ECZEMA'S PSYCHOLOGICAL IMPACT: the role of self-help strategies

PART 1: Cognitive Behavioural Therapy, and Acceptance and Commitment Therapy

In the first of two articles on self-help psychological strategies **Dr Helen Mortimer**, Clinical Psychologist at Solihull Hospital, explains how Cognitive Behavioural Therapy, and Acceptance and Commitment Therapy, can be helpful in alleviating distress caused by eczema. In Part 2, to be published in the March issue of Exchange, Helen will describe ways to manage stress with relaxation and mindfulness exercises and explain how habit-reversal therapy can help to break the cycle of itching and scratching.

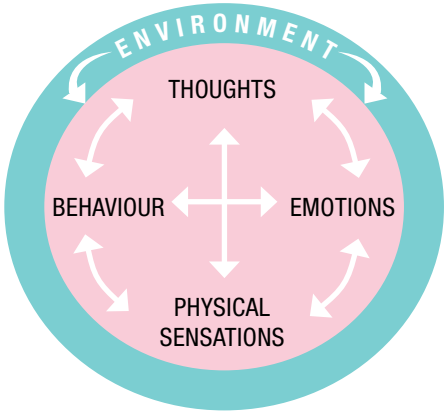
The psychological impact of eczema

Exchange readers will be well aware that it's common, natural, normal and understandable for anyone with eczema (regardless of age and gender) to be psychologically affected by having the condition, and that this can further impact on partners, parents and other family members. Research has also shown that the severity of the eczema does not necessarily correlate with the amount of mental and emotional distress the person may experience.

Eczema may affect how someone feels, or their mood. It might make somebody feel down or fed-up, and that might – but not necessarily – include depression. It can also lead to feeling stressed, worried or anxious. It can impact upon somebody's self-esteem and their body image. Another big psychological component of living with eczema is dealing with the itch and pain. Managing treatment and sticking to the relentless routine can also be hard. Eczema may impact upon many different areas: work, relationships, family life, friendships, school, hobbies and leisure, and even something as basic as what you choose to wear.

Cognitive Behavioural Therapy

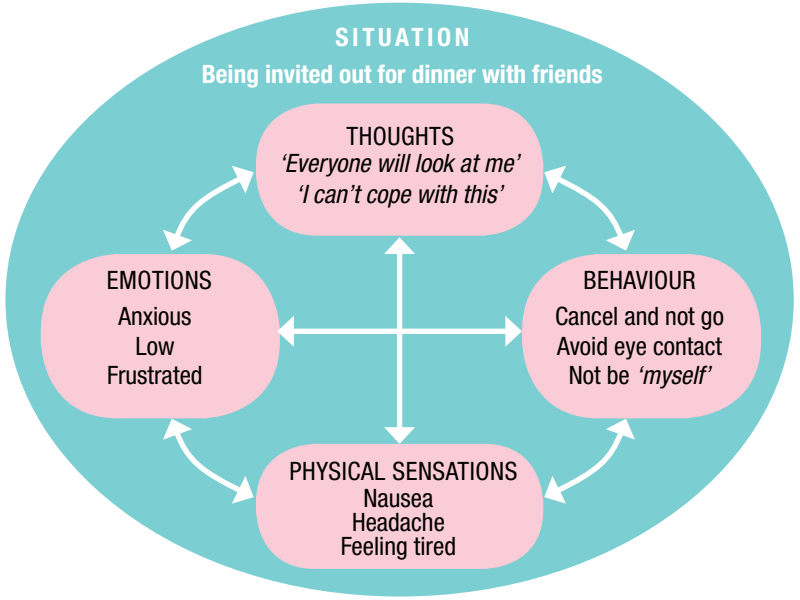
Cognitive Behavioural Therapy (CBT) highlights the way in which how we **feel** about eczema and ourselves will affect how we **think** about it, which will affect what we **do**. The diagram below shows that these things are interlinked in a cycle, which can be maintained or worsened, but also improved by reversing the cycle.



CASE STUDY **Mary**

Mary is 27 years old and works in a bank as a mortgage adviser. She works hard and loves her job but it's exhausting. When she gets home in the evening, she flops out in front of the TV. She used to enjoy going to the gym and socialising, but she has recently started to do less and less. She says that this is because of her eczema and her concerns about what people think of her. She has noticed people staring and a couple of people seem to have avoided her recently, which she puts down to her appearance. She's had eczema since childhood and has always been a little self-conscious because of it, but things have been getting worse over recent months and it's affecting her confidence at work. She's noticed that she's trying not to take on many cases at the bank. Recently she thought about going out for the evening but felt so anxious about it that she decided to stay home instead.

