

INVESTIGATING THE EDUCATIONAL PSYCHOLOGIST'S SUPPORT TO PARENTS AND TEACHERS OF THE ADOLESCENT WITH ACNE

by

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I declare that INVESTIGATING THE EDUCATIONAL PSYCHOLOGIST'S SUPPORT TO PARENTS AND TEACHERS OF THE ADOLESCENT WITH ACNE is my own work and that all the sources that I have used have been indicated and acknowledged by means of complete references.

CA Radloff

Date

ABSTRACT

The purpose of this study was to develop guidelines to enable the members of acne sufferers' support networks to become better sources of practical, emotional and social support.

A literature study and an empirical investigation were done to investigate which factors could enable members of the acne sufferer's support network to become better sources of support.

A questionnaire was developed as an aid to identify the perceptions and emotions of acne sufferers, which was published on a website, (www.acnediaries.co.za) specifically designed for this purpose. Two semi-structured interviews with acne sufferers were also done to enrich the findings.

Results of the study identified several guidelines for parents, teachers, siblings, friends and boyfriends or girlfriends of acne sufferers to enable them to give support to teenagers suffering from acne.

Key words

- acne
- adolescent
- guidelines
- myths
- psychological impact
- questionnaires
- self-concept,
- semi-structured interviews
- support system
- treatment

Date: February 2009

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CHAPTER 1

INTRODUCTORY ORIENTATION, STATEMENT OF THE PROBLEM, AIM OF THE STUDY AND CLARIFICATION OF CONCEPTS

1.1 INTRODUCTION

The great majority of people will probably experience the inconvenience and embarrassment of having a pimple or two at some time in their lives. A small but significant minority, however, will experience the severe agony and wretchedness caused by a full-blown case of the dermatological condition acne vulgaris. Acne vulgaris is a chronic disease of the sebaceous follicles. In some cases an inflammation attacks the follicle, which causes the acne to develop into inflamed lesions. This kind of acne is much more serious than simply having a few pimples (Fulton 2002:96).

Apart from the considerable physical discomfort experienced by sufferers, acne is also associated with substantial negative emotional and psychological repercussions. This is hardly surprising if one considers the importance modern society places on physical appearance and beauty. Acne is progressively being recognised as a dermatological condition, which can possibly cause serious mental health problems for some sufferers (Kellet & Gilbert 2001:1).

According to Day (2005:5) acne is most common in adolescents and young adults. Adolescence is a period in a person's life characterised by developmental challenges. Apart from the physical changes that children undergo, they have to develop cognitively, morally and socially, while searching for a stable identity. The peer group becomes an increasingly important influence in the child's life and there is a lot of emphasis on physical appearance (Donald, Lazarus & Lolwana 2002:224).

Unfortunately acne sufferers often report being shunned or treated negatively by their peers and society as a whole. Western society's distaste for acne is reflected in the derogatory terms used to describe acne such as "zits", "pizza-face", "crater-face" and many more (Kellet & Gilbert 2001:2).

In light of this the roles played by parents, family, friends and teachers in the life of an adolescent suffering from acne can be crucial, as they are the ones who need to counteract the negative reactions from the rest of society.

It is vital that all the important people in the adolescent's support system know as much as possible about the condition, because many popular misconceptions about acne can give sufferers the idea that *they* are somehow to blame for their condition (Murray & Rhodes 2005:194). Furthermore, since so many treatment strategies are available, parents should know whether the condition can be treated at home and when it becomes necessary to take the sufferer to see a dermatologist. Parents who have to cope with teenagers with acne, however, may often be just as lost as the teenagers regarding the correct way to handle this condition.

1.2 ANALYSIS OF THE PROBLEM

1.2.1 Awareness of the problem

In January 2006 the researcher developed inflammatory acne right after her thirtieth birthday. At the time she was working as a teacher at a high school and therefore in a highly visible position. This serious acne breakout created an increased awareness of the psychological and emotional suffering severe acne inflicts on its victims.

The researcher also became aware of the way learners and teachers treated other acne sufferers in the school. While some friends seemed to offer support and understanding, a few pupils reported that they were being teased and many felt that peers and teachers were simply ignoring them. Others complained that their family members often made insensitive remarks about their acne. This made the researcher wonder about the nature of the support these teenagers received from their friends, teachers, parents and family members.

Many of the researcher's own family members had, at some time or another, suffered from severe acne. The researcher consulted six such family members regarding their perceptions of the support they received from their parents and other people in their lives during those times. All six reported that the support they received was either misguided, lacking in sensitivity or all together absent. This led the researcher to wonder whether it would be possible to identify certain common factors that were preventing people from being reliable and efficient sources of support to teenagers suffering from acne.

1.2.2 The need to conduct research: a literature survey

1.2.2.1 The social impact of acne

The researcher consulted literature for a better understanding of the problem. Hanstock and O'Mahony (2002:1318) are of the opinion that severe acne is associated with increased embarrassment and an inability to enjoy or participate in social activities. Simply put, acne sufferers tend to withdraw from friends and family.

According to Kellet and Gilbert (2001:10) acne sufferers fear inducing negative affects in others like anxiety, anger, embarrassment or disgust, and therefore they often isolate themselves socially. The problem for the acne sufferer becomes clear: apart from feeling unattractive they also believe that others see them as flawed, inadequate and repulsive. This causes them to withdraw from their support networks and effectively deprives them from any potential social support.

Hull and D'Arcy (2003:497) support the findings of previous researchers that acne is associated with impaired social functioning, poorer academic performance, decreased dating and participation in sports. According to Murray and Rhodes (2005:200) acne can have a detrimental effect on all stages of romantic relationships as it can negatively influence existing relationships, prevent the formation of new ones or precipitate the end of a long-term relationship.

In a study done by Murray and Rhodes (2005:195) it was found that the relationships between persons with acne and their friends and family were often strained and that those family members were ineffective as sources of support. This was mainly due to the fact that friends and family simply did not know how to offer support, leading them to inadvertently cause more distress and friction in the relationship. Murray and Rhodes (2005:200) suggest that this problem could be addressed by offering advice to close friends and family on constructive methods of showing support.

However, there is a real paucity of research concerned with what constitutes effective and constructive support. Although substantial research on the causes, diagnosis and treatment of acne has been documented, related knowledge about the social and psychological implications of acne remains under researched (Murray & Rhodes 2005:184).

1.2.2.2 The psychological and emotional impact of acne

In literature on dermatology an assumption is often made that acne is a minor dermatological complaint, which imposes minimal emotional distress upon sufferers (Kellet & Gilbert 2001:1). According to Papadopoulos, Walker, Aitken and Bor (2000:431) empirical studies

are scarce, partly because acne is viewed as an inevitable condition related to adolescence and partly because it is not a life-threatening disease.

Recent research, however, has illustrated that "the conception about acne needs to be changed from that of a troublesome complaint, to that of a disorder, which has the potential to cause great damage, perhaps even in the long term, to the emotional functioning of the patient " (Kellet & Gawkrödger 1999:281).

Papadopoulos et al (2000:432) are also of the opinion that the general population view acne as a cosmetic problem with no real serious consequences. Consequently individuals suffering from acne often have to cope with others' trivialisation of their condition. Sufferers are often trapped in an unsympathetic society that underestimates their suffering.

This is particularly worrying as various researchers have found that acne can have a variety of negative psychological effects, including low self-esteem, feelings of inferiority, worthlessness, guilt, shame and depression (Papadopoulos et al 2000:431).

Papadopoulos et al (2000:431) maintains that these problems can be exacerbated if the onset occurs during adolescence, a time of identity formation and consolidation. In most cases acne presents on the face where it is highly visible and thus may have profoundly negative effects on body and self-image evaluations.

Murray and Rhodes (2005:184) found appreciably high levels of clinical anxiety and depression in a sample of acne sufferers. However, no studies have been done to establish the direction and strength of the causality between acne and depression and more research is needed in this area.

Kellet and Gilbert (2001:16) found that acne sufferers spend long periods where they attempt to treat their skin and try to conceal their blemishes. However, once severe acne is in progress it rarely responds to over-the-counter remedies. Acne sufferers are mostly unaware of this fact and therefore often believe that they are somehow to blame for their condition. In fact many myths, such as that acne is caused by poor hygiene, leads to increased and inaccurate self-blame in sufferers (Murray & Rhodes 2005:194).

Murray and Rhodes (2005:197) found that acne sufferers often felt a diminished capacity to act, which is related to the phenomenon of body shame. Body shame refers to a sense of personal shame that is related to seeing oneself as inferior, inadequate and flawed. In

essence, such people feel unattractive and experience feelings of self-disgust and even self-hatred. According to Kellet and Gilbert (2001:6) some people may actually avoid medical help out of shame about their condition.

As far as adolescent acne is concerned, this illustrates the important role of parents, friends, family members and teachers in the lives of acne sufferers. They have to be emotionally supportive and proactive on the sufferers' behalf to ensure that they get the treatment they need, especially in the light of the permanent scarring and negative emotional consequences that can occur if the condition is neglected.

After conducting this preliminary literature survey the researcher concluded that the literature on psychodermatological conditions would benefit from a deeper understanding of how the members of the acne sufferers' support network could improve their interpersonal relationship with acne sufferers and thereby encourage both psychological well-being and social interaction; two aspects that are so often hampered by the onset of severe acne.

1.3 PROBLEM STATEMENT

The main question that the researcher wishes to explore is:

Which guidelines can enable the members of acne sufferers' support networks to become better sources of practical, emotional and social support to acne sufferers?

1.4 RESEARCH AIMS

1.4.1 General aims

The researcher would like to determine a set of guidelines that can assist parents, family members, teachers and friends of acne sufferers to become more effective sources of practical, emotional and social support.

1.4.2 Specific aims

Some of the more specific research questions the researcher will try to answer are listed below.

1.4.2.1 Research questions

- 1 Which adolescent perceptions and emotions relating to acne will be revealed by the research?
- 2 How does acne influence the sufferers' relationship with significant others in their support network, for example parents, family, teachers and friends?
- 3 How do teenage acne sufferers perceive the support they get from the people in their support network?
- 4 Will the research be able to uncover certain common mistakes or lack of knowledge in the attitudes of parents, family members and teachers, which would prevent them from being effective sources of support?
- 5 How would acne sufferers like others to treat them?
- 6 Which kinds of remarks do acne sufferers find hurtful or humiliating?
- 7 How important is obtaining quick and effective treatment for the teenager suffering from acne?
- 8 What are the reasons some acne sufferers do not receive adequate treatment?

1.4.2.2 Possible guidelines for support

Based on the literature study and informal conversations with acne sufferers, the researcher identified possible guidelines, which may emerge from the research. The following four factors will most probably play a role.

a) Certain common mistakes

This could include various actions like picking at spots, over-washing and scrubbing the skin, relying on over-the-counter products and blaming the sufferer for the condition.

b) Lack of knowledge and attitudes that hamper support

Here the focus will be mainly on common acne myths, which still persist in society despite the fact that there is no scientific evidence to validate them. These myths give rise to negative attitudes towards acne sufferers, for example believing that people with acne are dirty or over-sexed.

c) Attitudes and behaviours that convey support

This could include attitudes such as acceptance, empathy and respect. Acne sufferers need to talk about their condition. They often need a lot of reassurance and encouragement. A light approach and a sense of humour are often appreciated, providing that the condition is not trivialised.

d) The importance of early and effective treatment

Acne is often neglected to such an extent that permanent scarring occurs. An important part of support is therefore encouraging and helping the sufferer to obtain prompt and appropriate medical treatment.

1.4.2.3 Exploration of research questions

The research questions will be explored by means of:

a) Literature study

The literature study will examine certain important issues related to adolescent acne. This includes the causes of acne, popular acne myths, the psychological and social impact of acne, the various treatments available, and the kind of support (or lack thereof) teenagers receive from their parents, family members, friends and teachers. A wide variety of sources will be consulted for a thorough understanding of these issues.

b) Empirical research

The researcher plans to create an Internet website which will explore and discuss acne related topics. It is envisioned that the participants will use this site to learn more about acne and to comment on their personal experience. Visitors will also be requested to fill out a questionnaire, which will be especially created to investigate the research questions.

The participants can simply type their answers on a web form and click on an icon to submit the information. All the data will then be stored in a specially created confidential database. The participants will also be encouraged to ask questions of their own and to make comments or suggestions.

1.5 DELIMITATION OF RESEARCH FIELD

For the purpose of this particular study, the researcher has decided to limit the research to the following group, namely adolescents (12 to 18 years of age) of both sexes who suffer from visible acne. Although this does not provide an objective measure of the severity of their condition, the focus of this study is to examine the subjective experiences and meanings the sufferers assign to their condition.

Murray and Rhodes (2005:186) point out that a disparity often exists between the severity of acne as assessed by a dermatologist and self-reported severity. The scope of this research

therefore only requires that the participants must suffer from acne on the face or body, which they personally feel as having a significant impact on their lives.

At this point it is impossible to state the number of participants who will be involved in the study, as one cannot predict the number of people who will respond to the research questions that will be presented in the form of a questionnaire.

1.6 CLARIFICATION OF CONCEPTS

1.6.1 Acne

The complete scientific name for acne is acne vulgaris. Vulgaris is a word derived from Latin and which means common, since acne is a condition that affects most of the population in varying degrees. However a prevalent misconception of the general public is that the unfortunate term vulgaris means vulgar, clearly illustrating the negative connotation most people have towards acne.

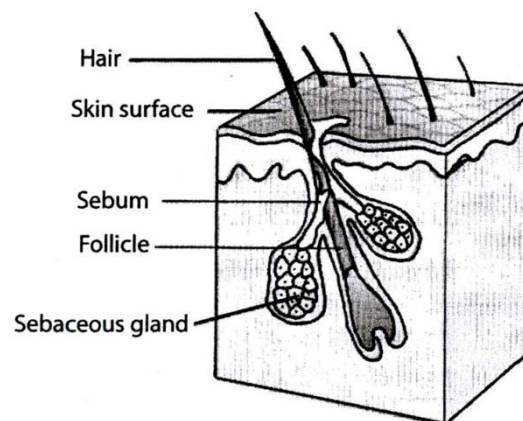


Figure 1.1 The pilosebaceous unit

Source: The National Institute of Musculoskeletal and Skin Diseases, www.niams.nih.gov

According to Fulton (2002:95) acne is a chronic disease of the sebaceous follicles, which are mostly concentrated on the face, back and neck. In all types of acne the condition starts with increased oil production in the sebaceous glands and is accompanied by the improper shedding of the skin cells lining the hair follicles.

The sebaceous glands are attached to hundreds of miniature hairs that exit to the surface of the skin through follicles, also commonly known as pores (Day 2005:3). When the oil

production in the sebaceous glands increases and the skin cells lining the follicle do not shed properly, it causes a blockage to the opening of the follicle or pore. This is called the micromedo or the basic acne lesion (Day 2005:7).

According to Day (2005:4) a bacterium called *Propionibacterium acnes* (*P. acnes*) is sometimes present at the base of the follicle. When the oxygen supply becomes cut off by the blockage in the pore this bacterium flourishes, infecting the sebaceous gland, which leads to inflammatory acne. This study is mainly concerned with the latter kind of acne, which is more severe, takes longer to clear up and often leaves behind scars.

1.6.2 Support system

A support system can loosely and generally be defined as all those forms of support provided by other individuals and groups that help an individual cope with life (Reber & Reber 2001:691). The kind of support referred to in the research will specifically focus on providing the acne sufferer with comfort, recognition, approval and encouragement. Apart from such support, which is largely psychological in nature, it may also refer to more direct means of support, such as helping to plan specific courses of action, giving unambiguous advice or helping the sufferer to modify certain behaviours (Reber & Reber 2001:726).

1.6.3 Myths

According to Reber and Reber (2001:454) a myth is a false, unsupportable, but nevertheless widely held belief. People in society typically have a host of false ideas about acne, which is widely believed and is typically regarded as a kind of folk wisdom. The research will focus on uncovering such myths and misconceptions about acne.

1.6.4 Literature on psychodermatological issues

This refers to any literature pertaining to the psychological, social or emotional impact or influence of acne on its sufferers. This kind of literature particularly focuses on the relationship between acne and the psychological and emotional consequences it can have for certain individuals.

1.6.5 Self-image

Self-image refers to the degree to which one values oneself. It is based on a subjective evaluation of oneself as well as a perception of others' evaluation of oneself (Reber & Reber 2001:661). Throughout one's life one develops a comprehensive series of self-images. These images can be either favourable or unfavourable (University of South Africa 2002:26).

1.7 RESEARCH METHODOLOGY AND DESIGN

The research design can be described as a combined-method study, because different data-collection techniques will be employed to study the same phenomenon (De Vos 2005a:357). The data collection strategies will include a questionnaire and semi-structured face-to-face interviews.

The aim of the study is not to predict or to prove causality between variables. Rather the researcher wants to collect rich and detailed accounts from acne sufferers to reach a better understanding of their thoughts, emotions and needs.

As far as interpreting the data is concerned, the researcher will make use of both qualitative and quantitative techniques. Parts of the survey will be approached in a quantitative manner and the number of no/yes responses to certain questions will be calculated. Therefore both qualitative and quantitative techniques will be used to transform the data into findings (De Vos 2005b:333)

However, most questions on the questionnaire as well as the interviews will be analysed qualitatively by means of content analysis to highlight important themes or issues. This will require close interaction between the researcher and the text and will draw upon the researcher's own interpretative resources (Murray & Rhodes 2005:189). The themes that emerge will be used as the basis for writing a set of guidelines for parents and teachers.

1.8 PLAN OF STUDY

The researcher plans to conduct the study as follows:

- 1 Chapter 1: Introduction to the research study
- 2 Chapter 2: A literary discussion on acne, including the emotional and psychological impact of acne
- 3 Chapter 3: A description of the research design
- 4 Chapter 4: A discussion of the empirical investigation
- 5 Chapter 6: Conclusion and guidelines

1.9 CONCLUSION

The researcher hopes to contribute towards improving the quality of support that acne sufferers receive from the significant people in their lives. Apart from the certain measure of relief which effective support can offer the sufferers, it can also contribute to minimising the long-lasting negative psychosocial and emotional effects of severe acne.

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTION

The face is important in communicating with others. It is a crucial source of non-verbal information, which makes a connection between two people possible. Acne affects the quality of this connection, and therefore often leads to impaired social functioning, anxiety, depression, lowered self-concept, as well as perceived social rejection (Girman, Hartmaier, Thiboutot, Johnson, Barber, DeMuro-Mercon & Waldstreicher 1996:481).

The fact that sufferers perceive themselves to be rejected by others also leads to social withdrawal. Acne therefore isolates its victims and effectively cuts them off from any kind of social support. The researcher aims to investigate all the emotional and social consequences of acne in depth, by means of this literature study.

Many misconceptions and myths about the condition exist, which makes sufferers feel even more misunderstood and it renders the attempts at support of parents or teachers useless. People in the support network of the acne sufferer are also often ignorant about the true causes of acne, the different kinds of acne and the effective treatment available.

This literature study will therefore also focus on key issues such as the types, causes and treatment of acne. Attention will also be given to the typical myths related to acne and how the sufferers perceive the support they get from parents and teachers.

2.2 THE CAUSES OF ACNE

If the people in the support network of the acne sufferer are to render effective support, they should be knowledgeable about the causes of acne. This is a complex matter and as a result most people only know half-truths and myths about the true causes of acne. This can give rise to certain negative perceptions that are often communicated to the acne sufferer, for example that acne is caused by a dirty skin. A better understanding of the causes of the condition will also promote quicker and more effective treatment.

According to Day (2005:13) the exact cause of acne is not yet known, but the current school of thought attributes the development of acne to several related factors. When looking at the underlying cause of acne, two general categories need to be considered: intrinsic factors and extrinsic circumstances.

Intrinsic factors refer to a person's hormonal and genetic make-up, hormonal medications and certain stressful life events (Day 2005:14). According to Fulton (2002:96) acne is inherited as a dominant gene. If both parents are affected, three out of four of their children are likely to suffer from acne. Not only is the condition inherited, but the location of the acne on the face, back or chest is also genetically determined.

Hormonal changes that occur during pregnancy and adolescence can cause acne or make it worse in people that are prone to acne. Changes in sleep pattern, habits and stress can also affect our bodies on different levels. Internally this means that there are constant small but significant shifts in various hormones. These changes can lead to the development of a skin condition in some, but not all cases (Day 2005:15).

Extrinsic factors refer to outside factors or situations that can cause acne lesions or worsen existing acne. This can include certain products that are applied to the skin, like creams or make-up that can act as irritants. It also refers to the effects of wind, sun or pollution, as well as using fingers or other objects to pick at the skin (Day 2005:16).

Acne was originally believed to be caused by high levels of oil or sebum production in the skin. The level of a bacterium, *Propionibacterium acnes* (*P. acnes*) in the pores has also been viewed as a common cause of acne. However recent research has identified sebum production and bacteria as aggravating factors, rather than causative factors (Fulton 2002:96).

The process of developing acne usually progresses in the following way. Excessive sebum production is the first abnormality that occurs at the onset of acne. Ineffective sloughing of the skin cells lining the pores then follows. If acne bacteria are present in the pores, inflammatory acne is likely to develop. Furthermore, if this process occurs in a person with a genetic predisposition to acne and is combined with certain extrinsic factors, it is very likely that such a person will suffer from severe acne. However, it needs to be said that this process can differ from individual to individual and oftentimes only some, or a combination of some, of the factors mentioned above are present (Day 2005:17).

2.3 TYPES OF ACNE

Acne can range from mild to severe depending on the number of pimples and the amount of scarring that occurs. The more severe the acne the greater the need for the people in the support network of the acne sufferer to intervene and to give encouragement and support (Day 2005:64).

According to Fulton (2002:96) dermatologists have classified the phenomenon of acne into different grades. The higher the grade of acne, the more severe the acne and the greater the need for an intervention by a dermatologist.



Figure 2.1. Types of acne
Source: www.betterhealthyskin.com

The different grades are:

Grade I: a few pimples and blackheads on the facial area (Fulton 2002:98).

Grade II: a large number of blackheads and whiteheads, as well as more pimples with a slight inflammation of the skin. The lesions occur mostly on the face (Fulton 2002:98).

Grade III: a large number of inflamed papules and nodules. Papules are red, swollen lesions that appear as small pink bumps on the skin, while nodules refer to large painful lesions that are lodged deep within the skin. The skin is clearly red and inflamed and the lesions are hard and painful. The acne also spreads to other parts of the body like the chest and back (Day 2005:12).

Grade IV: This is called cystic inflammatory acne and occurs when the skin has numerous papules, nodules as well as very painful acne cysts, which sometimes have to be removed surgically. This is the most severe form of acne and can cause substantial disfigurement and scarring (Day 2005:12).

2.4 ACNE MYTHS AND FACTS

Many harmful misconceptions about acne still exist today (Day 2005:45). Despite all the research that has been done many people mistakenly believe that “they know best” when it comes to the causes and the treatment of acne. Untruths are passed around from parents to children, on school grounds, between friends and in certain non-scientific beauty magazines.

This is very harmful, as most of these myths make acne sufferers feel that the acne is somehow their fault. In order to be an effective source of support for the teenager suffering from acne, these myths and misconceptions should be uncovered and dispelled.

2.4.1 Acne is caused by dirty skin

One of the most common myths is that acne is related to poor skin hygiene. According to Fulton (2002:97) one cannot remove the impacted pores that cause acne even if one washes one’s face twenty times a day. Day (2005:46) concurs with the viewpoint that dirt does not cause acne lesions, however it needs to be emphasised that poor skin hygiene can make existing acne worse.

Murray and Rhodes (2005:190) found that acne sufferers were overly concerned with hygiene and that this often led to excessive washing. The reason for washing the face repeatedly comes from a desire to remove impurities and dirt from the skin. Kellet and Gilbert (2001:16) similarly found that acne sufferers often use too much harsh soap or

chemicals or use overly vigorous cleaning methods. These cleaning rituals are done in order to block out feelings of being dirty or infected.

Over-washing can be a bigger problem than not washing enough, as it strips away the skin's natural, healthy barrier and leaves it vulnerable to infection (Day 2005:47).

2.4.2 Certain foods cause acne

Another prevalent myth is that acne can develop if one eats certain foods. Delicacies such as chocolate, nuts, candy as well as greasy foods have all been implicated (Day 2005:44). Fulton (2002:98) describes a study done at the University of Pennsylvania, where 50 teenagers were fed a pound of chocolate a day. Two of the teenagers' acne got better, two got worse and the rest stayed the same. Therefore the reality is that there is no scientific evidence that high-carbohydrate or fat intake causes acne. Because acne is to a large extent genetic, what one eats does not make a great deal of difference. The only exceptions to this are excessive intake of dietary iodides and dairy.

According to Fulton (2002:98) excessive iodides are excreted through the sebaceous glands and may therefore cause acne flare-ups. One can be exposed to too much iodide in three ways. The first involves taking mineral and vitamin supplements with high iodide content. The second is by following diet programs that contain seaweed and the third way is through drinking water with high iodide content.

Studies done at Harvard Medical School have found that limited or eliminated milk consumption can lead to an improvement in acne patients' skin. The theory is that the hormones, which are produced naturally in the milk of cows, play an important role. However, calcium is an important part of the adolescent diet and special care needs to be taken to ensure that there are adequate calcium supplements if a dairy-free diet is attempted (Day 2005:47).

2.4.3 Sunlight and tanning improves acne

Sun exposure can have a drying effect on the skin. The UVA and UVB rays can damage the sebaceous glands and cause them to become temporarily less active. For this reason, people with overactive oil glands may find that their skins show an improvement after sun exposure (Day 2005:51). Adolescents suffering from acne often spend an excessive amount of time in the sun in an attempt to improve their skin.

However, the sunlight can also irritate the pores in some cases and cause acne to flare up. Furthermore, sun exposure increases the risk of skin cancer and acne patients on isotretinoin treatments like Roaccutane, can do permanent damage to their skin if it is exposed to too much sunlight (Day 2005:132).

2.4.4 Sexual frustrations

According to Fulton (2002:98) the old belief that acne is aggravated by sexual frustration is probably based on the fact that adolescents are hormonally vulnerable to acne and that it usually tends to clear up by the time that they are older and get married. Many women also start to take birth control pills as they grow older, which can clear up chronic acne.

2.4.5 Exercise can cure acne

Exercise leads to sweating, which, some people believe, has a cleansing effect on the skin. Therefore another popular myth is that regular exercise will improve the appearance of acne. In reality, however exercise often causes an acne breakout. According to Day (2005:61) this is due to a combination of factors, such as sweat combining with sticky surface skin cells to block the pores, as well as heat and friction that activates the acne bacteria.

Exercise is essential for healthy living and to combat stress. Since stress has been implicated in the development of acne, stress management is an important part of treatment for acne. Day (2005:60) recommends applying acne treatment, like a good topical cleanser before a workout and showering immediately thereafter. The best kind of exercise for acne sufferers is probably swimming, since no heat or friction is involved.

