



Linear IgA and the Meanings of Skin: An Interpretative Phenomenological Analysis of Living with a Rare Dermatological Disease

Saba BAŞOĞLU YAVUZ¹ 

Makalenin

Geliş Tarihi:
13.10.2022

Kabul Tarihi:
02.03.2023

Yayın Tarihi:
30.06.2023

Atf/Citation:

Başoğlu-Yavuz, S. (2023). Linear IgA and the meanings of skin: An interpretative phenomenological analysis of living with a rare dermatological disease. *Current Research and Reviews in Psychology and Psychiatry*, 3(1), 10-26.

ABSTRACT

Linear immunoglobulin A (Linear IgA) bullous dermatosis is a rare, idiopathic and specific dermatological condition characterized by blisters forming on the skin and mucous membranes. Linear IgA is known to be an autoimmune disease, however, it is also defined as a group of Medically Unexplained Symptoms, since the exact mechanism of lesion development is not completely understood and the treatment is contentious. Although Linear IgA is identified as being strongly related to psychological features, these have been investigated by a very small number of studies. The study presented here can be the first qualitative psychological research on Linear IgA. It employs Interpretative Phenomenological Analysis (IPA) in order to engage in a deeper examination of the impact of undergoing Linear IgA experience, and how the patient attempts to make sense of the skin. The participant is 50 years old male who lives with Linear IgA for ten years. Data collection was designed in the form of a semi-structured, one-to-one, in-depth interview, which lasted ninety minutes to elicit the detailed stories, thoughts and feelings from the participant. Five superordinate themes emerged from the analysis of the participant's experiences. Findings suggest that Linear IgA affects the participant's life by the appearance of skin, which shapes how he construes himself and his social world. The skin also represents a projector, which allows him to see his own emotions, fantasies and existential concerns. These findings were discussed by engaging in a dialogue with both clinical psychology and phenomenological literature.

Keywords: Interpretative Phenomenological Analysis, Self-Representations, Qualitative Research, Psychodermatology, Linear IgA, Medically Unexplained Symptoms, Psychosomatics, Skin-Ego

¹PhD Student, Doğuş University, Clinical Psychology Department, Istanbul, Turkey, sababasoglu@gmail.com



Lineer IgA ve Tenin Anlamları: Nadir Görülen Bir Dermatolojik Hastalık Yaşantısının Yorumlayıcı Fenomenolojik Analizi

ÖZ

Lineer immünoglobulin A (Linear IgA) bülöz dermatoz, mukoza zarında ve deri yüzeyinde yayılmış kabarma ve yaralar ile seyreden nadir görülen, idyopatik bir cilt rahatsızlığıdır. Lineer IgA, otoimmün bir hastalık olarak tanımlanmakla birlikte, belirtilerin arkasında yatan mekanizma tam olarak anlaşılmamış olup, tedavi yöntemi ve etkileri halen tartışmalıdır. Bu nedenle, Tıbbi Olarak Açıklanamayan Belirtiler grubu içinde de yer almaktadır. Lineer IgA'nın psikolojik faktörlerle önemli ölçüde bağlantılı olduğu belirtilmesine rağmen, bu konuda yapılan oldukça az sayıda çalışma bulunmaktadır. Bu çalışma ise, bir Lineer IgA vakasının niteliksel psikoloji yaklaşımı ile ele alınan ilk araştırma olabilir. Bu vaka çalışmasının gayesi Yorumlayıcı Fenomenolojik Analiz yöntemini kullanarak, Lineer IgA tanısı almış olan bir katılımcının, süregiden hastalık deneyiminin etkilerini ve ten üzerinden kurduğu anlam dünyasını derinlemesine bir şekilde incelemektir. Katılımcı on yıldır Lineer IgA ile yaşamakta olan 50 yaşında bir erkektir. Veriler, katılımcının deneyimlerine, düşünce, duygu ve hikayelerine detaylı bir şekilde yer vermek amacıyla tasarlanmış olan, doksan dakika süren, yarı yapılandırılmış, birebir ve derinlemesine bir mülakat ile toplanmıştır. Katılımcının deneyiminden beş üst tema ortaya çıkmıştır. Bulgular, Lineer IgA'nın katılımcının yaşamında yarattığı etkilerin merkezinde tenin görünürlüğünün yer aldığına, bunun üzerinden kendisine ve hayata dair inşa ettiği anlamları aksettirdiğine; tenin aynı zamanda katılımcıya kendi duygularını, fantezilerini, hatta varoluşsal kaygılarını gösteren bir projektör konumunda olduğuna işaret etmektedir. Bu bulgular, klinik psikoloji alan yazını ve fenomenolojik felsefe arasında bir diyalog kurarak tartışılmıştır.

Anahtar Kelimeler: Yorumlayıcı Fenomenolojik Analiz, Benlik Temsilleri, Lineer IgA, Niteliksel Araştırma, Psikodermatoloji, Tıbbi Olarak Açıklanamayan Belirtiler, Psikosomatik, Deri-Ben

INTRODUCTION

Linear immunoglobulin A (Linear IgA) bullous dermatosis is a rare, idiopathic and specific dermatological condition characterized by blisters forming on the skin and mucous membranes including the mouth, genital mucosae, conjunctivae and spreading the arms, legs and inner hands as well (Chorzelski, et al., 1991; Díaz, et al., 2019; Fernandes, et al., 2016). In other words, skin appears to be injured without any actual cause and, the triggers and clinical features differ from one person to another.

Although Linear IgA is known to be an autoimmune disease, it is also defined as a group of Medically Unexplained Symptoms, since the exact mechanism of lesion development is not completely understood and the treatment is contentious (Aralı & Arslan, 2019; Bryant, et al., 2016; Cauza, et al., 2004; Egan et al., 2001; Ferreira & Vilarinho, 2018; Herlin, et al., 2022; Kandemir & Ak, 2013; Klaus, et al., 2013; Lazslo, 2006; Tsai, Chia-Yu, et al., 2010; Vargas, et al., 2013).

