

Psychological Effects of Skin Diseases: Analysis of the Impact of Psoriasis and Acne on Psychological Quality of Life

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Abstract

This study investigates the psychological impact of psoriasis and acne on individuals' quality of life, focusing on self-esteem, body image, and coping mechanisms. A survey was conducted with participants affected by these skin conditions, assessing emotional well-being, social interactions, and daily functioning. Results highlight significant challenges in self-esteem and body image due to psoriasis and acne, leading to feelings of embarrassment and social withdrawal. Coping strategies include seeking social support, engaging in relaxation techniques, and utilizing healthcare resources. The findings emphasize the importance of addressing psychological aspects in dermatological care to improve overall well-being.

Keywords: Psoriasis, acne, quality of life, psychological impact, self-esteem, body image, coping mechanisms, emotional well-being, social interactions, dermatological care.

Introduction

Skin diseases such as psoriasis and acne not only affect the physical health of individuals but also have profound implications for their the intricate relationship between skin conditions, particularly psoriasis and acne, and their impact on the psychological health and quality of life of affected individuals. (Costeris, Charalambos & Petridou, Maria & Ioannou, Y. (2021).

Psoriasis and acne are two of the most prevalent dermatological conditions worldwide, affecting millions of individuals across all age groups and demographics. Psoriasis, characterized by red, scaly patches on the skin, and acne, a common disorder of the pilosebaceous unit, can manifest in varying degrees of severity. Both conditions are chronic and often incurable, leading to long-term management challenges for patients. (Alzeer, F., AlOtair, H., & Aleisa, A. (2022).

Beyond the physical symptoms, the visible nature of psoriasis and acne can result in significant social stigma and psychological distress. The conspicuous lesions associated with these conditions can attract unwanted attention, leading to feelings of self-consciousness, embarrassment, and low self-esteem among affected individuals. This societal perception can exacerbate the psychological

burden of living with a chronic skin disease. (Jankowiak, B., Kowalewska, B., Krajewska-Kułak, E., & Khvorik, D. F. (2020).

Psoriasis, in particular, has been extensively studied for its detrimental effects on psychological well-being. Research has demonstrated a higher prevalence of depression, anxiety, and impaired quality of life among individuals with psoriasis compared to the general population. The chronic nature of psoriasis, coupled with its unpredictable flare-ups and remissions, can contribute to feelings of frustration and hopelessness. (Blackstone, B., Patel, R., & Bewley, A. (2022).

Similarly, acne has been associated with a range of psychological consequences, especially during adolescence when peer relationships and self-image are particularly sensitive. Studies indicate that acne can lead to social withdrawal, poor body image, and reduced overall quality of life. The emotional impact of acne is not limited to the teenage years; adults with persistent acne also report significant psychological distress. (Hazarika, N., & Archana, M. (2016)

Despite advances in dermatological care, the management of psoriasis and acne remains challenging. Treatment options, while effective in controlling symptoms, may not always address the psychological aspects of these conditions. Patients often develop coping mechanisms to deal with the emotional toll of their skin disease, ranging from seeking social support to engaging in avoidance behaviors. Given the profound psychological effects of psoriasis and acne, understanding the specific aspects of psychological quality of life impacted by these conditions is crucial for improving patient care and well-being. This study aims to analyze and compare the psychological impact of psoriasis and acne, highlighting areas of concern and potential interventions to enhance the overall quality of life for individuals living with these skin diseases. (Zhou, C., Vempati, A., Tam, C., Khong, J., Vasilev, R., Tam, K., Hazany, S., & Hazany, S. (2023).

Significance of the study:

Studying the psychological effects of skin diseases such as psoriasis and acne holds significant scientific and practical importance. From a scientific standpoint, delving into how these conditions impact psychological quality of life offers insights into the complex interplay between physical health and mental well-being. Skin diseases can profoundly influence individuals' self-perception, social interactions, and emotional states, highlighting the need to understand psychosomatic connections. By exploring these effects study contributes to the emerging field of psychodermatology, enriching dermatological and psychological research with a deeper understanding of how skin conditions affect overall wellness. On a practical level, this research addresses critical gaps in existing literature by prioritizing the psychological dimensions of psoriasis and acne. Previous studies often emphasize physical symptoms over psychological impacts, leaving a significant knowledge void. objectives aim to bridge this gap, providing evidence-based insights that can inform more holistic approaches to patient care. Tailoring treatment plans to address both physical and psychological aspects can lead to improved patient outcomes and satisfaction. Integrating psychological considerations into clinical practice enhances the quality of care by acknowledging and addressing patients' holistic health needs.

