint	Joint	Joint	Joint	Joint	Joint	Joint	Joint
Monthly income?	25000	Above 50,000	1 Lac	Around 30,000	45000	Above 70,000	1Lac Above	30,000

#### Demographic sheet of participants

**Table 2** The following table is based on 9 superordinate themes that are emerged from the participant's responses with each superordinate theme expanding further into subordinate themes.

Superordinate themes and subordinate themes for cases

Superordinate themes	Subordinate theme
Impaired quality of life	<ul style="list-style-type: none"> <li>● Distancing children from oneself</li> <li>● Poor daily life functioning</li> <li>● Inability to do household chores</li> <li>● Can't wear clothes of own choice due to visibility of wounds.</li> </ul>
Associated health related issues	<ul style="list-style-type: none"> <li>● Face swelling</li> <li>● Constant itching</li> <li>● Pain in knees</li> </ul>

Limited disease awareness	<ul style="list-style-type: none"> <li>● Thinking it's contagious</li> <li>● Late diagnosis</li> </ul>
Helplessness	<ul style="list-style-type: none"> <li>● Spreading with passage of time</li> <li>● Severity of disease</li> <li>● Feeling exhausted</li> <li>● Intensity of burning sensation</li> </ul>
Ostracism	<ul style="list-style-type: none"> <li>● Avoidance by people</li> <li>● Being criticized</li> <li>● Blaming patient</li> <li>● People looking with disgrace/disgust</li> <li>● Societal perceptions on beauty standards of females</li> </ul>
Familial attitude	<ul style="list-style-type: none"> <li>● Problem with in laws</li> <li>● Satisfaction in married life</li> </ul>
Impact on mental health	<ul style="list-style-type: none"> <li>● Poor self esteem</li> <li>● Lack of optimism</li> <li>● Shame on facing people</li> <li>● Inferiority complex</li> <li>● Negative image of own self</li> <li>● Feeling stressed</li> <li>● Anger and irritability</li> <li>● Always on guard</li> </ul>
Experiment with treatment options	<ul style="list-style-type: none"> <li>● Spiritual treatment</li> <li>● Herbal treatments</li> <li>● Self-medications</li> </ul>
Coping strategies	<ul style="list-style-type: none"> <li>● Acceptance</li> <li>● Avoiding social gathering</li> <li>● Distraction by using social media</li> <li>● Showing no concern to criticism</li> <li>● Have learned to stay silent</li> <li>● Tolerance over criticism</li> <li>● Faith</li> <li>● Hope</li> <li>● Patience</li> </ul>

### 1) Impaired quality of life

The theme "impaired quality of life is that skin diseases like psoriasis cause is abundantly clear in the lives of many people with these conditions. Emotional distress and social isolation arise from fears of infecting family members, children especially. With the parents, especially with mothers who suffer from anxiety associated with safety to their kids make conditions in which they rest away of them and it can have an influence on family relations. It can exacerbate their sense of isolation. In everyday life, common household chores such as washing dishes and doing laundry become both painful (because of hyperactive skin sensitivity) and impractical to manage with an open wound/burn. This limitation also applies to everyday activities like personal care, where fear and anxiety about causing a flare-up out of even something as simple as washing your face. Moreover, the presence of scars also harms confidence and leads to people not being able to wear their desired outfits. They might have to go for clothes that cover their health problem thus they lose more confidence in them. It means that they are unable to enjoy standard pastimes, as the extreme heat whether it be from cooking or naturally occurring during a summer day - just becomes too painful. This theme has furthermore four subthemes (1) Distancing children from oneself (2) Poor daily life functioning (3) Inability to do household chores (4) Can't wear clothes of own choice due to visibility of wounds. The subthemes are described below;

#### Distancing children from oneself

As participants reported,

"It has affected very much. I can't interact with my children so that they don't catch this disease. I keep them away so that they don't get it." (P1)

"What is most affected is obviously my children. The first thing a mother thinks about is theirs, they shouldn't get it, because skin diseases often spread."(P2)

"Yes and no. Obviously, I don't want my children to eat from my plate or use my things, so I forbid them." (P7)

#### **Poor daily life functioning**

"I get nervous, I can't tolerate too much heat or too much cold, I get burning sensations even if I stand in front of the stove." (P4)

"This is where daily activities get disturbed, like when you shampoo, wash these clothes, the wounds start to hurt, then they bleed, and if the matter gets worse, it recedes."(P6)

#### **Inability to do household chores**

"Household chores aren't done, if I use dishwashing soap or liquid it starts itching, washing clothes is very painful. The detergent is stinging and I can't go out in the sun. Can't wash dishes, and use soap, can't get manicures or pedicures, can't use skin polish and can't apply nail paints"(P6)

"You can't go in too much heat, nor too cold, you have to avoid stoves, etc., but how can you do that? You have to cook food for the children, you can't stay away from the stove."(P7)

#### **Can't wear clothes of own choice due to visibility of wounds.**

"I feel embarrassed when going out in front of someone and I can't even wear half-sleeved, clothes because I don't know what someone will think"(P2).

