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Emotion Regulation Strategies and Quality of Life in Dermatologic Patients

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Abstract

The aim of this study was a multidimensional assessment of emotion regulation strategies in order to highlight the relation between the mechanisms of emotional dysregulation and quality of life in dermatologic patients. In this context we noticed that some indicators are negatively (e.g. suppression) while others are positively related (e.g. reappraisal) with the presence of positive affects. The data analysis proved also significant differences between the patients with psoriasis and both patients with other skin conditions and healthy individuals. Thus the study suggests a possible life improvement technique based on emotional regulation enhancement.

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Keywords: Reappraisal, Supression, Psoriasis, Dermatologic Disease, Emotion Regulation;

1. Introduction

Emotion regulation is one of several forms of affect regulation. The skin plays an important role in emotional regulation, starting with early child development. It has been shown that adequate tactile stimulation during infancy consisting of secure holding and comforting experiences provided by the mother induce hormonal modifications that are important in the stress response (Schore, 2003). More recent studies in dermatology (Gupta and Levenson, 2011)
suggest that states of hyperarousal resulting from traumatic stress and increased sympathetic tone can have a direct physical effect on the skin and render the skin more vulnerable to injury, identifying a significant relation between the frequency and severity of the self-injurious behavior and acute or chronic problems with emotional regulation and high levels of dissociation in patients with self-induced dermatitis (Gupta, 2013).

In the last two decades an increasing number of epidemiologic and clinical studies have suggested the existence of significant correlations between emotional stress, psychical conflicts and the presence of cutaneous alterations. The studies published since 1995, regarding the psychological aspects of psoriasis, have suggested that the consequences of this condition for patients and their families can be significant, thus highlighting the role of emotional impact. In this literature, pertinent to psychologic aspects of psoriasis (Fortune, Richards, Griffiths, 2005, for review), alexithymia—viewed like a deficit to understand and to communicate emotions, and in consequence to regulate the own emotions—also seemed to function as a risk factor for the emergence and maintenance of distress.

In the present work, we considered a conceptual framework of emotion regulation of James Gross (1998) that considers the temporal aspects of emotion. In this conceptualization, as articulated by a number of prior theorists (Ekman, 1992; Fridja 1986), emotion is a special case of affect, relatively brief and referential. Emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions. Gross identified two categories of emotional regulation strategies: antecedent-focused (e.g. cognitive reappraisal—which consists of attempts to think about the situation so as to alter its meaning and emotional impact), and response-focused (e.g. expressive suppression—which consists in attempts to think about the situation so as to inhibit or reduce ongoing emotion expressive behaviour). In literature there are international contributions regarding the presence of alexithymic traits in dermatologic patients, while the role of emotion regulation and dysregulation seems less studied. The model used for the evaluation of the difficulties in emotion regulation patterns is a six factors model (Gratz & Roemer, 2004).

2. Purpose of study

The present study intended to carry out a detailed investigation regarding the emotion regulation strategies (reappraisal and suppression) in patients affected by skin diseases. The correlation between emotion strategies and the presence of alexithymic traits and coping strategies in dermatologic patients were also assessed. Coping refers to the organism’s efforts to manage its relations with an environment that taxes its ability to respond (Lazarus & Folkman, 1984). Coping and emotion regulation overlap, but coping includes non-emotional goals (e.g., working hard to achieve a goal), while emotion regulation is concerned with emotions in whatever context they may arise.

3. Method

Sample: The sample comprised 41 dermatologic patients: 23 with psoriasis and 18 with a skin condition other than psoriasis (acne, dermatitis, vitiligo, pruritus). The comparison subjects were 27 healthy individuals.

Hypothesis: Patients affected by skin diseases could have difficulties in emotional regulation related with their life quality and subjective well being.

Instruments: Emotion Regulation Questionnaire (ERQ; Gross&John, 2003), Difficulties in Emotion Regulation Questionnaire (DERS, Gratz & Roemer, 2004), Toronto Alexithymia Scale (TAS-20; Parker, Taylor & Bagby, 2003), Brief COPE Scale (Carver, 1997), were used in order to assess the two emotion regulation strategies, the patterns of emotion dysregulation, the presence of alexithymic components, coping mechanisms, while Positive and Negative Affect Scale (Terraciano et al., 2003), Satisfaction with Life Scale (Diener et al., 1985) and WHOQOL-Brief (World Health Organization Quality of Life, 1998) for patients life satisfaction and life quality. The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment.
4. Results