Study Problem:

The study aims to investigate and analyze the psychological impact of two prevalent skin diseases, psoriasis and acne, on individuals' quality of life from a psychological perspective. Despite extensive research on the physical manifestations of these skin conditions, there remains a notable gap in understanding how they influence psychological well-being and overall mental health. Psoriasis and acne are known to have profound effects beyond their visible symptoms, impacting self-esteem, social interactions, and emotional states. However, the nuanced psychological dimensions of these diseases require deeper exploration to inform comprehensive healthcare strategies. Specifically, the study seeks to address the following key questions:

- What is the nature and extent of the psychological impact of psoriasis and acne on individuals' quality of life? This question focuses on quantifying and qualifying the psychological burden experienced by individuals with psoriasis and acne, considering factors such as emotional distress, social functioning, and self-perception.

Objectives of the study:

1. Psychological impact assessment: Measure and characterize the psychological impact of psoriasis and acne on individuals' quality of life using approved psychological assessment tools. This aim aims to measure the emotional distress, social impairment, and self-esteem issues experienced by patients with these skin diseases.
2. Identify contributing factors: To investigate factors that contribute to the psychological effects of psoriasis and acne, including disease severity, perceived stigma, coping strategies, and sociodemographic variables (eg, age, gender, socioeconomic status). Understanding these factors will help identify modifiable aspects that can inform targeted interventions.
3. Compare the psychological burden: Comparison of psychological burden between individuals with psoriasis and those with acne to elucidate potential differences in impact and coping mechanisms. This goal aims to provide insight into the unique mental health challenges each condition poses.
4. Discover coping strategies: Exploring the coping strategies used by individuals with psoriasis and acne to manage the psychological impact of their condition. By understanding effective coping mechanisms, this goal seeks to identify resilience factors that can inform supportive interventions.
5. Translating findings into recommendations: Translate research findings into actionable recommendations for healthcare providers and policy makers. Develop guidelines for implementing integrated care models that address the physical and psychological aspects of skin disease management, ultimately enhancing patient-centered care.
6. Contributing to evidence-based practice: Contributing new evidence to the field of psychodermatology and cutaneous psychology. This goal aims to promote evidence-based practice by filling critical gaps in understanding the psychological dimensions of psoriasis and acne and their implications for patient care.

The limits of the study :

There are many objective, human, spatial, and temporal limits that may be determined in this study, which are:

7. Objective limitations: This study was limited to revealing the psychological effects of skin diseases: analyzing the impact of psoriasis and acne on the psychological quality of life.
8. Human limitations: This study was limited to psoriasis and acne patients at Karak Governmental Hospital.
9. Spatial limitations: The application of this study was limited to Karak Governmental Hospital .
10. Time limits: This study was limited to its application during the year (2024)

Theoretical Framework:

Skin diseases concept and types:

The term "skin diseases" refers to a broad category of medical conditions that affect the skin. These diseases can vary widely in terms of their causes, symptoms, severity, and impact on overall health and well-being. Skin diseases may result from infections, autoimmune disorders, genetic factors, allergies, environmental triggers, or other underlying conditions. They can affect people of all ages and backgrounds and may have diverse manifestations ranging from mild skin irritation to chronic or life-threatening conditions. Some common examples of skin diseases include: (Ferreira, I. G., Weber, M. B., & Bonamigo, R. R. (2021).

