The Sociotype in Dermatology

Lucia Tomas-Aragones

Department of Psychology, University of Zaragoza, Spain
Sociality

• Obvious trait of the human nature

• Most evolutionary and cultural novelties of our past refer to essential aspects of sociality:
  – Language, emotional communication, group behaviour, morality and ethics, religion, etc.

• Nature versus nurture debate
Social Bonding

• Authors like Dunbar (2004) and Chapais (2011) suggest the existence of a “deep structure” of social bonding in the human species.

• Social networking average: number and classes of bonding relationships that an individual is able to maintain meaningfully.
“Dunbar’s Number”

• Dunbar and Shultz (2007) defended that people have an average of 150-200 individual acquaintances.

• How much do we talk? With whom?

• Language is an essential tool for bond making in human societies.
Social Brain

• Trivial conversation, “small talk”, and “gossiping” about social acquaintances represents the human equivalent of primate grooming.

• Some authors suggest that this stimulation provides our “social brain” with endorphins, which relieve stress and boost the immune system.
Consequences of social isolation

- The absence of social bonds has become a common experience in our society
- Loneliness levels gradually decline in the middle years of adulthood and increase with age
- Many studies have reported on the association between social isolation and poor physical and mental health. Decrease in life years.
Growing social problem

• 1950, 4m Americans lived alone (9%)
• 2011, 33m Americas were living alone (28%)
• Sweden, “single” households (47%)
• Britain (34%), Japan (31%), Italy (29%)
• Mental health disorders constitute 13% of global disease burden
• Suicide rates have increased dramatically in the last three decades
Objectives of main study

- To establish a new indicator, based on a standard questionnaire, to collect essential data on the structure of the individual’s social bonds.
- To develop a questionnaire to measure and validate the Sociotype concept in the Spanish population.
- To generalize the Sociotype concept as an indicator of social and psychological well being.
The skin

- Skin diseases are among the most prevalent human illnesses
- They affect between one third and two thirds of all individuals, irrespective of age, gender or race.
- They are the 4th most important cause of working years lost due to disability
- Comorbid depression and anxiety disorders
Aim

- The Sociotype construct is proposed as an instrument that could be used to guide interventions in psychosocial and mental healthcare and provide evidence on the negative consequences of the growing social problem of loneliness.
Objective

• The objective of this pilot study was to determine if the psychosocial burden caused by skin diseases could be detected by a Sociotype questionnaire in conjunction with a number of associated quantitative factors.
Study design

• 159 consecutive patients were invited to participate in the study

• Dermatology outpatient clinic in Spain

• The dermatologist examined all participantes and registered the diagnosis and severity of the skin condition (psoriasis, acne, eczema)

• Online Internet platform “SurveyMonkey®”
Characteristics of sample

• The sample was mainly composed of caucasian adults between the ages of 18-95 years (mean=38.09; SD=16.58). All participants were Spanish nationals; 64.8% were women; 50.9% were married or in a relationship; 19.5% had a university degree; 45.3% were in paid employment at the time of the study.
Procedure

• The procedure took approximately 30 minutes.
• Each participant was given information about the study and asked to sign informed consent.
• A research psychologist or a hospital nurse were on hand to give support where required.
• The Ethical Committee of Aragón (CEICA), Spain, had previously approved the study.
Questionnaires

• Sociodemographic variables
• The Sociotyp Questionnaire (SOCQ) 16 items
• The General Health Questionnaire (GHQ-12)
• The revised UCLA Loneliness Scale
• The Eysenck Personality Questionnaire-Revised (EPQ-R)
Skin conditions

• 47 (29.6%) psoriasis
• 19 (11.9%) acne
• 10 (6.3%) alopecia
• 7 (4.4%) eczema, 18 (11.3%) neurodermatitis
• 58 (36.5%) nevus.
Results

• Results of this pilot study indicate that the use of the Sociotype questionnaire (SOCQ) and other complementary questionnaires can provide evidence on a series of social effects.

• The Sociotype appears to be a reliable tool that correlates with the UCLA, GHQ-12 and the EPQ-R.
Conclusions

- The dimensions of the Sociotype ('Family', 'Friends', 'Acquaintances', and 'Work/Study') may provide valuable indications as to the social interventions that will be most beneficial for the patients.
Differences in the number of interactions according to gender and severity

<table>
<thead>
<tr>
<th></th>
<th>SAMPLE POPULATION</th>
<th>GENDER MN (SD)</th>
<th>SEVERITY MN (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>No. FAMILY</td>
<td>10,03 (7,58)</td>
<td>9,03 (7,27)</td>
<td>10,56 (7,4)</td>
</tr>
<tr>
<td></td>
<td>10,24 (11,86)</td>
<td>11,79 (12,81)</td>
<td>8,96 (10,16)</td>
</tr>
<tr>
<td>No. FRIENDS</td>
<td>140,2 (236,16)</td>
<td>188,53* (266,56)</td>
<td>127,95* (237,64)</td>
</tr>
<tr>
<td>No. ACQUAINTANCES</td>
<td>6,68 (7,39)</td>
<td>8,69* (9,16)</td>
<td>5,28* (5,1)</td>
</tr>
<tr>
<td>No. WORK/STUDY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you!