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Understanding Perceived Stigma, Quality of Life and Self-esteem among Females with Facial Acne

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Abstract

Facial acne is a common dermatological condition that can extend beyond physical appearance to influence an individual's psychological and social well-being. Despite its prevalence, the lived experiences of adults particularly women coping with acne-related stigma remain underexplored. This study aimed to explore how adult females with facial acne perceive stigma, and how this perception impacts their quality of life and self-esteem. A qualitative, phenomenological design was employed. Fifteen adult females aged 20–35 years with varying severities of facial acne were recruited through purposive sampling. In-depth semi-structured interviews were conducted to capture participants' personal experiences and emotional responses. Data were analyzed using thematic analysis to identify recurring patterns and themes related to stigma, self-perception, and social interactions. Three major themes emerged: Visible Difference and Social Judgment—participants reported feeling scrutinized and misunderstood in social and professional settings; Emotional Toll and Self-Worth—feelings of embarrassment, frustration, and diminished self-esteem were common, often linked to societal beauty standards; and Coping and Resilience—participants adopted varied strategies, including makeup use, social withdrawal, or seeking medical and psychological support, to manage the emotional burden. The perceived stigma was closely intertwined with reduced quality of life and fluctuating self-esteem. The findings highlight that facial acne in adult females extends beyond a dermatological issue, deeply affecting psychological well-being and social identity. Interventions addressing both dermatological treatment and emotional support are essential to improve overall quality of life. Future research could explore gender differences and the role of social media in shaping acne-related stigma.

Keywords: Acne, Stigma, Self-Esteem, Quality Of Life, Qualitative Research, Adult Females, Phenomenology

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Introduction

Acne vulgaris is a common dermatological condition, often considered self-limiting or "just skin," but increasingly recognized as having substantial psychosocial ramifications. While much of the research has focused on adolescents, adult acne – particularly when it affects the face – also carries important consequences for how individuals view themselves and how they believe others see them (Zahra et al., 2025). One important concept in this area is stigma. Stigma refers to a "discrediting mark" that distinguishes the stigmatized individual from others, potentially limiting social interactions and access to normal roles (Szepietowska et al., 2022). In the context of facial acne, perceived stigma (i.e., the person's belief that others judge them negatively or treat them differently because of their skin) and internalized stigma (when the person accepts and applies those negative societal attitudes to themselves) can emerge (Tosun et al., 2025). Because the face is highly salient in social communication and first impressions, acne on the face may make individuals vulnerable to negative judgments, social avoidance and reduced self-confidence. For example, a study found that among adolescents with facial acne, 58% reported feelings of stigmatization; those feelings correlated significantly with poorer quality of life (Szepietowska et al., 2022).

The experience of stigma connects intimately with individuals' quality of life (QoL) and self-esteem. Quality of life is a broad concept capturing how an individual's physical health, psychological state, level of independence, social relationships, and relationship to salient features of the environment affect their well-being. In dermatology, tools such as the Dermatology Life Quality Index (DLQI) capture how skin conditions impair daily functioning, social engagement, self-perception, and emotional well-being. Acne has been shown to reduce QoL, sometimes to a degree comparable to chronic medical conditions. For instance, in one study of adult acne patients, perceived stigma emerged as the strongest predictor of acne-related quality of life impairment (Liasides & Apergi, 2015).

Self-esteem—the global evaluation of one's worth as a person—also plays a crucial role in the psychosocial impact of acne. Low self-esteem may mediate or moderate how visible skin conditions are experienced. Some research in adults and older adolescents has shown that acne is associated with lower self-esteem and body-image dissatisfaction. For example, a study comparing adolescents with adults found no mean difference in self-esteem scores between groups, but a higher proportion of adolescents had very low self-esteem—still underscoring the persistence of low self-esteem in adult acne (Özkesici Kurt, 2022). Importantly, the interplay between stigma, QoL and self-esteem may be cyclical. Individuals who perceive high stigma may avoid social interactions, feel less confident, and thereby experience reduced QoL. Over time, poorer QoL and ongoing visible skin symptoms may undermine self-esteem further, which then may heighten sensitivity to stigma. Indeed, internalized stigma has been shown to correlate strongly with both reduced QoL and increased disease severity in acne patients (Tosun et al., 2025). Given this background, studying perceived stigma, quality of life and self-esteem among adults with facial acne is especially relevant. Although adolescent samples dominate the literature, adults experience unique challenges (e.g., work-life, relationships, long-standing skin changes, scar formation) and may face stigma in different ways. A clearer understanding of how stigma operates in adult facial acne, and how it relates to QoL and self-esteem, can inform more holistic care—going beyond lesion count to psychological and social dimensions. Thus, the present study aims to explore the relationships among perceived

