ALIENATION AND SOCIAL WELL-BEING AMONG VITILIGO PATIENTS

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Abstract

In this article an attempt was made to examine the relationship between alienation and social well-being and role of marital status on the relationship among subjects suffering from Vitiligo. The patients due to this disease face a lot of stigma in society, treats it as a symbol of disgrace. Statistically significant negative correlation was found between alienation and social well-being. Marital status emerged as significant moderator of relationship between the two and explained significant coefficient of determination about change into the model. Alienation in unmarried subjects was found high in comparison to married subjects and so as the resulting social well-being.

Keywords: Alienation; Social well-being

1. Introduction

Since the suffering of vitiligo, alienation becomes a constant companion of patients. That is, emotional and social alienation is the response of vitiligo patients. The vitiligo enables patients to intensify their efforts so that they can survive and evolve. Vitiligo triggers inferiority complex and alienation. Vitiligo patients had a number of challenges that affects social well-being. Often, due to feeling of alienation, the suffering affects social well-being. In order to improve social well-being, achieving everything is neither required nor healthy.

1.1. Alienation

Alienation is a form of existential suffering and the subjective experience of being separated from the world resulting from inability to establish meaningful relationships with the world or lack of desire to do so. As a psychological and theological notion, alienation has its origin in both classical philosophy and Christian theology. As a more specifically philosophical term, the concept became prominent in the nineteenth century beginning with G. W. F. Hegel and Karl Marx. In the twentieth century, the notion was further explored, particularly in the schools of phenomenology and existentialism, which included thinkers such as Martin Heidegger and Jean-Paul Sartre. In terms of existential analysis, an alienated person is unable to perceive the questions that life asks him/her, because these questions are asked in the language of values that do not have a personal meaning for him/her: the dialogues with the inner world is ruptured and the dialogue with the outside world is impoverished. Fromm (1955) discussed alienation as the mode of experience in which a person experiences him/herself as an alien or in other words becomes estranged from the self. Horowitz (1966) suggests that alienation implies an intense separation first from objects of the world, second from people, and third from ideas about the world held by other people.

In general, the term ‘alienation’ refers to a condition or state where an individual or a group of people experience a feeling of being ‘rootless’ not knowing, meaningless, bondless and no belongingness.
Davids (1955) defines alienation as a syndrome composed of five interrelated dispositions: egocentricity, distrust, pessimism, anxiety and resentment. While Charlton (2007) defines alienation as the feeling that life is meaningless, that we do not belong to the world. The most significant contribution to the empirical research is that of Melvin Seeman’s interpretation of alienation. Alienation is determined by the discrepancy between what a person expects and what he receives, so the more the expectations are disappointed, the more alienation one feels (Seeman, 1959). Kim (1987) reported a positive correlation between the level of alienation and physical aging in old people and further indicated that old people who feel social, psychological alienation can accelerate physical aging. However, it was explored in an Indian study (Balachandran, Rakhee, & Raj, 2007) that there are gender differences with respect to the feeling of alienation, where elderly men experience less alienation than elderly women. Quite interestingly a study by Durant and Christain (1990) determined that there were higher levels of alienation among old people with selected socio-economic variables like lower health rating, lower education and income.

1.2. Social Well-Being

Social well-being is a sense of involvement with other people and with our communities. Many researchers believe that wellbeing is not just about being happy or content, but also about being actively engaged with life and with other people. Social well being is the appraisal of one’s circumstances and functioning in society. Among the potential benefits of public life are social integration and cohesion, a sense of belonging and interdependence, and a sense of shared consciousness and collective fate (Durkheim, 1951). These benefits appear to provide a foundation for a global definition of a social dimension of well being (Keyes, 1998). Keyes (1998) operationalized and validated social well-being as consisting of five dimensions: social integration, social acceptance, social coherence, social contribution, and social actualization. People do not begin or maintain the quest for social well being with the same assets. Social structure facilitates individuals’ ability and opportunity to respond successfully to the social challenges of life. Educational attainment and processes of aging generally affect instrumental resources and self conceptions.

