

A qualitative research: Self-compassion of women in early adulthood with atopic dermatitis since early childhood

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Atopic dermatitis, Early adult women, Self-compassion	Atopic dermatitis (AD) is a chronic skin disease that generally appears from infancy to adulthood and is more common in women. People with AD may experience physical, psychological, and social impacts that disrupt their everyday lives. Those impacts may affect their quality of life, hence people with AD need self-compassion to face their condition. Self-compassion has its negative and positive components, uncompassionate and compassionate response. This research aims to understand self-compassion of women in early adulthood with AD since toddlers. Descriptive phenomenology is used as a research method. Results showed that self-compassion tends to be dynamic in each of the participants. Participants were more likely to show uncompassionate responses when their AD relapses, while compassionate responses were shown when they have better skin condition. Self-compassion was found to help participants in accepting and giving love to themselves when facing various conditions, so that they function better in their daily lives. Future research could delve more into the impact of family's experience to one's self-compassion. Support systems can be helpful for individuals with AD to share their sufferings.

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INTRODUCTION

Atopic dermatitis (AD) is a chronic skin disease characterized by abnormalities that manifest as itchy rashes. These rashes often lead to excoriation, resulting in thickening, hardening (lichenification), and persistent itching of the skin due to scratching by affected individuals (Evina, 2015). AD is considered as a genetic skin disease that happens because of a complex interaction, including damage to the skin barrier, immune dysregulation, and exposure to environmental and infectious agents. It causes people with AD to feel chronic itches in their skin and may cause skin infection (Kapur et al., 2018). Moreover, AD can affect individuals of all ages.

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AD is commonly found in infants and children between the ages of 0 and 5, constituting approximately 85% of cases (Evina, 2015). AD symptoms that persist from childhood to adulthood are known as persistent AD (Oninla et al., 2021). Most studies show that the prevalence of AD is higher in women, reaching a rate of 11.1% in schoolgirls and 10.2% in adult women (Bylund et al., 2020).

AD in infants and children can affect their psychosocial and mental development. Visible symptoms of AD can lead children to avoid outdoor activities and may result in self-esteem problems that affect their social functioning (Na et al., 2019). Research conducted by Muzzolon et al., (2021) indicates that children with AD have experienced isolation, peer rejection, as well as verbal and physical bullying. It shows that children with AD have experienced several negative impacts since early age, which may not be experienced by other children.

Qualitative studies conducted by Xie and Liang (2022) also prove that AD symptoms in children can affect their self-stigma, which manifests cognitively, affectively, and behaviorally, influencing their psychosocial well-being. Participants in Xie & Liang (2022) studies exhibited self-stigmatization cognitively by internalizing negative views from their environment regarding their AD condition, leading them to feel dirty, disgusting, and unattractive. That cognitive self-stigmatization resulted in feelings of social inferiority. Additionally, participants reported experiencing negative emotions such as sadness, embarrassment, and anger due to their AD. They also displayed isolative behavior, withdrawing from social interactions, and avoiding socialization out of fear of discrimination due to their condition.

AD has evident physical effects, including dry, flaky skin, rashes, and open wounds resulting from scratching due to persistent itching. The wounds and inflammation of the skin can also lead to hyperpigmentation for the affected individuals (Grayson & Heath, 2020). These symptoms can commonly be found in specific areas of the body, such as the neck, elbow, arms, legs, wrists, and facial area like the mouth and eyes. People with AD can feel the itchiness in their skin increase at night (Kapur et al., 2018). These physical manifestations significantly impact their quality of life, particularly affecting their psychological and social well-being (Evina, 2015).

The physical symptoms of AD can cause affected individuals to perceive their appearance as different from others, leading to various psychological strains, such as heightened levels of depression and anxiety compared to their counterparts. Feelings of disgust towards their wounds, rashes, and dry, scaly skin contribute to self-hatred towards their own skin, resulting in a sense of social inferiority (Clarke et al., 2020). AD symptoms can get better as people grow older, but there are cases where symptoms persist through adulthood. Adults with AD are also commonly associated with feelings of anxiety, depression, stress, and suicidal ideas (Arents et al., 2019). A retrospective study conducted by Kauppi et al., (2019) on 57,690 AD cases reveals that women tend to experience psychological problems rather than men.