Linear IgA is also defined as being strongly related to psychological features, which have been investigated by a very small number of studies. Most of the existing studies are quantitative, isolating values from data and modelling relationships between discrete independent and dependent variables in order to, test a hypothesis. The findings are predominantly generated by the psychoneuroimmunology and correlational studies (Danese & Lewis, 2017; Giacomello, et al., 2020; Laurent, et al., 2015; Marques-Feixa, et al., 2022; Romero-Martínez, et al., 2014). These are mostly focused on childhood experiences or stress level relations, wherein Linear IgA is considered together with other dermatological or autoimmune diseases. A fewer number of studies attend to psychological impacts of Linear IgA. The research (Popescu, et al., 2019) suggests that the medical treatments to control the Linear IgA symptoms may cause serious psychological adverse effects on the patient's mental health, such as anxiety, depressive and psychotic disorders. While these studies provide an overview of the topic, a more detailed examination of the phenomenology of the individual's response to Linear IgA appears not to be accomplished yet.

The skin is known as a social and emotional organ, psychosomatics and psychodermatology thereby engages in a wide variety of issues in dermatology today (Andersen & Guerrero, 2008; Elbrecht, 2012; Mercan & Altunay, 2006; Taşçıoğlu, et al., 2021).

Anzieu (2016) conceptualised the embodiment of skin and ego, with his Skin-Ego theory. According to him, skin-ego has nine functions including *maintenance, containment, protection, individuation, inter-sensoriality, sexualisation, recharging, inscription and self- destruction*. While the Skin-Ego theory helps to enrich and broaden the psychological consideration in dermatological diseases, yet it is not specific to Linear IgA and prioritises a theoretical framework of psychoanalysis.

On the other hand, phenomenological attitude requires *bracketing* the theories and to *go back to the things themselves*, as Husserl (1971) said when referring to the intentionality to reflect upon particular meaning of one's own particular experience. Husserl (2000) argued that touching is always being touched at the same time. Thus, the skin provides a distinctive phenomenological space throughout the "*double sensation*" quality of touch (Husserl, 2000,

p.153). Merleau-Ponty (1945) is known as one of the most important philosophers who worked profoundly on the phenomenology of perception. Merleau-Ponty (1979) claimed that only the skin could bring implicit meanings to light, whereby the *Invisible* could turn into *Visible*, so that “*the Visible is the skin*” and “*the skin is Existence*” (p.182).

The paper presented here can be the first phenomenological approach to the psychology of Linear IgA. This study is thereby designed as a single-case research, which gives the researcher an opportunity to delve deeper. The study reported here intends to explore in detail the psychological dynamics of this specific dermatological condition, for example, in terms of the interactions between skin and self and social relationships, especially how the skin speaks into the patient’s *lifeworld*. It is also important to note that idiographic inquiry does not only help to deepen the understanding of the individual Linear IgA case, but also leads to “*consider how, at the deepest level, we share much with a person whose personal circumstances may initially seem entirely separate from our own*” (Smith, et al., 2009, p. 121). This research employs Interpretative Phenomenological Analysis (IPA) in order to examine the impact of undergoing Linear IgA experience, and how the patient attempts to make sense of it. The researcher has a core concern with the participant’s own reflection on his experience and presentation of thematic outcomes rather than the theoretical categorisations or generalizations.

METHOD

Interpretative Phenomenological Analysis (IPA) is an approach based on Husserl’s (1971) phenomenology to participant oriented, qualitative, experiential and psychological research (Arkonaç 2017; Cooper, et al., 2012; Pietkiewicz & Smith, 2012; Smith, 1996; Smith et al., 2009). IPA is committed to the detailed examination and in-depth analysis of human experience. An IPA study is structured upon three philosophical principles: phenomenology, hermeneutic and idiography. In other words, IPA assumes that people are meaning making, self-interpretative and inter-subjective beings, thereby it concerns individual’s *lifeworld* rather than the development of objective accounts (Smith et al., 2009). Thus, IPA involves idiographic inquiry which allows the emergence of existential themes, imported from the participant’s own experience. IPA also involves *double hermeneutics*, which refers to a dynamic interplay between the researchers who are making sense of the participants, who are making sense of their own experience. Therefore, IPA studies need to *bracket* scientific constructs and require the researchers’ reflection into their own biases and preconceptions, as well.

IPA is suggested as a suitable method especially to unfold a complex or unexplained phenomena in psychology and is also considered very useful for single case analysis (Smith, 1996; Smith et al., 2009). The research presented here has been designed in accordance with the quality and validity assessments of IPA (Farr, et al., 2021; Smith, et al. 2009; Smith, 2011). And it has been carried under the supervision of an experienced psychologist in qualitative methodology.

Participant

The participant is 50 years old male and was diagnosed with Linear IgA ten years ago. He is a businessman and married with a child. The participant has not been selected for any other reason except that he lives with Linear IgA for a long while. He represents a particular case of a

patient's response to this rare dermatological condition and therefore assists in gaining a more detailed picture of this phenomenon.

Hasan is the participant's pseudonym and all identifying information has been altered in order to protect confidentiality.

Measures

The questions used in this research were open-ended and neutral; the interview was participant-led. An interview schedule had been prepared in advance, in order to help the researcher to engage in an in-depth conversation with the participant. This schedule includes a guide of the descriptive, narrative, structural, evaluative, comparative and circular questions, and prompts (see Appendix). These questions were modified in the light of the participant's responses and new questions arose from the natural flow of the interview.