Indirectly, through monetary abnormality, education determines the quality of one’s housing and neighbourhood (Karabel & Halsey 1977; Kohn 1969; Kohn & Schooler, 1982; Sewell & Hauser, 1975). Lower socioeconomic status has been linked consistently to diminished physical and mental health. The relationship of age to social well being is equivocal. Aging and age differences include numerous aspects that are not always consistent. Despite the decline in physical health with age, research illustrates how adults seem to age successfully through several mechanisms. While some self-conceptions (such as personal control) apparently decline with age (Mirowsky, 1995), other studies find that adults, as they become older, feel happier and more satisfied with their lives and report higher levels of some dimensions of psychological well being (Heidrich & Ryff, 1996; Ryff & Keyes, 1995). The findings suggest that some facets of social well-being, like psychological well being, may increase with age.

Interpersonal alienation is similar to social isolation, loneliness and interpersonal trust (Ifeagwazi, Chukwuorji, & Zacchaeus, 2014). Interpersonal relationships have great importance during adolescence, especially for psychological well-being. The sense of well-being during adolescence can depend on the integration and acceptance of the peer group (Corsano, Majorano, & Champretavy, 2006). Alienation among adolescents is predictive of deviant behavior, such as drug use, truancy, crime and suicide and of health-related outcomes, such as symptom load, drunkenness, alcohol use, less exercising and eating unhealthy food on a daily basis (Rayce, 2012). Alienation is an experience which has become more and more a fact of life in these days of modernization. Probably adolescents feel this much more than the older people or children (Kaur, 2015).

The association between the alienation, wellbeing and quality of life was negative. Thus apparently; the less social isolation and normlessness problems have adolescents the higher your wellbeing. The mental health of adolescents may be affected by difficulties in maintaining social relationships with
peers, through the absence of sense of belonging, rejection by peers, or a break in social relations. Alienation emerges in this work as a risk factor for the wellbeing of adolescents. To avoid this risk is necessary to work social skills of adolescents promoting healthier relationships, their wellbeing, mental health and therefore reduce the feelings of social alienation (Tomé, Matos, Camacho, Simões, Reis, & Gomes, 2016).

1.3. Vitiligo

Leucoderma (Vitiligo) is a chronic skin condition that is characterized by patchy loss of skin pigmentation, resulting in irregular white patches of skin. The white patches often change shape, shrink and grow. They may even remain constant throughout the life. They may at times occur symmetrically on both sides of the body. Other than the cosmetic skin problem, many patients face psychological stress, which in turn may result in increased susceptibility to Vitiligo. In India, about 2-5% of the population is affected by Vitiligo. There is a social stigma attached to this disease affecting the social well-being of the patient, especially in countries like India, where the people are dark skinned. Vitiligo affects 1–4% of the world population (Porter, Beuf, Nordlund, & Lerner, 1979) with no significant difference in its occurrence as regards to the race, age or gender of the individual. Males and females are thought to be equally affected.

National Health Policy (2015) reveals that depression, anxiety, social embarrassment and self-consciousness caused by Vitiligo are very frequent, and the disease usually leads to highly significant decrease of the quality of life and restriction of participation in domestic and social life. Manolache and Benea (2007) also investigated the role played by stress in the onset and aggravation of Vitiligo, and reported that a stressful event was typically retrospectively reported as having occurred before disease onset. Majority of Vitiligo patients experienced anxiety, depression, frustration, and embarrassment when meeting strangers and disturbances noted in interpersonal relationship or beginning a new sexual relationship. A study conducted by Kent (1999) found that perceived stigma was significantly related to the extent to which Vitiligo affected social activities and distress. He also suggested that the relationships between disability, distress and perceived stigma may be associated with self-esteem, which has been suggested by some theorists to be a barometer representing how connected we feel to others. Sometimes rejection, insult, discrimination at work and sexual difficulties, including being considered unfit for marriage, are also frequent in the society. Given the potential for discrimination, perhaps unsurprisingly people have reported higher levels of psychological distress being associated with the condition, although it is important to realise that many people cope well. The clinical guidelines for Vitiligo (Gawkrodger et al., 2010) recognise that the main impact of Vitiligo is the psychological effect of the disease.

