

Body disfigurement and self-concept: An existential-phenomenological study of men and women with psoriasis

by
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Thesis
in partial fulfilment of the requirements
for the degree

**DOCTOR
LITTERARUM ET PHILOSOPHIAE
IN
PSYCHOLOGY**

in the
FACULTY OF HUMANITIES

at the
UNIVERSITY OF JOHANNESBURG

Promoter: Prof. G.P. de Bruin

SEPTEMBER 2006

Acknowledgements

- * I would like to thank my dissertation supervisor, Professor G.P. de Bruin for his willingness to proceed in the undertaking of a study of this category, for his unflagging faith in me, continued support and the professional standard by which he teaches. His teaching has guided my work and has ensured the maintaining of professionalism at all levels of this research.

- * Thank you to Professor Jane Stake of the University of Missouri - St Louis who, without hesitation, forwarded journal articles to me on trait self-esteem and self-concept. Professor Stake continues to liaise with me on matters of self-concept and her keen interest and ideas shared continues to inspire my work.

- * I would like to thank the participants of this study and without whom this study would not have been possible. The participants entrusted me by sharing their journey as sufferers of psoriasis in a manner that was open, honest, and rich in description. My insight to the experiencing world of the participants has resulted in my own learning and growth and my journey with them has been a privilege and an incredibly humbling experience.

- * Thank you to my wonderful parents, Rita and Raymond Watson, for their ceaseless encouragement, support, shared enthusiasm for my work and for their continued faith in my abilities, even in my own moments of doubt. I am so blessed to be the daughter of two remarkable people who love me unconditionally. I love you always.

- * Much thanks to my best friend Tersia Oosthuizen who has helped me to stay sane through computer problems, printer difficulties, and who instilled hope within me when I struggled to find participants and thought my world would crumble. Your strength has carried me through many difficult moments and I am forever grateful.

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SUMMARY

This study explored the impact of psoriasis on the self-concept (a multifaceted, hierarchical construct of self with both cognitive and emotional components) (Hattie & Marsh, 1996), of men and women who live with this cutaneous disease. Psoriasis is a common (frequently occurring), chronic inflammatory dermatological disease that can severely affect the sufferer's quality of life. While the underlying cause is unknown, the immediate cause of psoriasis is the rate of growth and differentiation of the outer layer of the skin. In a process known as hyper-proliferation (renewal of skin every four days as opposed to every 28 days), psoriasis is anatomically disfiguring. Symptoms include: the thickening of psoriatic plaques, the sloughing of silvery scales, severe itching of the affected areas and a thickening and yellowing of the fingernails. The severity of psoriasis varies from small scattered patches to total skin coverage (Young, 2005).

Chronic skin diseases, such as psoriasis, can affect one's self-concept at the level of the physical, emotional, social and spiritual dimensions of self (Kew, Nevin & Cruickshank, 2002). According to Gupta and Gupta (1995), sufferers of psoriasis experience external shame (fear of negative evaluations and stigmatisation) as well as internal body shame (negative self-evaluations and self-focussed feelings). According to Stake, Huff and Zand (1995), a disturbance in one dimension of self (e.g. the physical self-concept), invariably effects other self-dimensions (e.g. the private, social self-dimensions).

A study by Gupta and Gupta (1995) revealed that psoriasis was a major contributing factor to the onset of psychopathology such as depression, anxiety, unfocussed anger and obsessional behaviours. A study by Choi and Koo (as cited in Young, 2005), found that the

impact of psoriasis on the psychological and emotional dimensions of self-concept to be comparable to that experienced by sufferers of more chronic diseases such as cancer, heart disease and clinical depression.

General healthcare providers who treat the medical components of psoriasis may be surprised to learn that the emotional and social burdens of psoriasis are often greater than the physical toll of psoriasis on patients. Further, psoriasis is observed to be persistent, unpredictable and stressful over longer periods of time than more serious illnesses (Young, 2005). Although many people with disfiguring skin disorders cope remarkably well psychologically and socially, many do not and may require professional help in describing their bodily being in relation to the world and to come to terms with the positive and negative aspects of self (Van Deurzen-Smith, 1997).

