LIFE ORIENTATION, FEAR OF NEGATIVE EVALUATION AND LONELINESS AMONG WOMEN WITH BURN, CANCER AND SERIOUS DERMATOLOGICAL ISSUES

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ABSTRACT

The present study aimed to examine the relationship of life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. It also aimed to investigate the difference in the study variables among population. A total of 90 participants were selected for the study through purposive sampling procedure and survey design was used. The participants included in the study were 30 burned women, 30 women having cancer and 30 women with serious dermatological issues (vitiligo and dermatitis). Three assessment tools that are life orientation scale-revised (Scheier, 1994), brief fear of negative evaluation scale (Leary, 1983) and UCLA loneliness scale (Russell, 1996) were used for data collection along with demographic information of the participants. The results of the study revealed that life orientation, fear of negative evaluation and loneliness have a highly significant relationship with each other among all three populations. Findings further suggested that women with caner have high life orientation and low fear of negative evaluation and loneliness while both the women with burn and serious dermatological issues have low life orientation and high fear of negative evaluation and loneliness. The study also revealed that women with vitiligo hold a pessimistic life orientation and high fear of negative evaluation and loneliness than women having dermatitis. The demographic findings showed that education, marital status, employment does play a role in the life of women with disfigurations.

Keywords. Life orientation, fear of negative evaluation, loneliness, burn, cancer, dermatological issues, vitiligo, dermatitis.

INTRODUCTION

Appearance is believed to be the quality of every mortal being as it is a standard criteria to judge anyone. In the case of women especially appearance matters a lot. Distorted looks and facial deformity are viewed as nasty things in our society, and women with these issues are pitilessly stigmatized. Any concern regarding deformity broadly leads to emotional and psychological damages. Mostly women with either natural cause or due to medical procedure like burn, cancer and serious dermatological issues have problem of distorted body image and facial deformity. So it is a pressing need to study how life orientation, fear of negative evaluation and loneliness affects the life of burn women, cancer patients and serious dermatological issues.

Life orientation is defined as a study of self in relation to others and society (Seligman, 2001). Life orientation is discussed in two terms that are optimism and pessimism. Optimism is a positive sense of self that leads towards life satisfaction and proper well-being (Scheier & Carver, 1985) while pessimism dwells in opposite direction that leads towards depression, isolation and poor mental and physical health (Bennett & Oliver, 2001). Literature proposes that optimism promotes better emotional adjustment, psychological well-being and physical

ISSN: 2223-9944, e ISSN: 2223-9553

health (Peterson, 2000). Subsequent to cancer treatment, optimism is highly related with better psychological adjustment (Carver et al., 2005; Friedman et al., 2006; Schou et al., 2005), greater feelings related to physical attractiveness (Abend & Williamson, 2002), and more life satisfaction (Carver et al., 1994). Research has shown that optimism is correlated with many positive life outcomes including increased life expectancy (Chang, 1998), better mental health (Chang, 1997), better coping skills (Scheier, 2001), least loneliness (Schofield et al., 2004).

The second variable included in the study is fear of negative evaluation. FNE is defined as a fear of criticism, disapproval and failure to cope with the situation of anyone thinking badly about you (Herndon, 2012). FNE is linked with several outcomes in its extreme form as the person who fears negative evaluation behaves passive, miss opportunities, avoids socializing, becomes isolated, and have low self-esteem and poor well-being (Reiss & McNally, 1985). A study was conducted by Kent, Gerry and Steve (2001) on the relationship of FNE and social anxiety with disfigurement. A total of 141 participants with psoriasis were selected from different settings. The findings of the study suggested that the participants with more visible disfiguration reported a high level of FNE and social anxiety.

The third variable discussed in the study is loneliness. It is a subjective feelings and that is why many of the people avoid telling that they are lonely because as per them sharing their feeling of loneliness will make them ashamed and other will stigmatize them (Savikko 2008). Literature suggests that lonely people report depress views about their self-concepts and have low self-esteem (Levin & Stokes, 1986; Peplan & Perlman, 1982). Their inferior sense of self comprehends a negative assessment of their appearance, body image, health, sexual life and presentation (Jones, 1982).

