

The Effectiveness of Dynamic Interpersonal Psychotherapy on Psychological Symptoms, Emotion Regulation, and Quality of Life of Psychodermatologic Patients

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Abstract

This study aimed to evaluate the effectiveness of Dynamic Interpersonal Therapy on psychological symptoms, emotion regulation, and quality of life in psychodermatologic patients. This research was conducted in a quasi-experimental design with experimental and control groups and pre-test and post-test stages. The statistical population included all psychodermatologic patients in Kerman. The diagnosis of psychodermatologic disease was done by a psychologist's interview and dermatologist assessment. 30 participants were selected through convenience sampling and randomly divided into two groups of 15 experimental and control. The experimental group received sixteen 45-minute psychotherapy sessions. The Psychological Symptoms Questionnaire, Difficulties in Emotion Regulation Scale, and Dermatology Life Quality Index were used to collect data. Results showed that Dynamic Interpersonal Therapy reduced clinical psychological symptoms, emotion regulation problems and improved the quality of life of patients. It is suggested that psychologists and dermatologists use dynamic interpersonal psychotherapy.

Keywords: Dynamic psychotherapy, emotional regulation, psychodermatologic, psychological symptoms, quality of life

Introduction

Psychodermatologic disorder is a physical disorder in which psychological factors are associated with physical symptoms and play a large role in their development and severity (American Psychiatric Association, 2013). Studies have confirmed high levels of psychological symptoms in dermatological diseases. Also, reduced emotional recognition and awareness play a significant role in the development and maintenance of this disease. The impact of disease, especially on the appearance of the patient reduces interpersonal relationships and causes tension and poor quality of life (Baidya, et al., 2021). According to Luyten and Fonagy (2020) comorbidities of psychological symptoms in these patients rooted in their difficulties in emotion regulation and mentalization lead to a lot of malfunction in their life. So these patients must benefit from psychological interventions. Dynamic interpersonal therapy has recently been successfully used for somatic disorders (Falahatdoost, 2021). By accelerating mentalization and emotional regulation, its goal is to develop reflective function, awareness of emotions, and addressing underlying psychological conflicts (Luyten & Fonagy, 2020). Its effectiveness has not been studied in the case of

psychodermatologic diseases. Therefore, the present study was performed to investigate the hypothesis that dynamic interpersonal therapy affects psychological symptoms, emotion regulation, and quality of life of psychodermatologic patients.

Method

This quasi-experimental research with experimental and control groups was done in the pre-test and post-test stages. The statistical population included all psychodermatologic patients in Kerman who had been referred to the dermatology clinics in 2021. Diagnosis of disease was made based on dermatologist examination and psychologist's semi-structured interview. 30 patients were randomly divided into two groups. Each member of the experimental group underwent 16 sessions of 45-minute psychotherapy each week. Data analysis was performed by SPSS software version 22 using the covariance analysis method.

Tools

SCL-90-R Questionnaire: This questionnaire was developed by Derogatis and Unger (2010) designed for diagnosing clinical psychological symptoms, and consists of 90 items and measures 9 subscales, and includes 3 total indexes. In this study, the alpha coefficients of all indices were between 0.67 and 0.93.

Emotion Regulation Difficulty Scale (DERS): Gratz and Roemer (2004) made this scale which includes 36 items identifies emotion regulation difficulties in 6 subscales. In this study, Cronbach's alpha of the subscales ranged from 0.71 to 0.87.

Quality of Life Disease Index (DLQI): This questionnaire was made by Finlay and Khan (1994) and measures the impact of skin disease on various aspects of a patient's life. In this study, Cronbach's alpha for the total score was 0.91.

Dynamic interpersonal therapy package: A psychotherapy package consists of the primary, middle, and final phases (Chen, et al., 2019).

Results

Data analysis showed that the experimental and control groups were not significantly different in variables of age, gender, education, and employment status ($p=0.750$).

