



PSYCHOEDUCATIONAL GROUPS FROM THE PERSPECTIVE OF PSYCHODERMATOLOGY IN SCHOOL-SERVICE: AN EXPERIENCE REPORT

GRUPOS PSICOEDUCATIVOS NA PERSPECTIVA DA PSICODERMATOLOGIA EM SERVIÇO-ESCOLA: RELATO DE EXPERIÊNCIA

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ABSTRACT: The objective of this study was to report the experience of the Psychological Care Group for Individuals with Atopic Dermatitis, Psoriasis, and Vitiligo developed at the teaching clinic of the Psychology Course at the Federal University of Santa Catarina (UFSC) between 2015 and 2019. A total of 52 individuals aged between 18 and 77 years, living with atopic dermatitis, psoriasis, or vitiligo, participated in the nine editions of the group. Meetings were held weekly and lasted 1 hour and 30 minutes, and were guided by a health psychoeducation perspective, using group dynamics techniques that promoted the expression of feelings and perceptions related to living with these dermatoses, as well as providing updated information on treatments based on the participation of different professionals. The psychoeducational group constituted an affective-instrumental support to help individuals cope with their skin conditions, and both participants and facilitators perceived the experience as highly positive. It is expected that other teaching clinics develop psychoeducational groups due to their transformative impact on individuals' lives and their great potential for promoting comprehensive health.

KEYWORDS: Dermatology. Psychology. Support Group. Mental Health Services.

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RESUMO: O objetivo foi relatar a experiência do Grupo de Atenção Psicológica à Pessoa com Dermatite Atópica, Psoríase e Vitiligo desenvolvido no serviço-escola do Curso de Psicologia da UFSC, entre 2015 e 2019. Participaram 52 indivíduos, entre 18 e 77 anos, que viviam com dermatite atópica, psoríase ou vitiligo, durante as 9 edições do grupo. Os encontros eram semanais e tinham duração de 1h30min. Tendo como referência a perspectiva da psicoeducação em saúde, realizaram-se técnicas de dinâmica de grupo que favoreceram a expressão de sentimentos e as percepções acerca da experiência de viver com tais dermatoses. Foram disponibilizadas informações atualizadas sobre tratamentos com base da participação de diversos profissionais. O grupo psicoeducativo constituiu suporte afetivo-instrumental para lidar-se com as dermatoses. Participantes e realizadores perceberam a experiência do grupo como muito positiva. Espera-se que outros serviços-escola desenvolvam grupos psicoeducativos devido a seu caráter transformador na vida dos indivíduos e a seu grande potencial para a promoção da saúde integral.

PALAVRAS-CHAVE: Dermatologia. Psicologia. Grupo de Apoio. Serviço de Saúde Mental.

INTRODUCTION

The aim of the present article is to introduce a report on the experience of professional psychology work carried out by a support group aimed at adult individuals with previous atopic dermatitis, psoriasis or vitiligo diagnosis. The activity was developed at the Psychological Care Service (SAPSI): School-Service of the Psychology School of Federal University of Santa Catarina (UFSC). It was interrupted between 2020 and 2022 due to the Covid-19 pandemic (*coronavirus disease* 2019). The current study introduces the theoretical perspective substantiating the applied intervention, methodology and techniques, as well as the group assignments. Reasoning on the relevance of the school-service available for undergraduate Psychology courses as facilitating space for psychoeducational-nature group interventions was carried out after brief considerations about the Psychology/Dermatology intersection, in addition to group psychoeducational intervention contextualization. This intervention helps promoting the health and quality of life of people affected by dermatological manifestations belonging to the group of psychodermatoses.

The aim of the report lies on providing greater visibility to Psychodermatology as Psychology specialization field, mainly to psychodermatoses and to their impact on mental health. This research is driven by the relevance of psychoeducational groups as strategy to cope with suffering conditions faced by people affected by dermatological diseases, as well as to promote well-being and the quality of life of this population. In addition, the report also aims at encouraging the creation of new groups, mainly in Psychology school-services, by highlighting the relevance of sharing experiences among their members and their contribution to health promotion.