As per facial deformity a couple of researches are conducted that suggests that a visible disfigurement holds a crucial effect on the life of an individual whether male or female yet the intensity is high in the case of female. Facial disfigurement has an adverse effect on the quality of life, life orientation, body image satisfaction and self-esteem.

It is widely seen that the emotional problems of women have always been neglected in our society. Especially, the women who have disturbed appearance, or are bothered by their appearance represent the most abandoned fraction of society, because such women are seen mostly being stigmatized by society, and bystanders look them as faulty. It is therefore essential to explore the emotional problems experienced by them and the extent of risk factors that are torturing and troublesome of women's mental health and creates obstacles for further progress that is actually the significance of the study.

OBJECTIVES OF STUDY

The objectives of the present study were to determine the relationship of life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. The study also aimed to investigate the difference among all the three variables study population. The objective also includes the investigation of demographics as contributors in life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues.

HYPOTHESES OF STUDY

Keeping in view the objectives, hypotheses of study are as follow:

i. There will be a relationship between life orientation, fear of negative orientation and loneliness among women with burn, cancer and serious dermatological issues.

ISSN: 2223-9944, e ISSN: 2223-9553

ii. There will be a difference of life orientation among women with burn, cancer and serious dermatological issues.
iii. There will be a difference in fear of negative evaluation among women with burn, cancer and serious dermatological issues.
iv. There will be a difference in level of loneliness among women with burn, cancer and serious dermatological issues.
v. Women with vitiligo will experience more loneliness, fear of negative evaluation and loneliness then the women having dermatitis.
vi. Married women would experience less loneliness, pessimism, and fear of negative evaluation than unmarried, divorced or widow women.
vii. Working women would experience less loneliness, fear of negative evaluation and optimistic life orientation than non-working women.

METHOD

The study was a survey design and the target was to find the relationship of life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. The purpose of the study was also to find out the difference in all the three variables among the study population.

Sample

The sample of the present study consisted of 90 women irrespective of the age, education, marital status and socioeconomic status. Among the 90 participants 30 women were burned (acid burn), 30 were cancer patients (specifically breast cancer and women undergoing radio and chemotherapy), and 30 women were having serious dermatological problems (Vitiligo and Dermatitis). The inclusion criteria of the study was: burned women in acute stage of recovery and are in scar formation phase, breast cancer with its 1 and 2 stage and the women having chemotherapy and radiation therapy, among dermatological issues women with vitiligo and dermatitis were selected. The exclusion criterion of the study was: burn of less than three months, stage 3 and 4 of breast cancer of the women having surgery, and the women who have recovered from their skin infection.

The sample was selected from various settings and from different hospitals, clinics, institutes and NGO's. Purposive sampling procedure was used for the selection of sample.

Instruments

Three questionnaires i.e., Life Orientation Test- Revised (LOT-R), Brief Fear of Negative Evaluation Scale and UCLA Loneliness Scale were used in the study.

Life Orientation Test- Revised (LOT-R; [Scheier, 1994])

The Urdu translation of LOT-R (Huda and Kausar, 2013) was used in this study. LOT-R is a 10-item measure of optimism versus pessimism. Of the 10 items, 3 items measure optimism, 3 items measure pessimism, and 4 items serve as fillers. Respondents rate each item on a 4-point scale from 0 = strongly disagree to 4 = strongly agree. The psychometric properties of translated scale suggest that the scale is reliable as the Cronbach's alpha value of the translated scale is .78.

Brief Fear of Negative Evaluation Scale (BFNE; [Leary, 1983])

The Urdu translation of BFNE (Zafar and Kausar, 2013) was used in this study. The scale is used to measure person's tolerance for the possibility they might be judged disparagingly or hostilely by others. The BFNE measures anxiety associated with perceived negative

ISSN: 2223-9944, e ISSN: 2223-9553

evaluation. This scale is composed of 12 items describing fearful or worrying cognition. The respondent indicates the extent to which each item describes himself or herself on a Likert scale ranging from 1 'Not at all' to 5 'Extremely'. The psychometric properties of translated scale suggest a good reliability as the Cronbach's alpha value of the scale is .79.

