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SCRATCHING BENEATH THE SURFACE: UNDERSTANDING THE PSYCHOSOCIAL DYNAMICS OF SELF-INJURIOUS SKIN PICKING

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Abstract: INTRODUCTION: Acne vulgaris, a common skin disorder caused by clogged hair follicles and sebaceous glands, affects up to 85% of people aged 12 to 25 and can persist into adulthood. It's more prevalent in women and varies in severity across ethnicities, influenced by lifestyle and environmental factors. Acne is classified by lesion types, from mild comedones to severe nodular forms. It significantly impacts psychological well-being, leading to low self-esteem, anxiety, and social withdrawal. Additionally, acne is linked with Self-Injurious Skin Picking (SISP), a related psychiatric condition treated with medication and therapy. **OBJETIVE:** To analyze and describe the main aspects of psychosocial dynamics of self-injurious skin picking in the last years. **METHODS:** This is a narrative review, which included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases, using as descriptors: "psychosocial" AND "self-injurious skin picking" AND "dermatology" AND "psiquiatry" AND "anxiet" in the last 10 years. **RESULTS AND DISCUSSION:** Cultural norms and media portrayals that equate blemish-free skin with beauty significantly impact individual self-perception and societal standards, leading to psychological distress for those with visible skin conditions like acne. The widespread use of digital image-editing tools further perpetuates unrealistic beauty ideals, contributing to increased body dissatisfaction and demand for cosmetic products aimed at achieving these ideals. This situation is exacerbated by bullying and discrimination against those with imperfections, often leading to severe psychological impacts such as depression and anxiety. Additionally, the behavior known as SISP, recognized in the DSM-5 as an obsessive-compulsive disorder, illustrates the severe psychological and

physical consequences of societal pressures related to appearance. SISP predominantly affects females, beginning typically in adolescence, and is influenced by factors such as stress, anxiety, and societal pressures, further emphasizing the profound effect of cultural beauty standards on mental health and social interactions. **CONCLUSION:** Acne vulgaris, a common skin disorder caused by clogged hair follicles and sebaceous glands, affects up to 85% of people aged 12 to 25 and can persist into adulthood. It's more prevalent in women and varies in severity across ethnicities, influenced by lifestyle and environmental factors. Acne is classified by lesion types, from mild comedones to severe nodular forms. It significantly impacts psychological well-being, leading to low self-esteem, anxiety, and social withdrawal. Additionally, acne is linked with SISP, a related psychiatric condition treated with medication and therapy.
Keywords: psychosocial dynamics; self-injurious skin picking; dermatology; anxiety.

INTRODUCTION

Acne, also known as acne vulgaris, is a common dermatological condition characterized by the blockage and inflammation of hair follicles and sebaceous glands[1]. It primarily manifests as comedones, papules, pustules, and in severe cases, nodules and cysts[2]. The pathogenesis of acne involves four main factors: increased sebum production, keratinization, microbial colonization of hair follicles by Propionibacterium acnes, and the release of inflammatory mediators in the skin[3].

Acne affects up to 85% of adolescents and young adults aged 12 to 25 years but can persist into or start in adult life, particularly among women[4]. Studies have shown that acne prevalence is higher in females during adolescence, but adult acne is more prevalent and tends to be more chronic in females than in males[5]. Epidemiological studies also indicate variations in the severity and prevalence of acne across different ethnicities, with some evidence suggesting that acne is less common but more severe in African-American and Hispanic populations compared to Caucasians[6]. Environmental factors, diet, and lifestyle may also influence the prevalence and manifestation of acne globally[7].

Acne is commonly classified based on the severity and type of lesions present. The main types include: (1) Acne comedonica, characterized by open and closed comedones; (2) Acne papulopustulosa, featuring papules and pustules; (3) Acne conglobata, a severe form with interconnected nodules and abscesses; (4) Acne fulminans, an acute and severe form accompanied by systemic symptoms such as fever and joint pain; and (5) Acne mechanica, triggered by mechanical irritation of the skin, such as from clothing or sports equipment[8]. This classification helps in guiding treatment decisions and predicting prognosis[9].