2.4.6 Makeup causes acne

Many people believe that cosmetics cause acne and should simply be avoided if one is prone to acne. The reality is much more complex. Although some cosmetics may contain irritants that can cause skin flare-ups, many non-acnegenic products exist that may actually improve a person's skin. Acnegenic products induce pimples, therefore the term "non-acnegenic" (sometimes called noncomedogenic), refers to products, which do not cause acne (Day 2005:59). One should therefore always look for the words "noncomedogenic" or "nonacnegenic" when selecting a product.

The tendency to favour oil-free makeup also deserves some scrutiny. Certain natural oils are found in the skin and help to act as a barrier against the outside world, which means it effectively prevents bacteria from penetrating the skin. It can also prevent water loss and improve water retention within the skin to keep it healthy and looking its best. Conversely certain manufactured oils like mineral oils and lanolin are similar to the oil found in the sebaceous glands and can therefore leave the skin looking shiny and can aggravate existing acne (Day 2005:59).

According to Fulton (2002:100) it is best to use water-based make-up or loose powders that can absorb excess oil from the skin without blocking the pores. Day (2005:60) warns against assuming that just because a product is labelled as "natural" it is good for one's skin. The word "natural" is unregulated and all natural products may contain ingredients that can cause acne.

2.4.7 Only teenagers get acne

Although many teenagers develop acne when hormonal changes happen in their bodies, one can develop acne at any age (Day 2005:25). It is commonly believed that acne is a normal occurrence during adolescence and that the child will eventually "grow out of it". This is a dangerous misconception because it can stop teenagers from seeking treatment and this can lead to permanent scarring. Moreover, acne can be a very serious disfiguring condition and the negative emotional consequences can be vast.

2.5 THE PSYCHOLOGICAL IMPACT OF ACNE

2.5.1 Self-esteem, body image, identity and acne

According to Reber and Reber (2001:661) self-esteem refers to the degree to which one values oneself. This is a subjective evaluation of the self that is, in part, based on the reaction of others to the self. Good self-esteem is vital as a sense of self-worth is absolutely essential for emotional health and well-being (Donald et al 2002:352).

Papadopoulos et al (2000:432) are of the opinion that the relevance of self-esteem in relation to acne lies in its close association with body image. Kellet and Gilbert (2001:14) say that during adolescence the awareness of body image and body ideal are particularly intensified. It becomes extremely important during this time to look attractive to others. As girls and boys enter their teenage years, one of their most important concerns becomes

looking beautiful or attractive. They often constantly compare themselves to the ideal expressions of beauty as seen in magazines. A smooth and flawless skin is coveted as it symbolises perfection in itself – it defines beauty and implies success. An adolescent's body image is thus often distorted by the onset of a cosmetically disfiguring disease like acne, and this has correspondingly negative effects on the adolescent's self-esteem.

Furthermore, the face is of critical importance to body image due to its high visibility. When we look at someone their face is the first thing we see. Since acne typically presents on the face, it is highly visible and thus may have serious adverse effects on body image evaluations and self-esteem. Murray and Rhodes (2005:184) found that research participants with acne had lower self-esteem and body-image evaluations than controls.

Acne may therefore be particularly damaging due to its onset in the adolescent years and have a devastating impact upon previously clear-skinned individuals. In fact, Kellet and Gillbert (2001:15) mention in their article that for certain individuals a "minor" dermatological complaint such as acne can be as damaging to their self-concept as major inherited or accident-related facial deformity.

According to Reber and Reber (2001:338), identity refers to a person's essential and continuous self, the internal, subjective concept of oneself as an individual. Identity formation begins early in life, but is a particularly important during the teenage years. An ideal psychological state is characterised by the formation of a stable identity in all aspects of the self (University of South Africa 2002:25).

According to a study done by Murray and Rhodes (2005:191) "the unpredictable nature of acne clearly impacted upon participants' sense of identity, which as the severity of their acne fluctuated took on a fluid quality." In other words: sufferers' outlook and self-evaluations changed according to how unappealing they experienced their acne to be, resulting in their self-identity being in a constant state of flux.

Murray and Rhodes (2005:192) also found that although the participants in their study did not really regard appearance as more important than character or intellect, they felt totally unable to escape the primacy of their appearance on their self-image. Therefore the perception of one's appearance can negatively affect the way one perceives and values oneself as a whole.

2.5.2 Acne and depression

The relationship between acne and depression has been examined by various studies. According to Krejci-Manwaring, Kerchner, Feldman, Rapp, and Rapp (2006:122) "clinically significant depression has been observed in as many as 6% of persons with acne compared to 3% of general medical patients and it is estimated that more than 30% of acne sufferers, suffer from psychological disorders, typically anxiety or depression". However, according to Kellet and Gilbert (2001:18) no studies have been done to clearly establish the direction and strength of the association between acne and depression and more research is needed in this area.

What compounds the problem is the fact that an ingredient called isotretinoin, which is found in many successful pharmaceutical treatments for acne, has been linked to depression and suicide in its users. Isotretinoin is an oral retinoid from the vitamin A family of compounds. Most dermatologists recommend oral isotretinoin treatment (sold under the name Accutane or Roaccutane) for acne that can cause scarring as well as for inflammatory acne that does not respond to conventional therapy and chronic acne that keeps reoccurring after any other given treatment (Day 2005:121).

Hull and D'Arcy (2003:500) state that the Food and Drug Administration (FDA), the American drug reaction monitoring body, received 431 reports of depression, suicidal ideation, suicide attempts and suicide in an 18-year period in isotretinoin users. On the other hand some studies report that isotretinoin treatment has also been shown to significantly improve anxiety and depressive symptoms in acne patients, because of clearing the disfiguring acne. Hull and D'Arcy (2003:502) mention studies done by Rubinow et al and Layton et al that advocate the early use of isotretinoin to reduce anxiety, depression and interpersonal sensitivity in acne sufferers.

Although a possible association between isotretinoin and depression has been suspected for over 15 years, no causal relationship has been established by reliable research (Ng, Tam, Celi, Tate & Schweitzer 2002:262). It would appear that the difficulty in establishing such a relationship is mainly due to inherent problems in research design, including a lack of reliable and valid measures and adequate sample sizes. Also, a variety of clinical variables may influence the incidence of depression, like the duration of the condition, the presence of scarring, the response to treatment, the severity of the acne, individual psychological attributes and a past history of depression (Ng & Schweitzer 2003:81).

Furthermore, in order to prove causality one would need a treatment group who receives the drug and a control group who only receives placebos. One would then need to compare the incidents of clinical depression between these two groups. However, it would not be ethically appropriate to deprive one group of isotretinoin therapy, especially since it has been proven to be such an effective method for treating severe acne (Ng & Schweitzer 2003:81).

Finally, it seems logical to assume that acne patients develop depression because of the disfiguring nature of the disease, whether they are treated with isotretinoin or not. A double blind, randomised, placebo-controlled study is required to investigate the possible causal relationship between isotretinoin use and depression and suicide.

In the meantime, for the practitioner, the obvious benefit of isotretinoin in treating nodular or inflammatory acne supports its continued use as it is such a highly effective treatment. However, Hull and D'Arcy (2003:503) suggest that patients and relatives must be thoroughly prepared and clearly informed of the risks and be encouraged to report depressive symptoms promptly. The patient must be alerted to monitor any mood changes, persistent feelings of sadness, loss of interest in normal activities, loss of appetite or sleeping problems as these symptoms could indicate a possible depressive episode. Amichai and Grunwald (2000:232) concur that proper pre-treatment counselling and careful monitoring of possible side effects will help to ensure successful and safe treatment.

2.5.3 Anger, anxiety and acne

Murray and Rhodes (2005:184) refer in their article to a study done by Wu, Kinder, Trunnell and Fulton that examined the relationship between levels of anger and anxiety and acne severity. Results found higher levels of anger and anxiety where acne was rated as severe, either by the patients themselves or by a dermatologist.

According to Kellet and Gilbert (2001:18) research has illustrated that individuals with cystic acne report elevated levels of both state and trait anxiety. Acne patients often live in a state of anxious expectation and fear of their condition worsening. They experience an intense sense of helplessness and frustration as a result of the unpredictability of the condition and their perceived lack of control to improve it (Murray & Rhodes 2005:198). Kellet and Gilbert (2001:18) also mention in their article that elevated levels of social anxiety were found in a sample of acne patients in comparison to community norms.

Kellet and Gilbert (2001:19) state that a close and reciprocal relationship between acne and anger has been reported by many commentators from different theoretical schools within psychodermatological literature. Psychoanalytical theorists propose a relationship between acne and repressed angry emotions towards early authority figures, while the stress-diathesis model found increased acne lesions after anger was induced in an experimental situation.

However, despite a widespread opinion that a link exists between anger and the development and maintenance of acne, the literature concerning such a linkage is scarce and no empirical evidence can currently prove this viewpoint.

2.5.4 Shame, embarrassment and acne

Kellet and Gilbert (2001:11) distinguish between internal and external shame. Internal shame refers to seeing oneself as inadequate or flawed, while external shame refers to the belief that others see one as inferior. Although these two types need not always occur simultaneously, acne patients often suffer from a combination of both types of shame.

According to Kellet and Gilbert (2001:12) acne-related shame is a painful emotional state, which often leads to a variety of self-handicapping behaviours. Furthermore they postulate that acne patients suffer from embarrassment and shame, because of a discrepancy between their desired and perceived self-presentation. They covet a clear skin but are confronted with unsightly lesions and pustules on a daily basis. Kellet and Gilbert (2001:13) mention in their article that it was found that acne patients also often feel embarrassed to be in the company of clear-skinned people.

2.6 THE SOCIAL IMPACT OF ACNE

According to Girman et al (1996:488) acne is associated with severe social inhibition and anxiety, especially concerning social events like meeting new people or interacting with the opposite sex (or same sex if gay).

According to Murray and Rhodes (2005:200) acne has a detrimental effect on romantic relationships. Acne sufferers typically have low self-esteem and therefore feel that they do not deserve the attention of clear-skinned, desirable others. Acne also negatively affects existing relationships: when one partner suddenly develops acne, the fear of rejection often precipitates the end of a long-term relationship.

It seems possible that sufferers reduce their contact with others chiefly as a way of protecting the self-image. Research has shown that acne patients limit the number of times they look in a mirror for the same reason. Such behaviour indicates desperate, but often futile attempts to protect and salvage a positive sense of self in spite of the highly visible and unsightly effects of acne (Kellet & Gilbert 2001:19).

Acne sufferers' perceived sense of exposure and the visibility of the skin disorder, also significantly influence sufferers' social and psychological functioning. A study conducted by Papadopoulos et al (2000:436) found that facial acne sufferers showed poorer self-esteem and body image evaluation than trunkal acne individuals. While self-esteem refers primarily to an individual's evaluation of him/herself, body image is related more to the way we think others perceive us. This explains the difference between the two groups – as trunkal acne can be concealed by clothing, sufferers are generally not subject to the negative and stigmatising reactions of others.

Certain personality traits can also exacerbate the adverse social impact of acne. Krejci-Manwaring et al (2006:122) found that acne sufferers with high social sensitivity were more likely to have poorer social outcomes and quality of life. Social sensitivity can be described as one's heightened concern for other people's judgements of and reactions to one. Therefore sufferers who are high in trait social sensitivity will be more concerned about how others view them and might therefore suffer greater psychosocial consequences.

In a study done by Murray and Rhodes (2005:192), participants reported that they often felt that both people known and unknown to them would stare at their acne. Similar results were obtained in a study done by Jowett and Ryan as quoted in Papadopoulos et al (2000:432). Participants reported that people in social situations and in the workplace were unable to avoid their gaze, becoming drawn to the acne, making them (the participants) feel extremely uncomfortable and embarrassed. According to Murray and Rhodes (2005:197) the acne sufferers in their study also perceived the public as avoiding physical contact with them, as if their acne was somehow contagious.

Although most acne sufferers are highly sensitive and extremely embarrassed about their skin condition, some researchers have found that the impact of acne may be even greater on women than it is on men (Kellet & Gawkrödger 1999:280). This is supported by a study done by Hsu and reported in Hanstock and O'Mahony (2002:1318) that found that physical attractiveness seem to be more important to women than men as women rely more on social

experiences and appraisal to define their self-concept. It is likely that the gender differences found in these studies are related to wider social and cultural forces in Western society that places great emphasis on women's appearance. However, it is important to remember that regardless of gender, greater acne severity is associated with greater negative social impact (Krejci-Manwaring et al 2006:128).

All the aforementioned factors contribute to creating a feeling of being unfavourably evaluated or shunned by society. This has important social consequences as the sufferers either try to remain unnoticed or blend into the background, or they completely withdraw from social interaction.

2.7 THE TREATMENT OF ACNE

2.7.1 When and how to treat acne

Which treatment measures to pursue is, to a certain extent, a personal decision as some people are far more troubled about their acne than others. According to Day (2005:64) some patients are devastated by a few pimples, while others take little notice of several lesions. However, it is important to remember that if acne is left totally untreated it could have serious negative effects including scarring, disfigurement and various negative psychological consequences.

In a study done by Murray and Rhodes (2005:194) teenage participants expressed a perceived diminished capacity to act when it came to contacting a dermatologist as well as a strong desire for parents to be more proactive on their behalf. Teenagers are often so embarrassed about their acne that they go into deep denial about it or develop a kind of psychological paralysis that leaves them incapable of doing something constructive about their problem. In the light of these factors, it becomes clear why it is so important for teachers and parents to be knowledgeable about acne and its treatments and to act when it becomes necessary.

According to Day (2005:66) there are four factors to consider in deciding when and how to treat acne. The *severity of the lesions* should be considered – how long the pimples usually last and how painful they are. The *duration of the acne* is the next important consideration: the longer the acne has been present the more important it becomes to consult a professional. It is also important to consider which *previous treatments* have been used and whether they have been successful or not. Finally one needs to determine the *extent of*

scarring that has taken place. If one gets only a single acne lesion per month that leaves a scar this could turn into 12 new scars each year. When permanent scarring is a possibility a dermatologist should be consulted as soon as possible.

A factor that significantly increases the risk of scarring is picking at acne lesions or pimples. According to Murray and Rhodes (2005:190) the reason for this behaviour is a desire to reduce the appearance of pimples and to speed up their disappearance. However, it has exactly the opposite effect, as picking leads to a longer duration of the pimple and a higher degree of inflammation and pain (Day 2005:65).

Although most people tend to pick, some people pick pathologically and find it difficult to break this obsessive-compulsive cycle. The linkage between Obsessive Compulsive Disorder (OCD) and skin conditions has only recently begun to be investigated in psychodermatological literature. Obsessive Compulsive Disorder is an anxiety disorder and is characterised by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviours (compulsions) (National Institute of Mental Health). Kellet and Gilbert (2001:16) report that many sufferers of OCD make initial contact with health services through damage caused by obsessive picking and that as much of 14% of a sample of general dermatological patients had previously undiagnosed OCD.

According to Fulton (2002:101) some patients claim to feel “worms” or “mites” under their skin. Cutting the fingernails short and applying ice compresses to the site is recommended. However, in the opinion of the researcher a psychological intervention may also be necessary in such cases.

2.7.2 The first step: topical treatments

Many people with mild acne obtain good results from over-the-counter acne treatments. Usually, people with grade I acne (see section 2.3) can control their condition with a combination of cleansers, creams and ointments. However, when acne does not respond well to local treatments many people tend to over-wash or scrub their skins in a desperate effort to control acne breakouts.

According to Day (2005:69) over-washing can result in a condition called dermatitis that mimics acne. The skin appears red and may even develop small cuts. A rash then develops that, combined with the acne lesions, leaves the sufferer looking far worse than before. It is

recommended that one should only wash twice a day with a gentle cleaner followed by a good facial moisturiser.

A wide variety of acne treatment products are available from most pharmacies without a prescription. A common active ingredient found in most topical treatments is called benzoyl peroxide. According to Fulton (2001:102) peroxide is absorbed into the pore, where it releases free radical oxygen that kills bacteria and opens up acne impactions. Another kind of treatment contains alpha hydroxyacids, which speeds up the shedding of dead cells. Finally, retinoids like Retin A is also used extensively to help release blockages in the pores.

It is important to realise that these kinds of treatments take four to six weeks for results to show and that such time must elapse before this kind of treatment can be deemed ineffective. The skin's condition often initially seems to worsen as dried up pimples may leave red marks that can last for several weeks. These marks are remnants of previous acne and should not be confused with true acne lesions. These areas are very sensitive and should be touched or picked at as little as possible to allow the skin to recover (Day 2005:75).

2.7.3 Oral antibiotics

Oral antibiotics are usually prescribed for moderate to severe inflammatory acne and often combined with a topical treatment regime. Oral antibiotics work by reducing the number of P. acnes bacteria (see section 2.2) and it contains anti-inflammatory agents, which makes it especially useful for inflammatory acne treatment (Day 2005:105).

There are few risks and side effects associated with this kind of treatment. The most common include headaches, increased sun sensitivity and yeast infections in women. Oral antibiotics should never be combined with isotretinoin (a vitamin A derivative with brand names such as Accutane or Roaccutane) as a dangerous condition known as *pseudotumor cerebri*, which refers to increased pressure build-up on the brain, can develop (Day 2005:113).

2.7.4 Hormonal therapy

According to Fulton (2002:102) hormonal therapy has proven to be an effective measure against acne in many female patients. Oral contraceptives are used to block the effects of androgens on the sebaceous glands and the skin cells lining the pores. This kind of

treatment is recommended for women who suffer from inflammatory acne and who has seen little or no improvement in their acne even after multiple courses of antibiotics.

Although many kinds of oral contraceptives are effective in the treatment of acne, there is a kind of contraceptive that contains only progestins – as opposed to a mixture of progestin and estrogen – which can potentially worsen existing acne. Therefore women with an acne problem should be careful to use a suitable kind of contraceptive (Day 2005:143). The most obvious disadvantage of this kind of treatment is that it is an option that is only available to women.

2.7.5 Oral isotretinoin (Accutane or Roaccutane)

Oral isotretinoin is the preferred treatment for severe nodular or cystic acne that does not respond to topical treatment, systemic antibiotics or hormonal therapy (Day 2005:121).

Isotretinoin works by shrinking the sebum glands, while promoting the shedding of old skin cells and inhibiting the growth of *P. acnes bacteria*. The medication also has a strong anti-inflammatory effect (Fulton 2002:102). As it addresses all the underlying causes of acne, this is an extremely effective way of treating acne.

However, it remains a controversial treatment because of its potential side effects.

Common side effects include very dry and peeling skin, photosensitivity, dry nose, eyes and lips, nosebleeds and headaches. In some cases abnormal liver function has also been reported.

Isotretinoin is contraindicated in pregnancy and can cause serious birth abnormalities and even the death of the foetus when used during pregnancy (Ng & Schweitzer 2003:78). For this reason it has become common practice to do a pregnancy test before commencing treatment as well as prescribing oral birth control for the duration of the treatment for female patients. Sexually active females are also sometimes advised to use more than one form of contraception.

According to Day (2005:129) some physicians believe that isotretinoin can produce significant mood changes, depression and other psychiatric side effects. However, no causal relationship between isotretinoin therapy and depression has yet been established.

On the contrary, many researchers believe that depression only occurs as an idiosyncratic side effect of the acne and that this highly effective anti-acne treatment can actually contribute to the psychological welfare of sufferers. However, it still seems prudent to adequately inform patients and their families about these risks until more conclusive answers can be found (Ng & Schweitzer 2003:83).

Finally it is important to inform patients that isotretinoin treatment can sometimes cause the acne to worsen or to flare up before it improves. This is normal and patients can only expect to see positive results after at least a one or two month period, depending on the severity of the acne (Day 2005:127). An additional benefit of this kind of therapy is that, in most cases, the acne stays clear for years after treatment is discontinued and in many cases is permanently erased (Fulton 2002:102).

2.7.6 Procedures done in a doctor's room

According to Day (2005:150) a variety of procedures that can improve acne and reduce scarring is available including, for instance chemical peels, cryotherapy and electrocautery.

Chemical peeling is useful to address surface scarring and light pigmentation. Peeling agents like fruit acids or trichloroacetic acid are used on the skin to penetrate the sebum-heavy follicles (Day 2005:151). Cryotherapy involves the application of liquid nitrogen or carbon dioxide slush to pimples. It is used to exfoliate localised areas of the skin where the acne is concentrated (Day 2005:154). Electrocautery takes place when an electric current is passed through a fine point and applied to the skin as the heat exfoliates the skin and kills the bacteria. This procedure is not often used, as there is a risk of scarring (Day 2005:155).

It is important that a qualified dermatologist performs these kinds of procedures as it could cause damage to the skin if done incorrectly. Which treatment is suitable depends on the skin type, the severity of the acne and how much scarring has already occurred.

Tragically, some patients reach a dermatologist's office too late and as a result have already accumulated extensive facial scarring. Dermabrasion, punch grafting and surgery can be used to treat permanent scarring.

According to Day (2005:152) dermabrasion is the process of removing the upper and middle layers of the skin. It is a painful process that requires local anaesthetic and is unsuitable for very deep and pitted scars. These kinds of scars are treated by filling them with temporary

fillers like collagen or by using punch grafting. This refers to using a cookie cutter type of blade to punch out the scar and then filling the indentation with skin taken from another site. Unfortunately these procedures are very expensive and considered cosmetic, and are therefore not covered by medical aids.

The fact that so many people have to live with severe facial and psychological scars for the rest of their lives underscores the importance of teachers and parents being knowledgeable about acne and its treatments.

2.8 SUPPORT SYSTEMS

Although much research has been done on the negative social impact of acne (see section 2.6), very little information can be found about the role that specific support structures like teachers, parents, siblings or friends play in the lives of adolescents suffering from acne (see section 1.2.2.1).

A section of a study conducted by Murray and Rhodes (2005:194) particularly deals with acne patients' relationship with their family and friends. This study involved eleven acne sufferers and although some of them claimed that their families tried to be supportive, there were some marked exceptions.

The most damaging remarks made by family members were those that perpetuated common acne myths, for example that acne is caused by inadequate hygiene or by eating too much greasy foods or chocolate. Although such remarks were often intended as practical advice, participants found it particularly hurtful as it suggested that *they* were somehow to blame for their condition.

One participant strongly resented his parents for delaying to act and not taking him to a dermatologist before he developed severe cystic acne and scars. Another participant's mother made her feel even worse by taking her to a beauty salon every time her acne flared up. Some parents and friends would make jokes about acne, while others would simply ignore it and pretend that it did not exist. Overall most of the parents involved in the study simply did not know how to best support their children in this regard (Murray & Rhodes 2005:195).

2.9 CONCLUSION

This literature study highlights certain important issues related to adolescent acne. Firstly, it becomes clear that the causes of acne are quite complex and several related factors all play a role in the development thereof. Secondly, the severity of the condition also varies greatly and can be classified into four distinct categories, each one progressively more serious than the last. Thirdly it appears that several popular misconceptions about acne still persist in everyday society. This includes myths about diet, exercise, make-up, tanning and skin cleansing routines.

Psychologically adolescent acne has far-reaching implications. It negatively impacts upon teenagers' self-esteem and identity formation and it has also been linked to the development of psychiatric conditions such as depression and anxiety. Acne also adversely affects the adolescent's social development and prevents them from forming and maintaining romantic or social relationships.

Various treatments for acne are available, each with its own benefits and side effects. It is extremely important to get access to the *right* kind of treatment before permanent scarring occurs.

Finally, acne sufferers seem to be quite isolated in their plight, despite the best efforts of relatives to support them. Although literature about this issue is limited it seems that parents are unsure of how best to assist and support adolescents suffering from acne.

In the following chapter the proposed qualitative research design will be discussed in depth.

CHAPTER 3

RESEARCH DESIGN

3.1 INTRODUCTION

This chapter will focus on several aspects, which describe how the proposed research will be conducted. This includes: the research design, sampling procedures and data-collection and analysis strategies suitable to this particular study.

Since the researcher plans to make use of the Internet as one of the main data-collection tools, the Internet as a research instrument will be discussed at length. This discussion will include the concept of Internet research, a description of the proposed website and questionnaire and the advantages and disadvantages of gathering data in this manner.

The researcher also proposes to conduct two face-to-face, semi-structured interviews with teenagers suffering from acne. The aim is to collect additional qualitative data, which could potentially enrich the study.

Finally, attention will also be given to the way in which the data will be analysed. Content or textual analysis will be used to identify recurring themes or patterns that appear within the database. These topics will then be used as the basis for creating a set of guidelines for the people in the support network of the acne sufferer, which constitutes the purpose of the research (see section 1.4.1).

3.2 RESEARCH DESIGN

A review of the literature that concerns itself with research methodology renders a confusing variety of differing definitions of the concept of a research design (Fouché 2005:268). Babbie and Mouton (2004:647) define it as "a plan or structured framework of how the researcher intends to conduct the research process, in order to solve the research problem". This definition is the one according to which the research design in this study will be approached.

3.2.1 A combined method-study

This study will set out to explore the thoughts and emotions of adolescents suffering from severe acne (see section 1.4.2.1) As such, the use of various data-collection strategies is

envisioned with the aim of gathering information-rich data, to help the researcher to gain a feel for the subjective world of the acne sufferer.

According to De Vos (2005a:357) a combined method-study is one in which the researcher uses varied methods of data-collection and analysis. It might involve using both qualitative and quantitative data-collections procedures, for example using a survey combined with in-depth interviews.

One method of combining qualitative and quantitative techniques is triangulation. The aim of triangulation is to reduce bias inherent in a data source, investigator or method by using more than one source, researcher or method. Methodological triangulation will be used in this study, which means that multiple methods will be used to study the same topic (De Vos 2005a:362).

The data-gathering techniques selected for this study consists of a questionnaire and two face-to-face, semi-structured interviews.

The questionnaire will include some close-ended questions, which will be analysed in a quantitative manner. For example: the number of respondents who answer "yes" or "no" to a particular question will be calculated. However, the open-ended questions in the questionnaire as well as the interviews will be approached from a qualitative point of view.

According to Babbie and Mouton (2004:270) qualitative research is an especially appropriate way to view the world through the eyes of the participants to obtain legitimate and true insider perspectives. The researcher's aim is not to quantify, predict or generalise, but rather to create a thick description of the experiences of a particular group of acne sufferers. Babbie and Mouton (2004:272) define a thick description as a rich, detailed and lengthy description in the everyday language of the participants themselves.

As far as the research strategy is concerned an inductive, idiographic approach will be followed where the emphasis is on understanding this particular phenomenon within its context and developing any interpretations based on the data gathered during the study. The obtained data will therefore not be used to test hypotheses or to draw inferences about larger populations, but rather to describe the reality and experiences of a particular group of acne sufferers.

3.2.2 Survey research

Survey research is where a fixed list of questions is administered to a selected sample of persons, typically to learn more about certain topics, attitudes or actions (Cohen & Swerdik 2005:556). Traditionally surveys were conducted either face-to-face, by telephone or by mail. The researcher plans to make use of an online or web survey in this particular study.

The questionnaire in this study will therefore be made available to potential participants at a unique URL location on the World Wide Web, which will be created specifically for the study by a web consultant. The questionnaire will form part of an entire website dedicated to teenage acne. Anyone visiting the site will be invited on the introductory page to complete the questionnaire.

Once the respondents have completed the questionnaire, using the mouse and keyboard, the responses are sent to and stored on the server holding the website. Responses can then be automatically added to the database. This eliminates the data entry phase and greatly reduces the time and resources prior to data analysis (Leong & Austin 2006:192).

