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PSYCHOLOGICAL WELL-BEING IN PATIENTS WITH CONTACT DERMATITIS: ASSOCIATIONS AMONG SELF-ESTEEM, SATISFACTION WITH LIFE AND PERCEIVED PARANOIA

Ajwa Afzaal Maan ajwamaan1@gmail.com	Department of Psychology, Superior University, Lahore, Pakistan.
Nazia Yaqoob naziayaqoob@gcwuf.edu.pk	Lecturer, Department of Psychology, Government College for Women University, Faislabad, Pakistan.
Huma Tariq humatariq@uoj.edu.pk	Lecturer, Psychology Department, University of Jhang, Jhang, Pakistan.
Zahra Ashraf zahraashraf467@gmail.com	Student of Psychology, University of Jhang, Pakistan.
Areeba Muntaha Areebabharwana20@gmail.com	Department of Psychology, University of Jhang, Pakistan.
Sidra Yousaf Sidrayousaf781@gmail.com	Department of Psychology, University of Jhang, Pakistan.

Abstract

Contact dermatitis is a common inflammatory skin disorder that may adversely affect individuals' psychological well-being in addition to causing physical discomfort. The present study aimed to examine the relationships among paranoid ideation, self-esteem, and satisfaction with life among patients diagnosed with contact dermatitis. A cross-sectional correlational research design was employed. The sample comprised 100 patients with contact dermatitis (aged 14–60 years) recruited through purposive sampling from Faisalabad, Pakistan. Data were collected using the Social State Paranoia Scale (SSPS), the Rosenberg Self-Esteem Scale (RSES), the Satisfaction with Life Scale (SWLS), and a demographic information sheet. Descriptive statistics and Pearson product-moment correlation analyses were performed using SPSS Version 26. The findings revealed significant positive relationships between paranoid ideation and satisfaction with life ($r = .377$, $p < .01$), paranoid ideation and self-esteem ($r = .402$, $p < .01$), and self-esteem and satisfaction with life ($r = .347$, $p < .01$). All proposed hypotheses were supported. Although the positive associations involving paranoid ideation differ from those commonly reported in previous research, they suggest that the psychological experiences of individuals with contact dermatitis may be influenced by cultural, social, and contextual factors. The findings highlight the importance of adopting a biopsychosocial approach to the management of contact dermatitis by incorporating psychological assessment and support alongside dermatological treatment. Future research should employ larger and more diverse samples and longitudinal designs to further clarify the relationships among these psychological variables.

Keywords: *Biopsychosocial Model, Contact Dermatitis, Paranoid Ideation, Psychological Well-Being, Satisfaction with Life, Self-Esteem.*

Corresponding Author: **A**jwa Afzaal Maan (Department of Psychology, Superior University, Lahore, Pakistan)
Email: ajwamaan1@gmail.com

1. Introduction

Contact dermatitis (CD) is a very prevalent, chronic, and potentially significant public health problem, being one of the most common inflammatory skin disorders in the world. It results from exposure to an irritant substance or allergens that cause inflammatory reactions in the skin. In clinical terms, contact dermatitis can be divided into two types: irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD); both can present with erythema, pruritus, edema, vesiculation, scaling, and fissuring (Scheinman et al., 2021). Recent research in dermatology has deepened understanding of the immunological mechanisms involved in contact dermatitis and shown that it has a profound impact on patients' physical health, work productivity, and quality of life (Johansen et al., 2022). Contact dermatitis is one of the most common occupational skin diseases in the world and is a frequent problem among workers in various occupational groups who are repeatedly exposed to irritants or allergens, such as those in cleaning occupations, health care jobs, food service occupations, and hairdressing (Johansen et al., 2022). Because of the chronicity and relapsing nature of the disease, it often disrupts the ability to function, maintain work productivity, and socialize, especially when lesions are on exposed parts of the body such as the hands and face.