Studies have demonstrated that adults with AD encounter difficulties in both their professional and romantic lives (Gochnauer et al., 2017). Howells et al., (2019) explained that adults with AD struggle to sleep due to chronic itchiness, leading to a lack of energy which disrupts their daily activities. Individuals with AD often need to take sick leave or permit due to the visual symptoms that make them feel embarrassed. It is common for adults with AD to withdraw from various job fields, including healthcare, hairdressing, and food services, due to the visibility of their symptoms (Gochnauer et al., 2017).

Qualitative research conducted by Birdi et al., (2020) involving 19 adults with AD indicates their concern about how others perceive their visible symptoms and often conceal them to avoid getting questions about their condition. People with AD frequently receive negative reactions, such as fear of contagion, from those around them due to their visible symptoms. These negative reactions elicit feelings of embarrassment, guilt, and anxiety about their skin condition among individuals with AD, significantly impacting their social interactions and confidence (Teasdale et al., 2021).

The impacts experienced by individuals with AD are exacerbated by prevailing beauty standards, particularly those imposed on women. These beauty standards tend to disproportionately affect women, leading them to conform to these beauty standards that prevail around them. This conformity is often driven by the desire to attract the opposite gender and derive self-satisfaction from the compliments they receive (Aprilita & Listyani, 2016). Beauty standards change from time to time, but it is commonly proven that the beauty standards for women often entail having a slim body, tall stature, big eyes, long hair, and fair smooth skin. Those criteria are also applicable to women in Indonesia due to the history of colonialism, patriarchy, and modernization influenced by Western countries (Aprilita & Listyani, 2016).

Women with AD may struggle to meet Indonesia's beauty standards, particularly the expectation of having fair and smooth skin, due to the presence of physical symptoms. This struggle can affect their body image and lead women to feel unsatisfied with their bodies and skin. Dissatisfaction of one's body image can be a problem when it is associated with feelings of inferiority and inadequacy, particularly when they are comparing themselves to others (Ferreira et al., in Duarte et al., 2015). This notion is supported by Clarke et al., (2020) who explain that individuals with AD often experience disgust and hatred toward their skin condition, contributing to a sense of social inferiority.

All the research and studies above indicate that individuals with AD commonly experience physical and psychosocial impacts throughout their lives because of their condition. These effects encompass feelings of embarrassment, guilt, difficulties with itchiness and wounds, as well as impairments in social interactions caused by their skin condition. Studies also show that the quality of life in individuals with AD can improve when the negative impacts they experience decrease. Physical impacts can decrease with the help of specific treatments and ointments to heal the itchiness as well as wounds. However, these physical impacts and symptoms also exert a detrimental influence on the

individual's psychological and social well-being. Clarke et al., (2020) explained that these negative impacts can be mitigated through having self-compassion. For individuals with AD, self-compassion manifests in cultivating feelings of serenity and peace regarding their condition. Furthermore, it involves accepting and adjusting one's perception of oneself and their skin condition. Individuals with AD can alleviate psychological issues and improve their quality of life by incorporating self-compassion when facing their condition (Sherman et al., 2019).

Self-compassion is an attitude of self-care demonstrated shown through acceptance and understanding of one's shortcomings, suffering, and current reality (K. Neff & Germer, 2018). Self-compassion can help alleviate fear, self-isolation, and negative perception of oneself. This occurs when individuals treat themselves positively, such as showing affection, comfort, and acceptance of humanity. Positive thoughts, such as happiness and optimism, may be enhanced in individuals who practice self-compassion (K. Neff, 2011). Self-compassion can be shown when individuals are supportive of themselves when facing negative experiences and accepting their shortcomings. Moreover, it enables individuals to recognize that everyone in this world has their shortcomings and problems; hence it is a universal aspect of life (K. Neff & Germer, 2018).