The interview was recorded by a voice recorder and saved in audio file in MPEG format, with the permission of the participant.

Procedure

The participant was approached after the ethical approval from Istanbul Doğuş University Ethical Committee, Turkey (Approval Date: 30.06.2022, Approval Number: 27327). The study was carried out in accordance with the universal ethical principles and the ethical considerations in qualitative research (Cieurzo & Keitel, 1999; Emanuel, et al., 2000). The researcher explained to the participant that the rationale behind the research was to obtain a better understanding of the Linear IgA experience. The participant has also been informed that both the records and transcripts would only be open to the use of the researcher who is responsible to protect his anonymity. The researcher clarified that the participant had the right to retrieve his consent with no explanations needed. The participant also read the detailed information in the Consent Form with the interview being made after he had signed it.

Data was collected following the requirements of IPA (Arkonaç 2017; Cieurzo & Keitel, 1999; Cooper, et al., 2012; Pietkiewicz & Smith, 2012; Smith, 1996; Smith et al, 2009). Data collection was designed in the form of a semi-structured, one-to-one, in-depth interview, which lasted ninety minutes to elicit the detailed stories, thoughts and interpretations from the participant. The interview was scheduled and took place at an office in Istanbul, according to participant's preferences.

The interview was conducted in Turkish, it was also audiotaped and transcribed in its original language by the researcher and served as raw data for the study.

Data Analysis

Data analysis has been proceeded with the researcher's reflection notes and re-reading the data and followed by the four-stages recommended for IPA (Smith et al, 2009). The initial readings were accompanied by the audiotape, to ensure the correctness of transcripts and to help the researcher to familiarise with the data. The researcher was also taking the initial notes about her observations and comments in a research journal. The next readings were in the form of line-by-line analysis of the transcript to annotate descriptive, linguistic and conceptual comments in the text. The emergent themes and the initial notes have been incorporated to identify the

connections and patterns between them. The higher level of abstraction performed by an arrangement of superordinate and subordinate themes proven with key words and quotations from the text.

RESULTS

Five superordinate themes emerged from the analysis of the participant's experiences:

Theme 1: *Visual pollution*

Theme 2: *Gladiator arena*

Theme 3: *Everything's gonna be alright*

Theme 4: *Uncovered weakness and vulnerability*

Theme 5: *Oscillations between hope and hopelessness/ acceptance and despair.*

These superordinate themes are shown in the tables below, including the subordinate themes and the full quotations drawn from the participant. The quotations were translated into English by the researcher with a sensitivity to the participant's own linguistic characteristics and, revised by a native English speaker psychotherapist.

Theme 1: Visual Pollution

While Hasan describes his own Linear IgA experience, the visual qualities of skin appear much more significant than his felt pain: *"When I say life quality, I mean visual pollution. Nothing else... But other than that, it doesn't effect my life so much."* (see Table 1.).

Table 1. The Subordinate Themes and Full Quotations of the First Theme

Subordinate Themes	Quotations
Concerns about body image	<i>"When I say life quality, I mean visual pollution. Nothing else. Visual pollution, pollution of appearance, that's it."</i> <i>"In my perspective, yes there is a visual pollution. But other than that, it doesn't effect my life so much."</i>
A Self as a visual pollution	<i>"It's distressing because it's on the body surface and a constant situation of blistering, bloodying and incrusts. I mean... aa...appears something ugly like a visual pollution"</i>
A Self as a threat to loved-one's well-being	<i>"And skin pulling at home is damaging too [for baby]"</i> <i>"We changed the vacuum cleaner...I can keep home more hygiene at least"</i> <i>"I may be swimming in the middle of a sea of incrust, I mean that's why I'm cleaning it. When I wake up in the morning my first job can be vacuuming around. "</i>
Seeing himself dirty and ugly	<i>"Chalk white, it happens such an exuding [bodily] fluids etc. exploding fluids, so it also causes the blemishes. It's something ugly too. Unnecessary dirtiness of the pants...It's also leaving stain [trace]."</i> <i>"The fluid coming up, as such, fluid of that blister is leaving too much stains"</i>
Fear of rejection and shame	<i>"I'm aware of how disgusting and repulsive it can be to people seeing this."</i>

Hasan repeatedly emphasized that living with Linear IgA means “visual pollution, pollution of appearance” during the interview, and he believes that the symptomatic skin lesions negatively impact his self-image as well as relationships with others: “It’s distressing because it’s on the body surface and a constant situation of blistering, bloodying and incrusts I mean.. aa..appears something ugly like a visual pollution.” (see Table 1.).

Furthermore, he perceives himself as a potential threat to his loved ones’ well-being: “And skin pulling at home is damaging too [for baby] ... I may be swimming in the middle of a sea of incrust, I mean that’s why I’m cleaning it. When I wake up in the morning my first job can be vacuuming around.” (see Table 1.).

As being the subject of “visual pollution” Hasan struggles with such overwhelming emotions as shame and fear of rejection: “I’m aware of how disgusting and repulsive it can be to people seeing this.” (see Table 1.).

The skin thereby seems to be a projector of “ugly” and “dirty” self that needs to be cleansed.

Theme 2: Gladiator Arena

Linear IgA is a difficult disease with insisting symptoms such as blisters, incrusts, fluids, blood and itches. This seems for Hasan to have come to symbolise his life as being in a wartime: “Your inside has become a thing like a gladiator arena, drenched in blood...Your body becomes like a camouflage, your true skin” (see Table 2.).

