INTRODUCTION

Melasma is an acquired disorder of skin pigmentation in areas exposed to the sun, especially the face. It is common among women and dark-skinned individuals, mainly due to ultraviolet irradiation and hormonal changes. In clinical examinations, facial lesions are observed in the Centro-facial, malar, and mandibular areas.1

Melasma has been observed in all races and populations; however, epidemiological studies have reported the highest prevalence among individuals with darker phenotypes, including people from East Asia, India, Pakistan, and the Middle East, as well as Mediterranean Africans. In community-based study in 2002 in Iran, 39.5% of the 855 Iranian women surveyed had the condition, while 9.5% of them were pregnant.2

Because melasma lesions are often facial and, thus, visible, the condition causes patients much stress, has a negative impact on their daily life and emotional and mental health, and often pushes them to consult a dermatologist.3 In research reports, patients frequently report shame, low self-esteem, inability to feel pleasure, dissatisfaction, and lack of motivation to leave home.4 A study in India indicated that among the study participants, 36.54% felt sad, 41.03% felt disappointed, 46.03% felt disappointed, 46.03% felt embarrassed, and 48.72% were depressed due to their appearance.5 Another study investigated the condition’s effect on the self-confidence of six patients with mild

Original Article

In search of lost beauty: Experiences of Iranian women with melasma

Hasan Edalatkhah MD1 | Saied Sadeghieh-Ahary MD2 | Fatemeh Abbasnejad MD3 | Mansoureh Karimollahi Ph.D4

1Department of Dermatology, Imam Reza Hospital, Ardabil University of Medical Sciences, Ardabil, Iran
2Department of Community Medicine, School of Medicine, Ardabil University of Medical Sciences, Ardabil, Iran
3School of Medicine, Ardabil University of Medical Sciences, Ardabil, Iran
4Department of Nursing, School of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran

Correspondence
Mansoureh Karimollahi, Nursing Department, School of Nursing and Midwifery, Shohada headway, Ardabil, Iran.
Emails: Karimollahi@gmail.com; m.karimollahi@arums.ac.ir

Abstract

Background: The skin condition called melasma affects patients’ appearance significantly and affects them psychologically and emotionally, besides leading to an impaired body image.

Aim: Since access to quality information in different cultural environments is necessary to understand the psychological problems associated with melasma, the aim of this qualitative study was to explore the experiences of 20 Iranian women with melasma.

Patients/Methods: The content analysis method was employed for this study. Twenty participants were selected through purposive sampling, and data were collected through face-to-face in-depth interviews and then transcribed verbatim.

Results: After categorizing the initial codes, 14 subthemes were identified, which were classified under five themes—camouflage, seeking treatment, lost beauty, grief, and others’ reaction; these were then grouped under a general one, “in search of lost beauty.”

Conclusions: Melasma has a tremendous impact on the lives of the women it affects, and therapists should focus on the condition’s social and psychological aspects, in addition to treatment.

Keywords
beauty, experience, melasma, qualitative research, women
or severe melasma, and all of them said that it affected their QoL and confidence, and therefore, the study concluded that physicians treating melasma should be aware of its psychological effects on the patients and the treatment's effects on their confidence.

In a qualitative study conducted to identify QoL impairments among pregnant women, the participants mentioned experiencing unpleasant skin changes, including acne, melasma, and striae, and some of them even felt ugly due to these. Since access to quality information in different cultural environments is necessary to understand the psychosocial problems caused by melasma, and given the limited number of qualitative studies in this regard, the current study intends to value the singularity of the women with melasma, gives voice to the first-person viewpoint and shedding light on the experience of melasma as seen from inside, as it is lived by Iranian women with melasma, and, in this way, contributes to the construction of knowledge in the area of nursing in dermatology, based on the experiences of dermatological patients.

2 | MATERIALS AND METHODS

The content analysis method was employed for this qualitative study—qualitative content analysis is appropriate in cases of fewer theories or limited research on the phenomenon under investigation. Twenty participants were selected through purposive sampling—the inclusion criteria were a melasma diagnosis confirmed by a dermatologist and interest in participating in the study. Demographic information is listed in Table 1. The study setting was dermatology clinics affiliated with .... Face-to-face interviews were conducted in a room in the clinics for 25 to 35 min. At first, the general question, “How do you feel about melasma?” was asked, and later, for more information, questions such as “Why is it so?” and “What do you mean by this?”.