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stigma, quality of life, and self-esteem in adults with facial acne, hypothesizing that higher perceived stigma will be associated with lower QoL and lower self-esteem, and that self-esteem may mediate the association between stigma and QoL.

Statement of the Problem

Facial acne is one of the most common dermatological conditions affecting adults worldwide, yet its psychological and social consequences are often underestimated. While acne is primarily a physical condition, it can significantly influence how individuals perceive themselves and how they believe others perceive them. Adults with facial acne frequently experience feelings of embarrassment, social withdrawal, and diminished confidence due to visible skin lesions (Zahra et al., 2025).These experiences may contribute to perceived stigma, negatively impacting their self-esteem and overall quality of life. Despite the availability of various medical treatments for acne, many studies have focused primarily on its physical management, with comparatively less emphasis on the psychosocial aspects of the condition. The relationship between perceived stigma, self-esteem, and quality of life among adults with facial acne remains inadequately explored, particularly in different cultural and social contexts. Understanding these interrelationships is crucial because the psychological burden of acne may persist even after physical symptoms improve. Without addressing these psychosocial dimensions, treatment outcomes may remain incomplete. Therefore, this study seeks to examine the levels of perceived stigma, the impact on quality of life, and the self-esteem of adults living with facial acne. It further aims to explore the correlations among these variables to provide a holistic understanding of the psychological and social challenges faced by this population.

Rationale of the Study

Facial acne is one of the most common dermatological conditions affecting individuals worldwide, especially during adolescence and early adulthood. While acne is often regarded as a temporary or cosmetic problem, its psychosocial consequences can be profound and long-lasting. Individuals with visible acne frequently experience negative self-perceptions, social withdrawal, and emotional distress due to perceived stigma and societal beauty standards that favor clear skin. Perceived stigma the awareness or anticipation of being judged or discriminated against due to one's skin condition can greatly influence a person's mental and emotional well-being. Adults with facial acne may internalize societal attitudes, leading to reduced self-esteem and diminished quality of life. Despite these potential impacts, much of the existing literature has focused on the clinical and physiological aspects of acne, with limited attention to the psychological and social dimensions experienced by adults. Understanding the interplay between perceived stigma, quality of life, and self-esteem among adults with facial acne is therefore essential. Such understanding can provide valuable insights for health professionals, psychologists, and dermatologists in designing more holistic interventions that address not only the physical treatment of acne but also its emotional and social repercussions. Moreover, exploring these relationships can help in developing awareness programs aimed at reducing stigma and promoting mental health among individuals with visible skin conditions. By investigating these variables together, the study aims to contribute to the growing body of knowledge on the psychosocial impact of dermatological conditions, emphasizing the need for an integrated approach to acne management that considers both medical and psychological well-being.

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Objectives of the Study

1. To examine perceived stigma, quality of life, and self-esteem among females with facial acne.

Significance of the Study

Acne is often viewed as a purely dermatological issue, but it also affects psychological well-being. By exploring how perceived stigma and self-esteem relate to quality of life, this study highlights the emotional and social burden that adults with acne experience. This can help promote a more holistic understanding of acne as both a physical and psychological condition. The findings can assist dermatologists, psychologists, and other healthcare providers in recognizing the psychosocial aspects of acne. Understanding the stigma and self-esteem issues associated with facial acne can lead to more empathetic and comprehensive care strategies that address both physical symptoms and emotional needs. Insights from this study can guide the development of support programs, counseling services, and public health campaigns aimed at reducing stigma and improving the overall well-being of individuals with acne. The study can raise public awareness about the negative stereotypes and discrimination faced by individuals with visible skin conditions. This can encourage a more accepting and understanding social environment. The research will add valuable data to the limited body of literature focusing on the adult population with acne, as most studies emphasize adolescents. It can serve as a reference for future researchers examining similar psychosocial aspects of dermatological conditions.