Table 2. The Subordinate Themes and Full Quotations of the Second Theme

Subordinate Themes	Quotations
Living in a war time	<p>“Your inside has become a thing like a gladiator arena, drenched in blood.”</p> <p>“Your body becomes like a camouflage, your true skin.”</p>
An intense fight with himself	<p>“But I can’t stop [myself] that scratching. [why?] puff, I don’t know, I can’t answer that.”</p> <p>“I’m not doing anything for holding something and then opening up the wound then bleeding, but I scratch so much that all becomes pulled of...I mean there is nothing to do”</p>
A self that not have control and not being understood	<p>“It’s insane! It’s not like something you know! Sometimes in a business meeting I hold my hand like this”</p> <p>“Because if hand is freed once! It can suddenly go somewhere in the middle of a meeting; I watch out for that.”</p> <p>“[imitating his wife] ‘Don’t pull it off, don’t pull it off!’”</p> <p>“I mean I hope Allah would never allow her to live this! I say, yes, it’s not nice, you’re right! But I say, you don’t know how does it feel to not being able”</p>
Being defeated by his urges	<p>“You can’t do it; you can’t do it even if you want to. As simple as that!”</p>

Moreover, the rival in this battle is not someone else but him. He experiences himself as being forced to fight against his irresistible urges of scratching. Thus, Hasan seems to feel lost in a loop that he can barely identify: “But I can’t stop [myself] that scratching. [why?] puff, I don’t know, I can’t answer that.” (see Table 2.).

Hasan illustrates his hand as an independent creature that may easily transform to a villain, which can destroy everything he built. Thus, he feels mostly uptight and exhausted of being alert: *“Because, if hand is freed once! It can suddenly go somewhere in the middle of a meeting; I watch out for that.”* (see Table 2.).

Hasan is able to put himself in the shoes of his wife and articulates some of the reasonable factors that he believes lead her to constant warnings. However, the recognition of her perspective does not lessen the alienation Hasan feels; on the contrary, this evokes incompetency and embarrassment: *“[imitating his wife] ‘Don’t pull it off, don’t pull it off!’...I mean I hope Allah would never allow her to live this! I say, yes, it’s not nice, you’re right! But I say, you don’t know how does it feel to not being able.”* (see Table 2.).

He seems to be trapped spatially, temporally and defeated by his own urges: *“You can’t do it, you can’t do it even if you want to. As simple as that!”* (see Table 2.). Therefore, he perceives himself as having no control over the situation and not being understood even by the closest person to him.

Theme 3: *Everything’s Gonna Be Alright*

Hasan recounts that he is positive towards life and makes peace with himself when he experiences relief from the symptoms of Linear IgA: *“That healing process did good. At the same time, I’m in D. [summer house], relax. Also, I’m getting injection [...] That turns into a perfect situation. It feels like life will be wonderful.”* (see Table 3.).

Table 3. The Subordinate Themes and Full Quotations of the Third Theme

Subordinate Themes	Quotations
Peace of a skin, peace of a mind	<i>“When everything’s is alright, we have a peace of mind. With the help of vitamin B supplement in addition to all of these, I became purely clean. There wasn’t any scar on my body, no scar left...”</i>
Being held by a nurturing environment	<i>“It’s like creating the shades on skin. Scar, scar, scar. And then for example with some sun, some sea, it’s going by for example... Last November there was no scar left. Salt is doing everything good, saltwater’s doing me good, also the sunbath.”</i>
Self as a perfectly normal being	<i>“As normal skin is white like this, so that scar creates a shade imm the shades are getting merged when you get a suntan...”</i> <i>“That healing process did good. At the same time, I’m in D. [summer house], relax. Also, I’m getting injection.”</i> <i>“That turns into a perfect situation. It feels like life will be wonderful”</i> <i>“Everything’s gonna be alright.”</i> <i>“I mean I’m like a normal person.”</i>

Hasan also believes that his skin resettles when he leaves his worries behind and feels nurtured and supported: *“When everything’s is alright, we have a peace of mind. With the help of vitamin B supplement in addition to all of these, I became purely clean... Last November there was no scar left. Salt is doing everything good, saltwater’s doing good.”* (see Table 3.).

Although he realises the peace of a mind and the peace of a skin are interconnected, he reflects changing emotions through how his skin looks: *“Purely clean, the shades on skin, shades are*

getting merging...” in this sense, Hasan sees himself as a perfectly “normal person” like his normal skin (see Table 3.).

Theme 4: Uncovered Weakness and Vulnerability

A presentation of the skin as a betrayer seems to symbolise the defencelessness that Hasan feels: “I mean it’s like outfit. If I go drenched in blood like this, man will say ‘Ouch! What’s his problem? What’s going on with this man?’” (see Table 4.).

Table 4. The Subordinate Themes and Full Quotations of the Forth Theme

Subordinate Themes	Quotations
Fear of being incompetent as a man	“Because you know one might think that...aa...his wife is committed with eternal love, thinks that she will never see any weakness of him etc. But!”
Fear of being discredited as a businessman	“I mean it’s like an outfit. If I go drenched in blood like this, man will say ‘Ouch! What’s his problem? What’s going on with this man?’” “Thus, one should not aa...uncover weakness and vulnerabilities so much. Should keep inside...should not uncover everything. I think, it’s useful to be discreet a bit.”
Struggle to conceal his disgrace and undesirable feelings	“I mean, for example if there was a meeting today, I couldn’t go with this shirt. I have to change the shirt. I even haven’t a jacket. Besides, the jacket is very useful thing...to wear suit. At least, you put the jacket on, even if you rip the shirt on...your inside is drenched in blood, but no probs. Jacket sleeves are long, it covers everything and you go.”

His sense of weakness and helplessness turns into, in the account, him being a victim of the symptoms. Hasan is frustrated by the explicit of his skin which he believes put him in a vulnerable position within relationships. He emphasises “weakness” as a self-representation that he is ashamed of and that he avoids to be seen as such: “Because you know one might think that... aa... his wife is committed with eternal love, thinks that she will never see any weakness of him etc. But!” (see Table 4.).

