

Dermatoses And The Psyche

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Abstract: In recent years, the prevalence of socially significant dermatoses such as psoriasis, vitiligo, and alopecia has increased markedly. Psychoemotional stress is considered one of the major provoking factors influencing both the onset and course of these diseases. Conversely, chronic and torpid dermatological conditions often lead to depressive and anxiety-related disorders, significantly impairing patients' quality of life and social functioning. This article analyzes the psychosomatic mechanisms underlying chronic dermatoses, emphasizing the role of premorbid personality traits, social consequences of visible skin lesions, and changes in the patient's internal psychological position. Particular attention is paid to psychosomatic dermatoses and arthropathic psoriasis as clinical models illustrating the interaction between skin pathology and mental processes. The review highlights the necessity of integrating psychotherapeutic approaches into comprehensive dermatological care.

Keywords: Psychodermatology; chronic dermatoses; psychosomatic disorders; psoriasis; quality of life; psychoemotional stress.

Introduction: In recent decades, the incidence of socially significant dermatoses—including psoriasis, vitiligo, and alopecia has increased substantially. Psychoemotional stress plays a crucial role in triggering disease onset and exacerbations. At the same time, long-term dermatological pathology with a chronic and relapsing course frequently leads to depressive states and neurotic disorders, thereby negatively affecting patients' quality of life and social activity [10-5].

Dermatological diseases with visible skin manifestations often extend beyond somatic pathology, influencing psychological functioning, interpersonal relationships, and professional activity. This bidirectional relationship between skin and psyche forms the foundation of modern psychodermatology.

Psychological and Social Consequences of Chronic Dermatoses

Widespread skin eruptions, particularly on exposed areas of the body, significantly alter patients' psychological functioning and frequently result in forced limitation of social contacts. In many cases, this also leads to a reduction in overall activity levels. Chronic dermatological pathology gradually changes the biological conditions of life, becoming a prerequisite for persistent alterations in habitual mental functioning.

These changes affect:

- general life dynamics
- tolerance to physical and mental stress
- stability of the individual's energy potential

The psychological consequences of chronic skin disease are incorporated into the broader social situation of development, which emerges under conditions of disease onset and progression [6].

Social Situation of Development and Premorbid Personality

An essential component of the social situation of development in dermatological patients is that individuals enter a new life context with already formed mental structures. These include:

- premorbid personality traits
- established motivational structures
- stable self-assessment and expectations
- pre-existing psychological vulnerabilities

Chronically relapsing dermatoses often alter life prospects and future orientation. One of the most dramatic consequences is the transformation of the patient's image of the future, which may become vague, uncertain, or incompatible with premorbid life plans.

Social consequences frequently include:

- decline in professional and family status
- forced change of profession or disability
- increased dependence on family care
- partial social isolation

These factors collectively contribute to profound changes in the psychological profile of the patient. Active internal reflection on this negative social situation often leads to the formation of a new internal psychological position, which may result in neurotic or pathocharacterological personality changes [6].

Personality and Motivational Changes in Chronic Dermatoses

Personality alterations and motivational restructuring are among the most frequent and pronounced psychological changes observed in patients with chronic somatic diseases. Such changes are also characteristic of dermatovenereological disorders with a prolonged course [7].

Studies by A.E. Fedorenko and V.V. Hilyuk examined 18 patients with arthropathic psoriasis presenting with extensive skin lesions and joint involvement. Severe disease course, social isolation, and the risk of disability contributed to significant changes in both the patients' social position and their internal motivational orientation.

Awareness of prognostic uncertainty or unfavorable outcomes disrupts long-term goal planning and narrows temporal perspective, which is essential for normal psychological functioning. As a result, new meaning-forming motives emerge, reshaping the personal significance of concepts such as "disease," "psoriasis," and "arthropathy." These meanings continue to evolve as the disease progresses.

Psychosomatic Dermatoses: Clinical and Pathogenetic Features

According to Yu.N. Koshevenko, psychosomatic dermatoses are characterized by specific clinical and pathogenetic features.

1. Clinical features

- Pronounced psychovegetative disturbances and chronic stress;
- Gradual chronification of skin pathology formed under stress conditions;
- Long-term persistence and progression without spontaneous remission;
- Absence of deep skin destruction or scarring even during prolonged disease;
- Presence of psychogenic iatrogenic effects.

2. Pathogenetic features

- Constitutional predisposition to dermatological pathology;
- Involvement of psychovegetative mechanisms in disease development;
- Formation of a pathological "vicious circle" linking psychological and somatic factors.

Historical Perspectives in Psychodermatology

In 1933, German dermatologist and psychoanalyst W. Sack published the chapter "Psyche and Skin" in J. Jadassohn's Handbook of Skin and Venereal Diseases. Sack emphasized the integral relationship between mental processes and skin pathology, describing it as a unique interaction between body and soul. This work laid the foundations for experimental research in psychosomatic dermatology and highlighted the importance of statistical methods.

F. Alexander later proposed that pathological skin processes involve not only local lesions but also the patient's entire psychological system [8].

Russian dermatologists actively employed psychocorrective interventions. Notable contributions include A.I. Kartamyshev's monograph "Hypnosis in Dermatology" (1936) and N.N. Zheltakov's work on hypnosuggestive therapy. Subsequent studies explored the role of the central nervous system in allergic dermatoses and the psychosomatic and immunological aspects of atopic dermatitis [8].

CONCLUSIONS

Chronic dermatoses should be regarded as biopsychosocial disorders rather than purely dermatological conditions. Effective management requires consideration of:

- premorbid personality traits
- psychological consequences of visible skin lesions and pruritus
- social consequences of chronic disease
- forced changes in the patient's internal psychological position

An integrated therapeutic approach combining dermatological treatment with psychotherapeutic interventions is essential for improving clinical outcomes and patients' quality of life.

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