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 flips 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 thinks: ‘No one will want me with skin like this’ ‘I HATE eczema’

He finds it hard, therefore, to find the motivation to apply his creams all the time. For example, 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.
Eczema is ‘life challenging’ and not ‘life threatening’. That makes our fundraising challenge particularly tough. Your individual stories inspire and motivate people to give. We desperately need your help to make this year exceptional. Previous runners have had children who have eczema or they have experienced severe eczema themselves. Sometimes it’s a sibling, a friend, a partner, or someone whose life they are part of. They know and understand that eczema is more than itchy skin. They have seen the hours and hours put into managing eczema with topical treatments and medication. They know the impact on families. They have witnessed the mental exhaustion and experienced the social stigma and isolation. Marathon runners help us to continue providing our telephone and email Helplines and our free information resources that often provide a much-needed lifeline to those suffering with eczema.

Are you inspired to take part, or do you know someone who would love to and who would understand the impact of supporting the National Eczema Society in this way and would commit wholeheartedly to raising £1500? Some of our previous runners have held fundraising events to support their efforts, from bag-packing in supermarkets to cake sales at work – and we’ll never forget Simon, who ran the whole 26.2 miles dressed as a lobster!

We have a small number of places in three of the Great Run Series for 2018: The Great North Run (GNR) Half Marathon, Sunday 9 September 2018, The Great East Run (GER) Half Marathon, Sunday 16 September 2018 (tbc) and The Great South Run (GSR), 10 miles, Sunday 21 October 2018. We would like our fundraisers to achieve a minimum of £250 (GNR), £100 (GER) and £150 (GSR).

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)

RUN FOR A REASON
Finishing the iconic Virgin Money London Marathon is a life highlight for those who take on the 26.2-mile course combining elite athletes with mass participation. The most popular Marathon in the world, it breaks fundraising records every year. On average, it brings in £10,000 a year for us.

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.