Hasan is also afraid to be discredited as a business man: “Thus, one should not aa... uncover weakness and vulnerabilities so much. One should keep them inside, should not uncover everything. I think it’s useful to be discreet a bit.” (see Table 4.).

Hasan makes so much effort to compensate for the failure of his skin with clothing, in order to hide his undesirable feelings: “At least, you put the jacket on, even if you rip the shirt...your inside is drenched in blood, but no probs. Jacket sleeves are long, it covers everything and you go.” (see Table 4.).

Theme 5: Oscillations Between Hope and Hopelessness/ Acceptance and Despair

Hasan spent a great deal of time to find an efficient treatment, even trying strong medications. The search for treatment was such a disappointing experience that surrender seems to be better than hope for him: “To be honest, I wasn’t very hopeful until Mrs. A’s injection therapy... I mean it’s a part of my life. I said, ‘I’ll live like this’. There isn’t a cure for this.” (see Table 5.).

Table 5. The Subordinate Themes and Full Quotations of the Fifth Theme

Subordinate Themes	Quotations
Hope vs. hopelessness	<p><i>“To be honest, I wasn’t very hopeful until Mrs. A’s injection therapy. I was going [to see doctors] to please C. [his wife]. I mean, it’s a part of my life. I said ‘I’ll live like this’. There isn’t a cure for this. But after that, you know, as I visit more regularly this woman and go back to her... I stock the medications only because I saw the benefits and right responses of biotin injection last year. But before that, I wasn’t hopeful at all, I wasn’t hopeful at all that it would go away.”</i></p>
Helplessness vs. seeking for help	<p><i>“Inshallah [pray] Linear IgA will response in alike, I hope...”</i></p> <p><i>“How Linear IgA ends, I have no clue. But if you say how to minimize Linear, well, [psychotherapy]. If we start Clay [Field] therapy soon again, how nice, everything’s gonna be alright”</i></p>
Being easy and healthy vs. being reckless and passive	<p><i>“In this life, there is always something to worry about. You know, some people block it in head, not worry, but I do. Because I don’t have such an easy [mind]”</i></p> <p><i>“There is a constant source of stress. On and on and on...but at some point, we calm down. Or we don’t. We’ll see.”</i></p> <p><i>“But to be honest, I don’t want to turn this [business] upside down and going back to a passive state. But when I dream one part of my body says, ‘simple and ordinary life, it’s less but yours, aa...you can be healthier’. I mean my criterion is that, I hope the number of stressors will probably be decreased with the flow of my business life”</i></p>
Acceptance vs. despair	<p><i>“Let’s see what will it become...I, myself accept this won’t end”</i></p> <p><i>“You should accept that something would end or not. Something, I mean, It’s me, I’m bad. I mean life is easier when you accept something”</i></p> <p><i>“When you accept that some things are innate, you know, very, I’m not such a religious man but sometimes it’s simple, there are things that you can’t change in your life.”</i></p>
Acceptance vs. expectations	<p><i>“Maybe, I have to accept. As I said, life has become easier after I accepted Linear IgA. I mean calm comes after saying ‘this won’t be cured. It’s a part of mine.’ Otherwise, saying what will happen all the time, I don’t know. That doesn’t work for us...”</i></p> <p><i>“While you say, what will happen, what will happen, will I get better, you never get better at all. It’s like two and two make four. I saw it physically with my eyes. I mean, not mentally... How can I explain it?”</i></p> <p><i>“But I had a peace of mind, I believed this could happen. Will it be or not? We’ll see if we live.”</i></p>

On the other hand, it’s quite remarkable how his attitude changes dramatically towards the disease, depending on his experiences of being in the good hands: *“But after that, you know, as I visit more regularly this woman and go back to her... But before that, I wasn’t hopeful at all, I wasn’t hopeful at all... If we start Clay [Field] therapy soon again, how nice, everything’s gonna be alright”* (see Table 5.).

Paradoxically, hopefulness also produces hopelessness since Hasan sees life as a source of inevitable stress and himself as a man of worries: *“In this life, there is always something to worry about. You know, some people block it in head, not worry, but I do. Because I don’t have such an easy [mind]...there is a constant source of stress. On and on and on...”* (see Table 5.).

It’s clear that Hasan wishes a life freed from Linear IgA, yet he believes the only way to make it real is to become a reckless and passive person: *“But to be honest, I don’t want to turn this [business] upside down and going back to a passive state. But when I dream one part of my body says, ‘simple and ordinary life, it’s less but yours, aa...you can be healthier’”* (see Table 5.).

Hasan struggles to set a position towards Linear IgA so that he uses different words to express his ambivalence: *“...at some point we calm down. Or we don’t. We’ll see... But when I dream on one part of my body says... Let’s see what will it become... Will it be or not? We’ll see if we live.”* (see Table 5.). In this sense, the skin seems to be a demanding entity, which creates a conflict of values that Hasan has to deal with.

Again, Hasan uses the word “acceptance” in two different contextual meanings. The first is an “acceptance” which signifies his expectations of getting mentally and physically better: *“Maybe, I have to accept. As I said, life has become easier after I accepted Linear IgA. I mean calm comes after saying ‘this won’t be cured. It’s a part of me’.... It’s like two and two make four. I saw it physically with my eyes. I mean, not mentally... How can I explain it?”*.

The second is an “acceptance”, which refers to the despair he feels: *“I, myself accept this won’t end... You should accept that something would end or not. Something, I mean, It’s me, I’m bad... When you accept that some things are innate... there are things that you can’t change in your life.”* (see Table 5.).

