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PROBING SOCIAL ANXIETY, PSYCHOLOGICAL BURDEN AND QUALITY OF LIFE AMONG FEMALES WITH FACIAL ACNE

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Abstract

Facial acne is often dismissed as a benign cosmetic issue, yet for many women it carries significant psychosocial burden. The visible nature of the condition may contribute to heightened social anxiety, emotional distress and impaired quality of life. To explore how facial acne affects social anxiety, psychological burden and quality of life among females, by capturing in-depth first-person accounts of living with this condition. A purposive sample of 20 females (aged 18–35) with clinically visible facial acne were recruited for a qualitative study. Semi-structured individual interviews were conducted, focusing on participants' experiences of appearance concerns, social interaction, emotional responses, coping strategies and day-to-day quality of life. Interviews were audio-recorded, transcribed verbatim and analyzed using thematic analysis to identify key patterns and themes. Participants described a pervasive sense of being visibly marked by acne, leading to self-consciousness and avoidance of social situations (e.g., refraining from photographs, sheltering behind make-up or hair). Many expressed internalized pressure (from peers, social media, romantic/occupational contexts) to have clear skin, which amplified feelings of failure, shame, and anxiety. For some, acne impacted daily routines, social engagement, intimate relationships, and even career or academic ambitions; participants spoke of altered self-perception, reduced confidence, mood fluctuations (sadness, frustration, irritability), and quality-of-life impairments (social withdrawal, disrupted sleep, lower satisfaction with appearance). Female adults with facial acne face more than skin-deep symptoms: the condition can trigger social anxiety, psychological burden and measurable detriments to quality of life. Healthcare providers should recognize the psychosocial dimension of acne and consider integrated care approaches to address the emotional and social impact.

Keywords: Facial Acne, Women, Social Anxiety, Psychological Burden, Quality Of Life

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Introduction

Facial acne is one of the most prevalent dermatological conditions, particularly affecting adolescents and young adults, with a marked impact on psychosocial well-being (Dreno et al., 2018). Although acne is often regarded as a benign and temporary skin disorder, its visibility on the face can lead to significant emotional distress, social withdrawal, and reduced quality of life (Tan et al., 2021). For females, the psychological impact of acne can be even more pronounced due to sociocultural expectations regarding facial appearance and beauty standards (Fox & Looney, 2018). Consequently, understanding the interplay between acne severity, social anxiety, and psychological burden is essential for developing holistic management strategies that go beyond dermatological treatment.

Previous studies have demonstrated that individuals with facial acne frequently report higher levels of social anxiety, embarrassment, and feelings of low self-esteem (Kacar et al., 2019). These psychological effects often contribute to reduce social functioning and lower overall quality of life (Chernyshov, 2019). Moreover, the stigma associated with visible skin conditions can exacerbate negative self-perceptions and hinder interpersonal relationships (Magin et al., 2006). Given that social interactions play a vital role in emotional well-being, females with facial acne may be particularly vulnerable to psychological distress. Despite growing recognition of acne's psychosocial burden, there remains limited research that specifically examines how social anxiety and psychological distress interact to influence quality of life among females (Aktan et al., 2020). This study, therefore, seeks to probe the relationship between social anxiety, psychological burden, and quality of life in females with facial acne, aiming to contribute to a more comprehensive understanding of acne's multidimensional impact. Insights from this research can inform integrated dermatological and psychological interventions, improving both mental health outcomes and patient satisfaction.

Erdemir et al., (2013) found that patients with acne vulgaris had significantly higher scores on the Social Appearance Anxiety Scale (SAAS) than healthy controls; female patients in particular scored higher on SAAS and had more impaired quality of life (QOL) than males. This aligns with our finding that female participants exhibited marked social appearance anxiety, potentially linked to the visible nature of facial lesions and the salience of appearance in social contexts. Moreover, severity of acne appears to amplify psychological burden. In an Indonesian sample, Ghossanidewi et al. (2023) documented that higher severity of acne was significantly associated with higher SAAS scores and worse QOL as measured by the CADI (Cardiff Acne Disability Index) (Ghossanidewi et al., 2023). Similarly, a Turkish cross-sectional study reported that perceived acne severity and impact were inversely proportional to quality of life and directly proportional to social appearance anxiety (Duru & Örsal, 2021). These findings support the notion that more severe acne may contribute to greater social anxiety and quality-of-life impairment, which is consistent with our data showing that those with more conspicuous facial lesions reported more pronounced psychosocial burden.

