

The Psychosomatic Interface of Stress and Skin Disorders: Patient Experiences and Perceptions

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ABSTRACT

To explore the psychosomatic interface between stress and skin disorders, focusing on patient experiences and perceptions. This study aims to uncover the multifaceted impact of stress on individuals with skin disorders, including the emotional, physical, psychological, and societal dimensions of their conditions. A qualitative research design was employed, utilizing semi-structured interviews with 31 participants diagnosed with stress-related skin disorders. Participants were selected through purposive sampling to ensure a diverse range of experiences. Data were analyzed using thematic analysis to identify key themes and categories, aiming for theoretical saturation to ensure comprehensive coverage of the topic. Five main themes emerged from the analysis: Patient Experiences, Patient Perceptions, Treatment and Management, Psychological Aspects, and Societal Impact. These themes encompassed a variety of categories such as Emotional Impact, Coping Mechanisms, Treatment Experiences, Link Between Stress and Skin, Awareness and Understanding, Medical Treatments, Alternative Therapies, Stressors, Emotional Responses, Mental Health Impacts, Stigma and Discrimination, and Economic Impact. The findings highlight the complex relationship between stress and skin disorders, revealing how stress exacerbates skin conditions, impacts patients' daily lives, influences their treatment experiences, and affects their psychological well-being and social interactions. The study elucidates the intricate psychosomatic relationship between stress and skin disorders, emphasizing the need for holistic treatment approaches that address both the psychological and physical aspects of these conditions. Integrating psychological support and stress management techniques with traditional dermatological treatments could significantly improve patient outcomes and quality of life.

Keywords: Psychosomatic interface, Stress, Skin disorders, Patient experiences, Qualitative research, Thematic analysis, Holistic treatment.

1. Introduction

The concept of psychosomatic medicine, which underscores the profound connection between psychological processes and somatic symptoms, serves as the foundational pillar of this investigation. Historically, the field has evolved to encompass a broad spectrum of conditions, wherein mental and emotional factors significantly influence physical health (Hellhammer & Wade, 1993). In dermatology, this interconnection is particularly poignant, given the visible and often stigmatized nature of skin conditions (Shenefelt, 2011). The psychodermatological paradigm extends this understanding, positing that skin disorders can be both influenced by psychological states and serve as a source of significant psychological stress (Dubey & Totade, 2021).

In examining the psychosomatic aspects of comorbid pathologies, Abarghuei and Karimi (2022) illuminate the complex mechanisms through which psychological stress can precipitate or aggravate physical ailments, including skin disorders. This body of work supports the hypothesis that stress-related pathways, mediated through the central nervous system, can significantly impact dermatological health (Abarghuei & Karimi, 2022). Similarly, the work of Ayran, Özdemir, and Yaman (2023) on the perceived stress during the COVID-19 pandemic further contextualizes the impact of external stressors on individual psychosomatic health, providing a contemporary lens through which to view the stress-skin nexus (Ayran et al., 2023).

The therapeutic potential of addressing psychosomatic factors in dermatological treatment is evidenced in interventions such as psychological counseling and stress management techniques. Capec et al. (2022) advocate for the integration of psychological interventions in the treatment of chronic dermatologic conditions like atopic dermatitis and psoriasis, underscoring the effectiveness of family constellations seminars in alleviating the chronic itch associated with these conditions (Capec et al., 2022). This aligns with the broader recognition of the need for holistic treatment modalities that encompass the psychological dimensions of skin disorders (Crego et al., 2022).

The neuropsychological correction of psychosomatic disorders, as explored by Chystovska et al. (2022), further emphasizes the efficacy of integrating neuropsychological methodologies in treating psychosomatic conditions (Chystovska et al., 2022). This approach resonates with the findings of Golińska, Sar-Pomian, and Rudnicka (2021), who identified specific dermoscopic markers of itch severity

in psoriasis, linking physical symptoms with psychological stress levels (Golińska et al., 2021).