Contact dermatitis has traditionally been regarded as a skin-based disease. But as evidence accumulates, chronic inflammatory skin diseases have shown significant psychological and social consequences that go beyond their physical symptoms. Itchy, painful skin, frequent flare-ups, trouble sleeping, and visible lesions can add to emotional stress, social dysfunction, and decreased quality of life. People with visible skin conditions often report feeling embarrassed, stigmatized, and afraid of negative evaluation, and they may avoid social interaction altogether, all of which negatively affect psychological well-being. A large multicenter study in Europe showed that patients with dermatological disease experience significantly more psychological distress than healthy individuals, highlighting the considerable psychosocial burden of chronic skin diseases (Dalgard et al., 2015). A recent systematic review and meta-analysis by Siewertsen et al. (2024) found that quality of life in chronic hand eczema is significantly reduced, that patients with eczema have higher levels of anxiety, and that disease severity is consistently linked to

poorer psychosocial outcomes. Likewise, Rocholl et al. (2025) concluded that people with work-related hand eczema experience high emotional burden that extends beyond physical symptoms, emphasizing the need to incorporate psychological evaluation into standard dermatological care.

The psychological aspects of contact dermatitis can best be explained using the Biopsychosocial Model proposed by Engel (1977), which stresses that health and illness result from the combined interaction of biological, psychological, and social factors. Within this framework, biological symptoms such as inflammation, chronic itching, pain, and recurrent flares interact with psychological processes including emotions, self-perception, and coping strategies. Social experiences such as perceived stigma, discrimination, and fear of negative evaluation can further affect a patient's overall well-being. Consequently, contact dermatitis is best managed through a comprehensive treatment plan that also addresses psychological and social functioning. This view is supported by recent studies in psychodermatology, which have shown the benefits of combining dermatological and psychological treatment for patient outcomes and quality of life among individuals with chronic inflammatory skin diseases (Courtney & Su, 2024; Siewertsen et al., 2024).

Self-esteem is a critical indicator of psychological adjustment and reflects a person's overall evaluation of their worth and self-acceptance (Rosenberg, 1965). Self-esteem has repeatedly been linked to greater resilience, adaptive coping, emotional stability, and psychological well-being (Diener et al., 2003). Chronic, visible skin conditions, however, can negatively affect body image, self-confidence, and social interactions, which in turn can undermine self-esteem. Contact dermatitis can cause embarrassment, self-consciousness about physical appearance, and concerns about social judgment, all of which can reduce confidence and affect interpersonal relationships. Recent evidence suggests that inflammatory skin conditions are associated with poorer self-perception, body image dissatisfaction, and psychosocial impairment, highlighting self-esteem as an important psychological resource for adapting to chronic dermatological conditions (Courtney & Su, 2024; Siewertsen et al., 2024).

Satisfaction with life is another aspect of psychological well-being, defined as a person's overall cognitive assessment of their life based on their own standards and expectations (Diener et al., 1985). Satisfaction with life reflects a relatively stable judgment about the quality of one's life, shaped by health status, social relationships, occupational functioning, and emotional adjustment. Because contact dermatitis often presents with chronic symptoms, frequent flare-ups, and visible lesions, patients can experience restrictions in daily life, reduced work productivity, and decreased social participation, all of which can negatively affect life satisfaction. Recent evidence shows that patients with chronic hand eczema and other inflammatory skin conditions report

significantly worse health-related quality of life and greater psychological burden than healthy individuals, with disease severity consistently linked to poorer patient-reported outcomes (Siewertsen et al., 2024; Rocholl et al., 2025). These findings suggest that measuring satisfaction with life offers useful insight into the psychological consequences of contact dermatitis beyond the skin symptoms themselves.

Paranoid ideation has been a comparatively understudied psychological phenomenon in dermatology, despite its potential relevance to a patient's social and emotional experience of chronic illness. Paranoid ideation refers to a spectrum of thoughts in which people are excessively suspicious, mistrustful, and believe that others intend to harm, reject, or humiliate them (Freeman & Garety, 2000). Contemporary cognitive theories suggest that paranoid thinking exists on a continuum in the general population and may intensify during periods of stress, uncertainty, and perceived social threat (Freeman et al., 2011; Freeman, 2016). People with a visible dermatological condition often worry about how it looks, feel that they are being judged, and may interpret social encounters as suspicious because of their condition, all of which can heighten interpersonal vigilance. Such experiences are not necessarily pathological, but they can negatively affect psychological functioning and social adjustment.