- Acne: A common skin condition characterized by the formation of pimples, blackheads, and cysts due to inflammation of hair follicles and sebaceous glands. Acne can occur on the face, chest, back, and other areas of the body. See Figure 1

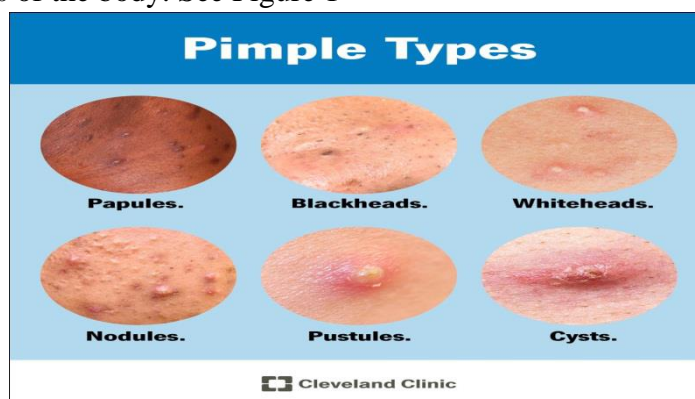


Figure 1

It is clear from the previous figure that there are six different types of pimples, and they have nothing to do with skin color or anything like that. Rather, acne appears when the pores of the hair follicles become clogged with milky juice and dead cells.

- Psoriasis: An autoimmune disease that causes rapid skin cell growth, resulting in thick, red, scaly patches of skin. Psoriasis can be associated with joint pain (psoriatic arthritis) and may have a significant impact on quality of life due to its visibility and chronic nature. See Figure 2, Figure3.