UCLA Loneliness Scale (Russell, 1996)

The Urdu translation of the test (Javed, Zafar, Ahmed & Kausar, 2013) was used in the study. UCLA is a 20-item most widely used scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item on a scale from 1 (Never) to 4 (Often). The psychometric properties of the translated scale suggest that the reliability of the scale was .85, which is the good estimate of measure.

Demographic Sheet

The participants were selected irrespective of the demographics expect for the gender, as only females were included in the study. Yet the demographics were considered for the analysis to test hypotheses that includes age, marital status, and number of children, education, family structure, family income, individual income and socioeconomic status.

Procedure

By purposive sampling procedure 90 women were selected from hospitals and institutionalized settings, among them 30 women were burns (acid and accidental burn, on scar formation stage), 30 cancer patients (specifically breast cancer and women undergoing radio and chemotherapy, 1st and 2nd stage of cancer), and 30 women with serious dermatological problems (Vitiligo and Dermatitis). After going through proper informed consent procedure, questionnaires were administered, and forms were get filled. After getting the forms filled, individual scoring was done and data was put on SPSS for further analysis.

RESULTS

To find out the relationship of life orientation, fear of negative evaluation and loneliness among study population, correlation was used. Further to find out the differences in demographic variables, One-way ANOVA was used.

It was hypothesized that "There will be a relationship between life orientation, fear of negative orientation and loneliness among women with burn, cancer and serious dermatological issues". To test the hypothesis, correlation analysis was carried out.

Table 1. Intercorrelation of Life Orientation, Fear of Negative Evaluation and Loneliness among Burn Women

Variables	*Life Orientation*	*Fear of Negative Evaluation*	*Loneliness*
Life Orientation	___	-0.45*	-0.71**
Fear of Negative Evaluation	___	___	0.62**
Loneliness	___	___	___

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, **p<.01, *p<.05

The table 1 shows that in the case of burn women life orientation and fear of negative evaluation have a significant inverse relationship (r=-0.45, p<0.05). Life orientation also have

ISSN: 2223-9944, e ISSN: 2223-9553

a highly significant inverse relationship with loneliness (r=-.71, p<0.01). Fear of negative evaluation also have a highly significant relationship between loneliness (r=0.62, p<0.01). The reason for inverse relationship is that life orientation is a positive variable whereas both the loneliness and fear of negative evaluation are negative variables and the relationship of a positive and negative variable is always inverse. So, the result suggests that if life orientation increases i.e., optimistic life orientation than loneliness and fear of negative evaluation will decrease and vice versa.

Table 2. Intercorrelation of Life Orientation, Fear of Negative Evaluation and Loneliness among Cancer Women

Variables	*Life Orientation*	*Fear of Negative Evaluation*	*Loneliness*
Life Orientation	___	-0.72**	-0.74**
Fear of Negative Evaluation	___	___	0.53**
Loneliness	___	___	___

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, **p<.01.

The table 2 shows that in the case of cancer women life orientation and fear of negative evaluation have a highly significant inverse relationship (r=-0.72, p<0.01). Life orientation also have a highly significant inverse relationship with loneliness (r=-0.74, p<0.01). Fear of negative evaluation also have a highly significant relationship between loneliness (r=0.53, p<0.01). The reason for inverse relationship is that life orientation is a positive variable whereas both the loneliness and fear of negative evaluation are negative variables and the relationship of a positive and negative variable is always inverse. So, the result suggests that if life orientation increases i.e., optimistic life orientation than loneliness and fear of negative evaluation will decrease and vice versa.

Table 3. Intercorrelation of Life Orientation, Fear of Negative Evaluation and Loneliness Women with Serious Dermatological Issues

Variables	*Life Orientation*	*Fear of Negative Evaluation*	*Loneliness*
Life Orientation	___	-0.90**	-0.92**
Fear of Negative Evaluation	___	___	0.93**
Loneliness	___	___	___

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, **p<.01.

