

Characteristics and assessment of stress management workshop for psoriasis patients

Charakterystyka i ewaluacja warsztatu radzenia sobie ze stresem przeznaczanego dla osób chorych na łuszczycę

Joanna Miniszewska^{1,A,C,E,F}, Jolanta Chanduszko-Salska^{1,A,B,E,F},
Alicja Ograczyk^{2,E,F} Anna Zalewska^{2,A,E}

¹Instytut Psychologii Uniwersytet Łódzki

²Zakład Psychodermatologii Uniwersytetu Medycznego

Streszczenie

Łuszczycza jest zaliczana do chorób psychosomatycznych. Wiąże się z szerokim spectrum problemów natury psychologicznej, takich jak, m.in., odczuwanie wysokiego poziomu stresu, obniżone poczucie własnej wartości, zniekształcony poznawczy obraz własnego ciała czy

z zaburzeniami afektywnymi (jak lęk społeczny i depresja). Z drugiej strony, zmiany chorobowe są wyzwalane i nasilane poprzez wiele różnorodnych czynników, w tym stres psychologiczny. I właśnie z tego powodu we współczesnej psychodermatologii podkreśla się konieczność holistycznego traktowania osób z chorobami skóry.

Cel: Celem artykułu jest przedstawienie warsztatu zarządzania stresem przeznaczanego dla osób z łuszczycą oraz jego ewaluacja.

Materiał i metody: W warsztacie uczestniczyły 62 osoby ze zdiagnozowaną łuszczycą zwykłą. Warsztaty odbywały się w 4 miastach w Polsce. Do oceny nasilenia stresu wykorzystano kwestionariusz PSS-10 i metodę skalowania. Dodatkowo użyto ankiety własnej konstrukcji.

Wyniki: W trakcie warsztatów poziom stresu uczestników stopniowo zmniejszał się. Chorzy zgłaszali, m.in., potrzebę uczestniczenia w większej liczbie oddziaływań psychologicznych oraz potrzebę zintensyfikowanego kontaktu z lekarzem dermatologiem, który mógłby udzielić informacji na temat ich choroby i pielęgnacji skóry.

Wnioski: Uczestniczenie w psychologicznych warsztatach oraz zintensyfikowanie kontaktów z lekarzami może mieć istotne znaczenie dla zdrowia psychicznego osób chorych na łuszczycę.

Słowa kluczowe: warsztat zarządzania stresem, radzenie sobie ze stresem, psychodermatologia, łuszczycza

Abstract

Introduction: Psoriasis is one of the so-called psychodermatological diseases. It can give rise to a range of psychological problems in affected individuals, like high stress level, low self-esteem, altered body image, and affective disorders (like depression or social anxiety). On the other hand, psoriasis is caused, triggered, or exacerbated by a range of difficulties, including psychological stress. Therefore, the holistic approach to cutaneous diseases is pointed out in modern psychodermatology.

Aim: The aim of the article is to present the characteristics and principles of coping-with-stress workshop for patients with psoriasis and show its evaluation made by the participants.

Material and methods: The study comprised 62 participants with the diagnosis of psoriasis vulgaris. They participated in stress management workshops conducted in four cities. The PSS-10 and scaling method were used to assess patients' stress level during the training sessions.

Results: During the training sessions, the stress level in patients was decreasing regularly. Patients pointed to the need of training courses that are more psychological in nature and having a meeting with a dermatologist for getting information about the treatment of the disease and skin care.

Conclusions: Participation in psychological workshops dedicated to psoriasis and arranging extra meetings with doctors may be important for mental health of psoriasis patients.

Keywords: stress management workshop, coping with stress, psychodermatology, psoriasis

Introduction

Psoriasis is a chronic and relapsing inflammatory skin disease, characterized by localized, widespread red

plaques often topped by silver scales. In 10% of cases, it is associated to some extent with arthritis. The exact cause of the condition is not fully understood, but it is thought to

be immunologically based and associated with enlarged population of epidermal cells that divide too rapidly [1-2].

Psoriasis is one of the so-called psychodermatological diseases. It means that there exists a psychological component in the image of the disease [1-6]. The impact of psychological factors in the pathogenesis of psoriasis has been long recognized and already in 1950s an established correlation between stress and psoriasis was postulated [7,8].