Here, the skin seems to be an agent amplifying the oscillations of his attitude towards life. This becomes evident from Hasan’s definition of Linear IgA as a “barometer” which serves to “show” him his inner conflicts and hidden emotions that he could barely verbalize during the interview: *“It’s kind of aaa barometer!... It’s a stress barometer to me... maybe you are aware of, maybe there is something to do, you want to do, you can’t or you do but it doesn’t happen like you wanted to... or about your family”*.

DISCUSSION

As stated earlier this study intends to unfold the participant’s own sense-makings and conceptualizations of his Linear IgA experience, by using IPA. Findings has been evidenced by a detailed commentary on data extracts and five superordinate themes emerged: *visual pollution, gladiator arena, everything’s gonna be alright, uncovered weakness and vulnerability, oscillations between hope and hopelessness/acceptance and despair*.

It is clear from his responses in the interview that Hasan’s prevailing concern is the visibility of Linear IgA and that the appearance of skin alters how he perceives himself. It is also important to note that the researcher made no prior reference to skin related self-perception during the interview, wherein Hasan himself brought it to the forefront of the discussion. The emergent themes thereby, converged on the topic of representations of self and others.

Anzieu's theory provides an important context for this study. He worked with dermatological patients and wrote extensively about the relationship between skin functions and ego. Anzieu (2016) described Skin-Ego as referring to "a mental image used by the child's Ego during its early stages of development to represent itself as an Ego containing psychical contents, based on its experience of the surface of the body." (p. 43). On the other hand, Anzieu's methodology remains discordant with the IPA study presented here, since he used projective methods, employing psychoanalytic theory of "ego" to analyse the material. Furthermore, Linear IgA is relatively a new phenomenon, which has been firstly identified in 1979 by Tadeusz Chorzelski, yet became a known diagnosis more recently (Chorzelski, et al., 1991). However, it is important to remember that IPA includes "double hermeneutics" and, hermeneutics contains "historical consciousness", as Gadamer (2004) emphasized. In other words, an interpreter is not detached from previous knowledge, which can be useful to deepen the interpretation, as long as these fore-structures are translated to the contextual meanings of original text, instead of attempting to impose theoretical constructs upon the phenomenon. The IPA study presented here can therefore be able to provide an interpretation of Anzieu in terms of the conception of self and meanings of skin, being elicited from the participant's Linear IgA experience. The first four of emergent themes, as illustrated in detail earlier, appear to be consonant with the psychological contents that Anzieu (2016) stated, especially: *maintenance and containment, protection, individuation, inscription and self- destruction*. These are presented in terms of participant's encounters.

According to his Linear IgA experience, Hasan feels abandoned by his skin, which is supposed to be a barrier of protection for his inner world, instead of exhibiting undesirable feelings. He values to be a rational, problem solver, cautious and material focused person in order to create safety and self-approval. Hasan thereby, construes the meaning of life as an existence-with inevitable worry, which he perceives as a main trigger of Linear IgA, as well. Paradoxically, he sees the symptoms as a potential threat both for his *individuation* and his positioning within the relationships. The skin thereby, reveals an existential conflict to him.

The appearance of skin infested with blood traces, blisters, fluids and itches *inscribes* a dirty and ugly even disgusting self-image for Hasan. Linear IgA also leads to a vulnerable sense of self and that he is ashamed to be seen as such. His recognition of scratching and skin picking as self-destructive compulsions, which may also be disturbing for others, creates more pressure on him, since awareness does not lessen the intensity of his urges.

While Hasan was recounting his experience during the interview, he was very often talking about his body and overwhelming feelings in third person. And regarding his own words evidenced in findings, "*gladiator arena*" theme addresses his tendency of perceiving his body as a malevolent. His dissociative way of talking about himself can be considered as an attempt to regain the sense of control by an act of distancing.

Conversely, "*everything's gonna be alright*" theme emerged from the participant's account of temporarily relieving symptoms of Linear IgA. Hasan addresses this altered appearance of skin by using the word "*perfect*" which also emphasis his sense of self-fulfillment. He perceives the regeneration of skin as the reflection of a "*peace of mind*", a sense of tranquillity and confidence, being held and nurtured. And reciprocally, a "*perfect*" skin turns into the

inscription of a clear, normal and complete *individuation*. Such meaning-making also shapes how he construes himself and his social world. Perfection thereby, appears to be an agent to rebuild self-esteem and emotional attunement for him.

Husserl's (2000) phenomenological conceptualizations of the skin and Merleau-Ponty's (1945, 1979) existential emphasis on the skin-body and relational self-provide a philosophical foundation, especially for the discussion of the fifth theme. The appearance of symptoms invites the participant to encounter with himself. Clearly for Hasan Linear IgA operates as a "barometer" which indicates his inner conflicts and changing moods. The skin therefore represents a field of self-reflection, so *the invisible* becomes visible to him. Hasan's expressions of relaxation, passivity and worry contextually imply his conflict to position himself as a "fighter" or a "looser". The "*Oscillations between hope and hopelessness/ acceptance and despair*" presents the participant's existential concerns, his ambiguous attitudes towards life and the contradictions in his conception of self.

The IPA study presented here can be able to complement these philosophical and psychological works by providing a more detailed picture of how the meaning of Linear IgA is strongly influenced by the participant's conceptions of relationships; and how his concerns about bodily appearance and the visibility of symptoms impact his sense of self; also how he becomes capable of reflecting on himself and his *lifeworld* through his skin.

Being different from the experimental and correlational studies on Linear IgA, this qualitative psychology research engages in-depth analysis of the experience, by putting the theoretical assumptions aside and allowing the participant to speak in his own voice. The study presented here can thereby make an insightful contribution to the literature on Linear IgA and, offer a different and resourceful perspective for psychodermatology.

