Csanád Szabó

Psychodermatology and Health Psychology Care in Dermatology

DOI: 10.14232/sztep.chpp.2022.5

1. The Relationship Between Skin and Soul

Psychodermatology is a discipline that studies the interactions between the soul, the nervous system, and the skin, involving four major fields: psychiatry, psychology, neurology, and dermatology (França et al., 2017). Modern psychodermatology relies on the biopsychosocial disease model (Gieler et al., 2020). Several researchers argue that this model should be extended to the spiritual dimension, as both religion and spirituality are of paramount importance for high quality medical training and clinical practice, and this could justify the use of "biopsychosocial-spiritual model" as a term (Saad et al., 2017). The visibility of the skin places dermatology in a special position among clinical areas, and this may make it particularly important to apply a complex psychosomatic approach with patients (Gieler et al., 2020).

2. Types of Psychodermatological Diseases

Psychodermatological diseases can be classified into four types: psychophysiological skin diseases, psychiatric disorders with skin symptoms, skin diseases with psychiatric symptoms, and other disorders (Jafferany, 2007; Jafferany & Franca, 2016; Jafferany et al., 2020; Koo & Lee, 2003).

3. Skin Diseases and Stress

Stress can be a trigger for psychophysiological skin diseases and can exacerbate these diagnoses. In addition, the degree of stress may also be related to the level of quality of life in skin diseases (Dixon et al., 2018). How is this interaction created? Psychological stress can have a direct effect on the barrier / protective function of the skin (Orion & Wolf, 2012) and on a wide range of immune parameters that can directly affect the condition of the skin (Gupta & Gupta, 2013).

4. Psychological Factors in Skin Diseases

Many psychological and psychopathological factors can affect skin patients' level of quality of life. I have collected some of these factors here:

a. Stigmatization.
b. Attachment.
c. Dealing with skin disease.
d. Sleep quality.
e. Sense of coherence.
f. Emotions.
g. Psychopathological factors.

5. Objectives of Health Psychological Work in Skin Patients

The goals of health psychological support can be very diverse in skin patients. These objectives are summarized in Table 1.

Objectives of psychological support in skin patients
Identification of sleep difficulties.
Reducing the level of distress.
Identification of psychiatric symptoms.
Reducing social isolation.
Increasing self-esteem.
To help patients accept their illness.
To discover what kind of treatments the patient can choose and to help them make their decisions.
To examine what difficulties patients are experiencing due to their skin condition and to gain insight into what factors sustain these difficulties.
Identify useful coping strategies.
Develop social interaction skills.
Investigate what topics are indirectly related to skin disease.

Table 1: Objectives of psychological support in skin patients (based on Jafferany & Franca, 2016; Papadopoulos, 2005).

6. Interprofessional Cooperation

Today, many practitioners of psychodermatology believe that in the care of patients who are particularly affected by psychological factors, in addition to the involvement of dermatologists, the work of psychologists and psychiatrists is also important (Azambuja, 2017; Patel & Jafferany, 2020; Šitum et al., 2016).

Finlay and colleagues (2021), as a working group at the European Academy of Dermatology and Venereology (EADV), have collected methods that may help skin patients who have received treatment but still show signs of deteriorating quality of life. Methods and factors that improve quality of life were divided into four groups: dermatological interventions (hospital treatment, involvement of multidisciplinary groups, use of patch tests, and identification of relevant allergens, education); external services (corrective makeup, climatotherapy and balneotherapy); psychological methods (psychological intervention, cognitive therapy, hypnosis); and lifestyle (lifestyle and behavioral changes, religious practice, spirituality, and listening to music) (Finlay et al., 2021). According to the working group, clinicians should consider using these approaches if quality of life deteriorates in a given patient despite the optimal use of standard therapy (Finlay et al., 2021).

7. Presentation of Practical Experience

7.1. Health Psychological Support in Dermatology

I worked for 11 years in the Department of Dermatology and Allergology at the University of Szeged, during which time I also provided outpatient and inpatient health support at the clinic. The work topics, number of sessions, and realized professional goals of the series of sessions can be very different for skin patients; to illustrate this I highlighted the opinions expressed at the closing sessions of the joint work in Table 2.