Onganae, van Geel, De Schepper, and Naeyaert (2010) review of Vitiligo indicates that studies have found increased levels of self-consciousness, lower self-esteem, higher levels of perceived stigma and disability, anger, increased fear of negative reactions, lower quality of life, and negative impact on intimacy and sexual functioning (for example, Kostopoulou, Jouiry, Quintard, Ezzedine, Marques, Bouchnei, & Taieb, 2009; Papadopoulos, 2006; Thompson, Kent, & Smith, 2002). Salzer and Schallreuter (1995) reported that 75% of people with Vitiligo attending their clinic found their disfigurement moderately or severely intolerable.

The change in appearance caused by Vitiligo can affect a person’s emotional and psychological well-being and may create difficulty in getting or keeping social approval. People with this disorder can experience emotional stress, particularly if Vitiligo develops on visible areas of the body, such as the face, hands, arms, feet, or on the genitals.

The aim of the proposed study is to explore the correlation and moderator of relationship between alienation and social well-being in individuals with Vitiligo. The present study will not only develop an understanding of the issues but also address the lack of research from psychological perspective.
1.4 Objectives
Keeping in view the previous research on alienation and social well-being, and the rationale of the study, the major objectives of this research are as follows:

1. To study the relationship between alienation and social well-being in subjects suffering from Vitiligo.
2. To study the moderating effect of marital status on the relationship between alienation and social well-being in subjects suffering from Vitiligo.

1.5 Hypotheses
Based on the available literature, the alternative (directional) hypotheses were formulated for the present study.

Hₐ₁: There will be negative relationship between alienation and social well-being.

Hₐ₂: There will be moderating effect of marital status on the relationship between alienation and social well-being.

2. Method
2.1 Subjects: Two hundred Vitiligo patients served as subjects in this study. The age of the subjects was ranges from 18 years to 65 years with mean age 29.20 years. However, majority of subjects were less than and equal to 30 (75%) years of age. The age of subjects on onset of vitiligo was varying from 1 to 65 years with mean age of 22.92 years, as some of the subjects reported disease by birth. Ninety one (45.5%) subjects were male and one hundred nine (54.5%) female. One hundred seventy three (86.5%) subjects were from urban areas and twenty seven (13.5%) from rural background. In all, ninety six (48%) subjects were Hindu and one hundred four (52%) from Muslim religion. With respect to occupation, eighty (40%), sixty two (32%), twenty (10%) and thirty six (18%) subjects were students, working, non-working and housewife respectively. Ninety one (45.5%) subjects were married and one hundred nine (54.5%) were unmarried. As far as educational level is concerned, thirty seven (18.5%), sixty eight (34%) and ninety five (47.5%) were illiterate, semi literate and literate respectively. Twenty four (12%) subjects reported that they do substance abuse, alcohol, tobacco, smoking, etc. and one hundred seventy six (88%) did not abuse drugs. Sixty three (31.5%) subjects were vegetarian and one hundred thirty seven (68.5%) were non-vegetarian. One hundred eighty eight (94%) subjects had multiple patches and twelve (6%) had single patch. One hundred fifty one (75.5%), thirty eight (19%), nine (4.5%) and two (1%) subjects were found to have milky white, white, reddish and pink color of patches respectively. One hundred sixty nine (84.5%) subjects have normal, and thirty one (15.5%) had altered hair color. Thirty nine (19.5%) subjects reported to have family history of the disease, however, one hundred sixty one (80.5%) had no family history.

2.2. Measures
The Alienation Scale and Social Well-being were used to collect data from Vitiligo subjects. Both scales were bilingual (Hindi/English) in nature and psychometric properties through Cronbach’s alpha and Exploratory Factor Analysis verified on the target population. Brief descriptions of measures along with psychometric properties are reported in the following paragraphs.