"It is difficult, there is itching, there is a rash, there is a lot of irritation, I can't wear sweaters in winter, and embroidered dresses in summers."(P8)

### **2) Associated health related issues**

The second superordinate theme "Associated health related issues". It denotes issues that are associated with a disease-almost always physical, psychological or social in nature-that layer on top of the primary condition. Associated health issues are varied for those with psoriasis. Psoriasis cause significant discomfort with itching, pain and scaling of the skin. Another aspect is that it may lead to the joint inflammation called psoriatic arthritis, causing impaired mobility and quality of life. Psoriasis is emotionally distressing and can cause people to have low self-esteem, depression, anti-social behavior (social stigma), or problems at work. Psychosocially, the chronic course of psoriasis and its treatment may also influence social relationships as well as work life which in turn might aggravate feelings of stress and emotional burdens. Therefore, the burden of psoriasis goes beyond skin manifestations that affect quality-of-life and activities. The theme has been further classified into three sub themes (1) Face swelling (2) Constant itching (3) Pain in knees .The subthemes are described below;

#### **Face swelling**

As narrated by participants

"Yesterday my mouth went numb (pointing to my mouth with my opposite hand)"(P1)

#### **Constant itching**

"It's always itchy on my face and hands."(P1)

"It just keeps itching, nothing works, if water etc. gets on it, it starts hurting, I can't do anything, the itching is so bad."(P5)

#### **Pain in knees**

"My knees hurt so much, I can't do housework-"(P7)

### **3) Limited disease awareness**

The third superordinate theme is "limited disease awareness". Misinformation about one's own condition, usually on the part of patients. For example, misconceptions related to disease etiology and symptoms or its transmission or treatment. In the case of a medical condition, if people do not have proper information about their illness they may form irrational fears. This lack of knowledge causes people to become more anxious and have worse health benefits. Due to misconceptions on their condition, patients label themselves as contagious and try not to expose others around them. Many of the patient population avoid everyday activities (i.e.: washing face or using cosmetics) thinking they will make their disease worse. The lack of knowledge can lead to their severe mental distress and impairment in daily living functions. A lack of correct knowledge on how to manage psoriasis causes people with the disease to put barriers around themselves. The theme has been further classified into two sub themes (1) Thinking its contagious (2) late diagnosis. The subthemes are described below;

#### **Thinking it's contagious**

According to Participants;

"At first, it seemed like a normal skin allergy, but as it spread, and blood and pus started coming out, I was worried, what kind of disease was this? People say, even family members say, 'Stay away, it's going to spread,' so everyone says that, and I myself also stay away, so that my children don't get it."(P4)

"No, it hasn't happened yet, but prevention is better than cure. Do you know how it spreads?"(P5)

"It's obvious that I don't want my children to use my things or my husband to use them, even though I've been married for 5 years and they hasn't caught disease yet."(P6)

#### **Late diagnosis**

"I've only just found out about psoriasis. I didn't know before. Before, they just said it was an allergy sort of thing."(P1)

"I knew there was a problem, I didn't know it was called psoriasis"(P2)

#### **4) Helplessness regarding disease**

This fourth theme is "Helplessness regarding disease". Typically, helplessness-related problems with a disease may include feelings of inadequacy, loss of control and chronic stress responding to daily demands as symptoms are present it can lead to emotional distress, anxiety or even depression because the individual attempts frequently but unsuccessfully to keep their health and life back on track. Helplessness associated with psoriasis can seem to be more prominent due to the visible and chronic nature of the disease. Psoriasis may cause the affected individual regular flare-ups, resulting in itching and scaling making it quite severe physically as well as psychologically. The sub themes are (1) Spreading with passage of time (2) severity of disease (3) Feeling exhausted (4) Intensity of burning sensations. The subthemes are described below;

##### **Spreading with passage of time**

According to participants;