Highlights	*Patient characteristics*	*No of sessions*
So psoriasis is supposed to be like spiritual armor, I don't know what to think about that. However, dealing with dreams has truly illuminated the spiritual aspects of psoriasis for me. I don't know if that's the effect of our therapy or treatment, but I feel like I'm completely asymptomatic right now. I feel like I have a much greater insight into the mental factors associated with my psoriasis. Thank you for these conversations.	Woman being treated for psoriasis.	6.
As a result of our conversations, I have felt a change in many areas in my life, such as how my attitude towards family members is different. I wasn't upset when I got a parking ticket; I see that as a change. I see that these conversations laid down the basis for me to sit here calmly and thoughtfully at this time and see through certain things and processes. These meetings are reassuring. The good thing is that I have a safe place where I can come to deal with my issues and to talk them out, and this has a good effect on me.	Man treated with erysipelas.	8.

I was relieved at the meetings. Do not stress. Take it easy. Don't react that way, but another way. I became more aware. I should lose 10 kg. I have to figure something out for that. My experience with my dermatologist is good.	Woman being treated for psoriasis.	5.
These meetings were useful… I was able to talk about things I am not used to… things that I am talking about with very few people… Of course we talk at my workplace, but mostly about work.	Woman treated with vasculitis localized to the skin.	6.
There is peace here, and people are paying attention to me. I can imagine the series of sessions would be handholds for me, like a lecture… it has to settle down. Thank you for your honest opinion.	Woman being treated for psoriasis.	6.
These situations, private ones, are more difficult for me than those where I have an illness or I have to come for surgery, because there is a solution for that, but for these there are none… everything is decided in my head. Maybe there is an option to trust more people?	Woman treated with allergies.	7.
I experienced liberation. It was good to talk about it – like taking a bath, when you step out of the tub and a lot of dirt drips from you.	Woman being treated for psoriasis.	12.
I have to learn to do things without any help, for example to walk more with fewer stairs to climb… or to move to a lower apartment. My self-awareness has grown… I realized I didn't think about myself as a hysterical person. I've been fit in the past, so I should slow down. My current goal is to get to the forefront a little bit instead of going for errands, for example.	Woman treated with arthrosis (Articular cartilage damage).	10.

Table 2: Highlights from patients regarding the closing sessions of the health psychology support session series at the Department of Dermatology and Allergology, University of Szeged.

7.2. Case Presentation and Recommendations for Case Management

By presenting a fictional case, I would like to highlight some important topics related to the psychological support of skin patients.

In connection with Károly, his dermatologist contacted me; the young man is being treated for outpatient psoriasis at the Department of Dermatology and Allergology, University of Szeged. To his dermatologist, Károly seems unmotivated and tired, which according to his doctor influences the development of his symptoms. The patient is 22 years old, and psoriasis first appeared at the age of 18, when he moved from Szeged to a rental apartment in Budapest. His symptoms initially appeared (red, white-peeling plaques) on the outer surfaces of his limbs, elbows, knees, and scalp. He previ-

ously received topical preparations and creams for treatment, and then received light treatment when his symptoms worsened. Nowadays, it is difficult to achieve remission of his disease. The itchiness causes him discomfort, which occurs most of the time at night, and he wakes up two or three times because of the itchiness. Károly was born in Szeged and is currently studying at a university in Budapest.

He finished a BA in Ceramics from the Moholy-Nagy University of Arts and is currently a sophomore in the MA program in Ceramics. He describes himself as an introvert, speaking slowly. Two years ago, his three-month relationship with a woman of similar age in Budapest ended, and his ex-girlfriend said she broke up with him because she found Károly's behavior boring. Currently, he is trying to get acquainted with the Tinder application. It is stressful for him to see how his contemporaries have entered into relationships in recent months, while it is still difficult for him to get to know others. His skin symptoms also affect his self-esteem. He moved back home to his parents' house in Szeged 15 months ago due to the COVID-19 pandemic, and he attends classes online. His parents support him, but it is awkward for him to take part in education from home. When he and his friends went to play tennis, some people in the locker room looked at him strangely because of his psoriasis symptoms. Sometimes it's hard for him to focus on his university assignments because of the stinging, itchy feelings caused by psoriasis. He experienced his college peers not wanting to shake hands with him because they feared that his symptoms were contagious. Károly said he is afraid of the systemic treatments; he had consulted with his dermatologist and agreed that in some cases their use was medically justified, but he still found them scary. According to Károly, because of his acquiescent attitude, his dermatologist thought he was unmotivated in his treatment because otherwise he would follow the dermatological care. In his high school, he was looking at a door of one of the rooms with the sign "school psychologist" and imagined what it would be like to go in there, but he didn't ask for an appointment. He said at the first health psychology consultation that "it was good; maybe the next meeting will be even better". He heard about temperaments from an acquaintance of a psychology student who thought he discovered a "slowly warming" temperament. Károly's father is a painter and his mother a history teacher.