An online survey has great potential due to its easy access and feedback potential. Respondents can complete the questionnaire from the comfort and privacy of their own homes and the researcher can publish any important information or results on the website without contacting the respondents personally. The fact that the researcher does not come face-to-face with the respondents can actually reduce the bias associated with personal interaction (Cohen & Swerdik 2005:557).

Unsolicited surveys are usually viewed as unwanted e-mail or spam and may result in a low response rate and unreliable responses (Cohen & Swerdik 2005:557). Since the adolescents in this study will be invited to visit the website and complete the questionnaire on a completely voluntary basis, this should not unduly influence the study.

3.3 PROPOSED METHODS OF DATA-COLLECTION

3.3.1. Using a web log as an instrument

A blog (an abridgement of web log) is a kind of website, usually maintained by an individual, with regular entries of commentary and descriptions of events. Such sites provide a platform

where people with similar interests or problems can communicate, exchange thoughts and feelings and offer encouragement and advice (www.wikipedia.org).

Initially, the researcher decided to use a blog to collect the data, since it is popular with teenagers and inexpensive to create. However, certain technical problems soon became apparent. The acne blog was difficult to locate on the Internet and it was impossible to leave a comment or interact on it, if one was not registered in that particular domain.

As a result the researcher decided to make use of a website instead, as it is easily accessible and would present the respondents with an easy and convenient way to answer the questionnaire.

3.3.2 The website

The researcher will work with a web consultant to develop a website, which will be called "The acne diaries". The website will have the following address: www.acnediaries.co.za. It will be promoted at several schools in the area and teenagers with skin problems will be encouraged to visit the website and to answer the questionnaire on it.

The website will be designed in a way that is easily accessible and appealing to teenagers. There will be a section where the researcher introduces herself and explains what the website is all about. There will also be a personal testimonial from the researcher about her own battle with acne. This will hopefully help the participants to feel that their problems are not unique and that the researcher has empathy with their situation.

A lot of essential information about acne will be posted on the website. It will be based on the data gathered during the literature study in chapter two, but the content will be rewritten to make it reader-friendly and easy to understand. The main topics will be presented on the home page so that teenagers can easily find answers to the specific issues bothering them. The following headings will appear on the main page:

- 1 Acne myths and facts
- 2 Frequently asked questions
- 3 The psychological impact of acne
- 4 Research questions
- 5 Help and support
- 6 Treatment options
- 7 How I coped

3.3.3 The questionnaire

The questionnaire will consist of the following questions:

Acne diaries research questions

1. How old are you?

2. How would you describe your acne? (Please see the Q&A section for more info on the different grades of acne)

- Grade I: a few pimples and blackheads.
- Grade II: a lot of blackheads and whiteheads as well as more pimples with a slight inflammation of the skin.
- Grade III: a lot of inflamed pustules, papules and nodules where the skin is clearly red and inflamed and the acne is hard and painful. The acne spreads to other parts of the body like the chest and back.
- Grade IV: This is called cystic inflammatory acne and the skin has numerous papules, pustules, nodules as well as very painful acne cysts, which sometimes have to be removed surgically.

3. How does having acne make you feel?

4. How does having acne affect your relationship with...

- your parents?

- your sibling(s)?

- your friends?

- your teachers /lecturers?

- your boyfriend/
girlfriend/
partner?



5. How have the following people reacted to your acne:

- your parents?



- your sibling(s)



- your friends?



- your teachers
/lecturers?



- your boyfriend/
girlfriend/
partner?



6. How would you like the following people to treat you differently?

- your parents?



- your sibling(s)?



- your friends



- your teachers
/lecturers?



- your boyfriend/
girlfriend/
partner?



7. Which comments from other people do you find the most hurtful or embarrassing?

8. How do you think the people closest to you can help you cope with your acne?

9. Have you ever received any medical treatment for your acne?

Yes No

If not, why?

If so, please specify the type of treatment and whether it was successful or not.

10. Have you ever tried any beauty salon or over-the-counter treatments?

Yes No

If so, please specify the type of treatment and whether it was successful or not.

[Submit your answers](#)

Question 1 is to determine whether the participant falls into the correct age category. Since this study will focus on adolescents' experiences, participants should preferably be twelve to eighteen years of age (see section 1.5). However, since the condition often has negative long-term consequences, the opinion of older people who fall outside this age category will also be taken into account, but it will be clearly noted in the discussion of the results.

Question 2 is designed to determine the grade of acne that the participant suffers from. This is not a scientific measure, but rather a subjective indication that the participants experience their acne as severe enough to bother them. Question 3 is a broad and open-ended question to gauge how acne affects different participants emotionally.

Questions 4, 5 and 6 specifically explore the issues related to the adolescents' support network. These questions list several people who may be potential sources of support in a typical teenager's life. The researcher decided to include the various options, as it is impossible to predict beforehand which people will play the most significant roles.

Questions 7 and 8 are designed to identify common pitfalls and to elicit suggestions from the teenagers themselves about how the significant people in their lives can better support them.

Questions 9 and 10 are designed to explore how participants view the different treatment options, as well as determining which factors are preventing them access to successful treatment. It is expected that effective treatment will constitute an important part of the practical support that acne sufferers require.

3.3.4 The advantages and disadvantages of using Internet research

According to Murray and Rhodes (2005:185) there are several advantages to conducting research via the Internet. It gives the researcher access to participants who may not ordinarily have been willing or who might have isolated themselves because of their skin condition, as it allows them to remain visually anonymous. Since the self-consciousness and embarrassment that an acne sufferer might feel is largely removed by this medium, it is likely that there will be a higher degree of self-disclosure.

Some of the disadvantages of using the Internet as a research tool include less control over the data-collection setting, the difficulty of establishing the suitability and sincerity of the participants and the fact that the researcher does not have access to the non-verbal cues of the respondents.

3.3.5 Semi-structured one-on-one interviews

According to Greeff (2005:296) a semi-structured interview is used to gain a detailed picture of participants' perceptions and experiences of a particular topic. This method gives one the opportunity to follow-up on certain interesting avenues that may arise.

Although the interview will be guided by an interview schedule, it will not be dictated by it. The participant will be viewed as an expert on the subject and will therefore determine the direction that the interview will take to a great extent (Greeff 2005:296).

The questions will be mostly open-ended and based on the questions that appear on the website. The interviews will only be conducted towards the end of the data collection phase. The researcher plans to examine the information collected on the website to identify certain areas that lack detail or depth, which can then be explored further in the interviews.

Two subjects will be sensitively approached to form part of the study. The participants will be recruited from the school where the researcher is doing her psychology internship. The researcher will first build a relationship of rapport and trust, before asking the respondents to form part of the study, so as not to embarrass or distress them.

The nature and aims of the research, as well as the possible benefits of taking part in such an interview, will also be carefully explained. Full and informed consent will be obtained from the participants and their parents and the participants' anonymity protected by using pseudonyms.

3.4. POPULATION AND SAMPLING

3.4.1 The study population

For the purpose of this study, it is important that all the participants suffer from visible acne. The severity of the condition will differ from participant to participant. The participants who complete the questionnaire on the website will be asked to rate their acne on a level from grade I to grade IV, based on descriptions and pictures.

Although this classification was developed by dermatologists, it is not a true objective measure to grade the participants' acne, because the way people rate the severity of their acne is to a great extent very subjective. For the purpose of this study the main criterion is that the participants must *personally* experience their condition as detrimental to their emotional, social or psychological well-being.

3.4.2 Sampling procedure

The researcher aims to use a combination of purposive and incidental sampling. It will be purposive in nature, insofar as the sampling will be based on the judgement of the researcher, so that the sample will be composed of participants who are the most likely to offer valuable insights into the phenomenon of teenage acne (Strydom 2005:202).

These subjects will be chosen from the acne website and the main criteria will be the quality and richness of their answers on the questionnaire. All the participants will be selected on the basis of their personal insights and experience as acne sufferers.

The selection of the face-to-face interview candidates will be based on incidental sampling, as suitable participants will be recruited from the school where the researcher has easy access to many teenagers suffering from acne.

3.5. PROPOSED METHOD OF ANALYSIS AND INTERPRETATION

3.5.1 Method of analysis

Once the data has been collected it needs to be transformed into findings. This involves: reducing the volume of data, distinguishing significant information from trivial data, identifying patterns and themes that emerge and summarising the essence of what the data reveals (De Vos 2005b:333).

Content analysis is the standard methodology in the social sciences for studying the content of recorded human communication, for example interviews, books, websites, paintings and laws. Content analysis starts with word or keyword frequencies. The assumption is that words and phrases mentioned most often are those reflecting important concerns in every communication. However, it extends far beyond plain word counts. Qualitatively, it refers to any kind of analysis where communication content is categorised and classified. In this way, answers to open-ended questions can be subjected to systematic analysis of textual data. As soon as the data is available in computer readable text, the input can be analysed for frequencies and coded into categories for building up inferences (De Vos 2005b:338).

3.5.2 Comparing and organising results

3.5.2.1 The questionnaire

Data generated by quantitative methods are voluminous in nature and organising it can be a very difficult task. However, the computerised nature of this study makes this process much easier. Several completed questionnaires will be selected from the website's database. The answers to each individual question will be grouped together by using the simple cut and paste function on the Windows menu. As each question was designed to examine a

separate aspect of the acne sufferer's experience this method automatically groups the data together in categories.

3.5.2.2 The interviews

The semi-structured, face-to-face interviews will be transcribed verbatim and the answers will be grouped according to themes or categories that emerge. The interview schedule will loosely be based on the questionnaire, but the researcher will be very flexible in her approach as this kind interviewing can lead to a richer and deeper understanding of the phenomena.

3.5.3 Identifying emergent themes

According to Stratton (1997:116) one way to deal with the richness of qualitative data is to use the capacity of the human cognitive system to identify patterns in complex stimuli.

The groups of data will therefore be examined to identify salient ideas and recurring phrases, which will be electronically colour-coded. Responses that fit into a certain category will be marked in a specific colour. Responses that do not fit into any specific category will be left in black in and the researcher will not use this information in the interpretation of the data.

The researcher plans to test these emergent understandings by comparing the information from the face-to-face interviews to the findings of the questionnaires to see if the same themes emerge from data collected in different ways.

Finally the researcher plans to critically challenge the patterns that have been identified by looking for other plausible explanations for these findings and the linkages among them. According to De Vos (2005b:339) alternative explanations always exist and it is the researcher's task to identify and describe them and then to demonstrate why the researcher's explanation is the best or most plausible.

3.6 OBJECTIVITY OF RESULTS

3.6.1 Trustworthiness

The nature of qualitative research makes it difficult to establish traditional reliability and validity. Lincoln and Guba in Babbie and Mouton (2004:276) describe the key criteria for

sound qualitative research as trustworthiness: the neutrality of findings or decisions. For a study to be trustworthy it needs to adhere to certain criteria like credibility and transferability.

3.6.2 Credibility

According to De Vos (2005b:346) this means that the study was conducted in such a manner that the subject was accurately described. The credibility of this enquiry will be enhanced by making use of methodological triangulation and by carefully documenting the findings.

3.6.3 Transferability

This refers to the extent to which the findings can be applied in other contexts or with other respondents, but in qualitative research this can be problematic (Babbie & Mouton 2004:277). Although the aim of this research is not to generalise the findings of this study sample to the general population it remains fairly likely that the members of the support groups of other adolescents suffering from acne, might benefit from the guidelines and information generated by this particular study.

According to Babbie and Mouton (2004:277) the transferability of a study can be increased by making use of thick descriptions and using purposive sampling. The sampling in this study will be predominantly purposive and the researcher aims to collect rich, in-depth descriptions in the everyday language of the participants in an attempt to increase the study's transferability.

3.7. A NOTE ON ETHICS

There is a growing body of literature concerned with issues pertaining to ethics in computer-mediated research. The main concerns in terms of the context and scope of this study are informed consent, the right to withdraw, confidentiality and the protection of participants (Kraut, Olson, Banaji, Bruckman, Cohen & Couper 2003:9).

All prospective subjects will be clearly informed about the objective of the research on the website. The participants will log on to the website anonymously and will not be asked to give any identifying information on the questionnaire aside from their ages.

Completion of the questionnaire is completely voluntary and participants can withdraw at any time, without anyone's knowledge. Participants will also be informed that the results of the research will be published on the website. This will serve as the study's debriefing exercise. Participants will be invited to contact the researcher personally via email if they require any further debriefing or assistance.

As far as the face-to-face interviews are concerned, the subjects will be approached carefully, fully informed consent from the participants and their parents will be obtained and a thorough debriefing will be done. Their real identities will be substituted with pseudonyms to protect their identity. The researcher will take care not to expose them to any mental or emotional harm during the interview. It is expected that talking about their skin condition in the right emphatic atmosphere will prove to be cathartic and therapeutic.

3.9 CONCLUSION

The method of investigation of the research problem statement and research questions as well as the description of the empirical research design was explained in detail. The method of analysis and interpretation, objectivity of results and certain ethical issues were also discussed.

In the following chapter, the results of the empirical investigation with regard to the experiences and thoughts of acne sufferers towards their supports systems will be presented and discussed.

CHAPTER 4

EMPIRICAL STUDY

4.1 INTRODUCTION

This chapter focuses on the results of the empirical investigation about the experiences of adolescent acne sufferers and how they perceive the reactions and behaviour of the significant others in their support networks. The researcher will discuss the results of the questionnaires collected, as well as the two in-depth interviews.

The researcher aims to describe, summarise and interpret the data and to link it to the findings of the literature study. Interpretations will be elucidated with quotations from the participants and the data will be coded to identify salient themes.

Each question on the questionnaire will be discussed separately, as each is designed to investigate a particular research problem. However, the researcher will also correlate and combine the data of certain questions to highlight emerging patterns in the research.

4.2 THE QUESTIONNAIRE

The researcher was able to collect twenty, usable completed questionnaires from the website database. The answers to each individual question were grouped together. As each question was designed to examine a separate aspect of the acne sufferer's experience, this method automatically groups the data together in rough categories. These categories will now be discussed in detail.

4.2.1 Determining the respondents' ages

Question 1 reads: *How old are you?*

This question was designed to determine whether the respondents fall into the right age category. The mean age of the respondents in this study is 15,85 years. The following intervals were observed: three of the respondents were eighteen years old; two respondents were seventeen years old; two respondents were sixteen years old; eight respondents were fifteen years old and four respondents were fourteen years old. One respondent was twenty-one years old but the researcher decided to include this questionnaire nonetheless, as the

effects of acne are long lasting and this particular candidate had good insights into the phenomenon (see section 3.3.3).

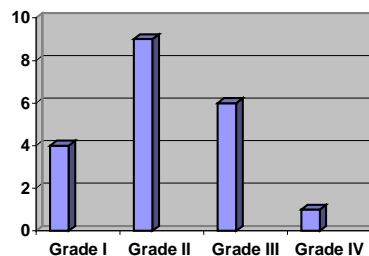
4.2.2 Determining the grade of acne the respondents suffer from

Question 2 reads: *How would you describe your acne?*

This question focuses on each respondent's experience of the severity of his/her acne. Respondents selected the grade of acne (grade I to grade IV) that applied to each of them from a description in the questionnaire. The results are depicted in graph 4.1 below:

Graph 4.1

The grades of acne of the respondents in the study



Four of the respondents in this study reported suffering from grade I acne, which refers to a few pimples and blackheads that occur mostly on the facial area (see section 2.3). The highest number of respondents (nine) in this study suffers from grade II acne, which is characterised by a lot of blackheads and whiteheads as well as many pimples with a slight inflammation of the skin (see section 2.3). Six respondents described their acne as grade III, where the skin is clearly red and inflamed, the acne is hard and painful and has also spread to other parts of the body like the chest and back (see section 2.3). Only one sufferer in this study reported having grade IV acne, which is a serious form of acne that can lead to severe scarring (Fulton 2002:99).

If a young teenager develops grade I acne, it can often be a sign that the acne may progress to a more serious grade (Fulton 2002:98). It therefore seems necessary to seek treatment even at this early stage, to prevent the condition from worsening or progressing to a more serious stage.

The highest number of respondents in this study reported suffering from grade II acne, which can be very difficult to treat as this stage is characterised by a myriad of impacted pores (Fulton 2002:98). The fact that the acne is so difficult to treat at this stage, can contribute to

the adolescents' feelings of frustration and hopelessness as they try one treatment after the other with little or no success.

When acne has progressed to the grade III stage it can be regarded as a serious dermatological condition (Fulton 2002:99). Grade III acne is often the result of neglecting to seek the proper treatment. Only one respondent in this study described his/her acne as Grade IV. Patients with grade IV acne often have a background of grade I, II or III acne (Fulton 2002:99). According to Day (2005:12) these kinds of cysts can leave behind crater-like scarring in the skin and are rarely found.

It has to be emphasised at this point that the rating of the severity of the acne was done by the participants themselves and not by a medical professional. These classifications are therefore subjective (see section 3.4.1). The respondent that reported suffering from grade IV acne for example might therefore in reality only suffer from grade II or III acne, but this person might have felt that his or her acne can only be described by the highest possible grade. However this does not really affect the results of this study as the main criterion is that the participants must personally experience their condition as interfering with their overall well-being.

Interestingly, if we compare the grade of each respondent to the question on how having acne makes him or her feel (question 3), we find that all the respondents reported that acne affected them negatively, regardless of the grade of acne that they suffer from. For example, a subject who reported suffering from grade I acne wrote: "*Ek voel erg en lelik. Ek dink dit het my selfbeeld probleme gegee.*" [I feel very bad and ugly. I think it has given me some problems with my self-esteem]. A subject who reported suffering from grade IV acne wrote: "It makes me feel alone. I feel that nobody understands it – there is nobody to help you and everyone is against you."

All the subjects with grade III acne in this study also reported a negative or impaired relationship to one or both of their parents. This can be seen by correlating all the grade III cases with questions 4 and 5, which examine how the subjects' parents reacted to their acne and how it has influenced their relationships with their parents.

One respondent with grade III acne wrote: "*Ek was kwaad vir hulle want hulle wou my nie help nie.*" [I was angry at them because they did not want to help me]. Another grade III sufferer wrote: "*Ek en my ma baklei baie daaroor.*" [My mom and I fight about it a lot].

If we compare the data from this section to the question on whether or not the respondents received any medical attention, it is significant that only one of the six subjects, who suffer from grade III acne in this study, actually received medical any attention. It seems therefore that five of the participants with grade III acne, which really needed professional help, did not receive it.

4.2.3 The emotions and perceptions of the acne sufferers in this study

Question 3 reads: *How does having acne make you feel?*

According to Creswell in De Vos (2005b:338) classifying means taking the qualitative information apart to look for categories and themes. The researcher coded the data from question 3 by using different colours to represent certain emotions (see addendum A). Recurring emotional descriptions were identified and classified into the following five emergent themes.

4.2.3.1 Shame and embarrassment

Four respondents reported that they felt ashamed about the condition of their skin. In the literature study (see section 2.5.4) it was found that acne-related shame was common among sufferers and that it often leads to a variety of self-handicapping behaviours (Kellet & Gilbert 2001:12). One respondent in this study felt so ashamed about the condition of his skin that he became totally socially withdrawn as a result: "I didn't want to go out of the house because I thought everyone would notice my skin." Another respondent wrote: "I avoid going out in public when it is particularly bad and often cancel meals out or gatherings, because I feel too disgusting and like everyone will be looking at my horrible skin, I can't bear it."

4.2.3.2 Self-consciousness and lack of self-confidence

Nine subjects reported feeling self-conscious. Two of the respondents in this study who reported feeling self-conscious tried to disguise their acne; one by wearing lots of make-up and the other by covering it with her hair. This corresponds to the literature survey (see section 1.2.2.2) where Kellet and Gilbert (2001:16) report that acne sufferers often spend long periods where they try to conceal their blemishes. However, the attempts of the respondents in this study to conceal their acne seem futile and self-defeating: "I try to hide it with my hair, but it doesn't work" and "*Ek voel ek moet my gesig toepleister met onderlaag en dan voel ek so fake.*" [I feel that I have to cover the acne with foundation and then I feel so fake].

Four of the respondents felt extremely uncomfortable around others. Two felt that they could not even communicate with other people: "*Ek kan nie eers met sekere mense praat nie.*" [I can't even talk to some people] and "*Die kinders kyk jou aan maar kommunikeer nie met jou nie omdat jy so vieslik lyk.*" [The children stare at you, but don't communicate with you because you look so awful.] A third respondent also felt that people were constantly staring at her skin: "It feels as if people are staring at my skin, not me." This is similar to the findings of the literature study (see section 2.6) where the participants in a study done by Murray and Rhodes (2005:192) report that they often felt that both people known and unknown would stare at their acne.

4.2.3.3 Anger and frustration

Three of the adolescents in the study felt angry or frustrated. According to the literature study (see section 2.5.3) this is common in acne patients. The respondents were mainly frustrated by their own sense of helplessness and the unpredictability of the disease: "I do not like myself and I get very frustrated that it just won't go away" and "*Ek is kwaad dat dit skielik so erg geword het.*" [I am angry that it suddenly got so bad] and "... you just want to get rid of it but you can't." In a study done by Murray and Rhodes (2005:198) subjects also experienced an intense sense of helplessness and frustration as a result of their perceived inability to improve or control their acne.

4.2.3.4 Feeling unattractive

Five respondents described themselves as follows: "*Ek voel baie erg en lelik*" [I feel really terrible and ugly]; "*Selfs as ek uitgaan of kerk toe gaan en mooi aantrek dan voel ek nog steeds nie mooi nie*" [Even when I go out or go to church or when I dress up, I still don't feel pretty]; "Awful. Dirty. Ugly" ; "...omdat jy so vieslik lyk..." [... because you look so disgusting ...] and "Dirty. Horrible. Sad." From the above it is clear that the adolescents in this study use very strong negative descriptions about themselves and their appearance.

It seems that acne can induce intense self-loathing in teenagers, especially since adolescence is a time when appearance becomes very important. These extreme and negative thoughts need to be counteracted by people in the teenagers' support network.

4.2.3.5 Low self-esteem

Low self-esteem in acne sufferers is very well documented in literature on psychodermatological issues (see section 2.5.1). Five of the respondents in this study reported feelings of low self-esteem. One participant wrote: "It makes you lack confidence and gives you very low self-esteem", while another confessed: "*Ek vind die healtyd fout met myself.*" [I keep finding fault with myself].

These feelings of low self-esteem can make it difficult for the teenagers to interact with others, as they often feel uncomfortable in the presence of clear-skinned people. One participant wrote: "Insignificant. Low self-esteem. I don't like making eye contact or having conversations."

4.2.4 The effect of acne on the parent-child relationship and the reactions of parents to teenage acne

The questions here read: *How does having acne affect your relationship with your parents?* / How have your parents reacted to your acne?

For the purpose of describing this aspect of the research, the researcher combined the data of questions four and five relating to the parents' reactions and their relationship with the teenager. Literature has shown that acne has the potential to negatively affect the relationship between the adolescent and one or both of the parents (see section 2.8). In this study 65% of the participants felt that developing acne had a strong negative effect on their relationship with one or both of their parents. There are, however, a variety of reasons why the relationship was affected so negatively. These will now be discussed in detail.

4.2.4.1 A perceived lack of parental help or support

Four of the participants in this study plainly felt that their parents simply did not do anything to help them: "... *hulle wou my nie help nie.*" [...they did not want to help me]; "... *hy het niks gedoen om my actually te help nie.*" [...he did nothing to actually help me]; "*Dis asof hulle my nie help nie.*" [It is as if they don't help me] and "We fight because they say nasty things about it and they don't really help me they just criticise". Some felt that even though their parents tried to help them, they did not know how to do it: "They try to help me, but they don't understand."

4.2.4.2 Negative parental reactions and remarks

Many of the participants reported that their parents often make callous and cruel remarks such as: "Did something bite you?"; "Your skin looks terrible!" and "*Sies dit lyk erg!*" [Sis it looks awful]. Some felt that their parents' reaction to their skin was very negative and hurtful. One respondent wrote: "*... hy het gevra wat's daai op jou gesig? Hy het half disgusted geklink en ek het dit nogal erg opgevat.*" [...he asked me what is that on your face? He sounded disgusted and I took it very hard]. Another participant responded: "*Ek kan aan hulle oë sien hulle dink ek lyk lelik en hulle kannie ophou om daarvoor te kyk nie.*" [I can see by the look in their eyes that they think I look ugly and that they cannot stop looking at it].

This illustrates the importance of parental reactions. If parents want to support a teenager suffering from acne, then they have to monitor what they say, how they react and what facial expressions they use, as these reactions clearly have an enormous impact on the teenager involved.

4.2.4.3 Anger and conflict

Clear signs of anger and conflict between acne sufferers and one or both parents were reported in this study. Seven respondents particularly mentioned feeling angry and fighting frequently with their parent. However there were various reasons for the conflict.

One respondent was angry because the parents treated his acne as a passing phase: "*Ek was kwaad vir my ma hulle want hulle wou my nie help nie en het net gesê dis deel van 'n fase dit sal oorwaai.*" [I was angry with my parents because they didn't want to help me. They said it was just part of a phase and that it would pass]. Another respondent commented: "My parents say that it will go away and that it just a part of growing up." A common myth (see section 2.4.7) is that acne is a normal part of growing up and that it will eventually disappear. This is a dangerous misconception because it often leads to people neglecting to seek proper treatment, as happened in this case.

Three respondents felt misunderstood by their parents and this caused conflict and tension between them. The one participant felt that the mother trivialised the condition and lacked empathy for the social insecurity that the acne sufferers experience: "*Ek en my ma baklei baie daaroor. Sy verstaan nie dat ek nie na plekke wil gaan omdat ek selfbewus is nie. Sy sê: dit is nie die einde van die wêreld nie.*" [My mom and I fight about it a lot. She does not understand that I want to avoid certain places because I feel so aware of my skin. She says it is not the end of the world]. One respondent fought regularly with her mother, because the mother kept telling her not to touch her face and another got angry, because her mother kept

squeezing her face: "I get angry with her if she tries to squeeze my skin. I hate it when she touches my skin". One participant mentioned that he got angry if his parents said anything about his skin.

Two respondents felt personally responsible for the increased conflict with their parents. The one wrote: "There is more conflict. We disagreed the whole time, but I felt that it was my fault because I was angry at everything." The other responded: "*Ek was die heelyd happerig en mislik, want hulle weet nie hoe ek daaroor voel nie.*" [I was constantly making biting remarks and being disagreeable because they don't know how I feel about it].

From the above it seems that there seems to be a general breakdown of communication between the parents and the acne sufferers in this study.

4.2.4.4 Acne myths and blaming the sufferer for his or her condition

In the literature survey (see section 1.2.2.2) Murray and Rhodes (2005:194) reported that many commonly believed myths about acne could lead to increased and inaccurate self-blame in sufferers. From the answers on the questionnaires it becomes clear that many of the parents in this study believe in a variety of acne-related myths. Communicating these myths to the acne sufferers in this study seems to have led to feelings of self-blame, guilt and frustration in the adolescents.