Significantly, studies in psychoneuroendocrineimmunology have shown the interconnectedness of emotions and mental attitude to physical health and which underscores the importance of treating the whole person and not just the symptoms (Linsteadt, 2002). Consistently, studies have shown the importance of self-concept to psychological health (Francis, 2002; Hattie & Marsh, 1996; Newell, 2000; Young, 2005) and body satisfaction as being pivotal in one's overall concept of self (Tiggemann & Williamson, 2000). Problematic however is that the literature indicates a dearth of dermatological studies detailing the meaning-making experiences of individuals who have undergone changes to their physical appearance as a result of this and the impact of cutaneous disease on the self-concept (Hill, 2004; Papadopoulos, Bor & Legg, 1999; Thompson & Kent, 2001).

Our experiences and how we make sense of what we experience is primarily dependent upon the kinds of bodies we have and also on the ways we interact with the various environments we inhabit. It is through our embodied interactions that we inhabit a world, and it is through our bodies that we are able to understand and act within this world with varying degrees of success (Johnson, 1999). The importance of skin for an individual's psychosocial equilibrium can easily be appreciated. First, the skin represents the outward packaging of our being. Second, the cutaneous surface is what society initially perceives and with dermatological disease being the basis for social stigma. Arguably, having a healthy, unblemished skin can enhance one's self-esteem, self-identity and not infrequently, one's social standing (Koo & Yeung, 2002).

Studies investigating the impact of disfiguring cutaneous disease on the self-concept appear to be lacking in the literature. In 2004, at a meeting of the Editorial Board for the *Journal of Dermatology Nursing*, the need for studies presenting the patient's experience of cutaneous disease was discussed. It was thought that qualitative exploration of the patient's experience of cutaneous disease would provide medical and mental healthcare professionals with valuable insights and important information to help improve dermatology patient care (Hill, 2004).

Dermatology and self-concept phenomena tend to be investigated interdependently of each other. Furthermore, the majority of research in this area focuses on quantitative research design. Consequently, much of the depth of information regarding the experiential world of sufferers of cutaneous disease is invariably lost (Hill, 2004; Thompson & Kent, 2001).

In light of that stated above, this study explored the meaning-making experience of men and women who suffer from psoriasis and the impact of this on the various dimensions of the self-concept. Due to the sparsity of South African studies investigating qualitatively, the experiences of persons suffering from a common, chronic dermatological condition, this study followed an existential phenomenological approach in describing the impact of psoriasis on the self-concept as told from the perspective of the men and women who live with this.

Existential phenomenology seeks to explicate the essence, structure and form of both human experiences and behaviour as revealed through essentially descriptive techniques that includes disciplined reflection (Sokolowski, 2000). Given the apparent lack of awareness and knowledge of psychological processes, meaning-making and coping strategies utilised by psoriasis sufferers in their experience of this, this methodology was thought most appropriate (Hill, 2004; Newell, 2000; Papadopoulos, et al., 1999; Thompson & Kent, 2001).

In terms of the areas of participation, three male and four female sufferers of psoriasis participated in the study. For all participants, psoriasis was in the active phase and covered most parts of their body. Data was collected using a questionnaire set consisting of semi-structured questions and the research question, which was open-ended. The method of data analysis was based on an integration of the works by various phenomenologists and involved six phases, namely: bracketing, intuitive grasp, eidetic reduction, textural and structural descriptions, composite textural and structural descriptions, and the final synthesis. The participants confirmed that the statements generated were accurately reflected.

The results evidenced several prominent themes shared by the group, namely: (a) that the severity of the physical manifestations and the painful symptoms of psoriasis can result in

negative self-concept evaluations; (b) a lack of empathy and a failure to provide knowledge on psoriasis and a priori caution of the side-effects of psoriatic medications by the medical doctors consulted was experienced by the participants as disempowering and adversely affected their emotional well-being; (c) the doctor/patient relationship was observed as pivotal in influencing the participants general concept of self; (d) the participants acceded that medical aids need to place psoriasis on the list of chronic medical conditions; (e) social stigma adversely affects self-concept evaluations; (f) public education on psoriasis is required; (g) drawing on various methods of coping was deemed crucial to the enhancement of the self-concept in the participants journey towards psychological health; (h) positive meaning-making from the psoriatic/self-concept experience enhanced quality of life issues; and finally, (i) trait self-esteem and healthy self-concept development may be important determinant factors in the psychological recovery of patients suffering from psoriasis.

