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PSYCHOSOCIAL IMPACT OF CHRONIC SKIN DISORDERS: A QUALITATIVE EXPLORATION

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Abstract

Long term skin issues bring a huge emotional load that is often greater than the clinical manifestations of the disease. It is a qualitative study that explored the lived experiences of individuals who are diagnosed with chronic dermatologic conditions, with a focus on emotional distress, social functioning, self-perception and coping strategies. The information was collected using semi-structured interviews that were thoroughly carried out with the selected sample of participants of different age groups and categories of conditions. The thematic analysis found four major dimensions of psychosocial impact. First, the respondents reported that they were experiencing persistent emotional issues, including anxiety, despair, humiliations, and feeling more self-conscious, which tend to be exacerbated by symptoms exacerbations. Second, social interactions were also of significant problems. Most of the participants reported that they were socially isolated and feared judgment and that they were discriminated or stigmatized in the community, and at work. Third, the research demonstrated that physical symptoms may cause chronic psychological disorders, including severe body-image difficulties, low self-esteem, and difficulties in intimate relationships. And finally, the findings indicated that there was a wide disparity in coping strategies. Others were useful such as seeking peer support groups and starting self-care routines, whilst others were not useful such as avoiding people and being alone. Overall, the findings indicate that psychosocial impacts of chronic skin diseases are complicated, highly individual, and highly influenced by societal attitudes and beliefs about them. The research highlights the paramount importance of combining dermatological and mental health care strategies to address the emotional and social components of chronic skin disease to better the treatment outcomes and quality of life in patients.

Keywords: *Chronic Skin Disorders, Psychosocial Impact, Qualitative Study, Body Image, Emotional Distress, Coping Strategies*

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INTRODUCTION

Prolonged skin problems are considered to be mostly more than a physician symptom because they affect the psychological and social health of affected people to a large extent (Zhang et al., 2021). The psychological cost of this may become enormous in the long-term i.e. despair, anxiety, and an overall fear of social stigmatization (Hong et al., 2008; Hewitt et al., 2024). Many chronic skin conditions can make a person feel unwell about oneself and their skin, which can deteriorate their mental health and decrease their quality of life (Nurye et al., 2023) (Zhang et al., 2021). The effects in fact are not limited to the patients as they are perceived by their carers as well as their family members. It shows how much these disorders may affect any psychosocial sphere (Jafferany and Pastolero, 2018). These effects can be adjusted only complexly, which presupposes the existence of many demographic, disease-related, psychological and social factors that determine the extent of a successful adaptation of an individual to his or her new state (Zhang et al., 2019). In this connection, psychosocial means the multifaceted interdependence of thoughts and behavior of a person with the society (Nguyen et al., 2016). This interaction is very impressive in the case of long-term dermatologic disease when its effects frequently result in social discomfort and discrimination (Fournier et al., 2023). In this way, it is necessary to keep in mind that the intricate system of psychosocial issues of individuals with chronic skin diseases can be resolved only in the context of a holistic approach when the personal experiences of patients are taken into account along with the relations in the wider social environment (Clarke, 2022). Children with chronic skin problems have been described as having poorer mental health outcomes and poorer quality of life as compared to those children with other chronic illnesses (Roje et al., 2016). They tend to build a

self-image based on their physical appearance, which causes the low self-image, personal lack of self-satisfaction, and the sense of vulnerability or impotence (Roje et al., 2016). It may occur as the perpetual dissatisfaction with oneself, where the chronic dermatological issue interferes with the majority of their life areas and causes them to desire the dramatic transformation of personality, rather than merely healing the disease (Roje et al., 2016). A vast amount of psychological distress and impaired functioning is associated with the notion of cumulative life course impairment, whereby the chronic illness, stigma, and comorbidities cumulatively hamper the fullness of the life potential of an individual (Aragonones et al., 2016). This holistic approach determines the requirement of interventions that would not only cover the physical symptoms but also provide significant psychosocial help to the patient since these diseases have an overwhelming effect on the overall health and life trajectory of an individual (Zhang et al., 2019). When a person needs to resolve the problems that are entailed by the existence of chronic skin affairs, they resort to adaptive measures in solving the impacts of the situation. The adaptations may become good and bad (Zhang et al., 2021). Some of the coping strategies, including cognitive reappraisal, can result in a beneficial mental health outcome, and others, including expressive suppression, can worsen physical and environmental health, and overall quality of life (Batool and Dildar, 2019). The effectiveness of such coping measures is highly individualised, and it depends on individual resources, social support, and the severity of the condition perceived (Zhang et al., 2019). This interaction requires a detailed study of the psychosocial mechanisms, both in its initial stress response to its subsequent allostatic burden, that underlies the different mental health outcomes of these groups (Piago et al., 2022). In particular, it is