This is very clearly communicated in the response of one participant: "*Hulle het gesê ek moet meer water drink, my gesig drie maal was en nie aan my vel druk nie. Hulle het my laat skuldig voel daaroor.*" [They told me to drink more water, to wash my face three times and not to pick at my skin. They made me feel guilty about it]. Another respondent wrote: "They just keep saying I should wash my face more and do more exercise, but it doesn't help, it just makes me feel bad."

A common myth is that exercise can clear acne (see section 2.4.5) when in reality, the friction often irritates the skin and worsens the condition (Day 2005:60). One of the respondent's parents forced him to do more exercise in an effort to clear his skin: "My parents make me walk home and swim to clear my skin. I don't like it."

Another common myth is that eating sweets or chocolates causes acne (see section 2.4.2), when the reality is that there is no real scientific evidence for this (Fulton 2002:98). This common myth was observed in two cases in this study. One participant wrote: "... as ek nou

en dan 'n sweet by my maats kry dan sê hulle dis hoekom, want sjokolade is die grootste oorsaak daarvan." [... if I get a sweet now and then from one of my friends then they tell me that is the reason for my acne – because chocolate is the biggest cause of acne"].

Many people believe that washing the skin several times a day can improve acne or that acne is caused by not washing the skin enough. This is another common myth, because research has found (see section 2.4.1) that acne cannot be cured by washing the face, even if it is done several times a day (Fulton 2002:97). In this study it was found that some of the adolescents were blamed for the condition of their skin because the parents felt that they did not wash their faces properly: "*Hulle sê ek lyk so omdat ek nie my gesig reg was nie... Dit laat my baie sleg voel want ek was regtig baie my gesig maar dit help nie ...*" [They say I look like this because I don't wash my skin properly ... It makes me feel very bad because I really wash my skin a lot but it doesn't help ...]. Another participant wrote: "I often get in trouble with them (parents) if I don't steam my face."

From these findings it becomes clear that several of the parents in this study are simply uninformed and are still unwittingly perpetuating many acne myths. This has a negative effect on the teenagers' emotional well-being, can lead to feelings of guilt and irrational self-reproach and can obviously damage the parent-child relationship.

4.2.4.5 Effective parental support

Only seven participants in this study felt that developing acne did not negatively impact on their relationship with one or both of their parents. These participants all felt that their parents supported them, although the kind of support they received differed.

One participant wrote: "My mom will buy all the products she could get to help me and took me to a dermatologist." Another participant responded: "... *my ouers is great. Hulle het vir my velprodukte gekoop.*" [... my parents are great. They bought me products for my skin]. The third in this group wrote: "My mother is supportive ... buys me products and compliments me on my skin whenever it gets better." The fourth wrote: "They tell me it's not bad and try to make you feel better." and the fifth participant from this group responded: "*Eintlik bring dit my nader aan my ma want sy is die een wat omgee en vir my allerhande produkte koop.*" [Actually it has brought me closer to my mother because she is the one who cares for me and who bought me all kinds of products].

It seems from the above that the two main reasons why these adolescents felt that their parents were being supportive were because the parents bought them skin care products and verbally encouraged them. It seems that the teenagers experience the act of buying skin care products as supportive, whether the products actually improved the acne or not. It also seems important to the teenagers when some positive feedback and constant reassurance is given.

4.2.5 The role played by siblings in the life of the acne sufferer

The question here reads: *How does having acne affect your relationship with your sibling(s)?*

Even from a cursory glance at the data it is evident that siblings play a smaller role than parents when it comes to supporting the acne sufferer. The answers are much shorter and many of the participants did not respond to many of the questions concerned with their siblings' reactions to their acne and their support or lack thereof. However, the researcher was still able to identify three main themes.

4.2.5.1 Teasing and malicious comments

Four of the participants in this study reported being mocked and teased by their siblings. Some of the comments were extremely cutting and cruel: "They laugh at me"; " *Sy sê dit lyk lelik en dis hoekom ek nie vriende het nie*" [She says it looks ugly and that is why I don't have friends] and " *Hulle sê vir my: jou vel lyk so lelik*" [They tell me that my skin looks so ugly].

4.2.5.2 Jealousy and unfavourable comparisons

Some of the respondents in this study openly admitted to being jealous of their clear-skinned sibling(s): "... also jealous of sister who has nice skin." Others compared the condition of their skin to that of their sibling(s): "mine is much worse than hers ever were."; " *Sy het 'n baie mooi vel en sê die healtyd sy's bly sy lyk nie soos ek nie.*" [She has a beautiful skin and keeps saying that she is glad that she does not look like me] and "I am slightly embarrassed because they have better skin than me ..."

Sibling rivalry and jealousy between siblings are part of growing up. However, because acne sufferers often already have such an unfavourable view of themselves, family members must be very sensitive to not draw attention to the unflattering comparisons that can be made

between an acne sufferer and a smooth-skinned sibling as happened to this respondent: "... you get sick of everyone saying she's the looker of the family."

4.2.5.3 Understanding and advice

Five of the participants in this study reported that they felt supported by their sibling(s) who offered them understanding, encouragement and advice.

Two respondents felt that their siblings could understand how they felt, because they also suffered from acne at some point in their lives: "... *hulle het verstaan want hulle was deur dieselfde ding.*" [They understood, because they have been through the same thing] and "He can help me because he went through it. It made me feel better, because he understood". It seems that siblings who are ex-acne sufferers can potentially be a very effective source of support, because they have personal experience and insight into the dilemma of a brother or sister suffering from acne.

Although many of the respondents in this study complained about parents giving unsolicited advice, it seems that the respondents in this study actually appreciated advice from their sibling(s): "My sister also gave me advice on what to use and what foods to avoid. She is very supportive."; "*Sy het my raad gegee en gehelp.*" [She gave me advice and helped me] and "*Sy moedig my aan en dit help.*" [She encourages me and it helps].

4.2.6 The role played by the friends of the acne sufferer

The question here reads: *How does having acne affect your relationship with your friends?*

4.2.6.1 The role of close friends

It was interesting to note that although a many of the respondents reported withdrawing socially, four respondents felt that they did not feel shy around their closest friends: "I am not shy with my closest friends, but I feel reluctant to talk to people that I do not know so well."; "You keep your guard up and just stay with your close friends."; "*Ek was selfbewus en wou nie met almal praat nie, maar kan lag daaroor saam met my beste vriende.*" [I was self-conscious and did not want to talk to everyone, but I can laugh about it with my best friends] and finally: "My close friends stand by me...". It seems that although many sufferers feel shy around their peers they experience a measure of support and among their closest friends.

The social withdrawal that is so well-documented in literature on psychodermatological issues (see section 2.6) therefore seems not to be absolute. Although most of the acne sufferers in this study reported feeling shy around their peers, it seems that they feel far more comfortable around their best friends.

4.2.6.2 *Social withdrawal and shyness*

Nine respondents in this study reported feeling shy and self-conscious and/or withdrawing from their peers. This is clearly illustrated in responses like: "I go out a lot less. Some of them do not want to see me because of my skin..." and "*Ek het heeltemal onttrek van hulle. Net by die huis gesit en glad nie uitgegaan nie*" [I withdrew totally – just sat at home and did not go out at all].

This corresponds to the literature study (see section 2.6) where acne is seen to have a very negative social impact on all its sufferers (Krejci-Manwaring et al 2006:128). One respondent felt that she could not make any friends because they would reject her on the basis of her skin and another felt that her friends were ashamed to be seen with her. Another respondent felt that her friends simply did not understand why she is reluctant to go out with them: "I am often moody to my friends or shun them when I don't want to go out. They don't really understand – they think I am being unsocial."

Conversely just as many respondents (nine) in this study reported that their friends totally ignored their acne. This could be deduced from responses like: "They did not say anything.", "They just ignored it." and "They pretend not to see it." There could be different reasons for this. Two respondents felt that their friends ignored their acne because they were being nice. It is also possible that these friends simply did not know what to say or how to offer their support.

4.2.6.3 *Negative remarks*

Six respondents reported that the people in their peer group made hurtful remarks towards them. The nature of these remarks varied, but all of them had the potential to further damage the acne sufferers' already fragile self-esteem.

These remarks ranged from well-meaning comments like: "*My een vriendin is 'n model en het vir my gesê ek moet onderlaag aansit. Dit het my nog erger laat voel.*" [My one friend is a model and she told me to put on foundation. It made me feel even worse] to spreading cruel

and vicious rumours like:" ...*daar is nou 'n rumour dat my vel so sleg lyk omdat ek naweke te veel drink. Ek is hartseer daaroor en baie kwaad, want ek drink glad nie en selfs my beste vriendinne glo dit nou.*" [...there is a rumour that my skin looks so terrible because I drink too much over weekends. I am very sad and angry about it, because I don't drink at all and even my best friends now believe that I do.] One respondent replied: "They keep on asking me what are those things on my face and why is it happening to me."

This underlines how ignorant many teenagers still are about acne.

4.2.6.4 Support from fellow acne sufferers

Only three of the participants felt that their friends supported them. In all three cases the respondents mentioned that their friends could help, understand or support them, because they also suffer, or have suffered from acne. This is illustrated in a response such as: "Some of my friends also have problems with pimples, so we just keep quiet. Luckily they wouldn't tease me about it, because they are going through the same thing."

It seems that adolescents who have skin problems are more knowledgeable and also more empathetic towards their fellow sufferers and that they are therefore able to be supportive when others are not.

4.2.7 The role played by the boyfriend or girlfriend of the acne sufferer

The question here reads: *How does having acne affect your relationship with your girlfriend/boyfriend?*

According to Murray and Rhodes (2005:200) acne has a negative effect on romantic relationships. Acne sufferers typically have low self-esteem and therefore feel shy around people of the opposite sex (see section 2.6). This is supported by the findings in this study. Nine of the respondents in this study reported being single. The reason for not having a boyfriend or a girlfriend was directly related to the condition of their skin: "No, I am single because I do not have the self-confidence to talk to girls" or "*Ek is single. Ek 'duck en dive' ouens want ek is te skaam oor my vel.*" [I am single. I duck and dive the boys because I am shy about my skin]. This illustrates that acne has the potential to isolate teenagers from members of the opposite sex and that it can prevent them from engaging in romantic relationships.

However, seven of the respondents who were already in romantic relationships reported that their partners were supportive of their condition. This is clearly reflected in remarks like: "*Hy het vir my produkte gegee om my te probeer help. Ek het nie gevoel hy dink ek lyk lelik nie. Hy was net supportive.*" [He gave me products to try and help. I did not feel that he thought I looked ugly. He was just supportive]; "She also has a bad skin and she tells me it's not my fault." and "He said it did not look so bad...". However, the support of a boyfriend is often not enough to counteract the negative emotional and psychological impact of acne as is clearly illustrated by the following: "He understands it but it is difficult. I sometimes won't take my make-up off in front of him and I don't like him touching my face. He tries to make me feel better about myself and tells me I am beautiful – he boosts my confidence, but the mirror then takes it away again."

It seems that although acne can possibly prevent adolescents from engaging with the opposite sex and having romantic relationships, those teenagers who are not too shy or ashamed to be in a relationship can benefit from the support of a partner.

4.2.8 The role played by teachers or lecturers in the life of adolescents suffering from acne

The question here reads: *How does having acne affect your relationship with your teachers/lecturers?*

From a first glance of the data it becomes clear that the role played by teachers is a very marginal one. Sixteen of the twenty respondents reported that their teachers had no impact on them and simply ignored the condition of their skin. Although this could be due to attempts to be tactful on behalf of the teachers, it still points to a serious lack of involvement.

Upon closer examination of the data, subtle feelings of resentment towards the teachers are evident. This is reflected in responses like: "Just try stay away from them or stay low. They don't say anything but you know they notice it"; "They pretend they don't see it" and "*Hulle het nie omgee nie*" [They did not care].

Only *one* of the respondents actually said that a teacher referred him to a school counsellor and furthermore this respondent was glad that the teacher reported it to the school counsellor. Significantly, four of the respondents in this study expressed a desire for their teachers to contact their parents: "*Ek sou wou gehad het hulle moes my ouers bel want dan kan hulle oë meer oopgaan*". [I would have wanted them to phone my parents because maybe it would have opened their eyes]; "*Onderwysers kon my ouers laat besef het hoe*

ernstig dit is." [Teachers could have let my parents realise how serious it is] and "I wish they would tell my parents to do something about it."

From these findings it seems that teachers can play an important role in alerting the parents to the seriousness of the condition so that they can act to give acne sufferers the support and treatment that they need.

4.2.9 The ways in which acne sufferers would like the people in their support network to treat them differently

The respondents reported several ways in which they would have liked their parents, siblings and friends to have acted towards them. However, they did not have any suggestions as far as their teachers and boyfriends/girlfriends were concerned. This could indicate that the teenagers in this study were generally too shy to talk to teachers and boyfriends/girlfriends about their acne.

4.2.9.1 The ways in which acne sufferers would like their parents to treat them differently

The question here reads: *How would you like your parents to treat you differently?*

Five of the respondents felt that their parents should have sought the help of a medical professional or dermatologist: "I want my parents to buy me the pills. My sister uses it and her skin is totally clear."; "She must take me to the doctor." and "*Ek sou wou gehad het dat hulle my na 'n velspesialis toe moet vat*". [I would have wanted them to take me to a dermatologist].

Significantly, one of the three respondents who felt that her parents actually helped and supported her mentioned that they took her to the doctor: "No they treat me well and they took me to the doctor". The importance of getting quick and effective medical treatment is underscored by these responses. The tragedy of neglecting to do so is reflected in the following response: "*Dis my vel en ek moet die res van my lewe daarmee saam lewe, maar hulle het dit nie ernstig genoeg opgeneem nie en nou het ek baie merke*." [It is my skin and I have to live with it for the rest of my life, but they did not take it seriously enough and now I have many scars].

Two of the respondents mentioned that they found it embarrassing when their parents talk about their acne in front of other people, especially their peers. This suggests that although it

is important for parents to communicate with the adolescent suffering from acne, this should be done privately and discreetly.

Six of the respondents expressed a desire for their parents not to make hurtful and discouraging remarks about their skin: "She kept telling me over and over: my child your skin looks terrible! On and on everyday ..."; "I would have like my mother and my stepfather not to have made nasty remarks." and "My mother was angry with me about it but it was not my fault. I want her to keep calm and help me to treat it. She says that I don't look after my skin." Although it seems obvious that parents should refrain from making negative remarks about the adolescents' skin condition it is evident that some of the parent in this study still persisted in doing so. Parents need to be aware of how sensitive an issue like acne is for a teenager and should therefore be very careful of what they say to their children.

Two of the respondents reported a desire for their parents to remark on any improvement in their skin. It seems that simply tracking the progress of the treatment and/or improvement in the skin and remarking on it can be beneficial to sufferers and give them hope. This is clearly illustrated in the following response: "*Om net kort-kort te sê dit lyk beter want dan voel mens klaar beter.*" [Just to say it looks better from time to time, because that makes one feel better].

4.2.9.2 *The ways in which acne sufferers would like their siblings to treat them differently*

The question here reads: *How would you like your siblings to treat you differently?*

Ten of the participants did not respond to this question. This could suggest the many of sufferers did not want their siblings to treat them any differently; that some of the siblings were too young to play a role or that some of the respondents did not have siblings.

One respondent expressed a wish that the siblings would encourage the parents to seek help on his or her behalf. Three respondents said that they would have liked their siblings not to tease them about their skin and one respondent expressed a desire for encouragement from her siblings: "*Hulle kon vir my gesê het: sussa moenie worry nie dit sal weer beter lyk.*" [They could have told me, sis don't worry it will look better again].

4.2.9.3 *The ways in which acne sufferers would like their friends to treat them differently*

The question here reads: *How would you like your friends to treat you differently?*

Five of the respondents replied that they would prefer it if their friends just ignored it and did not talk to them about it. It seems that acne is such a tender issue to teenagers that some of them prefer not to talk about it to their friends. This is clearly illustrated in the following response: "*Ek verkies dit dat hulle nie met my daaroor praat nie, want dis te persoonlik.*" [I prefer that they don't talk about it, because it is too personal]. Three of these candidates also mentioned earlier in the questionnaire that they felt shy and ashamed in front of their friends (see section 4.2.6). It is possible that teenagers who are naturally shy find it harder to talk to their friends and would therefore just like to ignore the issue.

Four of the respondents expressed a desire for support, advice and encouragement from their friends: "*Om dalk nie my te vermy oor my vel nie en om my te ondersteun en te sê wat werk of nie.*" [To not avoid me because of my skin and to support me and to say what works and what doesn't]; "*Hulle kan vir my sê dat my persoonlikheid nog steeds mooi is al is my vel nie mooi nie.*" [They can tell me that my personality is still beautiful even if my skin is not]; "Even if they don't understand they can just listen and try to be supportive." and "I wish they would tell me that it is OK."

Two of the respondents felt that their friends talked about their skin condition behind their backs: "*Hulle moet nie stories versprei nie. Baie van hulle se dit lyk 'fine', maar dan agter my rug sê hulle goed soos: het jy haar vel gesien? Dit maak my baie seer.*" [They must not spread rumours. A lot of them say it looks fine, but then they go behind my back and say things like: did you see her skin? It hurts me very much].

From this data it seems that friends could support acne sufferers by not focusing on the acne per se, but by being sensitively supportive and by letting them know that they are aware of the condition, but that they will not talk about it to others.

4.2.10 The kind of remarks that the acne sufferers in this study found hurtful or embarrassing
The question here reads: *Which comments from other people do you find the most hurtful or embarrassing?*

As mentioned previously society has very negative attitudes towards people suffering from acne (see section 1.1) and this is reflected in the common names people give to people suffering from acne like "pizza face" or "crater face" (Kellet & Gilbert 2001:2).

This is supported by the data obtained from this study. Six of the respondents reported some kind of name-calling. This ranged from being called a pizza face and telling the sufferer that

she looks as if she has been stung by bees, to saying an acne sufferer's face looks as if someone vomited on it.

Four of the respondents also reported that they were being blamed for the condition of their skin. This is illustrated in comments like: "*Hy het vir my gesê ek moet oefen en reg eet en dan sal my vel regkom. Dit het my lelik en lui laat voel.*" [He told me I must exercise and eat right, then my skin would clear up. It made me feel ugly and lazy] and "... people tell me that I must start looking after my skin better."

Two respondents mentioned that they found it hurtful if people suggested that they were unclean: "People say that my skin looks oily and that I don't wash enough it makes me feel dirty" and "When people say you look gross or tell you to wash your face more." In both these cases the sufferers are being unfairly blamed for their condition, because people are not knowledgeable enough to know that acne is not caused by not washing one's skin properly.

Disturbingly, four respondents mentioned that the remarks that hurt them the most actually came from their parents. One respondent's father told him that he looked like a thing that got burnt in the sun, while another's mother kept commenting on the size of the sufferer's pimples.

4.2.11 The ways in which people in the support network of the acne sufferer can help them to cope with their acne

The question here reads: *How do you think the people closest to you can help you cope with your acne?*

This is an important question as the focus is on the specific ways in which the acne sufferer can actually be helped or supported. Twelve of the respondents felt that their parents could have helped them by seeking medical treatment for their condition. This is a recurrent theme throughout the data and seems to be the main way in which parents can help teenagers suffering from acne.

One respondent mentioned the following: "*Ek wil hê my ma moet my velspesialis toe vat. Sy het gesê sy sal as dit erger word, maar sy het nie. Daar was nie geld daarvoor nie*" [I want my mother to take me to the dermatologist. She said she would if it got worse, but she didn't. There was no money for it]. In this case it seems that the parent could not afford to seek the

treatment needed. As both a visit to a specialist and acne medication can be expensive, this could be true for many parents.

Six of the respondents mentioned that they wanted their parents to buy them skin care products. One respondent replied: "... by buying me those expensive products that work." Another commented: "Your parents must buy you the best products". Although a good skin care regime can contribute to a healthy skin, it is often not enough to clear up serious cases of acne (see section 2.4.1). According to Fulton (2002:97) one cannot remove the impacted pores that cause acne by simply washing one's face. However, it seems that teenagers can experience the act of buying good skin care products as supportive, whether it is effective or not: "*Hulle het vir my gesigwasgoed gebring en dit het my laat voel iemand gee om*" [They bought me skincare products and it made me feel that somebody cares].

Three respondents expressed a need for advice and knowledge. One respondent mentioned that she wished that she had a good book about acne to answer all her questions.

Two respondents mentioned that they found it encouraging if people remarked on any improvement in their skin. Another three respondents felt that it would be helpful to be assured that they are still the same beautiful people inside, despite their outwards appearance. One response from a sufferer with grade IV acne was particularly insightful: "People must try to put themselves in your shoes. Think how *you* would feel if you were teased or if people were nasty to you instead of helping you."

4.2.12 The effect and success of medical interventions for acne sufferers

The question here reads: *Have you ever received any medical treatment for your acne? Yes/No. If not, Why? If so, please specify whether it was successful or not.*

Only ten of the twenty respondents received some kind of medical treatment, including birth control medication, antibiotics and Roaccutane. Unfortunately, four of the nine respondents did not specify whether the treatment was successful or not. Two respondents on Roaccutane reported that it cleared up their acne completely and two respondents on antibiotics reported that it had a favourable effect on the condition of their skins. Only one respondent who was given antibiotics reported that it did not really make a difference. This could be due to a variety of factors and highlights the fact that the medical treatment of acne is often a complex process of trial and error (see section 2.7). One cannot really draw

reliable conclusions from this data as it is incomplete and the sample is too small. However, it seems that in four of the cases in this study medication did have a beneficial effect.

Ten of the respondents in this study did not receive any medical attention for their acne. This means that half of the sample has never been to a dermatologist or doctor for treatment of their acne. Various reasons were given for this. One respondent's mother refused to put her on medication, because she said it would make her gain weight. Two respondent's parents told them that acne is just a phase that they will outgrow: "My parents say that it will go away and that it is just a part of growing up. Two participants could not get medical help because of financial issues. Another respondents' mother kept taking him for facials, which actually exacerbated the acne and lead to an infection. Finally, one subject's hurt and resentment for not getting treatment is clearly expressed in the following: "*My ma-hulle het my net nooit gevat nie. Ek dink nie hulle het belanggestel om my te help nie.*" [My parents never took me. I think they simply weren't interested in helping me].

4.2.13 The effect and success of beauty salon and over-the-counter treatments

The question here reads: *Have you ever tried any beauty salon or over-the-counter treatments? Yes/No. If so, please specify the type of treatment and whether it was successful or not.*

Nineteen of the twenty participants have tried over-the-counter treatments and the one remaining participant made use of homeopathic remedies. Significantly, *fourteen* of the respondents reported that these treatments did not work. Although one participant reported that the Annique skincare products made her skin feel cleaner and improved her acne, it seems that as far as the majority of participants were concerned these kinds of treatments were all unsuccessful. Two respondents also reported that making use of facials and other over-the-counter treatments actually made their acne worse.

A variety of products were used including: Oxy-ten, Placecol, Johnson and Johnson, L'Oreal, Garnier, Clearasil, Clinique, Ponds and Nivea, but none of these products had a beneficial effect for the respondents in this study. Although the sample in this study is too small to make any generalisations it seems that for the majority respondents in this study, these kinds of treatments had no beneficial effects.

4.3 THE SEMI-STRUCTURED INTERVIEWS

Two semi-structured interviews were held with two female acne sufferers, both aged seventeen, to add to the data from the questionnaire. Since the interviews were recorded in Afrikaans a complete verbatim transcription can be found in Addendum B. The researcher used selected translated sections from these transcriptions to represent the data.

The researcher made use of the interview guide approach, where topics were selected in advance, based on the questionnaire. However, the researcher allowed the participants to determine how the interview proceeded and the respondents could introduce topics that were not included in the schedule to give them maximum opportunity to tell their stories (Greef 2005:296).

After doing a content analysis on both of the transcribed interviews, the researcher identified the following salient themes or topics:

- Feelings of intense self-consciousness and social withdrawal
- Using make-up and other attempts to cover up the acne and its associated pitfalls
- The influence of siblings who have also suffered from acne
- Friends as potential sources of social support
- Medical treatment and confusion about appropriate treatment strategies

Each of these themes will now be discussed in detail in the sections below.

4.3.1 Feelings of intense self-consciousness and social withdrawal

The information obtained from these interviews corresponds with the literature study (see section 2.6) and to the findings from the questionnaires (see section 4.2.6.2), in the sense that both respondents reported feelings of extreme self-consciousness about their acne, which led to various forms of social withdrawal. Upon doing a content analysis of the interviews it was found that the word "*selfbewus*" [self-conscious] was used ten times in total, indicating the primacy of this emotion in the minds of these acne sufferers.

The participants reported feeling self-conscious on a number of occasions. The first respondent said that she did not want to come to school on some days because she was so ashamed of the condition of her skin: "I did not want to come to school some days and I was constantly worried about how I looked." This corresponds to the findings of McLeod (2004:246) who found that acne could lead to absenteeism from school, because of poor self-image.

Furthermore, she mentioned that she did not like to go out with her friends: "... I did not want to go out and stuff, because all my friends have such beautiful skins." and she also reported feeling very uncomfortable speaking in front of the class: "I did not want to speak in front of the class – you feel that everyone is focusing on you. You say something and everyone looks at you."

The second respondent reported feeling very self-conscious and nervous in front of members of the opposite sex: "... self-conscious and sometimes even nervous around boys, because you wonder if they see it too."

From this information it seems that teachers need to understand that appearing before a class can potentially be a very daunting and traumatic experience for an acne sufferer.

Parents also need to be sensitive to the fact that acne sufferers might not want to go to school on days when their acne is particularly bad and that they will also be reluctant to socialise with their peers, especially with members from the opposite sex. Although children cannot be kept out of school on account of their acne, parents can use a day when the teenager is feeling extremely disheartened to take them to see a dermatologist. In this way the sufferer gets professional help and the teenager can return to school the following day feeling that the problem is at least being addressed, even if it has not been resolved.

4.3.2 Using make-up and other attempts to cover up the acne

It became evident upon studying these transcriptions that the girls both used make-up and hairstyles to try and disguise their acne, but with limited success: "If you plaster over it (acne) then you feel a bit better but you still don't feel your best." The other respondent combed her fringe over her forehead in an effort to hide her acne, but this also turned out to be problematic: "I had a fringe to hide my face ... but one gets hot and then it is even worse ..."

Although it is a very natural instinct to try and hide one's acne it seems that attempts at concealment might lead to conflict with both parents and teachers. This is clearly illustrated in the following two extracts:

Respondent 1: We fought a lot, because my mother said I use too much make-up and then we would fight about it.

Interviewer: Did you feel that your mother did not understand why you used so much make-up?

Respondent 1: Yes, I did not think she understood, because she said I should not be wearing make-up at all. Then I would put it on anyway because it made me feel a bit better – not so bad. But I did not think she understood ...

Interviewer: Did she think that make-up would make it worse?

Respondent 1: Yes, she said I am clogging my pores and everything ...

Interviewer: OK, It depends on the kind of make-up you use, so it is not completely true, but it helped you to feel a bit more at ease?

Respondent 1: Yes it made me feel calmer.

Respondent 2: It's just when they (teachers) give you a hard time about your make-up – that's horrible.