Acne can significantly impact the psychosocial health of individuals, leading to various emotional and social challenges. Individuals with acne often experience lowered self-esteem and self-confidence, which are strongly associated with the visibility and severity of their skin condition[10]. This condition is also linked to increased rates of anxiety and depression, which may be as high as two to three times greater in acne patients compared to those without acne[11]. Social withdrawal and reduced participation in social activities are common among those suffering from severe acne, potentially due to the perceived stigma and negative body image associated with the condition[12].

Furthermore, studies have found that the psychosocial impact of acne can affect academic and professional performance, as individuals may feel inhibited in face-to-

face interactions and public engagements[13]. Addressing these psychosocial issues is crucial in the holistic management of acne, suggesting that psychological support and counseling should be integral parts of acne treatment protocols[14].

Self-Injurious Skin Picking (SISP), also known as dermatillomania, is a psychiatric condition characterized by repetitive and compulsive picking of the skin, leading to tissue damage and significant distress[15]. This behavior is classified as an impulse control disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), under the umbrella of obsessive-compulsive and related disorders[16]. Individuals with SISP often report a strong urge to pick at perceived imperfections or irregularities on their skin, despite attempts to stop or the negative consequences that ensue[17]. The condition frequently co-occurs with other psychiatric disorders such as anxiety, depression, and obsessive-compulsive disorder, which can complicate diagnosis and treatment[18]. Effective management typically involves a combination of pharmacotherapy, particularly with selective serotonin reuptake inhibitors (SSRIs), and cognitive-behavioral therapy (CBT) aimed at reducing the compulsion and teaching coping mechanisms[19].

OBJETIVES

To analyze and describe the main aspects of psychosocial dynamics of self-injurious skin picking in the last years.

SECUNDARY OBJETIVES

1. To identify and summarize the key psychosocial factors associated with the onset and perpetuation of Self-Injurious Skin Picking (SISP);
2. To evaluate the impact of Self-Injurious Skin Picking on individual social functioning and quality of life;
3. To review existing psychological and social interventions for managing SISP and their effectiveness;
4. To explore the correlation between SISP and other psychiatric disorders, emphasizing comorbid conditions.

METHODS

This is a narrative review, in which the main aspects of psychosocial dynamics of self-injurious skin picking in recent years were analyzed. The beginning of the study was carried out with theoretical training using the following databases: PubMed, sciELO and Medline, using as descriptors: "psychosocial" AND "self-injurious skin picking" AND "dermatology" AND "psiquiatry" AND "anxiety" in the last 10 years. As it is a narrative review, this study does not have any risks.

Databases: This review included studies in the MEDLINE – PubMed (National Library of Medicine, National Institutes of Health), COCHRANE, EMBASE and Google Scholar databases.

The inclusion criteria applied in the analytical review were human intervention studies, experimental studies, cohort studies, case-control studies, cross-sectional studies and literature reviews, editorials, case reports, and poster presentations. Also, only studies writing in English and Portuguese were included.

RESULTS AND DISCUSSION

Cultural norms deeply rooted in various societies promulgate the association of blemish-free skin with health, beauty, and well-being[20]. This notion is significantly amplified by the media and advertising sectors, which predominantly feature individuals with impeccable complexions, thus reinforcing a standard where beauty is synonymous with the absence of skin imperfections[21].

Such idealization leads to considerable psychological repercussions for individuals who deviate from these norms, manifesting as heightened body dissatisfaction and self-consciousness[22]. Moreover, the proliferation of digital media and the prevalent use of image-editing software and filters on social platforms further disseminate these unrealistic beauty ideals, intensifying feelings of inadequacy among those who cannot achieve such perfection naturally[23].

The societal impetus to align with these beauty standards often precipitates negative social experiences, including discrimination and bullying towards individuals with visible skin conditions such as acne[24]. Research indicates that adolescents suffering from acne are more susceptible to bullying and social ostracism, potentially leading to severe psychological disorders like depression and anxiety[25]. Concurrently, the cosmetics industry has seen substantial growth, driven in part by escalating demand for products that purport to provide solutions for acne and deliver perfect skin[26]. This trend underscores a deep-rooted desire among consumers to embody the culturally sanctioned image of flawless skin, sustaining the industry's expansion as it capitalizes on these aspirations[27]. The ubiquity of facial filters on social media platforms also perpetuates the idea that smooth skin is essential for social acceptance and popularity, thereby fueling further demand for cosmetic products and treatments aimed at achieving these coveted outcomes[24,25,26].