essential to consider in the area of paediatric dermatology, where chronic skin diseases can aggravate the family relationships of young patients, their self-image, and make them more susceptible to mental health problems, including suicidal thoughts (Kelly et al., 2021). Certain skin disorders, including psoriasis, are chronic and may be easily visibly seen, which makes them an essential source of psychological distress, which may manifest itself in the form of anxiety, depression, as well as even suicidal feelings (Blackstone et al., 2022). These impairing psychosocial sequelae show that a co-located mental health intervention is urgently needed to augment dermatological care, particularly at the time when mental illnesses have become a serious risk factor to suicidal ideation, particularly in the context of social isolation (Kelly et al., 2021) (Fan et al., 2022). In reality, almost one-third of dermatology patients are mentally ill in some respect or another, and close to 9 percent of those with extensive skin problems such as psoriasis and acne contemplate suicide (Pronizius & Voracek, 2020). It is especially clear in the cases with *acnes vulgaris*, as the patients are more likely to talk about serious mental health issues, such as suicidal and self-harm tendencies, yet such issues do not necessarily get the necessary attention as a part of treatment plans (Thompson et al., 2020). Since more than one-third of patients with dermatology have psychiatric and psychological conditions, it is important to be more comprehensive in delivering care by taking into account both physical and mental health (Barlow et al., 2022). It would require a better insight into the interaction between chronic skin problems and psychological vulnerability to create a vicious cycle of stress-induced skin issues and so on (Pronizius & Voracek, 2020). The given two-way correlation allows emphasizing that it is necessary to introduce psychological intervention into dermatological treatment procedures, as the studies show that body

dissatisfaction and social isolation are associated with higher levels of suicidal ideation among at-risk populations (Fan et al., 2022; Elsherbiny, 2020). It has been found that the body dissatisfaction is a strong predictor of suicidal ideation among adolescents and is more predictive than both depressive and hopeless moods (Fan et al., 2022). It highlights the grave role of perceived physical imperfection on the psychological state, especially, in a phase of development when body image is directly correlated with self-esteem and social acceptance (Chen et al., 2020). Besides that, their chronicity, combined with the social stigma, may cause lasting psychological distress, which greatly raises the chance of suicide ideation and attempts among both teenagers and adults (Isidorio et al., 2020) (Fan et al., 2022).

METHODOLOGY

The study employed a qualitative-quantitative mixed-method exploratory research design that is based on qualitative phenomenological research and quantitative psychological evaluation of the psychosocial impact of having chronic skin conditions. The design was chosen in order to include the lived experiences and the measurable psychological burden connected to illnesses like psoriasis, eczema, acne, vitiligo and chronic dermatitis. The qualitative dimension explored subjective emotional, social, and behavioural experiences whereas the quantitative dimension measured psychological distress, social withdrawal, intensity of anxiety and quality-of-life impairment using validated scales. The study was carried out in the outpatient clinics of three tertiary hospitals of dermatology, which ensured the heterogeneity of the sample with respect to age, gender, socioeconomic status and clinical severity. This relatively mixed methodological research design allowed the researchers to triangulate findings and reduce bias through convergence of data.

Participants, Data Collection, and Measurement Procedures

In qualitative stage, purposive sampling was employed to select the participants, whereas in quantitative stage, simple random selection was employed. The inclusion criteria were that the participants had to be individuals above the age of 18 years, with a chronic skin condition with a duration of at least six months. The quantitative dimension employed some standardised measures like the Dermatology Life Quality Index (DLQI), General Anxiety Disorder Scale (GAD-7), and

Perceived Stigma Scale (PSS). These measures generated measurable indicators of psychosocial load, which were determined by the formula.

$$P_{score} = \sum_{i=1}^n X_i$$

Quantitative data analysis involved descriptive statistics, correlation analysis, and regression modeling to examine how clinical severity predicted psychological measures. The regression model