2.2.1. ALIENATION SCALE
Alienation Scale was developed and standardized by the authors (Khan & Husain, 2018) to study the feeling of alienation among Vitiligo subjects. It is a bilingual (Hindi & English) scale. The scale comprised of 21 items with 5-point Likert type responses with values anchored as ‘Strongly Disagree’, ‘Disagree’, ‘Neutral’, ‘Agree’, ‘Strongly Agree’. The total score of the scale varies from 21 to 105 and can be inferred as higher the score higher the alienation and vice-versa. The internal consistency reliability was determined by using Cronbach’s alpha. It was found 0.96 which was significant at 0.001 level. Inter reliability of respective dimensions varied from 0.68 to 0.88. The values of construct
reliabilities for factors varied from 0.76 to 0.97. The internal consistency of the scale is excellent and this gives a support that the scale is reliable. (George & Mallery, 2003).

Good correspondence was found to exist between the scale results and the considered judgments of experienced observers. Using a more structured method, exploratory factor analysis, and three factors emerged in the factor analysis representing three different dimensions of alienation and were labeled as social, emotional and personal. The percent of variance accounted by social, emotional and personal varied from 38.84%, 24.83% and 6.57% respectively and summing up 70.24%.

2.2.2. Social Well-Being
The Social Well-Being scale (Keyes, 1998) contains 33 items, five subscales with 5-point Likert type responses with values anchored as, ‘Very Untrue’(1), ‘Untrue’(2), ‘Neither true nor untrue’(3), ‘True’(4), ‘Very True’(5). It was made bilingual (English and Hindi) and was used for data collection. Items were designed to measure five dimensions such as social integration, social acceptance, social contribution, social actualization, and social coherence. The reliability as reported by (Keyes, 1998) using Cronbach’s alpha was 0.84. Inter reliability of respective dimensions varied from 0.54 to 0.62.

Cronbach’s alpha for the present sample was found 0.97. Inter reliability of dimensions social integration, social coherence, social contribution, social actualization and social acceptance were 0.91, 0.71, 0.86, 0.93 and 0.91 respectively. The internal consistency of the scale is excellent and this gives a support that the scale is reliable (George & Mallery, 2003).

Using a more structured method, confirmatory factor analysis (CFA) present evidence of the measures’ convergent and discriminant validity. Five factors emerged in the confirmatory factor analysis confirming five different dimensions such as social integration, social acceptance, social contribution, social actualization, and social coherence. Estimates of all items of the scale passed on the criteria (p<0.01) and figured into their respective dimensions. The goodness of model estimated and Normed Fit Index (NFI) =0.82, Relative Fit Index (RFI) =0.80, Incremental Fit Index (IFI) =0.90, Tucker-Lewis Index (TLI) =0.89, Comparative Fit Index (CFI) =0.90 and Root Mean Square Error of Approximation (RMSEA)= 0.071. Majority of values for CFA are in acceptable range and it can be concluded that the scale has good convergent and discriminant validites.

2.3 Procedure
Subjects suffering from Vitiligo were the target population to this study. The subjects were informed in detail about the utility of the study. They were assured that the information received from them will be used for research work only and will have no personal implications.

Data was collected individually from Vitiligo patients through interview method. Subjects suffering from Vitiligo were drawn from Regional Research Institute of Unani Medicine (R&D organization of Ministry of Health & Family Welfare, Govt. of India). Patients visit to the institute for treatment and routine follow ups.

3. Results and Discussion

In order to verify first objective, descriptive statistics and Pearson’s Product Moment Correlation between Alienation and Social Well-being along with their dimensions examined and shown in Table 1.
Table 1: Descriptive statistics and Inter-correlations between alienation and social well-being (N=200)