Interviewer: Yes. It's bad isn't it? They are not always sensitive that you wear make-up because ...

Respondent 2: Yes, and the worst is that sometimes a teacher will single you out in front of the whole class and it is very embarrassing, because there you are and you don't even really *want* to wear it.

4.3.3 The influence of siblings who have suffered from acne

The genetic nature of acne is reflected here. According to Fulton (2002:95) siblings often share the same problem as far as acne is concerned. The first respondent had two brothers who also suffered from acne and the second had a sister who still struggles with acne. The fact that siblings have shared the same problem may have an effect on parental attitudes.

The first respondent's parents immediately reacted when she developed serious acne, because they had been through the process once before with the two brothers. They took her to the dermatologist who put her on a course of Roaccutane. At the time the interview was conducted, she had just finished her course and her skin, although still red and dry looked immensely improved. The second respondent's mother was very reluctant to put her on Roaccutane, partly because her sister had used it and then experienced a renewed outbreak after a clear-skinned period of two years.

According to Day (2005:123) at least one third of people who have taken oral isotretinoin (Roaccutane) will have a relapse of their acne within the first three years after treatment. However, even if a second treatment is needed, the results tend to last for years after stopping treatment. Day (2005:135) also advises that maintenance treatment with a topical

retinoid reduces the relapse rate. In this case the mother should not necessarily have faulted the treatment because the sibling had a relapse, but it seems that she simply did not have the necessary knowledge to make an informed decision.

Finally, both respondents felt that their siblings understood them and could give them some comfort, because they have also suffered from acne in the past as reflected in the following: "I think because they were also on it (Roaccutane) and because they also had bad skin they understood ..." and "... it is as if she feels how I feels ..." This corresponds to the data from the questionnaires (see section 4.2.5.3) where respondents reported that they experienced understanding and encouragement from their siblings who had also suffered from acne at some time in the past.

4.3.4 Reactions from boyfriends and friends

The interview data supports the data obtained from the questionnaires. Both respondents reported that they feel comfortable around their close friends, despite their acne as is reflected in the following extract:

Interviewer: You said a while ago that you feel shy around people. Is it like that with your friends too?

Respondent 2: No, if I am with my close friends then I am fine with it.

Interviewer: Is it that you feel shy with people that you don't know so well?

Respondent 2: Yes, then I would be like ... I would think they see it (acne).

This suggests that close friends can be a valuable source of support for acne sufferers and that they can create a safe space where the sufferer can feel comfortable and accepted to counteract the negative effects of isolation and social withdrawal.

4.3.5 Medical treatment and confusion about appropriate treatment strategies

These interviews clearly illustrated the need for parents to be well-informed about aspects surrounding medication and treatment in order for them to be efficacious sources of support. The client in the first interview was suffering from grade III acne (see section 2.3), but her parents took the advice of the dermatologist who described Roaccutane and at the time the interview was conducted the respondent's acne was much improved and she was well on her way to a clear and perfect skin.

The second respondent's mother would not heed the dermatologist advice to put her on a course of Roaccutane for fear of its side effects. This respondent's acne seemed to be getting worse and was not responding to treatment with oral antibiotics. Although the researcher could not make a medical diagnosis, the acne appeared to have reached the grade III level (see section 2.3) as the skin was covered with inflammatory pustules and papules. The client appeared very despondent about her condition and although she has a good relationship with her mother, frustration was already setting in. The consequences of refusing treatment will now be explored in depth and highlighted with translated extracts taken from the interview.

Interviewer: You are tired of trying everything ...

Respondent 2: Yes and it is difficult. I am so indecisive, because my mother doesn't want me to use Roaccutane.

Interviewer: So you don't really know what to do.

Respondent 2: Yes you feel so uncertain – you don't know what the best thing is to do or how it will work out.

Interviewer: Do you sometimes wish someone can help you and just take the decision for you?

Respondent 2: Yes, because the doctor tells you that he will give you pills or put you on Roaccutane, but there are so many negative things associated with it and then you think OK maybe not ...

As illustrated here the respondent is confused and bewildered. She does not want to take her dermatologist's advice, because her mother, whom she loves and trusts, does not want her to take the medication. The reason for the mother's refusal is reflected in the extract below:

Interviewer: Explain to me exactly what you argue about.

Respondent 2: Uhhh ... she would say something like: I will get you the Roaccutane and stuff and then I would say that I don't know what the right decision is. Then she would get quite angry with me, because she does not really want to give it to me. She feels it is bad for me and she actually just cares for me.

Interviewer: OK, so mom's greatest concern at this stage?

Respondent 2: The safety of it.

Interviewer: The safety and the health risks. Does she know what they are?

Respondent 2: Yes she does, but she still thinks about those five years afterwards when you cannot get pregnant ... she doesn't think it is good for me. My mother is very health conscious.

Interviewer: OK, she is scared. Has the dermatologist spoken to her about it – what the side effects are?

Respondent 2: Yes, he said it is fine and stuff, but she is still a little cautious and that makes me cautious. She says I must not blame her if my skin looks really bad and doesn't want to come right. She says don't blame me if it bothers you when you use it. So she is a little scared of it and I don't know what to do.

Both mother and daughter are clearly in a dilemma here. The mother is legitimately concerned for the health and safety of her daughter. However, her information is completely inaccurate. The fact that she believes her daughter will not be able to get pregnant for five years after taking the medication is totally unfounded. Patients taking oral isotretinoin must refrain from getting pregnant while taking the drug, as it can cause birth abnormalities. Day (2005:131) recommends that women should not fall pregnant for at least one month after stopping the drug.

It is also troubling that the mother refuses to believe the expert opinion of the specialist that they have consulted. Although the dermatologist assures her that it will be fine for her daughter to take the medication, she still believes that she knows best. The emotional blackmail that she uses with the child when she tells her not to blame her if the medication makes the acne worse or doesn't work is also very unhelpful and just contributes to the teenager's confusion and distress.

Oral isotretinoin has been associated with various side effects (see section 2.7.5), however these side effects are usually dose related and fully reversible upon tapering the dose or withdrawal of the medication (Amichai & Grunwald 2000:227).

Day (2005:125) suggests some tips for taking isotretinoin safely. This includes having a detailed discussion with the doctor regarding any concerns about the treatment, doing baseline blood test monthly to monitor the drug's effect, reviewing contraceptive issues and making sure the patient is not pregnant at the start of the treatment and monitoring the patient's mood throughout the treatment.

Finally, one has to keep in mind that acne can cruelly impair self-image, psychological well-being, social relationships and can cause lasting and disfiguring scarring (Mallon, Newton,

Klassen, Stewart-Brown, Ryan & Finlay 1999:672). Therefore failing to act in this case clearly seems to be to the teenager's serious detriment.

4.4 CONCLUSION

This chapter highlights some aspects of acne sufferers' experiences that can enable the members of the support network of acne sufferers to become better sources of social, emotional and practical support. In the following chapter the researcher will give a summary of the literature study and the empirical investigation and specific guidelines for the members of the support network of acne sufferers will be given. The study's shortcomings will be discussed and recommendations for further studies will be suggested.

CHAPTER 5

FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

“Talk about myths involved with discrimination! Some kid after gym asks if someone has a comb; you offer him yours, you see his mind melt – praying for an alternative, imagining his precious scalp alive with your zits. It was a common fable; if you saw a pimple you assumed dirt. People who produce pus never wash.”
(John Irving – *Trying to Save Piggy Sneed*)

5.2 PURPOSE OF THE RESEARCH

The general aim of the research was to determine a set of guidelines that can assist parents, family members, teachers, friends and boyfriends or girlfriends of acne sufferers to become more effective sources of practical, emotional and social support.

The specific purpose of the research was to find possible answers to the following research questions (see section 1.4.2.1)

1. Which adolescent perceptions and emotions relating to acne will be revealed by the research?
2. How does acne influence the sufferers' relationship with significant others in their support network, for example parents, family, teachers and friends?
3. How do teenage acne sufferers perceive the support they get from the people in their support network?
4. Will the research be able to uncover certain common mistakes or lack of knowledge in the attitudes of parents, family members and teachers, which would prevent them from being effective sources of support?
5. How would acne sufferers like others to treat them?
6. Which kinds of remarks do acne sufferers find hurtful or humiliating?
7. How important is obtaining quick and effective treatment for the teenager suffering from acne?
8. What are the reasons some acne sufferers do not receive adequate treatment?

5.3 DISCUSSION OF RESEARCH RESULTS IN RESPECT OF RESEARCH QUESTIONS

The researcher will now integrate the information from the questionnaires and the interviews in an attempt to answer the research questions that were posed in chapter one (section 1.4.2.1).

5.3.1 Which adolescent perceptions and emotions relating to acne were revealed by the research?

The researcher was able to identify several negative emotions associated with acne. The respondents in the questionnaire and the interviews reported shame and embarrassment about the condition. This embarrassment led to social withdrawal in many cases. Many respondents reported becoming socially withdrawn and one respondent actually reported that she feared going to school because of her acne.

Eleven participants in total experienced extreme self-consciousness and lacked self-confidence. Four respondents tried to conceal their acne with make-up, but this often led to conflict with parents and teachers. Both parents and teachers need to be more sensitive and aware of the reasons why teenagers try to conceal their acne in this way. Parents and teachers should discuss the issue openly and honestly and come to an agreement or compromise on how much foundation is permissible to wear to school.

A lot of the respondents experienced a lot of anger and frustration about their acne. These feelings were mostly caused by their own sense of helplessness to control their acne.

Almost all of the respondents also reported feeling very unattractive. Common self-descriptors included words like: "ugly, awful, dirty and horrible". This indicates the extent to which acne can damage teenagers' self-esteem. Lowered self-esteem was also found to be one of the major psychological consequences of acne in the literature study (see section 1.2.2.2).

5.3.2 How does acne influence the sufferers' relationship with significant others in their support network?

Thirteen of the respondents in this study felt that their acne had a negative impact on their relationships with their parents. This corresponds to the findings from the literature study (see section 2.8). Some experienced a lack of parental help or support, either because the parents were not willing to help them or because the parents did not know how to help them.

Many of the respondents reported that their parents make very negative and cruel remarks about their acne. Since parents can potentially be the biggest sources of emotional support, these findings are particularly distressing.

The study also uncovered that acne can lead to a lot of conflict in the parent-child relationship. This conflict is caused by the fact that many parents still believe in acne myths. These myths include believing that acne is caused by a dirty skin, exercise can cure acne, acne is caused by eating certain foods and that acne is just a normal part of growing up. This clearly illustrates the need for parents to become more knowledgeable about acne.

Two respondents were angry with their parents, because their parents treated their acne as a normal phase that would spontaneously pass. Many respondents felt that their parents did not understand their reluctance to attend social gatherings or to be seen outside the house.

All these factors point to a general breakdown in communication between acne sufferers and their parents. It therefore seems necessary that parents of acne sufferers should make a special effort to keep the channels of communication open and to be knowledgeable about the condition. Furthermore, they should make the teenagers feel that they are doing everything in their power to help and they must not simply treat acne as a normal part of growing up. Finally they must also be careful not to underestimate the emotional and social impact of the condition.

Siblings were found to play a smaller role than parents. However, from examining the data it was found that siblings could still have a negative or positive impact in the life of acne sufferers.

Some of the respondents reported being teased by their siblings and being the victims of cruel and malicious comments from them. These comments have the potential to be very damaging to the already frail self-esteem of the acne sufferer. Parents should therefore talk to siblings and encourage them to be empathetic. They also have to make it clear that hurtful remarks are unacceptable.

Other respondents reported that they received support, help and encouragement from their siblings. These respondents felt that their siblings understood what they were going through, because most of the siblings have also had acne at some previous time in their lives. Some respondents also mentioned that they appreciated advice from their siblings. Therefore it might be a good idea for parents to give advice and help through the mouthpiece of a brother or a sister. However, the success of this will be dependent upon the strength of the relationship between the siblings.

The fact that more than one child has suffered from acne also seemed to have an effect on parental attitudes. One respondent's parents refused to get her the medication recommended by the dermatologist, because her sister's acne relapsed after using it. Conversely, other parents acted timeously and got the necessary medical help, because of their previous experience with a sibling.

Eleven respondents reported that they withdrew socially from their friends, because of their acne and many reported that their friends did not understand why they did not want to socialise with them anymore. These findings correspond with the literature study (see section 2.6), which also found that acne could have a negative effect on the sufferers' relationships with friends and peers.

Six respondents reported that their peers made hurtful remarks towards them. These ranged from well-meaning advice to vicious rumours. It could possibly be beneficial for *all* teenagers, both the acne sufferers and their friends, to be educated on the topic of acne. This could possibly form part of the Life Orientation curriculum at school, as acne is something that influences both physical and mental well-being.

It needs to be noted that many respondents reported that they did not feel uncomfortable or self-conscious with their closest friends. This suggests that close friends can be valuable sources of social support and that they can counteract the potentially negative influence of peers.

Adolescence is a time of discovery and during this period many teenagers have their first romantic relationships. However, in this study, nine of the respondents reported being single because of the condition of their skins. It seems that being in the company of the opposite sex makes the acne sufferer particularly uncomfortable. Those who were already in relationships mostly felt that their boyfriends/girlfriends were supportive of them. Therefore it seems that although many acne sufferers might avoid romantic entanglements, a partner can be a source of emotional support.

Almost all of the respondents felt that their acne did not have any impact on their relationships with their teachers, although a few reported feeling shy around them.

5.3.3 How do teenage acne sufferers perceive the support they get from the people in their support network?

Only seven participants reported that they felt that their parents supported them. This kind of support took many forms, from buying expensive skin products and encouraging comments to taking the child to a doctor or dermatologist.

Seven of the participants felt supported by their siblings who offered help, sympathy and encouragement. It was found that siblings who have suffered from acne in the past were the best sources of support. Acne sufferers felt that they understood them and could give them good advice, because they have been through the same thing in the past. Parents must utilise this and encourage such siblings to support the teenagers suffering from acne.

Although some of the respondents felt shunned by their peers, six reported feeling safe and comfortable around their closest friends. Only nine of the respondents were in romantic relationships, but they all felt that they got encouragement and support from their partners.

Most of the respondents in this study felt that their teachers simply ignored the condition. Two respondents remarked that teachers would scold them for wearing make-up and make embarrassing remarks about it in front of their peers. It therefore seems that the acne sufferers in this study did not receive any support from their teachers.

5.3.4 Will the research be able to uncover certain common mistakes or lack of knowledge in the attitudes of parents, family members and teachers, which would prevent them from being effective sources of support?

This study demonstrated that many parents, friends and siblings still believe in many of the prevalent myths about acne as discussed in the literature study (see section 2.4.1).

Many of the parents in this study also demonstrated a lack of knowledge, especially relating to the correct treatment of acne, which deprived more than half of the respondents in this study from getting the medical attention needed for their condition.

Six of the respondents reported a desire for their parents not to make disparaging remarks about their acne.

5.3.5 How would acne sufferers like others to treat them?

Five of the respondents in this study expressed a wish for their parents to take them to a dermatologist. It seems that many parents underestimate the seriousness of the acne and

fail to seek the medical expertise needed to address the condition. In one case this led to serious and permanent scarring of the skin.

Two respondents also said that they found it very embarrassing if their parents referred to their acne in front of their friends. Two respondents reported a desire for their parents to remark on any improvement in their skin. All of the respondents whose parents made hurtful remarks about their acne expressed a desire for their parents to refrain from making such comments.

Three respondents said that they would like it if their siblings stopped teasing them about their acne and many expressed a desire for encouragement and support from their siblings.

Five of the respondents said that they would feel more comfortable if their friends would simply ignore their acne and four expressed a desire for advice and encouragement. They especially want to be assured that they are still liked despite their acne.

As far as teachers are concerned, five of the respondents expressed a desire for their teachers to contact their parents and encourage them to realise the seriousness of the situation.

5.3.6 Which kinds of remarks do acne sufferers find hurtful or humiliating?

Nine of the respondents in this study reported some sort of name-calling or hurtful remark that was aimed at them. It seems that the term “pizza face” is still widely used, but a variety of cutting remarks are aimed at acne sufferers. These include telling the sufferer that he (or she) looks like someone had vomited on his (or her) face; comparing the acne sufferer's skin to a burn victim, telling the sufferer that he or she was stung by bees and asking the sufferer if something had bitten him or her.

These remarks have a devastating impact on the sufferer who already feels unattractive and emotionally vulnerable. The most upsetting revelation was that the parents of the sufferer made many of these comments.

Another common remark was that the acne sufferers are dirty and do not wash their skins well enough. This is also very damaging since it can lead to over-washing the skin, which can exacerbate the condition (see section 2.4.1).

5.3.7 How important is obtaining quick and effective treatment for the teenager suffering from acne?

The findings of this study suggest that obtaining quick and effective treatment for teenagers suffering from acne may be the single most important method of support. Eleven of the respondents in this study did not receive any medical treatment for their acne. In most cases this led to the acne worsening and in one case serious scarring occurred. Many parent-child relationships were harmed as the sufferers blamed their parents for not getting them the help they needed.

Furthermore, despite the fact that all twenty-two participants tried over-the-counter treatments for their acne, sixteen of them reported that it did not improve their acne and in some cases it even made the acne worse. The low efficacy of over-the-counter remedies underscores the importance of getting medical attention for the condition.

5.3.8 What are the reasons some acne sufferers do not receive adequate treatment?

Various reasons were given for this, but the decision not to seek or follow medical advice generally seemed to be based on ignorance. One respondent's mother refused to put her on medication for fear that she would gain weight. Many respondents' parents simply thought that acne was a normal occurrence of adolescence and that it would disappear spontaneously. Two respondents mentioned financial constraints. One respondent's mother refused to get her daughter the medication she needed, even though the dermatologist prescribed it, because she feared that it was not safe, despite the doctor's reassurances. In all of these cases the effect is tragic, since the acne remained or worsened and all the negative effects associated with it endured.

5.4 A SUMMARY OF THE LITERATURE STUDY

The causes of acne can be attributed to several related factors. Hormones and genetics play a big role, but extrinsic factors like wind, sun, beauty products and picking at the skin can worsen existing acne (Day 2005:14).

Acne in teenagers begins as an overproduction of sebum. If this is combined with ineffective sloughing of skin cells that line the pores then a micromedo develops. The micromedo then goes on to form open or closed comedones, commonly known as whiteheads or blackheads. If a certain bacteria called *Propionibacterium acnes* is present in the pores, inflammatory

acne starts to develop. The skin becomes covered in papules, pustules and nodules, which is difficult to treat (McLeod 2004:246)

Dermatologists have classified acne into different grades ranging from one to four; the higher the grade the more serious the acne (Fulton 2002:96).

There are a number of misconceptions about acne that are commonly believed. These include the following: acne is caused by a dirty skin, acne is caused by certain foods, exercise can cure acne, sunlight and tanning can improve acne, acne is caused by sexual frustration, using make-up causes acne and only teenagers get acne. During the literature study all these myths were rejected by scientific evidence.

According to Fulton (2002:97) one cannot remove the impacted pores that cause acne by washing one's skin. There is also no scientific evidence to prove that sweets, chocolate or fatty foods cause acne (Fulton 2002:98). Tanning sometimes improves acne, but it can also irritate the pores and worsen existing acne (Day 2005:51). The sweat, friction and heat that occur when a person is exercising can actually activate acne bacteria (Day 2005:60). Although some make-up may irritate the pores many non-acnegenic products exist that may actually improve the skin (Day 2005:59). Finally the common belief that only teenagers get acne is a myth. People of all ages get acne and many do not even start to get acne until they are in their twenties or thirties (Day 2005:5).

Acne has also been linked with the development of depression. According to Krejci-Manwaring et al (2006:122) more than 30% of acne sufferers suffer from psychological disorders, typically anxiety or depression. What complicates this matter further is that a drug called isotretinoin, which is commonly prescribed for acne patients has been linked to the development of depression and has received considerable media attention (Ferahbas, Turan, Esel, Utas, Kutlugun & Kilic 2004:153). However, there is no consensus on a causal relationship between isotretinoin and depression or suicide (Bremner 2005:4).

Acne has also been linked to shame and embarrassment, which can lead to different self-handicapping behaviours (Kellet & Gilbert 2001:12). According to Murray and Rhodes (2005:196) acne also has a negative effect on romantic and social relationships, as sufferers tend to feel embarrassed to be in the company of clear skinned people.

Various treatments for acne were investigated. According to Day (2005:66) when and how to treat acne is dependent on the severity of the lesions, the duration of the acne, the extent of scarring that has taken place and the success of previous treatment strategies. Therefore patient education is important and compliance with therapy is essential. Patients should also

be advised that the response to therapy is general and a patient should therefore not stop treatment prematurely (Day 2005:126).

Topical therapies are the first line of treatment for mild acne. Benzoyl peroxide, Retin A and vitamin A acids are considered to be most effective (Fulton 2002:102). A course of oral antibiotics is the most common form of systemic therapy utilised in the treatment of acne vulgaris and hormonal therapy is another option for the treatment of acne in female patients (Day 2005:140). Oral isotretinoin (Accutane or Roaccutane) is the preferred treatment for severe nodular or cystic acne that does not respond to other treatment (Day 2005:121). Finally a variety of procedures done in a doctor's room can be used to improve acne or to reduce scarring, including chemical peels, cryotherapy and electrocautery (Day 2005:150).

Little research has been done on the role that specific support structures like teachers, parent, siblings or friends play can play in the life of the acne sufferer. However, in a study done by Murray and Rhodes (2005:194) it was found that the friends and family members of acne sufferers are often ineffective as sources of social support and that the most damaging remarks were those that perpetuate common acne myths.

5.5. SUMMARY OF THE EMPIRICAL INVESTIGATION: GUIDELINES FOR PARENTS, TEACHERS, FRIENDS, SIBLINGS AND BOYFRIENDS OR GIRLFRIENDS OF ACNE SUFFERERS

The following guidelines are based on the literature study and the results of the empirical investigation.

5.5.1 General guidelines for parents

- Parents must realise that acne is a disease that can have serious physical and psychological consequences.
- It is important to be aware of the causes of acne. Teenage acne is caused by a set of related factors, including hormonal changes, genetic make-up, medication, changes in habits or sleep patterns, sun exposure and stressful life events (Day 2005:14). These causes need to be explained to the sufferer and the sufferer must always be assured that he or she is not to blame for the condition.
- Many parents believe that acne is an age-related phenomenon that does not need to be addressed, because the teenager will simply outgrow it. Parents need to realise that acne may, in some cases, develop to become a serious disfiguring condition that

the teenager may not outgrow (Day 2005:25). Parents should therefore never trivialise the condition or fail to get the appropriate treatment for the child.

- Acne is not related to dirty skin. Acne lesions are deep-rooted impactions that cannot simply be washed away (Fulton 2002:97). Acne patients often wash their skins repeatedly in an effort to control their acne and because they feel dirty. This can strip away the skin's natural barriers, leaving it vulnerable to infection (Day 2005:47). Parents should therefore instruct their children to only wash their faces twice a day with a mild cleanser and to follow this up with the application of a good moisturiser. The sufferer should never be given the impression that he/she is dirty or that the acne is a result of not washing properly.
- There is no scientific evidence that certain foods like: sweets, chocolate or greasy foods cause acne. So, although teenagers should be given a healthy diet they must not be made to feel guilty if they eat the occasional chocolate or hamburger.
- Studies done at Harvard Medical School have found that limited milk consumption can lead to an improvement of acne (Day 2005:45). Therefore parents could limit the teenagers' milk intake. However they must then make an effort to ensure that the adolescent still meets the necessary calcium requirements.
- Teenagers often spend too much time in the sun in an effort to clear up or disguise their acne. However, certain studies have shown that sunlight can irritate the pores and cause acne to flare up (Burton 1985:62). Furthermore, the sun can do a lot of damage to the skin, especially if the teenager is on medication like isotretinoin (Roaccutane). Parents should therefore encourage teenagers to always take proper precautions when going out in the sun.
- Many parents mistakenly believe that exercise can improve acne and therefore often put pressure on their children to exercise more in an effort to improve their acne (see section 4.2.4.4). This only makes the sufferer feel guilty, lazy and inadequate. Although exercise should be encouraged for the sake of a healthy body, parents need to know that the combination of sweat and friction during exercise can actually activate acne bacteria (Day 2005:60). Parents should therefore encourage the acne sufferer to use a good cleanser before exercising and to shower afterwards.
- Teenage girls inevitably start to experiment with make-up and some girls may wear an excessive amount in an attempt to cover up their acne (see section 4.3.2). Parents should treat this issue sensitively and buy make-up that contains the words

“noncomedogenic” or “acnegenic” when selecting a product (Day 2005:59). Fulton (2002:100) recommends water-based make-up and loose powders that can absorb excess oil from the skin without blocking the pores.

- Acne has been linked to depression and suicide (Krejci-Manwaring et al 2006:122). Parents should therefore be on the lookout for any mood changes, persistent feelings of sadness, loss of interest in normal activities, loss of appetite or sleeping disturbances as these symptoms could possibly indicate a depressive episode. If such a diagnosis is suspected the child should get immediate medical attention.
- Acne is associated with poorer academic performance, decreased dating and participation in sports (Hull & D’Arcy 2003:496). Parents should therefore be aware of the reason why the sufferer’s marks may suddenly drop or why the teenager does not want to go out on dates or participate in sports. This should then be discussed in a sensitive and understanding manner.
- Parents must be very aware of the negative impact that acne can have on a adolescent’s self-esteem (Girman et al 1996:481). They should therefore be extremely careful of what they say and how they act around the child, as even the slightest negative comment or gesture can be experienced as a crushing blow. Negative comments about the teenager’s skin or name-calling must be avoided at all costs. Parents must also actively boost teenagers’ self-esteem by letting them know that they are proud of them and by focussing on their positive characteristics.
- Parents could possibly also assist teenagers suffering from acne by encouraging them to use positive self-talk, despite their condition.
- Acne sufferers often experience a high level of anger and frustration (Kellet & Gilbert 2001:19) and this can lead to conflict with parents. Parents should be aware of this and try to remain compassionate and empathetic. Instead of reacting to the teenager’s anger and escalating the conflict, parents should rather remain calm, listen and allow the teenager to express his or her anger and frustration. Such confrontations can be used as an opportunity to discuss the problem if the parents remain neutral and don’t react to the anger outburst.
- Teenagers with acne are very self-conscious in front of their peers and parents should always avoid mentioning their acne in front of friends (see section 4.2.9.1).

- Parents should also educate siblings and encourage them to be supportive and empathetic and to avoid any negative remarks about the sufferer's acne.
- Parents should give teenagers access to the information necessary to understand the condition. Since many myths about acne exist, it is important to use reputable sources of information.
- Parents must avoid touching the teenager's skin and resist the temptation to try to extract the pimples. They should also instruct the child on the dangers of picking at the skin. Most teenagers will squeeze their spots in a desire to reduce the appearance of pimples and to speed up their disappearance. However, it should be explained that picking has exactly the opposite effect as it leads to a longer duration of the pimple and a higher degree of inflammation and pain (Day 2005:65).
- It is important to buy the teenager a good cleanser and moisturiser. Try to buy something that has been recommended by dermatologists for the teenager's specific skin type. This information is displayed on the packaging. Sometimes teenagers experience the mere buying of beauty products as an act of support and encouragement (see section 4.2.4.5). However, it is important not to rely solely on over-the-counter treatments, as prescribed medication is necessary in many cases.
- Be sure to comment on any improvement in the teenager's skin as this gives the sufferer hope that the condition is curable and will eventually clear up.
- Many of the participants in this study felt that their parents simply did nothing to help and this did a lot of damage to the parent-child relationship (see section 4.2.4). Parents should therefore make an explicit effort to make their teenager feel that they are doing everything in their power to help.
- In a study done by Murray and Rhodes (2005:197) teenage participants expressed a perceived diminished capacity to act when it came to contacting a dermatologist as well as a strong desire for parents to act on their behalf. Parents should therefore be proactive in giving assistance to acne sufferers as they are often in denial about their condition or too shy to ask for help.

