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SOCIAL SUPPORT AS MODERATOR BETWEEN FACIAL APPEARANCES RELATED DISTRESS AND SUBJECTIVE WELL-BEING IN PEOPLE WITH FACIAL DISFIGUREMENT

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ABSTRACT

Objective: *This research venture strives to examine appearance related distress and subjective wellbeing in Pakistani patients with acquired facial disfigurement.*
Design: *Correctional /Cross Sectional.*
Place and Duration of the study: *The data was sought from different medical clinics of Lahore, collected during October, 2016 to March, 2017. By dint of rigorous literature review, major hypotheses were derived; including whether social support is likely to be significant moderator in relationship between appearances related distress and subjective well-being in patients with facial disfigurement.*
Subjects and Method: *A total of 200 participants (age range 35-65; M=4.99;SD=8.5) with acquired facial disfigurement either due to trauma or disease were recruited through purposive sampling from different hospitals and private clinics of Lahore, with Maxillofacial surgery units. The Derriford Appearance Scale (DAS 24); Subjective wellbeing, determined through Oxford Happiness Questionnaire; Multidimensional Scale of Perceived Social Support (MSPSS) were employed for data collection.*
Results and Conclusion: *Moderated Multiple Regression analysis was run that established social support as significant moderator in relationship between appearances related distress and subjective wellbeing.*

Keywords*: Appearance related Distress; Subjective well-being, Acquired facial disfigurement; Social support*

INTRODUCTION

In developing countries like Pakistan, with limited literacy and awareness rate, the phenomenon of physical appearance matters a lot (Van Loey, 2020. There is a huge stigmatization attached with facial disfigurement and sufferers have to endure much psychological torture and social rejection (Cash & Pruzinsky, 2002; Ginsburg, & Link, 1989). Psychosocial domains of facial disfigurement are least investigated in Pakistani indigenous context and no substantial work has been undertaken so far to dig the psychosocial repercussions of this intricate agonizing phenomenon on one's life. Facial disfigurement appears to be much more obvious than limbs of body related disfigurement (Bokhari, 2013). The term disfigurement is determined by some damage to skin, tissues, or structure of the bones. In spite of the fact that there is colossal advancement in reconstructive surgery, so many of the patients with facial disfigurement cannot afford and go through harsh and biting reactions from people around and that leads them to suffer in psychological distress. Facial disfigurement is ascribed with social stigmatization as people start feeling aversive from such individuals (Clarke, 1999) since facial region is termed by most of the people as pivotal in determining one's identity, body image, and interpersonal relationships (Bradbury, Simons, & Sanders, 2006). This is generally assumed that physical appearance plays a significant role in shaping one's psychological and social dimensions of life (Stout et al., 2013). There have been multiple evidences, enumerating that association between social support and psychological well-being is well-established when someone faces stressful situation that is moderated somewhat by social support (Campbell, 1976; Emadpoor, Lavasani & Shahcheraghi, 2015). This evidence is found to be the same across different cultures (Kashyap & Singh, 2017).

Disfigurement is infact a sequential trauma and is likely to bring in devastating transformation in activities, behaviors, and relationships. It is revealed that facial disfigurement is likely to ensure aversive reaction from others; also determined by level and extent of disfigurement (Binley et al., 2010). The negative reactions sufferer receives may cause psychosocial disability and sufferers' perception of leading life by self-confining him or her in disability (Rosenberg, 1986). Due to nonverbal meaning conveying capabilities, the construct of facial disfigurement is complex and is important in forming the perceived self-image and self-concept of judging people in terms of physiognomic readings (Mannan et al., 2006). In this context, the increasing in the psychosocial burden, toll of facial disfigurement, age, and prominence of

defects are the leading factors (Stout et al., 2013). Character strength features that determine the level of growth and coping in facial disfigurement sufferer include hope, optimism, resilience etc (Prior & O'Dell, 2009). Congenital vs. acquired facial disfigurement are the two forms and in each of that, the sufferer learns to adapt differently with each elapsing phase of development (Elks, 1990). Facial disfigurement by dint of victimization, also determines the entirety of experience and distress levels in different contexts (Mannan etal., 2006; Bokhari, 2013). Role of social experiences such as life discrimination, identity threat and unwanted imposed curiosity of people around is also important in addition to changes in perceived self-image and confidence (Rumsey & Harcourt, 2004; Furness, Garrud, Faulder, & Swift, 2006).