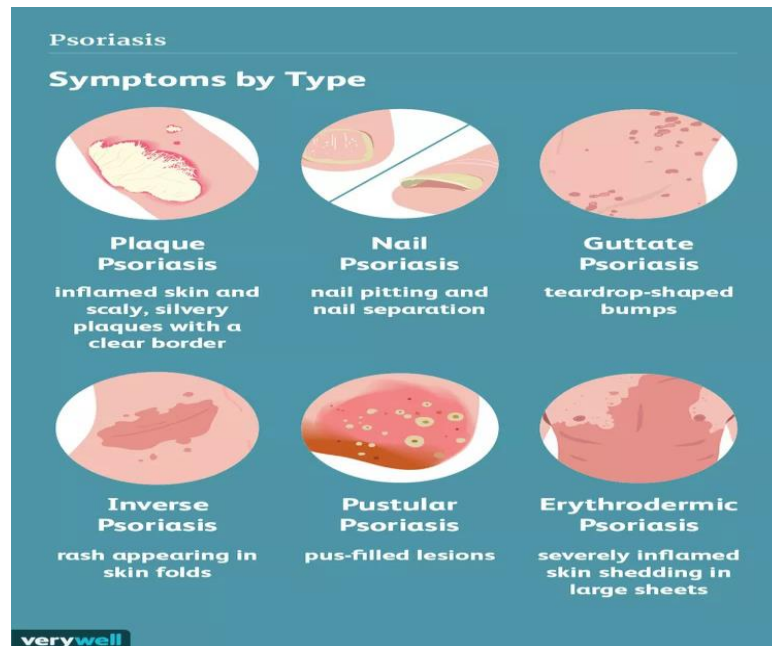


Figure 2

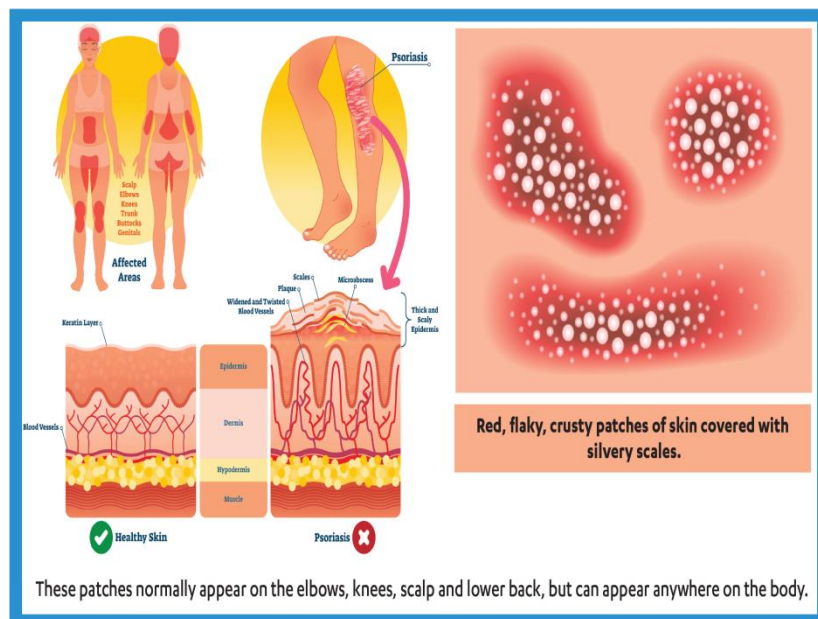


Figure 3

From the previous figures, it becomes clear that psoriasis is a skin disease that causes a rash and flaky patches that often appear on the knees, elbows, trunk, and scalp and are itchy. Psoriasis is a common, long-term (chronic) disease for which there is no cure. They may cause pain, interfere with sleep, and interfere with concentration. This condition often goes through several cycles, flares up for a few weeks or months, then subsides for a while. A common trigger for it in people who have a genetic predisposition to psoriasis is: Infections, wounds, burns and some medications.

- Eczema (Atopic Dermatitis): A chronic inflammatory skin condition characterized by dry, itchy skin and rash. Eczema often occurs in individuals with a personal or family history of allergies, asthma, or hay fever. See Figure 4, Figure 5



Figure 4



Figure 5

Figure 4.5 shows the difference between psoriasis and eczema, as psoriasis appears as reddish-white spots, which may have silvery scales and are often raised above the surface of the skin. Eczema takes the form of redness and inflammation of the skin, crusts may sometimes form, rough and dark spots may appear sometimes, and swelling may occur in the affected area.

- Rosacea: A chronic skin condition that primarily affects the face, causing redness, visible blood vessels, and pimples. Rosacea may also lead to eye irritation (ocular rosacea) in some cases.
- Dermatitis (Contact Dermatitis): Inflammation of the skin triggered by contact with irritants or allergens. Common types include allergic contact dermatitis (caused by allergens) and irritant contact dermatitis (caused by irritating substances).
- Skin Cancer: Various types of cancer that develop in the skin, including basal cell carcinoma, squamous cell carcinoma, and melanoma. Skin cancer is often related to excessive sun exposure or other factors.

- **Fungal Infections:** Infections caused by fungi that can affect the skin, nails, and hair. Examples include athlete's foot (tinea pedis), ringworm (tinea corporis), and fungal nail infections.
- **Viral Infections:** Skin diseases caused by viruses, such as herpes simplex (cold sores), varicella-zoster (chickenpox and shingles), and human papillomavirus (warts).
- **Autoimmune Skin Diseases:** Conditions in which the immune system mistakenly attacks healthy skin cells, leading to skin inflammation and damage. Examples include lupus (systemic lupus erythematosus) and pemphigus.

The relationship between skin diseases and mental health:

The relationship between skin diseases and mental health is intricate and multifaceted, encompassing a range of psychological responses and impacts on individuals' overall well-being. Skin diseases can trigger significant emotional distress, manifesting as feelings of frustration, embarrassment, or sadness due to symptoms like itching, pain, or visible skin lesions. The presence of chronic conditions such as acne or psoriasis can profoundly affect self-esteem and body image, influencing how individuals perceive themselves and interact with others. Concerns about appearance and the stigma associated with visible skin conditions can contribute to anxiety disorders and depression, further impacting mental health. Moreover, skin diseases often impair various aspects of quality of life. They can disrupt social functioning by causing social withdrawal or avoidance of social situations to prevent judgment or rejection. Work productivity and daily activities may be affected by symptoms like pain or discomfort, leading to decreased overall functioning and well-being. Sleep disturbances due to itching, pain, or emotional distress associated with skin diseases can contribute to fatigue and exacerbate psychological symptoms, creating a cycle of stress and sleep disruption. Individuals with visible skin conditions may experience stigma and social isolation, which can intensify feelings of shame and reduce their sense of belonging. This social impact adds an additional layer of complexity to the psychological burden of skin diseases. The bidirectional relationship between skin diseases and mental health further complicates matters. Skin diseases can directly impact mental health by triggering or exacerbating psychological symptoms, while mental health conditions like stress, anxiety, or depression can worsen skin disease symptoms through physiological mechanisms like immune system dysregulation. In terms of treatment considerations, effective management of skin diseases requires a holistic approach that addresses both physical and psychological aspects. Integrated care models, where dermatological treatment plans include interventions to support mental health such as counseling or stress management techniques, are essential. Patient education about the relationship between skin diseases and mental health is also crucial, empowering individuals to better manage symptoms and seek appropriate support. Healthcare providers, including dermatologists and mental health professionals, play vital roles in identifying and addressing the psychological impacts of skin diseases to improve overall quality of life and well-being for affected individuals. By recognizing and addressing the psychological dimensions of skin diseases, healthcare providers can enhance patient outcomes and promote holistic care. (Mavrogiorgou, P., Mersmann, C., Gerlach, G., Herpertz, S., & Juckel, G. (2020))