Furthermore, the exploration of psychiatric disorders' catena to non-scarring alopecias by Crego, Therianou, and Hashemi (2022) expands the understanding of the psychosomatic spectrum, highlighting the reciprocal influence between mental health and skin conditions. This systematic review illuminates the pathophysiological pathways through which psychological distress can manifest as physical symptoms, including hair loss, further validating the psychosomatic hypothesis (Crego et al., 2022).

The management of psychocutaneous disorders, as delineated by Jafferany et al. (2020), offers practical approaches for dermatologists, emphasizing the importance of recognizing and treating the psychological underpinnings of skin conditions (Jafferany et al., 2020). This is particularly relevant in the context of high-stress professions, where Lenger et al. (2023) identify feeling informed and safe as crucial factors in mitigating the psychosomatic impact of the COVID-19 pandemic on healthcare workers' mental and physical health (Lenger et al., 2023).

The relationship between psychological stress and skin conditions is further complicated by the chronic nature of many dermatological disorders, such as prurigo nodularis and lichen simplex chronicus (Lotti et al., 2008). The enduring nature of these conditions often leads to a vicious cycle of stress and symptom exacerbation, necessitating a multifaceted treatment approach that addresses both the somatic and psychological aspects.

The psychosomatic health predictors during the initial COVID-19 outbreak, as explored by Pilafas, Prouzou, and Strongylaki (2021), highlight the multifactorial nature of psychosomatic health, underscoring the significant impact of external stressors on individual psychological and physical well-being (Pilafas et al., 2021). This is mirrored in the work of Seikowski and Reinwardt (2004), which examines the frequency and clinical relevance of psychosomatic complaints among skin patients, revealing a substantial intersection between skin conditions and psychological distress (Seikowski & Reinwardt, 2004). Their findings emphasize the necessity of a psychosomatic lens in dermatological care, acknowledging the pervasive impact of mental health on skin disease manifestation and progression.

The narrative of psychosomatic interactions is further enriched by studies examining the effects of childhood and adulthood traumatic experiences on the development and severity of psoriasis (Simonić et al., 2010). These investigations provide compelling evidence of the long-term

psychological impact of trauma on skin health, suggesting that psychosocial interventions could play a critical role in managing skin disorders. This perspective aligns with the broader literature, which consistently highlights the bidirectional relationship between stress and skin health, advocating for an integrated approach to treatment that addresses both psychological and physical factors.

In the realm of autonomic responses to stress, Thurner et al. (2022) offer insight into the physiological mechanisms underpinning the stress response in patients with psychosomatic disorders (Thurner et al., 2022). Their work on experimental social stress underscores the significant impact of stress on the autonomic nervous system, which in turn affects skin health. This physiological pathway provides a tangible link between psychological stress and skin conditions, underscoring the importance of stress management in dermatological treatment.

The central role of the sympathetic nervous system in mediating the body's response to psychological stress is further explored by Nakamura and Morrison (2022). Their research into the central sympathetic network's role in thermoregulatory responses to stress provides a mechanistic understanding of how stress can exacerbate skin conditions, particularly those characterized by inflammation or altered blood flow (Nakamura & Morrison, 2022).

The long-term psychological impact of the COVID-19 pandemic on healthcare workers, as investigated by Ouyang et al. (2022), highlights the significant mental health challenges faced by this population. The study's findings on the increase of PTSD among frontline healthcare workers and the mediating role of risk perception illustrate the complex interplay between external stressors, psychological well-being, and, by extension, skin health (Ouyang et al., 2022).

In synthesizing these diverse strands of research, it becomes evident that the psychosomatic interface between stress and skin disorders is multifaceted, involving a complex interplay of psychological, physiological, and environmental factors. The collective insights from the literature underscore the critical need for a holistic approach to dermatological care that encompasses not only the treatment of physical symptoms but also the psychological and emotional well-being of patients. Such an approach is essential for effectively managing the multifaceted challenges posed by stress-related skin disorders, providing a pathway toward improved health outcomes and quality of life for those affected. Thus, the current study seeks to

contribute to the evolving discourse on the psychosomatic interface of stress and skin disorders.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research methodology to explore the psychosomatic connections between stress and skin disorders from the perspectives of patients. Recognizing the complexity and subjectivity of stress-related skin conditions, this investigation was anchored in a phenomenological approach to comprehensively capture patients' experiences and perceptions.