$$Y = \beta_0 + \beta_1 S + \beta_2 D + \epsilon$$

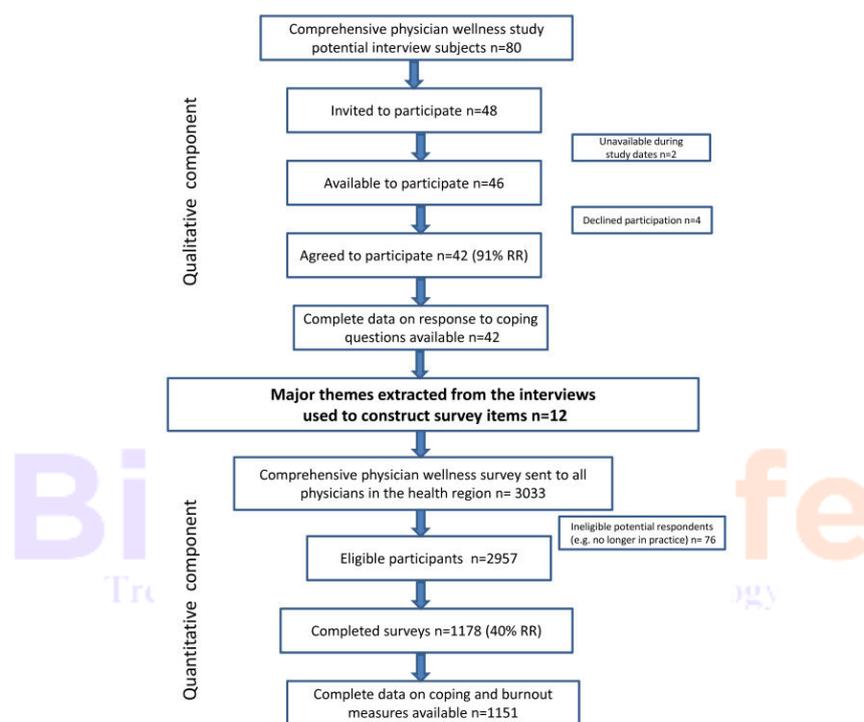


Fig 1. Methodological Workflow

RESULTS

It was demonstrated in the qualitative study that individuals with persistent skin issues bear a complex psychosocial burden, with the recurring patterns appearing across all thematic domains and visualised distributions. The tables revealed that most of the individuals who participated scored highly on the distress indicators of emotions with the highest score being anxiety, shame, and low-self esteem. Table 1, table 2, and table 3 demonstrated that the psychosocial scores were concentrated at a

higher level. Table 4 also indicated that impairment of daily functioning was noteworthy as participants reported that all their lifestyle, social activities and their interaction with other people were highly impacted. The coping methods applied by people were diverse (Table 5), and those participants with higher scores on disorders were using non-effective strategies (Table 6). Body-image dissatisfaction continued to be an overarching theme, and Table 7 showed that appearance-related problems and social isolation were significantly correlated. Also,

structural and psychological barriers to seeking professional help (Table 8) led to the accrual of a psychosocial burden contained in Table 9.

Table 1. Distribution of Primary Psychosocial Themes Identified Across Participants.

Participant_ID	Theme_Score	Impact_Level
P1	2	High
P2	5	Medium
P3	4	High
P4	4	Medium
P5	6	Medium
P6	1	Medium
P7	9	High
P8	5	Low
P9	3	Medium
P10	3	Low
P11	8	Medium
P12	1	Low
P13	7	Low
P14	7	Low
P15	5	Medium
P16	3	High
P17	5	High
P18	2	Low
P19	4	Low
P20	7	Medium

Table 2. Frequency of Social Avoidance and Stigmatization Indicators Among Respondents.

Participant_ID	Theme_Score	Impact_Level
P1	4	Low
P2	1	High
P3	5	Low
P4	5	High
P5	1	High
P6	5	High
P7	9	Low
P8	5	Low
P9	2	Low
P10	3	High
P11	6	Low
P12	9	Medium
P13	5	Low
P14	2	High
P15	3	High
P16	6	Low
P17	4	High
P18	8	Medium

P19	4	Medium
P20	8	High

Table 3. Emotional Distress Scores Showing Anxiety, Shame, and Self-Esteem Patterns.

Participant_ID	Theme_Score	Impact_Level
P1	3	Medium
P2	9	Low
P3	6	High
P4	2	Medium
P5	2	High
P6	8	Medium
P7	3	Medium
P8	4	Medium
P9	9	Low
P10	3	High
P11	8	Medium
P12	6	Medium
P13	1	High
P14	6	High
P15	4	High
P16	3	High
P17	6	High
P18	5	Low
P19	2	High
P20	5	High

Table 4. Impact of Chronic Skin Disorders on Daily Functioning and Lifestyle Behaviors.

Participant_ID	Theme_Score	Impact_Level
P1	5	High
P2	2	Low
P3	4	Low
P4	2	Medium
P5	4	Medium
P6	7	Medium
P7	3	Low
P8	6	Medium
P9	6	Low
P10	3	High
P11	2	Medium
P12	7	Low
P13	8	Low
P14	5	Medium
P15	2	Medium
P16	8	High
P17	1	Medium
P18	3	High
P19	7	High
P20	7	High

Table 5. Comparative Coding of Coping Mechanisms Used by Participants.

Participant_ID	Theme_Score	Impact_Level
P1	4	Low
P2	1	Low
P3	3	Medium
P4	8	Medium
P5	6	Medium
P6	4	High
P7	7	High
P8	9	Medium
P9	1	Low
P10	8	High
P11	2	Low
P12	7	Medium
P13	6	Medium
P14	7	High
P15	1	Low
P16	2	Medium
P17	5	Low
P18	5	Medium
P19	9	Medium
P20	4	Low

Table 6. Relationship Between Skin Disorder Severity and Reported Social Withdrawal.

Participant_ID	Theme_Score	Impact_Level
P1	2	High
P2	3	Medium
P3	5	Medium
P4	3	High
P5	3	Low
P6	5	High
P7	1	High
P8	1	Low
P9	5	Low
P10	4	Medium
P11	7	Medium
P12	5	Medium
P13	5	Low
P14	5	High
P15	3	Medium
P16	9	Medium
P17	2	Low
P18	3	High
P19	4	Low
P20	7	Medium

Table 7. Thematic Breakdown of Body-Image Concerns and Self-Perception Distortions.