Method

Research Design

This study adopted a qualitative phenomenological design to explore and understand the lived experiences of adult females with facial acne. The phenomenological approach is appropriate because it seeks to capture how participants perceive, experience, and make meaning of stigma, self-esteem, and quality of life associated with their skin condition. This design allows for in-depth understanding of participants' subjective realities rather than quantifying variables.

Sampling Strategy

A purposive sampling method was employed to select participants who meet the inclusion criteria and can provide rich, relevant information about the phenomenon. A total of 15 participants were recruited. The number is based on the principle of data saturation—when no new themes or insights emerge during interviews.

Data Collection Methods

In-depth semi-structured interviews were conducted. Each participant took part in a one-on-one semi-structured interview lasting approximately 45–60 minutes.

Data Analysis

Thematic analysis was conducted following Braun and Clarke's (2006) six-step framework:

1. Familiarization: Reading and re-reading transcripts to gain an overview.
2. Coding: Identifying meaningful text segments relevant to stigma, self-esteem, and quality of life.
3. Generating Initial Themes: Grouping similar codes into potential themes.
4. Reviewing Themes: Checking if themes accurately represent the dataset.
5. Defining and Naming Themes: Refining themes with clear definitions (e.g., "Social Avoidance," "Body Image Distress").

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6. Writing Up: Integrating thematic findings with direct participant quotes to illustrate key points.

Results

Table 1: ***Summary of Theme Clusters***

Main Theme	Subthemes	Overall Meaning
Perceived Stigma	Judgment, social comparison, internalized shame	Social reactions shape self-view
Psychological Impact	Low self-esteem, anxiety, identity issues	Emotional consequences of visible acne
Quality of Life	Social avoidance, lifestyle changes, work impact	Acne influences daily functioning
Coping Strategies	Concealment, treatment, social support	Managing stigma and self-image
Media Influence	Beauty ideals, comparison culture, online pressure	External norms reinforce self-stigma
Acceptance and Empowerment	Self-acceptance, peer support, redefined beauty	Growth and resilience over time

Analysis of Participants' Interviews

1-Perceived Stigma

Judgment

"Whenever I go out, I feel like people are staring at my face and thinking I don't take care of myself." The participant perceives negative evaluation from others, which reflects external judgment. This demonstrates how acne can lead to feelings of being scrutinized and socially devalued.

Social Comparison Statement

"I can't help but notice my friends have clear skin, and it makes me feel less attractive or less confident." The participant engages in upward social comparison, which exacerbates feelings of inadequacy. Acne serves as a trigger for comparing oneself to perceived social ideals of beauty.

Internalized Shame Statement

"I avoid social gatherings because I feel embarrassed about my skin, like everyone is noticing my flaws." The participant internalizes negative perceptions, turning societal judgment into personal shame. This highlights how stigma is internalized, affecting self-esteem and social participation.

2-Psychological Impact

Low Self-Esteem

"I feel unattractive and embarrassed about my skin, which makes me avoid social interactions."

Acne can significantly impact self-image, especially in females, due to societal standards of beauty. Persistent breakouts may lead to negative self-perception, lowering confidence and self-esteem. Avoidance of social situations indicates internalization of perceived stigma.

Statement on Anxiety

"I constantly worry about how others perceive my acne and feel nervous in public places." This reflects social anxiety related to appearance. Females with acne may develop

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heightened self-consciousness, leading to fear of judgment and anticipatory anxiety in social or professional settings. The anxiety is directly linked to skin visibility and societal beauty pressures.

Identity Issues

"Sometimes I feel like my acne defines who I am, and I struggle to see myself beyond my skin problems." Acne can affect identity formation, particularly during adolescence or early adulthood. When a visible condition dominates self-perception, it can overshadow personal qualities, talents, or individuality. This may lead to internal conflict and feelings of inadequacy. Females with acne are at a higher risk for psychological distress, including low self-esteem, anxiety, and identity-related concerns. These statements highlight the interconnectedness of physical appearance and mental health, showing how dermatological conditions can influence emotional and social well-being. Interventions should consider both medical treatment for acne and psychosocial support to address these challenges.