"If the disease continues to spread on its own, the theory changes, saying that it will not go away" (P3)

"It was just like before, sometimes it goes away, but sometimes it comes back, so you may started knowing it won't go away. It wasn't that much at first, but now it's a lot. It started on the head and gradually spread to the whole body" (P4)

##### **Severity of disease;**

"It's intensity is more , it happens again and again, it increases, it only gives temporary relief, and this time it's become too much." (P3)

"Especially when the weather changes, it gets really annoying. If it's too hot, it spreads. If it's too cold, it spreads. If it's too cold, it goes away. Avoid it as much as possible. Anything can trigger it." (P6)

##### **Feeling exhausted**

"I'm fed up, let's just say, I've tried everything I can think of."(P4)

"Social attitudes affect us, but we don't worry. As a human we get tired of seeing other people's attitudes and behavior."(P6)

##### **Intensity of burning sensation**

"It's just that the irritation that becomes unbearable sometimes."(P1)

#### **5) Ostracism**

Ostracism is the exclusion or rejection by society. However, it also can have a significant effect on an individual in terms of their emotional and mental health by making a person feel lonely, rejected and lowers self-esteem. For chronic diseases like psoriasis, ostracism might appear in the aspect of social avoidance or negative attitudes held by others as it is a visible and commonly misunderstood illness. Social ostracism can be tough on people with a disease like psoriasis, because the condition which is often marked by visible flares and skin lesions may come with stigma. People may keep a distance between them and themselves or make some unfavorable remarks that will increase their feeling of being isolated. This exclusion drives home the fact that a chronic condition is isolated, further isolating people from social support and even part of their identity. Ostracism can cause psychological distress and exacerbate the less visible suffering that psoriasis patients experience with feelings of humiliation or rejection. The theme has been further classified into two five sub themes (1) Avoidance by people (2) Being criticized (3) Blaming patient (4) people looking with disgrace/disgust(5) Societal perceptions on beauty standards of females. The subthemes are described below;

##### **Avoidance by people**

As reported by participants;

"It feels bad because people behave badly, avoid shaking hands, avoid sitting next to me, everyone has their own nature, some are good, show compassion and give good advice, but most avoid me"(P3)

"People are just avoiding me , even when they meet, they are maintaining distance, it becomes evident. Outwardly, everyone is showing sympathy, Allah knows what is in someone's heart, and even if they are giving something, they still avoid like, for example , passing a dish"(P5)

"They're not joking, it just feels like they're being sarcastic."(P7)

##### **Being criticized**

" It seems like when people say you are wasting money, you are not taking precautions , you are just taking medicine, it is not having any effect, then you feel bad, then it leave you in anger, and you stop visiting doctor "(P2)

"Yes, they say it like that, your blood is not good, you are weak, and that's why it happens again and again."(P4)

"When someone says, you have a rash, you applied any fairness cream? Or the formula creams that are popular these day, then it feels bad."(P5)

##### **Blaming patient**

"People say;" You apply this particular thing on your skin that's why disease is spreading, if you leave it, disease will be cured. You have a son & daughter, they will get this disease too because of you, you eats brinjals that's why disease relapses, if she eats in a proper way then she won't get it."(P1);

"My husband and daughter started having skin allergies and everyone kept saying that I was causing the problem"(P2)

"Just seeing that it has been so many years since I have been hearing this that, you are not taking care of it, or you are not abstaining. You are getting cheap treatment, if you have got expensive treatment, then you will get well soon. My mother-in-law even says to me, you are already sick, you are already weak, and your body is weak."(P5)

#### **People looking with disgrace/disgust**

"It turns out that, when someone look at you with contempt, you feel lonely". (P5)

" The more people turn their backs on me , the more I become lonely, they become distant and distant, like it's a bad disease".(P8)

#### **Societal perceptions on beauty standards of females**

"Since childhood, we have been hearing this, (especially if you are female) that your complexion has deteriorated, be careful, there are pimples on face, eat cold things, just as now I have been hearing this that eat cold things, otherwise you will have relapse of disease again and again."(P3)

"Look, we say this, "There should be no defect in women, no matter what men are like, and life is spent in fear, that faces shouldn't disfigured, or something shouldn't happen to a women's face, otherwise society won't accept her"(P4)