A number of studies investigating the psychological effects of chronic dermatological conditions have found significant increases in emotional distress, anxiety, depression, body image disturbance, and reduced quality of life among affected patients (Dalgard et al., 2015; Siewertsen et al., 2024). Recent research also indicates that people with work-related hand eczema experience significant emotional distress that affects both daily living and work activities (Rocholl et al., 2025). However, research focusing specifically on paranoid ideation among contact dermatitis patients remains rare. Previous studies have largely examined depression, anxiety, stress, and health-related quality of life, while interpersonal cognitive processes such as suspiciousness and mistrust have been comparatively neglected. As such, the psychological mechanisms through which chronic inflammatory skin diseases affect patients' interpersonal perceptions remain poorly understood.

Another limitation of the current literature is its geographic focus. Most empirical research on the psychological effects of contact dermatitis has been conducted among European and North American populations (Dalgard et al., 2015; Johansen et al., 2022; Siewertsen et al., 2024). The experiences of patients with visible skin diseases are far less understood in South Asian countries, particularly Pakistan, where cultural beliefs, social expectations, family dynamics, and access to healthcare could shape psychological responses differently. A patient's self-perception, social experiences, and coping strategies may be affected by cultural attitudes toward appearance and chronic illness. Findings from

Western populations therefore cannot simply be extrapolated to Pakistani patients with contact dermatitis, underscoring the need for context-specific research.

The present study was designed to explore the relationships among paranoid ideation, self-esteem, and satisfaction with life in patients with contact dermatitis. Building on previous psychodermatology research, the study examines all three psychological variables simultaneously using Engel's (1977) Biopsychosocial Model. These relationships may help build a fuller picture of the psychological experiences of people with contact dermatitis and provide a basis for developing multidisciplinary approaches that combine dermatological treatment with psychological evaluation and intervention. In addition, the results may help clinicians identify patients who are more likely to experience psychological difficulties and guide interventions aimed at promoting emotional well-being, treatment adherence, and quality of life.

Guided by this theoretical framework and past empirical research, the present study proposed the following hypotheses:

H1: There is a significant relationship between paranoid ideation and self-esteem among patients with contact dermatitis.

H2: There is a significant relationship between paranoid ideation and satisfaction with life among patients with contact dermatitis.

H3: There is a significant relationship between self-esteem and satisfaction with life among patients with contact dermatitis.

2. Method

2.1. Research Design

The present study employed a cross-sectional correlational research design to examine the relationships among paranoid ideation, self-esteem, and satisfaction with life among patients diagnosed with contact dermatitis. A correlational design was considered appropriate because it enabled the assessment of the direction and strength of the relationships among the study variables without manipulating any variables. The cross-sectional nature of the study allowed data to be collected from participants at a single point in time, providing an understanding of the psychological correlates of contact dermatitis within the selected sample.

2.2. Participants

The study comprised 100 patients diagnosed with contact dermatitis who were recruited using a purposive sampling technique from the general population of Faisalabad, Pakistan. Participants ranged in age from 14 to 60 years and represented diverse educational, marital, and socioeconomic backgrounds. Individuals who met the eligibility criteria and voluntarily agreed to participate were included in the study.

2.2.1 Inclusion Criteria

Participants were included in the study if they:

1. Had a confirmed diagnosis of contact dermatitis.
2. Were between 14 and 60 years of age.
3. Were able to read, understand, and respond to the Urdu versions of the study questionnaires.
4. Provided informed consent to participate voluntarily in the study.

2.2.2 Exclusion Criteria

Participants were excluded from the study if they:

1.Had dermatological conditions other than contact dermatitis (e.g., psoriasis, vitiligo, or unrelated chronic eczema).
2. Had severe psychiatric, neurological, or cognitive impairments that could affect their ability to complete the questionnaires accurately.
3. Declined to participate or submitted incomplete questionnaires.

2.3. Measures

2.3.1 Demographic Information Sheet

A demographic information sheet was developed by the researchers to obtain participants' background information. The sheet included questions regarding age, gender, education, marital status, residence, family system, monthly household income, type of allergen causing contact dermatitis, treatment status, and other relevant clinical and sociodemographic characteristics. This information was collected to describe the study sample and facilitate the interpretation of the findings.

