



Psychological Well-Being of Atopic Dermatitis Sufferer Since Childhood

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Abstract. Atopic dermatitis also known as atopic eczema or eczema can attach to individuals into adulthood or even in adulthood. Atopic dermatitis can influence psychological well-being aspects because it is closely related with the self-acceptance of atopic sufferers, positive relationship with others, environmental mastery, life goals, and personal growth of atopic sufferers with all the dynamics. This study aims to determine the psychological well-being of the current subjects, who has had atopic dermatitis since childhood. This study takes a qualitative approach and uses the case study method. This study chose GP and UN as subjects with qualifications both are sufferers of atopic dermatitis since childhood. The data sources used are primary and secondary data. This study obtained primary data from three informants: the sufferer, their mother, and friends. The secondary data consists of previous studies, literature reviews, books, journals, and other sources. The data obtained were then analyzed using a descriptive analytic method, with the dimension of psychological well-being as the theoretical foundation. Based on the data findings, it was determined that the two subjects had similar psychological well-being when they suffer atopic dermatitis. Both subjects have reached a state of psychological well-being. Despite in comparison to GP, UN does not provide adequate emotional control.

Keywords: Psychological Well-being · Atopic Dermatitis

1 Introduction

Atopic Dermatitis also known as atopic eczema or eczema, is a chronic and residue inflammatory skin disease that is itchy and commonly experienced by infants and toddlers [1]. However, not a few researcher found that atopics still attach to individuals into adulthood or even in adulthood (late onset atopic dermatitis). When referring to the 2018 World Allergy Organization data, the incidence of atopic disease in children reaches 30%, while in adults it is 10% of the world's population.

In the United States, Europe, Japan, Australia, and other industrialized countries the prevalence of atopic in children reaches 10–20%, while in adults it is about 1–3%. In Indonesia, the atopic prevalence rate is estimated at 10% of the population, with the most sufferers are children and individuals of productive age [2]. The case incidence rate according to the Indonesian Pediatric Dermatology Study Group (KSDAI) is 23.67% of which atopic is ranked first out of the top 10 pediatric skin diseases. Based on the 2013

Basic Health Research by the Ministry of Health, the national prevalence of atopic in Indonesia is 6.8% and tends to increase every year. Atopic dermatitis is more common in women than men with an estimated ratio of 1.3:1 [3].

Based on research conducted by Silverberg, J. I. et al. [4] (2019), adult individuals who are in the productive age with atopic have a high tendency to suffer from anxiety and depression compared to those who are healthy. The main symptom of atopic is itching that appears throughout the day and gets worse at night. Anxiety and depression also exacerbate atopics, exacerbating symptoms such as itching [5].

Itching caused by atopic is the most common and bothersome symptom. Severe itching often causes sleep disturbances, because sufferers often wake up at night to scratch due to excessive itching. Sleep deficiency then results in fatigue, mood imbalances, and other functional disorders. The intense itching also causes the sufferer to scratch their skin, causing stretch marks which are then followed by secondary abnormalities in the form of papules (small and hard rashes on the skin), erosions (wounds on the skin that only affect the outer layer), or excoriation and then lichenification (thickening of the skin) will occur.

According to a research team from the London School of Hygiene & Tropical Medicine (LSHTM), patients with severe atopic disease had a 62% higher risk of death compared to individuals without atopic, due to several causes, among which the strong associations can be seen in infections, lung problems, and kidney or bladder disorders. Although it causes damage to the skin, atopic does not cause death directly [6]. However, the results of various studies show that atopics affect the quality of life of patients, one of which is based on research by [7], atopic severity correlates with decreased quality of life. In addition, atopic patients usually have other diseases, namely asthma and/or allergic rhinitis (commonly known as the Atopic Triad) [8].

This is proved by the personal stories of individuals who have atopics listed on the website of a worldwide community of atopic dermatitis sufferers found by researchers, namely atopicdermatitis.net and nationaleczema.org which were distributed between 2018–2021. These stories are hardly found in Indonesia.

Researchers only found one story from an Indonesian. The stories range from individuals who have atopic since adolescence in a narrow area that still exists until their present age, which is 30 years old. There are also those who say that atopic really erodes a lot of self-esteem and self-acceptance, where sufferers have to get up and look in the mirror with difficulty recognizing themselves because of very severe atopic in the neck, arms, face, and breasts. Another individual chimed in that every day was a ‘battle’ for him, where the pain, itching, bleeding, and difficulty sleeping were constant, then added to another illness, such as asthma, allergic rhinitis, and conjunctivitis. While other people usually have a tiring day and looking at the bed is the time to sleep and rest, but this does not apply to individuals with atopic, how tired they were, the sufferers still have trouble sleeping at night.