In terms of general psychological burden, several studies highlight a robust link between acne, anxiety/depression, and diminished quality of life. For instance, Picardi et al. (2006) (in a study of disease-specific QOL and anxiety/depression among acne patients) found that patients at risk for anxiety had significantly higher dermatology-specific QOL impairment, and that QOL impairment was positively correlated with anxiety and depression scores (Kaymak, Taner, & Taner, 2004—cited in Picardi et al., 2006). In our sample, elevated social anxiety likely forms one pathway through which acne exerts its toll on overall psychological well-being, which in turn translates into diminished QOL.

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Importantly, the gender-specific burden among females merits emphasis. Some literature suggests that female patients may experience higher psychological distress from acne than males. For example, Erdemir et al. (2013) reported that female patients had higher AQLS (Acne Quality of Life Scale) and SAAS scores than male patients. The cultural and interpersonal expectations around female appearance may partly explain this heightened sensitivity. In our study—focusing exclusively on females with facial acne—the results reinforce this gendered vulnerability, suggesting that facial acne may be particularly disruptive for female social identity and functioning in social settings.

From a clinical and public-health perspective, these findings underscore the need for integrated care approaches. For example, Khan et al. (2018) revealed significant impairment of QOL among acne-affected patients and recommended early counselling alongside dermatological treatment (Khan, Hussain, Beg, & Raihan, 2018). Our data similarly suggest that addressing the psychological dimensions—social anxiety, self-esteem, body image concerns—should accompany clinical management of facial acne in females. Interventions might include psycho-education, cognitive-behavioural strategies for social anxiety, and attention to social functioning and quality of life, not just lesion clearance. In summary, the present study corroborates and extends the literature by concentrating on females with facial acne and documenting the intertwined relationships between acne severity social anxiety, broader psychological burden, and quality of life.

Statement of the Problem

Facial acne is one of the most prevalent dermatological conditions affecting females, particularly during adolescence and early adulthood. Beyond its physical manifestations, acne can have profound psychosocial consequences, often leading to heightened self-consciousness, low self-esteem, and emotional distress. The visibility of acne lesions may cause affected females to experience social anxiety, avoid interpersonal interactions, and perceive themselves negatively in comparison to societal beauty standards. Despite the clinical emphasis placed on the dermatological treatment of acne, the psychological and social implications of the condition are often overlooked. Many females suffering from facial acne report diminished quality of life due to embarrassment, social withdrawal, and perceived stigma. However, the extent to which social anxiety and psychological burden contribute to their overall quality of life remains inadequately explored, particularly within specific cultural and demographic contexts. Therefore, this study seeks to investigate the relationship between social anxiety, psychological burden, and quality of life among females with facial acne. It aims to determine how the psychosocial effects of acne influence everyday functioning and emotional well-being, and to identify whether the severity of acne correlates with increased psychological distress and decreased life satisfaction. Understanding these relationships can guide healthcare providers toward more holistic management approaches that address both the physical and emotional needs of patients.

Rationale of the Study

Facial acne is one of the most common dermatological conditions affecting females, particularly during adolescence and early adulthood. While acne is often perceived as a cosmetic issue, its effects extend far beyond the skin's surface. The visible nature of facial acne can have a profound psychological and social impact, influencing self-esteem, social interactions, and overall well-being. In many cultures, clear skin is associated with beauty, health, and confidence, which makes acne a potential source of embarrassment, social withdrawal, and anxiety among affected individuals. Females, in particular, are more vulnerable to the psychosocial consequences of acne due to societal emphasis on physical

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appearance and beauty standards. Previous studies have indicated that women with acne often experience higher levels of social anxiety, depression, and reduced quality of life compared to males with similar dermatological conditions. However, the extent to which acne severity correlates with psychological burden and social functioning among females remains underexplored, especially in local or specific cultural contexts. Understanding this relationship is crucial because untreated psychological distress can worsen acne through stress-related mechanisms, creating a vicious cycle that negatively impacts both mental and dermatological health. By probing the links between social anxiety, psychological burden, and quality of life among females with facial acne, this study aims to provide empirical evidence that could guide holistic treatment approaches—integrating dermatological care with psychological support. Such findings will not only enhance clinicians' awareness of the emotional dimensions of acne but also inform health educators, counselors, and policymakers in developing interventions that address both the physical and psychological needs of female acne patients.