7.2.1. Basic Nature of the Support

The nature of health psychological support can be fundamentally different when working with an inpatient as opposed to an outpatient. In an inpatient, it may be important not to explore the underlying factors of the symptoms, but to develop a so-called primary experience space (Csabai, 2010). It is important to provide a sense of security by mediating a rhythm, for example with the predictability of hospital events, by turning and reflecting on the patient so that experiences can be focused on, feelings and thoughts can be linked to events, and then feelings can be verbalized through different

techniques. In outpatients, if health promotion is needed, a motivational interview can be a useful technique to help change health behaviors (Urbán, 2017). If the patient's spiritual support is the main goal, then education related to psychosomatic connections and spiritual support, as well as work of a basic psychotherapeutic nature, are useful tools for the health psychologist.

With Károly, outpatient support could be provided, for example, by developing the following focus points: improving self-awareness (even by incorporating a quickly administered self-knowledge personality test, such as a 50-item IPIP representation of the Goldberg (1992) markers for the Big-Five factor structure); self-image and body image; working on attitudes towards important people around him (even when assessed using the PRISM-D drawing test (Havancsák et al., 2013), and treatment.

7.2.2. Number of Sessions

It could be important that we inform the patient at the first session how many sessions are planned. Dalgard and colleagues (2020) analyzed the treatments of 50 patients treated in a one-year period in a Swedish psychodermatology care unit. It was found that those who received psychotherapeutic support most often had 1 to 5 meetings with the unit's specialists (Dalgard et al., 2020). Roche and colleagues (2018) analyzed seven-year patient care data for a psychodermatology clinic in Ireland. The average number of sessions in which psychotherapeutic support was provided to patients was 4.3, and the number of meetings in a series of sessions held with them ranged from 1 to 16 (Roche et al., 2018). Urbán (2017) suggested that in the case of behavior that endangers health during clinical health psychology work, 3 to 6 sessions may be required to intensively support behavior change. Based on all this, I conclude that a series of six-session appointments for a dermatological outpatient may be recommended during the first consultation. We were also able to suggest this number of sessions to Károly at our first meeting.

7.2.3. First Encounter with the Patient

It may be worthwhile to take a psychosomatic first interview with skin patients. An important element of this is that the expert maps the possible correlations of psychological events in the interviewees' medical history with their somatic data in such a way that patients have the opportunity to describe these in their own words, largely in the order and time they like (Adler, 1999). The interview scheme is as follows: 1. introduction; 2. providing, as far as possible, comfortable conditions for conversation; 3. (inquiring about open questions) health complaints and the reason for seeking medical attention; 4. examination of current complaints (a. their temporal action, b. their nature, c. their intensity, d. their localization, e. their connection with other complaints, f. circumstances of their occurrence, g. characteristics of their exacerbation and alleviation; 5. possible previous illnesses; 6. health statuses of relatives; 7. personal develop-

ment; 8. current living conditions; 9. systematic inquiry into symptoms of other organ systems; 10. questions and additions of the patient (Adler, 1999). A psychosomatic interview technique has also been recommended for dermatologists by Tomas-Aragones and colleagues (2017) because it maps the biomedical, psychological, and sociocultural aspects of what a patient reveals. The use of this form of interview can also be useful for doctors and psychologists.

In the case of Károly, the use of psychosomatic interview techniques could offer the main advantage of shedding new light on the effects of psychiatric distress on the symptoms of his psychophysiological skin disease (psoriasis).

7.2.4. Factors Affecting Patient Support

While holding a clinical health psychology session, it is worth paying attention to our verbalization and the extent of patient self-discovery. Research has revealed an important, stable relationship between the expert's verbalization and the patients' self-exploration: the level of verbalization in a series of sessions has an effect on the degree of self-exploration, and vice versa (Tringer, 2007).