Linear IgA has for the participant, come to mean entrapment, invasion, disgust, fear, also a lack of control and confidence. On the other hand, his experience of being embraced by the combination of a convenient pharmacological and psychological intervention and a nurturing environment "*creates a perfect situation*" which initiates to move towards an account of the increasing feeling of being maintained, accepted and safe. Moreover, the recovery from symptoms facilitates to regain his sense of control and self-validation.

While the existing research projects on Linear IgA were predominantly operated from the medical or mainstream psychological model and focused on psychogenic causes of the disease, this study's concern was affective, experiential and existential in focus. The findings suggest that the participant's account of psychological impact of Linear IgA is paralleling to his constructs of self and others, these are reciprocally change form in relation to the appearance of skin. The skin hereby represents a projector, which allows the participant to encounter his emotions, fantasies and existential conflicts, even though he tends to avoid them. Thus, a conception of Linear IgA not only as a somatic outcome of some stressful events but also, as a mean "to touch" the depth of individual's psychological world can be more illuminating in clinical practice.

This single-case research presents a detailed analysis of the participant's attempts to make sense of his embodied experience, and provides a starting-point for the future studies on Linear IgA.

It would be useful to repeat this study with different participants and to conduct the comparison studies by including more participants with the diversities in age, gender, religion and every type of social conditions. Such IPA studies could lead to an enhanced understanding of the phenomena. The longitudinal qualitative researches would allow deeper consideration into the psychological aspects of Linear IgA and how the meaning-makings change over time.

Lastly, constructing a well-balanced multiperspectival IPA design would be needed, in order to extend the notion of the skin-and-self.

Author Contribution: All contributions were made by the author herself, as it is a single-author study.

Compliance with the Ethical Standards: The research was conducted pursuant to ethical standards.

Source(s) of Support: The author did not receive support from any organization for the submitted work.

REFERENCES

- Andersen, P. A., & Guerrero, L. K. (2008). Haptic behavior in social interaction. In M. Grunwald (Ed.), *Human haptic perception: Basics and applications* (pp. 155-165). Birkhauser.
- Anzieu, D. (2016). *The Skin- Ego*. (N. Segal, Trans.). Karnac.
- Aralı, G., & Arslan, C. F. (2019). Geleneksel sınıflandırma sistemlerine karşı uygulanabilir yeni bir rehber: Psikosomatik araştırmalara yönelik tanı ölçütleri (DCPR). *Turkish Journal of Clinical Psychiatry*, 22, 228-242.
- Arkonacı, S. A. (2017). *Psikolojide söz ve anlam analizi: Niteliksel duruş*. Hiper Publication.
- Bryant, K. D., DeNunzio, M. J., & Ford, M. D. (2016). Linear IgA dermatosis after infliximab infusion for ulcerative colitis. *Journal of the American Academy of Dermatology*, 2, 448-450. <http://dx.doi.org/10.1016/j.jdc.2016.09.002>
- Cauza, K., Hinterhuber, G., Sterniczky, B., Brugger, K., Pieczkowski, F., ... Foedinger, D. (2004). Unusual clinical manifestation of linear IgA dermatosis: A report of two cases. *Journal of the American Academy of Dermatology*, 51, 112-117. <http://dx.doi.org/10.1016/j.jaad.2004.01.05>
- Chorzelski, T. P., Jabłońska, S., & Maciejowska, E. (1991). Linear IgA bullous dermatosis of adults. *Clinics in Dermatology*, 9(3), 383-392.
- Cieurzo, C., & Keitel, M.A. (1999). Ethics in qualitative research. In M. Kopala, & L. A. Suzuki (Eds.), *Using qualitative methods in psychology* (pp. 63-75). Sage.
- Cooper, K., Glaesser, J., Gromm, R., & Hammersley, M. (2012). *Challenging the qualitative-quantitative divide: Explorations in case-focused causal analysis*. Continuum.
- Danese, A., & Lewis, S. J. (2017). Psychoneuroimmunology of early-life stress: The hidden wounds of childhood trauma?. *Neuropsychopharmacology Reviews*, 42, 99-114. <http://dx.doi.org/10.1038/npp.2016.198>

- Díaz, M. S., Morita, L. B., Ferrari B., Sartori, S., Greco, M. F., ... Larralde, M. (2019). Linear IgA bullous dermatosis: A Series of 17 cases. *Actas Dermosifiliograficas*, *110*(8), 673-680.
- Egan, A. C., Smith, E. P., Taylor, T. B., Meyer, L. J., Samowitz W. S., & Zone, J. J. (2001). Linear IgA bullous dermatosis responsive to a gluten-free diet. *The American Journal of Gastroenterology*, *96*(6), 1927-1929.
- Elbrecht, C. (2012). *Trauma healing at the Clay Field: A Sensorimotor approach to art therapy*. Jessica Kingsley.
- Emanuel, E. J., Wendler, D., & Grady, C. (2000). What makes clinical research ethical?. *Journal of the American Medical Association*, *283*, 2701-2711.
- Farr, J., Nizza, I. E., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*. <http://dx.doi.org/10.1080/14780887.2020.1854404>
- Fernandes, K. A. P., Galvis, K. H., Gomes, A. C. M. S., Nogueira, O. M., Felix, P. A. O., & Vargas, T. J. S. (2016). Linear IgA and IgG bullous dermatosis. *Anais Brasileiros de Dermatologia*, *91*(5:1), 32-34. <http://dx.doi.org/10.1596/abd1806-4841.20164630>
- Ferreira, H., & Vilarinho, C. (2018). Linear IgA dermatosis: An atypical manifestation of a rare disease. *Pediatrics and Neonatology*, *59*, 324-325.
- Gadamer, H. G. (2004). *Truth and method* (3th ed). (J. Weinsheimer, D.G. Marshall, Trans.). Continuum.
- Giacomello, G., Scholten, A., & Parr, M. K. (2020). Current methods for stress marker detection in saliva. *Journal of Pharmaceutical and Biomedical Analysis*, *191*, 1-14.
- Herlin, L. K., Deleuran, M., Pallesen, K., & Bregnhøj, A. (2022). Combined dapsone and sulfapyridine for the treatment of therapy-resistant linear IgA bullous dermatosis: Two case reports. *Journal of the American Academy of Dermatology*, *21*, 119-122.
- Husserl, E. (1970). Phenomenology: Edmund Husserl's article for the Encyclopedia Britannica (1927). (R. Palmer, Trans.). *Journal of the British Society for Phenomenology: Husserl's Shorter Works*, *2*, 21-35.
- Husserl, E. (2000). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: Edmund Husserl Collected Works Vol. 3*. (R. Rojcewicz & A. Shuwer, Trans.). Kluwer Academic Publishers.
- Kandemir, G., & Ak, İ. (2013). Tıbben açıklamayan belirtilerin psikiyatrik yönü. *Current Approaches in Psychiatry*, *5*(4), 479-506.
- Klaus, K., Rief, W., Brähler, E., Martin, A., Glaesmer, H., & Mewes, R. (2013). The distinction between “medically unexplained” and “medically explained” in context of somatoform disorders. *International Journal of Behavioral Medicine*, *20*, 161-171.