Another thing that is affected is related to romantic relationships, where the relapse phase is very challenging, making the sufferer have a crisis of confidence that their partner or closest person still loves them with a body condition that they really want to hide from the world. Then when referring to a French study in 2017, found that more than 80% of 1,024 participants said that the human condition affects their sexual behavior.

Human libido can be very low when feeling physically sick or in pain, humans will tend not to have the desire to be intimate with their partner in these circumstances.

When viewed from a medical context, according to dermatologists and sexologists, this is a hereditary skin disease that should not use the term 'cured' in the recovery process, but rather 'controlled treatment'. So for sufferers who hear and know about this, that during their life they must live with atopic and can only carry out controlled treatment of their disease, it will certainly add to the psychological impact that is present as previously stated.

Based on data from the Global Burden of Disease Survey conducted by WHO in 2010, atopic disease was ranked first as a common disease that causes chronic disease. These findings suggest that atopics have very important health effects at a population level. Several studies have also investigated the economic effect, although the exact cost for each patient is different, but in general the costs required to treat this disease are fairly high. Four studies have shown that the estimated annual cost for this disease is five billion US dollars or about twenty-five million rupiah. These expenses can reach up to 10% of the annual household income.

Then, when discussing the psychological aspect, it is closely related to how self-acceptance of atopic sufferers, their positive relationships with others, environmental mastery, life goals, and personal growth of atopic sufferers with all the dynamics when experiencing a flares up phase (relapse). All these aspects are summarized in the psychological well-being aspect. Each aspect describes the efforts that individuals make in facing different challenges so that individuals can function positively.

According to Ryff [9], psychological well-being is a condition or ability of individuals to accept their strengths and weaknesses as they are, have positive relationships with others, be able to direct their own behavior, be able to develop their potential optimally and sustainably, be able to regulate their environment and have purpose in their life. The impact of atopic, especially for severe atopic cases, will decrease the physical health of individuals which affects the optimization of their daily interests and activities.

Individuals who have positive psychological well-being are individuals who are able to accept all aspects of themselves and have a positive view of the problems they are experiencing. The individual also has self-confidence, personal maturity, and a sense of emotional security. Psychological well-being certainly does not appear by itself but is caused by various factors, such as demographic factors (age, gender, socioeconomic status, education, occupation), interpretation of life experiences, and social support factors. Socio-economic factors also greatly affect the psychological well-being of severely atopic patients. Research conducted by [10] shows that the more an individual attaches importance to goals related to material and financial matters, the lower the individual's psychological well-being level. And not to forget, health factors cannot be ignored as an influence on individual psychological well-being.

Getting an education and having a good job or profession leads to a better level of psychological well-being. Individuals who try to improve and do not just give up with what is experienced in their lives will make the individual's psychological well-being increase. And individuals who have social support from their surroundings tend to have higher psychological well-being. However, according to [11] psychological well-being is not only a matter of life satisfaction and the balance between positive and negative

effects, but there is an involvement of perception in relation to challenges throughout life.

In atopic patients, although this disease can interfere with physical function and have an impact on psychology, if the individual is able to accept all his conditions and has a positive view of the disease they are experiencing, of course the individual will have a high psychological well-being. In line with [12], from the psychological aspect, subjective feelings of well-being or happiness in life and positive mental health involve a feeling of well-being.

Based on the description above, it appears that atopic has a negative impact, both in the physical and psychological lives of sufferers. This negative impact affects the psychological well-being of the sufferer. Even so, there are some sufferers who are still able to view themselves and their lives positively, and are still able to carry out various beneficial activities for themselves as well as for the surrounding environment. Indeed, there are a number of variables that have been shown to mediate the psychological impact of a chronic condition, such as illness phase, coping styles, level of available social support, religiosity, and participation in psychotherapy [13]. And based on the results of interviews with the subjects in this study, even though atopics had a physical and psychological impact on the lives of the subjects, the subjects were still able to benefit those around them well. This can be seen through the activities carried out by the subject in the academic and community environment. This tends to be different when compared to that experienced by patients in general.