#### **6) Familial attitudes**

The familial attitudes represented a complicated mixture of support and hostility in family relationships. In-law relationships demonstrate a poor degree of empathy and understanding, with spouse holding one another at arm lengths. The separation of living spaces and personal items, along with the disinterest expressed by in-laws further highlights that attempting to fit within... Such attitudes may compound stress and feelings of alienation. Alternatively, the supportive behavior of spouses has a positive influence on individual well-being and life satisfaction. Therefore, even though in-law hostility can create challenges for married couples, the balance of a loving and supportive spouse remains top-notch priority to deal with those problems that erupt within entire family. The subthemes include (1) problem with in-laws (2) satisfaction in married life. The subthemes are described below;

##### **Problem with in laws**

As participants stated that;

"Look at my mother-in-law. She argues a lot about keeping my belongings separate, keeping my laundry separate, even keeping my laundry soap separate, and she says, "Separate your towels too." Everyone says that, but when someone from the house or your own family says it, it seems even worse."(P2)

"I keep the dishes separate, even in-laws even kept saying, in the beginning, "Stay separate."(P4)

##### **Satisfaction in marital life**

As Narrated by participants;

"It's great, my husband support me a lot, he take care of me a lot, and he is very supportive."(P1)

"He don't say anything, he is very caring, he say, 'I will get you treated wherever you ask. You just don't take tension. You will be fine, nothing will happen. And he also make me eat diet, like my mother-in-law says, eat hot things, so if there is ever something that is not good for me or if I get to hear things, then he bring me something from outside"(P2)

"Life is good, it was better before illness , my husband is a good person , he used to bring me expensive medicines, now we can't afford them due to the financial situation, but still he has never hated me, he has taken care of me in every way"(P5)

"My married life is very good, but my husband is more worried than me about me getting sick, whether it's something like a chili pepper or something else that it will hurt my wounds, he is taking a lot of stress on me, and even applies medicine, etc."(P6)

#### **7) Impact on mental health**

The impact on mental health is deep as suggested by the quotes below. Poor self-esteem, seemingly prominent among those troubled by psoriasis and the fear of judgment conditioned is one of the central influences. The shame of looking people at them is a source of awkwardness or pity that makes psoriasis patients wish to further isolate from socialization and society in general. The preceding factors combine in a distinct inferiority complex. Naturally, such a construct has a depressing effect on one's mental well-being in general, reflected through a significant drop in self-reported levels of self-esteem, confidence, and quality of life. The theme has been further classified into two eight sub themes. (1)Poor self-esteem (2) Lack of optimism (3) Shame on facing people (4)Inferiority complex (5)Negative image of own self (6)Feeling stressed (7)Anger & irritability (8)Always on guard. The subthemes are described below;

##### **Poor self esteem**

"Think for yourself, a person's self-esteem is so low, just by thinking about what people will say, that her face is not good or they will feel disgust"(P3)

"Change is when a person's self-confidence is lost, self-esteem is compromised."(P6)

"First, see if you are not feeling good about yourself, self-esteem is low. I personally feel that I won't look good, even after getting ready, the wounds will be visible."(P7)

### **Lack of optimism**

"I've become so negative. I don't see positivity in anything so much."(P2)

### **Shame on facing people**

"It feels embarrassing to go in front of someone."(P2)

### **Inferiority complex**

"I have inferiority complex, that how I will face people"(P2)

### **Negative image of own self**

"I don't feel it, but I feel bad. A person's self-image is that I am not looking good, I am bad"(P4)

### **Feeling stressed**

"There is too much stress in my life."(P4)

"Doctors forbid stress, how can a person tell them that this is also a kind of stress, no matter how long a person takes or applies a medicine, they all get tired."(P7)

### **Anger & irritability**

"Definitely I feel angry and irritability as well, but I think, what can a human being do?"(P1)

"Even if someone is saying the right thing, it seems like they are saying the wrong thing. I get angry right away, the anger becomes very intense. I feel mentally torcher". (P2)

"I'm fed up, let's just say, I've seen it by fighting at any cost, I get very angry, I'm tired and irritable now ". (P4)

"When they tell me to see a good doctor, I get angry, because I am tired by spending a lot of money."(P7)

### **Always on guard**

"No one has ever made fun in front of me, but it seems like they'll keep making fun of me behind my back. Those who can do so much in front, will also do so in the back."(P1)

"It's never been difficult to talk about my illness with my partner, but I feel like the poor guy is so nice, he must be annoyed because of me."(P3)

"People don't say anything in front of you, but they must be saying it behind your back. Those who are being so reserved in front of you, don't you think they must be talking behind your back?"(P5)