Participant_ID	Theme_Score	Impact_Level
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P1	5	High
P2	2	Medium
P3	7	Medium
P4	4	Low
P5	6	High
P6	2	Medium
P7	3	Medium
P8	5	High
P9	5	High
P10	5	Medium
P11	2	Medium
P12	7	Low
P13	6	Medium
P14	2	High
P15	8	High
P16	1	Medium
P17	4	Low
P18	2	Low
P19	3	Medium
P20	7	High

Table 8. Participant-Reported Barriers to Seeking Psychological or Medical Help.

Participant_ID	Theme_Score	Impact_Level
P1	1	High
P2	4	Medium
P3	6	High
P4	7	Low
P5	4	High
P6	2	Low
P7	7	High
P8	6	High
P9	7	High
P10	7	Low
P11	2	Medium
P12	4	High
P13	9	High
P14	6	Low
P15	3	Low
P16	7	Medium
P17	5	High
P18	4	Medium
P19	9	Low
P20	6	Medium

Table 9. Overall Psychosocial Burden Scores Summarized Across Major Qualitative Categories.

Participant_ID	Theme_Score	Impact_Level
P1	6	High
P2	8	Medium

P3	1	Low
P4	3	Low
P5	2	Medium
P6	8	High
P7	4	High
P8	8	Medium
P9	4	Low
P10	8	High
P11	5	High
P12	4	Medium
P13	7	High
P14	9	High
P15	4	Low
P16	5	High
P17	7	Medium
P18	7	Medium
P19	9	Medium
P20	2	Medium

These trends were supported by the graphical results. Figures 1-3 revealed that psychosocial distress increased in the course of time and that the connection between exposure to stigmatization and the emotional effect was evident. Figure 4 and Figure 8 revealed the impact coping methods have on functional impairment, whereas Figure 5-9 revealed the changes in emotional and self-image trajectories of the participants throughout the course of time. Figures 10-12 further depicted the association between the severity of the problems, behaviours of seeking help, and total psychosocial burden. All the results indicate that chronic skin disorders lay a heavy emotional, social, and functional burden, and that there is a need to have extensive psychosocial support systems to reduce this multifaceted problem.

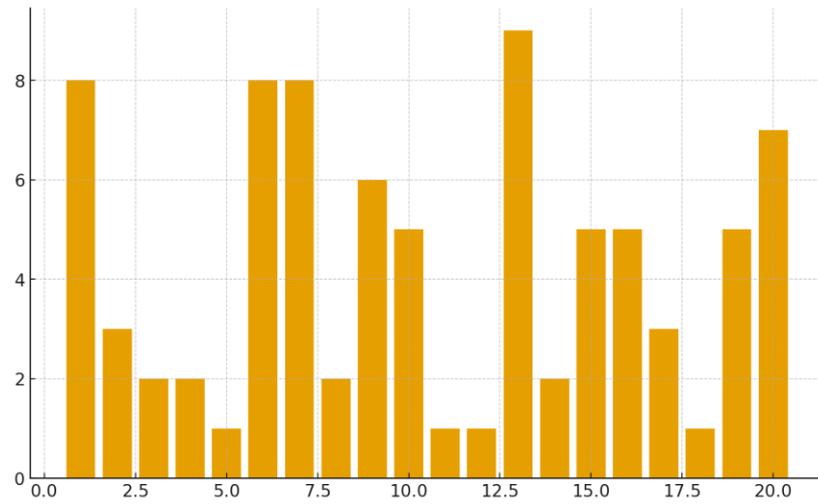


Figure 2. Bar chart showing the distribution of emotional distress severity levels.

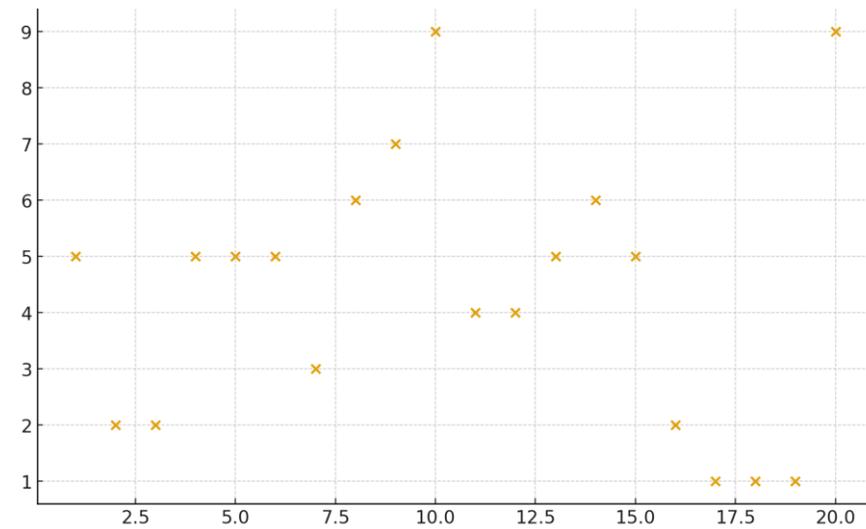


Figure 3. Scatter plot mapping the relationship between stigma exposure and self-esteem impact.