Previous studies:

Research on the psychological effects of skin diseases, particularly focusing on conditions like psoriasis and acne, has been an area of growing interest within the fields of dermatology, psychology, and psychodermatology. Several studies have explored various aspects of this topic, shedding light on the psychological impact and quality of life implications associated with these skin conditions. Here are examples of key studies and their documentation:

11. Study Title: "Psychological Distress in Patients with Psoriasis: A Review of the Literature" Authors: Fortune DG, Richards HL, Griffiths CE Publication: *Dermatology Clinics*, 2005 Key Findings: This literature review examined studies investigating the psychological impact of psoriasis, highlighting elevated levels of depression, anxiety, and impaired quality of life among affected individuals. The authors emphasized the importance of addressing psychological distress in psoriasis management.

12. Study Title: "The Impact of Acne on Quality of Life and Psychosocial Well-being: A Multinational Survey" Authors: Dalgard FJ, Gieler U, Tomas-Aragones L, et al. Publication: *British Journal of Dermatology*, 2015 Key Findings: This multinational survey assessed the impact of acne on quality of life and psychosocial well-being across different countries. The study highlighted significant impairments in emotional and social functioning among acne patients, underscoring the need for comprehensive care approaches.

13. Study Title: "The Psychological Impact of Skin Diseases: A Qualitative Study of Patients with Acne, Psoriasis, and Atopic Dermatitis" Authors: Magin P, Adams J, Heading G, et al. Publication: *Acta Dermato-Venereologica*, 2008 Key Findings: Using qualitative methods, this study explored the lived experiences of patients with acne, psoriasis, and atopic dermatitis. Themes of shame, stigma, and emotional distress emerged, highlighting the profound psychological impact of these skin diseases.

14. Study Title: "Coping and Stigma in Dermatological Disease" Authors: Bewley A, Burrage DM, Ersser SJ, et al. Publication: *British Journal of Dermatology*, 2011 Key Findings: This study investigated coping strategies and experiences of stigma among individuals with various dermatological conditions, including psoriasis and acne. Findings emphasized the importance of addressing stigma and promoting adaptive coping to enhance psychological well-being.

15. Study Title: "Psychosocial Aspects of Acne Vulgaris" Authors: Jankovic S, Vukicevic J, Djordjevic S, et al. Publication: *Acta Dermato-Venereologica*, 2014 Key Findings: This study explored psychosocial aspects of acne vulgaris, including body image concerns, self-esteem issues, and impact on social relationships. Results highlighted the significant psychological burden of acne and the need for tailored psychosocial interventions. These studies and others have contributed valuable insights into the psychological dimensions of skin diseases like psoriasis and acne. They underscore the importance of adopting a holistic approach to patient care that integrates dermatological treatment with psychological support. Further research in this area continues to advance our understanding of how skin diseases impact mental health and inform strategies for optimizing patient outcomes and quality of life.

Methodology and Design:

The study followed the descriptive survey method as it is the most appropriate method to achieve the objectives of the study and answer its questions.

Study population and sample:

The study population consisted of all skin disease patients at Karak Governmental Hospital, especially those suffering from acne and psoriasis during the year (2024), while the study sample included (25) skin disease patients at Karak Governmental Hospital. The sample was chosen randomly, and Table (1) It shows detailed data for the study sample members according to their variables.

