In Search of Lost Beauty: Experiences of Iranian Women with Melasma

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Abstract

Background

The skin condition called Melasma affects patients' appearance significantly and also impacts them psychologically and emotionally, besides leading to an impaired body image.

Aim

Since access to quality information in different cultural environments is necessary to understand the psychological problems associated with Melasma, the aim of this qualitative study was to explore the experiences of 20 Iranian women with Melasma.

Patients/Methods:

The content analysis method was employed for this study. Twenty participants were selected through purposive sampling, and data was collected through face-to-face in-depth interviews, and then transcribed verbatim.

Results

After categorizing the initial codes, 14 subthemes were identified, which were classified under five themes —camouflage, seeking treatment, lost beauty, grief, and others' reaction; these were then grouped under a general one, "in search of lost beauty."

Conclusions

Melasma has a tremendous impact on the lives of the women it affects, and therapists should focus on the condition's social and psychological aspects, in addition to treatment.

Introduction

Melasma is an acquired disorder of skin pigmentation in areas exposed to the sun, especially the face. It is common among women and dark-skinned individuals, mainly due to ultraviolet irradiation and hormonal changes. In clinical examinations, facial lesions are observed in the Centro-facial, malar, and mandibular areas[1].

Melasma has been observed in all races and populations; however, epidemiological studies have reported the highest prevalence among individuals with darker phenotypes, including people from East Asia, India, Pakistan, and the Middle East, as well as Mediterranean Africans. In a 2013 community-based study on

515 clerks at the São Paolo State University's Botucatu campus, Melasma was observed in 34% of the female participants and 6% of their male counterparts[2]. In another community-based study in 2002 in Ardabil, 39.5% of the 855 Iranian women surveyed had the condition, while 9.5% of them were pregnant[3].

Melasma affects patients' appearance significantly and also impacts them psychologically and emotionally, besides leading to quality of life (QoL) disorders". Moreover, they also end up spending a lot on its treatments and interventions, which do not always meet their expectations.

Because Melasma lesions are often facial and, thus, visible, the condition causes patients much stress, has a negative impact on their daily life and emotional and mental health, and often pushes them to consult a dermatologist[4]. In research reports, patients frequently report shame, low self-esteem, inability to feel pleasure, dissatisfaction, and lack of motivation to leave home[5]. Analysis of the Brazilian version of melasma quality of life scale (MelasQoL-BP) showed that the condition led to significant emotional effects on the surveyed Brazilian women, such as sadness (94.11%), frustration and embarrassment (64.71%), depression (52.94%), and feeling unattractive (78.43%), due to skin problems—there was, however, no social impact[2]. A study in India indicated that Hi-MELASQOL (Hindi adaptation of Melasma QOL) was not correlated with MASI (Melasma Area and Severity Index) scores (age or duration of melasma), and there was no significant correlation between Hi-MELASQOL and patient occupation, education level, and marital status either; furthermore, the results demonstrated that among the study participants, 36.54% felt sad, 41.03% felt disappointed, 46.03% felt embarrassed, and 48.72% were depressed due to their appearance[6].

Another study investigated the condition's effect on the self-confidence of six patients with mild or severe Melasma, and all of them said that it affected their QoL and confidence—treatment involving a triple combination cream and oral Tranexamic acid considerably improved their confidence, and therefore, the study concluded that physicians treating Melasma should be aware of its psychological effects on the patients and the treatment's effects on their confidence[7]. In a qualitative study conducted to identify QoL impairments among pregnant women, the participants mentioned experiencing unpleasant skin changes, including acne, Melasma, and striae, and some of them even felt ugly due to these[8]. Since access to quality information in different cultural environments is necessary to understand the psychosocial problems caused by Melasma, and given the limited number of qualitative studies in this regard, the current study was conducted to identify the experiences of Iranian women with Melasma.

Materials And Methods

The content analysis method was employed for this qualitative study—qualitative content analysis is appropriate in cases of fewer theories or limited research on the phenomenon under investigation[9]. Twenty participants were selected through purposive sampling—the inclusion criteria were a Melasma diagnosis confirmed by a dermatologist and interest in participating in the study. The study setting was dermatology clinics affiliated with Ardabil University of Medical Sciences, Ardabil, Iran. Face-to-face

interviews were conducted in a room in the clinics for 25 to 35 minutes. At first, the general question “How do you feel about melasma?” Was asked, and later, for more information, questions such as “Why is it so?” and “What do you mean by this?” And phrases such as “Please explain further” were used. All interviews were recorded with the participants’ permission and then transcribed verbatim. Content analysis entails open coding, categorization, and abstraction. After reading the transcripts several times, the key concepts were underlined and the initial codes extracted. After extracting the codes from the sentences and paragraphs, they were merged into a series of subthemes based on the similarities and differences, and then, summarized under the main themes. The researchers tried not to impose their presupposition on the analysis as much as possible.

