



Psychologic consequences of facial dermatoses

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Abstract The attractiveness of the human body has always been an important issue in the fields of sociology, psychology, and psychiatry and also in the field of dermatology. In psychodermatology, one often discovers how all these fields intermingle to produce elaborate situations and extreme human difficulties. Perfect skin is widely adored in literature, poetry, and biblical texts, as well as in advertisements, movies, and television. Because in most societies the face is the body part that is visible, imperfections of the skin are also visible; therefore, its flawed appearance bears the potential to become a source of misery to some.

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Introduction

Healthy, normal-looking skin is essential for an individual's physical and mental well-being. Facial skin diseases can affect the patient's life in various aspects; it can affect his or her social status, romantic relationships, and emotional health and self-esteem. It is the patient's "visible self." Facial skin diseases have the potential to affect an individual's quality of life to a great extent.

Psychodermatology is concerned with skin conditions that are influenced by psychologic difficulties, as well as with psychologic difficulties arising as a result of skin conditions. In this paper, we discuss the effects of the soma on the psych—the somatopsychic aspect of facial skin diseases.

We focus on the psychologic effects of skin conditions that are *typically facial* (not dermatoses that affect other body areas but can appear *also* on the face). Although we shall discuss those facial dermatoses whose psychologic impact is the most investigated, there are reasons to assume that the emotional burden exists with most facial dermatoses.

The emotional impact of facial dermatoses: Stigmatization

In ancient times, skin diseases were often seen as an expression of the wrath of a god visited on those who had sinned. Skin disease sufferers were sometimes even condemned to live separately and their approach announced by a bell or a horn due to the belief that their disease was contagious.¹ Although occasionally patients are able to take in stride disease that is disfiguring and visible, for many the experience of being "different" is frightening, leading to feelings of embarrassment and shame.¹

The attractiveness of the human body has always been an important issue in the fields of sociology, psychology, and psychiatry and also in the field of dermatology. In psychodermatology, one often discovers how all these fields intermingle to produce elaborate situations and human difficulties. One important problem deals with the feeling of stigmatization resulting from a visible skin condition. *Stigma* was defined by the sociologist Ervin Goffman as a process by which the reaction of others spoils normal identity. It is thus easily understood why many skin patients feel stigmatized.^{2,3} In this context, skin conditions that alter skin color, complexion, texture, or appearance can provoke

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negative reactions and emotions in others. This can lead to disapproval, rejection, exclusion, and discrimination.⁴

Most information we have about the nature and extent of the situation concerns perceived stigmatization among psoriasis or vitiligo patients^{2,3,5}; less focused information exists about stigmatization among patients with facial dermatoses.⁶ The reason is probably less research rather than a lesser degree of perceived stigmatization. It is expected that imperfections on the face would cause more psychologic problems than imperfections in other body areas, because it is more exposed to others, and it is harder to hide or camouflage successfully.

Acne

Acne, a common skin disease, is prevalent mainly during adolescence but also may be present in adulthood. The disease's major complications include physical scarring and psychologic effects that may persist long after the dermatitis has disappeared.^{7,8}

Acne's impact on psychosocial and emotional problems is so significant that it is comparable to the effects of those imposed by arthritis, back pain, diabetes, epilepsy, and asthma.⁹

Panconesi finds acne a facial dermatosis with a high incidence of psychoemotional factors.¹⁰ He also makes an important distinction between adolescent acne, which causes psychologic problems secondary to the skin disease (somatopsychic), and adult acne, which can mainly be evoked or exacerbated by psychologic problems or even by a psychiatric disease (psychosomatic).¹⁰

From a psychoanalytical point of view, not able to compete with the perfection of the idealized personalities or peers, even minimal acne lesions may serve to confirm for adolescents their worst fears of being ugly, dirty, and flawed.¹ The negative feelings lead to low self-esteem, and self-conscious feelings that everyone is staring with criticism.¹¹ Due to the age-appropriate adolescent physical changes and the early arousal of sexual feelings, guilt about sexuality is often relevant and present, and the outbreak of acne dermatitis may be experienced as a loss of control and as a punishment. The stress of integrating into the body image age-appropriate physical changes as well as acne may lead to the fragility of that image, with the possible development of body dysmorphic disorder.¹

Data show that late adolescents feel stigmatized by their visible facial skin condition.¹² In adolescence, the individual usually becomes more autonomous, relationships with family members change, and peer or romantic relationships become more important.¹³ The appearance of the skin is important for successful social interactions and for high self-image in this age group.¹⁴

It seems that adolescents are more influenced by the psychosocial effects of acne than older patients.¹⁵ Although acne can pose psychologic problems at any age, the condition

itself is much more prevalent in adolescence (therefore most acne sufferers come from this age group) and, more importantly, adolescents are psychologically vulnerable and tend to be more sensitive to modifications in their appearance.¹⁶ This volatile combination can have a long-lasting impact on their lives: It can affect self-esteem and assertiveness, factors that are crucial in forming relationships as well as to the development of personality traits.¹⁵ Interviews with patients revealed explicit links between appearance and subjects' self-image, self-concept, and self-esteem, which gave rise to much of the psychologic morbidity in those patients.¹⁷ Embarrassment and self-consciousness were found to be directly linked to self-image and self-esteem. Important exacerbating factors in the relationship among acne, embarrassment, and self-consciousness were taunting or teasing and a perception of being judged by others.¹⁷

Anxiety and depression are the two most prevalent psychiatric morbidities linked to acne. In a small series of 34 patients with severe acne, significant levels of anxiety were found in 44% of patients and depression in 18%.¹⁸

In a study of 72 adolescents and young adults with mild to moderate noncystic acne, active suicidal ideation was elicited in 5.6%.¹⁹ In a cross-sectional survey among 9567 teenagers aged 12 to 18 years, "problem acne" was associated with increased probability of depressive symptoms (24%), anxiety (9%), suicide thoughts (34%), and suicide attempts (13%).²⁰ The association of "problem acne" with suicide attempts was found to be independent of anxiety and depressive symptoms.

In a recent large population-based study of 3775 adolescents aged 18 to 19, the relationship of acne severity to suicidal ideation, mental health problems, and social functioning was explored. Among those with severe acne, suicidal ideation was twice as frequently reported among girls and three times more frequently reported among boys in comparison to the mild/no acne patients.¹³ Suicidal ideation remained significantly associated with substantial acne even after adjustments of symptoms of depression, ethnicity, and family income were done. The study also found a significant association of substantial acne and mental health problems, low attachment to friends, lack of thriving at school, lack of romantic relationships, and sexual intercourse.¹³ These results are in accordance to previous works showing impaired self-image and self-esteem,²¹ impaired psychologic well-being,¹² and inhibition of social interactions.²² So the immediate impact of acne on multiple aspects of patients' lives is immense; moreover, it may have a huge influence on their well-being in later life.

Regardless of the degree of severity, patients with acne are at increased risk to develop anxiety and depression and even suicidal ideation in comparison with the acne-free population. Acne negatively affects quality of life, and the greater the impairment secondary to the disease, the greater the level of anxiety and depression.¹⁵ Unlike this correlation, other studies show that in adult women acne can cause impairment in quality of life *regardless* of its severity. Also, age and disease duration do not necessarily correlate with quality of life as well.²³

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