2.3.2 Social State Paranoia Scale (SSPS)

Paranoid ideation was assessed using the Social State Paranoia Scale (SSPS), developed by Freeman et al. (2007). The scale consists of 16 self-report items designed to measure paranoid thoughts experienced in social situations. Responses are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Total scores range from 16 to 80, with higher scores indicating greater levels of paranoid ideation. The original scale demonstrated excellent internal consistency (Cronbach's $\alpha = .91$). In the present study, the Urdu version of the SSPS demonstrated satisfactory internal consistency, with a Cronbach's alpha coefficient of .73.

2.3.3 Rosenberg Self-Esteem Scale (RSES)

Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES), developed by Rosenberg (1965). The scale comprises 10 self-report items assessing an individual's overall evaluation of self-worth. Responses are rated on a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Negatively worded items are reverse scored before computing the total score, with higher scores indicating higher levels of self-esteem. The Rosenberg Self-Esteem Scale has demonstrated good reliability and validity across diverse populations. In the present study, the Urdu version yielded a Cronbach's alpha coefficient of .63.

2.3.4 Satisfaction with Life Scale (SWLS)

Satisfaction with life was assessed using the Satisfaction with Life Scale (SWLS), developed by Diener et al. (1985). The scale consists of five self-report items that assess an individual's global cognitive evaluation of life satisfaction. Responses are recorded on a 7-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). Total scores range from 5 to 35, with higher scores reflecting greater satisfaction with life. The original scale has demonstrated good psychometric properties, and in the present study, the Urdu version showed acceptable internal consistency with a Cronbach's alpha coefficient of .77.

3. Procedure

Prior to data collection, ethical approval to conduct the study was obtained from the Department of Psychology, Superior University, Lahore. Permission was subsequently sought from the relevant authorities to approach individuals diagnosed with contact dermatitis. Participants who met the inclusion criteria were informed about the purpose and objectives of the study, and written informed consent was obtained before their participation. For participants below 18 years of age, informed consent was obtained from their parent or legal guardian, with assent obtained from the participants themselves.

The questionnaires were administered individually using a paper-and-pencil format. Participants first completed the demographic information sheet, followed by the Social State Paranoia Scale (SSPS), the Rosenberg Self-Esteem Scale (RSES), and the Satisfaction with Life Scale (SWLS). Standardized instructions were provided to ensure that participants understood how to complete the questionnaires. They were encouraged to respond honestly and were informed that there were no right or wrong answers.

Participants were assured that their responses would remain confidential and anonymous and would be used solely for research purposes. They were also informed that their participation was entirely voluntary and that they could withdraw from the study at any stage without any negative consequences. Upon completion, the questionnaires were checked for completeness, coded, and entered into the Statistical Package for the Social Sciences (SPSS), Version 26, for statistical analysis.

4. Data Analysis

The collected data were entered, coded, and analyzed using the Statistical Package for the Social Sciences (SPSS), Version 26.0. Descriptive statistics, including frequencies, percentages, means, standard deviations, minimum and maximum scores, and Cronbach's alpha coefficients, were computed to summarize participants' demographic characteristics and evaluate the reliability of the study instruments.

Pearson's product-moment correlation analysis was performed to examine the relationships among paranoid ideation, self-esteem, and satisfaction with life. Correlation coefficients (r) were interpreted to determine the direction and strength of the relationships

among the study variables. Statistical significance was determined at the .05 and .01 probability levels.

5. Results

The results are presented in the following tables. Descriptive statistics were computed to summarize the demographic characteristics of the participants and the psychometric properties of the study measures. Pearson product-moment correlation analysis was performed to examine the relationships among paranoid ideation, self-esteem, and satisfaction with life among patients with contact dermatitis.

Table 1: *Demographic Characteristics of the Participants (N = 100)*

Variable	Category	n	%
Education	Undergraduate	31	31.0
	Graduate	66	66.0
	M.Phil.	3	3.0
Marital Status	Married	25	25.0
	Unmarried	75	75.0
Residence	Urban	81	81.0
	Rural	19	19.0
Family System	Nuclear	77	77.0
	Joint	23	23.0
Monthly Income	PKR 20,000–30,000	19	19.0
	PKR 30,001–60,000	37	37.0
	PKR 60,001–100,000	33	33.0
	Above PKR 100,000	11	11.0
Primary Allergen	Cosmetics	39	39.0
	Jewelry	33	33.0
	Soap	21	21.0
	Plants	7	7.0
Receiving Treatment	Yes	7	7.0
	No	93	93.0

Note. N = 100.