Table (1): Distribution of study sample members according to its variables (n=25)

Variables	Categories	Duplicates	Percentages
marital status	married	12	48.0
	single	13	52.0
	the total	25	100.0
the job	Factor	15	60.0
	Not working	10	40.0
	the total	25	100.0
Qualification	High school or less	7	28.0
	Bachelor's	14	56.0
	Postgraduate	4	16.0
	the total	25	100.0
Age group	Less than 30 years old	8	32.0
	From 30 to less than 40 years old	7	28.0
	From 40 years - less than 50 years	8	32.0
	50 years and older	2	8.0
	the total	25	100.0

Study tool:

To achieve the objectives of the study related to detecting the psychological effects of skin diseases: analyzing the effect of psoriasis and acne on the psychological quality of life among a sample of skin disease patients at Karak Governmental Hospital, a questionnaire was designed as a tool to identify the psychological effects of skin diseases. To collect data and build the study tool, a number of previous studies and theoretical literature were reviewed. Related to the subject of the study, the study benefited from the methodology followed in constructing the study tool, defining its paragraphs, and formulating it in its final form, which consists of (21) paragraphs. The study tool consisted of two parts: the first: includes paragraphs related to the demographic characteristics of the study sample, and the second: consists of paragraphs related to disease.

Psoriasis and acne, which included (21) items divided into seven areas. A four-point Likert scale was also used in the study tool to allow members of the study sample to choose the appropriate answer with all flexibility, as the values of the four-point scale ranged between (1-4), which are: (4=always), (3=often), (2= Rarely) (1=never). To describe the arithmetic mean values of the study variables and their expressions, the study relied on the following equation to determine the length of the category for three levels: low, medium, and high:

$$\text{Category length} = \frac{\text{The upper limit of the scale} - \text{the lower limit of the scale}}{3}$$

According to what is available only, the length of the category was calculated as follows:

$$\text{Length category} = (4-1) \div 3 = 1$$

Accordingly, the classification scale was determined as follows:

- Low score from (1 - less than 2).
- Average (2 - less than 3).
- High score from (3-4).

Validity and reliability of the study:

To verify the validity of the study tool, the study tool used was presented to a group of arbitrators from faculty members with specializations in various public and private Jordanian universities, to verify the suitability of the content of the questionnaire paragraphs to the objectives set for it, and based on the arbitrators' opinions, observations, and suggestions, a procedure was conducted. The necessary amendments in light of this include deleting some paragraphs, amending some, and adding others. To verify the stability of the study tool, the Cronbach alpha reliability coefficient was extracted for the study variables and for the tool as a whole, and the following table reviews this.

Table (2): Cronbach alpha coefficient values for the domains and the total score.

Domains	Number of paragraphs	Cronbach's alpha
Psoriasis	21	0.841
Acne	19	0.857
The tool as a whole	40	0.924

It is clear from the table above that the values of the Cronbach alpha coefficient are greater than (0.60), which is the minimum acceptable limit for judging the reliability of the questionnaire, so it can be said that the study tool has a high level of reliability.

Study results and discussion:

Results related to answering the first question of the study, which states: "What is the nature and extent of the psychological impact of psoriasis and acne on the quality of life of individuals?" Table (3) shows the values of the arithmetic means, standard deviations, and ranks for each domain of the psoriasis and acne variable, in addition to the general arithmetic mean for this variable.

Table (3): Arithmetic means and standard deviations for the psoriasis variable (n=25)

Num	Domains	Arithmetic averages	Standard deviations	Ranks	Levels
1	Emotional Well-being:	2.65	0.627	6	Middle
2	Self-Esteem and Body Image:	2.67	0.631	5	Middle
3	Social Interactions:	2.77	0.438	2	Middle
4	Daily Functioning:	2.68	0.627	3	Middle
5	Psychological Distress:	2.65	0.649	7	Middle
6	Impact on Enjoyment of Life:	2.89	0.438	1	Middle
7	Coping Mechanisms:	2.67	0.430	4	Middle
Psoriasis		2.71	0.360	-	Middle

The results in Table (3) show that the general arithmetic mean for the psoriasis variable was (2.71), which is at a moderate level. While all areas of this variable came at an average level, the field of “influence on enjoyment of life” ranked first with an arithmetic mean (2.89), standard deviation (0.438) and an average level, and in second place was the field “social interactions” with an arithmetic mean (2.77) and deviation. Standard (0.438) and medium level. In third place was the field of “daily performance” with a mean of (2.68) and a standard deviation of (0.627) and at an average level. Finally, the field of “psychological pressure” came with a mean of (2.65) and a standard deviation of (0.649) and an average level. This result is attributed to the tendency of patients with psoriasis and acne to reject reality and their desire to change it, so they resort to thinking in a different direction, far removed from their disease and their quest to prove themselves and show strength and lack of weakness in order to escape the looks of pity from others and prove their ability to overcome and overcome this stage.