In addition, phrases such as “Please explain further” were used. All interviews were recorded with the participants’ permission and then transcribed verbatim. Content analysis entails open coding, categorization, and abstraction. After reading the transcripts several times, the key concepts were underlined and the initial codes extracted. After extracting the codes from the sentences and paragraphs, they were merged into a series of subthemes based on the similarities and differences and then summarized under the main themes. The researchers tried not to impose their presupposition on the analysis as much as possible.

For consistency of data, transferability, credibility, and verifiability were checked. For credibility, the researchers engaged with the data and participants continuously. For verifiability, the researchers benefited from the opinions of a colleague on the analysis of the data and codes; all activities were recorded and included in the final report for reliability.

Moreover, transferability was confirmed by sharing the study results with two contributors who were not involved in this research but had encountered a similar situation in their work.

Ethics approval was obtained from the Ethics Committee of Ardabil University of Medical Sciences. In addition, the study

| Participant no. | Gender | History of melasma (years) | Age | Occupation |
|-----------------|--------|---------------------------|-----|------------|
| 1               | Female | 8                         | 48  | Teacher    |
| 2               | Female | 6                         | 45  | Homemaker  |
| 3               | Female | 10                        | 36  | Homemaker  |
| 4               | Female | 5                         | 46  | Homemaker  |
| 5               | Female | 2                         | 35  | Homemaker  |
| 6               | Female | 6                         | 40  | Homemaker  |
| 7               | Female | 6                         | 38  | Homemaker  |
| 8               | Female | 3                         | 37  | Clerk      |
| 9               | Female | 10                        | 37  | Homemaker  |
| 10              | Female | 7                         | 35  | Clerk      |
| 11              | Female | 5                         | 32  | Teacher    |
| 12              | Female | 8                         | 40  | Homemaker  |
| 13              | Female | 12                        | 38  | Clerk      |
| 14              | Female | 4                         | 45  | Homemaker  |
| 15              | Female | 8                         | 35  | Homemaker  |
| 16              | Female | 5                         | 31  | Homemaker  |
| 17              | Female | 7                         | 42  | Nurse      |
| 18              | Female | 6                         | 38  | Teacher    |
| 19              | Female | 4                         | 50  | Homemaker  |
| 20              | Female | 9                         | 36  | Homemaker  |
objectives were shared with the participants, and they were assured that their information would be kept confidential and that they could leave the study at any time.

3 | RESULTS

Initial coding gave 140 codes, and after removing repetitive ones, 114 were left. The final number of codes was 87 after omitting the extra and useless ones. Categorizing the initial codes gave 14 subthemes, which were classified into five themes; all five were then summarized under a general one, “in search of lost beauty” (Table 2).

3.1 | The five themes

Below each of the five themes has been described in detail. The descriptions include the participants' thoughts, feelings, and responses recorded during their interviews.

1. Camouflage: This theme was named camouflage for the steps taken by most of participants to try and ensure that others did not see their skin patches—applying heavy makeup or staying at home.

1.1. Heavy makeup: Most of the participants said that they needed to use multiple creams to hide their patches and did not step out without makeup.

A 36-year-old homemaker said, “I never used to apply any cream, but now I apply several to conceal the patches—I can’t go out if I don’t do this because I’m afraid everybody will notice the patches. Sometimes, even my husband tells me that my skin is no longer good and the patches are increasing. So, I have to have makeup on at home as well.”

A 35-year-old clerk said, “I spend half an hour applying makeup before going out; without it, I feel ugly. I think that if I went out without makeup, the neighbors would know my skin isn't good. They’ve even told me that I look better when I've applied cream; that’s why I never go out without applying it.”

1.2. Avoidance: Most of the participants said that they went out less often, so that fewer people would see their patches.

A 35-year-old homemaker said, “I don’t like going to public places. For example, when I go to a party, everybody mentions the fact that my face is full of patches, and I feel embarrassed. So, I don’t feel like going to parties.”

A 31-year-old homemaker shared the same feeling: “I don’t like going to parties. My mom says it’s ok, but my heart isn’t in it. I haven’t been to many parties because of the patches.”

2. Seeking treatment: This theme was obtained by combining two subthemes—“treatment follow-up” and “hope for a cure” which was stated by all of the participants in the study.

2.1. Treatment follow-up: All participants said that they had been taking treatment for a long time and following their physician’s instructions to treat the patches.

A 40-year-old homemaker said, “I apply the (therapeutic) creams every night even if I am pressed for time. I hope the creams make the patches disappear.”