More specifically, in terms of self-evaluation, the participants experienced psoriasis as an assault on the physical self that was painful, embarrassing and humiliating. In redefining psoriasis in this way, the participants redefined their body image (mental construct of the body), and with the pervasiveness of negative self-evaluations an offshoot of continuous negative cognitive and emotional schemas of the body.

Regarding the doctor/patient relationship, the results of the study show a need for medical doctors to expand their focus of treating the symptoms of psoriasis to incorporate a more holistic treatment approach that places emphasis on psychological, social and nutritional processes. The willingness of medical professionals to network with psychologists and other healthcare professionals and also being prepared to integrate the concept of holism into their treatment programmes was thought one method of attaining a holistic approach to the

treatment and management of dermatology patients. Significantly, the doctor/patient relationship was also experienced as being an important factor in the patients drive to want to heal (healing is not here equated with cure but rather being able to approach living with psoriasis more positively).

The participants in this study experienced doctors to be largely unsympathetic and not well versed in the physiology of psoriasis. Additionally, the degree of psychological trauma experienced by the participants in their suffering with psoriasis seemed to go unnoticed by the treating doctors. To this end, helplessness and feelings of disempowerment were heightened. In terms of treatment implications, the participants claimed that their treating doctors failed to inform them of the severity of the side-effects, the dangers of various treatments, and the possible inefficacy of many treatments utilised. The participants experience of this resulted in the following: a) diminished trust in the doctor/patient relationship and the medical profession generally; b) heightened body shame and repulsion of self (as opposed to feeling repulsed by the psoriasis alone); c) intense anger and with some participants describing emotional anarchy; and finally, d) in feeling left out of the treatment decision-making process, participants felt as though they had lost control over their own body.

In terms of medical aid support, the participants pointed out that psoriasis is not on the government approved list of chronic conditions and as such, given their experiences, acceded that this is something that needed to be challenged.

Regarding social stigma, the participants' experience of this appeared to result in reinforcing a sense of their feeling socially shunned and physically alienated from their familiar body. Furthermore, it would appear that social stigma might play a participatory role in

increasing the severity of the psoriatic condition due to the stress evoked in the experience of feeling socially stigmatised and also the heightening of psychological difficulties experienced as participants moved from pride to shame. All participants felt public education and awareness of the onset, cause and course of psoriasis was required.

Methods of coping utilised by the participants included: the seeking out of empathetic medical practitioners, psychotherapy, hypnotherapy, assertiveness skills training, implementing spirituality in their lives, and drawing upon the support of family and friends. Finally, in the midst of much adversity, the participants found an inner strength from which to reclaim their sense of self and which they attribute to having had a positive demeanour prior to suffering from psoriasis. In the deconstruction (fracturing) of self, the participants seemed to have felt compelled into a process of change that could be characterised as a reconstruction of self - an evolving of the old and new dimensions of self that would evolve further into a stronger and more resilient sense of self that characterises the participants today.

The participants to this study embarked upon a journey of self-empowerment and which was a defining factor in their making meaning from their suffering. Not alluded to in the literature is that, for the participants, psoriasis became a tool that they utilised to reclaim their lives and to re-build the self anew.

The results of this study reveal many important areas for future research with persons suffering from psoriasis and dermatological conditions generally, such as: i) the focussing on levels of trait self-esteem in effecting how positive change in one's self-concept may or may not occur; ii) the exploration of disfiguring skin conditions as an impetus for self-concept enhancement and creating meaning in one's life; iii) exploring the efficacy of combining

psychotherapy with medical treatments in the management of dermatology patients; iv) exploring the role of the doctor/patient relationship in the patient's drive towards psychological health and treatment compliance; and finally, v) exploring the impact of dermatological disease on the family of the sufferer, especially given the significance of the familial system in the sufferers coping.