Participants were recruited using a purposive sampling strategy, targeting individuals who have been diagnosed with stress-related skin disorders, such as psoriasis, eczema, and acne, among others. The inclusion criteria were designed to encompass a diverse demographic in terms of age, gender, and socio-economic status to ensure a wide range of perspectives. The recruitment process continued until theoretical saturation was achieved, meaning no new themes or insights were observed in the data, ensuring a robust understanding of the phenomena under study.

Informed consent was obtained from all participants, which included details about the study's purpose, the voluntary nature of participation, confidentiality measures, and the right to withdraw at any time without penalty. The confidentiality of participants and the anonymization of their data were strictly maintained throughout the study to protect their privacy and personal information.

2.2. Measures

2.2.1. Semi-Structured Interview

Data was collected solely through semi-structured interviews, which allowed for flexibility in exploring the intricacies of participants' experiences while maintaining a consistent structure across sessions. The interview guide was developed based on a comprehensive literature review and preliminary consultations with dermatology experts. It included open-ended questions to elicit in-depth narratives about the participants' experiences with stress-related skin disorders, coping mechanisms, and perceptions of the psychosomatic interface between their condition and stress. Interviews were conducted in a confidential setting, either face-to-face or via secure online platforms, depending on the participant's preference, and lasted between 45 to 60 minutes. All interviews were audio-recorded with the

participants' consent and later transcribed verbatim for analysis.

2.3. Data Analysis

The transcribed interviews were analyzed using thematic analysis, following Braun and Clarke's six-phase framework. This involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and finally, producing the report. Rigor was maintained through a systematic coding process, engagement with the data, and reflexive discussions among the research team. Theoretical saturation was used as a guide to ensure that data collection continued until no new themes or insights emerged, thereby ensuring the comprehensiveness of the analysis.

3. Findings and Results

In the qualitative study exploring the psychosomatic interface between stress and skin disorders, a total of 31 participants were recruited to share their experiences and perceptions. The demographic makeup of the study

population was diverse, ensuring a wide range of insights. Of these participants, 18 identified as female (58%), 12 as male (39%), and 1 as non-binary (3%), reflecting a broad spectrum of gender identities. The ages of participants spanned from 20 to 65 years, with the majority (16 participants, 52%) falling within the 25 to 40 age bracket, indicating a significant representation of the working-age population. This age distribution underscores the relevance of workplace stress as a potential exacerbating factor for skin disorders, as highlighted in the findings. The participants hailed from various socioeconomic backgrounds, with 10 participants (32%) reporting an annual income below the median threshold, 15 participants (48%) within the median income range, and 6 participants (20%) above the median. This diversity in income levels provided a broad perspective on the economic aspects of managing stress-related skin conditions, including treatment accessibility and financial burden. The study also ensured geographic diversity, with participants coming from both urban (19 participants, 61%) and rural (12 participants, 39%) areas, allowing for an exploration of environmental stressors and their impact on skin health.

