

# THE INFLUENCE OF SELECTED SKIN CHANGES ON THE MENTAL STATE

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## Abstract

Psychodermatology is a branch of medical science that studies the relationship between the psyche and skin diseases. The course and intensity of skin changes affect the psyche of the sick person; it also works the other way around, namely the psyche of the sick person affects the severity or appearance of skin changes. Mechanisms of psychodermatoses can have various locations. It is important to evaluate the problem and implement immediate help for the suffering person. The selected diseases are: psoriasis, body dysmorphia and hirsutism. Each of the presented problems has a different etiopathological background, but they have consequences on the quality and comfort of life of the people affected in a similar way.

The objectives of the research were:

1. Determining the knowledge of Internet users regarding the impact of selected skin lesions on the mental sphere.
2. Determining the knowledge of Internet users regarding the impact of psoriasis on the lives of patients.
3. Determining the knowledge of Internet users regarding the impact of body dysmorphia on the lives of patients.
4. Determining the knowledge of Internet users regarding the impact of hirsutism on the lives of patients.
5. Analysis of the quality of life of people affected by selected skin lesions.

The research was carried out using the diagnostic survey method, the tool was an original survey, made available online via a Google form, addressed to people using specific groups and internet forums.

Both people affected by the selected diseases (42%) and healthy people (58%) took part in the study. Most of the respondents were women (69%). The largest number of participants in the study were between 26 and 35.

According to the respondents' answers, skin changes significantly affect the mental state (96%). Respondents also confirmed that there is a relationship between the appearance of the skin and well-being (69%). The study showed that people affected by skin lesions are stigmatized - they are negatively viewed by others and thus suffer from social isolation (48.5%). People affected by psoriasis struggle with lower self-esteem (48.5%), which is associated with a decrease in the quality of life (59%). According to the respondents, dysmorphics have moderately low self-esteem (58.5%), while women with hirsutism are ashamed of the disease (76%) and try to hide it from others (95.5%).

### Conclusion.

1. Skin diseases that change appearance are a psychological problem for those affected.
2. The mental state can affect the condition of the skin and skin changes can affect the psyche
3. There are tools for measuring the quality of life, due to which it is possible to examine and implement procedures that improve the living conditions of sick people.
4. Most of the respondents have knowledge about psychodermatoses and their impact on the quality of life of patients.
5. Research shows that people with selected skin conditions are susceptible to negative emotions, human judgments, social isolation and reduced quality of life.

**Key words:** skin, skin changes, mental sphere

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## Introduction

Psychodermatology is still a young field of medical science, despite its origins dating back to the end of the nineteenth century. It was only in the 1980s that people began to be more interested in this area of knowledge - a combination of dermatology, psychology, psychiatry, cosmetology, aesthetic medicine, endo-

crinology and immunology. Due to this, at the beginning of the 1990s, societies were founded connecting people from all over the world interested in this topic [1,2,3].

Psychodermatology studies the relationship between the mind – emotions, psyche and the skin – its problems and diseases. These dependencies exist at a biological level, and they are shaped in the foetal period because both the skin and the nervous

system are created from one germ layer of the ectoderm. This connection is linked with the theory that the connection between skin diseases and the psyche impact each other [1,2].

It was noticed that the course and intensity of skin changes have an impact on the psyche of the sick person. This is most often caused by any changes that are unsightly or cause pain. Any visible skin imperfections particularly affect the patient's well-being and the perception of that person by others. The result of changes appearing on the body is a decrease in self-esteem, a negative perception of oneself, and not accepting one's appearance, which can lead to isolation and social withdrawal [1,2,3]. The other definition is based on dependence, where the psyche of the sick person affects the severity or appearance of the disease. Increased exposure to stress, fears, traumas or depressive disorders may result in skin disease [2].

The autonomic nervous system connects the psyche and the skin. It is an element that permeates the entire body from the brain through the most important organs, skin and senses. It consists of many nerve ganglia, which transmit stimuli to every area of the body. Information is transmitted very quickly, and the most important messages are those that determine the interpretation of the state of the body - this mechanism affects the availability or the rest of the human body. The integration of this system is handled by the parasympathetic system and the sympathetic system. Usually both of them work together, but when a person is preoccupied with specific emotions, thoughts, stress or other burdens for a long time, the work of these systems is deregulated, and thus the body is constantly at its disposal [4].