The disease significantly affects daily functioning, significantly reduces the quality of life, and is the cause of many psychosocial problems [9-16]. Studies emphasize that dermatological patients define skin diseases as particularly burdensome, being a source of stress and anxiety, significantly reducing life satisfaction. On the one hand this makes the disease a source of chronic stress, and on the other hand, this stress contributes to the severity of the disease (like in a vicious cycle). Therefore in order to improve the understanding of the cause and dynamics of psoriasis and to treat patients effectively, there is a need to view the patients holistically, and to address the reciprocity between body and mind in relation to psoriasis and other skin diseases [2].

The literature data point out that the application of the psychological interventions for psoriatic patients is reasonable and needed [2, 17-20]. Different therapeutic approaches may be involved in helping patients with skin problems (from psychoanalysis and the use of hypnosis to cognitive-behavioral therapy), but the effectiveness of cognitive-behavioral therapy (CBT) is pointed out more often [2, 18, 19, 21]. The aim of cognitive-behavioral interventions is to change maladaptive beliefs and patterns of behavior. Cognitive-behavioral therapy (CBT) is time-limited, aim-oriented and focused on the problem [22]. It seems that it is good for using it in hospitals, where there is a high turnover of patients, and some of them, for various reasons (including distant place of residence) after leaving the hospital would not come back to a psychologist. CBT techniques are widely used to support patients with dermatological diseases [2, 18, 19, 21]. It teaches patients how to deal with specific symptoms (e.g. pruritus) by introducing the principles of self-monitoring, reducing harmful habits, distracting from the discomfort, and changing beliefs about the disease and its course. A very important part is learning about coping with stress as well as relaxation trainings.

In addition to the psychological support in dealing with the limitations caused by the disease, therapeutic interventions could also have a beneficial effect on the course of many dermatological diseases and the relief of symptoms [2, 18, 19, 21].

The aim of the article is to present the characteristics and principles of the coping-with-stress workshop for patients with psoriasis and show its evaluation made by

the participants. We think that that the reduction of subjectively perceived stress may, consequently, alleviate the symptoms of psoriasis and affect the conventional treatment in a positive way.

Materials and methods

The study comprised 62 patients with the diagnosis of psoriasis vulgaris (59 women, 3 men). The mean age was 42.22 years (min. 24 years, max. 59 years, SD = 14.87), mean disease duration, calculated from the moment of the diagnosis until the onset of the study was 11.88 years (minimum 10 months, max. 42 years, SD = 11.90).

The workshop was conducted in four cities – Katowice (16 participants), Warszawa (12 participants), Poznań (17 participants) and Bydgoszcz (18 participants).

The course “How to cope with stress” is an intensive 8-hour workshop with elements of mini lectures. It is designed for people with skin problems (i.e. to psoriatic patients). The course is based on the CBT principles.

The purposes of the workshop include: 1. Teaching how to identify sources and symptoms of stress. 2. Providing knowledge about the stress effects and the relationship between stress and skin condition. 3. Developing the ability to recognize beliefs that are detrimental to health and their modifications. 4. Introducing the participants to various methods of reducing stress by using relaxation and breathing exercises, visualization techniques and some bodywork. 5. Teaching how to construct the individual plan to prevent and mitigate the effects of stress.

A detailed schedule is as follows:

1. What causes stress? Exploration and appraisal of the major sources of stress.
2. What happens when we experience stress? Recognizing the physical, psychological and behavioral symptoms of own stress.
3. How do we perceive stress? The negative and positive aspects of stress. Thoughts and beliefs appearing with stress. How to change them in healthy and rational way by using stress diary.
4. Stress and disease. Association between the psyche and the body. The functioning of the immune system under stress - mini lecture. Presentation and discussion about vicious circle - stress and skin.
5. How to cope with stress effectively- developing practical skills based on the selected relaxation exercises, breathing, visualization and body work.
6. Personal and social resources important in the process of coping with stress - mini-lecture. Learning to identify available resources. Mental resistance - how to build and strengthen oneself.
7. Building an individual plan of releasing stress.

During the course of the workshop, many techniques are used, including the diary of thoughts (recording thoughts), breathing techniques, self-hypnosis, visualization, progressive relaxation training, brainstorming, anchoring pleasurable sensations.

At the beginning of the course, participants had the severity of stress measured by PSS-10 Scale. Moreover, they assessed their stress tension 3 times (at the beginning, in the middle and at the end of the course) by scaling method.