A 32-year-old teacher said, “I’ve visited several physicians. Some prescribed combined medicines, while some said not to waste money on drugs because the patches reappear if one stops using the creams”. Another said that “I should take medication under supervision for 9 months, adding that the patches may lighten but will reappear”.

2.2. Hope for a cure: The participants spoke about their hope for a cure, saying that why they continue with the treatment. A 45-year-old homemaker said, “My family members discouraged me from seeking treatment as they thought I wouldn’t get better. Nonetheless, 2 months ago, I started the treatment. I feel that the patches have decreased since, which gives me hope.”

Another said, “I hope these patches disappear someday. I’ve heard that the condition improves with age. I’m looking forward to that.”

3. Lost beauty: Several patients expressed the subthemes of mirror avoidance, regret over the loss of beauty, and disappointment that was combined under theme of lost beauty.

3.1. Mirror avoidance: Some of the participants said that they hated mirrors because these made them feel that they were no longer beautiful. The 36-year-old homemaker said, “Now that my face is full of patches, I feel sad when I look in a mirror. Therefore, I try to avoid it, because the more I look, the more upset I get.”

Another homemaker, aged 46, said, “…I hardly ever look in a mirror, because seeing the patches upsets me; I feel sad and sorry for myself because of them.”

3.2. The regret over the loss of beauty: Most of the participants believed that they were much better looking in the past and wanted to regain those looks. The 45-year-old homemaker said, “I take my photograph and I compare it with my old ones. I realize that I look aged.”

The 36-year-old homemaker said, “When I look at old albums, I see that my skin was free of patches and acne. Now, it isn’t.”

3.3. Disappointment: Some of the participants who had been taking treatment for a long time reported feeling disappointed when they did not see the expected changes. A 42-year-old participant said “I’ve visited my physician often because of the patches but left disappointed; I stopped the drugs midway because the patches didn’t disappear quickly; they got worse. I expected to be cured within 1-2 months, but that didn’t happen. There is no cure.”

The 40-year-old homemaker said, “I’ve visited several physicians, even going to different cities for a consultation. They said that the patches wouldn’t go away for good, even if they did laser treatment.”
Another participant said, "I took medication for a while, but whenever I missed a dose, the patches multiplied. I even tried to find other solutions like traditional medicine. Now, I've given up."

4. Grief: It was observed that some of the participants when realized that their condition was incurable, they accepted the loss of their beauty and grieved. This theme comprised the following three subthemes: a sense of guilt, depression, and low self-confidence.

4.1. A sense of guilt: The participants felt guilty about the patches. "When I was younger, I had a clear face. Sometimes I tell myself that these patches probably started because I applied so much cream back then. I wish I had taken better care of my skin in my youth."

A 38-year-old clerk said, "I don't feel relaxed in public, I feel embarrassed. I hold myself responsible for this 'defect' in me because I didn't follow-up on the treatment; I think this was treatable but I neglected it."

The 40-year-old homemaker said, "I'm well aware of the fact that I didn't eat properly. I had severe stress, didn't sleep enough, and had been on antidepressants for a while—all of this caused this problem."

4.2. Depression: Depression is common among those facing appearance-related problems, and melasma patients are no exception. The 36-year-old homemaker said, "I feel so old, I feel depressed, and when I look at my face in the mirror, I get upset."

The 46-year-old homemaker said, "I used to be so happy; now, every moment feels like a struggle. I'm always upset, depressed, and in a bad mood because of my patches. I don't like to put on makeup either. I tell myself that my skin is terrible, so why bother with makeup anyway."

"I'm always in a terrible mood. I don't feel like eating or doing any work," said a 38-year-old participant.

4.3. Low self-confidence: Similar to patients of other skin disorders, some of patients with melasma also experience a decrease in self-confidence. A 35-year-old homemaker said, "I avoid talking when in a group. If I stay quiet, others may not pay much attention to me, and thus, not notice my patches."

A 38-year-old teacher said, "I always feel despised; I don't feel relaxed with my colleagues. I see these patches as a defect."

"When I look in a mirror, I get upset. Moreover, sun exposure makes the patches darker. I've lost self-confidence—I apply powder even for going to the local grocery store," said a 32-year-old teacher.

5. Others' reaction: This theme was derived from the subthemes of reduction in spouse's affection, sarcasm, and feeling despised that was mentioned by several participants.

5.1. Reduction in spouse's affection: Several of the younger participants with severe melasma expressed their feelings about the decrease in their spouse's affection toward them. A 37-year-old homemaker said, "I feel my husband is overly conscious about my face when I don't have makeup on; in fact, he doesn't even come home at such times."