Another way of communicating is the somatic nervous system. The cerebral cortex is responsible for generating impulses that travel through the brain, then the spinal cord and into the muscles. In this way, physiological reflexes are created, through which we can move in the right way, are aware of our own movements, and maintain a standing position. However, coordination is also influenced by the psyche. Often, during nervous situations, people bite their nails, clench their fists, or pick at their lips [4].

The endocrine system plays an important role in the communication between the psyche and the skin. For example, the production of cortisol through a significant amount of stress can negatively affect the human condition. The release of this hormone to all organs prepares the body for a state of readiness and constant vigilance. The chronic production of cortisol, when there is no reason for it, can lead to anxiety, depression, hypertension or weight gain [4].

Another way of communicating is through the immune system. It is closely related to the endocrine system and the aforementioned cortisol. This hormone running through the immune system paralyzes part of the body's immune defences. Anxiety, depression, stress, negative emotions weaken the immune system. The sudden action of these stimuli triggers the sympathetic nervous system, which in turn affects the intensity of inflammation. The process also works the other way around, namely the immune system affects the psyche. When a person is ill or has inflammatory changes, the components of the im-

mune system produce transmitters that activate brain processes, which leads to malaise, fatigue or depression [4].

Genetics is an important element. Gene mutations can cause the body to suffer from various diseases, including skin diseases [4].

The last way of communicating is the feedback system. The human brain constantly transmits information to the body while receiving feedback that is also rooted in the psyche. The source of the transmissions were mentioned above including the use of the senses. The feedback system is based in particular on reading the information provided. Emotional memory is involved in the choice of whether a given impulse indicates danger, causes anxiety or belongs to something pleasant [4].

Psychodermatoses are defined as skin changes that are closely related to the psyche of the sick person, they are divided into:

- psychophysiological disorders,
- secondary mental disorders,
- primary mental disorders [2].

The group of psychophysiological disorders includes skin diseases that may increase or disappear depending on the level of stress and other psychological factors. The most common cases are patients with psoriasis, atopic dermatitis or various types of acne. The skin affected by unsightly changes affects the self-perception of patients, often leading to a decrease in the quality of life. Patients lock themselves into a pattern because negative thoughts exacerbate their dermatoses even more.

Secondary mental disorders are caused by the vicious circle described above. Skin changes affect the psyche and create a sense of shame and social exclusion. These factors, together with the long-term illness, cause the formation of secondary mental disorders. The most common are:

- depression - depressed mood, lack of willingness to perform any activities, chronic fatigue, general breakdown,
- anxiety disorders - caused by internal and external stimuli
- social phobias - caused by fear of unfavourable behaviour towards the patient, associated with visible skin changes,
- decreased well-being and self-esteem,
- obsessive-compulsive disorder [2]

The last group is primary mental disorders, in which skin lesions are caused by the patient as a consequence of an already existing mental disorder. An example of such a disorder is parasitic insanity, i.e. the patient's self-confession of a parasitic disease or the presence of living creatures just under the skin. Another example from this group is dysmorphophobia, in which a sick person constantly focuses on his appearance, finding newer and newer flaws and blemishes in his own image.

Psychodermatology allows patients to diagnose the problem they are struggling with and its psychological background. This helps to determine the treatment of psychodermatological disorders, usually focusing on improving the functioning of the sick person, alleviating pain, and improving the quality of life. This significantly affects coping mechanisms, social isolation and improving self-esteem [5].

The skin, especially its exposed part, has a decisive influence on how people perceive us. The imperfections, signs of aging

or diseases occurring on it can cause discomfort both in people affected by them and in healthy people who are in contact with them. You can often come across situations in which the interlocutor, instead of focusing attention on the conversation, focuses on visible changes, for example, on the face. In the case of serious lesions, looks can turn into intrusive looking, painful words, or unfavourable comments - in short, a stigma that can evoke anxiety, hostile thoughts, depression or social withdrawal. The negative concept of one's self-image turns out to be self-destructive – it lowers self-esteem, which in turn reduces the comfort and quality of life [6].