K. Neff & Germer (2018) explained that fundamentally humans would react negatively first when they're confronted with situations that would harm their self-concept. Individuals tend to focus solely on their negative feelings and forget that everyone could be dealing with problems as well (K. Neff, 2003). These reactions commonly manifest through self-criticism, isolation, and overidentification or can be referred to as uncompassionate response/behavior (K. Neff, 2016). Additionally, K. Neff (2011) highlighted the presence of a natural caring system within humans that can assist in mitigating these negative reactions, fostering a sense of calm and comfort. This explanation shows that negative reactions have a close relationship with positive components of self-compassion, namely self-kindness, common humanity, and mindfulness also known as compassionate behavior/response.

Self-kindness involves offering oneself affection and understanding instead of succumbing to self-criticism. Common humanity helps individuals to recognize that the suffering they're dealing with is a part of human aspects in life, rather than seeing it as an isolation or a deserving act. Mindfulness enables individuals to be aware of their negative thoughts and feelings without excessively identifying them (K. Neff, 2011). Individuals who exhibit a more uncompassionate response when dealing with their suffering can be described as having low self-compassion (K. Neff, 2016).

Self-compassion is expected to help individuals with AD to alleviate negative critics of oneself. The aspects of self-compassion also encourage individuals with AD to adjust their perceptions about their skin condition, thus enhancing emotional well-being and comfort. Moreover, self-compassion has been proven to help individuals with AD in managing and reducing depression that is caused by the disgust they feel toward their skin condition (Clarke et al., 2020). Self-compassion can also be

increased by social support from close circles, such as family and friends. Individuals tend to experience higher self-compassion when they feel supported and embraced by their environment. Research done by Rahayu and Purnamasari (2022) on young adults aged 18-21 years old revealed a correlation between the perception of parental affection and higher self-compassion levels. Parental affection encompasses various aspects, such as reinforcement and physical touch. Self-compassion can be demonstrated through self-acceptance and adjustment of one's perception of oneself and their skin condition. Individuals with AD can reduce various psychological pressures and improve their quality of life when they incorporate self-compassion into their lives as AD patients (Sherman et al., 2019).

Improved social interaction among individuals often correlates with a reduction in psychological distress and an increase in overall well-being and self-acceptance. This has become significant in the lives of individuals with AD, specifically to women in early adulthood. Santrock (2019) highlights that early adulthood is the stage where individuals start to make crucial life choices, such as choosing a career path and life partner, necessitating thorough contemplation and preparation. Women with AD tend to be embarrassed about their skin condition, making them feel anxious when engaging in a romantic relationship, choosing their career, or building a family. Therefore, self-compassion becomes vital during this stage to alleviate anxiety felt by women with AD, thus assisting them in making more rational choices in their lives.

This research aims to understand the depiction of self-compassion among women in their early adulthood who have had AD since childhood. Previous research shows the effect of self-compassion to AD through numbers and data. However, this research endeavors to delve deeper into the struggles faced by these women and to uncover the role of self-compassion throughout their lives, shedding light on how it facilitated improvements in their quality of life. The study seeks to illustrate instances of self-compassion in each participant's life with AD and to elucidate its effects on their daily experiences. This research may benefit individuals with AD in comprehending the significance of having self-compassion in their lives to reduce the negative impacts and enhance their quality of life. Moreover, this research could also benefit healthcare professionals by providing insights and aiding individuals with AD in managing the psychological impacts stemming from body image problems that are associated with the condition.

METHOD

This research is conducted with a qualitative method, which is descriptive phenomenology. The objective of using the phenomenology method is to closely engage with the participant's experience and immerse oneself in their world to gain a better understanding (Willig, 2013). Husserl developed the descriptive phenomenology method to describe an individual's experience and set aside the researcher's opinions or biases (Reiners, 2013). Willig (2013) explained that it is necessary to put aside one's opinion and bias to capture the participants' experiences accurately. In this research,

descriptive phenomenology is utilized to articulate experiences and interpretations related to the phenomenon of self-compassion in individuals who have had AD since early childhood. This research involves three female participants in their early adulthood, aged between 18 and 25 who have lived with AD since early childhood. Participants were chosen using purposive homogeneous sampling to get a more specific sample, hence resulting in significant and information-rich data to provide a comprehensive explanation of the research (Yin, 2016).