There are ample deficits in intra-psychic synchronization of experiences as one tries to maintain harmony between the past and the present which may lead to extreme negative affect that jeopardize the coping (Hughes, Barraclough, Hamblin, & White, 1983). With advent of digital media, there are ubiquitous media arte-facts that have started to shape our preferences in appearance, and consequently greater dissatisfaction and greater distress with our bodies (Langlois et al., 1991). In one such social experiences study, it was reported that passengers with facial disfigurement encountered aversive and negative reactions in seat occupancy by fellow travellers (Houston & Bull, 1994) thus indicating convincing evidences of stigmatization (Hinterlong, Morrow-Howell, & Rozario, 2007).

Social support can be illustrated as provision of psychological and material resources from a social network, with the core objective of helping an individual cope with strain and adopt effective adjustment (Macgregor, 1989). Leventhal et al's (1997) self-regulatory model extends a convincing theoretical framework that health-information-processing are significantly based on one's common-sense beliefs about their illness, including such components as illness representations, coping, and appraisal.

There is a dire need to examine the intricate psychosocial repercussions of facial disfigurement. Due to scanty research in this domain, and wider discrepancy on available data, and due to the enigmatic nature of the psychosocial aspects of disfigurement, this investigation is worthwhile. Psycho-educational interventions need to be devised by health practitioners and psychologists in order to boast up support services and also to dispel the bleak myths pertaining facial disfigurement as life-long distress.

Thus following hypotheses are proposed: 1) Psychological distress pertaining facial appearance and social support is likely to be significantly associated with subjective well-being in individuals with facial disfigurement 2) Social support is likely to predict the relationship between appearance related distress and subjective well-being in individuals with facial disfigurement.

METHOD

This prospective study was designed through correlational cross-sectional research design

Participants

A total of 200 participants, within age ranges of 35 to 65 years (M=4.99;SD=8.5)with facial disfigurement, reporting at Oral and Maxio-facial Departments of hospitals and private clinics were recruited through non probability purposive sampling strategy over a period of 6 months. A pre-stipulated inclusion criterion of the participants such as those having disease/ accident acquired disfigurement, being on follow up treatment from past three months and were mainstreamed in their daily lives, were taken.

Measures

Demographic Information and Clinical Information Sheet:

Information regarding age, gender, education, occupation, marital status, family system, living etc. was sought in demographic information sheet.

The Derriford Appearance Scale (DAS 24)

This measure was used to assess distress and difficulties related to problems of appearance. The scale was primarily designed to measure social anxiety and appearance related avoidance in relation to self - consciousness. This scale carried 24 items while each item was rated from 10-1; 10 indicating the highest level of distress whereas 1 is termed as lowest level of distress. This scale carries Cronbach's alpha reliability of $\alpha = .92$ for Western research (Carr, Moss & Harris, 2005), and .76 for current research data set.

The Oxford Happiness Questionnaire (OHQ) (Argyle & Hills, 2002)

This is a comprehensive measure to assess subjective wellbeing. This has been termed by its originator as a compact scale for the measurement of psychological well-being (OHQ). It has an 8 item scale structure, designed as 6-point Likert scale (1 indicating strongly disagree whereas 6 indicating strongly agree). This scale has 70 internal reliability while Cronbach's alpha for the current study sample was found to be .86 which is considerably sound to establish the internal consistency of the scale.

Multidimensional Scale of Perceived Social Support (MSPSS)

This carries a 12-item structure rated on 7 point Likert-type format (1 indicating very strongly disagree and 7 indicating very strongly agree). This scale yields an accumulated, composite score wherein higher average score means greater perceived social support. Cronbach's alpha for the scale is .78 while for current data set, this is computed as 0.77. Although the MSPSS provides assessment of three sources of support: family (FA), friends (FR), and significant other (SO), it can be also used to evaluate the adequacy of total perceived social support (Zimet et al., 1988). Translated Scales were used for above three given instruments, translated in thesis dissertation by Anjum (2016).

