

Self Image [Schemas] of Skin Patients: Difference between Optimists and Pessimists

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ABSTRACT

The present study intended to find out the difference in negative and positive self schemas between skin patients with optimistic and pessimistic outlook along with socio demographic variables. A total of 300 patients were selected, of which 150 optimist (51 male and 99 female) and 150 pessimist (58 male, 92 female) skin patients. They were administered with LOT®, Brief Core Schema Scale (BCSS). The results were analyzed with descriptive statistics and ANOVA. The results revealed that no significant difference existed in negative schema between optimistic and pessimistic skin patients along with socio demographic variables. But significant difference exists in positive schemas between the groups. As far as the influence of demographic variables is considered, only in optimistic patients with different education levels differed significantly in their positive schemas, where respondents having lower educational qualifications (SSLC and PUC) had lesser scores than rest of the respondents with higher educational qualifications.

Keywords: *Optimism, Pessimism, Self Schema, Skin Patients.*

Skin disorders include a wide range of disorders related to outermost layer of the body i.e. 'skin'. They are called as Dermatological disorders. 'Psycho dermatology' is a field which is interested in understanding the relationship between skin diseases and psychological factors. The research in this field shows that these disorders are associated with various physical and psychological factors. Though the exact role of psychological factors in various skin disorders are not completely known it is clear that in most of the skin diseases psychological factors play role in onset, maintenance and exacerbation of these diseases (Newell 2000; Carl Walker, Popadopoulos 2005, Popadopoulos Bor & Legg 1999). At the same time the skin disorders also affect the person psychologically by causing depression, anxiety, stress. Hence they come under psychosomatic disorders. Skin as an external response organ has impact on psycho social behavior. Any disturbance (due to psychological or physical causes) in skin condition may affect the psyche of the person especially on his self evaluation. Earlier studies

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Received: February 13, 2018; Revision Received: March 15, 2018; Accepted: March 25, 2018

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have proved its effect on body image,(Kavehzadeh ,Beigrezaei , Nilforoushzadeh , Hosseini 2017),self-esteem(Owoeye et al 2009), poorego (John Updike on Psoriasis: Jackson, (2000) and causing depression, anxiety and stress etc. (Dalgard & Kupfer, 2015).Self esteem, body image, self image, self schemas are all mental representations of self which influence on self evaluation and in turn influence on illness and well being.

‘Self’ being a nucleus of personality development involves personal characters, motives, emotions, skills, and aspirations etc influence on self evaluation. Cognitive and social psychologists use various technical terms like self image, self perception, self concept, and self schemas for self evaluation. ‘Self-Schemas’ (self-image) are based on personal experiences and judgments [self/others]. They may be negative or positive. They process self relevant information’s and these information plans course of action for present and future behavior [Wayne Weiten & Lloyd, 2000]. Studies especially on self esteem [which is a related concept] show that theyare related to health behaviors and well being[Rao&Tamta,2015]. They play important role in various psychological illnesses especially with psychotic behaviors (Bentall et al 1994). Some studies have been done on physical illness also. The research in this area shows that positive self evaluations contribute to mental health and well-being [Armor, & Taylor. 1998; Segerstrom, 2005) and it is one of the important resource in coping with stress (Lazarus & Folkman, 1984) whereas negative schemas are high risk factors for illness. Hence self evaluations are core elements of mental health (Tudor 1996; Michal Mann et al 2004) though lot of research has been done on self esteem of skin patients, not much research has been done on negative and positive schemas of skin patients. Hence, this study aims to find out the schemas of skin patients along with life orientation (Optimism and pessimism).

Optimism and pessimism (life orientation) are positive and negative life expectancies which determine behavior. They predict two classes of behavior good vs. bad and striving vs giving up. They also predict physical and health aspects (Carver, Scheier & Segerstrom 2010; Peterson & Seligman 1987). Self-Schemas (self-image) and life orientation (optimism and pessimism) both being cognitive constructs influence on behavior outcomes especially with health and illness behaviors. Optimists tend to have positive schemas and pessimists have negative schemas (Seligman, 2006). Not many studies have been done in this area with regard to skin patients.

With this background this study hypothesized to study whether there is any significant difference between self schemas of optimistic and pessimistic skin patients along with select demographic variables like gender and educational background.

MATERIALS AND METHODS

Participants

Purposive random sampling procedure was used to select the participants. The skin patients who suffered from various kinds of skin problems with different duration of illness and with different age levels (range between 16 to40) who visited private dermatology clinic at

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Bangalore city of Karnataka state were selected for the study with a sample of 150 optimist (51 male and 99 female) and 150 pessimist (58 male, 92 female) with a total sample of 300.