Importantly, the results of this study suggest that having a healthy self-concept prior to the development of illness or disease is pivotal in accounting for why some people recover remarkably well psychologically and others do not. The findings of this study are valuable and will have important implications for all within the healing profession in helping to effect positive change in their future endeavours with persons who suffer from dermatological disease.

OPSOMMING

Hierdie studie ondersoek die impak van psoriase op die selfbegrip ('n veelvlakkige, hiërargiese konstruksie van die self met kognitiewe sowel as emosionele komponente) (Hattie & Marsh, 1996) van mans en vrouens wat saam met hierdie huidsiekte leef. Psoriase is 'n algemene (kom dikwels voor), kroniese, inflammatoriese, dermatologiese siekte wat die persoon wat daaraan ly se lewensgehalte ernstig kan beïnvloed. Hoewel die onderliggende oorsaak onbekend is, is die onmiddellike oorsaak van psoriase die groeitempo en differensiasie van die buitenste laag van die vel. In 'n proses wat bekend staan as hiperproliferasie (hernuwing van die vel elke vier dae teenoor 28 dae), is psoriase anatomies skendend. Simptome sluit in: verdikking van psoriatische aanpaksel, vervelling van silweragtige skubbe, kwaai gejeuk van die geaffekteerde areas en 'n verdikking en vergeling van die vingernaels. Die ernstigheid van psoriase wissel van klein verspreide kolle tot totale velbedekking (Young, 2005).

Kroniese velsiektes, soos psoriase, kan mens se selfbegrip raak op die vlak van die fisiese, emosionele, sosiale en geestelike dimensies van die self (Kew, Nevin & Cruickshank, 2002). Volgens Gupta en Gupta (1995) ervaar diegene wat aan psoriase ly eksterne skaamte (vrees vir negatiewe evaluasie en stigmatisering) asook interne liggaamskaamte (negatiewe selfevaluering en selfgefokusde gevoelens). Volgens Stake, Huff en Zand (1995) beïnvloed 'n versteuring in een dimensie van die self (bv. die fisiese selfbegrip) onwillekeurig ander selfdimensies (bv. die private, sosiale selfs-dimensies).

'n Studie deur Gupta en Gupta (1995) het getoon dat psoriase 'n hoof bydraende faktor is tot die begin van 'n psigopatologie soos depressie, angs, ongefokusde woede en obsessiewe

gedrag. 'n Studie deur Choi en Koo (soos aangehaal in Young, 2005) het bevind dat die impak van psoriase op die sielkundige en emosionele dimensies van die selfbegrip vergelyk kan word met dit wat deur lyers aan meer kroniese siektes soos kanker, hartsiektes en kliniese depressie ervaar word.

Algemene gesondheidsorgverskaffers wat die mediese komponente van psoriase behandel, kan moontlik verras wees wanneer hulle besef dat die emosionele en sosiale las van psoriase dikwels groter is as die fisiese las van psoriase op pasiënte. Daar is verder opgemerk dat psoriase hardnekkig, onvoorspelbaar en stresvol oor langer tydperke is as ernstiger siektes (Young, 2005). Hoewel baie mense met skendende velsiektes dit psigologies en sosiaal merkwaardig goed hanteer, is daar baie wat dit nie goed hanteer nie en professionele hulp nodig het om hul liggaamlikheid met betrekking tot die wêreld te beskryf en die positiewe en negatiewe aspekte van die self te aanvaar (Van Deurzen-Smith, 1997).