5.5.2. Treatment guidelines for parents

- Acne is classified into different grades, ranging from one to four. The higher the grade the more serious the acne (Fulton 2002:96). Knowing the grade of your teenager's acne is an important step in treating it, as all grades require different

treatment methods. Determining acne grade can be done by simply doing a visual inspection of the skin and comparing it to photographs of the different grades (see section 2.3). These images are available freely from the Internet. Parents can attempt to treat grade I and II acne at home, but if acne progresses further than grade II, it is advisable to see a dermatologist.

- A wide variety of acne treatment products are available from pharmacies without a prescription. Parents should be on the lookout for products that contain either Benzoyl Peroxide or Retin A as these are most commonly used to treat mild cases of acne (Fulton 2002:102). Parents should realise that these treatments work gradually and that they can often leave sensitive areas, which should be touched as little as possible to allow the skin to recover (Day 2005:75). If there is no improvement after six weeks it is very probable that a different kind of treatment strategy is needed.
- If the acne worsens or does not respond to the topical treatments as described above, it is imperative to see a dermatologist.
- The importance of getting quick professional help cannot be overemphasised. Neglecting to do so can seriously damage the parent-child relationship, as teenagers can resent their parents for not getting medical help, especially if scarring has occurred. Delaying treatment also exposes the sufferer to a longer period of living with the acne, which can have serious emotional and psychological consequences.
- An appointment with a dermatologist and acne medication can be quite expensive, but parents should weigh up any financial constraints to all the potential negative effects that can occur if the acne is left untreated. Parents can also request generic alternatives to the prescribed medication.
- The most common medication prescribed for acne is oral antibiotics, hormonal therapy and oral isotretinoin (Fulton 2002:101).
- Oral antibiotics are often prescribed for moderate inflammatory acne and are often combined with a topical regime (Day 2005:105).
- Hormonal therapy in the form of birth control medication is also an option for female patients and is often prescribed when multiple courses of antibiotics have been unsuccessful (Day 2005:140).
- Oral isotretinoin, commonly referred to as Roaccutane is usually prescribed for severe acne that does not respond to any other treatment strategies (Day 2005:

121). It is extremely effective and has revolutionised the treatment of moderate to severe acne. Most patients are cured with a single course and show no recurrence for extended periods (Kaymak & Ilter 2006:578).

- However, this kind of treatment has several well-known side effects, which often limits its use by patients. The most common side effects are dry skin, lips, eyes and nose, muscle pain and sun sensitivity (Kaymak & Ilter 2006:578). These can be managed easily and dermatologists usually prescribe creams to treat the dryness. Special care should be taken when going out into the sun. Although there are other serious side effects, these are uncommon and in most cases isotretinoin is generally safe and well tolerated (Amichai & Grunwald 2000:227).
- The most serious, but avoidable side effect of isotretinoin is that it can cause birth defects. For this reason many dermatologists require a pregnancy test before prescribing the medication. Women should not get pregnant while taking isotretinoin and for at least one month after stopping the drug (Day 2005:131)

5.5.3 Guidelines for teachers

- Teachers should inform students that acne is a disease that can have serious physical and psychological consequences and needs to be treated.
- Teachers must educate learners about acne: its causes, types and treatment strategies. This can be done as a part of the Life Orientation Curriculum.
- Teachers should encourage other students to treat acne sufferers with compassion and to avoid cruel comments and name-calling.
- Teachers must understand that acne sufferers are very embarrassed about their appearance and may often avoid eye contact.
- The extreme self-consciousness that acne sufferers experience may make it very difficult for them to be singled out or to speak in front of a class (see section 4.3.1). Teachers can make alternative arrangements for such students, like allowing them to do their orals in private.
- Teachers must be sensitive to the fact that teenage girls with skin problems often wear make-up to school in an effort to disguise their acne. Teachers should be tolerant and sensitive about this issue and should never single out a girl in front of her peers if she is wearing make-up to school. The situation should be dealt with in a

private and discreet manner. Students with serious acne should be allowed to wear foundation or powder to school if the sole purpose of wearing it is to cover up their acne.

- If a learner's acne is getting worse or if the learner is becoming depressed or withdrawn, the parents should be contacted and alerted to the serious nature of the condition. Teachers must always suggest that parents take the learner to a dermatologist in such cases. In this study, five teenagers expressed a desire for their teachers to intervene on their behalf (see section 4.2.8). This illustrates that teenagers often don't know how to ask for the help they need.

5.5.4 Guidelines for boyfriends or girlfriends

- According to Murray and Rhodes (2005:196) acne sufferers are often insecure in relationships and fear rejection from their partners. Therefore, assure your partner of your love and commitment on a regular basis
- As a general rule, refrain from touching the sufferer's face. This can make them feel uncomfortable because they are ashamed of the bumpy texture of their skins (see section 4.2.7).
- Often girls are too ashamed of their acne to let their partners see them without make-up (see section 4.2.7). Boyfriends should understand that this is a sensitive issue for girls and not comment on it unnecessarily.
- Acne has the potential to make its sufferers feel very unattractive (see section 4.2.3.4). Therefore, constantly reassure your partner that you still find him or her attractive.

5.5.5 Guidelines for friends

- Friends should be aware of the fact that acne can lead to an inability to enjoy or participate in social activities (Hanstock & O'Mahony 2002:1318). They must therefore accept that the acne sufferer will sometimes not want to go to social events and they must communicate this understanding with the sufferer.
- Acne sufferers will especially avoid activities that emphasise the condition of their skin, such as close face-to-face conversations, activities where their make-up may be washed or sweated off and bright natural light (Murray & Rhodes 2005:193). Friends

should therefore initiate activities where acne sufferers don't feel so vulnerable and exposed, for example going to a dark movie theatre.

- Friends should not let the acne sufferers feel that they are focusing on their acne. Acne sufferers often feel that people are staring at their skin (Murray & Rhodes 2005:192). Always make good eye contact as this will make the sufferer feel that you are looking at him or her and not at the acne.
- Encourage other teenagers to stop using derogatory terms for acne like "pizza face".
- Friends must educate themselves on the topic of acne to avoid making insensitive remarks based on acne myths. Friends must also avoid giving well-meaning advice that is not based on facts.
- If you also have acne or if you suffered from acne in the past you can share your experiences with your friend. Acne sufferers feel more comfortable talking to people with the same problem (see section 4.2.6.4), as they feel that these people understand them better.
- Make an effort to encourage and support the sufferer and be sure to comment on any improvement.

5.6 SHORTCOMINGS OF THIS STUDY

- Due to the qualitative nature of the research the findings only apply to the sample used in this study and can therefore not be generalised.
- Although the themes arising from the data are adequately varied it is assumed that a larger sample could have offered more diversity.
- The limitations of self-report questionnaires should be noted.
- The questionnaire could have been more user-friendly. Some of the questions were too similar and the questionnaire was very long. This made it difficult to obtain fully completed questionnaires.
- Little research has been done on the emotional and psychological impact of acne and therefore the literature study was limited by the available research.
- Self-reported acne severity data on the questionnaires may differ from clinician ratings.

5.7 RECOMMENDATIONS FOR FURTHER RESEARCH

- This study focussed only on the acne sufferer's perception of the people in their support networks. It could be informative to talk to parents, teachers, siblings and friends of acne sufferers to get their perceptions of the condition.
- Literature on psychodermatological issues could benefit from attempting to understand why some acne sufferers are more resilient and experience the disease as less traumatic than others.
- It could be interesting to examine health care providers' attitudes and to determine whether they consider psychosocial factors when treating acne patients.
- The emotional consequences of a successful dermatological intervention could also be a prime area for further investigation.

5.8 CONCLUSION

As concurred by other research, acne is aesthetically and psychologically debilitating. This underscores the need for effective support. The researcher has drawn on the data gathered during the research to write specific guidelines for parents, teachers, siblings, friends and partners of acne sufferers to enable them to be more effective sources of support.

The researcher chooses to end this study with the following quotation from a participant:

“There isn’t a word to describe it. You are self-conscious the whole time. It feels like your whole life is falling apart.”

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ADDENDUM A: COLOUR CODING OF THE QUESTIONNAIRE DATA

The questions below correspond to the questions on the questionnaire as illustrated in chapter 3 (see section 3.3.3). Questions one and two were not analysed using the colour-coding method as they are quantitative in nature. The data of questions four and five are grouped together as the answers are very similar in nature.

In each case themes or categories are marked in specific colours before the twenty responses are listed below. Each response is numbered from one to twenty and each refers to a specific respondent's answer. Answers that were left in black ink did not fit into any specific category and therefore the researcher did not use this information in the interpretation of the data.

All the answers below were taken verbatim from the respondents' completed questionnaires.

QUESTION 3

How does having acne make you feel?

Categories:

- Shame and embarrassment
- Self-consciousness and/or lack of self-confidence
- Anger and frustration
- Feelings of unattractiveness
- Low self-esteem
- Feeling dirty

Responses:

- 1) I feel ashamed sometimes about the condition of my skin, and try all the products to make them better. I think my mom felt sorry for me because she saw what impact it had on me. Sometimes I didn't want to go out of the house because I thought everyone would notice my skin. Everyone always said it wasn't the worst, but it made me feel very bad.
- 2) Ek was verskriklik frustreerd en selfbewus. Ek was kwaad vir my ma hulle want hulle wou my nie help nie en het net gesê dis deel van 'n fase dit sal oorwaai.
- 3) Ek voel baie erg en lelik. ek dink dit het my selfbeeld probleme gegee.
- 4) Geen selfvertroue - ek kan nie eers met sekere mense praat nie. Selfs as ek uitgaan of kerk toe gaan en mooi aantrek dan voel ek nogsteeds nie mooi nie.
- 5) Dit laat my soos embarrassed voel. Dis nie lekker om so vel te hê nie.
- 6) Awful. Dirty. Ashamed. Ugly
- 7) It makes me feel shit and self-conscious. I try to hide it with my hair, but it doesn't work

- 8) It makes me unhappy.
- 9) It makes me feel insecure about myself. It feels as if people are staring at my skin, not me.
- 10) Insignificant, low-self esteem. I don't like making eye contact or having conversations. I do not like myself and get very frustrated that it just won't go away.
- 11) Ek is vrek depressed. Ek is baie selfbewus en skaam. Ek is kwaad dat dit ewe skielik so erg geword het.
- 12) Makes you lack confidence and gives you very low self esteem.
- 13) There isn't a word to describe it. You are self-conscious the whole time. It feels like your whole life is falling apart
- 14) Ek is heeltyd selfbewus en die kinders kyk jou aan maar kommunikeer nie met jou nie omdat jy so vieslik lyk.
- 15) Ek vind die heeltyd fout met myself. Ek voel ek moet my gesig toepreier met onderlaag en dan voel ek so fake.
- 16) It makes me feel alone. I feel that nobody understands it - there is nobody to help you and everyone is against you. I am confused cause some tell you the pills will work and others say it wont. I am very good with people but when my skin is bad feel very self-conscious and don't want to be around them.
- 17) Very upset you just want to get rid of it but you cant.
- 18) Dirty, horrible, sad
- 19) I have really low confidence, it makes me feel self-conscious and ugly. I avoid going out in public when it is particularly bad and often cancel meals or gatherings because I feel too disgusting and everyone will be looking at my horrible skin I cant bear it...
- 20) It's sad in a way, because some kids don't have it. And sometimes I feel dirty even if I wash my skin. A lot of kids just don't have it and it is so unfair.

QUESTIONS 4 & 5

How does having acne affect your relationship with the following people:

How have the following people reacted to your acne?

-Your parents:

Categories

- Help or lack thereof
- Anger and conflict
- Practical help
- Disgust reactions
- Making them feel guilty or giving advice
- Emotional support
- Nasty or cruel remarks

Responses:

- 1) They help me where they can to make it better. My Mom will buy all the products she could get to help me, and took me to a dermatologist.
- 2) Ek was kwaad vir hulle want hulle wou my nie help nie. Gesê ek moet meer water drink, my gesig 3x was en nie aan my vel druk nie. Hulle het my laat skuldig voel daaroor.
- 3) Dit het dit sleg affekteer, want ek was die heelyd happerig en mislik, want hulle weet nie hoe ek daaroor voel nie. My ma het my vriendelik geterg en wou dit heelyd uitdruk. Ek het eenkeer vir my pa gekyk en hy het gevra wat's daai op jou gesig? Hy het half disgusted geklink en ek het dit nogals erg opgevat.
- 4) Negatief. My pa het gesê dit lyk sleg en ek moet iets daaraan doen en nie daaraan druk nie, maar hy het niks gedoen om my actually te help nie.
- 5) Hulle het my probeer help. Ek het al by ander kinders gehoor hoe is hulle ouers, maar my ouers is great. Hulle het vir my velprodukte gekoop maar dit het niks gehelp nie. Ek het na my ma toe gegaan en gesê wat kan ek doen? Kyk hoe lyk my gesig
- 6) I get angry at them if they say anything. They try to help but don't understand.
- 7) She would ask me: why does your skin look so bad? She will always ask: Did something bite you? I don't like it. My mother put me on the pill and bought some creams and things
- 8) I often get in trouble with them if I don't steam my face. My parents make me walk home and swim to clear my skin.
- 9) My mother and I fight more, she keeps telling me not to touch my face. Both are worried that it will get worse. They want to help me to do something about it. My mother was angry with me about it but it was not my fault.
- 10) Not much. My mother is supportive and my step dad just avoids it. My mother buys me products and compliments me on my skin whenever it gets better.
- 11) Ek en my ma baklei baie daaroor. Sy verstaan nie dat ek nie na plekke wil gaan omdat ek selfbewus is nie. Sy sê: dit is nie die einde van die wereld nie. My pa is rustig daaroor en ek kan darem by hom huil as ek sleg voel daaroor. My ma het my eers op die pil gesit en toe dit nie werk nie op Roaccutane. Sy het al vir my gesê ek moet minder sweets eet, maar ek dink dit was meer van 'n joke.
- 12) You're always asking to go on a treatment - sometimes get annoyed with each other, but get closer cause they help when others are mean. They tell me its not bad and try make you feel better.
- 13) She never wanted to take me to the dermatologist, even when I begged her. Then one day she freaked out and said - your skin looks terrible! It made me feel very bad. She kept on repeating it. She ignored it for a long time and then freaked out when it got bad. She kept telling me over and over: my child your skin looks terrible! On and on everyday.....

- 14) Hulle kraak my af en sê ek moet iets daaraan doen. Dis nie asof hulle my help nie, net die heelyd afkraak. Ek het ook puisies op my rug en elke keer as my ma dit sien dan sê: sy sies dit lyk erg. Ek kan aan hulle oë sien hulle dink ek lyk lelik en hulle kannie ophou om daarvoor te kyk nie. Hulle sê ek lyk so omdat ek nie my gesig reg was nie en as ek nou en dan 'n sweet by my maats kry dan se hulle dis hoekom, want sjokalade is die grootste oorsaak daarvan. Dit laat my baie sleg voel want ek was regtig baie my gesig maar dit help nie...
- 15) Eintlik bring dit my nader aan my ma, want sy is die een wat omgee en wat vir my allerhande produkte koop. Sy moedig my aan dat dit sal beter lyk. My stiefpa se vir my gaan sit net bietjie iets op jou gesig want ek soek 'n mooi meisiekind in die huis en dit het my baie afgekraak. My ma het gesê ek wens ek kan iets doen om jou te help.
- 16) There is more conflict. We disagreed the whole time, but i felt that it was my fault because i was angry at everything. My brother also had it so they reacted quickly and took me to the doctor so that i could get help as soon as possible.
- 17) No response. They buy me facial washes but they dont want to buy me pills until i'm 18 because they say its part of growing up
- 18) We fight about it because they say nasty thing about it and they don't really help me they just criticize.
- 19) It doesn't. They are understanding and supportive. I let them see me with no make-up on in the evenings, but try not to talk to them face to face when I am like this.
- 20) I get angry with her when she tries to squeeze my skin. I hate it when she touches my skin.

-Your sibling(s):

Categories:

- Teasing
- Understanding
- Advice
- Jealousy
- Specific requests

Responses:

- 1) My sister also gave me advice on what to use and what foods to avoid. She is very supportive. Supportive and helpful. Yes, my sister is much nicer towards me and doesn't tease me about it, although I used to tease her when she had a pimple. But mine is much worst than hers ever were.
- 2) Nie beïnvloed nie - hulle het verstaan want hulle was deur dieselfde ding. My suster het uitgefreak toe sy sien hoe ek lyk en dadelik vir my van haar verloofde se gesigwasgoed gegee. Sy het my raad gegee en gehelp. Hulle was goed vir my
- 3) My boetie is nou eers 4. Hy's nog te klein. Te jonk.
- 4) Ek het net 'n stiefsuster. My stiefsuster het vir my pa gese hierdie goed werk goed, miskien moet hy dit vir my kry, maar hy het nooit nie. Ek wens sy het my pa meer aangespoor om my te help.

- 5) No response.
- 6) Same as above (I get angry when they say something about it). Also jealous of sister who has nice skin. They feel sorry for me. No response
- 7) No response.
- 8) They laugh at me. They just laugh. Not laugh at me and leave me alone. I often fight with them about it.
- 9) They are still too small.
- 10) No response.
- 11) Sy moedig my aan en dit help. Sy was net nice.
- 12) Get closer cause they normaly stick up for you or help you when people are mean, but also apart cause you get sick of everyone saying she's the looker of the family. Try and help often, but sometimes get a bit ashamed to take you out. Not complain about their own skin if its not as bad as yours.
- 13) His skin is worse than mine so he shuts up. Did not say anything. I don't like my brother so it doesn't bother me that he just ignored it
- 14) My sussie en ek lyk dieselfde en nou sê sy dis hoe mense ons uitken want my vel lyk so sleg. Sy het 'n baie mooi vel en sê die heelyd sy's bly sy lyk nie soos ek nie. Sy sê dit lyk lelik en dis hoekom ek nie vriende het nie. Om voorstelle te gee oor hoekom haar vel so mooi is en om my nie af te kraak daaroor nie.
- 15) Hulle se vir my: jou vel lyk so lelik. Of hulle se soos: Hoekom lyk jou vel so? As hulle vir my kwaad is beledig hulle my oor my vel. Hulle moet eerder as hulle kwaad is nie praat oor my vel om my seer te maak nie. Hulle kon vir my gesê het: sussa moenie worry nie dit sal weer beter lyk.
- 16) He also had a problem so he gives me advice. He can help me because he went through it. It made me feel better, because he understood. Sympathetic - gives advice and helps me. No response
- 17) No response.
- 18) My sister has it so she feels very sorry for me, but she cannot really help me.
- 19) I am slightly embarrassed, because they have better skin than me and I often cancel on meals out with them if I am feeling particularly spotty.
- 20) She understands me because she also had serious acne. I think my mother learnt her lesson because she has many scars, so now she wants to take me to the doctor.

-Your friends:

Categories:

- Identification
- Social withdrawal and shyness
- The role of close friends
- Ignoring the acne
- Negative reactions
- Support

Responses:

- 1) Also supportive. Some of my friends also have problems with pimples, so we just keep quiet. Luckily they wouldn't tease me about it, because they are going through the same thing.
- 2) As ek met hulle gepraat het was ek baie skaam en kon hulle nie in die oë kyk nie. Dit net geïgnoreer.
- 3) Ek was selfbewus en wou nie met almal praat nie, maar kan lag daaroor saammet my beste vriende. Hierdie een outjie het gepraat oor my puisties en dit het my sleg laat voel. Ek kry dikwels die gevoel hulle praat oor my.
- 4) Ek het verwyderd van hulle gevoel en ek het gedink hulle voel skaam om saammet my te wees. My een vriendin is 'n model en het vir my gesê ek moet onderlaag aansit. Dit het my nog erger laat voel
- 5) Hulle het net gemaak of dit nie daar is nie - nie 'n issue. Ek het gedink dit gaan 'n invloed hê, maar dit het nie.
- 6) I am shy - why do they look great? I think they think I don't wash my face enough. They pretend they don't see it.
- 7) My best friend also struggles so I feel comfortable around him. They did not say anything.
- 8) They keep on asking me what are those things on my face and why is it happening to me. It makes me uncomfortable when they talk about it.
- 9) I am very shy around my friends. They didn't say anything.
- 10) I am not shy with my closest friends, but I feel reluctant to talk to people that I do not know so well. They just ignored it.
- 11) Ek het heeltemal onttrek van hulle. Net by die huis gesit en glad nie uit gegaan nie. Daar is baie van hulle wat dink dat ek nie meer van hulle hou nie. Party kinders staar daarna en daar is nou 'n rumour dat my vel so sleg lyk omdat ek naweke te veel drink. Ek is hartseer daaroor en baie kwaad, want ek drink glad nie en selfs my beste vriendinne glo dit nou.
- 12) You keep your guard up and just stay with your close friends. Try be nice but talk about it behind your back.
- 13) They were nice and said nothing.
- 14) Ek het baie min vriende. ek het net 'n paar en moet partykeer by my suster sit wat 'n jaar jonger is want niemand wil met my vriende wees nie oor my vel. Die paar wat ek goed ken het dit geïgnoreer want hulle het dit self.

- 15) Hulle sê net as my vel beter lyk iets daaroor. Sê net iets as dit beter lyk
- 16) I go out a lot less. Some of them do not want to see me because of my skin.
My close friends stand by me, but they tell me that they don't know how to help me.
Supportive they tried to help me.
- 17) They just ignore it.
- 18) I feel ashamed around them. I feel like they are staring at my skin and that everyone talks about it when I am not there.
- 19) I am often moody to my friends, or shun them when I don't want to go out. They don't really understand – they think I am being unsocial.
- 20) My girlfriends will never say anything, but I feel shy when I talk to boys or people I don't know.

-Your teachers / lecturers:

Categories:

- Ignore/no impact
- Pretending not to see the acne
- Contacted parents
- It made learners feel self-conscious

Responses:

- 1) No impact.
- 2) Dit net geignoreer. Geen invloed. Onderwysers kon my ouers laat beseef het hoe ernstig dit is.
- 3) Hulle het nie omgee nie Geen reaksie. Ek sou nie daarvan hou as hulle daaroor met my praat nie. Maar as dit erger raak soos party kinders s'n kan hulle my ouers bel.
- 4) Hulle kon my pa gebel het.
- 5) Glad nie
- 6) Ashamed -They pretend they don't see it
- 7) No response. They said nothing.
- 8) Reported it to school counsellor I'm glad my teacher reported (it).
- 9) They did not say anything
- 10) They never remarked on it.
- 11) Ek steur my nie regtig aan hulle nie. Hulle het niks gesê nie.
- 12) Just try stay away from them or stay low They don't say anything but you know they notice it. Just act normal and treat you like the others.

- 13) They did not notice it
- 14) Nooit iets gesê Ek sou wou gehad het hulle moes my ouers bel want dan kan hulle oë meer oopgaan.
- 15) No response.
- 16) No one said anything
- 17) They ignore it.
- 18) They don't say anything but I know they think I look terrible.
- 19) I am self-conscious when I go talk to them to pass on a message. I try to look away so they are not looking at my face too much.
- 20) No reaction.

-Your girlfriend/boyfriend?

Categories:

- Respondents who are single
- Embarrassment
- No response
- Support
- Negative influences

Responses:

- 1) I don't have a girlfriend but I feel very embarrassed to be in front of girls when my skin looks really bad. I also feel that they will think I don't look after my skin, or that I am a loser. I felt ashamed to be in front of girls. Some girls look at you in a funny way, and it is almost as if they don't want anything to do with you!!
- 2) Ek het nie 'n boyfriend nie. Het nie 'n kerel nie
- 3) Het nie iemand nie. Het nie 'n boyfriend.
- 4) Hy het vir my produkte gegee om my te probeer help. Ek het nie gevoel hy dink ek lyk lelik nie. Hy was net supportive. Hy het alles reg gedoen.
- 5) No response.
- 6) I can never see him without makeup. Pretends not to see it
- 7) Sometimes when I know my skin looks bad I don't like it if he looks at me. He said nothing
- 8) She also has a bad skin and she tells me its not my fault. She is supportive.
- 9) He didn't say anything about it. He did not say anything. He did not do anything wrong.

- 10) It is a big issue. It was hell. It really negatively influenced my relationship. Is supportive and encouraging and tries to make it better. But I have been single for a long time before I met him, because I was too shy to go out.
- 11) Ek is single. Ek is single. Ek duck en dive ouens want ek is te skaam oor my vel.
- 12) Doesn't mind - normally understands.
- 13) He said it did not look so bad, but I didn't believe him.
- 14) Ek los die seuns uit
- 15) No response.
- 16) No i am single because i do not have the self-confidence to talk to girls.
- 17) No response.
- 18) I don't even talk to boys.
- 19) He is understanding, but it is difficult. I sometimes wont take my make-up off in front of him and I don't like him touching my face. He tries to make me feel better about myself and tells me I am beautiful. He boosts my self-confidence, but then the mirror takes it away again.
- 20) I don't have one.

QUESTION 6

How would you like the following people to treat you differently?

-Your parents:

Categories:

- Medical intervention
- Practical support
- Not to talk in front of friends
- Not to make nasty remarks
- Good support
- Say something if it gets better

Responses:

- 1) No response.
- 2) Ek sou wou gehad het dat hulle my na 'n velspesialis toe moet vat. Dis my vel en ek moet die res van my lewe daarmee saam lewe, maar hulle het dit nie ernstig genoeg opgeneem nie en nou het ek baie merke
- 3) Hulle het altyd gesien dit lyk erg, maar dan sê hulle dit lyk nie erg nie. Ek wou net hê hulle moes vir my straightfoward sê hoe dit lyk.
- 4) Ek sou wou gehad het my pa moet my help en navorsing doen oor watter goed werk en my help om dit te koop. Hy sê net hoe sleg dit lyk, maar sê niks as dit verbeter nie.

- 5) Ek dink hulle het reg opgetree
- 6) No response.
- 7) I would have like my mother and my stepfather not to have made nasty remarks.
- 8) I want their help, but I don't want them to talk about it in front of people.
- 9) My mother was angry with me about it but it was not my fault. I want her to keep calm and help me to treat it. She says that I don't look after my skin.
- 10) I'm fine with the way they treat it.
- 11) Hulle het my mooi gehelp.
- 12) Let you stay on skin treatments for longer or use higher grade ones.
- 13) She must take me to the doctor. She kept telling me over and over: my child your skin looks terrible! On and on everyday.....
- 14) Om my net te ondersteun en nie sleg te sê nie. Om net kort-kort te sê dit lyk beter want dan voel mens klaar beter. En om iets te kry vir my wat vir my gesig kan help.
- 15) Hulle kan my aanmoedig en nie goeters sê om my te verkleineer nie. Nie voor my vriende praat oor my vel nie.
- 16) No they treat me well and they took me to the doctor
- 17) I want my parents to buy me the pills. My sister uses it and her skin is totally clear.
- 18) I would like them to help me and maybe take me to a doctor.
- 19) No response.
- 20) No response.