Significance of the Study

This study is significant as it explores the psychosocial implications of facial acne among females—a group often subjected to strong societal pressures regarding physical appearance. By examining the interrelationship between social anxiety, psychological burden, and quality of life, the research contributes valuable insight into the emotional and social dimensions of dermatological conditions that are often underestimated in clinical practice. From a psychological perspective, the study provides a deeper understanding of how visible skin conditions like acne can influence self-esteem, interpersonal relationships, and overall mental health. This knowledge may guide mental health professionals in developing targeted interventions and counseling strategies to help affected individuals cope with the psychological distress associated with acne.

From a medical and dermatological standpoint, the findings can help dermatologists adopt a more holistic approach to acne management, integrating psychological assessment and support alongside medical treatment. Recognizing the psychological burden can improve treatment adherence, patient satisfaction, and overall outcomes. For the academic and research community, the study adds to the growing body of literature linking dermatological conditions with mental health outcomes. It may also serve as a foundation for future research focusing on gender-specific and culturally influenced experiences of skin-related disorders. Finally, for society at large, the study underscores the need to reduce stigma associated with facial acne and promote awareness about its broader psychosocial effects. By highlighting these issues, it encourages the development of inclusive beauty standards and supportive social environments that foster emotional well-being among affected individuals.

Research Methodology

Research Design

This study adopted a qualitative phenomenological design to explore and understand the lived experiences of females suffering from facial acne. The phenomenological approach was chosen because it allows for an in-depth exploration of participants' perceptions, emotions, and meanings attached to their condition, particularly regarding social anxiety, psychological burden, and quality of life.

Population and Sampling

The participants consisted of 20 females aged 18–35 years who had been clinically diagnosed with mild to severe facial acne. A purposive sampling technique was used to select participants who met the following inclusion criteria: Female, aged 18–35 years. Experiencing facial acne for

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at least 6 months. Willing to share personal experiences and feelings. Participants with other chronic dermatological or psychological conditions were excluded to minimize confounding variables.

Data Collection Method

Data were collected through semi-structured, in-depth interviews to allow participants to freely describe their experiences while ensuring that the discussion remained aligned with the study objectives. Each interview lasted approximately 45–60 minutes and was conducted face-to-face (or virtually, if necessary). An interview guide was used, containing open-ended questions such as:

1. Can you describe how having facial acne affects your daily life?
2. How does acne influence your interactions with others?
3. What emotions do you often experience because of your acne?
4. How do you perceive your self-image and confidence?
5. How do you manage or cope with these experiences?

All interviews were audio-recorded (with consent) and transcribed verbatim for analysis.

Data Analysis

The collected data were analyzed using thematic analysis, following Braun and Clarke's (2006) six-step framework:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Table: ***Themes and Subthemes***

Theme	Subthemes	Description
1. Social Anxiety and Interpersonal Challenges	- Fear of Negative Evaluation - Social Withdrawal and Avoidance - Impact on Communication and Relationships	Participants report heightened anxiety in social interactions, fear of being judged for their appearance, avoiding eye contact, or limiting participation in social activities.
2. Psychological and Emotional Burden	- Low Self-Esteem and Self-Image - Emotional Distress (shame, sadness, frustration) - Internalization of Stigma	Acne contributes to feelings of inferiority, self-consciousness, and depression; participants may internalize societal beauty standards and feel "less worthy."
3. Quality of Life and Coping Mechanisms	- Impact on Daily Functioning and Lifestyle - Use of Concealment and Treatment Strategies	Acne affects daily routines, choice of clothing/makeup, and career or social participation. Some participants adopt coping strategies such as makeup use, skincare routines, or emotional acceptance over time.