Skin diseases affect the perception of both sick and healthy people. In the case of sick people, understanding their own illness has a great influence on their psyche - knowledge about the disease and its possible reception by others, in particular the changes that are visible. The more difficult the patient's condition is to heal, the more negative emotions it evokes, which are strong social signals. As a consequence, people around the sick person receives involuntary messages that allow for a specific reaction. The most frequently recognized emotions are fear, anger, sadness and disgust [6, 7]. The main factor influencing the comfort of life in these cases is the ability to read and explain to oneself the causes of the disease. The breakthrough is a time when the patient gains self-awareness related to the cause of the disease and the associated risk. There is a change in self-perception, and additional information about poor health and an altered physical image begin the difficult process of accepting the new reality in which the patient will live. This process usually goes from a decline in well-being, lowered self-esteem and quality of life, through distancing oneself from one's problems, and finally reconciling and accepting one's new self. However, not every sick person is able to stop negative thinking and recover from the disease in all possible ways - a kind of escape and denial of the current situation [7].

Healthy people can adopt a dualistic attitude towards skin diseases. The first presents the approach that a given disease is caused by the influence of external factors, so the patient is perceived positively because the reason for the disease is beyond the patient's responsibility. This attitude is extremely rare and usually exhibited by people closest to the patient. The other party believes that the disease is the patient's fault and his own responsibility, for example, lack of hygiene or an unhealthy lifestyle. This stereotype allows for the creation of a causal sequence leading to the idea that the disease is a deserved punishment [7].

### The aim

Skin diseases that change a person's appearance are a psychological problem for those affected, significantly reducing their quality of life. We often do not realize how important the mental state is in the course of skin diseases. Therefore, the goal is to conduct research that will confirm or deny the above-mentioned assumptions.

The aim of work:

1. Determining the knowledge of Internet users regarding the impact of selected skin lesions on mental health.

2. Determining the knowledge of Internet users regarding the impact of psoriasis on the lives of patients.
3. Determining the knowledge of Internet users regarding the impact of body dysmorphia on the lives of patients.
4. Determining the knowledge of Internet users regarding the impact of hirsutism on the lives of patients.
5. Analysis of the quality of life of people affected by selected skin lesions.

### Material and methods

The material that determined the knowledge of Internet users regarding the impact of selected skin lesions on mental health was an original questionnaire. It was carried out using the diagnostic survey method, and the tool was the original survey, made available online using a Google form. 200 respondents took part in the survey. They were both women and men. The people included in the study were from 18 to 70. The survey consisted of 31 questions, which were designed to check the level of Internet users' knowledge about the impact of selected skin lesions on mental health.

### Results

The vast majority of the respondents were women. The group of healthy people consisted of 31% women (62 people) and 27% men (54 people). In the group of patients, women accounted for 38% (76 people) and men for 4% (8 people).

The largest group of people participating in the study was in the 26-35 age group - 41% (82 people), slightly fewer answers were given by respondents 18-25, i.e. 32% (64 people). A small group consists of people aged 36 to 40, 18% (36 people). The smallest group are respondents aged 51-70, they constituted 9% (18 people).

Almost all respondents believe that skin changes affect the mental state of patients, in the group of healthy people 54% (108 people) and in the group of sick people 42% (84 people). Only 4% (8 people) of the respondents marked the answer: no. None of the respondents marked: I do not know.

Respondents from the group of patients, when asked to what extent skin changes affect the mental state of patients, marked the answer: very much 31% (62 people), the remaining respondents from this group marked the answer: a little 11% (22 people). Most of the respondents from the group of healthy people believe that skin diseases greatly affect the mental state of patients - 31% (62 people), slightly less 23% (46 people) marked the answer: a little. The smallest number selected not at all - 4% (8 people). None of the respondents marked the answer: I don't know.

Most of the study participants from the group of ill people are of the opinion that the mental state greatly affects the condition of the skin - 36% (72 people), a much smaller group and 6% (12 people) marked the answer: a little. In the group of healthy people, the answer was a little 43% (86 people). The rest of the respondents selected the answers: very 11% (22 people) and not at all 4% (8 people). None of the respondents marked the answer: I do not know.

The respondents in the group of ill people, asked to what extent psoriasis affects everyday well-being, usually marked the answer: very 35% (70 people), while 7% (14 people) marked the answer: a little. The group of healthy people gave the following answers: very 34% (68 people), a little, 20% (40 people) and 4% (8 people) not at all. None of the respondents marked the answer: I do not know.

When asked to what extent psoriasis causes bothersome somatic symptoms, patients answered the following question: 29% (58 people) marked: very much, while 13% (26 people) marked: a little. A group of healthy people responded to this question by giving, in the majority, the answer: slightly 39% (78 people), almost half as many selected: very 18% (36 people), the fewest respondents marked: not at all 1% (2 people). None of the respondents marked the answer: I do not know.