As shown in Table 1, multivariate analysis of covariance results showed simultaneous effectiveness of dynamic interpersonal psychotherapy on SCL-90 ($\eta^2=0.95$, $P<0.001$), emotion regulation difficulties ($\eta^2=0.88$, $P<0.001$), and quality of life. So that it can be concluded that 90% of the difference in post-test scores of research variables is related to the effect of psychotherapy.

Table 1. Results of multivariate analysis of covariance on the mean of post-test scores

Variables	Wilks	F	Degree of freedom	Effect size	Statistical power
Dimensions of SCL90	0.05	21.90	(9,11)	0.95	1

Dimensions of emotion regulation difficulty	0.11	21.05	(6,17)	0.88	1
Main variables (SCL90, Emotion regulation difficulty and Quality of life)	0.10	65.11	(3,23)	0.90	1

Sig. <0.001 for all

To investigate significant differences in variables, a univariate analysis of covariance was used (Table 2). The results showed that there was a significant difference between the experimental and control groups in variables of psychological symptoms, difficulties in emotion regulation, and quality of life. The effectiveness of psychotherapy in all dimensions of emotion regulation and psychological dimensions except depression ($\eta^2=0.07$, $P=0.162$) was considered. The results also showed that psychotherapy improved the quality of life ($\eta^2=0.69$, $P<0.001$), (Degree of freedom=1).

Table 2. Results of univariate analysis of covariance on post-test of dependent variables in experimental and control groups

Variable	Mean squares	F	Sig.	Effect size	Statistical power
Somatization	0.83	14.27	0.001	0.35	0.95
Obsessive-compulsive	0.97	21.27	<0.001	0.44	0.99
Interpersonal sensitivity	0.52	11.80	0.002	0.30	0.91
Depression	0.16	2.06	0.162	0.07	0.28
Anxiety	0.50	17.02	<0.001	0.39	0.98
Hostility	0.26	7.91	0.009	0.23	0.77
Phobic anxiety	0.33	9.68	0.004	0.26	0.85
Paranoid ideation	0.67	19.21	<0.001	0.42	0.99
Psychoticism	0.33	34.45	<0.001	0.56	1.00
Global Severity Index (GSI)	7461.58	80.70	<0.001	0.75	1.00
Positive Symptom Total (PST)	971.66	23.32	<0.001	0.46	1.00
Positive Symptom Distress (PSDI)	0.32	13.45	0.001	0.33	0.94
Nonacceptance of emotional responses	106.25	22.97	<0.001	0.46	1.00
Difficulty engaging in goal-directed behavior	55.28	12.99	0.001	0.33	0.94
Impulse control difficulties	61.93	27.50	<0.001	0.51	1.00
Limited access to emotion regulation strategies	189.32	37.98	<0.001	0.59	1.00
Lack of emotional awareness	31.75	4.27	0.049	0.14	0.51
Lack of emotional clarity	44.37	55.32	<0.001	0.67	1.00
Difficulties in Emotion Regulation Scale	2821.01	116.97	<0.001	0.81	1.00
Quality of Life	181.47	60.81	<0.001	0.70	1.00

Discussion and Conclusion

Psychological symptoms are reduced by decreasing the patients' focus on physical illness, identifying the factors that trigger mood comedown, recognizing the patient's suffering, cognitive empowerment, and emotional regulation. The therapeutic relationship recognizes defective interpersonal patterns and improves the patient's relationship with himself and others. In this research, psychotherapy improved emotion regulation. Psychotherapy by focusing on emotions and narratives related to them leads to better identification and description of emotions which increased goal-directed behaviors and emotion regulation

strategies, acceptance of negative emotions, awareness, and emotional clarity. By changing thoughts and beliefs, regulating emotions, and a sense of agency the patient's quality of life increases. Among the limitations of this research, we can mention the statistical population that was exclusive to psychosomatic skin patients in Kerman city. Considering the foregoing effects of this psychotherapy in improving psychodermatologic patients, it is recommended that psychotherapists working with dermatologic patients use dynamic interpersonal psychotherapy.

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Conflicts of interest

The authors did not declare a conflict of interest.



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