From Mary's scenario we can see how a cycle might start to develop. Having been invited out for dinner with friends, Mary might think: ***'I can't cope with this. Everybody's going to be looking at me.'*** This might make her feel anxious, or low, or frustrated because she wants to go to dinner. She might find that this anxiety makes her feel sick or tired, or it gives her a headache. She might decide, ***'I'm not going to go. It's too much. I can't cope with this.'*** At work this might make her become a little more insular. Perhaps she avoids eye contact with people because she feels that everybody's looking at her, or she might just change how she goes about doing things. One can see that if she decides to cancel and not go out to dinner, that's going to further feed back into how she's feeling. For example, she's going to feel frustrated and low because she didn't go out when she wanted to.

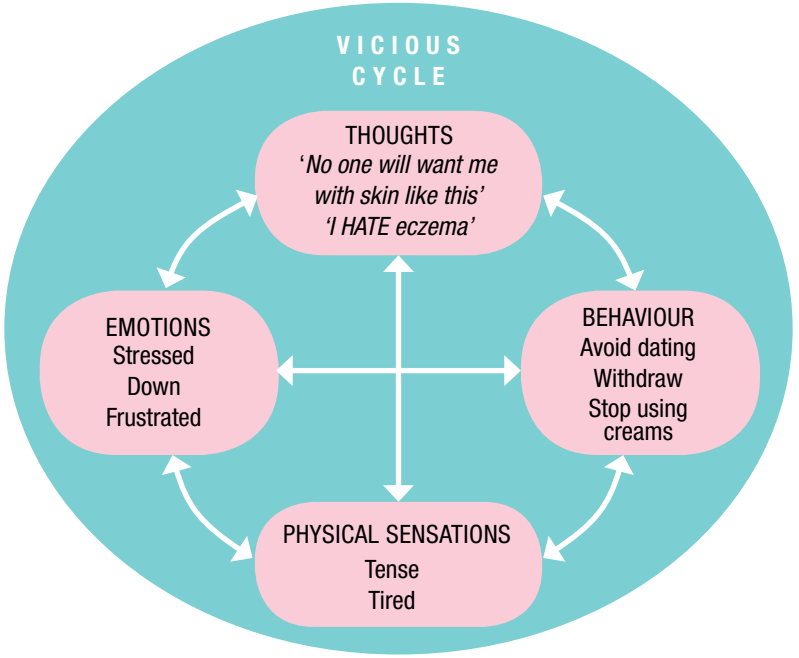


CASE STUDY Jamie

Jamie is at university, coming into his third year. He is aware that the increased pressure of the final year is causing him to feel stressed. He says that as well as this, he has never had a proper girlfriend, and this is getting him down too. He says he hates his eczema and believes that if he didn't have it he might have more luck with women. Sometimes he thinks eczema just ruins everything. He gets so frustrated and upset that he sometimes wonders why he bothers to even try. He finds it hard, therefore, to find the motivation to apply his creams all the time.

In Jamie's scenario, if he thinks no one's going to want him because of his eczema, he might also think: ***'Well, I'm not going to put myself out there dating.'*** This decision might fuel him to feel further frustrated by his eczema spoiling things and make him hate it even more. Because he hates eczema so much, he doesn't want to bother about it, so he might think: ***'Oh, I'm not going to use the creams'***, making things even harder.

So here we have thoughts, feelings, behaviour, physical sensations – a vicious cycle that may be maintaining Jamie's difficulties. But if he can target any one of those four things to either disrupt that cycle or reverse it, then he can start to make changes to improve his life and reduce the distress that for him is associated with eczema.



Dealing with difficult thoughts

There are a number of useful questions to ask yourself (or you can encourage people to whom you are close to ask themselves) to re-evaluate difficult or distressing thoughts.

The first step is to notice your thoughts. Sometimes thoughts are automatic – they pop into the head without any invitation – and they're often very emotive. It can also be hard to notice that they've happened.

Once you have noticed a thought, you can ask yourself: ***'Is it fair?' 'Is it accurate?' 'Is it helpful?'***

Then, try asking yourself: ***'What might somebody else say?'*** For example, Jamie's friend might say: 'Mate, it's nothing to do with your eczema. Nobody even comments on that. Just get out there. See what happens.'

You can also ask yourself: ***'What would I say to somebody else?'*** In other words, imagine yourself in an external position, looking at you – what advice would you give yourself? We're often quite good at giving advice, support and helpful information to other people that we can't necessarily take on ourselves.