The topics we could address with Károly would also depend on the patient's needs, but based on the case study the following could be discussed in the first session: mood, social network characteristics, psychosomatic connections between stressful situations and skin condition, disease representations, characteristics of doctor-patient cooperation, sleep quality, attitudes towards his profession and university education, attachment pattern, personality traits, psychological effects of the coronavirus epidemic, stigmatization experiences due to symptoms, family habits, and expectations related to psychological support.

Lessons learnt from this case

Looking at the "achieved" psychological goals in Table 2, I found it interesting professionally that sometimes I saw in a similar way what the patient gained from the series of sessions; sometimes I was surprised by what had been said at closing sessions. My way of thinking about psychological support was strongly influenced by the fact that between 2015-2018 I was a central trainee at the SZTE MSc and BTK Applied Health Psychology Vocational Training, and that I trained for four years at the MASZKPTE Person-Centered Psychotherapy Method-Specific Training. Hearing that some patients' ways of connecting with key people have changed, others' personalities have moved closer to the image of a 'well-functioning person' as described by Carl Rogers (Rogers, 1963), and others have reported an understanding of the psychosomatic connections to their skin disease, all made me realize the diversity of health psychological support for skin patients.

8. Challenges and Development Opportunities in Psychodermatology

As we have seen, the science and field of application of psychodermatology have undergone many changes in recent decades. Finally, I present some new development opportunities, directions, and good practices regarding the connections between the soul and the skin.

Zhang and colleagues (2021) developed the Psychosocial Adaptation Questionnaire for the study of chronic skin patients. The 18-item scale tested by 321 skin patients examines three factors: the psychological (e.g., skin problems making the patient helpless), social (e.g., other people making offensive comments about the patient's skin condition), and cognitive aspects (e.g., overall satisfaction). According to the authors, the scale can also be administered in a busy dermatological office and can complement dermatological quality-of-life studies (Zhang et al., 2021).

Ryan and Wagner (2021) argued that it would be worthwhile to establish a one-year psychodermatology scholarship for dermatologists and psychiatrists who have just completed their U.S. residency training, which would also have a positive impact on patients, professionals, and the medical faculty. Hewitt and colleagues (2021) examined the effects of a motivational interview and one-day training for professionals in the United Kingdom to help change behavior in psoriasis patients. Representatives of several professions, dermatologists, psychologists, and nurses also participated in the training, and it was reported that this increased their skills, confidence, and motivation to support their patients' behavioral changes (Hewitt et al., 2021). Psychodermatology seminars were held in the city of Kiel, Germany between 2018 and 2020 as part of an educational program for medical students from the University Department of Dermatology, during which students had the opportunity to learn about skin stress and the biopsychosocial disease model (Wittbecker et al., 2021). In Szeged, the Department of Behavioral Sciences of the University of Szeged organizes education on psychodermatology for medical students within the framework of the course "Theory and Practice of Psychosomatic-Integrative Medicine".

Education creates opportunities for professional collaboration within patient care, which is particularly important in the field of psychodermatology. Initiatives in this direction include psychodermatology clinics, and units have been established internationally in several countries, such as Israel (Orion & Ben-Avi, 2011; Orion et al., 2012), India (Goyal et al., 2018; Shenoi & Prabhu, 2018), Singapore (Chung et al., 2012), the United States (Seale et al., 2018), and Portugal (Ferreira et al., 2019). At the Clinic of Dermatology and Allergology in Szeged, Hungary, three specialists provide health psychological support and conduct research in this extremely diverse field of patient care.

REFERENCES

Adler, R. (1999). Anamnézis és az első interjú a pszichoszomatikus orvoslásban [Anamnesis and the First Interview in Psychosomatic Medicine]. In J. Kállai, B. Gál (Eds.), *Az első találkozás jelenségvilága a segítő kapcsolatban [The phenomenon of the first encounter in the helping relationship]* (pp. 53–80). Janus Pannonius Tudományegyetem/Osiris könyvek.

Azambuja, R. D. (2017). The need of dermatologists, psychiatrists and psychologists joint care in psychodermatology. *Anais Brasileiros de Dermatologia, 92*(1), 63–71.