Procedure

All regulatory and ethics committee granted approval before onset of the research study. Authority letters were duly processed, approved and formalized by five hospitals and 3 clinics. Informed consent from all participants was obtained in black and white after giving them lucid and comprehensive briefing on nature, purpose and significance of the study. They were ensured for their anonymity, confidentiality and privacy. They were given instruments' orientations, followed by scales administration in face to face manner by the researcher in addition to filling in of a demographic and clinical information sheet. An average time span of 20 to 25 minutes was consumed by each of the participants.

Descriptive analyses for demographics were performed followed by inferential analyses through SPSS version 23.00. Mean age of men was 45.66 (7) and women was 44.76(9). Before conducting the multiple regression analysis and moderation analysis, basic assumptions of the regression analysis were confirmed

and established by assessing normality-determination of the data, skewness determination and computation of kurtosis.

RESULTS

Table 1
Characteristics of the study population N = 200

	F	***%***	***F***	***%***
Gender	**Men**		**Women**	
	50	25%	150	75%
Marital Status				
Married	30	60%	101	67.33%
Unmarried	8	16%	19	12.66%
Divorced	8	16%	12	8%
Never married	4	8%	18	12%
Family system				
Joint	27	54%	94	62.66%
Nuclear	23	46 %	56	37.33%
Employment status				
Currently employed	32	64 %	54	36%
Currently unemployed	18	36%	96	64%
Educational Level				
10 or less years of education	40	80%	107	71.33%
11 to 12 years of education	7	14%	33	22%
Bachelors	2	4%	10	6.6%
Masters and above	1	2%	_	

Table 2

Relationship among Appearance related distress, social support and subjective well-being in individuals with facial disfigurement (N=200)

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Sr.No	Variables	*1*	*2*	*3*	*4*	*5*
1	Psy. Distress	-	-.62**	-.52*	-.49**	-.62**
2	Social S (Family)	-	-	.53**	.62*	.57*
3	Social S(Friends)	-	-	-	.52**	.63**
4	Social S. (Significant)	-	-	-	-	.51*
5	Subjective Wellbeing	-	-	-	-	-

Note. *p <. 05. **p< .01

Table 2 shows that psychological distress was significant and negatively correlated with subjective wellbeing, family, friends and significant other's support whereas, social, friends and significant other support were significant and positive correlated with subjective wellbeing.

Table 3

Multiple Regression Analysis Predicting Well-being from level of Distress and Social Support (SS) in people with facial disfigurement (N= 200)

	Level of Distress			**Social Support**			**Wellbeing**		
Variable	***B***	***ΔR²***	***F***	***B***	***ΔR²***	***F***	***β***	***ΔR²***	***F***
		.17	16.12		.12	10.11		.046	4.65
Low Distress	-.22**						.12*		
S. Family	.31***						.14*		
S. Friends				.18*					
S. Significant				.20**			.17*		
Wellbeing							.21*		

*p <. 05. **p< .01

Table 3 showed level of distress was significant negative predictor of well-being whereas family, friends and significant others support were significant and positive predictor of wellbeing.

Table 4
Social Support (SS) as Predictor of Appearance related Distress (ARD (N=200)

	Social Support ----------Appearance related Distress					
	Initial model[1]	**Overall MSPSS model[2]**	**Overall MSPSS interaction model[3]**	**Initial model[1]**	**Overall MSPSS model[2]**	**Overall MSPSS interaction model[3]**
	β (SE)	***p-value***	***β (SE)***	***p-value***	***β (SE)***	***p-value***
PWB	0.86 (0.06)	<0.001	0.75 (0.07)	<0.001	1.92 (0.34)	<0.001
Age	0.32 (0.19)	0.13	0.24 (0.19)	0.205	0.16 (0.19)	0.41
SS			-0.25 (0.05)	<0.001	0.13 (0.16)	0.29
S.Family					-0.24 (0.14)	0.012
S.Friends					-0.34 (0.12)	0.034
S.significant others					-0.52 (0.16)	0.42