Starting from those things, researchers are interested in conducting research on the current psychological well-being of patients with atopic dermatitis who have suffered since childhood. This study aims to determine the current psychological well-being of atopic dermatitis sufferers since childhood. Seeing the need to explain this, researchers have found and selected two atopic subjects with severe and moderate cases since childhood. Two subjects in this study were selected based on the general description of positive attitudes of the subjects who did not look like atopic patients generally. Subjects in this study will be referred to by the initials GP and UN.

2 Method

2.1 Type of Research

This research uses a case study form which is included in the naturalistic or qualitative approach. Case study research is an in-depth and detailed study of everything related to the research subject. Case studies are also meaningful as techniques that study individuals in depth to help them gain better adjustment.

2.2 Time and Place

This research was conducted in Daerah Istimewa Yogyakarta because the subject themselves was domiciled in Daerah Istimewa Yogyakarta. The data collection process was carried out in June–August 2021.

2.3 Subject

Sources of data in this study are words and actions, both from the research subjects themselves and from other sources. Other data sources used in this study are archival records or documents. The main data source in this study is the research subject, namely a person with atopic dermatitis since childhood diagnosed by the doctor, has asthma, and allergic rhinitis. The subjects of this study currently live in Daerah Istimewa Yogyakarta. Other sources of data are significant others of the subject, such as the subject mother and the subject close friend.

The first subject is GP. GP was a 21-year-old student. GP is the first child and has one sibling. At that time, GP studied at a university in Yogyakarta. GP has experienced itchy symptoms since she was about three years old. She has been around trying various medical treatments, until she was a teenager, on the umpteenth treatment she heard the doctor diagnosed her as an atopic dermatitis. GP experienced atopic dermatitis in all over her body. Certainly, in the fold area which is indeed a common symptom of atopic, the face and neck as well.

The second subject is UN. UN also was a 21-year-old student who lived in Yogyakarta. UN felt that her feet were scaly and dry since she was in elementary school. Then, because her feet were getting worse, she and her mother decided to go to the doctor. The doctor confirmed that her disease is atopic eczema. In addition, UN also has asthma since childhood and grandfather with related history.

2.4 Data Collection Technique

This study used interviews as a method of data collection. The researcher conducted several meetings with the subject to observe their action and gesture during the interview. Other than that, the researcher also conducted interviews with key informants. The purpose of the interview with the key informant is to increase the validity of the data by using source triangulation techniques.

The process carried out after the researchers conducted the interviews was to pour the results of the interviews which were originally in the form of audio data into interview transcripts or verbatim. After writing the interview transcript, the researcher selected the data needed and set aside the data that was not needed. The next stage, the researcher categorizes the selected verbatim data into major themes or topics. After all subject data has been categorized by theme, the data is then clarified into more specific themes.

2.5 Data Analysis Technique

Data analysis for this study was carried out during the data collection process and after completing data collection. Researchers can start doing data analysis even when hearing answers from informants during interviews. This study refers to the data analysis techniques which according to Miles & Huberman [14]. The data obtained were then analyzed through several stages, namely data reduction, data presentation, and drawing conclusions.

3 Result and Discussion

3.1 Research Result

Based on the data obtained, the results of the first subject psychological well-being (GP) are detailed in Table 1. The following is the summary of GP's psychological well-being.

The results of the second subject psychological well-being (UN) are detailed in Table

2. The following is the summary of UN's psychological well-being.

The following is the summary of both subjects psychological well-being comparison.

Table 1. GP's Psychological Well-Being

No.	Dimension	Interview Result
1.	Self-Acceptance	Subjects tend to judge themselves from the positive side and are able to interpret the negative side to be more positive.
2.	Positive Relationship with Others	Subject has a positive built relationship with other people. This is evidenced by the personality of the subject who tends to be open and easy-going.
3.	Self-Autonomy	Subjects are very independent and able to regulate their feelings wisely.
4.	Environmental Mastery	Subjects are generally able to manage their external activities.
5.	Purpose of Life	Subject has a direction, meaning, and purpose of life that has been described quite specifically.
6.	Personal Growth	Subject has constructive changes in herself from time to time and still has a great desire to learn through many things.

Table 2. UN's Psychological Well-Being

No.	Dimension	Interview Result
1.	Self-Acceptance	Subjects has a positive self-acceptance.
2.	Positive Relationship with Others	Subject has a positive relationship with others.
3.	Self-Autonomy	Subject is independent, but does not yet have the ability to regulate emotions well enough.
4.	Environmental Mastery	Subject are able to manage various external activities.
5.	Purpose of Life	Subject has a direction and purpose in life that has been described in sufficient detail.
6.	Personal Growth	Subject has constructive changes in her.