This experience report corroborates studies developed by the international scientific community about interdependence among different dermatological conditions, mental health and the quality of life of affected individuals. Important emphasis is given to support groups, as well as to multidisciplinary interventions. Current studies point toward the analysis of global care given to people living with skin conditions and highlight the efforts made by health professionals to provide adequate mental health and well-being support based on identifying these persons' need and the resources currently available to them.^{1, 2, 3, 4.}

GROUP INTERVENTION AND PSYCHODERMATOLOGY

The psychodermatology field has been integrating the work done by doctors and psychologists to seek the best understanding of skin diseases. Thus, it is linked to important considerations about the role of mental health in individuals who suffer from skin diseases.^{5,6,7}

According to psychodermatological approach assumptions, a dermatological disease is not only an organic manifestation, but also a psychological one. This is made clear by the interdependence of and inseparability between body reactions and emotions, which reinforces the need for a comprehensive view of patients living with dermatological conditions.^{4,9.} Currently, estimates show that at least one third of patients with dermatological diseases present associated emotional aspects.¹⁰

Psychological factors play key role in allergic diseases and immunology. Fast increase in the number of studies relating central nervous system functioning to the immune system has been observed over the past two decades. Some authors in the literature have shown the association of acute/chronic stress level with immune response suppression.^{11, 12.}

According to Ludwig et al.⁸, "skin is the first organ to get in contact with the external world, the environment and people, and it makes the biopsychosocial understanding of illness essential".

Furthermore, it is known that the skin and the central nervous system emerged right from the ectoderm; in other words, they came from the same embryonic layer. This information provides the very basis for the assumption that both the skin and the brain can influence each other.¹³

Psychodermatological conditions can be divided into four major groups.¹⁴ The first one includes primary dermatological diseases with secondary psychiatric disorders. Psychiatric disorders in this group are mainly featured by damage to self-esteem, and it can lead patients to isolation and depression, in addition to generate anxiety symptoms. This group includes vitiligo, which is featured by skin color loss in some body areas due to decrease or lack of melanocytes in the affected areas. The causes of this disease are not yet clearly established, but autoimmune phenomena and emotional changes or trauma can be among the factors triggering or aggravating it.

The second group includes dermatoses influenced by emotional state. Therefore, psychological conditions can trigger dermatological lesions' emergence or worsening. Atopic dermatitis and psoriasis are included in this group. Atopic dermatitis is featured by chronic skin inflammation, which is marked by cyclical evolution. Psoriasis, on the other hand, manifests itself when defense cells, the so-called T lymphocytes, attack skin cells, cause complex immune responses and favor the emergence of thick and scaly patches on the skin.

The third group consists of primary psychiatric disorders with secondary dermatological sequelae. In this case, skin lesions can be self-inflicted and be a sign of mental disorders such as obsessive-compulsive disorder, somatoform disorders and delusional disorder of the somatic type - delusional parasitosis.

The fourth group includes dermatological conditions or lesions resulting from the use of psychotropic drugs like lithium, anticonvulsants, antipsychotics, antidepressants and anxiolytics. It is important emphasizing that none of the aforementioned diseases are contagious; therefore, contact with patients does not need to be avoided.

Psychoeducational groups for people with psychodermatoses have proven to be a relevant procedure for the treatment process. Evidence shows that patients suffering from psychodermatoses present high stress, anxiety and depression levels that can even lead to suicidal ideation in severer conditions. In addition, emotional impairments and low self-esteem help worsening the symptoms.¹⁵

Individuals joining the activities carried out by the herein reported groups fall into the first and second groups, given that their dermatological condition was related to vitiligo, atopic dermatitis and psoriasis, which are dermatoses influenced by emotional state.⁵

SCHOOL-SERVICES AS SPACE FOR GROUP PSYCHOEDUCATIONAL INTERVENTION

Psychology school-services are mandatory and provided for in the legislation that rules Psychology Training Courses in Brazil, in addition to regulate the psychologist profession in the country.¹⁶ They are known for providing free or semi-free services to the community. At the same time, they are a place where students, or professionals under training, are qualified and guided based on clinical care supervision. Their goal is to prepare these individuals to apply and reflect on professional practices. Thus, Psychology school-services are one of the few institutions capable of providing psychological services financially accessible to a fraction of the Brazilian population.¹⁷