Studies in psigoneuroendokrienimmunologie het die onderlinge verband tussen emosies en geestelike gesindheid teenoor fisiese gesondheid getoon en beklemtoon die belangrikheid om die hele mens en nie net die simptome te behandel nie (Linsteadt, 2002). Studies toon deurgaans die belangrikheid van selfbegrip vir psigologiese gesondheid (Francis, 2002; Hattie & Marsh, 1996; Newell, 2000; Young, 2005) en liggaamstevredenheid as deurslaggewend in mens se algehele begrip van die self (Tiggermann & Williamson, 2000). Wat egter problematies is, is dat daar in die literatuur 'n gebrek aan dermatologiese studies is oor die sinmakende ervarings van individue wat veranderings in hul fisiese voorkoms as gevolg hiervan ondergaan het, en wat die impak van huidsiektes op die selfbegrip uiteensit (Hill, 2004; Papadopoulos, Bor & Legg, 1999; Thompson & Kent, 2001).

Ons ervarings en hoe ons sin maak uit wat ons ervaar, hang hoofsaaklik af van die tipes liggame wat ons het en ook van die maniere waarop met die verskillende omgewings waarin ons bly in wisselwerking getree word. Dit is deur ons beliggaamde interaksies wat ons 'n wêreld bewoon en dit is deur ons liggame wat ons hierdie wêreld kan verstaan en daarin kan optree met verskillende grade van sukses (Johnson, 1999). Die belangrikheid van die vel vir 'n persoon se psigososiale ewililibrium is maklik te verstane. Eerstens verteenwoordig die vel die buitenste verpakking van ons wese. Tweedens is die huidoppervlak wat die gemeenskap aanvanklik raaksien en die dermatologiese siekte die grondslag vir sosiale stigma. Om 'n gesonde, onbeskadigde vel te hê, kan moontlik mens se selfagting, identiteit en dikwels mens se sosiale status verhoog (Koo & Yeung, 2002).

Studies wat die impak van skendende huidsiekte op die selfbegrip ondersoek, kom nie in die literatuur voor nie. Tydens 'n vergadering in 2004 van die redaksie vir die *Journal of Dermatology Nursing*, is die behoefte aan studies om die pasiënt se ervaring van huidsiekte aan te bied, bespreek. Die mening is gehuldig dat kwalitatiewe navorsing van die pasiënt se ervaring van 'n huidsiekte aan mediese en geestesgesondheidsorgberoepslui waardevolle insig en belangrike inligting gee om te help om dermatologiese pasiëntsorg te help verbeter (Hill, 2004).

Dermatologie en selfbegripverskynsels word meesal interafhanklik van mekaar ondersoek. Verder fokus die meeste van die navorsing op hierdie gebied op 'n kwantitatiewe navorsingsontwerp. Gevolglik gaan baie van die diepte van inligting rakende die persoon se ervaringswêreld as lyer van 'n huidsiekte verlore (Hill, 2004; Thompson & Kent, 2001). In die lig van bogenoemde het hierdie studie die sinmakende ervaring van mans en vrouens wat aan psoriase ly en die impak hiervan op die verskillende dimensies van die selfbegrip ondersoek.

Weens die skaarsheid van Suid-Afrikaanse studies wat kwalitatief die ervaring ondersoek van persone wat aan 'n algemene, kroniese dermatologiese toestand ly, het hierdie studie 'n eksistensiële fenomenologiese benadering gevolg om die impak van psoriase op die selfbegrip soos vertel vanuit die perspektief van die mans en vrouens wat hiermee leef, te beskryf.

Eksistensiële fenomenologie poog om die kern, struktuur en vorm van menslike ervarings en gedrag te verduidelik wat hoofsaaklik deur beskrywende tegnieke aan die lig gebring word, met inbegrip van gedissiplineerde nadenke. Gegewe die klaarblyklike gebrek aan bewustheid en kennis van sielkundige prosesse, en die sinmakende en hanteringstrategieë wat deur psoriaselyers in hul ervaring hiervan gebruik word, is hierdie metode as die mees geskikte beskou (Hill, 2004; Newell, 2000; Papadopoulos, *et al.* 1999; Thompson & Kent, 2001).