Chung, W. L., Ng, S. S., Koh, M. J., Peh, L. H., Liu, T. T. (2012). A review of patients managed at a combined psychodermatology clinic: a Singapore experience. *Singapore Medical Journal 53*(12), 789–793.

Csabai, M. (2010). Bálint és a pszichoszomatika. Tárgykapcsolati elvek a testi tünetek kezelésében [Balint and Psychosomatics. Principles of Object Relationship in the Treatment of Physical Symptoms]. *Thalassa, 21*(2), 33–48.

Dalgard, F. J., Bewley, A., Evers, A. W., Gieler, U., Lien, L., Sampogna, F., Stander, S., Tomas-Aragones, L., Vulink, N., Kupfer, J. (2018). Stigmatisation and body image impairment in dermatologicalpatients: protocolfor an observational multicentre study in 16 European countries. *BMJ Open, 8*(12), e024877. 10.1136/bmjopen–2018–024877

Dalgard, F. J., Sjöström, K., Fhager, J., Svensson, Å, Wallin, E., Hauksson, I. (2020). Subjective and Objective Characteristics of Patients Seenat a Psychodermatology Unit: One-year Experience in Malmö, Sweden. *Acta Dermato-Venereologica, 100*(8), adv00126. 10.2340/00015555–3460

Dixon, L. J., Witcraft, S. M., McCowan, N. K., Brodell, R. T. (2018). Stress and skin disease quality of life: the moderating role of anxiety sensitivity social concerns. *British Journal of Dermatology, 178*(4), 951–957.

Ferreira, B. R., Pio-Abreu, J. L., Reis, J. P., Figueiredo, A. (2019). First psychodermatology clinic in a Portuguese Department of Dermatology. *The Journal of the European Academy of Dermatology and Venereology, 33*(3), e119-e120. 10.1111/jdv.15303

Finlay, A. Y., Chernyshov, P. V., Tomas Aragones, L., Bewley, A., Svensson, A., Manolache, L., Marron, S., Suru, A., Sampogna, F., Salek, M. S., Poot, F. (2021). Methods to improve quality of life, beyond medicines. Position statement of the European Academy of Dermatology and Venereology Task Force on Quality of Life and Patient Oriented Outcomes. *The Journal of the European Academy of Dermatology and Venereology, 35*(2), 318–328. 10.1111/jdv.16914

França, K., Castillo, D. E., Roccia, M. G., Lotti, T., Wollina, U., Fioranelli, M. (2017). Psychoneurocutaneous medicine: past, present and future. *Wiener Medizinische Wochenschrift, 167*(Suppl 1), 31–36.

Gieler, U., Gieler, T., Peters, E. M. J., Linder, D. (2020). Skin and Psychosomatics – Psychodermatology today. *Journal der Deutschen Dermatologischen Gesellschaft, 18*(11), 1280–1298.

Goldberg, L. R. (1992). The development of markersforthe Big-Five factor structure. *Psychological Assessment, 4,* 26–42.

Goyal, N., Shenoi, S., Prabhu, S. S., Sreejayan, K., Munoli, R., Rai, S. (2018). Psychodermatology liaison clinic in India: a workingmodel. *Tropical Doctor, 48*(1), 7–11.

Gupta, M. A., Gupta, A. K. (2013). A practical approach to the assessment of psychosocial and psychiatric comorbidity in the dermatology patient. *Clinics in Dermatology, 31*(1), 57–61.

Havancsák, R., Pócza-Véger, P., Csabai, M. (2013). A PRISM-D rajzteszt kórházi betegek vizsgálatában és kezelésében [The PRISM-D Drawing Test in the Diagnosis and the Treatment of In-patients]. In M. Csabai, J. N. Pintér (Eds.), *Pszichológia a gyógyításban [Psychology in Therapy]* (pp. 83–107). Oriold és Társai Kiadó.

Hewitt, R. M., Pattinson, R., Cordingley, L., Griffiths, C. E. M., Kleyn, C. E., McAteer, H., Schofield, J., Bundy, C. (2021). Implementation of the PsoWell™ Model for the Management of People with Complex Psoriasis. *Acta Dermato-Venereologica, 101*(4), adv00445.10.2340/00015555–3802

Jafferany, M. (2007). Psychodermatology: a guide to understanding common psychocutaneous disorders. *Primary Care Companion to the Journal of Clinical Psychiatry, 9*(3), 203–213.