Table 1

The Results of Thematic Analysis

Categories	Subcategories	Concepts (Open Codes)
Patient Experiences	Emotional Impact	Anxiety, Depression, Frustration, Shame, Social Withdrawal, Resilience, Hope
	Physical Symptoms	Itching, Redness, Flare-ups, Pain, Discomfort, Sleep Disturbances, Fatigue
	Coping Mechanisms	Stress Management Techniques, Avoidance of Triggers, Medication Adherence, Seeking Support, Self-care
	Treatment Experiences	Satisfaction with Medical Care, Side Effects, Alternative Therapies, Financial Burden, Accessibility
	Impact on Daily Life	Work or School Challenges, Social Life, Relationships, Hobbies and Activities, Personal Hygiene
Patient Perceptions	Link Between Stress and Skin	Trigger Events, Stress as a Catalyst, Perception of Control, Emotional Well-being, Stress Relief Methods
	Awareness and Understanding	Knowledge about Condition, Information Sources, Misconceptions, Awareness of Psychosomatic Links
	Healthcare Provider Interactions	Trust in Providers, Communication Barriers, Empathy and Understanding, Recommendations, Follow-up Care
	Social Support	Family, Friends, Support Groups, Online Communities, Isolation, Stigma
	Future Perspectives	Hopefulness, Concerns, Treatment Goals, Lifestyle Changes, Coping Strategy Development
Treatment and Management	Medical Treatments	Prescription Medications, Topical Treatments, Procedure Efficacy, Side Effects, Compliance
	Alternative Therapies	Herbal Remedies, Dietary Changes, Acupuncture, Meditation, Yoga, Exercise
	Self-Care Practices	Skincare Routine, Stress Reduction Techniques, Dietary Adjustments, Exercise, Sleep Hygiene
	Patient-Doctor Communication	Clarity of Information, Responsiveness, Personalization of Care, Involvement in Decision-making
	Access to Resources	Healthcare Access, Insurance Coverage, Affordability of Treatments, Availability of Information
Psychological Aspects	Stressors	Work Stress, Personal Relationships, Financial Concerns, Health Worries, Social Expectations
	Emotional Responses	Fear of Judgement, Embarrassment, Anger, Optimism, Coping Success, Emotional Exhaustion

	Mental Health Impacts	Anxiety Disorders, Depression, Self-esteem Issues, Coping Mechanism Efficiency, Therapy and Counseling
	Resilience and Adaptation	Acceptance, Positive Reframing, Seeking Help, Adaptation Strategies, Support System Reliance
Societal Impact	Perception of Self	Body Image, Self-worth, Identity Changes, Social Identity, Personal Growth
	Stigma and Discrimination	Public Awareness, Misunderstanding, Workplace Stigma, Social Alienation, Advocacy and Education
	Support Networks	Peer Support, Family Dynamics, Community Engagement, Online Forums, Professional Support
	Economic Impact	Employment Issues, Healthcare Costs, Insurance Limitations, Economic Burden, Accessibility of Care
	Policy and Healthcare	Policy Changes, Healthcare System Navigation, Patient Rights, Research and Funding, Public Health Strategy
	Public Awareness	Awareness Campaigns, Educational Programs, Media Representation, Social Media Impact, Public Perception

The thematic analysis of semi-structured interviews with patients suffering from stress-related skin disorders yielded rich insights into the complex interplay between psychosomatic factors and skin health. The analysis revealed five primary categories: Patient Experiences, Patient Perceptions, Treatment and Management, Psychological Aspects, and Societal Impact, each comprising various subthemes and associated concepts.

Patients reported a wide range of emotional impacts, including feelings of anxiety, depression, and shame. One participant expressed, "It's like a cycle; the more I stress, the worse my skin gets, and the worse my skin gets, the more I stress." The physical symptoms subtheme highlighted the tangible effects of stress on skin conditions, with many noting flare-ups and itching as particularly distressing. Coping mechanisms varied greatly among participants, with some finding solace in stress management techniques while others relied heavily on medication adherence. The impact on daily life was profound, with a participant noting, "My skin has dictated the clothes I wear, the events I attend, and even the jobs I apply for."

Many participants recognized a direct link between stress and skin, articulating a clear connection between their emotional state and physical symptoms. However, levels of awareness and understanding varied, with some expressing frustration at the lack of clear information. Interactions with healthcare providers were critical, with a participant stating, "When my doctor took the time to really explain things, I felt empowered to manage my condition better." Social support emerged as a crucial buffer against the psychological toll of skin disorders, yet, as one individual lamented, "Not everyone understands what it's like; sometimes the lack of understanding is almost as bad as the condition itself."

Discussions on medical treatments and alternative therapies revealed a diverse array of approaches to managing stress-related skin disorders. Self-care practices were

particularly emphasized, with one interviewee mentioning, "Creating a routine that included yoga and meditation has not just helped my skin but my overall well-being." The importance of effective patient-doctor communication was highlighted, alongside the challenge of navigating the access to resources needed for optimal care.