PSS-10 (by Cohen, Polish adaptation by Juczyński and Ogińska-Bulik [23]) is 10-item measure designed to assess the intensity of the stress over the last month. The scale contains questions about subjective feelings of personal problems, events, behaviors, and ways of coping. The respondents are asked to rate the degree to which they agree with each item on a five-point Likert scale ranging from zero (meaning "never") to four (meaning "very often"). The method has ten standards that allow the users to assess the level of stress in a quite accurate way.

Scaling method [24] - is a kind of CBT technique for measuring subjectively experienced stress level in which patients are asked to assess their stress on a scale of 1 to 10 (where 1 is completely relaxed and 10 is maximum stressed).

We have also developed a survey to gather information about the assessment, needs, and the expectations concerning the workshops.

Statistical analysis was performed using the SPSS package for Windows (IBM SPSS Statistics 19). The distribution of the obtained results did not differ significantly from normal distribution. The multivariate ANOVA and percentage distribution of results were employed.

Results

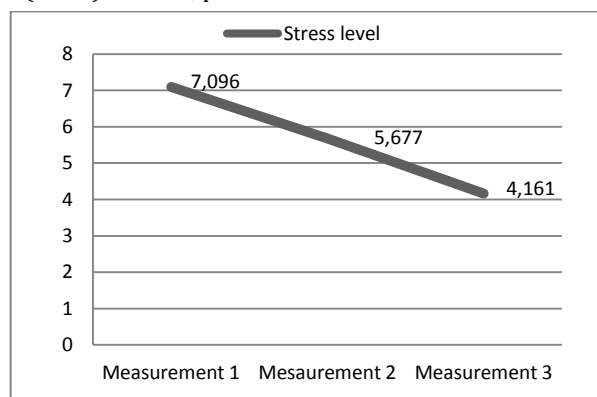
The first step of our analysis was to assess the stress level measured by a standardized tool (PSS-10) and a subjective method (scaling). We found that the intensity of stress (measured by PSS-10) at the beginning of the workshop was high - it was $M=24.58$; $SD=6.63$ (this results is equal to 7 sten in the sten scale, where results ranging from 7 to 10 sten scores mean high level of perceived stress [23]). Stress intensity measured by scaling was $M= 7.09$, $SD= 1.22$ (min= 3; max=10), so it was a high score too.

Subsequent measurements were performed only by scaling because the PSS-10 describes stress evaluation during the whole month. We checked if the results of PSS-10 and scaling correlated with each other. Therefore, it turned out that the correlation is strong ($r=0.78$; $p<0.05$). Because the correlation is statistically significant, we were able to do the subsequent measurements by using only scaling.

As it turned out, the stress intensity gradually declined during the workshop (from $M= 7.096$ to $M= 4.161$). Figure 1 shows the stress level at each measurement. The

next step of our analysis was to examine the results of the survey. The first question was about the sources the participants found out about workshop. It turned out that most people learnt about the training directly from The Associations of Psoriasis Patients (40 participants) and from a newspaper (10 participants). The results are presented in Table 1.

Figure1. The stress level
 $F(2.122)= 160.69$; $p=0.000$



F- value of F test; p- significance level

Table 1. The sources of information

Information about the training	N	%
The Associations of Psoriasis Patients	40	64.53
Newspaper	10	16.12
The Web	7	11.29
Leaflets, posters	5	8.06

N - number of patients in the group

When we asked about the reasons for participation in the workshop the largest number of people (37) pointed to seeking help in dealing with the disease as well as the curiosity (17) (Table 2).

Table 2. Reasons for participating

Reasons for participation in the workshop	N	%
Finding solutions to the problems related to health	37	59.67
Curiosity	17	27.43
Other reasons (like self- development, professional interests).	5	8.07
Finding solutions to specific daily problems	3	4.83

N - number of patients in the group

We also wanted to know how the participants evaluated the training. They used a five-point scale ranging from one (negative assessment) to five (positive assessment). The mean score is 4.72 ($SD=0.51$; min. 3, max. 5), so we can say that this is a high score and the training was very well assessed.

The participants were also asked to estimate their satisfaction rate. It turned out that the trainings met the

expectations of the participants in 88.67%. Moreover, they were asked about the elements they liked most and found the most useful. The participants answered in a variety of ways, i.e. that relaxation techniques were very important and useful, they had the opportunity to understand themselves a little better, they would be able to use some methods of coping with stress in everyday life, etc. It is worth mentioning that as many as 23 people emphasized the importance of relaxation techniques. We do not present all the answers in the tables, because some of the questions in the survey were open, so showing them would be too extensive and difficult to read.