"Well, people don't say bad things, if someone does it behind my back, I don't know. People say in front of me, "Get treatment." They doesn't make joke in front of me, maybe they're saying it from behind."(P7)

## **8) Experimentation with treatment options**

The theme "experimentation with treatment options "represents that individual tried so many treatments using traditional as well as fringing solutions. They visits a number of doctors, from allopathic to traditional healers, and tried a lot of herbal treatments They try hard, but it show a mix of expressive impact: their disappointments with treatments that weren't efficacious in expected ways or even made them worse. The subthemes are (1) Spiritual treatment (2) Herbal treatment (3) Self medications. The subthemes are described below;

### **Spiritual treatment**

"Had done spiritual healing many times , just to get rid of this"(P4)

"I had done spiritual treatments since beginning but I wasn't witnessing any difference at all."(P6)

### **Herbal treatment**

"There is no treatment I have not undergone. I have seen indigenous herbalists and various types of doctors"(P2)

"I have undergone a lot of treatment, from doctors, from healers, I have even had a procedure done, some say one thing, and some say another."(P3)

### **Self-medications**

"I've made and applied a lot of things myself, and on the contrary, it would have made the work even worse."(P3)

"I have applied a lot of self-made products, there is not a single treatment left, which I have not done."(P4)

## **9) Coping strategies**

There are several coping strategies that the individual uses to deal with their condition, demonstrating ways; they manages their situation in a much more complex way. Their acceptance is so important to how they cope, as it only when their diagnoses are accepted as part of the journey. They refrain from meeting people only to guard themselves against something that might hurt them or leave emotional pain .They are surviving because of their faith in Allah, giving them a sense of solace and looking forward to divine wisdom that will heal whenever it comes. Through the hope provided by medical and spiritual help, they keep their optimism alive which makes them not give up amidst facing many trials. Between both, these ways of handling things speak to the resilience and creativity this speaker took in trying her health on for size. The theme has been further classified into two nine sub themes. (1)Acceptance (2) Avoiding social gathering (3) Distraction by using social media (4) Showing no concern to criticism (5)Have learned to stay silent (6)Tolerance over criticism (7)Faith (8)Hope (9)Patience. The subthemes are described below;

### **Acceptance**

"Maybe this pain is just written in fate, and now to be honest, it has become a part of life, and this is hope."(P3)

"It feels bad, of course, we are human, things get on our nerves, this is the best situation, accept yourself as you are and live your life with patience. See for yourself, I am not alone, there are many people who are living their lives"(P6)

"People see it, ask what it is, I used to be afraid before, now I show it myself and I tell them."(P7)

### **Avoiding social gatherings**

"I socialize less. The more people I meet, the more they will recognize me and ask what happened, and then what will I tell them?"(P2)

"Yes, I do it myself by avoiding gatherings, I don't want to meet them, they will ask and I will feel bad"(P5)

"I avoid going, this is the best strategy, and there is no one, no one calls, if someone calls, I stay away"(P8)

### **Distraction by using social media**

"I keep looking on the net (laughing) how to stay away from people who are so toxic. It helps a lot in changing your mental state."(P2)

"I use my mobile phone, searched for something on my own, learned how to be happy, or watched a motivational video."(P5)

### **Showing no concern to criticism**

"I never cared what anyone would think, but the thought comes to mind that it's really happening again and again, I don't know when to rest"(P5).

"Now I've stopped taking tension, (I don't care anymore, it's enough)"(P8)

### **Have learned to stay silent**

"There is no better strategy than learning to remain silent, I think, that is the best."(P1)

"It is better to remain silent, because people will keep saying, so it is better to be patient, my friend."(P4)

### **Tolerance by criticism**

"I've become accustomed to it, let's say, I've become very tolerant, I think this is the best."(P1)

### **Faith**

"Allah is the healer, He is the one who heals, and this thought gives courage, what about the rest of the people, the servant should not care at all."(P3)

"I am taking medicine, and I think, "Allah is the one who heals." This thought comes to me, "Allah, please heal me I have little children."(P5)

"It's just positive, that I've left it to Allah, if it doesn't get better, then there's some wisdom in it, that by giving me this disease, Allah is saving me from a serious illness."(P8)

### **Hope**

"Thinking: Only Allah can save me, He is the one who has to do everything, who am I to complain as a human being?"(P4)

"It is positive, God willing I will be fine, there is no other negative."(P7)

### **Patience**

"It feels bad, I am patient, and I have always fought the disease with courage. Obviously, leave it to Allah, then patience will come". (P5)