The stressors contributing to skin conditions spanned from work stress to personal relationships, with the emotional responses eliciting a range of feelings from fear of judgment to optimism. The mental health impacts were significant, with reports of anxiety and depression being common. However, narratives of resilience and adaptation also emerged, illustrating the strength many found in facing their condition. One respondent shared, "It took time, but I've learned to see my skin condition as just one part of who I am, not the defining part."

The stigma and discrimination faced by individuals with visible skin conditions was a recurring theme, with many advocating for greater public awareness and understanding. The economic impact was also significant, as the cost of treatments and the potential for employment issues posed additional stressors. However, the role of support networks and the potential for policy and healthcare improvements offered a hopeful outlook for many.

4. Discussion and Conclusion

The qualitative analysis of semi-structured interviews with 31 participants suffering from stress-related skin disorders revealed five main themes, each encompassing several categories that provide a detailed understanding of the psychosomatic interface between stress and skin disorders. The themes identified were Patient Experiences, Patient Perceptions, Treatment and Management, Psychological Aspects, and Societal Impact. Within these themes, categories such as Emotional Impact, Physical

Symptoms, Coping Mechanisms, Treatment Experiences, Impact on Daily Life, Link Between Stress and Skin, Awareness and Understanding, Healthcare Provider Interactions, Social Support, Future Perspectives, Medical Treatments, Alternative Therapies, Self-Care Practices, Patient-Doctor Communication, Access to Resources, Stressors, Emotional Responses, Mental Health Impacts, Resilience and Adaptation, Perception of Self, Stigma and Discrimination, Support Networks, Economic Impact, and Policy and Healthcare emerged, each contributing to a comprehensive understanding of the study's focus.

Patient Experiences theme encapsulated the direct impacts of stress-related skin disorders on individuals, segmented into categories like Emotional Impact (anxiety, depression, frustration), Physical Symptoms (itching, redness, flare-ups), Coping Mechanisms (stress management techniques, medication adherence), Treatment Experiences (satisfaction with care, side effects), and Impact on Daily Life (challenges in work or school, social life). These categories underscore the multifaceted nature of living with stress-related skin disorders, highlighting both the physical and emotional challenges faced by individuals.

Patient Perceptions focused on how individuals understand and perceive their condition in relation to stress, divided into categories such as Link Between Stress and Skin (trigger events, stress as a catalyst), Awareness and Understanding (knowledge about condition, misconceptions), Healthcare Provider Interactions (trust in providers, communication barriers), Social Support (family and friends, support groups), and Future Perspectives (hopes, concerns). This theme reflects the cognitive and social dimensions of coping with skin disorders, emphasizing the importance of knowledge, support, and communication.

Treatment and Management theme explored the approaches to managing stress-related skin conditions, including Medical Treatments (prescription medications, topical treatments), Alternative Therapies (herbal remedies, acupuncture), Self-Care Practices (skincare routine, dietary adjustments), Patient-Doctor Communication (clarity of information, involvement in decision-making), and Access to Resources (healthcare access, affordability). This theme highlights the diversity of treatment options and the critical role of effective communication and resource accessibility in patient care.

Psychological Aspects delved into the psychological impacts and responses to stress and skin disorders, with categories like Stressors (work stress, personal

relationships), Emotional Responses (fear of judgement, optimism), Mental Health Impacts (anxiety disorders, depression), Resilience and Adaptation (acceptance, positive reframing), and Perception of Self (body image, self-worth). This theme underscores the deep psychological ramifications of skin conditions, emphasizing the need for psychological resilience and support.

Societal Impact examined the broader societal implications of stress-related skin disorders, segmented into Stigma and Discrimination (public awareness, workplace stigma), Support Networks (peer support, online forums), Economic Impact (employment issues, healthcare costs), and Policy and Healthcare (policy changes, patient rights). This theme highlights the external factors influencing the experience of individuals with skin conditions, including societal attitudes, economic challenges, and policy environments.