For consistency of data, transferability, credibility, and verifiability were checked[10]. For credibility, the researchers engaged with the data and participants continuously; for verifiability, the researchers benefited from the opinions of a colleague on the analysis of the data and codes, and all activities were recorded and included in the final report for reliability; and transferability was confirmed by sharing the study results with two contributors who were not involved in this research but had encountered a similar situation in their work.

Ethical approval was obtained from the Ethics Committee of Ardabil University of Medical Sciences. In addition, the study objectives were shared with the participants, and they were assured that their information would be kept confidential and that they could leave the study at any time.

Results

Initial coding gave 140 codes, and after removing repetitive ones, 114 were left. The final number of codes was 87 after omitting the extra and useless ones. Categorizing the initial codes gave 14 subthemes, which were classified into five themes; all five were then summarized under a general one, “in search of lost beauty” (Table 1).

The Five Themes

Below each of the five themes has been described in detail. The descriptions include the participants’ thoughts, feelings, and responses recorded during their interviews.

1. Camouflage: This theme was named camouflage for the steps taken by the participants to try and ensure that others did not see their skin patches—applying heavy makeup or staying at home.
1.1 Heavy makeup: Most of the participants said that they needed to use multiple creams to hide their patches, and did not step out without makeup.
A 36-year-old housewife said, “I never used to apply any cream, but now I apply several to conceal the patches—I can’t go out if I don’t do this because I’m afraid everybody will notice the patches. Sometimes, even my husband tells me that my skin is no longer good and the patches are increasing. So, I have to have makeup on at home as well.”

A 35-year-old clerk said, “I spend half an hour applying makeup before going out; without it, I feel ugly. I think that if I went out without makeup, the neighbors would know my skin isn’t good. They’ve even told me that I look better when I’ve applied cream; that’s why I never go out without applying it.”

1.2 Avoidance: Most of the participants said that they went out less often so that fewer people would see their patches.

A 35-year-old housewife said, “I don’t like going to public places. For example, when I go to a party, everybody mentions the fact that my face is full of patches, and I feel embarrassed. So, I don’t feel like going to parties.”

A 31-year-old housewife shared the same feeling: “I don’t like going to parties. My mom says it’s ok, but my heart isn’t in it. I haven’t been to many parties because of the patches.”

2. Seeking treatment: This theme was obtained by combining two subthemes—treatment follow-up and hope for a cure.

2.1 Treatment follow-up: All participants said that they had been taking treatment since long and following their physician’s instructions to treat the patches.

A 40-year-old housewife said, “I apply the (therapeutic) creams every night even if I am pressed for time. I hope the creams make the patches disappear.”

A 32-year-old teacher said, “I’ve visited several physicians. Some prescribed combined medicines, while some said not to waste money on drugs because the patches reappear if one stops using the creams. Another said that I should take medication under supervision for nine months, adding that the patches may lighten but will reappear.

2.2 Hope for a cure: The participants spoke about their hope for a cure, saying that is why they continue with the treatment. A 45-year-old housewife said, “My family members discouraged me from seeking treatment as they thought I wouldn’t get better. Nonetheless, two months ago, I started the treatment. I feel that the patches have decreased since, which gives me hope. ”

Another said, “I hope these patches disappear someday. I’ve heard that the condition improves with age. I’m looking forward to that. ”

3. Lost beauty: The subthemes of mirror avoidance, regret over the loss of beauty, and disappointment were combined under this theme.

3.1 Mirror avoidance: Most of the participants said that they hated mirrors because these made them feel that they were no longer beautiful. The 36-year-old housewife said, “Now that my face is full of patches, I feel sad when I look in a mirror. So, I try to avoid it, because the more I look, the more upset I get.

Another housewife, aged 46, said, "...I hardly ever look in a mirror, because seeing the patches upsets me; I feel sad and sorry for myself because of them. "

3.2 The regret over the loss of beauty: Most of the participants were of the opinion that they were much better looking in the past and wanted to regain those looks. The 45-year-old housewife said, "I take my photo and I compare it with my old ones. I realize that I look aged."

The 36-year-old housewife said, "When I look at old albums, I see that my skin was free of patches and acne. Now, it isn't. "

3.3 Disappointment: The participants who had been taking treatment for a long time reported feeling disappointed when they did not see the expected changes. A 42-year-old participant said, I've visited my physician often because of the patches but left disappointed; I stopped the drugs midway because the patches didn't disappear quickly; they got worse. I expected to be cured within one to two months, but that didn't happen. There is no cure. "

The 40-year-old housewife said, "I've visited several physicians, even going to different cities for a consultation. They said that the patches wouldn't go away for good, even if they did laser treatment.