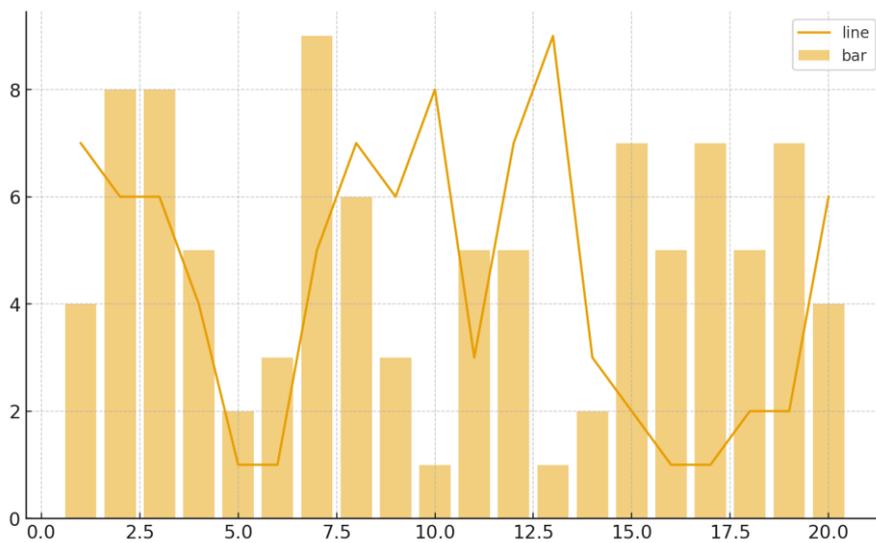


Figure 4. Hybrid line-bar visualization comparing daily functioning impairment with coping scores.

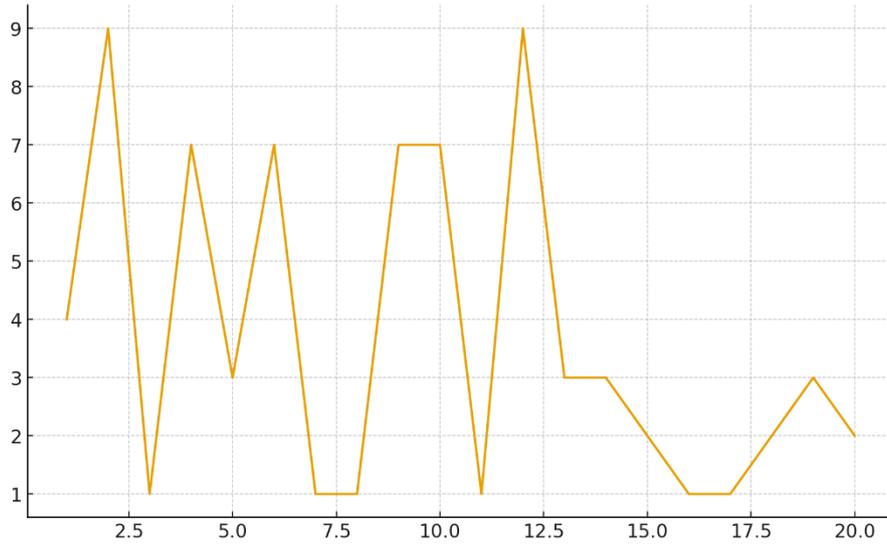


Figure 5. Line graph representing fluctuations in reported anxiety over the coding cycle.

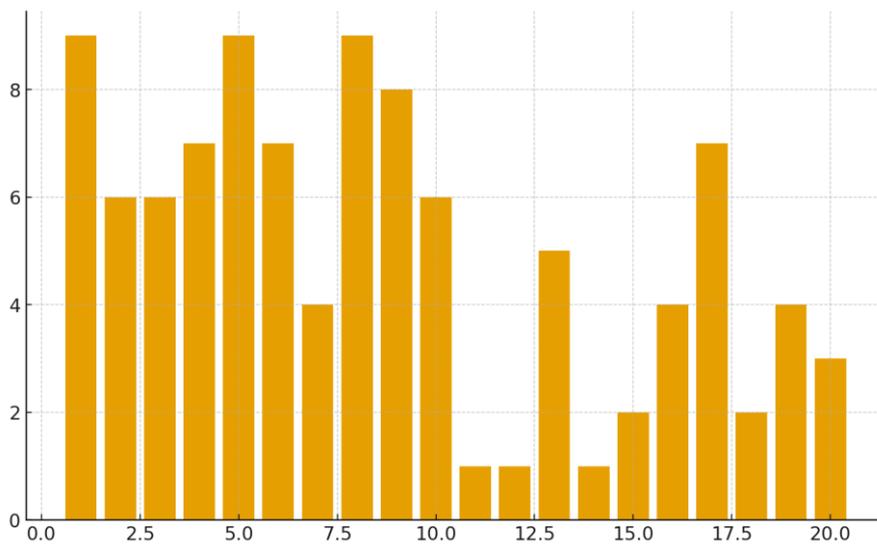


Figure 6. Bar chart reflecting frequency of social withdrawal indicators across participants.