-Your sibling(s)

Categories:

- Ask the parents to help
- Must not tease
- Give encouragement

Responses:

- 1) No response.
- 2) Hulle was goed vir my.
- 3) Te jonk.
- 4) Ek wens sy het my pa meer aangespoor om my te help.

- 5) No response.
- 6) No response.
- 7) No response.
- 8) **Not laugh at me and leave me alone. I often fight with them about it.**
- 9) No response.
- 10) No response.
- 11) No response.
- 12) Not complain about their own skin if its not as bad as yours.
- 13) I don't like my brother so it doesn't bother me that he just ignored it.
- 14) Om voorstelle te gee oor hoekom haar vel so mooi is **en om my nie af te kraak daaroor nie.**
- 15) **Hulle moet eerder as hulle kwaad is nie praat oor my vel om my seer te maak nie. Hulle kon vir my gesê het: sussa moenie worry nie dit sal weer beter lyk.**
- 16) No response.
- 17) No response.
- 18) No response.
- 19) No response.
- 20) No response.

-Your friends?

Categories:

- **Ignore it and act normal**
- **Not talking behind the sufferer's back**
- **Encouragement and understanding**

Responses:

- 1) No response.
- 2) **Ek verkies dit dat hulle nie met my daaroor praat nie, want dis te persoonlik.**
- 3) Ek sou wou hê dat hulle vir my moet sê hulle sien dit en dis ok.
- 4) **Hulle kan my meer ondersteun, maar nie die heelyd daaroor praat nie.**
- 5) No response.
- 6) No response.

- 7) No response.
- 8) I wish they would just ignore it.
- 9) No response.
- 10) I prefer that they don't talk about it.
- 11) Hulle moet nie stories versprei nie. Baie van hulle se dit lyk fine, maar dan agter my rug se hulle goed soos: het jy haar vel gesien?. Dit maak my baie seer.
- 12) Not to talk behind your back and to stop trying to give helpful tips.
- 13) I liked the fact that they didn't talk about it. Maybe they were just being nice.
- 14) Om dalk nie my te vermy oor my vel nie en om my te ondersteun en te sê wat werk of nie.
- 15) Hulle kan vir my sê dat my persoonlikheid nogsteeds mooi is al is my vel nie mooi nie.
- 16) Even if they dont understand they can just listen and try to be supportive
- 17) No response.
- 18) I wish they would tell me that it is O.K.
- 19) No response.
- 20) No response.

QUESTION 7

Which comments from other people do you find the most hurtful or embarrassing?

Categories:

- Pizza face
- Talking behind the sufferer's back
- Blaming the sufferer
- Comments from parents
- Comments from peers

Responses:

- 1) Some of the guys in my school would make nasty comments like look at his pizzaface.
- 2) Ek dink ek het daai aanmerkings net uitgeblok. Maar die oomblik as mense daaroor begin praat het ek gevoel ek wil net wegkom.

- 3) My ma het gesê: dis 'n groot puisie. En toe my pa gesê het: wat is daai op jou kop? Dit het ook gevoel of my vriende agter my rug geskinder het daarvoor en of hulle nie juis ok was daarvoor nie.
- 4) Toe my pa gese het dit lyk sleg, veral nadat ek so hard probeer het om dit beter te maak. Hy het vir my gesê ek moet oefen en reg eet en dan sal my vel regkom. Dit het my lelik en lui laat voel.
- 5) Daar is hierdie een meisie wat gesê het dit lyk asof iemand op my gesig gekots het. 'n Ander meisie het vir my gesê dat sy 'n facial gehad het en dit sou dit beter maak.
- 6) Pizza face
- 7) My cousin called it groce. My parents would tell me that it looks like something bit me.
- 8) They tell me I look awful. I go to the grade school for drum lessons and then even the small children stare at me and tease me.
- 9) If people tell me that I must start looking after my skin better.
- 10) I hate it when people refer to the state of my skin. It also makes me uncomfortable if I feel that people are staring at my skin.
- 11) Dat ek drink en dis hoekom my vel so sleg lyk. En ook as mense agter my rug praat.
- 12) If they say out straight acnes look sick. When they ask in front of lots of people if you got stung by bees. When they say no guys like girls with acne. When they show other people your acne or laugh in photos at you.
- 13) No response.
- 14) Baie van die seuns sê sulke dinge soos: kyk na jou gesig! As ek enige iets doen dan sê hulle: jy kan niks sê nie - kyk hoe lyk jy. Partykeer wys hulle selfs vingers na jou.
- 15) Dit lyk soos 'n pizza. My stiefpa het iets gesê soos die son het my verbrand.
- 16) this one time i was at a restuarant and then i heard other people talking about me. i was very down and after this i did not go out anymore
- 17) They dont say anything to my face
- 18) People say that my skin looks oily and that I don't wash enough.
- 19) Someone said you look a bit painted on today, because I was wearing a lot of make-up.

20) When people say you look groce and to wash your face more.

QUESTION 8

How do you think the people closest to you can help you cope with your acne?

Categories:

- Giving support
- Taking the sufferer to a doctor
- Giving advise
- Buying face-wash products
- Telling sufferers when it gets better not how bad it looks

Responses:

- 1) They can support you and also give advice on what to do and what not to do.
- 2) Meer ondersteuning en my net na iemand toe vat. Hulle moes minder met my praat en eerder iets daaraan doen
- 3) Ek wil hê my ma moet my velspesialis toe vat. Sy het gesê sy sal as dit erger word, maar sy het nie. Daar was nie geld daarvoor nie.
- 4) Hulle moet nogsteeds vir my sê ek is wonderlik en hulle moet vir my die produkte en pille gee wat ek nodig het en iets sê as dit begin beter lyk.
- 5) Dis net great dat my pelle nogsteeds my pelle is
- 6) By buying me those expensive products that work.
- 7) They must not mention it and help me to get the treatment.
- 8) I wish my parents could get something that could take it away forever.
- 9) They must take me to the dermatologist and buy me good products to wash my face. They must be nice about it.
- 10) Continue being supportive.
- 11) Dis belangrik dat hulle jou dokter toe vat. Dit help as mense vir my sê dat my vel al begin beter lyk en my een vriendin het my spieël uit my space case gehaal. 'n Ander vriendin wat ook slegte vel gehad het, het vir my gesigwasgoed gebring en dit het my laat voel iemand gee om.
- 12) Give you the right treatment and not to give too many helpful tips unless they been through it.

- 13) The must take you to the doctor. They must buy foundation and concealer. They musn't keep telling you over and over how bad you look.
- 14) Vir my goed kry wat werk en te praat daaroor. Ek sou graag 'n boek wou hê wat vir my alles verduidelik.
- 15) Hulle moet raadgee oor velprodukte en wat hulle al gehoor het help. En hulle moet die persoon ondersteun en nie vermy omdat die persoon slegter lyk as vantevore nie. Hulle moet jou laat weet jy bly nog dieselfde mooi mens.
- 16) People must try to put themselves in your shoes. Think how you would feel if you were teased or if people were nasty to you instead of helping you.
- 17) I dont think face washes or creams really work, but pills do. So i wish my parents would just take me to the doctor.
- 18) They must help me to get a way to stop it. Maybe get me pills. They must tell me that they love me even if I look so horrible.
- 19) By being supportive and sensitive to my feelings and understanding that I don't want to go out.
- 20) People keep touching their own skin if they talk to me and it makes me feel bad because my skin is so terrible. Your parents must buy you the best products and take you to the doctor.

QUESTION 9

Have you ever received any medical treatment for your acne? If not, why? If so, specify whether it was successful or not.

Categories:

- Yes
- No
- Reason why not
- Medication worked
- Medication did not work

Responses:

- 1) Yes. I went to the dermatologist and got special face wash, and he suggested to take zinplex.
- 2) No. My ma het altyd vir my gesê dit sal my laat gewig optel. My pa het net eenvoudig gesê die medies betaal nie daarvoor nie.
- 3) No. Daar was nie geld vir pille of dokters nie.
- 4) No. Ek gaan min dokter toe.

- 5) No. Nie ek of my ouers het al daaraan gedink nie.
- 6) Yes. Antibiotics. Not really.
- 7) Yes. My mother put me on the pill –Triphazil.
- 8) No. My stepmother said she would take me for a facial.
- 9) Yes I am only 14 and this is the first time I have had trouble with my skin. My mother is taking me to the doctor this week.
- 10) No. I use homeopathic remedies.
- 11) Yes. Ek was o p die pil en antibiotika en nou uiteindelik op roaccutane, wat dit heeltemal weggevat het.
- 12) Yes. roaccutaine,zynorent,antibiotic cream,perback,zimplecs,diane(for skin)
- 13) Yes. I now drink antibiotics and it seems to be working.
- 14) No My ma hulle het my net nooit gevat nie. Ek dink nie hulle het belangestel om my te help nie.
- 15) Yes.Sy het vir my antibiotika en velwasgoed gegee. En dit help so bietjie.
- 16) Yes .Roacutane. I am still using it. Yes it has really improved my skin.
- 17) No. my parents say it is just a phase
- 18) No. My parents say it will go away and that it is just part of growing up.
- 19) Yes
- 20) No. It has never been as bad as it is now.

QUESTION 10

Have you ever tried any beauty salon or over-the-counter treatments If so, specify whether it was successful or not.

Categories:

- Yes
- No
- Product worked
- Product did not work

Responses:

- 1) **Yes.** I used various facial washes, but didn't take any medication other than Zinplex.
- 2) **Yes.** Dit voel of ek al alles probeer het, maar niks het gewerk nie. Ponds, Nivea, Johnson en Johnson, Enzyme. My ma het altyd vir my 'n cleanser en 'n dagroom gekoop.
- 3) **Yes.** Ek gebruik clean and clear of Johnson's maar dit werk nie juis nie.
- 4) **Yes.** Annique produkte: rooibos versorg. Dit het my vel verbeter en my laat goed en skoon voel en meer selfvertroue gegee.
- 5) **Yes.** Oxy clearasil en skinfree wat baie duur is en dit het nie gewerk nie.
- 6) **Yes.** Facials - made it worse.
- 7) **Yes.** Stimycin, which is a alkaline solution to dry out the acne. It makes it go away quicker.
- 8) **Yes.** I steam my face and use 100% lemon juice on it.
- 9) **Yes.** clearasil, clinique, loreal products - none of them really worked.
- 10) **No.**
- 11) **Yes.** Ek het al Zinpleks en oxy 10 gebruik. Hulle het gesê dit sal dit regmaak in 10 dae, maar dit het dit net erger gemaak. Ek was nou my gesig met baba-olie en dit help dat ek nie afdop nie.
- 12) **Yes.** A facial - it was not successful she squeezed my face too much, got it infected. Over the counter different detoxing things to try and clean me.
- 13) **Yes.** I tried Garnier, but it didn't work. I even used sunlight soap, because I heard that it works, but it just dried my skin terrible and made it worse.
- 14) **Ja.** Ek drink zinpleks pille en ek gebruik young solution maar dit werk nie. My gesig lyk nog erg al gebruik ek 2 keer 'n week die scrub en toner.
- 15) **Yes.**Oxy produkte – nee
- 16) **Yes.** I used Placecol for a while but it did not really work. I now use tea-tree reconstruction cream with the roaccutane so that my skin does not get so dry.
- 17) **Yes** oxy 10 the red bottle. It does not work
- 18) No response.
- 19) No response.
- 20) No response.

ADDENDUM B: TRANSCRIPTIONS OF THE INTERVIEWS

Colour coding was used to find salient themes or categories within each interview. In each interview identified categories are marked in specific colours which correspond to certain answers of the respondents in the interviews.

The interviewer used the questions in the questionnaire (see section 3.3.3) only as a guideline within the interview schedule. Questions which relate specifically to the questions in the questionnaire are indicated in bold in brackets directly after the interviewer's question.

Answers that were left in black ink did not fit into any specific category and therefore the researcher did not use this information in the interpretation of the data.

All the answers below were taken verbatim from the completed questionnaires.

INTERVIEW 1

Categories:

- Feelings of selfconsciousness and social withdrawal
- Make-up and attempts to cover up the acne
- Parental reactions
- The influence of siblings
- The reaction of friends and boyfriends
- Encouragement and support
- The role of teachers
- Medical interventions and skin care products

Navorsers: Kom ons begin. Ek wil hê jy moet dink vir my....as jou vel so sleg lyk en toe die aknee nou baie erg was. Hoe het jy gevoel? **(Question 3: How does having acne make you feel?)**

Respondent: Ek was baie selfbewus.. ek was soos die heelyd.. ek wou party dae nie skool toe kom nie en ek het heelyd "geworry" oor hoe ek lyk en soos baie "make-up" gedra wat dit ook maar net erger laat lyk het. En ek wou nie iemand in die oë kyk nie, want ek was te skaam vir my gesig - om soos vir hulle te kyk sodat hulle my gesig kan sien en goeters.

Navorsers: Jis, dit moet moeilik wees as jy voel jy kan nie eers regtig vir mense kyk nie. Ek sien ook, ek kom dit baie maal agter as jy kyk op die stoepe hier kyk, sal jy sien die kinders wie se velle op daai oomblik baie sleg lyk, kyk ook nie op nie. Hulle stap so kop onderstebo deur die lewe.

Respondent: Ja, ek het ook 'n kuif gehad om my gesig weg te steek. Want soos die kuif...ja, dan kry mens mos warm en dan is dit nog erger en nou vat ek my hare maar weg.

Navorsers: En daai "make-up" aansit as jou vel erg lyk is ook 'n erge proses, né?

Respondent: Ja.

Navorsers: Dit vat 'n tydjie...

Respondent: Ja en dan sit jy nog aan sulke lae..

Navorsers: Dis eintlik erg. Hoekom ek nou vir jou sê ek weet is omdat ek ook al 'n klomp keer of Roaccutane was. Dit is hoekom ek juis belangstel hierin, jy weet, om kinders te help, want ek weet hoe dit voel. Die laaste keer was twee jaar terug. Toe was ek 'n onderwyser by Hoërskool by Waterkloof. So ek verstaan ek onthou ook van die make-up en alles. Dit is erg.

Navorsers: Die volgende vraag wat ek vir jou wil vra is: hoe het dit jou verhouding met jou ouers geaffekteer? (**Question 4: How does having acne affect your relationship with your parents?**). Was dit positief, het dit julle nader aan mekaar gekom of het julle meer baklei?

Respondent: Ons het baie baklei want my ma het gesê ek gebruik te veel "make-up" -en dan sry ons daarvoor. Maar dit het later beter begin gaan, want toe soos begin ek en my ma soos praat en dan sê sy jy lyk beter. Ek was so selfbewus en ek wou ook nie iets doen nie, want ek kry te skaam vir my gesig.

Navorsers: As jy sê jy wil nie iets doen nie. Jy wil nie iets soos...

Respondent: Ek wou nie soos uitgegaan het en goed nie want soos dan het al my maaitjies sulke mooi velle. En dan lyk ek nou so...

Navorsers: Dis erg, dis baie erg...En jou pa, hoe het jou pa gereageer?

Respondent: Nee hy was rustig, hy was soos meer - toe my broers hulle op dit was.

Navorsers: O, so dit is in julle gesin. Ja dit "run so in families..."

Respondent: Toe my boetie op dit was, toe was hy meer by my pa. My pa het soos elke keer my pille vir my gaan haal. Dis al wat soos hy gedoen het.

Navorsers: OK, maar dis 'n baie goeie...

Respondent: Ja, hy het soos elke keer gevra, wanneer is my pille klaar en dan gaan haal hy dit vir my.

Navorsers: OK, maar dis eintlik 'n goeie ding om te doen né? Dis 'n belangrike ding...

Respondent: Ja.

Navorsers: Het jy gevoel jou ma verstaan nie hoekom jy so baie "make-up" wou dra nie?

Respondent: Ja, ek het gedink sy verstaan nie, want sy sê soos, nee ek moet juis nie "make-up" dra nie, maar dan sit ek make-up op, want dan voel ek, ek is 'n bietjie beter – dis nie so erg nie. Ja, maar uhm ek dink nie sy het soos heeltemal verstaan nie.

Navorsers: Het sy gedink dat as jy "make-up" opsit dan maak dit, dit erger?

Respondent: Ja, sy sê dan maak ek my sweetgaitjies toe en als.

Navorsers: OK. Dit hang af van watse make-up, dis nie heeltemal waar nie, maar dit het jou bietjie rustiger laat voel?

Respondent: Ja, dit het my rustiger laat voel.

Navorsers: Dan is daar darem iets tussen jou en die wêreld. OK. nee mooi, nou wil ek vir jou vra het jy boeties of sussies?

Respondent: Ja, ek het twee ouer broers.

Navorsers: Hoe het hulle gereageer?(**Question 4: How does having acne affect your relationship with your siblings?**). Jy sê nou vir my hulle was deur dieselfde ding. Wat was hulle reaksie?

Respondent: Nee, hulle was net “nice” en hulle het vir my gesê hulle dink ek moet ook op dit gaan. Toe hulle net klaar is met dit.

Navorsers: Op die wat? Op Roaccutane?

Respondent: Ja, toe hulle klaar is. Toe sê hulle ek moet dit ook doen dan sal dit soos help en goeters.

Navorsers: So hulle was eintlik ondersteunend né?

Respondent: Ja.

Navorsers: Dis vir my mooi. So, behalwe dat jy in jou gesinsopset (behalwe dat jy en jou ma oor die “make-up” baklei het) het hulle nooit vir jou iets leliks gesê of jou nooit laat voel jy lyk sleg nie.

Respondent: Nee, hulle het soos, nee dit het nie gebeur nie.

Navorsers: Ag ek is bly om dit te hoor, want jy sal dit nie glo nie maar baie ouers en boeties en sussies sê lelike goed.

Respondent: Ja, maar ek dink omdat hulle ook op dit was en omdat hulle ook slegte velle gehad het, het hulle verstaan.

Navorsers: Ja, hulle was ook daar deur. Ek kan dit verstaan. OK. Nou die groot vraag: hoe het dit jou verhouding met jou vriende geaffekteer? (**Question 4: How does having acne affect your relationship with your friends?**).

Respondent: Met my vriende was dit anders, maar met my vriendin was dit nog dieselfde, want party van my vriendin het dit ook gehad, maar nie so erg soos ek nie. Maar my vriende.... Ja, ek was te skaam om vir hulle te kyk of saammet hulle uit te gaan.

Navorsers: Dit was nou die seuns?

Respondent: Ja, en as iemand met my praat dan voel dit of hulle net vir my gesig kyk.

Navorsers: Hulle sien jou nie raak nie hulle kyk net vir die puisies, dis erg né.

Respondent: As hulle wegloop dan wonder ek soos wat dink hulle...

Navorsers: Het jy baiekeer daardie gevoel gekry dat mense praat agter jou rug van hoe sleg jou vel lyk?

Respondent: Ek het van dit gehoor by Talitha hulle - party mense sê my vel lyk sleg en goeters. Maar as dit dan nou weer beter lyk dan het hulle vir my gesê jou vel lyk beter.

Navorser: So voel jy dis iets wat vir kinders kan help wat sukkel met hulle velle? As dit dan begin beter word moet mense vir jou sê dat dit lyk beter? **(Question 8: How do you think the people closest to you can help you cope with your acne?).**

Respondent: Ja, ek het soos toe toe hulle sê my vel lyk beter, toe het ek weer gevoel ek is OK - ek is weer reg. Dan is ek weer positief en nie meer bang nie.

Navorser: So daai bietjie aanmoediging help?

Respondent: Ja. Ek wou nooit voor die klas praat nie – jy voel dat hulle so op jou fokus. Jy se iets en almal kyk vir jou.

Navorser: So mens is eintlik verskriklik skaam en selfbewus. Het jy sport gedoen of so iets?

Respondent: Ja, ek het netbal gedoen.

Navorser: Het jou vel dit enigsinds beïnvloed?

Respondent: Nee, nie altyd nie.

Navorser: Was dit OK? Want ek weet baie mense hou dan op om sport te doen want hulle is bang hulle sweet hulle “make-up” af.

Respondent: Nee, nee ek het aangegaan met sport.

Navorser: Dis goed. Tweede laaste vraag. Het jy ‘n kêrel gehad of het jy ‘n kêrel op die oomblik? **(Question 4: How does having acne affect your relationship with your boyfriend?).**

Respondent: Ja, ek het nou een.

Navorser: En hoe is hy oor jou vel? Sê hy ooit iets of is hy altyd “nice” daarvoor?

Respondent: Hy praat nou nie oor my vel nie....

Navorser: En sê nou maar as jou vel erger word sal dit altyd ‘n ongesproke ding bly tussen julle?

Respondent: Ja. Ek dink so want hy was ook op dit.

Navorser: So hy verstaan ook?

Respondent: Ja, hy was ook op dit so dis makliker toe ek vir hom sê ek is ook op dit.

Navorser: Dit help, mens kry baie ondersteuning van mense wat deur dieselfde ding is.

Respondent: Ek het vir Talitha gesê sy moet dit doen want sy het net so gekla oor haar vel. Toe sê ek vir haar ek het dit gebruik en sy moet dit ook gebruik.

Navorser: OK. Ons kom nou daarby. Nou wat ek wil weet – jou onderwysers het hulle ooit iets gese, het jy ooit iets agtergekom, het hulle dit geïgnoreer, wat was hulle reaksie?

(Question 4: How does having acne affect your relationship with your teachers/lecturers).

Respondent: Ja, ek dink die meeste het dit ge-"ignore".

Navorsers: Maar as jy soos met hulle gaan praat, kan jy voel hulle kyk vir jou?

Respondent: Ek het nie iets van hulle kant af gehoor nie ek het net by die juffrou gehoor ek moet nie so baie "make-up" dra nie.

Navorsers: Was sy baie kwaai daarvoor of het sy...

Respondent: Nee, sy het gesê sy verstaan my vel lyk nie vir my mooi nie en ek voel nie gemaklik nie, maar ek moet net dalk probeer om minder "make-up" te dra.

Navorsers: Ag, dis eintlik sensitief né. Dat sy darem bietjie verstaan het?

Respondent: Ja.

Navorsers: Sy het nie met jou vreeslik geraas nie. Maar anders, behalwe vir haar, het niemand eintlik iets daarvoor gesê nie?

Respondent: Nee.

Navorsers: Maar jy het selfbewus gevoel?

Respondent: Ja, ek het baie selfbewus gevoel.

Navorsers: Nou wat ek vir jou wil vra, kyk ek wil graag ander kinders help wat ook sukkel. Hoe sou jy sê – as enige van die mense sou anders moes optree om jou meer te kan help? Hoe sou jy sê wat sou die mense naby aan jou kon doen om jou te help? **(Question 8: How do you think the people closest to you can help you cope with your acne?).**

Respondent: Nee, dis moeilik want jy voel self selfbewus oor jouself. Maar ek dink hulle kan net soos jou motiveer en goeters. Ja dis nogal moeilik...

Navorsers: As jy sê motiveer wat bedoel jy?

Respondent: Soos party mense sal jou afkraak oor jou vel, maar dat hulle dalk net soos eerder stilbly, of nie agter jou rug daarvan praat nie. Want almal gaan deur soos die tyd wat hulle 'n moeilike vel het en goeters, maar ja, jou vriende kan jou soos ondersteun. En jou ouers as hulle jou nie slegsê nie – sou ek nie so baie selfbewus gevoel het nie.

Navorsers: Ja. Hoe belangrik is dit dat jou ouers jou by 'n dokter kry? Of by 'n velspesialis of só? **(Question 9: Have you ever received any medical treatment for your acne? If not, why? If so, specify whether it was successful or not).**

Respondent: Ek dink dit is, want jy voel selfbewus. Jy is self 'n kind...en ja...

Navorsers: Bedoel jy om te sê dis moeilik om uit jou eie uit self iets daaraan te doen? Jou ouers moet jou help.

Respondent: Ja, maar toe ek vir my boeties gesê het, toe het ek vir my ma gesê ek wil ook op dit gaan. Ja, ek dink jou ouers moet vir jou as hulle sien jou vel lyk sleg...dat jy nou nie

soos, want die mense praat oor sulke goeters. Dat ek dink soos hulle moet jou net help. Jy wil nou nie hierdie ou of meisie wees waaroor almal skinder nie.

Navorser: Dis 'n baie mooi antwoord. Is daar enige aanmerkings wat mense al gemaak het wat jou seergemaak het of wat jou "embarrass" het? **(Question 7: Which comments from other people do you find the most hurtful or embarrassing?)**

Respondent: Uhm..toe ek op dit was, toe het ek baie vervel. Soos, my gesig het baie erg vervel.

Navorser: Jy is nou nie meer op die Roaccutane nie, maar dit was toe jy op die Roaccutane was?

Respondent: Ja toe ek op dit was het my gesig baie vervel. Dan is almal soos ja-nee jou gesig vervel en al weet ek dit as hulle dit vir my sê dan voel ek net meer selfbewus, want ek weet dis nou so en as hulle dit vir my sê dan voel ek net meer selfbewus.

Navorser: Vervel is ook nogal 'n erge woord – dis nie soos om te sê jou gesig skilfer af nie.

Respondent: My neus het sulke lae gemaak en my ken en hierso so om my lippe.

Navorser: Dit kan jy onthou was vir jou erg?

Respondent: Ja dit was vir my erg, want soos dan as jy nou "make-up" aansit dan is dit hierdie droeë velle wat nog "make-up" moet kry..

Navorser: O, dis hel wat jy deurgaans né? So die medikasie wat jy gebruik het was Roaccutane né?

Respondent: Ja.

Navorser: En hoe lank was jy daarop gewees?

Respondent: Ek was so agt maande.

Navorser: Sjoue dis 'n rukkies né?

Respondent: Ja, maar ek was op 'n ligte ding.

Navorser: 'n Ligte dosis? En sou jy se dit het gewerk? **(Question 9: Have you ever received any medical treatment for your acne? If not, why? If so, specify whether it was successful or not).**

Respondent: Ja, as ek nou terugkyk hoe my vel gelyk het sal ek sê dit het gewerk.

Navorser: As ek so na jou kyk lyk dit asof dit goed gewerk het. Het jy enige produkte gebruik op jou vel wat mens sommer oor die toonbank koop of by Clicks. **(Question 10: Have you ever tried any beauty salon or over-the-counter treatments If so, specify whether it was successful or not).**

Respondent: Ja, ek gebruik net gewone Cetaphil vir my gesig en dan die room.

Navorser: Nutriderm?

Respondent: Ja, daai.

Navorser: En het jou dokter dit vir jou voorgeskryf? Het jou veldokter vir jou gesê jy moet dit gebruik?

Respondent: Ja, nee ek het dit gebruik.

Navorser: Al die tyd?