Jafferany, M., Ferreira, B. R., Abdelmaksoud, A., Mkhoyan, R. (2020). Management of psychocutaneous disorders: A practical approach for dermatologists. *Dermatologic Therapy, 33*(6), e13969. 10.1111/dth.13969

Jafferany, M., Franca, K. (2016). Psychodermatology: Basics Concepts. *Acta Dermato-Venereologica, 96*(217), 35–37.

Koo, J. Y. M., Lee, C. S. (2003). General approach to evaluating psychodermatological disorders. In J. Y. M. Koo, C. S. Lee (Eds.), *Psychocutaneous medicine* (pp. 1–12). Marcel Dekker.

Orion, E., Ben-Avi, O. (2011). [A newpsycho-dermatology clinic in Israel: our first year experience]. *Harefuah, 150*(1), 9–12, 70.

Orion, E., Feldman, B., Ronni, W., Orit, B. A. (2012). A psychodermatology clinic: the concept, the format, and our observations from Israel. *The American Journal of Clinical Dermatology, 13*(2), 97–101.

Orion, E., Wolf, R. (2012). Psychological stress and epidermal barrier function. *Clinics in Dermatology, 30*(3), 280–285.

Papadopoulos, L. (2005). Psychological therapies for dermatological problems. In C. Walker, L. Papadopoulos (Eds.), *Psychodermatology: The Psychological Impact of Skin Disorders* (pp. 101–115). Cambridge University Press.

Patel, A., Jafferany, M. (2020). Multidisciplinary and Holistic Models of Care for Patients With Dermatologic Disease and Psychosocial Comorbidity: A Systematic Review. *JAMA Dermatology, 156*(6), 686–694.

Roche, L., Switzer, V., Ramsay, B. (2018). A retrospective case series of referralstoour psychodermatology clinic 2009–2016. *The Journal of the European Academy of Dermatology and Venereology, 32*(7), e278-e279. 10.1111/jdv.14816

Rogers, C. R. (1963). The concept of the fully functioning person. *Psychotherapy: Theory, Research & Practice, 1*(1), 17–26.

Ryan, M. P., Wagner, R. F. (2021). Psychodermatology fellowship: is it time? *Dermatology Online Journal, 27*(2).

Saad, M., de Medeiros, R., Mosini, A. C. (2017). Are We Ready for a True Biopsychosocial-Spiritual Model? The Many Meanings of "Spiritual". *Medicines (Basel), 4*(4). 10.3390/medicines4040079

Seale, L., Gaulding, J. V., Porto, D., Prabhakar, D., Kerr, H. (2018). Implementation of a psychodermatology clinicat a major health system in Detroit. *International Journal of Women's Dermatology, 4*(4), 227–229.

Shenoi, S. D., Prabhu, S. S. (2018). Psychodermatology: An Indian perspective. *Clinics in Dermatology, 36*(6), 737–742.

Šitum, M., Kolić, M., Buljan, M. (2016). [Psychodermatology]. *Acta Medica Croatica, 70* (Suppl 1), 35–38.

Tomas-Aragones, L., Voicu, C., Marron, S. E. (2017). The clinical interview and assessment: general considerations. *Romanian Journal of Clinical and Experimental Dermatology: ROJCED, 1*(4), 6–13.

Tringer, L. (2007). *A gyógyító beszélgetés [The Healing Conversation].* Gondolat Kiadó.

Urbán, R. (2017). *Az egészségpszichológia alapjai [Basics of Health Psychology].* ELTE Eötvös Kiadó.

Wittbecker, L. M., von Spreckelsen, R., Bandholz, T. C., Lehmhaus, F. W., Schwarz, T., Gläser, R. (2021). From the (skin) doctor's office to the lecture hall: An innovative, practice-oriented, media-supported teaching project with supra-regional interdisciplinary usage options. *Journal der Deutschen Dermatologischen Gesellschaft, 19*(5), 694–705.

Zhang, X. J., Xu, H., Wang, A. P. (2021). Development and Evaluation of the Psychosocial Adaptation Questionnaire among Patients with Chronic Skin Disease. *Dermatology, 237*(4), 641–648. 10.1159/000514306