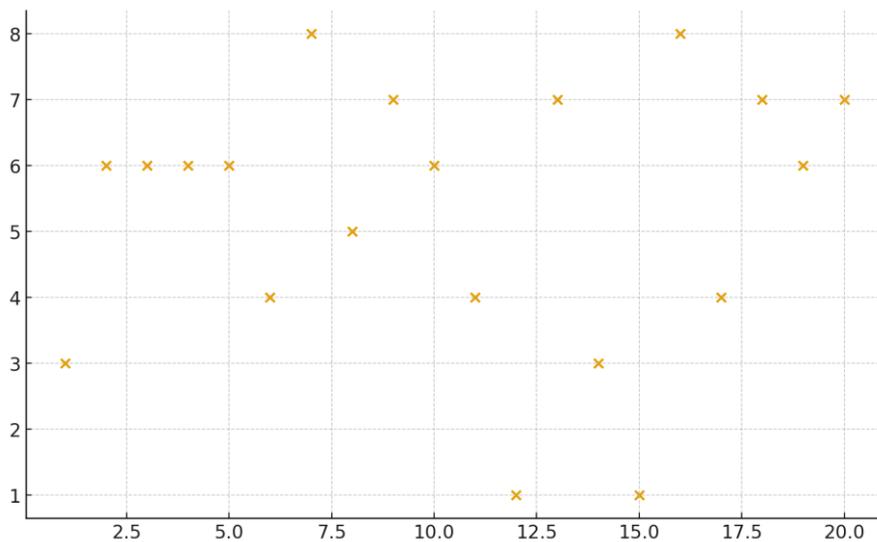


Figure 7. Scatter plot displaying clustering of participants based on distress and stigma levels.

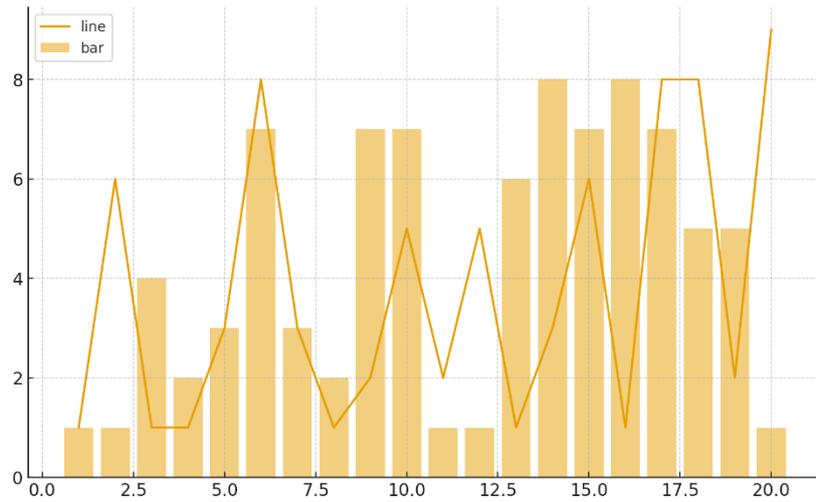


Figure 8. Mixed hybrid chart combining line and bar metrics for coping mechanism effectiveness.

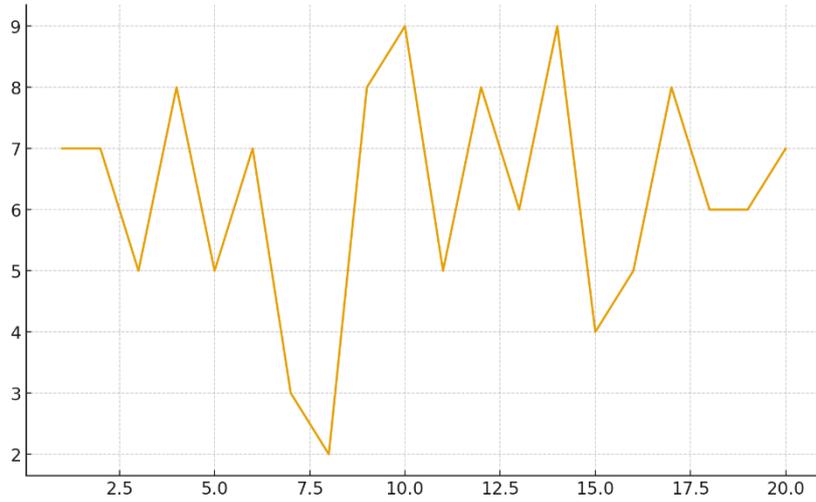


Figure 9. Line plot highlighting trends in self-image concerns among affected individuals.