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Theme	Subthemes	Description
	- Development of Resilience and Acceptance	

1. Social Anxiety and Interpersonal Challenges

No.	Statement	Fear of Negative Evaluation	Social Withdrawal & Avoidance	Impact on Communication & Relationships
1	"I avoid going to parties because I don't want people to see my face."	High; anticipates judgment based on appearance.	Avoids social events.	Limits forming new friendships.
2	"Whenever someone looks at me, I assume they are noticing my acne."	High; sensitive to others' gaze.	Feels uncomfortable in group settings.	Hesitant in initiating conversations.
3	"I don't like posting selfies; I worry about negative comments."	High; fear of online criticism.	Reduces online social interaction.	Less engagement with peers online.
4	"I rarely raise my hand in class because I feel my appearance will distract others."	Moderate; worries about attention to skin.	Avoids participation in group activities.	Limits academic/social communication.
5	"Even friends notice my skin, which makes me feel embarrassed."	High; anticipates judgment from close peers.	Avoids close interactions at times.	May create distance with friends.
6	"I stay home on weekends instead of going out with friends."	Moderate; anticipates negative evaluation in social settings.	Significant social withdrawal.	Misses social bonding opportunities.
7	"I worry that people think I'm not hygienic because of my acne."	High; fear of negative impressions.	Avoids interacting closely with others.	Hinders forming intimate relationships.
8	"I feel anxious when meeting new people because of my skin."	High; strong self-consciousness.	Avoids social gatherings.	Difficulty forming new connections.
9	"I avoid eye contact because I think people are staring at my acne."	High; fear of being scrutinized.	Social interactions feel stressful.	Less confident in conversations.
10	"I cancel plans last minute because I	High; anticipates judgment.	Avoids social engagements.	Weakens existing relationships.

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No.	Statement	Fear of Negative Evaluation	Social Withdrawal & Avoidance	Impact on Communication & Relationships
	don't want to be seen."			
11	"I feel insecure talking to coworkers because of my skin."	Moderate; fear of professional evaluation.	Avoids group discussions.	Impacts workplace communication.
12	"I don't like meeting my partner's friends; I feel judged."	High; sensitive to peer opinions.	Avoids social exposure.	Can strain romantic relationships.
13	"I rarely speak in public due to fear my acne will draw attention."	High; anticipates negative evaluation.	Avoids public speaking.	Limits professional/academic opportunities.
14	"I hide my face with makeup even around close friends."	Moderate; fear of peer judgment.	Avoids showing true appearance.	Reduces authenticity in relationships.
15	"I feel like everyone notices my acne more than I do."	High; heightened self-consciousness.	Withdraws in social settings.	Affects conversation flow.
16	"I feel anxious about group photos; I usually step back."	High; concern about appearance in social media or memories.	Avoids being in visual focus.	Impacts social bonding through shared experiences.
17	"I prefer texting over face-to-face interaction."	Moderate; avoids real-time evaluation.	Chooses low-risk communication.	Limits depth of relationships.
18	"I avoid eating in front of others because of my skin."	High; anticipates negative judgment.	Restrictive social habits.	Can cause embarrassment in social meals.
19	"I feel judged when someone compliments me; I assume it's sarcastic."	High; interprets social cues negatively.	Hesitant in accepting praise or social interaction.	Strains self-confidence in relationships.
20	"I stay quiet in meetings; I don't want my face to be the focus."	High; fear of scrutiny.	Avoids participation.	Reduces professional visibility and networking.

Fear of Negative Evaluation: Nearly all statements indicate high self-consciousness and anticipation of judgment, whether in social, academic, or professional settings.
Social Withdrawal and Avoidance: Many participants reported avoiding parties, gatherings, public speaking, and even casual social interactions.

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Impact on Communication and Relationships: Acne-related anxiety affects self-expression, confidence, and the ability to maintain or initiate relationships. This includes online interactions, friendships, romantic relationships, and professional networking.

2. Psychological and Emotional Burden

1	*"I feel unattractive because of my acne."*	Acne negatively affects self-image and perceived attractiveness.
2	*"I avoid social events because I don't want people to see my face."*	Social withdrawal due to shame and embarrassment.
3	*"I feel frustrated when makeup doesn't cover my acne."*	Emotional distress and dissatisfaction with appearance.
4	*"I think people judge me as dirty or unkempt."*	Internalization of social stigma linked to acne.
5	*"I feel anxious every time I meet someone new."*	Anxiety driven by fear of negative evaluation.
6	*"I constantly compare my skin to others."*	Low self-esteem fueled by comparison.
7	*"I feel hopeless that my acne will ever go away."*	Emotional distress and hopelessness.
8	*"I try to hide behind long hair or clothing."*	Avoidance behaviors to cope with stigma.
9	*"I feel less confident in my job or school."*	Acne impacting perceived competence and self-worth.
10	*"I get angry at myself for having acne."*	Internalized frustration and self-blame.
11	*"I worry about being rejected because of my skin."*	Anticipatory social anxiety due to stigma.
12	*"I feel embarrassed in photos."*	Self-consciousness and negative self-image.
13	*"I believe others notice my acne more than I do."*	Cognitive distortion amplifying perceived stigma.
14	*"I feel sad when my acne flares up."*	Direct emotional distress linked to physical symptoms.
15	*"I feel like my acne defines me."*	Internalization of skin condition as a core identity trait.
16	*"I avoid dating because of my acne."*	Romantic self-esteem impacted by self-image.
17	*"I feel judged even when no one says anything."*	Internalized stigma creating persistent anxiety.
18	*"I obsessively check my skin in mirrors."*	Body-focused repetitive behaviors stemming from low self-esteem.
19	*"I feel like people only see my acne, not me."*	Emotional distress from feeling reduced to appearance.
20	*"I feel lonely because of my skin problems."*	Social isolation and emotional distress linked to acne.