We applied the method of simple analysis of variance Anova one way in order to assess if there is a statistically significant difference between the three groups for our variables. The variables regarding the emotion regulation mechanisms were scored on the ERQ scales. We measured the variables in emotion dysregulation patterns on the DERS and TAS-20 scales and coping mechanism on Brief Cope scales. The data analysis (Table 1) shows significant differences between the patients with psoriasis (Gr.1) and both patients with other skin conditions (Gr.2) and healthy individuals (Gr.3) in values of ERQ scales: suppression ($f=3.52, p<.05$) and reappraisal ($f=3.62, p <.05$). The results suggest that patients affected by psoriasis on one hand report higher scores in suppression of emotional behavior ($m=17.62$) than others two comparison groups: others skin diseases ($m=13.13$), and controls ($m=13.80$), and on the other hand higher scores in cognitive reappraisal of emotional stimulus: psoriasis group ($m=30$), others skin diseases ($m=20.75$), and controls ($m=28.40$). Regarding the presence of emotional dysregulation patterns, the results of analysis of variance of Anova show significant differences for variable awareness ($f=3.58, p <.05$). The results suggest also the existence of a significant difference also for variables: impulse ($f=2.53, p=.08$), and strategies ($f=2.50, p=.09$), and emotion dysregulation ($f=2.80, p=.06$). The differences in the presence of alexithymic traits resulted significant in total score ($f=4.91, p=.01$), and regarding the existence of difficulties in communicating emotion ($f=5.98, p <.001$)

The values of variance between the three groups for variables of well being, scored on PANAS and SWLS, and for life quality scored on WHOQOL scales, showed a statistical significant difference only in subjective life satisfaction ($f=4.63, p=.01$).

Table 1. Gr.1 psoriasis, Gr.2 others dermatologies, Gr.3 Controls

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Correlations among variables

ERQ/WHOQOL/ SWLS/PANAS: In order to assess the relationship between emotion regulation mechanisms and quality of life in patients with skin diseases, for a primary analysis, the Pearson correlation coefficient was calculated. The results suggest that suppression is the mechanisms significantly related with quality of life in dermatologic patients. There was revealed a significant negative linear correlation between suppression and both physical health (-.64 ), and environment (-.61). Reappraisal doesn’t result correlated with quality of life domains in this sample, but there is a strong positive correlation with positive affects (.69) and a negative correlation with negative affects (-.61). Regarding the relationship between suppression and the domains of well being there were not significant linear correlations (Table 2).
Table 2. Correlations between variables: Physical Health (P.H.), Psychological Health (PSY.H.), Social Relationships (S.R.), Environment (ENV), Emotion Regulation (E.R.Q), Reappraisal (R), Suppression (S), Life Satisfaction (S.W.L.S), Positive Affects of State (P.A.S) and of trait (P.A.T), Negative Affects of State (N.A.S) and Traits (P.A.T)

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*p < .05. ** p < .01 (two-tailed)


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*p < .05. ** p < .01 (two-tailed)

TAS/WHOQOL/SWLS/PANAS: The Pearson correlation coefficient value shows a negative linear correlation between difficulty of identifying feelings, and both physical health (r=-.63, p<.001), and environment (r=-.53, p<.001), suggesting that in dermatologic patients high values in difficulties of identifying emotions could maintain a low level of life quality (Table 3).

DERS/WHOQOL/SWLS/PANAS  Regarding the existing correlation of difficulties in emotion regulation patterns with quality of life and life satisfaction in dermatologic patients, our study reveals a strong negative correlation between the values of STRAT, IMP, and GOALS with both patient life quality (represented by variables P.H., PSY.H., R.S., ENV.) and well being (represented by variables P.A.S, N.A.S., P.A.T., N.A.T.), Life satisfaction in dermatologic patients resulted no correlated with dysregulation patterns of DERS (Table 4).

Table 4. Correlations between variables: 5. difficulties in emotion regulation (DERS), 6. limited access to effective emotion regulation strategies (STRAT.), 7. difficulties in controlling impulsive behavior (IMP.), 8. Difficulties in goal directed behavior (GOAL).

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5. Conclusions

In this paper we tried to connect the emotion regulation mechanisms with dermatological pathology. Thus one can notice the existence of emotional dysregulation patterns in dermatologic patients that could aggravate and maintain the dermatological conditions and also influence the patient life quality. There are significant differences between the three groups (psoriasis patients, others skin diseases patients and controls) regarding the use of emotion regulation mechanisms and the presence of emotional dysregulation patterns (block of emotional awareness). Suppression resulted negatively related with quality of life, while reappraisal was positively related with patients well being (capacity to live more positive emotions in daily life). Suppression and reappraisal indicators resulted in higher values for the psoriasis group. Suppression, block of emotional awareness, denial and difficulties in emotions communication proved to be dysregulation mechanisms related with the presence of skin diseases. Thus the study suggests a possible life improvement technique based on emotional regulation enhancement. Further analyses along comparing the emotions regulation indicators for other chronicle diseases (obesity, heart diseases and diabetes) are currently in progress.

References