One of aims of Psychological care in support groups focused on patients with specific illnesses (thematic groups) is to provide mutual support to help patients overcoming anguish and maladjustment feelings caused by the disease, in addition to outspread information on general care and on alternatives to deal with limitations or complications resulting from the disease or from a given condition, as they

publicize the resources available in health services and in the community. Therefore, the group is a psychosocial context rich in stimuli and potential, and it is particularly recommended to boost the development of psychological processes such as personal growth, maturation and learning.^{18, 19, 20} Groups can be distinguished by their settings, duration and theoretical orientation.²¹ Furthermore, they can be specialized in medical illnesses or have short-term goals. Oftentimes, groups comprise a varying number of attendees (from 5 to 25 members).

Using the psychoeducation technique - which combines psychological and pedagogical instruments to teach both patients and caregivers about physical and/or mental pathologies, as well as about associated treatments - is common, given the strategy aimed at developing resources to cope with the disease.²² The psychoeducation practice was understood as behavioral therapeutic concept back on the 1970s. It consists of the following elements: instructing patients about their disease; and providing training on problem-solving, communication and assertiveness.²³

SAPSI, as service-school, has proven to be a suitable space for the implementation of university extension projects mainly aimed at people who have any of the aforementioned dermatoses. The free-of-charge nature of these groups and their infrastructure, in combination to lack of them in Florianópolis City, have helped their formation for 9 semesters.

The extension project “Psychological Care Group for People with Atopic Dermatitis, Psoriasis and Vitiligo” was launched at SAPSI in 2015 and its activities went on up to 2019. It was available twice a year, at each academic semester, according to the institution’s academic calendar. Group formation depended on the enrollment of interested parties who had attended an initial interview. This first contact aimed at informing supposed attendees about the goals to be achieved, duration time and group activities. Groups were expected to attend 8 to 10 meetings; each meeting would last 1 hour and 30 minutes. The number of meetings changed depended on the group’s interest in delving deeper into a specific topic. The total of 52 patients were treated through these activities over the years.

The main goal of the group psychological intervention applied to people with psychodermatoses (psoriasis, vitiligo and atopic dermatitis) lied on seeking quality of life, despite the conditions involving chronic dermatological diseases. Accordingly, the adopted procedures were guided by skin-disease related biopsychosocial issues. Groups’ specific aims were to promote self-knowledge, learning and experience-sharing; to strengthen social ties and to give more visibility to challenges faced by people with psychodermatoses; to develop new adaptive strategies to help overcoming difficulties; to enhance medical treatment based on medication use; and to trigger changes in social attitudes towards people with psychodermatoses. Therefore, the groups gave support to help this population to cope with these diseases. After all, these were support groups focused on valuing the share of experience, expectations and information related to the herein addressed topic.

Rapport between attendees and the coordinator was set at the initial interview. Group meetings followed a multidisciplinary approach and they included professional guests from different knowledge fields — Medicine, Dermatology, Pharmacy, Acupuncture and Nutrition. These experts helped the psychoeducation process by bringing up different topics such as medications from the Unified Health System (SUS), anxiety, Chinese medicine, mindfulness, healthy eating, psychotherapy and spirituality.

METHOD

Groups comprised patients in the age group 18 to 77 years who attended the meetings by spontaneous demand. Most attendees belonged to the female sex. Groups were called out on SAPSI

website and at the Dermatology Service of Polydoro Ernani University Hospital. Attendees came from Florianópolis (SC) and nearby cities, and most of them belonged to UFSC external community. The meetings were coordinated by a psychologist and actively observed by a student enrolled in the Psychology course of this same university.