Drie manlike en vier vroulike psoriaselyers het aan hierdie studie deelgeneem. Vir al die deelnemers was psoriase in die aktiewe fase en het dit die grootste deel van die liggaam bedek. Data is ingesamel deur 'n vraelysstel te gebruik wat uit semigestruktureerde vrae bestaan het en 'n navorsingsvraag wat oop was. Hierdie metode van data-ontleding is gegrond op 'n integrasie van die werk deur verskillende fenomenoloë en het ses fases behels, naamlik: koppeling, intuïtiewe begrip, eidetiese reduksie, tekstuele en strukturele beskrywings, saamgestelde tekstuele en strukturele beskrywings en die finale sintese. Die deelnemers het bevestig dat die stellings wat gegenereer is, akkuraat weerspieël is.

Die resultate het 'n aantal prominente temas wat deur die groep gedeel word, getoon, naamlik: (a) die felheid van die fisiese manifestasies en pynlike simptome van psoriase kan tot negatiewe selfbegripevaluasies lei; (b) 'n gebrek aan empatie en versuim om inligting oor psoriase te verskaf en voorafwaarskuwing van die nuwe-effekte van psoriatiese medikasie deur

die mediese dokters wat geraadpleeg is, is deur die deelnemers as ontmagtigend ervaar en het hul emosionele welsyn nadelig beïnvloed; (c) die dokter-pasiënt-verhouding is as deurslaggewend waargeneem in die beïnvloeding van die deelnemers se algemene begrip van die self; (d) die pasiënte het beklemtoon dat mediese fondse psoriase op die lys kroniese mediese toestande moet plaas; (e) sosiale stigma beïnvloed selfbegripevaluasies negatief; (f) die publiek moet oor psoriase ingelig word; (g) verskillende metodes om dit te hanteer moet gebruik word en word as noodsaaklik beskou vir die verhoging van die selfbegrip in die deelnemers se reis na sielkundige gesondheid; (h) positiewe sinmaking van die psoriase-selfbegrip-ervaring het lewensgehalte verhoog; en ten slotte (i) eienskapsselfagting en gesonde selfbegripontwikkeling kan belangrike bepalende faktore in die sielkundige herstel van pasiënte wat aan psoriase ly, wees.

Ten opsigte van selfevaluering, het die deelnemers psoriase as 'n aanslag op die fisiese self ervaar, wat baie pynlik, 'n verleentheid en vernederend is. Deur psoriase so te herdefinieer, het die deelnemers hul liggaamlike beeld herdefinieer (geestelike konstruksie van die liggaam), met die omvattendheid van negatiewe selfevaluering 'n uitspruitsel van deurlopende negatiewe kognitiewe en emosionele skemas van die liggaam.

Wat die pasiënt-dokter-verhouding betref, toon die resultate die noodsaaklikheid dat mediese dokters hul fokus om net die simptome van psoriase te behandel verskuif na 'n meer holistiese behandelingsbenadering wat klem op die sielkundige, sosiale en voedingsprosesse insluit. Die bereidwilligheid van medici om met sielkundiges en ander gesondheidsorgberoepslui 'n netwerk te vorm en om ook bereid te wees om die idee van holisme by hul behandelingsprogramme te integreer, is as een metode beskou om 'n holistiese benadering tot die behandeling en bestuur van dermatologiepasiënte te bereik. Daar is ook

bevind dat die pasiënt-dokter-verhouding 'n belangrike faktor in die proses van die pasiënt se dryfkrag om gesond te word, is (gesond word beteken hier nie om volkome te herstel nie, maar eerder om die lewe met psoriase positiewer aan te pak).

Die deelnemers aan hierdie studie het dokters as grootliks onsimpatiek ervaar en nie ervaar wat die sielkunde van psoriase betref nie. Die mate van sielkundige trauma wat deur die deelnemers ervaar is in hul lyding weens psoriase blyk ongesiens by die behandelende dokters verby te gaan. Derhalwe is hulpeloosheid en gevoelens van ontmagtiging verhoog. Ten opsigte van die implikasies van die behandeling het die deelnemers beweer dat die dokters wat hulle geraadpleeg het, versuim het om hulle oor die felheid van die newe-effekte, die gevare van verskillende behandelings en die ondoeltreffendheid van baie behandelings wat gebruik word, in te lig. Die deelnemers se ervaring hiervan het die volgende tot gevolg gehad: a) verminderde vertrouwe in die dokter-pasiënt-verhouding en die mediese beroep oor die algemeen; b) verhoogde skaamte oor hul liggame en 'n weersin in die self (teenoor om net aan die psoriase te walg); c) intense woede en sommige deelnemers het emosionele anargie beskryf; en laastens, d) omdat deelnemers uitgesluit van die besluitnemingsproses gevoel het, was dit asof hulle beheer oor hul eie liggame verloor het.