The behavior termed SISP encompasses repetitive and compulsive picking at one's own skin, causing significant tissue damage and emotional distress[27]. Initially termed dermatillomania and resembling behaviors typical of obsessive-compulsive disorders, the classification and nomenclature concerning this behavior have evolved significantly[27]. It was not until the late 20th century that these behaviors began to be systematically studied as distinct psychiatric conditions[28].

SISP's formal acknowledgment as a distinct clinical entity came with its inclusion in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association in 2013[29]. Classified under "Excoriation (Skin-Picking) Disorder," SISP is considered an obsessive-compulsive and related disorder[29,30]. This classification stems from cumulative evidence regarding its unique clinical features, comorbidity patterns, familial aggregation, and distinct treatment responses from other psychiatric disorders[31].

The demographics of SISP, such as age, gender, and socioeconomic status, significantly influence its prevalence and manifestation[32]. The disorder is predominantly reported among females and typically initiates in adolescence, though it may persist or appear in adulthood[33]. The gender-based variation suggests that women may endure greater emotional distress and stigma, negatively impacting their social interactions and self-esteem[34]. Socioeconomic status further influences the presentation and management of SISP, with economically disadvantaged groups having reduced access to effective treatments, thereby exacerbating the disorder's chronic nature[33,34].

Stigma and social perceptions play critical roles in the diagnosis, treatment, and public understanding of SISP[35]. The stigma attached to visible skin lesions can lead to social avoidance and significant psychological distress, contributing to a cycle of increased anxiety and worsening of the skin-picking behavior[36]. Public misconceptions often dismiss SISP as a mere bad habit rather than a legitimate psychiatric condition, delaying treatment due to the associated shame or embarrassment[36]. This stigma extends into healthcare settings, where individuals with SISP may receive suboptimal care if healthcare

providers lack awareness or understanding of the disorder[36]. Addressing these societal attitudes is imperative to improve patient care, facilitate early intervention, and enhance treatment adherence, ultimately reducing the burden of SISP on individuals[36,37].

Psychosocial factors significantly influence the onset and persistence of SISP. Stress, identified as a primary trigger, exacerbates skin-picking behaviors by affecting emotional regulation and coping strategies[38]. Anxiety and depression, prevalent among those with SISP, often precede and result from the disorder, creating a vicious cycle of exacerbation[39]. Additionally, societal pressures concerning appearance and critical or overbearing parenting styles can amplify the stress and anxiety that contribute to SISP behaviors[40].

The impact of SISP on social functioning and quality of life is profound. Individuals with SISP frequently encounter challenges in personal relationships due to shame and the need to conceal their condition, leading to social withdrawal and isolation[40,41,42]. The visible consequences of SISP, such as scarring, can diminish self-confidence, adversely affecting performance and participation in public activities[43,44].

CONCLUSION

SISP represents a complex interplay between individual psychological conditions and broader societal influences. The relentless pursuit of an unblemished appearance, deeply ingrained in cultural norms and propagated through modern media, places undue pressure on individuals, precipitating and exacerbating this compulsive behavior. The resultant psychological distress not only diminishes personal well-being but also perpetuates the cycle of skin picking, underscoring the need for a compassionate, multidimensional approach to treatment and public perception.

Recognizing SISP as a legitimate medical condition rather than a mere behavioral anomaly is crucial for effective intervention. This recognition facilitates the development of targeted therapies that address both the psychological underpinnings and the dermatological manifestations of the disorder. Integrated treatment strategies, encompassing cognitive behavioral therapy, pharmacological interventions, and supportive psychoeducation, hold promise for alleviating the symptoms of SISP and improving the quality of life for those affected. Furthermore, enhancing public awareness and healthcare provider education about SISP can reduce stigma and promote earlier, more effective clinical engagement.

Moving forward, it is imperative to foster a societal shift that challenges the unrealistic beauty standards perpetuated by the media and cultural narratives. By advocating for a broader definition of beauty and promoting acceptance of skin diversity, we can mitigate the psychological triggers associated with SISP. Continuing research into the psychosocial dynamics of this condition will be vital in refining therapeutic approaches and developing preventive strategies that are sensitive to the complexities of individual experiences and broader social influences. This holistic approach not only aims to treat SISP but also to reshape societal attitudes, contributing to a healthier, more inclusive understanding of beauty and well-being.

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