

# *The Aging Face: A Psychocutaneous Perspective*

MADHULIKA A. GUPTA, M.D., FRCP(C)  
ADITYA K. GUPTA, M.D., FRCP(C)  
NICHOLAS J. SCHORK, M.A.  
CHARLES N. ELLIS, M.D.  
JOHN J. VOORHEES, M.D.

ARTICLE

**Abstract.** The cutaneous stigmata of aging may affect an individual's mental well-being, body image, and quality of life. Before proceeding with treatment, the dermatologist should take into consideration the patient's overall life situation and evaluate whether or not there is severe psychopathology and body image distortion (*J Dermatol Surg Oncol* 1990; 16:902-904).

The most important clinical implications of aging skin are psychosocial rather than dermatopathologic.<sup>1</sup> Yet, the psychosocial concerns associated with an aging appearance tend to be ignored by physicians.<sup>1,2</sup> This is reflected by a relative paucity of published studies on the psychocutaneous aspects of aging. This paper presents an overview of the literature, including some recent studies, and discusses an approach for the assessment of the aging face from a psychocutaneous perspective.

## OVERVIEW OF THE LITERATURE

The prevalence of concerns related to the appearance of the skin in the community at large is relatively

high. In a recent survey of about 200 subjects attending an urban shopping mall, 42% reported dissatisfaction with their cutaneous body image.<sup>3</sup> The 46 to 65-year-old age group reported the greatest concern about the various cutaneous stigmata of aging such as fine wrinkles (reported by 15%), "crow's feet" (17%), and sagging of the skin (19%).<sup>3</sup>

Concerns about the effect of cutaneous aging upon the appearance may generalize to concerns about the overall body image.<sup>4</sup> For example, since youthful looks are typically associated with a well-toned and slim physique, some individuals may become obsessed with exercising and dieting as they develop the cutaneous stigmata of aging.<sup>4</sup> In a small group of highly vulnerable patients, this may even precipitate a psychiatric crisis, such as anorexia nervosa.<sup>5</sup>

In one study<sup>6,7</sup> older women were classified as being physically unattractive because they had more physical signs of aging such as wrinkles and sagging skin. Furthermore, the women who were rated as being more attractive also scored higher on measures of physical and mental health.<sup>6,7</sup> In a recent 24-week prospective study, we evaluated the psychosocial correlates of the treatment of photodamaged skin with topical tretinoin among a group of subjects with only mild to moderate cutaneous changes.<sup>8</sup> A positive psychological effect was observed even after improvement of only mild to moderately photoaged skin.<sup>8</sup>

We further examined the effect of cutaneous aging upon the quality of life among a series of subjects (mean  $\pm$  S.D. age:  $54 \pm 9$  years) with mild to severe cutaneous aging. On a 10-point scale (where 1 denoted "not at all" and 10 denoted "very markedly"), the subjects rated the degree to which their aging skin affected various aspects of their daily living.<sup>9</sup>

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Madhulika A. Gupta, M.D., FRCP(C), Aditya K. Gupta, M.D., FRCP(C), Nicholas J. Schork, M.A., Charles N. Ellis, M.D., and John J. Voorhees, M.D., are from the Departments of Psychiatry and Dermatology, University of Michigan Medical Center, Ann Arbor, Michigan.

Address reprint requests to Madhulika A. Gupta, M.D., Department of Psychiatry, Box 0718, MPB, University of Michigan Hospitals, 1500 East Medical Center Drive, Ann Arbor, MI 48109.

Few subjects provided a self-rated score of 5 or higher for the various areas measured, such as work performance (6.5%), finding a job they liked (6%), frequency of socialization (5%), and their relationship with their spouse/partner (1.3%). These findings suggest that while the subjects felt uneasy at a psychological level,<sup>8</sup> by and large this did not adversely affect their functioning at a behavioral level.<sup>9</sup> Some have observed that decreased attractiveness in the elderly is likely to generate negative responses from people in their social world<sup>7</sup> and thereby adversely affects their quality of life.<sup>7</sup> However, our findings suggest that the cutaneous stigmata of aging<sup>9</sup> are not always considered to have enough of a negative impact on a person's appearance to significantly interfere with their day-to-day functioning.

#### ASSESSMENT OF THE AGING FACE FROM A PSYCHOCUTANEOUS PERSPECTIVE

The dermatologist may wish to take some of the following guidelines into consideration when assessing a patient who is seeking treatment for aging skin: 1) the patient should be assessed in the context of his or her life stage and life situation, since this may be the main reason why he or she is seeking treatment; 2) underlying psychopathology such as a severe personality disorder, depressive disorder, or a delusional disorder should be ruled out; and 3) the presence of a markedly distorted body image may lead to unrealistic expectations of what treatment has to offer. This factor should be taken into consideration before treatment is initiated.

The skin as an organ of communication represents various socially important factors such as social status, age, and wealth.<sup>1</sup> For example, a woman whose self-worth is largely contingent upon her physical attractiveness, youth, and sexuality, may experience a psychological crisis when faced with the aging effects of menopause. She may seek treatment in an attempt to reverse some of the problems she is facing in mid-life. In another example, a middle-aged man who loses his job and is replaced by a younger person may become extremely preoccupied by a few lines on his face and may seek treatment in an attempt to regain his youthful look. In such cases, it is possible that the patients may have unrealistic expectations as to what treatment has to offer.

Some individuals have a desperate need to be admired and approved by others, especially as their own sense of insecurity is heightened by advancing age.<sup>10</sup> Among such individuals with a narcissistic per-

sonality, youthful looks are often a precondition for self-acceptance or for trusting that they will be accepted by others.<sup>10</sup> Patients with narcissistic psychopathology may use cosmetics and clothing in a manner that is reminiscent of a caricature of youth. Such patients may be in search for "instant youth" and should be counseled before treatment. They are likely to react with a great deal of anger if they are dissatisfied with treatment, since they will tend to interpret treatment failure as a personal failure.

A clinically depressed patient who has very low self-esteem may overestimate the degree of aging of his or her appearance and may benefit from concomitant antidepressant therapy. Some features of a depressive disorder include a pervasive loss of interest in most activities, increased or decreased sleep and appetite, decreased interest in sexual activity, decreased energy, feelings of hopelessness and worthlessness, and sometimes suicidal ideation.<sup>11</sup> In some cases the patient may be delusional and may have the false belief that they have a cutaneous problem when in fact they do not. In such cases, the marked discrepancy between the clinician's and the patient's assessment of the cutaneous problem will be the most important diagnostic clue.

In a small number of cases, the patient may have a markedly distorted perception of their body, including their skin. They may grossly overrate their degree of aging. They may also overestimate their weight, be overly concerned about the appearance of their bustline, their nose, etc. Such patients may have a wide range of underlying psychopathology, and should be referred for a psychiatric assessment. The dermatologist should screen for such patients, as these patients are likely to be dissatisfied with treatment outcome in spite of objective dermatologic improvement.

At the very least, the dermatologist should ask the patient to subjectively rate the severity of the cutaneous changes prior to initiating therapy. If there is a marked discrepancy between the dermatologist's and patient's ratings, the dermatologist should consider the possibility that a psychiatric assessment may be indicated. Finally, dermatologists should acknowledge their own philosophies and feelings about aging and not let this bias the way they deal with their aging patients. Dermatologists should take great care that their attitudes do not perpetuate the negative stereotypes that are often associated with growing old.

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