Ten opsigte van mediese fondsondersteuning, het die deelnemers aangetoon dat psoriase nie op die regering se goedgekeurde lys van kroniese toestande is nie en weens hul ervarings gevoel dat dit iets is waarteen protes aangeteken moet word.

Wat sosiale stigma betref, het die deelnemers se ervaring hiervan klaarblyklik gelei tot die versterking van 'n gevoel dat hulle sosiaal vermy word en fisies van hul bekende liggame vervreem word. Verder lyk dit asof sosiale stigma 'n deelnemende rol kan speel om die

felheid van die psoriasetoestand te verhoog weens stres wat deur die lyer verduur word en ook die sielkundige probleme verhoog wanneer deelnemers van trots na skaamte beweeg. Alle deelnemers was van mening dat openbare opvoeding en bewusmaking ten opsigte van die oorsaak en verloop van psoriase uiters noodsaaklik is.

Metodes om alles te hanteer, sluit in die soeke na meer empatiese mediese praktisyns, psigoterapie, hipnoterapie, selfgeldingsvaardigheidsopleiding, om geestelik verbonde te wees en om op familie en vriende te kan steun. Ten slotte, te midde van baie teenspoed het die deelnemers 'n innerlike krag ontdek waaruit hulle weer hul sin van die self kon herwin en wat hulle toeskryf aan 'n positiewe houding voordat hulle aan psoriase gely het. Tydens die dekonstruksie (breking) van die self, het die deelnemers klaarblyklik gevoel hulle is in 'n proses van verandering wat gekenmerk kan word as 'n rekonstruksie van die self gedwing – 'n ontwikkeling van die ou en nuwe dimensies van die self wat verder sal ontwikkel tot 'n sterker en elastieser sin van die self wat die deelnemers vandag kenmerk.

Die deelnemers aan hierdie studie het 'n reis van selfbemaagtiging onderneem, wat 'n bepalende faktor was in hul sinmaking van hul lyding. Die literatuur verwys nie na die feit dat vir die deelnemers psoriase die instrument geword het wat deur hulle gebruik om hul lewens terug te kry en die self opnuut te bou nie.

Die resultate van hierdie studie het baie belangrike gebiede vir toekomstige navorsing met persone wat aan psoriase en dermatologiese siektes oor die algemeen ly aan die lig gebring, soos: i) om op vlakke van eienskapsselfagting te fokus wat beïnvloed hoe positiewe verandering in mens se selfbegrip kan of nie kan plaasvind nie; ii) die verkenning van skendende veltoestande as 'n stukrag vir positiewe selfbegrip en om mens sin in 'n mens se

lewe te vind; iii) verkenning van die doeltreffendheid om psigoterapie met mediese behandeling in die bestuur van dermatologiepasiënte te kombineer; iv) verkenning van die rol van die dokter-pasiënt-verhouding in die pasiënt se strewe na sielkundige gesondheid en behandelingsvoldoening; v) om die impak van dermatologiese siektes op die gesin van die lyer te ondersoek veral gegewe die belangrikheid van die familiële stelsels in die lyer se hantering van die siekte.

Die resultate van hierdie studie toon dat om 'n gesonde selfbegrip te hê voor die ontwikkeling van siekte belangrik is om te verklaar hoekom sommige mense verstommend goed sielkundig herstel terwyl ander dit nie doen nie. Die bevindings van hierdie studie is waardevol en sal belangrike implikasies hê vir almal in die genesingsprofessie deur te help om positiewe verandering teweeg te bring in hul toekomstige hantering van persone wat aan 'n dermatologiese siekte ly.