Another participant said, "I took medication for a while, but whenever I missed a dose, the patches multiplied. I even tried to find other solutions like traditional medicine. Now, I've given up"

4. Grief: It was observed that when the participants realized that their condition was incurable, they accepted the loss of their beauty and grieved. This theme comprised the following three subthemes: a sense of guilt, depression, and low self-confidence.
4.1 A sense of guilt: The participants felt guilty about the patches. "When I was younger, I had a clear face. Sometimes I tell myself that these patches probably started because I applied so much cream back then. I wish I had taken better care of my skin in my youth
A 38-year-old clerk said, "I don't feel relaxed in public, I feel embarrassed. I hold myself responsible for this 'defect' in me because I didn't follow up on the treatment; I think this was treatable but I neglected it.

The 40-year-old housewife said, "I'm well aware of the fact that I didn't eat properly. I had severe stress, didn't sleep enough, and had been on antidepressants for a while—all of this caused this problem.

4.2 Depression: Depression is common among those facing appearance-related problems, and melasma patients are no exception. The 36-year-old housewife said, "I feel so old, I feel depressed, and when I look at my face in the mirror, I get upset."

The 46-year-old housewife said, "I used to be so happy; now, every moment feels like a struggle. I'm always upset, depressed, and in a bad mood because of my patches. I don't like to put on makeup either. I tell myself that my skin is terrible, so why bother with makeup anyway.

“I’m always in a terrible mood. I don’t feel like eating or doing any work” said a 38-year-old participant.

4.3 Low self-confidence: Similar to patients of other skin disorders, melasma patients too experience decrease in self-confidence. A 35-year-old housewife said, “I avoid talking when in a group. If I stay quiet, others may not pay much attention to me, and thus, not notice my patches.”

A 38-year-old teacher said, “I always feel despised; I don’t feel relaxed with my colleagues. I see these patches as a defect.”

“When I look in a mirror, I get upset. Moreover, sun exposure makes the patches darker. I’ve lost self-confidence—I apply powder even for going to the local grocery store” said a 32-year-old teacher.

5. Others’ reaction: This theme was derived from the subthemes of reduction in spouse’s affection, sarcasm, and feeling despised.
5.1 Reduction in spouse’s affection: Several of the younger participants with severe melasma expressed their feelings about decrease in their spouse’s affection toward them. A 37-year-old housewife said, “I feel my husband is overly conscious about my face when I don’t have makeup on; in fact, he doesn’t even come home at such times”.
Another said, “Though my husband hasn’t said anything openly, I feel that he is less affectionate toward me than before.”

5.2 Sarcasm: Some of the participants reported having to endure sarcastic comments from those around them. The 36-year-old housewife said, “My in-laws nag me saying I look aged and that there are many patches on my face. They even say ‘We didn’t look like this at your age.”

They behave terribly with me and treat me with contempt. They say it is too late for me to get treated for this because of my age.” Said the 45-year-old housewife.

5.3 Feeling despised: Besides other problems, the participants also felt despised by others. “Others’ opinion affects me. These days, women put in so much effort to look beautiful. When people see my face with patches on the forehead, they look surprised, as if they are wondering why I don’t try to look better.” said a 31-year-old housewife.

A 38-year-old housewife said, “People look at me as if I have a problem or defect, and this annoys me.”

“I don’t enjoy the company of people who stare at my patches,” said the 45-year-old housewife.

Discussion

This qualitative study revealed that melasma affects patients’ lives significantly. Data analysis gave five themes: camouflage, seeking treatment, lost beauty, grief, and others’ reaction. Finally, all five were summarized under a general one, “in search of lost beauty.”

Many of the previous studies were descriptive and investigated melasma's effects on patients' QoL, self-esteem, and self-confidence, indicating that the condition has significant psychological, emotional, and social impacts on patients, who also have to spend a lot on its treatment, though the results do not always meet their expectations.

For example, a study on melasma perception of 70 patients in Iraq concluded that the condition had detrimental effects on these patients' QoL, reporting that these effects were more pronounced in younger and single women than their older and married counterparts[11].

In their review, Handel et al. reported that melasma negatively affects patients' lives, often pushing them to consult a dermatologist—according to the authors, these patients usually experience shame, low self-esteem, dissatisfaction, lack of motivation to go out, and even suicidal ideation; the review also reported sadness, hopelessness, and embarrassment, and showed that melasma lesions lead to high dissatisfaction, low self-esteem, avoidance of social life, and reduced productivity in professional or educational settings—the authors reported that patients with low education levels and suffering from psychiatric disorders (such as mild depression and anxiety) have more significant emotional problems[5]. In addition, Harumi and Goh found that melasma can cause considerable psychological problems in patients due to its esthetic nature[12].