Table 1 presents the demographic characteristics of the participants. Most participants had completed graduate-level education (66%), were unmarried (75%), resided in urban areas (81%), and belonged to nuclear families (77%). The largest proportion of participants reported a monthly household income between PKR 30,001 and 60,000 (37%). Cosmetics (39%) were identified as the most common allergen, followed by jewelry (33%), soap (21%), and plants (7%). The majority of participants (93%) reported that they were not receiving treatment for contact dermatitis at the time of data collection.

Table 2: *Descriptive Statistics and Internal Consistency of the Study Measures (N = 100)*

Measure	Possible range	M	SD	α
Social State Paranoia Scale	16–80	40.38	10.03	.73
Satisfaction with Life Scale	5–35	25.69	5.99	.77
Rosenberg Self-Esteem Scale	10–40	27.98	3.06	.63

Note. α = Cronbach's alpha.

Table 2 presents the descriptive statistics and reliability estimates for the study variables. Participants reported a mean score of 40.38 (SD = 10.03) on the Social State Paranoia Scale, 25.69 (SD = 5.99) on the Satisfaction with Life Scale, and 27.98 (SD = 3.06) on the Rosenberg Self-Esteem Scale. The reliability coefficients indicated acceptable internal consistency for the Social State Paranoia Scale (α = .73) and the Satisfaction with Life Scale (α = .77). The Rosenberg Self-Esteem Scale demonstrated relatively lower internal consistency (α = .63), suggesting that findings related to self-esteem should be interpreted with caution.

Table 3: *Pearson Correlations Among Paranoid Ideation, Self-Esteem, and Satisfaction with Life (N = 100)*

Variable	1	2	3
1. Paranoid Ideation	—		
2. Satisfaction with Life	.377**	—	
3. Self-Esteem	.402**	.347**	—

Note. **p < .01 (two-tailed).

Table 3 presents the Pearson product-moment correlation coefficients among the study variables. The results revealed a significant positive correlation between paranoid ideation and satisfaction with life ($r = .377$, $p < .01$), indicating that higher levels of paranoid ideation were associated with higher levels of life satisfaction. Similarly, paranoid ideation was positively correlated with self-esteem ($r = .402$, $p < .01$), suggesting that participants with higher paranoid ideation also reported higher self-esteem. In addition, a significant positive relationship was observed between self-esteem and satisfaction with life ($r = .347$, $p < .01$). These findings provide support for all three study hypotheses.

6. Discussion

The present study examined the relationships among paranoid ideation, self-esteem, and satisfaction with life among patients with contact dermatitis. The first hypothesis proposed a significant relationship between paranoid ideation and self-esteem. The findings revealed a significant positive relationship between these variables, indicating that participants with higher levels of paranoid ideation also reported higher self-esteem. Although this finding supported the proposed hypothesis, it differs from previous research, which has generally reported that paranoid ideation is associated with

lower self-esteem and negative self-beliefs (Freeman & Garety, 2000; Freeman et al., 2011; Freeman, 2016).

One possible explanation for this discrepancy is the distinctive characteristics of the present sample. Unlike psychiatric populations, the participants in this study were patients with contact dermatitis who may have adapted psychologically to living with a chronic skin condition. Over time, effective coping strategies, family support, illness acceptance, and resilience may help individuals maintain a positive sense of self despite experiencing concerns regarding their appearance or social evaluation. Consequently, mild interpersonal suspiciousness may coexist with relatively stable self-esteem in this population.