In addition to extracting the values of the arithmetic means and standard deviations for the areas of psoriasis and acne, the arithmetic means, standard deviations, and ranks were extracted for each item in these areas, which came as follows:

- The first field: Emotional Well-being.

Table (4) shows the values of the arithmetic means, standard deviations, and ranks for each item in the field of imagination, which indicated that the overall average for this dimension was (3.65), which is at an average level. All items in this field were at an average level. The item “I try to resort to imagination when I cannot achieve my goals in reality” ranked first with a mean of (2.68), a standard deviation of (0.802) and an average level. Finally, the item came “I imagine myself

being able to cope.” “The course of life on my own” has a mean of (2.60) and a standard deviation of (0.764), which is of an average level.

Table (4): Arithmetic means and standard deviations for Emotional Well-being domain (n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
1	I find comfort and reassurance in my imagination.	2.68	0.852	2	Middle
2	I imagine myself being able to handle life's events on my own.	2.60	0.764	3	Middle
3	I try to resort to visualization when I cannot achieve my goals in reality.	2.68	0.802	1	Middle
Emotional Well-being		2.65	0.627	-	Middle

- The second field: Self-Esteem and Body Image.

Table (5) shows the values of the arithmetic means, standard deviations, and ranks for each item in the field of Self-Esteem and Body Image., which indicated that the overall average for this dimension was (2.67), which is at an average level. All items in this field were at an average level. The item “Psoriasis/acne is an obstacle for me to interact with others confidently” ranked first with a mean (2.80), standard deviation (0.866) and an average level. Finally, the item came “I feel disturbed or ashamed.” Because of the condition of my skin” which has a mean (2.48) and standard deviation (0.714), which is an average level.

Table (5): Arithmetic means and standard deviations for Self-Esteem and Body Image domain (n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
4	I face Challenges in accepting on self Because of a condition Dermatology	2.72	0.792	2	middle
5	He felt upset or ashamed because of his skin condition.	2.48	0.714	3	middle
6	Psoriasis/acne is a barrier to Interact with others confidently.	2.80	0.866	1	middle
Self-esteem and body image		2.67	0.631	-	middle

– **Third field :Social interactions**

Table (6) shows the values of the arithmetic means, standard deviations, and ranks for each item in the repression domain, which indicated that the overall average for this dimension was (2.77), which is at an average level. All items in this field were at an average level, where the item “I do not talk about the problems I face so that I do not have a weakness in front of others” ranked first with a mean of (2.88), a standard deviation of (0.600) and an average level, and finally the item

came “I bear my pain.” My worries are alone, and I do not show them to anyone, so that they do not gloat over me.” The arithmetic mean is (2.68) and its standard deviation is (0.748), and it is at an average level.

Table (6): Arithmetic means and standard deviations for a range Social interactions:(n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
7	I bear my pain and worries alone, and do not show them to anyone. So that he doesn't gloat over me.	2.68	0.748	3	middle
8	I feel that there are internal psychological aspects that guide my behavior and decisions.	2.76	0.523	2	middle
9	I don't talk about the problems I face so that I don't have a weakness in front of others.	2.88	0.600	1	middle
Social interactions		2.77	0.438	-	middle

– **Fourth field :Daily Functioning**

Table (7) shows the values of the arithmetic means, standard deviations, and ranks for each item in the domain Daily Functioning indicated that the overall average for this dimension was (2.68), which is at a moderate level. All items in this field were at an average level, with the item “I am getting sick.”all“My anger in household chores” ranked first with an arithmetic mean of (2.80), a standard deviation of (0.817), and an average level. Finally, the paragraph “I destroy anything in front of me when I am bothered by a situation that I cannot face” came, which had an arithmetic mean of (2.56) and a standard deviation of (0.712), which is the same. Average level.