Another said, "Though my husband hasn't said anything openly, I feel that he is less affectionate toward me than before."

5.2. Sarcasm: Some of the participants reported having to endure sarcastic comments from those around them. The 36-year-old homemaker said, "My in-laws nag me saying I look aged and that there are many patches on my face. They even say 'We didn't look like this at your age.'"

"They behave terribly with me and treat me with contempt. They say it is too late for me to get treated for this because of my age," said the 45-year-old homemaker.

5.3. Feeling despised: Besides other problems, the participants also felt despised by others. "Others' opinion affects me. These days, women put in so much effort to look beautiful. When people see my face with patches on the forehead, they look surprised, as if they are wondering why I don't try to look better," said a 31-year-old homemaker.

A 38-year-old homemaker said, "People look at me as if I have a problem or defect, and this annoys me."

"I don't enjoy the company of people who stare at my patches," said the 45-year-old homemaker.

### TABLE 2 Themes and subthemes in the experience of women with melasma in Iran

| Themes                | Subthemes                                      |
|-----------------------|-----------------------------------------------|
| Camouflage            | Heavy makeup, Avoidance                       |
| Seeking treatment     | Treatment follow-up, Hope for a cure          |
| Lost beauty           | The Mirror avoidance, Disappointment, Regret over the loss of beauty |
| Grief                 | Sense of guilt, Depression, Low self-confidence |
| The others' reactions | Reduced spouse affection, Sarcasm, Despising behavior |

This qualitative study revealed that melasma affects patients' lives significantly. Data analysis gave five themes: camouflage, seeking treatment, lost beauty, grief, and others' reaction. Finally, all five were summarized under a general one, "in search of lost beauty."

Some of the themes found in the current study were consistent with those in previous studies which were descriptive and investigated melasma's effects on patients' QoL, self-esteem, and self-confidence, indicating that the condition has significant psychological, emotional, and social impacts on patients, who also have to spend a lot on its treatment, though the results do not always meet their expectations.

For example, a study on melasma perception of 70 patients in Iraq concluded that the condition had detrimental effects on...
these patients’ QoL, reporting that these effects were more pronounced in younger and single women than their older and married counterparts.10

In addition, Harumi and Goh found that melasma can cause considerable psychological problems in patients due to its esthetic nature.11

But, in India, Suthanther et al.12 noted that 73.71% of the patients surveyed did not experience significant effects in their daily life, 23.42% experienced moderate effects, and 2.85% mild effects. This inconsistency may be because the patients in India are dark-skinned and the melasma patches are not assignable but the women in Iran have relatively light skin and the dark patches are very distinctive. However, further research is needed to compare the impact of melasma on patients in different cultures and skin tones.

In the current study, reduced happiness, preoccupation, daily distress, sadness, depression, frequent crying, impatience, sleepiness, and worry affected QoL, which is consistent with the findings of the aforementioned studies.

Only a few studies have employed qualitative methods, mainly focusing on such conditions’ effects on QoL. Jiang et al.,6 in their study, identified four key themes: decrease in self-esteem, increased self-awareness, reduced freedom, and disappointment with costly and ineffective treatments.

In a qualitative study, Pollo et al. highlighted the physical aspects/appearance, clinical treatment, and social/emotional aspects of QoL in melasma patients and emphasized the condition's impact on QoL. The results indicated that melasma is a frequent dermatosis and, because it affects exposed areas, producing the aspect of carelessness and being difficult to camouflage, maximizes its impact on body image and interpersonal relationships.13

In the current study, 14 subthemes, including heavy makeup, avoidance, seeking treatment, hope for a cure, reduction in spouse's affection, sarcasm, and feeling despised, were identified, most of which cannot be explained in terms of QoL. These issues have not been explored significantly in previous studies, because most of them have cultural roots and should be investigated separately.

It was observed that most of the participants had been unable to accept their melasma patches—their responses included hope for a cure, the expectation of a quick cure, frequent visits to the physician, comparison of present and past skin through photographs, crying in front of the mirror, feeling less attractive, and wanting the patches to disappear completely. In their interviews, most expressed some regret over the loss of beauty, and sadness, conveyed through such responses as “How did I end up getting these patches! My skin used to be clear and bright.” In addition to a decrease in self-confidence and QoL, regret over the loss of beauty distressed the participants. For example, common behaviors observed among them included searching for an experienced dermatologist and effective treatments to regain lost beauty, frequently changing physicians, and comparing their present skin with that of the past and regret over lost beauty. Hussan (2017) stated changes in the patient lifeworld because of diseases, in general, is the reason behind seeking medical help; because skin disease and especially pigmented disorder is damaging patient self-image and their connection to others and their jobs.10 Therefore, it seems the key theme “in search of lost beauty” presents an appropriate and realistic concept for dermatologists to focus on when considering female melasma patients' life problems.