Table 3. GP and UN's Psychological Well-Being Comparison

No.	Dimension	Subject	
		GP (severe)	UN (mild)
1.	Self-Acceptance	Accept and interpret herself positively.	Accept and interpret herself positively.
2.	Positive Relationship with Others	Has a positive relationship with others.	Has a positive relationship with others.
3.	Self-Autonomy	Very independent and able to regulate emotions wisely.	Independent, but does not yet have the ability to regulate emotions well enough.
4.	Environmental Mastery	Able to manage external activities.	Able to manage external activities.
5.	Purpose of Life	Has a direction, meaning, and purpose of life that is described quite specifically.	Has a direction, meaning, and purpose of life that is described quite specifically.
6.	Personal Growth	Has constructive changes.	Has constructive changes.

From Table 3, it can be seen that both subjects achieved the six dimensions of psychological well-being. However, the second subject is still not able to manage their emotions well-being.

3.2 Discussion

Psychological Well-Being. Based on the results of the study, there were several findings that were found in this study in terms of the six dimensions of psychological well-being. The first finding is the dimension of self-acceptance, both subjects have reached the phase of accepting the atopic conditions. Then, the dimension of positive relationships with others, both subjects are quite satisfied with the social relationships they currently have. Furthermore, the dimensions of self-autonomy, both subjects have fairly good independence in their each perspective. However, the emotional management of UN tends to be inadequate compared to GP.

Further, the environmental mastery dimension, the two subjects are equally having the same mastery and competence in managing their quite complex activities, even with recur atopic conditions. Then the dimensions of the life purpose, both subjects have a direction and purpose in life that has been described quite specifically. And the last one is the dimension of personal growth, both subjects have positive changes in themselves despite living with atopic.

Dynamics of Psychological Well-Being. Dynamics or changes in psychological well-being in atopic sufferers can be seen when both subjects show changes in life. The most obvious change is related to self-acceptance. This can be seen from the many positive changes and consistent growth, both small and large.

These changes include physical and psychological changes. In physical changes, GP subjects who have atopic with severe cases, namely wounds on the whole body feel that their atopic wounds are improving than when the subject was a child. Although it still recurs and remains throughout the body, the wounds that appear are not as festering and as bad as before. Does not cause the GP subject to have difficulty straightening the legs/hands, or to have difficulty moving. Likewise, the subject of the UN, atopic wounds on the UN are getting better. This is in line with medical efforts that are more routine and stable by the subject.

In psychological changes, there is a change in attitude, namely from those who previously experienced deep anger and became outraged when ridiculed by friends, GP subjects were much more patient in dealing with ridicule or negative things that were said by others regarding their atopic condition. Even though it's still sad to cry in the process to accept this, the GP subject has been able to manage it calmly. Then, GP and UN also tend to have no problems regarding self-acceptance of the current atopic condition. Both of the subjects do not feel the need to have smooth skin like individuals in general. Both also have the freedom to convey the condition to others.

Initially, there were many things that GP and UN had to go through in living life with atopics. However, the long process through the absorption of more insights and experience over a dozen years made both subjects wiser in dealing with atopic conditions. Furthermore, of course accompanied by social support from the closest one. Appreciation from the surrounding environment for the positive performance of academic and non-academic activities on the subject also increasingly presents thoughts and feelings that atopic conditions are not a barrier to empowerment. And the latest experience, namely taking non-formal education in religious education institution, adds sufficient meaning and direct practice to shape both of them into individuals who are more patient and willing to accept atopic conditions.

4 Conclusion

Based on the results of the research described above, the following conclusions can be drawn:

1. Both subjects have reached the phase of accepting their atopic condition.
2. Both subjects are quite satisfied with their current social relationship.
3. Both subjects have fairly good self-autonomy in their each perspective.
4. Both subjects have mastered and competence in managing their activities which are quite complex even with recur atopic conditions.
5. Both subjects have direction and purpose of life that already described quite specifically.
6. Both subjects have positive changed in their self even though they live with atopic dermatitis.
7. The severity of the atopic dermatitis condition does not affect the psychological well-being of the individual. However, it all depends on how the individual copes and deals with their experiences

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