Data was collected through a semi-structured interview with the participants. The interview aimed to capture the participant's attitudes, beliefs, behavior, and experience regarding the phenomenon that was being studied (Yin, 2016). The interview was conducted with the presence of a progressive interview guide (Creswell, 2012). The interview process was held online through Zoom Meeting because of the COVID-19 pandemic situation. The collected data are then made into verbatim transcripts to be analyzed. Data analysis is done with a thematic analysis method. Willig (2013) explained that thematic analysis is an approach that enables the identification and organizations of patterns as well as meanings in the research data. Thematic analysis is conducted to obtain a framework to explain the significant themes from the research (Willig, 2013). Data validation is then conducted through member checking. Member checking is suitable in phenomenology research because it tends to capture participant's responses as a relatively straightforward description of experiences and events (Willig, 2013).

RESULTS AND DISCUSSION

Research results discuss the six components of self-compassion in early adult women who have AD since early childhood. The six components are self-kindness versus self-criticism, common humanity versus isolation, and mindfulness versus overidentification. The results revealed that all three participants depicted all components of self-compassion throughout their life with AD. Presently, all three participants predominantly exhibit compassionate responses to their condition. However, there are instances when they still demonstrate some uncompassionate reactions, especially during AD relapses.

Self-kindness vs. self-criticism

All three participants typically demonstrate self-kindness when their AD conditions improve. All three participants exhibit self-kindness by tending to rashes and wounds on their skin, as well as calming themselves whenever they are feeling stressed by doing something fun. This indicates that all three participants can find effective stress coping strategies, enabling them to manage their emotions and feel relaxed when dealing with various conditions. However, the participants tend to engage in self-criticism when their AD conditions relapse or worsen, like when rashes and wounds appear in

less frequently affected areas. Self-criticism in the participants is shown through feelings of disgust, embarrassment, lack of confidence, and blaming oneself for having a relapse.

Clarke et al., (2020) and Gochnauer et al., (2017) explained that individuals with AD have feelings of embarrassment, disgust, and hatred towards their own skin due to the visual symptoms, which significantly affect their sense of social belonging. This aligns with all three participants, who expressed discomfort in freely choosing their attire due to the visibility of their symptom. Teasdale et al., (2021) illustrated that individuals with AD tend to receive negative reactions from strangers or even their friends regarding their visual symptoms leading them to feel embarrassed, guilty, and anxious about their skin condition, thus affecting their social interaction and confidence. This is also shown by all three participants, who have experienced bullying because of their skin condition, hence making them feel embarrassed about their skin.

All three participants detailed how they grapple with their skin condition during flare-ups, feeling insecure about wearing certain clothing and being preoccupied with others' perceptions of their skin. These behaviors reflect their coping mechanisms when their condition relapses. However, all three participants have improved skin condition and increased their acceptance of their condition, allowing them to be more compassionate towards themselves and prioritize self-care over self-criticism regarding their condition.

Common humanity vs. isolation

Common humanity is shown in the three participants when their skin condition improves. All three participants recognized that everyone has their imperfections and found support from both family and friends in managing their conditions. Participants also realized that they're now comfortable enough to open up about their skin condition due to the support and acceptance they've received from the people around them. Conversely, feelings of isolation emerged for the participants when their skin condition relapsed or worsened. This was manifested through thoughts of inadequacy in comparison to others' seemingly flawless skin, apprehension about others' reactions, a sense of unfairness regarding their own skin, and moments of envy toward others' skin conditions.