Tools Used

- 1. Life Orientation Test- Revised (LOT-(R)):** LOT-® published by Schier M F, Carver C S and Bridges M W (1994) is a brief self reporting measure with 10 items out of which only 6 are used to derive optimism and pessimism scores and remaining 4 items are fillers (item no 2, 5, 6 and 8). 5 point rating scale ranging from strongly disagrees to strongly agree (0to4) is used for responding. Out of 6 items, 3 are keyed in positive direction (optimistic item 1, 4&10) and three are in negative direction. (Pessimistic item 3, 7 & 9 which are reverse coded to avoid response bias). The scores range from 0 to 24. High scores indicate optimism and low scores indicate pessimism. Scheier et al. (1994) report that item-scale correlations range from .43 to .63. Cronbach's alpha for all six items was .78, reflecting an acceptable level of internal consistency. Test-retest reliability was reported to be .68 (4 months), .60 (12 months), .56 (24 months), and .79 (28 months). LOT has demonstrated with reliability and validity. (Optimism scale-alpha = .78; pessimism scale-alpha = .75).
- 2. Brief CORE schema scale (BCSS):** The scale consists of 24 items. Each item is rated using 4 point rating scale i.e., from 1-4. It has four scales. They are as follows:1. Negative self (6), 2. Positive self (6), 3. Negative others (6) and 4. Positive others (6). Each scale has six items. The total score comprises of the total of the checked items. Higher scores reflect greater endorsement of the item. The BCSS has good reliability and internal consistency, with Cronbach's α Coefficient > .78. Principal component analysis revealed a 4-component solution (consistent with the 4 subscale scores), accounting for 57% of the variance. In this study only 2 scales (negative self and positive self) are used and negative others and positive others are excluded.

Procedure

The tests were administered to the skin patients during their visit to the clinic. They were asked to fill up the relevant demographic details. Then they were requested to answer LOT® & BCSS. They were asked to read the instructions given on the questionnaire and indicate their responses in the respective column. Once the data was collected they were scored accordingly and analyzed using descriptive statistics and 2-way ANOVA.

Tables 1 and 2 present mean negative and positive self-schema scores of pessimistic and optimistic patients with gender and educational background along with results of 2-way ANOVA.

RESULTS

In negative schema, a non-significant difference existed between pessimistic and optimistic patients ($F=.003$; $p=.957$), the mean scores were statistically same for pessimistic and optimistic patients (mean scores 8.44 and 8.46 respectively). However, ANOVA revealed a significant difference in positive schema ($F=14.914$; $p=.001$) where optimistic skin patients

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had higher positive schema (17.43) than pessimistic skin patients (14.74). There was no significant difference with negative self-schema ($t=0.059$; $p=.953$) between optimistic and pessimistic skin patients. However, male and female respondents did not differ significantly in their negative and positive image scores, as the obtained F values failed to reach the significance level criterion of .05 level. Even the interaction effects between groups and gender were found to be non-significant, revealing that pattern of negative and positive image were same for male and female respondents, irrespective of the group they belong to (Table 1).

Educational level of employees did not have significant influence over negative schema scores ($F=0.644$; $p=.632$). However, significant difference exists in positive self-schemas with different educational levels of optimistic skin patients ($F=4.739$; $p=.001$) showing that as educational level increased the positive schema scores increased linearly. Further, Scheffe's post hoc revealed that those respondents with lower educational qualifications (SSLC and PUC) differed significantly from rest of the respondents with higher educational qualifications. But we do not find any significant influence of education on negative image scores. Except for positive schemas in optimists and pessimists with different educational level there is no significant difference between optimistic and pessimistic skin patients with positive and negative schemas including demographic variables (Table 2).

DISCUSSION

The current study examined the positive and negative self schemas of optimistic and pessimistic skin patients along with demographic variables with an aim of finding whether there is significant difference or not. A null hypothesis was framed. The major findings of the study were as follows:

1. Optimistic skin patients had more positive self schemas than pessimists.
2. Education level had influenced on positive self schemas of optimistic skin patients.
3. Optimists with high education level have higher positive self schema

Both self schema (positive self and negative self) and life orientation (optimism and pessimism) are cognitive constructs which affect health and illness behavior. As Seligman says optimists have positive self evaluations and pessimists have negative self evaluations, in this study it was found that the significant difference existed between optimist and pessimist skin patients in positive self schemas. Optimists had more positive self schema than pessimist skin patients. But no significant difference was found between them with negative self schemas.

With demographic variables except educational level of optimist's positive self schema, there was no significant difference between optimist and pessimist positive and negative self schemas regarding gender, age, marital, and occupational status. In most of the demographic variables the group had almost equal scores.

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With educational level only positive self schema differs and negative self schema does not differ significantly. Scheffe's post hoc reveals that with higher educational level increases the positive self schema scores also increase.

Since few research on positive self and optimism show that they contribute to better health and buffer against negative influences and promote healthy functioning (Tudor, 1996; Ralf Schnarzer, 1994) and effectson stress and enhances in selecting better coping strategies.(Lazarus and Folkman, 1984). No investigation is done on self -schemas of optimist and pessimist skin patients. Its effects are less investigated in skin patients. Further investigations can be made on treatment effects of optimistic positive self schemas so that the psychological burdening can be lessened in skin patients.

In summary this result shows that optimism is associated with positive self schema and educational level has its influence on positive self schema of skin patients. More research in this area may contribute in focusing on role of schemas and life orientation in treatment of skin patients so that they can cope with their illness in better way by adopting better coping strategies and reduce their stress regarding their illness.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Vijaya T R & Shivacharan P (2018). Self Image [Schemas] of Skin Patients: Difference between Optimists and Pessimists. *International Journal of Indian Psychology*, Vol. 6, (1), DIP: 18.01.086/20180601, DOI: 10.25215/0601.086