Participants of the study from the group of patients in the vast majority believe that psoriasis significantly reduces the quality of life because 34.5% (69 people) and 7.5% (15 people) selected a little. The respondents belonging to the group of healthy people selected: a little 29.5% (59 people), slightly less, because 24.5% (49 people) selected: very much, and the smallest number: not at all 4% (8 people). None of the respondents marked the answer: I don't know.

To the question: to what extent psoriasis lowers self-esteem, the majority of the group of patients answered that very much 22.5% (45 people), and 19.5% (39 people) think that a little. However, when asked from the group of healthy people, the answers were: a little 28% (56 people), very much 26% (52 people) and not at all 4% (8 people). None of the respondents marked the answer: I do not know.

When asked about the degree to which psoriasis affects the sense of shame, a group of patients indicated: very much 23% (46 people) and a little 19% (38 people). Respondents from the group of healthy people obtained the same result for the answer: a little and a lot - 27% each (54 people for each option), the fewest people marked the answer not at all 4% (8 people). None of the respondents marked the answer: I do not know.

When asked to what extent psoriasis affects the way a person dresses, people from the group of patients indicated as follows: a little 30% (60 people) and a lot 12% (24 people). On the other hand, the group of healthy people asked: a little 45% (90 people), a lot 9% (18 people) and not at all 4% (8 people). None of the respondents marked the answer: I don't know.

Participants of the study from the group of patients, when asked to what extent psoriasis causes unpleasant reactions of others, answered: very much 37% (74 people) and slightly 5% (10 people). Participants from the group of healthy people answered: a little 44.5% (89 people), very 11.5% (23 people) and not at all 2% (4 people). None of the respondents marked the answer: I do not know.

The survey shows that people from the group of patients mostly believe that psoriasis greatly affects social exclusion and avoiding contact with the sick person - 31.5% (63 people), the rest of the respondents marked the answer: a little 10.5% (21 people). Respondents from the group of healthy people indicated the following: a little 41% (82 people), very 16%

(32 people) and not at all 1% (2 people). None of the respondents marked: I do not know.

Respondents from the group of ill people are of the opinion that psoriasis is very disturbing in the workplace/school, 31% (62 people), the rest were divided into: a little 10% (20 people) and not at all 1% (2 people). The question from the group of healthy people, however, was mostly indicated by: a little 38% (76 people), very 12% (24 people) and not at all 8% (16 people). None of the respondents marked: I do not know.

Respondents from the group of patients, when asked to what extent psoriasis affects the implementation of professional plans, answered: very 25.5% (51 people), slightly 16% (32 people) and not at all 0.5% (1 person). The group of healthy people had completely different results: slightly 37% (74 people), very 11% (22 people) and not at all 10% (20 people). None of the respondents marked: I do not know.

The respondents in the group of patients mostly believe that people with psoriasis hide the disease from others, 29.5% (59 people), no was marked by 12.5% (25 people). The group of healthy people mostly marked the answer: yes 41% (82 people) and no 17% (34 people). The answer: I do not know was never given.

Respondents in the group of ill people, asked to what extent body dysmorphia affects everyday well-being, marked the answer: very much 31% (62 people), while 11% (22 people) marked: a little. The group of healthy people gave the following answers: a little 45% (90 people), not at all 9.5% (19 people) and very 3.5% (7 people). None of the respondents selected: I do not know.

Participants of the study from the group of sick people mostly believe that body dysmorphia reduces the quality of life a bit, 27% (54 people) and 15% (30 people) think that it is very bad. The respondents belonging to the group of healthy people answered: a little 38% (76 people), then not at all 16% (32 people) and very 4% (8 people). None of the respondents selected: I don't know.

When asked: to what extent body dysmorphic disorder lowers self-esteem, the group of patients mostly answered that a little 24% (48 people), slightly less 18% (36 people) marked: very much. On the other hand, when asked from the group of healthy people, the answers were: a little 34.5% (69 people), very 16% (32 people) and not at all 7.5% (15 people). None of the respondents chose: I do not know.

A group of patients, when asked about the degree to which body dysmorphia affects the self-perception of a sick person, indicated: very much 26% (52 people) and a little 16% (32 people). Respondents from the group of healthy people opted for: a little 42% (84 people), very 13% (26 people) and not at all 3% (6 people). None of the respondents chose: I do not know.