The listed dermatological pathologies were defined based on an interview carried out by the coordinator with the physician in charge of the Dermatology Service of the University Hospital (HU). Most patients seeking outpatient care at interview time had presented one of the aforementioned skin diseases. There were 9 group editions over the projects' operation years. The general descriptive overview of the meetings is provided below.

The meetings were set to cover the following aspects: a) self-knowledge: knowing oneself and dermatological disease, ways to cope with it and its impact on daily life; b) self-care: managing emotions, reducing stress and controlling anxiety, self-esteem, motivation, emotional support network; c) information: videos, testimonials, advertising campaigns, informative materials/booklets, websites and lectures with different experts (dermatologist, nutritionist, psychologist, acupuncturist and others of interest to the group).

Theoretically, the applied intervention was based on the health perspective of psychoeducational groups.^{22,24} The health psychoeducational model encompasses different psychological health and education theories. It consists of a set of intervention techniques and procedures focused on assisting patients and caregivers in treatment processes based on prevention and health awareness. The aim of such model is to broaden information availability to patients, so that they get deeper and non-fragmented aware of their diagnosis.²² The different dimensions of human suffering are highlighted to help patients developing personal, relational and social resources to deal with their own health issues, in a more assertive way.

The psychoeducational model for health has been used in several contexts (hospital, outpatient, clinical, school-services, among others) focused on a wide range of diseases (cardiovascular diseases, hypertension, anxiety disorders, chemical dependency, among others). Overall, positive results are highlighted by the development of strategies to cope with invasive examinations; by training focused on specific skills related to disorders; by well-being improvement based on the application of relaxation techniques; by the acquisition of knowledge about the disease; by greater adherence to treatment and use of available public health resources; and by greater learning sharing in the groups.²²

Attendees were informed about the participation of different experts from other health fields during the first meeting. These experts would attend specific meetings in order to outspread updated knowledge and information, and to enable a proactive stance towards treatment. The relevance of having attendees able to orient their family members and other interested parties was highlighted as way to widespread knowledge and to encourage changes in social attitude towards people with psychodermatoses.

A detailed explanation was given on how to find medical information related to dermatological diseases through online search on websites; it was provided at the second meeting, based on psychoeducation. Accordingly, it was possible accessing information from associations known for bringing together people from Brazil and abroad who live with psoriasis, atopic dermatitis and vitiligo.

The aim of the third meeting was to materialize impressions about the diagnosed disease through a projective activity proposed by the coordinator. Each participant was invited to divide a sheet of paper into four parts. The following prompt was provided: "If your skin issue were an animal, a musical rhythm, a plant, a color, what would it be?" Attendees created a chronological dermatological disease line from symptoms onset to current diagnosis during this meeting just by providing their answers.

The fourth meeting was attended by a dermatologist who delivered information on skin diseases pathology and on pharmacological treatments available in the Unified Health System (SUS). The doctor addressed the topics in a clear and dialogic way, in addition to answering to any questions.

The goal of the fifth meeting was to promote experience sharing and emotion reporting. Attendees were encouraged to discuss the feelings that had arisen since the first group meeting, as well as the aspects mostly rising their interest in delving deeper into them.

Psychotherapy and emotion management: emotional stress, vulnerability, self-knowledge, self-motivation and relaxation techniques were the topics addressed at the sixth meeting. The relevance of social clinics that provide low-cost psychotherapy services was also introduced. Two strategies to cope with anxiety were suggested: "Talking to the organ," according to which, at the end of the day, the individual should summarize the performed activities by connecting its thoughts to the emotions aroused during each activity, and by observing emotions' reflection on the affected organ — in this case, the skin. The second strategy was "A.C.A.L.M.E.-S.E" (Calm down). This technique⁶ was adapted by psychologist Bernard Rangé²⁵ and is divided into eight steps: 1) Accepting anxiety, 2) Contemplating things around you, 3) Acting in your anxiety, 4) Releasing the air from your lungs, 5) Keeping the previous steps, 6) Examining your thoughts now, 7) Smile, you did it!, 8) Hoping for the best.²⁵

The seventh meeting was attended by an acupuncture-expert physiotherapist who introduced some Chinese medicine aspects and the most commonly used techniques in acupuncture. Anamnesis in Chinese medicine, the origin of pain in different body organs, internal and external risk factors, and search for balance were the addressed topics. Some specific acupuncture activities were carried out in a practical way based on attendees' wishes.