Respondent: **Nog die heelyd toe sê hy ek moet iets gebruik. Toe sê ek ek gebruik dit en toe sê hy dis goed om dit saammet Roaccutane te gebruik.**

Navorser: Dis hoekom ek nou wonder of hy vir jou gesê het. Dis baie goeie produkte gebruik jy dit nog?

Respondent: Ja, ek gebruik dit nogsteeds.

Navorser: En jy voel dit werk?

Respondent: Ja, dit werk.

Navorser: Maar dit alleen het nie gewerk om jou aknee weg te vat nie?

Respondent: **Nee.**

Navorser: Watse ander goed het jy nog op jou vel al gesit? Mens probeer mos allerhande botteltjies. **(Question 10: Have you ever tried any beauty salon or over-the-counter treatments If so, specify whether it was successful or not).**

Respondent: **Ja, ek het "Clinique" gebruik – dit het my baie erg gebrand. En dan het ek partykeer sulke masker goed gebruik.**

Navorser: En hoe het dit gewerk? Het jy nie gevind dit irriteer jou vel eintlik meer nie - dat jou vel is nog rooier en seerder?

Respondent: **Ja. Dan soos sê my ma dit maak dit nou skoon, maar dan lyk hy vir my net rooier.** En ek het "Villa Crausse" ook gebruik.

Navorser: OK.

Respondent: Ja.

Navorser: Maar al wat eintlik gewerk het was die pille?

Respondent: **Ja, die pille – en ek het zinpleks ook 'n rukkie gebruik.**

Navorser: Dit maak ook 'n verskil – of het dit jou bietjie gehelp?

Respondent: **Ja, dit het bietjie gehelp.**

Navorser: Maar dit vat dit nie so weg soos die Roaccutane nie. Maar baie dankie dat jy met my al hierdie goed gedeel het. Hoe voel jy as jy nou terugkyk. Jy was nou al klaar op Roaccutane, jy het afgedop, jy het gesukkel. Sou jy sê jy het enige letsels oorgehou van hierdie ervaring. Voel jy nog partykeer selfbewus?

Respondent: Nee, ek voel nou meer gemaklik oor goeters, want ek weet my vel lyk beter as wat hy gelyk het. Dis dalk nou nie 100% nie, maar ek voel meer gemaklik nou.

Navorsers: So lyk my die hele ding het jou sterker gemaak?

Respondent: Ja, soos na my hele kursus ding het ek weer myself geword.

Navorsing: Ag nou maar uitstekend pop - ek waardeer dit baie!

INTERVIEW 2

Categories:

- Feelings of selfconsciousness and social withdrawal
- Make-up and attempts to cover up the acne
- Parental reactions
- The influence of siblings
- The reaction of friends and boyfriends
- Encouragement and support
- The role of teachers
- Medical interventions and skin care products
- Confusion and a lack of knowledge

Navorsers: My eerste vraag aan jou, OK, is nogal 'n groot vraag, is ek wil hê jy moet dink hoe voel jy as jou vel regtig sleg lyk. Hoe laat dit jou voel? (**Question 3: How does having acne make you feel?**)

Respondent: Ek voel soos selfbewus, ek voel soos half skaam en ek weet nie... dit het my selfbeeld is minder as wat dit normaalweg sal wees. En ek voel heeltyd dat as almal vir my kyk dan sien hulle dit – so jy wil dit half wegsteek vir die mense.

Navorsers: So dis daai verskriklike selfbewustheid?

Respondent: Dis nie..uhm as jy dit toeplak dan voel jy seker beter maar jy voel nie op jou beste nie, jy voel soos ja...

Navorsers: Hoe voel jy as jy sê jy voel nie op jou beste nie gee vir my bietjie beskrywende woorde. Hoe laat dit jou voel?

Respondent: Bietjie half soos lelik amper in 'n "way" en selfbewus en partykeer "even nervous" rondom seuns, want jy wonder of hulle dit ook sien.

Navorsers: En sê vir my het jy partykeer ander gevoelens soos woede – raak jy partykeer kwaad?

Respondent: Ja, ek raak moedeloos.

Navorsers: Moedeloos - ja, dis 'n groot ding.

Respondent: Ja, dis nou al lank en dit vat lank om jou vel soos perfek reg te kry. Dit kom net nie reg nie. Ek voel nou al moeg vir dit, dit moet net regkom.

Navorsers: Ja jy is nou moeg om als te probeer...

Respondent: Ja. En dis ook moeilik – ek is ook bietjie besluitloos want my ma wil nie hê ek moet Roacutane gebruik nie, maar dis nie net van gebruik nou net Roacutane nie.

Navorsers: So julle weet nie eintlik wat om te doen nie?

Respondent: Jy is so half besluitloos – jy weet nie wat is die beste ding of hoe dit op jou gaan uitwerk nie?

Navorsers: Wens jy net partykeer iemand kan jou help en daai besluit vir jou neem? Wat die regte ding sou wees.

Respondent: Ja, want soms se die dokter vir jou hy sal vir jou nog pille gee of jy kan Roacutane begin, maar dan is daar soveel negatiewe goed wat Roacutane vir jou kan gee dan dink jy o nee maar miskien eerder nie.

Navorsers: So jy weet nie of jy die kans moet vat of nie? Ja, dis 'n goeie antwoord. Die ander ding wat ek vir jou wil vra: Hoe affekteer jou vel jou verhouding met jou ouers? (**Question 4: How does having acne affect your relationship with your parents?**).

Respondent: My ouers... ek raak...my pa sê natuurlik kry net Roacutane en kry klaar met dit, maar hy sê ook nou is dit nie meer eintlik so nodig nie. En ek en my ma sal net nou en dan stry, maar ek het 'n baie goeie verhouding met my ma, soos 'n baie "close" verhouding, maar sy kan bietjie kwaad raak vir my en ek vir haar, want ek sal sê – sy sal dink ek is negatief as ek kla oor my vel, maar ek voel dis net normaal om negatief te wees oor so iets, want verstaan...

Navorsers: Verduidelik vir my presies wat is die goed waaroor julle stry.

Respondent: Uhm sy sal soos sê ek sal vir jou Roacutane kry en goed en dan sal ek sê, maar verstaan ek weet mos nou nie wat is die regte keuse om te maak nie, dan sal sy half kwaad wees want sy wil dit nie regtig vir my gee nie. Sy voel dis sleg vir my, sy gee eintlik net om vir my.

Navorsers: OK. So ma se grootste beswaar op hierdie stadium...

Respondent: Die veiligheid daarvan.

Navorsers: Die veiligheid en die gesondheidsrisiko's. Weet ma wat dit is?

Respondent: Ja, sy doen maar sy dink nogsteeds daai hele vyf jaar na die tyd kan jy nie swanger word nie...sy dink nie dis goed vir mens nie. My ma is 'n baie gesondheidspersoon.

Navorsers: OK. Sy is bang. Het die velspesialis al met haar daarvoor gepraat – wat die negatiewe effekte is?

Respondent: Ja, hy het gese dis "fine" en goed, maar sy is half bietjie versigtig vir dit en sy maak my half bietjie versigtig daarvoor. Sy sê jy moet my nie blameer as jou vel baie sleg lyk en nie regkom nie. Moet my net nie blameer as dit jou pla in daai tyd wat jy dit gaan gebruik nie. So sy is half bietjie bang vir dit. En ek weet nie wat om te doen nie.

Navorsers: Dink jy sy het al slegte goed daarvan gelees of so, want as die velspesialis sê dis fine...

Respondent: Ja, en ook omdat my sussie dit gebruik het en toe kom haar vel terug en sy het gedink dis onnodig.

Navorser: Jy sê jou sussie se vel het weer sleg geraak – hoe lank was haar vel heeltemal skoon?

Respondent: Ek weet nie ek dink so twee jaar en toe versleg dit weer.

Navorser: Maar mens kan nie se omdat haar vel sleg is, almal s'n sleg is nie. Daar is baie mense wat goeie resultate kry.

Respondent: Ek dink dis 15% s'n wat terug kom met weer probleme. Dit is maar 'n risiko want ek weet ook nie wanneer om die Roaccutane te begin nie, want dis soos nou Valentynsbal en mnr en mev Garsie en dan is dit matriekafskeid so jy wil nie eintlik daai tydperk hê waar dit sleg lyk nie.

Navorser: Ja, daai tydperk waar dit woes sleg lyk nie. Sjoë, dis 'n dilemma. OK. Sê vir my: is dit nou maar hoofsaaklik waaroor jy en jou ma baklei?

Respondent: Ons baklei nie regtig nie...

Navorser: Nie baklei nie maar...

Respondent: Ja, want my ma is baie ook oor die algemeen baie "paranoid" oor goed. So dit voel vir my partykeer, mens weet nie lekker wat om te glo of te doen nie.

Navorser: Maar jy voel pappa is ondersteunend?

Respondent: Hy is half ongeduldig as ek soos kwaad raak oor my vel dan sê hy maar vat nou maar net die Roaccutane...ag soos ek en hy het nie so goeie verhouding nie.

Navorser: Ag, dis jammer.

Respondent: Dit is nogal, maar my ma maak op vir dit.

Navorser: O, ok ek's bly om dit te hoor.

Respondent: Sy en ek kom goed oor die weg.

Navorser: Ek kry die idee jy pa is net bietjie...hy hou sy afstand?

Respondent: Ja, ek dink hy het 'n ding met tieners want al sy kinders as hulle soos deur hierdie fase gaan het hy net so half "distant" geraak.

Navorser: Dink jy miskien dit maak hom ongemaklik?

Respondent: Ek weet nie. Ek dink half dis soos sy lewe was toe hy jonger was.

Navorser: Ek wou nou net vra het hy dalk gesukkel met sy vel?

Respondent: Nee, nie met sy vel nie maar soos met sy ouers en ek weet nie wat nie. Hulle het snaakse goed anders as ons, so ek dink hy sukkel bietjie hy wys nie eintlik emosie nie.

Navorser: "Right", jy praat van 'n suster wat ookal twee keer op Roaccutane was né? Hoe is julle verhouding? (**Question 4: How does having acne affect your relationship with your siblings?**).

Respondent: Dit is goed en als – sy is baie ouer sy is elf jaar ouer.

Navorsers: Dis 'n paar jaar.

Respondent: So ek sien haar nou min en ja sy is besig en...ek is ook besig.

Navorsers: As jy haar sien en julle praat sê nou maar oor julle velle – wat was haar reaksie toe jou vel ook nou bietjie begin uitslaan het?

Respondent: Sy sê my vel lyk baie beter. Sy sê sy het nie eintlik 'n opinie of ek dit nou moet drink of nie, sy kan nie vir my sê nie, maar sy sê dit het al baie verbeter vandat ek Purbac drink.

Navorsers: Mooi. En hoe laat dit jou voel as sy sulke goed vir jou sê?

Respondent: Dit laat my beter voel, want sy weet ook half hoe dit voel, omdat sy self ook so slegte vel gehad het, of sy sukkel nogsteeds met dit...

Navorsers: So jy voel sy't begrip daarvoor en dis vir jou lekker as sy vir jou sê jou vel lyk beter?

Respondent: Ja en as sy sê dit lyk sleg dan is dit asof sy ook voel hoe ek voel. Ja, maar sy is baie moedeloos met dit en sy is regtig 'n mooi meisie en dan het sy soos 'n slegte vel. Sy sê sy kan soveel mooier wees sonder die lelike vel.

Navorsers: Ek verstaan.

Respondent: Ja en sy gaan trou hierdie jaar so sy wil ook nou vinnig 'n plan maak voor die troue.

Navorsers: Nee, maar die Roaccutane sal haar uitsorteer.

Respondent: Ja. Sy is nou weer glad nie soos ek nie sy is die rebel en sy sal nie vir my ma luister nie. Sy is die rebelse ene.

Navorsers: Volgende belangrike vraag né, is hoe affekteer (as jou vel nou sleg lyk die dag) hoe affekteer dit jou verhouding met jou vriende? (**Question 4: How does having acne affect your relationship with your friends?**)

Respondent: Ek sal...ek weet nie...ek sal persoonlik praat oor hoe ek voel. Soos ek sal vir hulle sê my vel is nou al weer in 'n toestand en so...maar meisies is mos soms jaloers. Dit sal my ontstel as hulle sê hoekom het ek so baie "make-up" aan of iets, maar hulle weet nie eintlik hoekom ek dit aansit nie. Omdat dit vir my soos lekker is want my vel lyk nie mooi nie. Ja en ek het ook 'n kerel...

Navorsers: Ja dis die volgende vraag. Jy het net-nou gesê jy voel skaam rondom mense is dit so met jou vriende of is jy gemaklik rondom jou beste vriende?

Respondent: Nee dan saammet my close vriende is ek fine daarmee.

Navorsers: Maar is dit so dat miskien met mense wat jy nie so goed ken nie, voor hulle is jy skaam.

Respondent: Ja dan sal ek soos wees...dink sien hulle dit nou.

Navorsers: Dit inhibeer jou sosiaal in terme van jy gaan minder uit of jy gaan net na sekere goed toe as jy die dag voel jy lyk sleg.

Respondent: Ek dink mens voel soms so maar ek sal byvoorbeeld net my vel toeplak. Maar dit is sleg want jy kom byvoorbeeld op 'n geleentheid mooier gelyk het en beter gevoel het en meer positief uitstraal. Mense kom agter as jy "confident" is en ek dink jy sal meer confident wees as jou vel goed lyk.

Navorsers: Jy is 'n baie mooi meisie – jy moet baie mooi selfvertroue ook hê.

Respondent: Dankie ek sukkel maar.

Navorsers: Jy sê nou vir my jy het 'n boyfriend, nou hoe, wat is sy reaksie op die hele ding? (Question 4: How does having acne affect your relationship with your boyfriend?).

Respondent: Ag "shame", hy sê, want hy het ook self vir 'n ruk, toe het ek hom nie goed geken nie, maar toe het hy ook blykbaar 'n slegte vel gehad. Hy het soos die generiese Roaccutane, die ander een...

Navorsers: Dis die goedkoper een...

Respondent: Hy het dit gebruik en hy glo in dit hy is nogal 'n mediese persoon hy glo in dit. Hy het ook gese ek moet dit net drink as dit my pla maar hy se dit pla hom glad nie. Dis nogal "nice" van hom.

Navorsers: Glo jy hom?

Respondent: Nee.

Navorsers: So jy dink hy probeer net "nice" wees?

Respondent: Ek dink dit pla hom nie eintlik so baie nie. Ek dink dit sal "nicer" wees as dit nou...want o ja, 'n rukkie terug nog 'n bietjie meer in die begin van die verhouding het hy partykeer gese hoekom dra ek soveel onderlaag. Dit was baie sleg vir my ek het baie sleg gevoel – jy verstaan jy voel so half selfbewus.

Navorsers: Kon jy toe vir hom sê dis omdat jou vel sleg is?

Respondent: Ja, ek is baie oop met hom.

Navorsers: En toe, wat is sy reaksie toe?

Respondent: Toe voel hy sleg dat hy dit gevra het. Ek weet nie hy het nie eintlik soos jammer gesê of enige iets nie, maar...jy het dit nie nodig nie en goed. Hy het toe nog nooit gesien hoe sleg dit lyk nie want met die onderlaag lyk dit mos nou mooi of lyk dit dan "oraai". Dit lyk nie so...hy besef nie altyd...en hy se drink die Roaccutane as jy wil, maar hy sê dis my keuse, want hy weet hoe my ma oor dit voel.

Navorsers: Ek kry die idee oor die algemeen hy is nogal ondersteunend.

Respondent: Ek dink hy verstaan. Dit sou "nice" wees as ek nou 'n mooi vel kon hê dan sou ek beter voel by hom ook want hy het natuurlik nou 'n mooi vel. Hy kry nie eintlik puieties en goed nie.

Navorsers: Ja, hy was deur die "treatment".

Respondent: Ja, hy verstaan presies.

Navorser: Sê vir my die laaste ding wat ek vir jou wil vra is van al die mense in jou lewe is die onderwysers – voel jy ooit wat dink hulle? Hoe reageer hulle? **(Question 4: How does having acne affect your relationship with your teachers/lecturers).**

Respondent: Ek weet nie. Oor die velsituasie?

Navorser: Ja.

Respondent: Ek weet nie - ek dink nie hulle verstaan eintlik nie. Dit klink tog nou lelik maar sekeres, mens kan nie veralgemeen nie, maar meeste van hulle sal dalk met kinders raas omdat hulle te veel onderlaag op het of iets soos dit. Maar dan besef hulle nie daai kind voel dalk regtig sleg vandag nie oor sy vel of wat ookal.

Navorser: Ek verstaan.

Respondent: Maar ek dink nie hulle sien dit eintlik nie.

Navorser: Voel jy selfbewus voor hulle?

Respondent: Nee wat. Ek dink hulle soos pla 'n mens nie regtig nie.

Navorser: So hulle speel nie eintlik 'n baie groot rol nie?

Respondent: Nee.

Navorser: Dis wat die ander kinders ook sê.

Respondent: Is dit?

Navorser: Ja.

Respondent: Net soos as hulle jou uithaal oor jou “make-up” – dis sleg.

Navorser: Ja. Dis “bad” né. Hulle is partykeer nie sensitief dat kinders grimering dra...

Respondent: Ja en wat sleg is is partykeer sal 'n juffrou voor die hele klas jou uithaal of iets en dit is ook baie “embarrassing” want, nou sit jy daar en jy wil dit nie regtig dra nie.

Navorser: OK. Nee, ek's by – dis 'n goeie antwoord. Nou wat ek jou wil vra: ons het nou oor 'n klomp mense gepraat; jou ouers en jou suster en jou boyfriend..Sou hulle op enige ander manier kon optree om dit vir jou makliker te maak? Wat sou jy graag wou gehad het? **(Question 6: How would you like the people in your life to treat you differently?).**

Respondent: Ek dink ek sou eintlik wou hê mens moet na 'n dokter of 'n velspesialis of wat ookal gaan en hy sê vir jou, ok, hy gee half vir jou iets wat tussenin is, nie te erg nie en ook nie niks nie, sodat dit half werk vir jou, maar dit moet nie iets te sterk wees sodat dit jou gesondheid of iets kan beïnvloed of jou so erg direk laat uitslaan nie. Ek sal ook eintlik verseker 'n antwoord wou hê. Ek sou nie wou he mense moet sê jy moet self besluit nie ek sou sommer wou he hulle moet vir my besluit: OK gebruik dit nou en dan kom jou vel nou reg!

Navorser: Ja, want hoe moet jy nou weet...

Respondent: Ja, ek het nie al hierdie kennis nie – ek weet nie van al hierdie goed nie. Ek weet nie wat is al die negatiewe effekte op jou nie. Soos ek weet nie wat as ek dan nou Roaccutane gebruik en dan gebeur iets slegs

Navorsers: Jy sien soos met enige iets – enige pil het nuwe effekte maar ek dink die belangrike ding is dat jy en jou ma dokter toe gaan dat julle net praat daarvoor, want weet jy wat mens moet baie oppas dat mens nie alles glo wat jy lees in die Huisgenoot of op die Internet of wat ookal nie.

Respondent: Mhmm..nie beïnvloedbaar wees nie...

Navorsers: Mens moet jou feite kry van 'n dokter, van 'n spesialis wat weet waarvan hy praat, jy weet.

Respondent: Dan sê sy, ja wel sy het nou na nog 'n spesialis gegaan. Dis 'n ander spesialis as waar ek is en dis 'n vrou en goed en sy het blykbaar gesê omdat ek so lankal Purbac gebruik is dit ook baie sleg vir mens. Dis soos giftige stowwe in my liggaam, want jy kan dit eintlik net ses maande gebruik en as dit dan werk is dit goed, maar as dit nie werk nie moet jy dit eintlik los. So my ma weet nie eintlik nie want elke dokter het half sy eie opinie.

Navorsers: So jy en ma is “lost”?

Respondent: So bietjie ja, maar sy het al gesê sy sal dit vir my kry as ek soos aandring daarop, maar ek is nog half bietjie onseker – dis als onsekerheid.

Navorsers: Dit sal miskien vir jou goed wees as julle net weer gaan vir 'n konsultasie, as jy net weer 'n afspraak maak en net gaan om te praat.

Respondent: Ek dink ons moet na die vroue dokter toe gaan, miskien het sy dan, soos die vrouedokter, 'n goeie oplossing, miskien net iets sterker as Purbac. Iets tussenin nie iets te lig nie.

Navorsers: Ek dink net, dit klink vir my beide jy en jou ma soek 'n bietjie kennis.

Respondent: Ja.

Navorsers: Maar “reliable” kennis.

Respondent: Ja, want die dokter waarnatoe ons gegaan het – hy is baie..wat hy sê is reg en jy kan nie vir hom eintlik vra nie want hy sê vir jou nee maar jy moet my glo, wat ek vir jou sê is reg. Hy gee jou nie veel meer details nie en hy het ook gesê dat ja, hy gee nie vir jou veel details nie.

Navorsers: So ek kry die idee hy het julle nie regtig gerus gestel nie.

Respondent: Nee. Nee. Hy het soos ook vir my gesê ek kan vir 2 jaar Purbac gebruik as ek wil maar hy beveel Roaccutane aan. Maar o ja, hy het ook gesê mens mag in die son gaan en als, jy moet net so bietjie goed aansmeer, maar ek is nie heeltemal seker van dit nie, want met mense wat dit gebruik het, het gesê jy moet nie regtig in die son gaan nie en eks 'n sport mens so ek is omtrent die heelyd in die son. So dis hoekom ek dit ook nie eintlik nou wil gebruik nie.

Navorsers: Ek verstaan. As jy bietjie terugdink...Mense praat oor ander mense en oor jou vel as dit sleg lyk of wat ookal. Kan jy dink watter tipe van aanmerkings of goed wat mense sê

was vir jou vernederend of het jou seergemaak of was vir jou sleg om te hoor? (**Question 7: Which comments from other people do you find the most hurtful or embarrassing?**).

Respondent: Ek dink nie mense sal aspris se kyk hoe lyk my vel nie, ek dink nie dis soos so groot ding wat hulle sal raaksien nie...

Navorsers: Dis nie soos die eerste ding wat hulle sal sien nie...

Respondent: Nee glad nie, dis darem nog nie so erg nie. Maar hulle sal wel sê ek dra baie "make-up" en goed en ek sal mooi lyk sonder dit. Ek dink meisies sal dit veral se en ek dink seuns sal ook dink hoekom dra sy so baie onderlaag – of het op 'n tyd ek dra nie meer so baie nie. En dis bietjie "embarrassing", want jy wil eintlik vir hulle se jy verstaan nie hoe dit is nie – hulle half verkeerd bewys. Jy moet eers eintlik self deur dit gaan voor jy net kan sê of kan "judge".

Navorsers: So wens jy partykeer mense kan net bietjie in jou skoene wees en weet hoe dit voel?

Respondent: Ja.

Navorsers: Sou jy sê oor die algemeen – ma verstaan nie altyd nie – sussie verstaan miskien dit beste en jou boyfriend ook, maar mense wat nog nie self daardeur is nie, sou jy sê hulle sukkel om te verstaan?

Respondent: Ja, maar my ma het wel ook 'n slegte vel gehad op skool, maar sy sê sy't net deur dit gegaan met 'n slegte vel en dit nou maar net gelos. Toe se ek vir haar maar deesdae is kinders baie meer soos selfbewus oor hoe hulle lyk, so moenie net dit los nie. En ek kry haar eintlik ook jammer dat sy deur dit moes gaan, maar vandag het baie mense soos "flawless" velle – dis soos regtig mooi- en toe se sy ja, na die eerste keer wat sy 'n kind gekry het soos op 22 of 23 toe is haar vel eers reg. Maar mens kan nou nie heeltyd...jy wil jou jongmenslewe geniet. Jy wil nou eers wag vir dit en goed nie.

Navorsers: Alhoewel jou ma vir my klink na 'n baie "nice" vrou, sy's baie lief vir jou en julle het 'n "close" verhouding tel ek nog op dat jy bietjie frustrasie voel teenoor haar.

Respondent: Ja.

Navorsers: As dit kom by jou vel?

Respondent: Ja, want dit is soos ek wil net nou 'n antwoord hê en ek verstaan haar punt, maar ek verstaan ook die ander mense se punt wat se gebruik dit net. So dis so half soos ek weet nie watse kant toe nie.

Navorsers: Kyk die beste is maar om met 'n kenner te gaan praat, vat ma saam as jy wil dat sy ook kan hoor...

Respondent: Ja, maar ek dink nie daai dokter waarby ek was nie, want dis sy wet en hoe hy glo moet jy ook glo. So ek dink ja, miskien iemand heeltemal nuut.

Navorsers: Ja, hulle kan dalk vir jou iets heeltemal anders voorstel.

Respondent: Dalk daai ligte vir jou vel of iets.

Navorser: Ja, maar vra net vir hulle wat dink hulle gaan die beste werk. So hoe dink jy die mense naaste aan jou kan jou help cope. Hoe kan hulle jou ondersteun? **(Question 8: How do you think the people closest to you can help you cope with your acne?).**

Respondent: Sjoue, ek weet nie - dis moeilik. Ek dink hulle, jou vriende, moet eintlik half net maak of hulle dit nie sien nie en moet nie aspris sê hoekom dra jy nou so baie onderlaag nie.

Navorser: Ja, baie kinders sê hulle sal dit verkies as hulle vriende, as mense dit half net ignoreer.

Respondent: Ja, net soos niks daarvan sê nie, maar hulle sal seker nou nie aspris iets daarvan sê nie. En as ek kla, sal ek nie wil hê mense moet sê drink nou dit of gebruik nou dit nie. Ek sal net wil hê hulle moet sê ek verstaan hoe jy voel maar moenie "worry" nie.

Navorser: So jy wil nie hê almal moet vir jou raadgee oor wat jy moet doen nie.

Respondent: Nee. Almal moet nie hulle opinie gee nie, want jy weet nie dis half jy word rondgegooi.

Navorser: Ja, dit maak jou deurmekaar.

Respondent: En "even" die "boyfriend" moet nie sê ok maar doen dan iets daaraan nie, hulle moet net sê ag nee man...dis... ons almal het dit gehad en dis OK.

Navorser: Voel jy dat as mense vir jou se man doen dan net iets daaraan dat hulle amper die blaam op jou plaas?

Respondent: Ja.

Navorser: Amper vir jou sê man dis jou skuld dat jou vel so sleg lyk doen iets daaraan?

Respondent: Ja, in 'n manier, want hulle se vir my gebruik dan net Roaccutane dan sal dit regkom (dis soos wat die "boyfriend" sou sê) maar dan is dit soos, dis nie altyd so eenvoudige besluit nie, want jy wil nie net goed gebruik nie want jy is half bang ook en goeters.

Navorser: Ek verstaan.

Respondent: En ek het ook al uit ondervinding gesien hoe ander kinders se velle regtig sleg lyk in daai tyd wat hulle dit gebruik het. So toe is ek soos, nee ek wil nie ook daardeur gaan nie – want dis nog nie so erg nou nie en hoekom sal ek dit wil erger maak vir myself.

Navorser: OK. Pop, jy het vir my verskriklike oulike dinge vertel!

Respondent: Dis 'n plesier.