Table (7): Arithmetic means and standard deviations for a field Daily Functioning:(n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
10	I destroy anything in front of me when I am bothered by a situation that I cannot face.	2.56	0.712	3	middle
11	I get in cure-all My anger at household chores.	2.80	0.817	1	middle
12	I hurt myself when I'm upset by a situation that I can't deal with.	2.68	0.690	2	middle
Daily Functioning		2.68	0.627	-	middle

– **Fifth field: Psychological Distress**

Table (8) shows the values of the arithmetic means, standard deviations, and ranks for each item in the domain Psychological Distress Which indicated that the general average for this dimension was (2.65), which is an average level. All items in this field were at an average level. The item “I talk about courage, but internally I feel cowardly and afraid” ranked first with a mean (2.76), standard deviation (0.831) and an average level. Finally, the item came “I make others feel close

to them, but in... In reality, I wish to stay away from them” which has a mean (2.52) and standard deviation (0.770) and is at an average level.

Table (8): Arithmetic means and standard deviations for a range Psychological Distress (n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
13	I pretend to be happy and happy, but inside I am sad.	2.68	0.852	2	middle
14	I talk about courage, but inside I feel cowardly and afraid.	2.76	0.831	1	middle
15	I make others feel close to them, but in reality, I wish to be far away from them.	2.52	0.770	3	middle
Psychological Distress		2.65	0.649	-	middle

– **Sixth field: Impact on Enjoyment of Life**

Table (9) shows the values of the arithmetic means, standard deviations, and ranks for each item in the domain Impact on Enjoyment of Life: Which indicated that the general average for this dimension was (2.89), which is at an average level. Most of the items in this field were at a high level, as the item “I tend to sit alone so that I do not see pity in the eyes of others” ranked first with a mean (3.04), a standard deviation (0.790) and a high level, and finally the item came “I stay away from talking about matters.” “Illness, because I fear the advice and compassion of others,” which has a mean of (2.64) and a standard deviation of (0.638), which is at an average level.

Table (9): Arithmetic means and standard deviations for a range Impact on Enjoyment of Life:(n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
16	I tend to sit alone; So that I do not see pity in the eyes of others.	3.04	0.790	1	high
17	I avoid talking about illness matters, because I fear the advice and compassion of others.	2.64	0.638	3	middle
18	I stay away from contact with others to avoid their questions about my illness	3.00	0.707	2	high
Impact on Enjoyment of Life		2.89	0.438	-	middle

– **Seventh field: Coping Mechanisms**

Table (10) shows the values of the arithmetic means, standard deviations, and ranks for each item in the domain Coping Mechanisms, which indicated that the overall average for this dimension was (2.67), which is at an average level. All items in this area were at an average level, with the item “Do sports or relaxation exercises to relieve psychological stress associated with psoriasis/acne” was ranked first with a mean (2.96), standard deviation (0.735) and a medium

level. Finally, the item "I like doing work that shows my physical strength" came in first place, which had a mean and deviation of (2.20). The standard (0.577) is of an average level.

Table (10): Arithmetic means and standard deviations for a range Coping Mechanisms (n=25)

Num	Paragraphs	Arithmetic averages	Standard deviations	Ranks	Levels
19	I like to do actions that show my physical strength.	2.20	0.577	3	middle
20	Do exercise or relaxation exercises to relieve stress associated with psoriasis/acne	2.96	0.735	1	middle
21	When I face great stress, I help others.	2.84	0.554	2	middle
Coping Mechanisms		2.67	0.430	-	middle

Conclusion:

The current study found that psoriasis and acne patients at Karak Governmental Hospital are psychologically affected by the disease at a moderate level because they escape from reality, their desire to change it, and their fear of the future. The study also showed that this disease affects patients negatively, such as tension, anxiety, emotions, fear of the unknown, psychological pressures, and their constant thinking. Their future and society's view of them.

Recommendations In light of the results reached, the study recommends the following:

1. Develop effective plans by decision makers to treat skin disease patients and reduce their psychological, social and financial burdens.
2. Holding seminars, psychological workshops, and extracurricular activities for psoriasis and acne patients that will improve their psychological state and make them more able to live with the disease.
3. Providing motivation, psychological support, and psychosocial counseling to patients and involving them in the decision on the treatment option.

The current studies are considered the first step in the field of caring for psoriasis and acne patients and enhancing their ability to adapt to the disease, especially psoriasis, without it affecting aspects of their daily lives. Therefore, the current study suggests conducting a group of future studies that may provide those interested and decision-makers with a scientific reference that can be referred to. If necessary.

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