The survey shows that people from the group of sufferers believe that body dysmorphia does not affect social exclusion - 37% (74 people), a small percentage selected yes - 5% (10 people). The subjects from the group of healthy people had similar results: no 57% (114 people), yes 1% (2 people). None of the respondents marked the answer: I do not know.

Participants of the study from the group of patients, when

asked whether people with body dysmorphia take excessive care of themselves, mostly answered: yes 40% (80 people), only 2% (4 people) selected no. Participants from the group of healthy people answered: yes 46% (92 people), no 11% (22 people) and I do not know 1% (2 people).

Respondents from the group of patients, when asked to what extent hirsutism affects everyday well-being, opted for: a little 23% (46 people), very 18% (36 people) and not at all 1% (2 people). The group of healthy people mostly marked the answer: a little 44.5% (89 people), the rest of the respondents answered: very 9% (18 people) and not at all 4.5% (9 people). The answer: I do not know was never given.

The respondents in the group of ill people, asked to what extent hirsutism reduces the quality of life, obtained the same result for the answer: a little and a lot - 20.5% (41 people for each option), the fewest people answered: not at all 1% (2 people). The group of healthy people in this question selected: a little 40.5% (81 people), very 14% (28 people) and not at all 3.5% (7 people). None of the respondents marked the answer: I do not know.

To the question: to what extent hirsutism lowers self-esteem, the majority of the group of patients answered that very much 28.5% (57 people), 13.5% (27 people) think that a little. On the other hand, when asked from the group of healthy people, they answered: very much 33.5% (67 people) and a little 24.5% (49 people).

When asked to what extent hirsutism affects the way a person dresses, people from the group of patients answered: very much 34% (68 people) and slightly 8% (16 people). On the other hand, the respondents from the group of healthy people: very much 43.5% (87 people) and a little 14.5% (29 people). None of the respondents selected: I do not know nor not at all.

The participants of the study from the group of patients, when asked to what extent hirsutism causes unpleasant reactions from others, answered respectively: 32.5% (65 people) and slightly 9.5% (19 people). Participants from the group of healthy people answered: very 43% (86 people), a little 10.5% (21 people) and not at all 4.5% (9 people). None of the respondents chose: I do not know.

The respondents in the group of ill people believe that people affected by hirsutism hide the disease from others, because 40% (80 people), the answer: only 2% (4 people) did not. The group of healthy people mostly marked the answer: yes 55.5% (111 people) and no 2.5% (5 people). The answer: I do not know was never given.

Most of the respondents from the group of patients with hirsutism believe that people with hirsutism are poorly perceived by the society, 38.5% (77 people) and the answer was not marked by 3.5% (7 people). The group of healthy people had the following results: yes 56% (112 people), only 2% (4 people) selected no. None of the respondents marked: I do not know.

In the last question, the participants were asked whether they were affected by one of the discussed diseases, namely: psoriasis, body dysmorphia or hirsutism. The answer yes was marked by 42% (84 people) of all respondents, and no by 58% (116 people).

## Discussion

The largest and most visible human organ is the skin. Exposed areas such as the face, neck or hands affect the way a given individual is perceived by the rest of society. People with skin lesions are usually not well received by others, which can lead to social exclusion [8].

Both people suffering from skin diseases and healthy people took part in the study. The group of ill people accounted for 42% (84 people), 38% women (76 people), and 4% men (8 people). The group of healthy people, as a control group, constitutes 58% and consists of 31% (62 persons) of women and 27% (54 persons) of men. The largest number of participants in the study was in the 26 – 35 age group, they constituted as much as 41% (82 people). The smallest group was aged 51 to 70, i.e. 18% (36 people).

The research included in the article by Samanthul Harit, Kodali Madhavi and Manyam Karthik shows that the frequency of occurrence of mental disorders in patients with skin lesions is 60%. The results show that skin changes affect the mental state of patients and mental state affects diseases [9]. The survey shows that the respondents answered in accordance with the cited studies. In the question on whether skin changes affect the mental state of patients, 96% (42% belonged to the sick and 54% to the healthy people) answered: yes.