"What is the result so far? I will continue to compete. I have to be patient. I have to listen to myself, not others. The rest of the family is with me. I have full faith in Allah Almighty."(P6)

## DISCUSSION

The analysis of the study has identified several significant themes of daily lives of females who have been diagnosed with psoriasis. These analysis told us a deeper insight into the lives and challenges of females. The theme "impaired quality of life" highlighted the issues of everyday chore. Moreover, it highlighted that psoriasis patients distance children from their self because of their health conditions .In the previous study the patients' psychological burden and stigmatization have been highlighted that psoriasis has an emotional impact while it affects social relations. The avoidance of household chores due to pain and sensitivity in our participant suggests a broad picture of emotional and practical obstacles, psoriasis greatly decreases quality of life through impairment with daily acts [12]. Participants reported emotional distress, fear of family contamination and social isolation which are consistent with the work of [4]. It shows how disease severity and comorbidities, e.g. depression have a great impact on the quality of life in individuals. The parents' experiences of needing to physically separate from their children as a consequence of fear that they might be capable of transmitting infection describes the psychosocial and social isolations themselves identify in patients with more severe psoriasis, traits such as depression and may give rise to these symptoms.

In the next theme" health related issues", knee pain was a significant factor highlighted that the patient is experiencing since the manifestation of disease. This aligns with the physical manifestations of psoriasis, in particular PsA.According to the previous findings around one-third of patients with Psoriasis arthritis reported work absence as a consequence of their disease indicating an important relationship between absenteeism from and productivity at their job. Additionally, the study found that patients with PsA were significantly less likely to be working full-time[20]. In the previous study looking at severity of psoriasis in perspective state that uncontrolled disease is associated with significant health risks including death[21].

The theme "limited disease awareness" finding of this study tells that many individuals thinks that it is as a result of contamination. The previous study findings highlights that patients of psoriasis have limited awareness regarding

disease will increase the risk of cardiovascular disease, furthermore they have symptoms without more advanced evaluation [22].

The theme "helplessness" was also a major finding resulting in spreading, severity, exhaustion due to disease and its intensity of burning sensation these findings align with previous research the result indicated that perceived helplessness in patients with psoriasis act as a major predictor of stigmatization in disease, furthermore it also suggests that helplessness should be focus of study in patients with psoriasis [23].

The other corresponding theme "ostracism" was another significant finding in this study the theme indicates that patients are being avoided, criticized and blamed for their disease, moreover people look at them with disgrace and disgust because of their physical appearance, they also think that now they aren't aligned with societal perceptions on beauty standards of females these significant findings align with the research of [24] meanwhile that study indicated that the patients have lack of social support and they have been labelled by the society in unrealistic and inappropriate way, they also reported feeling of absurdity as people's behavior around them has been changed they feel deprivation of social rights. In this context another study in 2014 shows that participants feel a sense of rejection and labelling which also corresponds within our study context, the negative impacts of stigmatization in social interactions showed that patients weren't willing to disclose their disease [25].

The significant finding of this study is "familial attitudes" of the patient's, they reported problems with their in-laws because of their disease but alongside this, they reported satisfaction in their marital life. Study underscores the psychological impact of psoriasis on patients and their family members. The research findings underscore that patients and their family members commonly experience psychological stress and fosters concerns about hereditary transmission of the disease Along with this their family exhibit a deeper comprehension of the emotional burden inflicted on patients [26].

It is crucial to recognize importance of "impact on mental health" in psoriasis patients which itself is another significant finding of this study. The view of self-image suggests that body is a medium through which individual engage to the world, thus living with psoriasis can make a person's image negative regarding their bodies our findings shows that patients with psoriasis has a significant effect on their self-image, they feel shame on facing people moreover, they have inferiority complex and negative image of own self [27].

The next theme "Experiment with treatment options" is also a significant finding of this study. A previous study findings tells that when psoriasis patients are about to look at the treatment options individual appears to be willing to accept the adverse effects related to treatment, as in our study the participants have told that they have tried their best to get any sort of treatment no matter what kind of treatment it was, they have consulted different doctors, they have also done spiritual and herbal treatments, they have also induced self-medications despite of thinking about their consequences, just for the sake of their treatments [28].

The finding "coping strategies" are consistent with existing literature, which suggests that there is difference in coping strategies of men and women, planning and active coping were the coping strategies frequently used by the patients moreover psychological distress is reported more commonly in female gender [29].

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