The eighth, and final meeting, was attended by two professionals: a pharmacist and a psychoanalytic-approach psychologist. The pharmacist provided information on how to acquire medication at SUS, and the psychologist presented an analytical view of autoimmune diseases. According to the pharmacist, the University's Pharmacy School accounts for providing medication to treat users of the Specialized Component of Pharmaceutical Assistance in the city. The last meeting also marked the end of the groups' activities.

RESULTS

After reading the "Welcome Letter" at the first meeting, attendees verbally expressed their feelings about experiencing a space where they could learn and share experiences. According to several attendees, being in a group with people who were experiencing similar conditions and who were willing to share their concerns, doubts and feelings was very important and welcoming. Information about the disease provided at the second meeting and knowledge about associations focused on their population also brought them some comfort. They found out they were not alone and that they could count on the support from others.

The third meeting opened room for reflections based on topics raised by attendees themselves, namely: medical diagnosis imprecision, the role of dermatologists in the lives of people with dermatological diseases, individual's autoimmune genetics, medication prices in Brazil and the impossibility of healing. At the end, attendees highlighted the relevance of self-acceptance based on reasoning about building identity as a person, beyond the medical diagnosis of a dermatological disease. Attendees used to report how skin diseases closely associated with stigmatizing processes had straight effect on their self-esteem and identity.

Therefore, groups embodied a key role in processes to redefine identity verification, to face images created by attendees about themselves and social disease representations. Thus, processes to build stigma and strategies to deal with it were disclosed. Self-concept strengthening and its redefinition, beyond stigmas observed in skin-diseases social representations, helped improving self-esteem and values attributed to oneself.^{26, 27}

The fourth meeting was particularly relevant because reflections brought by the dermatologist led to an approach distanced from the discourse based on aesthetics and cosmetology, which is commonly outspread by the common sense. He increased the quality of the debate on experiences shared in the fifth meeting, which was no longer only based on suffering deriving from disease-associated aesthetic aspects.

Clarifications about psychotherapy provided at the sixth meeting allowed attendees to gain insight into the many difficulties related to seeking psychotherapeutic support. Relaxation and anxiety control exercises, as well as contributions from the physiotherapist provided in the following meeting, allowed attendees to highlight the benefits from techniques applied to control emotional processes intrinsic to the disease.

The last meeting, in addition to providing conclusions about the group intervention, set camaraderie bonds that remained in the created WhatsApp® groups. These groups aimed at sharing news about treatments, recommendations for doctors and other health professionals, and at organizing social events for attendees to meet up. Attendees expressed their reflections on what they had learned, felt and reasoned on throughout the meetings. The end of the activity was marked by a special and emotional celebration, and by the handing out of a participation certificate. The ability to show solidarity and to develop empathy for other people's problems, in combination to commitment to attend meetings on a regular basis, helped to keep group bonds, even after the group meetings were over.

DISCUSSION

The initial meeting was crucial to develop an emotional atmosphere conducive to the setting of trust bonds among attendees. Each participant was invited to introduce itself and to comment on its expectations towards the group's proposal based on the initial rapport.

The collective psychological contract helped interested parties to share their experiences with their suffering within a space of trust based on confidentiality, mutual respect and commitment to the search for quality of life, beyond diagnosis. Overall, groups sought to develop new strategies and practices to overcome difficulties emerging from their members' health condition. Patients with psychocutaneous disorders often have a purely somatic concept of their diseases, besides sharing myths, misconceptions and anxiety episodes.²⁴ Topics addressed in the first meetings such as disease etiology, precipitating factors, non-contagious nature, as well as the relevance of getting to know other experiences and different treatments, were essential to trigger behavioral changes.

Group configuration led to favorable psychological processes, as suggested by many authors.^{18,19,20,28} During the meetings, attendees reported self-confidence and resilience feelings that had emerged from their experience with the group.