The table 3 shows that in the case of women with serious dermatological issues, life orientation and fear of negative evaluation have a highly significant inverse relationship (r=-0.90, p<0.01). Life orientation also have a highly significant inverse relationship with loneliness (r=-0.92, p<0.01). Fear of negative evaluation also have a highly significant relationship between loneliness (r=0.93, p<0.01). The reason for inverse relationship is that life orientation is a positive variable whereas both the loneliness and fear of negative evaluation are negative variables and the relationship of a positive and negative variable is always inverse. So, the result suggests that if life orientation increases i.e., optimistic life

ISSN: 2223-9944, e ISSN: 2223-9553

orientation than loneliness and fear of negative evaluation will decrease and vice versa. The result supports our hypothesis that "There will be a relationship between life orientation, fear of negative orientation and loneliness among women with burn, cancer and serious dermatological issues".

It was hypothesized that "There will be a difference of life orientation among women with burn, cancer and serious dermatological issues. To test the hypothesis One-Way ANOVA analysis was done".

Table 4. One-Way Analysis of Variance of Life Orientation among Women with Burn, Cancer and Serious Dermatological Issues (N=90)

Sources of variation	*SS*	*Df*	*MS*	*F*	*p*
Between Groups	1356.02	2	678.01	37.43	0.01
Within Groups	1575.63	87	18.11		
Total	2931.65	89			

Note. SS = Sum of Squares, *df* = Degree of Freedom, *MS* = Mean Square.

The table 4 indicated that there is a highly significant difference of life orientation among women with burn, cancer and serious dermatological issues, F (2, 87) = 37.43, p< 0.01. Overall the table suggests that there is a significant difference in life orientation among all the three groups of women i.e., women with burn, cancer and serious dermatological issues.

These results support the hypothesis that "There will be a difference of life orientation among women with burn, cancer and serious dermatological issues. To test the hypothesis One-Way ANOVA analysis was done".

It was hypothesized that "There will be a difference in fear of negative evaluation among women with burn, cancer and serious dermatological issues". To test the hypothesis One-Way ANOVA was carried out.

Table 5. One-Way Analysis of Variance of Fear of Negative Evaluation among Women with Burn, Cancer and Serious Dermatological Issues (N=90)

Sources of Variation	*SS*	*Df*	*MS*	*F*	*p*
Between Groups	7056.42	2	3528.21	113.96	0.01
Within Groups	2693.40	87	30.95		
Total	9749.82	89			

Note. SS = Sum of Squares, *df* = Degree of Freedom, *MS* = Mean Square.

The table 5 indicated that there is a significant difference of fear of negative evaluation among women with burn, cancer and serious dermatological issues, F (2, 87) = 113.96, p = 0.01. Overall the table suggests that there is a significant difference in fear of negative evaluation among all the three groups of women i.e., women with burn, cancer and serious dermatological issues.

ISSN: 2223-9944, e ISSN: 2223-9553

It was also hypothesized that "There will be a difference in level of loneliness among women with burn, cancer and serious dermatological issues". To test the hypothesis One- Way ANOVA analysis was done.

Table 6. One-Way Analysis of Variance of Loneliness among Women with Burn, Cancer and Serious Dermatological Issues (N=90)

Sources of Variation	*SS*	*Df*	*MS*	*F*	*p*
Between Groups	7492.35	2	3746.17	28.60	0.01
Within Groups	11392.76	87	130.95		
Total	18885.12	89			

Note. SS=Sum of Squares, *df*= Degree of Freedom, *MS*=Mean Square.

The table 6 indicated that there is a highly significant difference of loneliness among women with burn, cancer and serious dermatological issues, F (2, 87) = 28.60, $p < 0.01$. Overall the table suggests that there is a significant difference in loneliness among all the three groups of women i.e., women with burn, cancer and serious dermatological issues.

The result supports the hypothesis that "There will be a difference in level of loneliness among women with burn, cancer and serious dermatological issues. To test the hypothesis One- Way ANOVA analysis was done".

It was further hypothesized that "Women with vitiligo will experience more loneliness, fear of negative evaluation and loneliness then the women having dermatitis". To test the hypothesis One-way ANOVA analysis was conducted.