<table>
<thead>
<tr>
<th>Variables Descriptive Statistics</th>
<th>Correlations</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Alienation</td>
</tr>
<tr>
<td></td>
<td>X1</td>
</tr>
<tr>
<td>X1  12  59  30.44  16.31</td>
<td>0.86</td>
</tr>
<tr>
<td>X2  6  26  11.74  5.25</td>
<td>0.18</td>
</tr>
<tr>
<td>X3  7  15  12.85  2.03</td>
<td>1.00</td>
</tr>
<tr>
<td>X4  26  98  55.02  21.57</td>
<td>1.00</td>
</tr>
<tr>
<td>Y1  10  35  22.54  6.42</td>
<td>1.00</td>
</tr>
<tr>
<td>Y2  7  26  15.34  4.28</td>
<td>1.00</td>
</tr>
<tr>
<td>Y3  9  28  18.50  4.97</td>
<td>1.00</td>
</tr>
<tr>
<td>Y4  7  32  19.65  7.11</td>
<td>1.00</td>
</tr>
<tr>
<td>Y5  8  34  20.25  7.10</td>
<td>1.00</td>
</tr>
<tr>
<td>Y6  45  144  96.27  27.13</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Table 1 show that there are negative correlations within respective dimensions of the both scales. Moreover, it can be seen that all three dimensions of alienation (social, emotional and personal) are strongly and negatively related with all five dimensions of social well-being (social integration, social acceptance, social contribution, social actualization, and social coherence). Proposed hypotheses H_{A1} supported as probability to support the hypothesis was (p<0.01).

The scatter plot for overall alienation and social well-being scores drawn and shown in figure 1.
It can be inferred that, the linear correlations between alienation and social well-being shows that when alienation in subjects suffering from Vitiligo increases social well-being decreases and vice-versa.

**Moderation Analysis**

Hierarchical (moderator) multiple regression analysis help in examining the moderator effects on the relationship of predictor and outcome variable. So, we have three variables; a predictor variable (interval scale), an outcome variable (interval scale) and a hypothesized moderator variable (nominal scale), and our goal is to test the interaction between the predictor and the proposed moderator. The alienation and marital status as variables were mean centered before analyzing. Moderation schema marital status as moderator of relationship between alienation and social well-being prepared and showed in Fig. 2.

![Fig 2: Schema for Marital Status as Moderator between Alienation and Social Well-Being](image)

**Table 2: Hierarchical regression analysis model summary for moderation effect of marital-status on the relationship between Alienation and Social Well-Being.**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>R² Change</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.859</td>
<td>0.738</td>
<td>-</td>
<td>224.679</td>
<td>3</td>
<td>196</td>
<td>0.001</td>
</tr>
<tr>
<td>2</td>
<td>0.861</td>
<td>0.742</td>
<td>0.004</td>
<td>3.678</td>
<td>1</td>
<td>196</td>
<td>0.050</td>
</tr>
</tbody>
</table>

Model 1: Predictors: Marital status and Alienation

Model 2: Predictors: Marital status and Alienation, Interaction between Marital status and Alienation

As shown in Table 2, Model 1 considering marital status and alienation as predictors without the interaction accounted for a significant amount of variance in social well-being, $R^2 = .738$, $F (3, 196) = 224.679$, $p < .001$. It can be inferred that marital status and alienation are the significant predictors of social well-being. Next, the interaction between marital status and alienation was added to the regression model (Model 2) which accounted for a significant amount of variance in social well-being, $\Delta R^2 =$
On the basis of this quantitative analysis it can be inferred that there is a significant moderating effect of marital status on the relationship between alienation with social well-being. Further, for visualizing the conditional effect of alienation (X) on social well-being (Y) interaction plot prepared and shown as figure 3.

![Interaction plot of Marital Status for alienation (X) on social well-being (Y)](image)

Examination of the interaction plot showed an alleviating effect when considering marital status of subjects, when alienation in increasing social well-being is decreasing. It was also seen that alienation in case of unmarried subjects was high comparing to married subjects and so as the resulting social well-being.

**Conclusion**

The present study concludes that there was negative and significant relationship between alienation and social well-being among subjects suffering from Vitiligo. Social, emotional and personal alienation were negatively and significantly related with social integration, social cohesiveness, social contribution, social actualization, social acceptance of well-being. The social stigma attached with the disease, mostly in South Asia, is largely due to white patches prominently standing out on darker skin complexions. The need to belong is one of the strongest human needs and thwarting the need to belong and find meaning can have devastating consequences for wellbeing. Alienated persons may perceive meaninglessness if they do not find fulfillments in social encounters or when there is a lack of group ties and social roles that reflect such ties.

While studying the second objective, marital status was found to have significant moderating effect between the relationship alienation and social well-being among subjects suffering from Vitiligo.
There was a significant difference between married and unmarried subjects on alienation. Unmarried subjects were found more alienated than married.

References