Attendees expressed satisfaction at being in a meeting space when they were reading and commenting on the "Welcome Letter". They also pointed out a sense of belonging. Hope was observed in individuals' personal narratives, when they recounted their experience with living with a skin condition.

Being in a support group rekindled the hope that, together, they could access internal resources through self-knowledge, broaden knowledge and develop strategies to cope with their disease. Accordingly, being part of a “group of peers” not only reinforced social bonds by meeting new people, but also made it possible to see the group as opportunity to give visibility to challenges faced by those with skin conditions.

Dermatological diseases are closely associated with stigma processes related to social identity;²⁹ furthermore, they can cause damage to self-image and self-esteem.³⁰ Identity processes regard people’s feelings and perceptions about themselves and others. Self-evaluation, self-image formation and personal efficacy perceptions are fundamental mechanisms for identity formation and maintenance.

Stigma is related to social categorization processes and concerns judging other people. Judgments that generate stigma imply negative evaluations based on unusual, inappropriate or socially disapproved features or behaviors. Thus, creating stigma means marking the discredit lead to social discrimination.^{26, 31} A stigmatized identity comes from a self-evaluation process based on rejection and social inadequacy feelings. It carries the negative stereotypes associated with certain socially stigmatized categories. Such stereotypes are taken by stigmatized people as relevant references for the construction of their own identity. Therefore, these stereotypes become crucial in comparison to other identity references.³² The relevance of an identity points out its relevance in comparison to other references, as well as its importance in several social situations.³³

Identity verification processes based on continuously confronting self-image with concrete life situations are mediated by the influence of a reference identity. Goffman²⁶ lists unusual physical features as stigma source, and it allows people who share them to be categorized in a stigmatized way. Skin diseases have consequences on how a person is socially perceived. Dermatological lesions on the face and on other visible body parts are stigmas that acquire relevance in personal interactions, and it often leads to negative prejudice reactions.

The reports clearly disclosed prejudice and stigma associated with skin diseases. Many people avoid social events to protect themselves from suffering from stigma. Attendees shared feelings and impressions about their self-image during the meetings. Feelings of shame emerged among attendees in several social contexts, such as in daily interactions in public spaces, in social events with family and/or at work, and in exercising environments. These difficulties and challenges are faced in a daily basis and they reflect on social isolation, difficulty in sharing feelings, shyness or social inhibition; on shame or fear of being avoided by people, as if their disease was contagious.

Processes to identity deterioration assumingly result from prejudice and social stigma.^{26, 34} Misinformation, fear of transmission, disease visibility and the feelings of estrangement make interpersonal relationships precarious and turn the sick person into someone to be avoided. Furthermore, manifestations in the groups showed that people with skin lesions typical of vitiligo, atopic dermatitis and psoriasis were faced with different reactions from people who were unaware of these dermatoses’ typical skin manifestations and who showed facial expressions of disgust, revulsion or fear of contagion.

There was also a discussion about how certain disease aspects were perceived by people without skin conditions. Many individuals reported to have felt more motivated to seek information about skin diseases and to share it with others.

Attending the groups allowed attendees to share information about symptom control. Regular medication use and self-care allow the remission of the most evident dermatological symptoms, and it has positive impact on social interaction, self-perception and self-esteem. With respect to self-care, attendees often reported a feeling of losing control over the situation, and it triggers frustration feelings and non-adherence to treatment, besides the sense of abandonment. In addition, information sharing

gave the groups better conditions to deal with the fear of medication side effects, disease symptoms and self-acceptance, mainly when it comes to wearing clothes that expose the lesions.

Having experts from different knowledge fields was the way to provide educational information about the disease and its treatment. Thus, psychological care found support in educational means from different knowledge fields. According to some authors' descriptions, the role of psychological factors in skin diseases is mainly highlighted by the fact that attendees' dermatological condition is influenced by their emotional state.^{5, 6, 7, 8, 14}

Assumingly, the psychoeducational strategy combined to experience sharing sparked by attendees' empathy to each other accounted for triggering psychological personal-development processes. Therefore, planning this care type at school-services means complying with psychoeducation assumptions as it encompasses the aspects forming this practice. This process concerns relating psychological and pedagogical instruments to teaching about the disease, as already mentioned by some authors.²² It is possible stating that psychoeducation was the main resource promoting changes during the psychological care provided to the observed groups from the perspective of coping with the disease.