This study had a few limitations that any qualitative research is bound to have and the results may not be generalizable. In addition, this study was conducted in an urban population, which may not be representative of the general population.

Furthermore, the researchers investigated the experiences of women who had volunteered to participate in the study; these might be different from the experiences of those who were unwilling to take part or of men.

5 | CONCLUSION

As the results of this study showed, melasma has a profound impact on patients’ QoL—the study participants did not want to leave home, felt despised, were preoccupied with their patches and lost beauty, and avoided the mirror. Therefore, therapists, as well as treatment, should focus on melasma’s social and psychological aspects.

ACKNOWLEDGMENT

We thank all interviewees who agreed to take part in the study to share their invaluable experiences.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

The project is accepted by the Ethics Committee of Ardabil University of medical sciences, and informed consent was taken from all participants in this study.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available in request.

ORCID

Mansoureh Karimollahi https://orcid.org/0000-0002-4257-2088

REFERENCES

1. Ogbechie-Godec OA, Elbuluk N. Melasma: an up-to-date comprehensive review. Dermatol Ther. 2017;7(3):305-318. doi:10.1007/s13555-017-0194-1
2. Edalatkhah H, Amani F, Rezaiefar G. Prevalence of melasma in women in Ardabil city in 2002. Iran J Dermatol. 2004;7(2):72-77.
3. Nejat S. Quality of life and its measurement. Iran J Dermatol. 2008;4(2):57-62. http://irje.tums.ac.ir/article-1-146-fa.html
4. Handel AC, Miot LDB, Miot HA. Melasma: a clinical and epidemiological review. An Bras Dermatol. 2014;89(5):771-782. doi:10.1590/s1355-550x201403063
5. Arora P, Meena N, Sharma P, Raihan M. Impact of melasma on quality of life in Indian patients. Pigment Int. 2018;4(2):92-97. doi:10.4103/2349-5847.219683
6. Jiang J, Akinseye O, Tovar-Garza A, Pandya AG. The effect of melasma on self-esteem: a pilot study. *Int J Womens Dermatol*. 2018;4(1):38-42. doi:10.1016/j.jiwd.2017.11.003

7. Kazemi F, Nahidi F, Kariman N. Disorders affecting quality of life during pregnancy: a qualitative study. *J Clin Diagn Res*. 2017;11(4):QC06-QC10. doi:10.7860/JCDR/2017/23703.9560

8. Elo S, Kyngas H. The qualitative content analysis process. *J Adv Nurs*. 2007;62(1):107-115.

9. Elo S, Kääriäinen M, Kanste O, Polkki T, Utriainen K, Kyngas H. Qualitative content analysis: a focus on trustworthiness. *SAGE Open*. 2014;4(1):1-10. doi:10.1177/2158244014522633

10. Hussan ATAl. Understanding melasma: lifeworld reflective approach. *Sci J Med Res*. 2017;01(02):69-77. doi:10.37623/sjmr.2017.1208

11. Harumi O, Goh CL. The effect of melasma on the quality of life in a sample of women living in Singapore. *J Clin Aesthet Dermatol*. 2016;9(1):21-24. http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE(reference&D=emed8&NEWS=N&AN=2008238709

12. Suthanther C, Bubna A, Sankarasubramanian A, Veeraraghavan M, Rangarajan S, Muralidhar K. A clinical study of melasma and assessment of Dermatology Life Quality Index at a tertiary health care center in South India. *Pigment Int*. 2016;3(2):77. doi:10.4103/2349-5847.196298

13. Pollo C, Miot L, Miot H, Meneguin S. Meanings of quality of life for patients with facial melasma. *ESTIMA, Braz J Enterostomal Ther*. 2018;16:e3318. doi:10.30886/estima.v16.626

**How to cite this article:** Edalatkhah H, Sadeghieh-Ahary S, Abbasnejad F, Karimollahi M. In search of lost beauty: Experiences of Iranian women with melasma. *J Cosmet Dermatol*. 2022;21:3438–3443. doi:10.1111/jocd.14657