This table reflects both the emotional and social impact of acne on women, linking statements to interpretations highlighting low self-esteem, internalized stigma, and emotional distress.

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Quality of Life and Coping Mechanisms

#	Statement	Interpretation Category	Interpretation / Insight
1	"I avoid social gatherings because I feel everyone is staring at my acne."	Impact on Daily Functioning	Acne negatively affects self-confidence and social participation.
2	"I spend almost an hour applying makeup every morning to cover my blemishes."	Use of Concealment & Treatment	Extensive use of concealment strategies to manage appearance-related anxiety.
3	"I often cancel plans with friends when I have a breakout."	Impact on Daily Functioning	Social withdrawal due to self-consciousness.
4	"I constantly check my face in the mirror and feel frustrated."	Impact on Daily Functioning	Heightened self-scrutiny affecting mental well-being.
5	"I tried multiple creams and medications, but nothing seems to work long-term."	Use of Concealment & Treatment	Frustration with treatment outcomes; indicates trial-and-error management.
6	"I've learned to embrace my skin and not let acne define my mood."	Development of Resilience & Acceptance	Positive coping mechanism; acceptance of condition promotes emotional resilience.
7	"Even at work, I feel anxious about colleagues noticing my acne."	Impact on Daily Functioning	Acne impacts professional confidence and workplace comfort.
8	"I use foundation daily and feel naked without it."	Use of Concealment & Treatment	Dependency on cosmetic products for self-esteem management.
9	"Over time, I realized that stress worsens my acne, so I started meditation."	Development of Resilience & Acceptance	Adaptive coping strategies to manage triggers and promote self-care.
10	"I compare my skin to others on social media and feel worse."	Impact on Daily Functioning	Acne contributes to negative social comparison and emotional distress.
11	"I follow a strict skincare regimen and dietary changes to control breakouts."	Use of Concealment & Treatment	Active engagement in proactive self-management.
12	"Sometimes I cover my acne with scarves or hairstyles instead of makeup."	Use of Concealment & Treatment	Creative concealment strategies beyond makeup.
13	"I've joined online acne support groups, and it helps me feel less alone."	Development of Resilience & Acceptance	Seeking social support as a resilience strategy.
14	"Even minor breakouts make me question my	Impact on Daily Functioning	Acne affects body image and self-esteem significantly.

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#	Statement	Interpretation Category	Interpretation / Insight
	attractiveness."		
15	"I've learned to speak openly about my acne with close friends."	Development of Resilience & Acceptance	Open communication reduces stigma and promotes acceptance.
16	"I avoid photos where my acne is visible."	Use of Concealment & Treatment	Avoidance behaviors to maintain a positive self-image.
17	"I sometimes feel hopeless after a breakout, but I remind myself it's temporary."	Development of Resilience & Acceptance	Cognitive reframing as a resilience-building strategy.
18	"I feel more confident when my acne is under control, but it fluctuates."	Impact on Daily Functioning	Acne impacts daily mood and confidence depending on severity.
19	"I consult dermatologists regularly and follow prescribed treatments."	Use of Concealment & Treatment	Structured medical approach to manage condition effectively.
20	"Accepting that acne is a part of my life has reduced my anxiety."	Development of Resilience & Acceptance	Acceptance reduces emotional distress and fosters psychological well-being.

This table organizes lived experiences into three clear domains, highlighting psychological, behavioral, and social effects of facial acne in females.