ARD X SS		-0.026(0.007)	(0.004)
ARD X S. family		-0.032 (0.005)	(0.007)
ARD X S.Friends			
Adj.R^2	0.28	0.34	0.38

****p<0.001, *p<.05* Appearance Related Distress (ARD), Psychological Well-being (PWB), Social Support (SS)

Table 4 showed interaction of appearance related distress with over all social support and with all components of social support i.e. family, friends and significant other support were significant predictor of well-being. Furthermore, table showed that model I, II and II explained 28%, 34% and 38 % variance respectively in well-being.

DISCUSSION

This study purported to investigate the relationship between appearance-related distress, psychological wellbeing of people with facial disfigurement and role of social support. The main findings divulge there is a significant positive relationship between psychological well-being and social support while there is a significant negative relationship between facial disfigurements related psychological distress and social support. Overall, the main findings establish that low level of psychological distress is a significant predictor of psychological wellbeing while social support was effective predictor for the relationship between distress and subjective wellbeing.

The first hypothesis highlighted that low level of distress predicted better wellbeing among people with facial disfigurement. In accordance to finding, there are some western researches that reveal that there is an association between level of distress and psychological well-being; this happens like this as distress may be encountered by the sufferer on the basis of some other psychosocial factors and not solely on the basis of disfigurement (Hinterlong, Morrow-Howell, & Rozario, 2007). This is in alignment with the findings by a recent

study by Bradbury et al. (2006) *who* established that psychological distress levels were 11.4% for depression and 35% for anxiety, respectively, in a sample of facial palsy patients. Thompson and Thompson (2018) maintain that the facial scarring is leading source of affective distress. People with disfigurement tend to experience less psychological distress as they have adapted with their deformity and by dint of social support, have learnt to live with deformity in befitting manner (Clarke, 1999; Vallerand, Pelletier & Koestner, 2008). They learn how to forego the sarcastic remarks, taunts, biting comments and sardonic smiles of others around.

Second hypothesis of the empirical study was that social support is likely to moderate the relationship between appearance related distress and well-being. The findings reflect that the influence of social support in appearance related distress and psychological wellbeing is significant. Findings also revealed that social support is significantly associated with psychological well-being. This is substantiated by the empirical work, according to which social support helps in gaining positive support and facilitates psychosocial adjustment. However, there is some evidence that satisfaction with social support does not emerge as positive predictor of appearance related adjustment (Emadpoor, Lavasani, & Shahcheraghi, 2015; Moss & Carr, 2004). Age and psychological wellbeing negatively predicted appearance distress and there was 28% variance explained by the prediction model. While for interactional model of (incremental variables of) different types of social support with reference to the domain specificity, 34 and 38 percent variance was explained by split social support.

Results of the current study further highlight that low level of distress is associated with greater subjective wellbeing. The psychological needs of patients with acquired facial trauma are exclusive. West (1977) argues that the time spent on the ward with others of similar status prepares the patient for discharge into the social world on leaving the hospital. In this way, social support establishes that social support moderates the relationship between appearance related distress and subjective wellbeing (Thompson & Broom, 2009). Family, friends, groups and social circle plays a key role in lives of people with disfigurement, determining effective individual's wellbeing (Lansdown et al., 2012; Moss & Carr, 2004).

Conclusion

To accomplish the targeted goals of current research, this is subsumed that this study has established psychological distress as significant predictor of psychological well-being in patients with facial disfigurement while social support act as significant partial moderator.

Limitations and Recommendations

There are several limitations such as small sample, volunteer participation, over representation of women in current sample. Further, studies must include larger sample size with different geographical location. Facial disfigurement is a stigmatizing condition and this might have led to socially desirable responses of the participants. Future studies try to reduce it by using integrated approach. The findings implicate that social support plays buffering role in alleviating distress related to facial disfigurement, which might inflate subjective well-being of sufferers by incorporating family counseling and psycho-education programs during disfigurement management or therapy. Self-help groups in this regard can provide immense psycho-social benefits.

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