Table 7. One-Way Analysis of Variance of Vitiligo and Dermatitis (N=30)

Variables	*Sources of Variation*	*SS*	*df*	*MS*	*F*	*p*
	Between Groups	1604.42	3	534.80	34.65	0.01
LOT	Within Groups	1327.23	86	15.43		
	Total	2931.65	89			
	Between Groups	8054.65	3	2684.88	136.21	0.01
BFNE	Within Groups	1695.17	86	19.711		
	Total	9749.82	89			
	Between Groups	8752.48	3	2917.49	24.76	0.01
UCLA	Within Groups	10132.63	86	117.82		
	Total	18885.12	89			

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, *SS* = Sum of Squares, *df* = Degree of Freedom, *MS* = Mean Square.

ISSN: 2223-9944, e ISSN: 2223-9553

The table 7 shows that the life orientation F (3, 86) = 34.65, p = 0.01, fear of negative evaluation F (3, 86) = 136.21, p = 0.01, and loneliness F (3, 86) = 24.76, p = 0.01 of women with vitiligo and dermatitis differ significantly. Overall the table shows that there is a highly significant difference in life orientation, fear of negative evaluation and loneliness among both the women with vitiligo and dermatitis. Further Post Hoc analysis was done that showed that women with dermatitis have more optimistic life orientation, whereas fear of negative evaluation and loneliness were greater seen in women with vitiligo.

The result supports the hypothesis that "Women with vitiligo will experience more loneliness, fear of negative evaluation and loneliness then the women having dermatitis. To test the hypothesis One-way ANOVA was done".

It was also hypothesized that "Married women would experience less loneliness, pessimism, and fear of negative evaluation than unmarried, divorced or widow women". To test the hypothesis One-Way ANOVA analysis was done.

Table 8. One-Way Analysis of Variance of Life Orientation, Fear of Negative Evaluation and Loneliness among Married, Unmarried, Divorced or Widow Women (N=90)

Variables	*Sources of Variation*	*SS*	*Df*	*MS*	*F*	*p*
	Between Groups	1897.30	3	632.43	52.58	0.01
LOT	Within Groups	1034.34	86	12.02		
	Total	2931.65	89			
	Between Groups	4772.33	3	1590.77	27.48	0.01
BFNE	Within Groups	4977.48	86	57.87		
	Total	9749.82	89			
	Between Groups	7275.31	3	2425.10	17.96	0.01
UCLA	Within Groups	11609.80	86	134.99		
	Total	18885.12	89			

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, *SS* = Sum of Squares, *df* = Degree of Freedom, *MS* = Mean Square

The table 8 indicates that there is a highly significant difference in life orientation F (3, 86) = 52.58, p = 0.01, fear of negative evaluation F (3, 86) = 27.48, p = 0.01, and loneliness F (3, 86) = 17.96, p = 0.01 among married, unmarried, divorced and widow women.

The result supports the hypothesis that "Married women would experience less loneliness, pessimism, and fear of negative evaluation than unmarried, divorced or widow women. To test the hypothesis One-Way ANOVA analysis was done".

It was further hypothesized that "Working women would experience less loneliness, fear of negative evaluation and optimistic life orientation than non-working women". To test the hypothesis One- Way ANOVA analysis was used.

ISSN: 2223-9944, e ISSN: 2223-9553

Table 9. One-Way Analysis of Variance of Life Orientation, Fear of Negative Evaluation and Loneliness among Working and Non-Working Women (N=90)

Variables	*Sources of Variation*	*SS*	*Df*	*MS*	*F*	*p*
	Between Groups	266.94	1	266.94	8.81	0.004
LOT	Within Groups	2664.71	88	30.28		
	Total	2931.65	89			
	Between Groups	243.37	1	243.37	2.25	0.13
BFNE	Within Groups	9506.44	88	108.02		
	Total	9749.82	89			
	Between Groups	840.27	1	840.27	4.09	0.04
UCLA	Within Groups	18044.84	88	205.05		
	Total	18885.12	89			

Note. LO = Life Orientation Test, BFNE = Brief Fear of Negative Evaluation Scale, UCLA = UCLA Loneliness Scale, *SS* = Sum of Squares, *df* = Degree of Freedom, *MS* = Mean Square.