The psychoeducational groups are seen as health-promoting groups (HPG) developed by public services focused on mental health. Therefore, they act from the health perspective, rather than as reactive response to disease fatality. They are a goal to be achieved by public health and other social actors based on the application of methodological intervention instruments in real life.³⁵

The role of psychologists who work in health promotion should be oriented by a broadened clinical practice based on active listening and on genuine interest in the reality of service users. Psychologists should take their needs into consideration and encourage responsibility and autonomy in health care. Their goal must be promoting transformative and reflective practices in compliance with individuals' reality, and it must be done by encouraging awareness and empowerment.³⁶

Although attendees emphasized the informative dimension of educational strategies, it was not just about providing information, but about doing so within an environment of reflection, acceptance and empathetic understanding. It is essential emphasizing that educational action requires care both in selection and systematization processes, and in how information is outspread. The welcoming attitude and genuine interest in the uniqueness of each attendee, according to the group coordinator, makes the understanding and acceptance of the provided information easier.³⁷

Actually, it is appropriate to use the psychodermatological approach as theoretical premise in this group psychological intervention type, with emphasis on health promotion³⁸. The sense that dermatological disease is not only an organic manifestation, but also a psychic one,^{8,39} validates the relevance of a psychological basis for individuals with dermatological diseases.

Group environments in HPG work to create a cooperative space where attendees can reframe concepts that stop health promotion processes, value the knowledge available in the community, express and process emotional mobilization, in addition to get to know and to reason on health practices and on knowledge that can help increasing individuals' functional skills.

In short, it is possible stating that this group psychological intervention reached its goal of promoting the search for quality of life, despite the presence of chronic dermatological diseases. Attendees developed resources to cope with the disease through mutual support; therefore, insecurity feelings were gradually replaced by resilience. These findings come from attendees' spontaneous reports during the meetings. Both attendees and the current authors concluded that the groups were an extremely meaningful experience.

CONCLUSION

Bonds set by group attendees remain through groups on WhatsApp®, despite the distancing caused by the COVID-19 pandemic. These WhatsApp groups allow information sharing and keep an important contact network. Many individuals get involved in activities promoted by the school-service and the psychologist who coordinates the groups, and it shines light on the need for keeping the support networks, contact and information sharing. Regular knowledge updates about new treatments and therapies is essential for this specific set of dermatological diseases.

It was possible identifying lack of this activity type in health services available to this population. Although the group took place in a teaching service, assumingly, its format and aims can be used in other health services, mainly in Basic Health Units. Accordingly, school-services applied by undergraduates in Psychology courses can play key role, not only in training new professionals on providing care to patients with dermatoses, but in radiating new practices and spaces for health promotion based on the reception and resignification of skin diseases by these services' users.

Working with HPG in public health services, such as the Psychology school-service, has enabled integrating dispersed knowledge from the human and biological fields to popular knowledge, among others. This experience report suggests new ways of acting in the health care and promotion model, as it requires an environment conducive to interaction between attendees and the group coordinator, and between them and other health professionals. Thus, the created bonds enable developing actions aimed at promoting the health of individuals who seek support groups.

Finally, it is important highlighting that this experience report was only possible due to the willingness of people attending the support groups. They made it possible to show how essential it is to promote psychological interventions in groups set for those who experience cutaneous manifestations of complex and multifaceted diseases. The psychoeducational groups provided emotional and instrumental support for this population and helped it to deal with the disease, without losing sight of the search for quality of life, beyond a diagnosis of chronic dermatological disease. Thus, it is expected that other school-services will develop psychoeducational groups through this experience report. These new groups should embody a transformative role in individuals' lives, besides having huge potential to promote comprehensive health.

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