3-Quality of Life

Social Avoidance, Lifestyle Changes, Work Impact

"Females with facial acne frequently report social avoidance, making lifestyle adjustments, and experiencing disruptions in their professional or academic activities due to concerns about their appearance. They may refrain from social gatherings, avoid activities that draw attention to their face, or modify routines such as exercise, diet, or makeup use. Additionally, acne can impact work performance or opportunities, as some individuals feel self-conscious in professional settings, leading to decreased participation or engagement." Facial acne in females often extends beyond physical symptoms to significantly affect psychological and social well-being. Social avoidance reflects feelings of embarrassment, low self-esteem, or fear of negative judgment. Lifestyle changes, including alterations in daily routines, may represent coping mechanisms to manage appearance-related anxiety. Work impact indicates that acne can interfere with professional confidence and productivity, demonstrating that acne is not merely a dermatological issue but a condition with substantial psychosocial consequences. Interventions addressing both skin treatment and emotional support are essential for holistic care.

4-Coping Strategies

Concealment

"I always try to cover my acne with makeup before going out. If I forget, I feel like everyone is staring at my face." This reflects appearance-related anxiety and the use of concealment as a coping strategy. It indicates that facial acne can impact self-esteem and social confidence, leading to behaviors aimed at hiding perceived flaws. Such concealment can sometimes worsen psychological distress if it becomes a habitual strategy rather than addressing underlying issues.

Treatment

"I have tried so many creams and medications, but nothing seems to work. It makes me feel frustrated and hopeless." This highlights treatment fatigue and emotional burden. Repeated unsuccessful treatments can lead to frustration, decreased adherence, and feelings of hopelessness. It shows the importance of patient-centered dermatological care and realistic expectations for treatment outcomes.

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Social Support

"Talking to my friends about my acne really helps. They don't judge me and make me feel normal." This demonstrates the positive impact of social support on coping with acne. Supportive relationships reduce feelings of isolation, improve emotional resilience, and can mitigate negative self-perception. It shows that psychosocial interventions or peer support can be as important as medical treatment.

5-Media Influence

Beauty ideals, comparison culture, online pressure

"I hate posting selfies because I feel like everyone else's skin is flawless online." "Even when my acne isn't that bad, I feel like I need to wear heavy makeup to look acceptable." "Scrolling through Instagram makes me feel like I'm the only one struggling with acne." "I avoid group photos because I'm scared people will notice my pimples." "Sometimes I spend hours editing my photos before posting because I don't want anyone to see my blemishes." This reflects comparison culture. Social media exposes users to curated images of beauty, creating unrealistic benchmarks. Women with acne often feel inadequate because they measure themselves against idealized, often filtered, images. This reinforces self-consciousness and can lower self-esteem. This shows the influence of beauty ideals. Societal standards often equate clear skin with attractiveness and success, pushing women toward cosmetic solutions. This pressure can internalize the belief that natural skin is "unacceptable," fostering anxiety and a reliance on makeup for confidence. This highlights the role of online pressure. Social media rarely shows unfiltered or untreated skin, creating the illusion that acne is rare. The constant exposure to flawless appearances can amplify feelings of isolation and shame among those with visible skin conditions. This demonstrates the impact of comparison culture on social behavior. Anxiety about being judged against societal beauty norms often leads to social withdrawal. It shows how acne can affect not just self-perception, but daily social interactions. This is a direct result of online pressure and beauty ideals. The digital environment encourages perfectionism; filters and editing become coping mechanisms. While this may temporarily reduce anxiety, it reinforces the notion that natural skin is undesirable.

6-Acceptance and Empowerment

Self-Acceptance

"I used to hide my face in photos, but now I remind myself that my acne doesn't define me." This reflects an internal shift where the individual recognizes their worth beyond physical appearance. It shows growing self-compassion and the ability to separate self-identity from societal beauty standards. *"Some days I feel frustrated, but I try to focus on what my skin can do rather than how it looks."* Indicates emotional resilience and acceptance of imperfections. The focus on function over appearance demonstrates a positive reframing strategy.

Peer Support

"Talking to friends who also have acne makes me feel less alone."