Next, you can start to think: ***'What might be an alternative way to see/think about things?' 'What might be another perspective?' 'What might be more helpful for me to try to think?'***

You can then think: ***'How do these thoughts affect how I feel and what I do?'***

Then you can ask yourself: ***'How would a different way of thinking affect how I feel and what I do?' 'Would that be more helpful to me than my current way of thinking?'***

You might then practise thinking in this way – it might be a little bit forced to start with and take some practice. You can then ask yourself: ***'Has that made a difference to how I'm feeling?'***

Acceptance and Commitment Therapy

This model of therapy can also be very useful to learn ways of responding to difficult thoughts and situations.

Thoughts

Instead of challenging thoughts, Acceptance and Commitment Therapy (ACT) suggests that you acknowledge and identify thoughts for what they are, i.e. they are involuntary, language-driven processes that pop into your head, often automatically. Distress and difficulty arise when thoughts affect how we're feeling, when we believe them to be true, and when – in the language of ACT – they **fuse** with us, and we go along with them as if they're true. By trying to recognise and acknowledge that process, and to see those thoughts for what they are, we can help to take the sting (the emotive link) out of thoughts, and disrupt a potential spiral of thinking where one difficult thought leads to another. So, with ACT, we're not challenging thoughts but rather we're accepting them for what they are, which is just thoughts. They're not necessarily facts, and they're not always nice, but they don't need to be listened to. We are therefore moving from fusing with thoughts, to **de-fusing** from our thoughts. The thoughts might still be there, but we don't have to buy into them, we don't have to engage with them, we don't have to humour them, and we can choose to take a step back from them.

Using ACT, when Jamie notices a thought such as ***'Nobody's going to want me'***, he could say to himself: ***'Oh, I notice I'm having a thought that nobody's going to want me.'*** Just that process of noticing a thought and labelling it as such can give some distance from a painful thought. This can be helpful in treating the thought for what it is, rather than treating it as a truth to be believed that can then affect how you're feeling.

Another ACT technique is to notice the thought and acknowledge it (***'Oh, okay, thank you, mind, for that thought'***) but without getting caught up in engaging with the thought. Imagine putting your thoughts on a conveyor belt and watching that pass by you, or leaves on a stream, or a train coming into a station or leaving a station … you're visualising the thought coming into your mind and then leaving your mind again.

Some people find that they can take the emotion out of a thought and create some distance from it by noticing it, labelling it for what it is and neutralising it in some way (e.g. by singing it to a silly tune, or saying it in a cartoon character's voice). This ACT approach can be helpful in making the thought seem less believable.

Living your life

One of the most difficult things about living with eczema – or any difficult health condition or situation – is the impact that it can have on your life, i.e. when it prevents you from living your life the way you want to. ACT asks people to try to identify what's important to them – their **values** – and to act in a way that's in accordance with these values in spite of their eczema, or their distress, or the difficulties that they have.

So, to return to our first case study, although Mary's eczema is severe and is making her very anxious, perhaps what's most upsetting is the detrimental repercussions on her social and work life.

Let's take a moment to consider values. Values are what we hold important – how we want to live, what sort of person we want to be, what strengths and qualities we hold most dear. Mary's values might include friendship, connecting with other people, being a hard worker, being reliable, and being healthy and well. In her current situation, we can see how her feelings about her eczema might be limiting her ability to live life according to those values. For example, if she's not working as hard as usual, that could cause her distress because a good work ethic is important to her; and if she's not going to the gym because of concerns about her eczema, that might be affecting her value of living a healthy life.

The next stage is for Mary to think about what changes she can make, and how that might affect how she feels. It's important, however, to recognise that sometimes people are unable to do what they want in the way that they want (because of their eczema or some other situation), and that might mean re-evaluating their goals so that they can still meet their values. For example, for Mary it might be the right decision not to go to the gym and get sweaty, if that's intolerable for her eczema. But perhaps there are other activities she can do that allow her to meet her values of being fit and healthy. In this way, ACT can help Mary to identify where she might want to make some changes to improve her overall quality of life, in spite of difficulties presented to her by her eczema.

Getting further help

If you feel like you need more professional help, talk to your GP or nurse about how to go about this.

You can also check out the following:

- Local psychology services (IAPT)
- Child and adolescent mental health services, school counsellors, nurses, children and young people counselling services
- British Psychological Society (BPS)
- Chartered Clinical Psychologists British Association of Behavioural and Cognitive Psychotherapies (BABCP)

This article is based on a longer talk given by Dr Helen Mortimer at the National Eczema Society's public information event at Kidlington during National Eczema Week 2017.