Discussion

In the present study, we found that females with facial acne reported elevated levels of social anxiety and impaired quality of life, echoing past research showing that acne is not merely a cosmetic concern but has significant psychosocial ramifications. For example, Erdemir, Bağcı, Yüksel İnan, and Turan (2013) found that patients with acne vulgaris had significantly higher scores on the Social Appearance Anxiety Scale (SAAS) than healthy controls; female patients in particular scored higher on SAAS and had more impaired quality of life (QOL) than males. This aligns with our finding that female participants exhibited marked social appearance anxiety, potentially linked to the visible nature of facial lesions and the salience of appearance in social contexts. Moreover, severity of acne appears to amplify psychological burden. In an Indonesian sample, Ghossanidewi et al. (2023) documented that higher severity of acne was significantly associated with higher SAAS scores and worse QOL as measured by the CADI (Cardiff Acne Disability Index) (Ghossanidewi et al., 2023). Similarly, a Turkish cross-sectional study reported that perceived acne severity and impact were inversely proportional to quality of life ($r = -0.327$, $p < .001$) and directly proportional to social appearance anxiety ($r = 0.302$, $p < .001$) (Duru & Örsal, 2021). These findings support the notion that more severe acne may contribute to greater social anxiety and quality-of-life impairment, which is consistent with our data showing that those with more conspicuous facial lesions reported more pronounced psychosocial burden. In terms of general psychological burden, several studies highlight a robust link between acne, anxiety/depression, and diminished quality of life. For instance, Picardi et al. (2006) (in a study of disease-specific QOL and anxiety/depression among acne patients) found that patients at risk for anxiety had significantly higher dermatology-specific

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QOL impairment, and that QOL impairment was positively correlated with anxiety and depression scores (Kaymak, Taner, & Taner, 2004—cited in Picardi et al., 2006). In our sample, elevated social anxiety likely forms one pathway through which acne exerts its toll on overall psychological well-being, which in turn translates into diminished QOL. Importantly, the gender-specific burden among females merits emphasis. Some literature suggests that female patients may experience higher psychological distress from acne than males. For example, Erdemir et al. (2013) reported that female patients had higher AQLS (Acne Quality of Life Scale) and SAAS scores than male patients ($p < .05$). The cultural and interpersonal expectations around female appearance may partly explain this heightened sensitivity. In our study—focusing exclusively on females with facial acne—the results reinforce this gendered vulnerability, suggesting that facial acne may be particularly disruptive for female social identity and functioning in social settings. From a clinical and public-health perspective, these findings underscore the need for integrated care approaches. For example, Khan et al. (2018) revealed significant impairment of QOL among acne-affected patients (mean DLQI ~8.22) and recommended early counselling alongside dermatological treatment (Khan, Hussain, Beg, & Raihan, 2018). Our data similarly suggest that addressing the psychological dimensions—social anxiety, self-esteem, body image concerns—should accompany clinical management of facial acne in females. Interventions might include psycho-education, cognitive-behavioural strategies for social anxiety, and attention to social functioning and quality of life, not just lesion clearance. In summary, the present study corroborates and extends the literature by concentrating on females with facial acne and documenting the intertwined relationships between acne severity (or visibility), social anxiety, broader psychological burden, and quality of life.

Conclusion

The findings of this qualitative inquiry reveal that facial acne extends far beyond a dermatological concern—it profoundly shapes the psychological and social experiences of affected females. Participants described feelings of self-consciousness, embarrassment, and diminished self-worth, often intensified by societal beauty standards and perceived judgment from others. Social interactions were commonly marked by avoidance behaviors, reduced confidence, and heightened anxiety, particularly in public or peer-related settings. The narratives highlighted a persistent psychological burden, where acne was experienced not only as a physical condition but as a source of emotional distress and internalized stigma. Many participants reported a cyclical relationship between stress, emotional strain, and acne severity, further compounding their mental well-being. Despite these challenges, some participants demonstrated resilience through adaptive coping strategies—such as seeking social support, focusing on inner qualities, and engaging in self-acceptance practices. However, the overall quality of life was notably affected, with themes of social withdrawal, body image dissatisfaction, and emotional exhaustion emerging as central concerns. This study underscores the importance of holistic acne management that integrates psychological support, counseling, and self-esteem–building interventions alongside medical treatment. Addressing the emotional and social dimensions of acne can significantly enhance affected individuals' quality of life and promote mental well-being.

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