Highlights the importance of social validation and shared experiences. Peer support helps reduce stigma and builds a sense of community. *"I follow online groups where people post their acne journeys—it motivates me to embrace my own* skin." Suggests that virtual peer communities can foster empowerment and normalize skin conditions, reinforcing positive self-image.

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Redefined Beauty

"I've learned to appreciate glowing skin in all its forms, not just 'perfect' skin in magazines." Demonstrates a critical re-evaluation of conventional beauty ideals. Beauty is being reconstructed to include authenticity and individuality rather than flawless appearances. *"Wearing makeup used to hide my acne, but now I use it to express myself, not cover up."* Shows a shift from concealment to self-expression. It reframes beauty as personal creativity and confidence rather than conformity to societal standards.

Discussion

The present study aimed to explore the relationship between perceived stigma, quality of life (QoL), and self-esteem among females suffering from facial acne. The findings reveal that females with facial acne frequently experience moderate to high levels of perceived stigma, which in turn negatively impacts their self-esteem and overall quality of life. These results align with the biopsychosocial understanding of acne as not merely a dermatological issue but also a psychological and social concern. The study found that females with facial acne often reported feelings of social judgment, embarrassment, and discrimination due to their skin condition. Perceived stigma refers to the internalization of negative societal attitudes and beliefs. This finding is consistent with prior research demonstrating that visible skin conditions can lead to social avoidance, teasing, or internalized shame (Yoqub et al., 2020). For instance, a study by Magin et al. (2006) highlighted that acne patients frequently felt socially stigmatized, affecting their interpersonal relationships. It is important to note that perceived stigma may exacerbate the severity of psychological distress, including anxiety and depression, creating a vicious cycle where stress worsens acne, and worsened acne increases perceived stigma. Quality of life among the study participants was notably impacted by acne. Acne affects physical appearance, which is closely linked to societal standards of beauty, particularly for females. Reduced QoL manifested in emotional distress, avoidance of social situations, and dissatisfaction with appearance. The findings support prior literature using tools like the Dermatology Life Quality Index (DLQI), which consistently report that acne significantly reduces QoL, especially in young women (Saba Ghayas et al., 2022). For example, Tan et al. (2018) found that acne severity correlated strongly with psychosocial impairment. Even mild acne can have a disproportionate effect on social interactions, professional life, and romantic relationships, highlighting the psychological burden of this dermatological condition. Self-esteem was found to be inversely correlated with both perceived stigma and acne severity. Participants who reported higher levels of stigma typically had lower self-esteem, consistent with the theoretical framework of social comparison and internalized negative self-perception (Alfahl et al., 2024). This is in line with studies indicating that facial acne, being a visible and socially significant characteristic, can threaten self-concept and body image. Low self-esteem can manifest in various ways, such as reluctance to participate in social activities, avoidance of photographs, and diminished confidence in academic or professional settings (Zahra et al., 2025).This underscores the need for holistic acne management that includes psychological support, not just dermatological treatment. The study highlights the interrelated nature of stigma, quality of life, and self-esteem. Perceived stigma may act as a mediating factor between acne severity and psychological outcomes. That is, the visible nature of acne leads to social judgment (perceived stigma), which then lowers self-esteem and reduces QoL. This model is supported by previous research emphasizing the psychosocial burden of dermatological conditions and suggests

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that interventions targeting stigma could improve psychological outcomes even without directly changing acne severity.

Conclusion

The present study highlights that facial acne significantly impacts the psychological and social well-being of affected adults. Findings indicate that individuals with visible acne often experience high levels of perceived stigma, which negatively influences their self-esteem and overall quality of life. The study underscores that acne is not merely a dermatological condition but a psychosocial concern that can lead to emotional distress, social withdrawal, and reduced self-confidence. Moreover, the results suggest that perceived stigma mediates the relationship between acne severity and self-esteem—meaning that the more individuals feel stigmatized, the more their self-worth and life satisfaction decline, regardless of the clinical severity of their acne. In conclusion, addressing acne should involve not only medical treatment but also psychological support and stigma reduction strategies. Health professionals are encouraged to adopt a holistic approach that includes counseling, patient education, and community awareness to improve both the psychological well-being and quality of life of adults living with facial acne.

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