Recent psychodermatology research suggests that psychological responses to chronic inflammatory skin diseases vary considerably across individuals. A systematic review by Siewertsen et al. (2024) reported that patients with hand eczema experience substantial psychological burden, including anxiety, depression, and impaired quality of life, while emphasizing that psychological adjustment is influenced by disease severity, coping resources, and resilience. Similarly, Rocholl et al. (2025) found that the emotional burden associated with work-related hand eczema differs according to patients' psychosocial resources and coping capacities. These findings indicate that adaptation to chronic skin diseases is heterogeneous, which may help explain why the present results differ from studies conducted in psychiatric or community samples.

Cultural factors may also have contributed to the findings. In Pakistan, strong family relationships, social support, and religious coping often promote psychological resilience during chronic illness. These protective factors may enable individuals to preserve their self-esteem despite experiencing concerns about social judgment or visible skin lesions. This interpretation is consistent with Engel's (1977) Biopsychosocial Model, which emphasizes that biological, psychological, and social factors interact to influence health outcomes. Therefore, the positive relationship observed between paranoid ideation and self-esteem should be interpreted within the broader cultural and psychosocial context of the study rather than generalized to all clinical populations.

The second hypothesis proposed a significant relationship between paranoid ideation and satisfaction with life among patients with contact dermatitis. The findings revealed a significant positive relationship between these variables, indicating that participants with higher levels of paranoid ideation also reported greater satisfaction with life. This finding contrasts with previous psychological literature, which has generally shown that paranoid ideation is associated with lower subjective well-being, poorer quality of life, and increased emotional distress (Freeman et al., 2011; Freeman, 2016). Therefore, the present finding suggests that the relationship between paranoid ideation and life satisfaction may differ in patients with chronic dermatological conditions.

A possible explanation is that satisfaction with life reflects an individual's overall evaluation of life rather than a single aspect of psychological functioning (Diener et al., 1985). Patients with contact dermatitis may experience concerns about their appearance or social interactions while remaining satisfied with other important life domains, such as family relationships, employment, financial stability, and spiritual well-being. Consequently, mild interpersonal suspiciousness may not necessarily diminish their overall life satisfaction. Recent psychodermatology research also indicates that psychological adjustment among patients with chronic inflammatory skin diseases is influenced by resilience, coping strategies, disease severity, and social support rather than by clinical symptoms alone (Siewertsen et al., 2024). Similarly, Rocholl et al. (2025) reported that although work-related hand eczema is associated with considerable emotional burden, patients demonstrate varying levels of psychological adaptation depending on their available psychosocial resources.

The third hypothesis examined the relationship between self-esteem and satisfaction with life. The findings demonstrated a significant positive relationship, indicating that patients with higher self-esteem also reported greater satisfaction with life. This finding is consistent with established psychological theory and previous empirical research, which identifies self-esteem as an important predictor of subjective well-being (Rosenberg, 1965; Diener et al., 2003). Individuals with positive self-evaluations are generally more resilient, adopt healthier coping strategies, and report greater satisfaction across multiple domains of life.

The present findings are further supported by recent psychodermatology literature emphasizing that psychological adjustment plays a central role in determining quality of life among individuals with chronic inflammatory skin diseases. Siewertsen et al. (2024) concluded that patients with hand eczema frequently experience impaired quality of life; however, psychological resilience and adaptive coping contribute to better psychosocial outcomes. Likewise, Courtney and Su (2024) highlighted the importance of psychological well-being, self-perception, and resilience in promoting successful adjustment among individuals with chronic inflammatory skin diseases. Collectively, these findings suggest that interventions aimed at strengthening self-esteem and adaptive coping may improve overall life satisfaction and psychological well-being in patients with contact dermatitis.

7. Implications of the Study

The findings of the present study have several theoretical and practical implications. From a theoretical perspective, the study contributes to the limited body of literature examining the psychological correlates of contact dermatitis by simultaneously investigating paranoid ideation, self-esteem, and satisfaction with life. The findings extend the application of the Biopsychosocial Model (Engel, 1977) by emphasizing that psychological functioning should be considered alongside biological factors when

understanding the experiences of individuals living with chronic dermatological conditions. Furthermore, the unexpected positive associations observed between paranoid ideation, self-esteem, and satisfaction with life highlight the complexity of psychological responses to visible skin disorders and suggest that these relationships may vary across different cultural and clinical contexts.