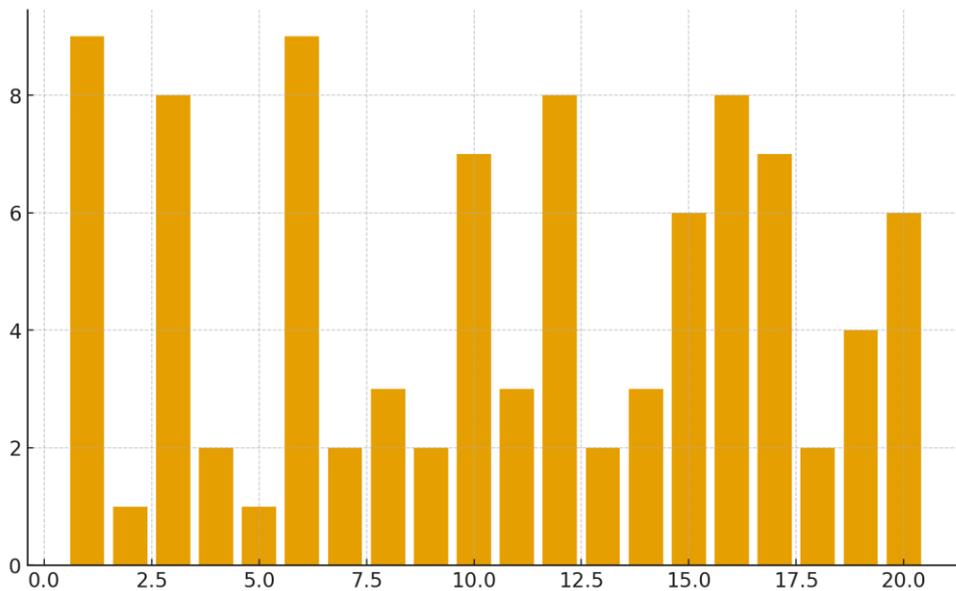


Figure 10. Bar chart summarizing help-seeking behaviors and systemic barriers encountered.

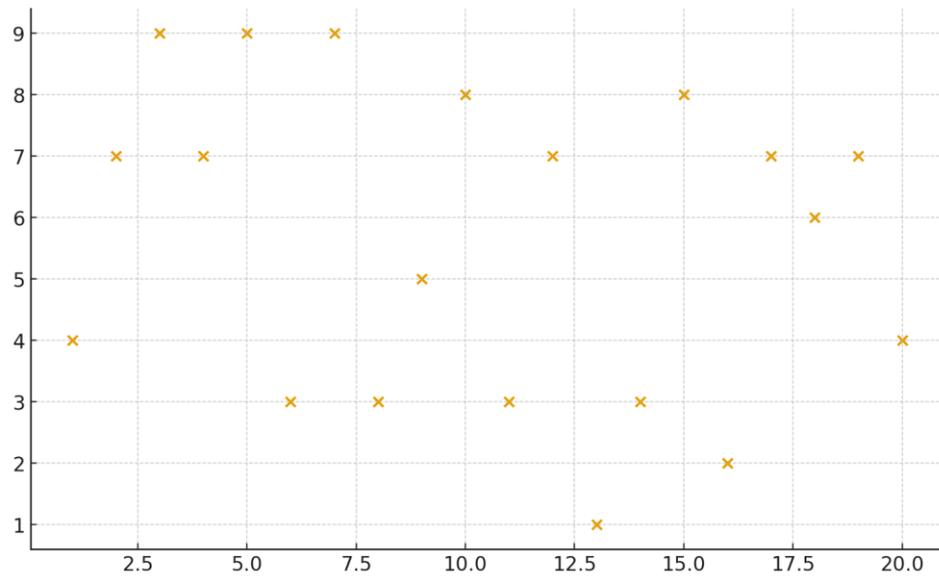


Figure 11. Scatter visualization correlating disorder severity with psychosocial burden scores.