There is a relationship between the appearance of the skin and well-being, as shown by a study by Sylwia Skopińska, in which the respondents answered the question whether the appearance of the skin affects the mood. Most of the respondents answered: definitely yes and rather yes - they accounted for 81% of all respondents [6]. Similar results were obtained in this survey. Psoriatic lesions, according to the respondents, greatly affect the well-being of 69% (35% in the group of ill people and 34% in the group of healthy people), the answer was slightly given by 27% (7% of sick people and 20% of healthy people). A small number of respondents reported that psoriasis does not affect their mood at all 4% - these were people belonging to the group of healthy people. In turn, regarding the question about the impact of body dysmorphia on everyday well-being, the following answer was marked the most times: a little, because 56% (11% sick people, 45% healthy people), then: very much 34.5% (31% sick people, 3.5% healthy people). The smallest number 9.5% of healthy people chose not at all. The last question related to the well-being of people with hirsutism. Most of the respondents answered that the disease slightly affects their mood 67.5% (23% of patients and 44.5% of healthy people). The next answer was very 27% (18% of the sick and 9% of the healthy). 4.5% of healthy people marked the answer that hirsutism does not affect everyday well-being.

This research has shown that people with selected psychodermatological diseases are often socially excluded and encounter reluctance from others. Respondents believe that psoriasis causes unpleasant reactions from others, and the answers given to this question are at a similar level, the responses are almost evenly divided: very 48.5% (including 37% sick people, and 11.5% by healthy people), a little 49.5% (compared

to 5% sick people and 44.5% healthy people). Only 2% of the study participants (in the group of healthy people) are of the opinion that the problem does not exist at all. On the other hand, it is believed that dysmorphics do not experience significant social exclusion, as many as 94% of respondents (including 37% sick people and 57% healthy people) indicated that in their opinion they have never experienced such behaviour. Only 6% of the respondents (5% sick people and 1% healthy people) are counterbalanced. The respondents are of the opinion that people affected by hirsutism encounter very unpleasant behaviours from others, as indicated by as many as 75.5% of all respondents (32.5% of patients and 43% of healthy people). Only 4.5% of the respondents consider hirsutism as a disease that does not cause unpleasant reactions in the slightest. This contradicts the studies conducted by Ewelina Andruczyk and Barbara Jankowiak, which indicate that 33% of the respondents show a positive attitude towards people suffering from dermatological diseases, while less than half of the 110 participants are of the opinion that the attitude of others is not good [10].

According to research by Rousset Laurie and Halioua Bruno, psoriasis negatively affects self-esteem, leading to a decrease in self-confidence. All these factors are associated with a decrease in the quality of life [10]. This survey shows that the vast majority of respondents think similarly to the above-mentioned studies. Participants of the study believe that psoriasis significantly reduces the quality of life 59% (including 34.5% of patients and 24.5% of healthy people). When asked about the extent to which psoriasis lowers self-esteem, most of the respondents answered: very much 48.5% (22.5% sick people and 26% healthy people) and a little 47.5% (19.5% sick people and 28% healthy people).

People affected by BDD have low self-esteem, which is shown in the research conducted by Kuck Nora, Cafitz Lara, Burkner Paul-Christian and associates in an article published in BMC Psychiatry [11]. In our research, however, there were slight deviations from that study. When asked to what extent body dysmorphia lowers self-esteem, the majority of respondents answered: a little 58.5% (including 24% of patients and 34.5% of healthy people), respondents chose: very much 34% (18% of patients and 16% of the healthy). The smallest response was not at all, 7.5% (marked only by healthy people).

According to the research cited in the article by L. A. Wiśniewska, women suffering from hirsutism describe their bodies as shameful due to not meeting the cult of beauty, norms and ideals shown at every step, which causes a sense of regret and inferiority, which results in hiding from others [12]. Our own research has achieved results confirming this concept. Most respondents to the question to what extent hirsutism affects the sense of shame, marked the answer very much, as much as 76% (including 30% sick people and 46% healthy people). The rest (24%) answered: a little (12% both in the group of sick people and in the group of healthy people). The next question asked was whether people affected by hirsutism hide the disease from others. Almost all respondents, as much

as 95.5% (consisting of 40% sick people and 55.5% healthy people) answered: yes. Few respondents believed that people affected by hirsutism do not hide it from others.

## Conclusions

1. Skin diseases that change a person's appearance are a psychological problem for those affected.
2. Both the mental state can affect the condition of the skin, and skin changes can affect the psyche.
3. There are tools for measuring the quality of life, due to which it is possible to examine and implement procedures that improve the living conditions of sick people.
4. Most of the respondents have knowledge about psychodermatoses and their impact on the quality of life of patients.
5. Research shows that people with selected skin conditions are susceptible to negative emotions, human judgments, social isolation and reduced quality of life.

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