From a practical perspective, the findings underscore the importance of integrating psychological assessment into routine dermatological care. Dermatologists, psychologists, counselors, and other healthcare professionals should recognize that patients with contact dermatitis may experience psychological concerns in addition to physical symptoms. Routine screening for psychological well-being may facilitate the early identification of individuals who require emotional or psychological support. Multidisciplinary interventions that combine medical treatment with psychological counseling, psychoeducation, stress management, and coping skills training may improve patients' overall well-being and quality of life. Such integrated approaches may enhance treatment adherence, reduce emotional distress, and promote better psychosocial adjustment among individuals living with contact dermatitis.

8. Limitations of the Study

Several limitations should be considered when interpreting the findings of the present study.

1. The study employed a cross-sectional correlational design, which limits the ability to establish causal relationships among paranoid ideation, self-esteem, and satisfaction with life.
2. A purposive sampling technique was used to recruit participants from Faisalabad, Pakistan. Consequently, the findings may not be generalizable to patients with contact dermatitis from other geographical regions or cultural backgrounds.
3. The sample size was relatively modest (N = 100), which may limit the statistical power to detect smaller effect sizes and reduce the generalizability of the findings.
4. Data were collected using self-report questionnaires, making the results susceptible to response bias, including social desirability and recall bias.
5. The Rosenberg Self-Esteem Scale demonstrated relatively low internal consistency in the present sample (Cronbach's $\alpha = .63$). Therefore, findings involving self-esteem should be interpreted with caution.
6. The study focused exclusively on the relationships among paranoid ideation, self-esteem, and satisfaction with life. Other potentially important psychological and clinical variables, such as anxiety, depression, body image disturbance, perceived stigma, coping strategies, disease severity, illness duration, and social support, were not examined and may also influence psychological adjustment among patients with contact dermatitis.

9. Recommendations for Future Research

Based on the findings and limitations of the present study, the following recommendations are proposed for future research:

1. Future studies should employ longitudinal or prospective research designs to examine the temporal and causal relationships among paranoid ideation, self-esteem, and satisfaction with life in patients with contact dermatitis.
2. Researchers should recruit larger and more diverse samples from multiple hospitals, dermatology clinics, and different geographical regions of Pakistan to improve the generalizability of the findings.
3. Future research should include additional psychological variables, such as anxiety, depression, body image disturbance, perceived stigma, coping strategies, resilience, and social support, to provide a more comprehensive understanding of the psychological experiences of individuals with contact dermatitis.
4. Subsequent studies should examine the influence of clinical characteristics, including disease severity, duration of illness, treatment adherence, and type of contact dermatitis, on patients' psychological well-being.
5. Future investigations should consider using mixed-methods or qualitative approaches, such as interviews or focus group discussions, to gain deeper insight into patients' lived experiences and psychosocial challenges.
6. Further psychometric evaluation of the Urdu versions of the study instruments, particularly the Rosenberg Self-Esteem Scale, is recommended to ensure their reliability and validity among dermatological populations in Pakistan.

10. Conclusion

The present study examined the relationships among paranoid ideation, self-esteem, and satisfaction with life among patients with contact dermatitis. The findings revealed significant positive relationships among all three variables. Specifically, higher levels of paranoid ideation were associated with higher levels of self-esteem and satisfaction with life, while self-esteem was also positively associated with satisfaction with life. Although the positive associations involving paranoid ideation differ from those commonly reported in the literature, they suggest that the psychological experiences of individuals with contact dermatitis may be more complex than previously understood and may be influenced by cultural, social, and contextual factors.

The study contributes to the limited literature on the psychological correlates of contact dermatitis, particularly within the Pakistani context, by highlighting the importance of examining both psychological well-being and interpersonal perceptions in individuals living with visible skin conditions. These findings support the need for a biopsychosocial approach to dermatological care, emphasizing that effective management

should address not only the physical manifestations of the disease but also the psychological and social challenges experienced by patients.

Despite its limitations, including the cross-sectional design, purposive sampling, and reliance on self-report measures, the study provides valuable evidence that may inform future research and clinical practice. Further investigations using larger and more diverse samples, longitudinal designs, and additional psychological variables are needed to clarify the mechanisms underlying these relationships and to develop evidence-based psychosocial interventions for individuals with contact dermatitis.

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