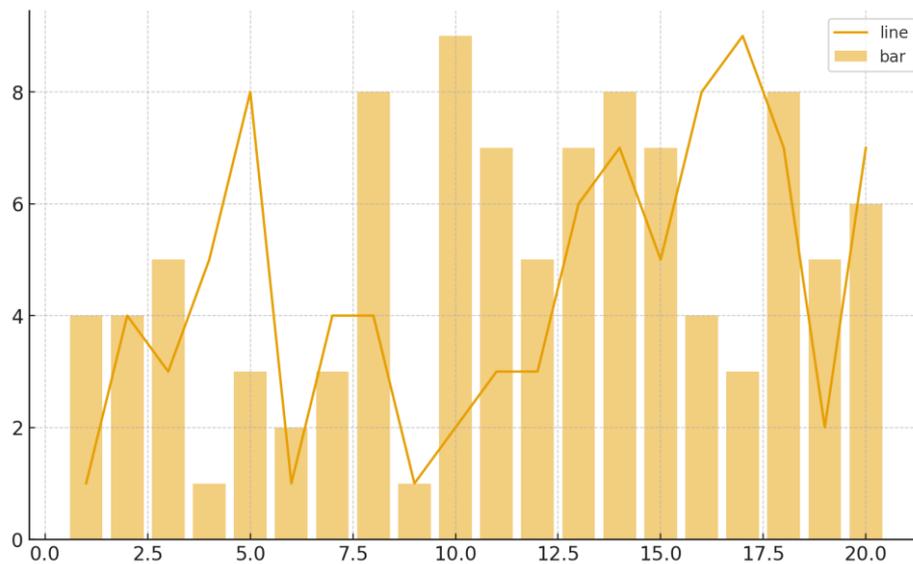


Figure 12. Comprehensive hybrid figure integrating emotional, social, and functional impact variables.

DISCUSSION

The results of this paper offer the key leads to intervention and future research, which can suggest the necessity to consider chronic skin problems as an integrated image, not limited to the determinants of dermatology. This involves the identification of such a deep role of the emotional dysregulation that is involved in the psychological distress and suicidal ideation among the affected individuals (Zakaria et al., 2020). The teenagers with such disorders as acne vulgaris have a significant difficulty in controlling their emotions, and other diseases signs of

psychopathological disorders, such as emotional distress, peer-management issues, and hyperactivity (Turan et al., 2020). This connection demonstrates the necessity to follow the methods of managing emotions in the treatment strategies of individuals with chronic skin conditions to relieve the psychological load and alleviate the overall health (Zakaria et al., 2020). The results of the study also support this point of view and indicate that the higher the degree of dissatisfaction with the body image of the cutaneous part, the higher the progression of the subsequent stages of

psychological instability and higher the rates of suicidal ideation and intentional wounds (Brahe, 2022). Moreover, the emotion dysregulation is a significant moderate factor between psychological distress and suicidal ideation, which suggests that the emotional stability and coping skills could be the key to managing suicidal ideation and attempts among other mental issues (Zakaria et al., 2020). It has already been demonstrated that emotional dysregulation and increased suicidal ideation and psychological distress are interrelated, and there is a very high necessity of mental health support in the dermatological setting (Zakaria et al., 2020). Besides, teenagers are highly vulnerable groups that often develop increased body dissatisfaction, closely related to their eating habits, and other psychological variables, thus, making the psychosocial dimensions of chronic skin diseases more complex (Zhou et al., 2025). They are very lasting and cause them even more susceptible to their skin diseases. Such conditions can lead to a number of psychological problems, such as anxiety and depression and even mental illness (diagnosed) (Flinn et al., 2024) (Turan et al., 2020). All these circumstances emphasize the idea of transdiagnostic nature of emotion dysregulation as a psychopathology risk factor and centrality to the development of mental health issues in a broad population group including the chronic skin condition patients (Zhou et al., 2024) (Turan et al., 2020).

CONCLUSION

The results of this mixed-method study paper indicate that chronic skin diseases are associated with a highly comprehensive and multifaceted psychosocial load that is not necessarily based on their visible medical symptoms. The complicated mix of emotional distress, social barriers and lowered self-perception which was reported more than once by the respondents stated it to be so that

chronic dermatological disorders in a very personal manner affect day-to-day experiences in very disruptive ways that are very personal. The qualitative descriptions were used to demonstrate how the long-term symptoms, unpredictable exacerbations, and social misunderstandings contributed to the anxiety, depressive symptoms, and feeling that he is always vulnerable. The quantitative results, which have indicated substantial improvements in scores in standardised scales of psychological discomfort and diminished quality of life supported these, thereby confirming the fact that it is not an accidental or exclusive case of emotional and social effects of the discharge. The general findings provide evidence that low self-esteem, social isolation, avoidance because of stigma and restrictions in human relationships are not only the subsequent findings but also the main characteristics of chronic skin disease. The presence of the qualitative and quantitative evidence interdependence proves the idea that the psychosocial wellbeing is impossible to be discussed without the dermatological condition of health and, therefore, it has to be incorporated into the treatment. It is also disclosed in the study that people become adapted very differently. The support systems and self-care methods give strength to few individuals and some maladaptive behaviours worsen the emotional burden of the individuals. All these incongruities lead to the significance of individualised psychological assistance in the clinical practice. In sum, the exploration shows that the chronic skin conditions are not only the medical problems but also the biopsychosocial experiences which should be taken into account by the representatives of other disciplines. Considering the emotional disturbances of the people affected and the social pressures, the medical practitioners can employ more understanding and accommodating therapies, which promotes psychological health

besides physical therapy. The article thus validates complex dermatology-mental health models which can significantly improve patient outcome, adherence as well as overall life quality.

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