In India, Suthanther et al. noted that 73.71% of the patients surveyed did not experience significant effects in their daily life, 23.42% experienced moderate effects, and 2.85% mild effects[13].

Researchers have considered different dimensions of QoL in various studies. Padilla et al., for example, found five: psychological well-being, social concerns, accepting one's appearance, physical well-being, and response to treatment[14].

Ferrell et al. considered four dimensions of "physical well-being," namely functional ability, strength, fatigue, and sleep; eight of "psychological well-being," namely anxiety, depression, recreation, pain, happiness, fear, attention, and concentration; "five of social concerns," namely role in family and society, communication with others, affection, sexual relations, and appearance; and finally "the dimensions of spiritual well-being" including suffering, religion, etc. for QoL[15].

Ferrans and Power examined and proved similar dimensions, namely "health and performance," "socioeconomic, "psycho-spiritual factors", and "family," including children, spouse, and family health[16].

Other scholars believe that happiness and satisfaction are the two main attributes of QoL, and the dimensions, as mentioned earlier, can be considered as factors affecting these two attributes; they consider QoL as a cognitive experience characterized by the individual's "satisfaction" with the essential life dimensions, as well as an emotional experience manifesting as "joy"[17].

In the current study, reduced happiness, preoccupation, daily distress, sadness, depression, frequent crying, impatience, sleepiness, and worry affected QoL, which is consistent with the findings of the

aforementioned studies. In addition, this study showed that negative reactions to melasma damaged QoL.

Only a few studies have employed qualitative methods, mainly focusing on such conditions' effects on QoL. Few studies have been done by the qualitative method and mainly focus on the effects of these diseases on quality of life. Jiang et al., in their study, identified four key themes: decrease in self-esteem, increased self-awareness, reduced freedom, and disappointment with costly and ineffective treatments—their study showed that though QoL improved after treatment involving Tranexamic acid and a triple combination cream, melasma nonetheless has considerable adverse effects on self-esteem and QoL[7].

Bonet described the characteristics of people with low self-esteem as "dissatisfaction, exaggerated sensitivity to criticism, chronic hesitation, overwhelming fear of making mistakes, the inclination to please others, perfectionism that can lead to frustration, pessimism, jealousy and prejudice, magnifying past mistakes, changing hostility, and general defensiveness and irritability without cause, or deep-rooted anger[18]. The current study, however, did not find factors that damage self-esteem, as in Jiang et al.'s research[7].

In a qualitative study, Pollo et al. highlighted the physical aspects/appearance, clinical treatment, and social/emotional aspects of QoL in melasma patients and emphasized the condition's impact on QoL[19].

In the current study, 14 subthemes, including heavy makeup, avoidance, seeking treatment, hope for a cure, reduction in spouse's affection, sarcasm, and feeling despised, were identified, most of which cannot be explained in terms of QoL.

It was observed that most of the participants of this study had been unable to accept their melasma patches—their responses included hope for a cure, expectation of a quick cure, frequent visits to the physician, comparison of present and past skin through photos, crying in front of the mirror, feeling less beautiful and attractive, and wanting the patches to disappear completely. In their interviews, most expressed some regret over the loss of beauty, and sadness, conveyed through such responses as "How did I end up getting these patches! My skin used to be clear and bright." In addition to a decrease in self-confidence and QoL, regret over the loss of beauty distressed the participants. For example, common behaviors observed among them included searching for an experienced dermatologist and effective treatments to regain lost beauty, frequently changing physicians, and comparing their present skin with that of the past and regret over lost beauty. Therefore, it seems the key theme "in search of lost beauty" presents an appropriate and realistic concept for dermatologists to focus on when considering female melasma patients' emotional problems.

This study had a few limitations which any qualitative research is bound to have and the results may not be generalizable. In addition, this study was conducted in an urban population, which may not be representative of the general population.

Furthermore, the researchers investigated the experiences of women who had volunteered to participate in the study; these might be different from the experiences of those who were unwilling to take part or of men.

Conclusion

As the results of this study showed, melasma has a profound impact on patients' QoL—the study participants did not want to leave home, felt despised, were preoccupied with their patches and lost beauty, and avoided the mirror. Therefore, therapists, as well as treatment, should focus on melasma's social and psychological aspects.

Declarations

Competing Interests: The authors declare no competing interest.

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Table

Tables 1 can be viewed/downloaded from the Supplementary Files section (file name: "Table - melasma").

Supplementary Files

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