The table 9 shows that there is a significant difference in life orientation F (1, 88) = 8.81, p <0.05 and loneliness F (1, 88) = 4.09, p <0.05 of working and non-working women. While there is no significant difference in fear of negative evaluation F (1, 88) = 2.253, p =ns among both the groups of women. Overall the table suggests that the job status of women do play a role in life orientation and level of loneliness of women.

The result supports half of the hypothesis that "Working women would experience less loneliness, fear of negative evaluation and optimistic life orientation than non-working women". As working and non-working women do differ in their life orientation and loneliness while no difference was seen in their fear related to negative evaluation.

DISCUSSION

The study aimed to find out the relationship of life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. It also aimed to investigate the relationship of life orientation, fear of negative evaluation and loneliness among women with burn, cancer and serious dermatological issues. The reason to take these three groups of population was that each of the group i.e., burn, cancer and serious dermatological issues undergo through a common factor that is facial and bodily disfigurement and deformity. So the basic underlying aim of present study was to find the relationship of all three study variables that are life orientation, fear of negative evaluation and loneliness and also to find the difference in score of all the three variable among all three populations i.e., burn, cancer and serious dermatological issues. Aside from the study variables several demographic variables that may be contributing to the finding of the study were also inquired.

Equal number of participants from each of the group was taken i.e., 30 burned women, 30 women with breast cancer and 30 with serious dermatological issues i.e., vitiligo and dermatitis. To ascertain the accurate findings the participants were briefed at first about the nature of the study and was asked to answer each question by keeping in view their facial disfigurement. Before handing over the questionnaires the participants were asked to discuss

ISSN: 2223-9944, e ISSN: 2223-9553

the trauma or event that they had faced, are facing and have to face when they move around in society. The purpose for recall of the occurrence or event was that with that certain feeling the participants can score each item without the influence of other factors like current mood, good or bad day, environment etc.

The results of the present study showed that life orientation and fear of negative evaluation have a significant inverse relationship in the case of burn women while highly significant inverse relationship among women with cancer and serious dermatological issues. A previous study finding support the current findings that optimistic individuals do have a better quality of life, high life satisfaction, have less disruption in normal routine life, are less distressed, experience minimal social withdrawal related to negative evaluation, are least depression and have a greater well-being (Carver, Lehman & Antoni, 2003).

The findings of the present study further showed that life orientation has a highly significant inverse relationship with loneliness in the case of all three populations i.e., women with burn, cancer and serious dermatological issues. A previous study showed the similar findings that people with high level of life orientation i.e., optimistic life orientation do experience least level of loneliness and social withdrawal (Aspinwall & Taylor, 1993).

Further findings of the present study suggested that fear of negative evaluation has a highly significant relationship with loneliness. So, if a person experiences a greater level of fear related to negative evaluation by others he/she will also experience high level of loneliness. Previous literature also supports the current findings as Killeen (1998) described in his work that loneliness induces a feeling of alienation among an individual, a feeling of worthlessness and refusal by others. It is seen that lonely people do report use to create a negative world for them in which everything goes against them. They hold depressed views about their self, about others and feel that others dislike him or her and also feel that others hold negative opinion for that person and this thinking leads a low self-esteem (Levin & Stikes, 1986; Peplan & Perlman, 1982).

Further result of the present study suggested that the women with cancer are higher on life orientation and low on fear of negative evaluation and loneliness. A recent relevant study done by Nosouhian, Yousefi, and Reza (2014) suggested that life orientation and personality traits does not differ significantly among both the healthy women and women with breast cancer so, it was concluded that breast cancer doesn't affect life orientation of women. Another related study suggested that optimistic individuals report least level of loneliness (Aspin & Taylor, 1993).

Further findings of present study showed that women with burn and serious dermatological issues are low on life orientation and do experience high fear of being negatively evaluated by others and also high level of loneliness. The findings of the study done by Zafreen, Wahab, Islam and Rahman in 2010 also points similar findings like the present study that burned women do experience a high level of social rejection even by their own families and friends that ultimately leads towards loneliness. Another study also supports the current findings as it was suggested that burn experience shutters women self-esteem and leads to several distressing symptoms like depression, anxiety, guilt, rejection, social isolation and withdrawal, fear of others opinion, post-traumatic stress, loneliness and suicide (Niaz, 2004).