These findings align with Teasdale et al., (2021) who explained that environmental factors, such as the presence of stigma and fear of contagion, contributes to individuals with AD feeling embarrassed, lacking confidence, as well as having thoughts that their skin is not as perfect as others. Research by Lalji et al., (2015) on individuals with AD aged 16-25 years old also shows that the presence of social support can help neutralize negative thoughts and feelings that appear due to their condition. The research by Lalji et al., (2015) aligns with this research results that shows how social support influenced the openness of the three participants towards their environment, therefore making them realize that they're not alone in dealing with their sufferings and understanding that not

everyone is perfect. Presently, all three participants benefit from a supportive and accepting environment, enabling them to approach their AD with a more positive outlook.

Mindfulness vs. overidentification

All three participants show mindfulness when their condition is better and overidentification during relapses or worsening episodes. Mindfulness is shown when the three participants begin to accept their skin condition and make it a learning experience for personal growth in various aspects of life. This approach facilitated a more positive perspective on living with AD. This approach is also supported by a literature study by Waney et al., (2020) which explained that being mindful and embracing one's thoughts related to their present condition can lead to a positive self-acceptance. Overidentification is shown by all three participants when they perceive their condition as burdensome, struggle to maintain confidence, and worry excessively about their future to the extent that it disturbs their daily activities. Currently, two of them are still grappling with overidentification in managing AD due to the lasting effects of past bullying and concerns about what lies ahead.

The findings concerning the overidentification component displayed by the three participants align with Mohan & Bakar (2021) explanation regarding the enduring negative effects of childhood bullying on mental well-being. It makes them feel insecure, isolated, and rejected by their society (Mohan & Bakar, 2021). Childhood bullying victims can also have problems with low self-esteem, which persists through adulthood. Components of mindfulness versus overidentification influenced participants' perceptions and awareness of their feelings and experience in dealing with AD, aiding them to be more accepting of their condition.

CONCLUSION

The explanation for the six components of self-compassion in the three participants depict how self-compassion played a role in their coping mechanisms. The result indicates that self-compassion is dynamic, progressing over time and adjusting to the condition of the affected individuals. All three participants tend to exhibit uncompassionate responses when their AD condition worsens or relapses and compassionate responses when their condition improves. However, all three participants can neutralize the uncompassionate response with a compassionate response when they're dealing with their condition.

All three participants showed that self-compassion has helped them to learn and grow from their experience, allowing them to approach other difficult situations with greater affection, care, and acceptance. Self-compassion is also proven to help individuals with AD to accept and adjust their perception towards their skin condition, ultimately reducing psychological strains and improving quality of life. Moreover, self-compassion is helpful in improving the social functioning of all three participants by being comfortable enough to open up about their condition, avoiding social withdrawal, and recognizing the potential for societal acceptance.

Future research can study more about the relationship between a family's circumstances and its effect on the self-compassion of individuals with AD. Their family's experience and environment can shape self-compassion in an individual. Therefore, a parent's relationship can also play a role in the development of self-compassion in their children. This aligns with research done by Neff and McGehee (2010) that demonstrates teenagers and young adults who grow up in harmonious family environments tend to be more self-compassionate towards themselves. Neff and McGehee (2010) explains that one's family experience can serve as an example for how individuals treat themselves when facing a problem. Future researchers are also suggested to conduct an offline interview and build more rapport with the participants, so they can build a closer connection with the candidates and observe their behavior in real time.

Practical recommendations stemming from this research can be extended to individuals with friends or family affected by AD. Friends and family can act as a support system to share their frustrations and help recognize the chances of a psychological as well as social impact that may arise in individuals with AD around them. This is also proven by research done by Lalji et al., (2015) to 16-25 years old individuals with AD who have shown that social support can neutralize persistent negative thoughts and feelings. Social support can also be beneficial for individuals with AD to improve their quality of life. Furthermore, healthcare and psychological professionals should be attentive to the psychological impacts that may manifest in individuals with AD. By acknowledging and addressing these impacts, professionals can play a pivotal role in alleviating the pressures experienced by individuals dealing with this condition.

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