As many as 70% participants do not want to change anything in the workshop. Few of them point out to the validity of extending the training and the need to get more medical information about psoriasis (by having a meeting with dermatologists). When we asked whether they would participate in the next series of the training, the vast majority answered "yes" (92%). Our last question concerned the proposal of psychological workshops. There were many suggestions such as interpersonal communication workshop, coping with emotions, relaxation techniques, training of assertiveness, improving self-esteem, "how to function at work despite illness", "how to cope when people are staring." Most importantly, more than half of the participants (58.06%) pointed to the need of having a meeting with a dermatologist and education on the treatment of psoriasis.

Discussion

Psoriasis can give rise to a range of psychological problems in affected individuals. These include high stress level, low self-esteem, social anxiety, altered body image, depression. On the other hand, psoriasis is caused, triggered or exacerbated by a range of difficulties including emotional stress. Emotional stress may influence the immune system to a considerable degree, so this would manifest in skin problems [2,4,18]. As Papadopoulos and Bor [2] said: "Although we have come a long way in our understanding of the relationship between psychosocial factors and skin disease, there is still a need for more research to fill in certain gaps in the existing knowledge. A greater understanding of the effectiveness of enhancing patients' coping strategies through psychological counseling is needed (...). The recognition that cognition, emotions, motives and behavior have an impact on skin disease (and perhaps vice versa) opens up new possibilities regarding the assessment and treatment, and the potential for launching initiatives in the field of psychodermatology (pp.46)". Taking into account the above report, we decided to create and carry out stress management workshops designed for patients with psoriasis. We assumed that if the result of an intensive, one-day

workshop could decrease patients' stress level and meet their expectations, it will be possible, in future, to use the workshop as a supplement to conventional treatment.

The participants, before trainings, showed high levels of stress (measured by standardized tool (PSS-10) and subjective method (scaling)). During the trainings, the stress level was decreasing regularly. Moreover, the patients were satisfied and declared that they wanted more psychology trainings. The results and the experience of the workshops indicate that patients with psoriasis have a strong desire to be covered also by psychological care. Importantly, they pointed to the need of meeting a dermatologist and get information about the treatment and skin care. This suggests that, for various reasons, patients with psoriasis are hungry for information about their condition. It may be related to the lack of time for providing the patients with extensive information during conventional treatment, anxiety of patients before asking questions or cognitive limitations that occur in the doctor-patient relationship. In other words, it is difficult to absorb information when there are strong emotions, and they usually occur during the contact with a doctor [25]. Moreover, patients' stress levels decreased in a visible and statistically significant way. Obviously, the obtained results still require completing. It should be verified how long the results will last and if the reduced stress level has an effect on the severity of the lesions. It should be also confirmed if the reduced stress and dedicating of extra attention positively affects patients' adherence to the doctors' recommendations. At this point, it seems reasonable to mention the results of psychological support program for people with psoriasis achieved by Fortune et al., [18]. This support called *Psoriasis Symptom Management Programme* was a six-session program delivered by medical, psychology and nursing personnel. It consisted of teaching about the medical basis of psoriasis, stress-reduction techniques (like autogenic and progressive muscular relaxation training), and cognitive techniques. The results showed significant reduction in illness identity (the frequency and severity of symptoms that patients associate with their condition), the strength of belief in severity of consequences of the disease and attributions for emotional causes of psoriasis. In another study, Fortune et al., [19] showed that psychological intervention could have important effects on clinical extent of psoriasis (assessed by PASI) as well as on emotional stress. Therefore, it makes sense to take psychological interventions dedicated to psoriatic patients. It is reasonable to teach techniques aimed at reducing excessive stress (e.g., biofeedback, relaxation techniques, visualization, and meditation) and, what seems to be very important, organize meetings with doctors and nurses in order to clarify all doubts. These

practices may be important for optimizing standard treatment.

Conclusions

1. Before trainings, the participants showed high levels of stress.
2. During the trainings, the stress level was decreasing regularly.
3. Patients declared that they needed additional psychological trainings.
4. Participants pointed to the need of meeting a dermatologist and get information about the treatment and skin care.
5. Taking psychological interventions dedicated to psoriatic patients and extra meetings with dermatologists may be important for optimizing standard treatment

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Correspondence address

dr Joanna Miniszewska
Zakład Psychologii Zdrowia
Instytut Psychologii UŁ
ul. Smugowa 10/12, 91-433 Łódź, tel. +48 42 665 55 23
e-mail:jminisz@poczta.onet.pl