The literature on dermatological issues is although scarce but related study findings on dermatological issues showed that dermatology patients mostly complaint that their main problem or issue is not the disease but the reaction of other people towards their disease (Rapp, 1999). Added researches on people with dermatological issues suggests that these skin

ISSN: 2223-9944, e ISSN: 2223-9553

problems often lead towards stress, anxiety, depression, social withdrawal and loneliness (Dungey & Busselmeir, 1982; Obermeyer, 1985).

Comparing all the three populations under study the dermatological issues seems milder in intensity that is why it was divided into two kind of severe problems that were vitiligo and dermatitis as both the problems does create facial disfigurement as burn and cancer does. Comparing both the sub categories of dermatological issues i.e., vitiligo and dermatitis. The finding of the present study indicated that women with vitiligo experienced high level of fear of being negatively evaluated by others and also high level of loneliness with low life orientation i.e., pessimistic view towards life. To the best of my knowledge, only one relevant study was done that is tapping vitiligo. Kent and Al'Abadie in 1996 found in their study that people with vitiligo do experience high level of distress, social isolation and loneliness as compared to general population.

Present study also explored several demographic findings. The study showed that level of education does play a role in life orientation and loneliness as it was seen that the women who were highly educated i.e., masters, do have optimistic life orientation and reported no issues related to loneliness. Previous literature also supports this finding as a study done by Feinstein et al., (2006) indicated in its findings that education is strongly associated with health as people who are highly educated or attend more school years holds a positive orientation of their life and have better health and well-being. In reference to marital status the findings of the study showed that the women who were married do have optimistic life orientation as their score was high on it and they don't reported the fear of being negatively evaluated by others and loneliness while the opposite was true for unmarried women as the score of such women indicated a pessimistic view toward life, high fear related to negative evaluation by others and also high level of loneliness. Similar kind of findings are supported by the effort put forward by Wilson and Oswald in 2005 in their longitudinal study to investigate the effect of marriage on physical and psychological health. It was concluded in the study that married people live longer, healthier, prosperous and positive. It was also concluded that married people are less likely to suffer with any psychological distress and emotional traumas. Present study findings further revealed that job status like working and non-working status does play a role in the life of women with burn, cancer and serious dermatological issues as present study revealed that the women who were working or were in job does have an optimistic life orientation as compared to non-working women, while non-working women does experience high level of loneliness. Relevant findings are derived from the study of Waddell and Burton (2006) as they suggested in their study that work is a tenet for both good physical and mental health. it was founded that unemployed individuals holds a negative view about everything around and such individuals are more prone to stress, disorders and diseases while employed individuals have more positive experiences and rarely suffer with distress.

RECOMMENDATIONS

To conduct a future research related to the current study the researcher at first should be sensitive to the multidimensionality of life orientation, fear of negative evaluation and loneliness and its relationship with a number of correlates. There is a need that further research should be conducted on larger sample size to ensure the generalizability. In further research there is also a need to focus on different causes that lead to the event especially in the case of burn. As there can be various causes of burns and response to each cause is different and so the effect of it on women mental health is different too. As in some cases the women herself is blamed for the act that is mostly in acid burns, while in other cases like accidental burns, the fortune is blamed. There is also a need to keenly study the marital status

ISSN: 2223-9944, e ISSN: 2223-9553

of such women like the marital status of women before and after the event to check does it remain the same or changes, as this area largely affects women mental and psychological health and does contributes large in the life orientation. Further research can also entertain varied other categories of women who experience facial or bodily deformity and disfigurement. The further research can also include family support and cohesiveness as it can be one of the factors that contribute in life orientation, fear of negative evaluation and loneliness. Furthermore, detailed interviews can also be conducted with some of the sample participants to examine other related factors that can act as contributors.

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ISSN: 2223-9944, e ISSN: 2223-9553