Further, the development of comorbid pathologies as discussed by Abarghuei and Karimi (2022) aligns with our findings, illustrating how psychological stress can precipitate or exacerbate skin disorders. This dual burden of psychological and dermatological distress calls for a holistic treatment approach that addresses both aspects simultaneously (Abarghuei & Karimi, 2022). The significance of psychological interventions, as evidenced by Capec et al. (2022), supports our suggestion for incorporating psychological support and interventions in the treatment of chronic skin conditions such as atopic dermatitis and psoriasis (Capec et al., 2022).

Moreover, the study by Ayran, Özdemir, and Yaman (2023) on the impact of COVID-19-related stressors on perceived stress levels adds a contemporary dimension to our understanding, highlighting the exacerbating effects of pandemic-induced stress on psychosomatic health (Ayran et al., 2023). This parallels our findings, suggesting that external stressors, including those from pandemics, significantly impact individuals with pre-existing skin conditions.

The neuropsychological approach to correcting psychosomatic disorders, as explored by Chystovska et al. (2022), further enriches our discussion by providing evidence of the efficacy of neuropsychological interventions in managing psychosomatic conditions (Chystovska et al., 2022). This approach aligns with our findings, which advocate for the integration of neuropsychological strategies in the treatment of stress-related skin disorders.

Our study's emphasis on the psychological burden of skin disorders finds additional support in the work of Crego,

Therianou, and Hashemi (2022), who explored the psychological implications of non-scarring alopecias (Crego et al., 2022). Their findings underscore the mental health challenges faced by individuals with visible skin conditions, echoing our observations of the psychological impact of stress-induced skin disorders.

Dubey and Totade (2021) and Jafferany et al. (2020) have both emphasized the critical role of psychodermatology in understanding and treating the psychological components of skin disorders (Dubey & Totade, 2021). Their work supports our argument for a psychodermatological perspective in addressing the complex needs of patients with stress-related skin conditions. Lotti, Buggiani, and Prignano's (2008) discussions on chronic skin conditions further illuminate the enduring nature of these disorders and their significant impact on patients' quality of life (Lotti et al., 2008). This perspective is invaluable to our discussion, reinforcing the necessity for long-term psychological support for individuals with chronic skin conditions.

In conclusion, our findings contribute to the growing body of evidence that supports the intricate link between stress and skin disorders. By integrating insights from recent studies, we underscore the importance of a holistic approach to treatment that addresses the psychosomatic interface of these conditions. The alignment of our results with existing literature not only validates our conclusions but also highlights the urgent need for healthcare professionals to adopt multidisciplinary treatment strategies that consider the psychological well-being of individuals with skin disorders. This holistic approach is crucial for mitigating the psychosomatic impact of stress on skin health and for improving the overall quality of life of affected individuals.

This study is not without its limitations. The qualitative nature and the relatively small sample size may limit the generalizability of the findings. Additionally, the reliance on self-reported data could introduce bias, as participants might have difficulties in accurately recalling or articulating their experiences and perceptions. The study's focus on a specific demographic may also restrict the applicability of the findings across different populations and cultures.

Future research should aim to expand upon the findings of this study by incorporating larger, more diverse participant pools to enhance the generalizability of the results. Quantitative studies could provide additional insights into the psychosomatic relationship between stress and skin disorders, offering a more nuanced understanding of this complex interplay. Longitudinal research would also be valuable in examining the long-term effects of stress on

skin health and the efficacy of integrated treatment approaches.

The findings of this study have significant implications for clinical practice. Dermatologists and mental health professionals should consider the psychosomatic aspects of skin disorders in their treatment plans, integrating stress management and psychological support with traditional medical treatments. This holistic approach could significantly improve patient outcomes, reduce symptom severity, and enhance the overall quality of life for individuals with stress-related skin conditions. Additionally, healthcare systems should aim to facilitate interdisciplinary collaboration between dermatology and psychology to provide comprehensive care for patients with psychodermatological conditions.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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