- Laurent, H. K., Stroud, L. R., Brush, B., D'Angelo, C., & Granger, D. A. (2015). Secretory IgA reactivity to social threat in youth: Relations with HPA, ANS, and behavior. *Psychoneuroendocrinology*, *59*, 81-90.
- Lazslo A. A. (2006). Somatization or psychosomatic symptoms?. *Psychosomatics*, *47*(2), 163-166.
- Marques-Feixa, L., Castro-Quintas, A., Palma-Gudiel, H., Romero, S., Morer, A., ... Fañanás, L. (2022). Secretory immunoglobulin A (s-IgA) reactivity to acute psychosocial stress in children and adolescents: The influence of pubertal development and history of maltreatment. *Brain, Behavior, and Immunity*, *103*, 122-129.
- Mercan, S., & Altunay, İ. K. (2006). Psikiyatri ve dermatolojinin ortak çalışma alanı: Psikodermatoloji. *Türk Psikiyatri Dergisi*, *17*(4), 305-313.
- Merleau-Ponty, M. (1945). *Phénoménologie de la perception*. Gallimard.
- Merleau-Ponty, M. (1979). *Le Visible et invisible*. Gallimard.
- Pietkiewicz, I., & Smith, J. A. (2012). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne*, *18*(2), 361-369.
- Popescu, I. A., Vata, D., Statescu, L., Grajdeanu, A. I., Porumb-Andrese, E., & Patrascu, A. (2019). The psycho-emotional impact of patients with autoimmune bullous dermatoses. *Bulletin of Integrative Psychiatry*, *25*(1), 49-56.
- Romero-Martínez, A., Lila M., Conchell, R., González-Bono, E., & Moya-Albiol, L. (2014). Immunoglobulin A response to acute stress in intimate partner violence perpetrators: The role of anger expression-out and testosterone. *Biological Psychology*, *96*, 66-71.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, *11*(2), 261-271.
- Smith, J. A. (2011): Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9-27. <http://dx.doi.org/10.1080/17437199.2010.510659>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Taşcıoğlu G., Çakıcı E., & Cırhinlioğlu F. G. (2021). Somatization level among psychosomatic dermatology patients: Relationship with dyadic adjustment, gratitude, forgiveness, and perfectionism. *Alpha Psychiatry*, *22*(3), 165-170.
- Tsai, I. C., Chia-Yu, C., Chen, H. J., Wang, L. F., & Haien-Ching, C. (2010). Linear IgA bullous dermatosis: A clinical study of 16 cases at National Taiwan University Hospital. *Dermatologica Sinica*, *28*, 21-26.
- Vargas, T. J. S., Fialho, M., Santos, L. T., Rodrigues P. A. J. B., Vargas, A. L. B. S. J., & Jeunon-Sousa, M. A. (2013). Linear IgA dermatosis associated with ulcerative colitis: Complete and sustained remission after total colectomy. *Anais Brasileiros de Dermatologia*, *88*(4), 600-603. <http://dx.doi.org/10.1590/abd1806-4841.20131949>
- Vedhara, K., Fox, J. D., & Wang, E. C. Y. (1999). The measurement of stress-related immune dysfunction in psychoneuroimmunology. *Neuroscience and Biobehavioral Reviews*, *23*, 699-715.

APPENDIX

The Interview Schedule

A Guide for the Questions and Prompts

- (1) Please can you tell me about what is Linear IgA?
 - How was your Linear IgA experience?
 - What kind of symptoms did you have?
 - Why do you think symptoms appeared at that time of your life?
 - What is your illness condition nowadays?
 - Where did you seek treatment?
 - What do you think lead you to seek treatment?
- (2) Can you tell me more about your treatment journey?
 - What kind of treatment do you think was most appropriate (medical/ non-medical)?
 - Why do you think you drop-out?
 - How did that feel?
 - What do you think would be more helpful for you? Why?
- (3) What are the main differences between the days with symptoms and without symptoms?
 - How does it feel to experience relief from symptoms?
 - How did you feel when the symptoms came back again?
 - What was going on in your mind then?
 - How do you interpret the symptoms?
 - How do you think your condition would change?
- (4) How do you think your life would be if you hadn't this illness?
 - How do you see your families' or friends' reactions?
 - What do you think they think about your condition?
 - How do you feel about the recommendations you received?
 - What would be more helpful for you? Why?