The role of psychological counseling in comprehensive work with clients suffering from alopecia

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Abstract. When doctors look at alopecia, they see a dermatological condition. Hair follicles stop working, prescribe treatment, come back in three months. But people living through this tell a completely different story. A woman wakes up finding clumps of hair on her pillow. A young man watches his temples going bald rapidly. A teenager loses half their hair in a week. What follows isn't just about scalp and follicles - it's panic, anxiety turning chronic, depression, social withdrawal. Hair isn't just keratin strands. It's part of identity, how someone sees themselves, how society judges them. Unlike diabetes or heart problems you can hide, alopecia sits right there on your head for everyone to see. Every conversation, every meeting becomes stressful. Medical treatment focuses on hair regrowth - logical, seemingly. But even when hair grows back, the person inside is already broken. Research shows people with alopecia suffer anxiety disorders, depression, social phobia at much higher rates. Quality of life plummets. Yet psychological support remains practically absent from treatment protocols. This article examines why psychological counseling must be standard care for alopecia, not optional extra. Using theoretical analysis, we explore psychological impacts, relevant frameworks, effective counseling approaches, and integrated care models. People losing hair deserve real help addressing both physical and psychological dimensions of their suffering.

Keywords: alopecia, psychological counseling, body image, stigmatization, biopsychosocial model, quality of life.

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Introduction

When doctors look at alopecia areata, they see a dermatological pathology. Follicles stop working normally, hair falls out - here's the drug for you, come back in three months. But the people who go through it tell a completely different story. It's not just about the scalp.

A woman wakes up and sees a pile of hair on her pillow. The man notices that his temples have started balding rapidly. A teenager loses half of his hair in a week. Everyone has their own story, but they are all covered by a wave - fear, panic, misunderstanding. And this wave does not disappear when the hair stops falling out. It remains, accumulates, turns into anxiety, depression, reluctance to leave the house.

Hair is not just keratin threads on the head. It is part of the image, part of how a person feels. A woman's long, luxurious hair is what all the magazines write about, and it is shown in advertisements. A man's thick hair is a sign of strength and youth. When hair disappears, something more important disappears. Questions arise that do not have simple answers: who am I now? what will others see when they look at me? will I still be able to be attractive, successful, normal?

Diabetes can be hidden. No one will see heart problems on the street. Alopecia is another matter. It is there, on the head, in plain sight. Every conversation with colleagues, every meeting with friends, every date - and this thought revolves: they look at my baldness, they think about it, they feel sorry for me or condemn me. The work is getting harder. Relations are strained. Even going to the store is stressful (Horda, 2023).

I went to a dermatologist and got a prescription. Apply minokidyl, drink finasteride, or immediately think about transplantation, if you have the money. Medicine focuses on hair restoration. Logically, it would seem. But even when the hair grows back, the person inside is already broken. And if it does not grow? Then that's all - sit and endure, somehow get used to it yourself.

One study after another shows that people with alopecia are more likely to suffer from anxiety disorders, depression, and social phobia. The quality of life is falling. Someone stops leaving the house. Someone is thinking about suicide. This is not an exaggeration - these are statistics, these are real numbers from scientific journals. But what does the medical system do with this information? Practically nothing. Psychologists hardly appear in the treatment of alopecia.

This article is about this gap between what people experience and what doctors offer them. Psychological counseling should be part of the treatment of alopecia - not for the particularly vulnerable, not as an additional option, but for everyone, always. There will be no new studies with numbers and graphs. Here's a theoretical breakdown of why it's important and how it should work.

Next, we will consider several directions. First of all, what happens in the head of a person who loses hair - emotions, thoughts, changes in behavior. Secondly, what psychological theories help to understand these processes - why external changes hit the psyche so hard. Thirdly, what counseling methods can really help - not just "talk about feelings", but concrete approaches with proven effectiveness. And finally, how to combine medical and psychological care into one system so that a person receives full treatment.People who are losing their hair deserve real help. Not for reassuring phrases "everything will be fine" and not for ignoring their pain. Hair loss destroys life - this is a fact, not a dramatization. Solving real problems requires real tools. Psychological counseling is one such tool, and it's time to stop pretending that you can do without it.

Results

Alopecia is not a single disease, but a whole bunch of different conditions that have one thing in common: hair loss. Doctors like to classify, put on shelves, but for a person who looks in the mirror at his baldness, these classifications mean little. It still hurts (Aukerman & Jafferany, 2023).

Androgenic alopecia is the most common. This is the same "male baldness" that we see in half of men after forty. But it also happens to women, and much earlier than we would like. The mechanism is simple on paper: hormones, genetics, follicles gradually atrophy. The hair becomes thin, thin, eventually disappears altogether. The process is slow and takes years. A person watches how little by little he loses what he had from birth.

Alopecia areata is a completely different story. Here, the immune system suddenly decides that the hair follicles are the enemy and starts attacking them. Round bald spots appear, often on the head, but can also be on the beard, eyebrows, anywhere. The most terrible thing in the area is unpredictability. Today I saw a small spot, there are already five of them in a week. Or vice versa - everything grows by itself, without any treatment. Or grows back and falls out again. Living in such uncertainty is a separate challenge.

Total alopecia is an extreme variant of areata. All the hair on the head falls out. Fully. Universal alopecia goes even further - all the hair on the body disappears. Eyebrows, eyelashes, hands, feet - smooth skin everywhere. People with total alopecia often say that the most difficult thing is not the loss itself, but the reaction of others. When you don't even have eyebrows, you look like an alien, it scares people or makes them stare.There is also cicatricial alopecia, when the follicles are destroyed permanently due to inflammation or trauma. There is trichotillomania, when a person pulls out his own hair due to psychological problems. There is telogen loss after stress, childbirth, illness. Each type has its own medical specificity, its own causes, its own prognosis.

Why does alopecia begin? Medicine still does not have a complete answer to this question, which is very annoying to both doctors and patients.

Androgenic alopecia - here everything is more or less clear. Genetics play a major role. If the father is bald, the son is likely to be bald too. Androgens, male sex hormones, affect the follicles, making them sensitive to dihydrotestosterone. The follicles gradually decrease, the hair becomes thin, fluffy, and eventually stops growing altogether. The process usually begins on the temples and crown of men, in women - diffuse thinning over the entire head.

With alopecia areata, everything is much more hazy. Autoimmune disease is fine, but why did the immune system suddenly go crazy? Stress can trigger it, but not everyone experiences hair loss after stress. There is a genetic predisposition, but it is not absolute. Infections, injuries, other autoimmune diseases may or may not play a role. Doctors honestly say: we don't know for sure.

The course is also unpredictable. Some people lose their hair in a few weeks. In others, the process stretches for months. Someone got sick once and that's it - the hair grew back and there were no more problems. For some, it becomes a chronic condition with constant relapses. Medicine can offer treatment, but cannot guarantee results. This is the worst – uncertainty, lack of control over the situation.Scarring alopecia often follows inflammatory skin diseases - ringworm, folliculitis, lichen planus. Inflammation destroys the follicles, and scar tissue forms in their place. Hair will never grow back from there. Surgical interventions, burns, radiation can also lead to cicatricial alopecia.

Alopecia is not some rare exotic. Millions of people around the world live with it (Hozhenko et al., 2019). Androgenic alopecia affects approximately half of men under the age of fifty. By seventy - already about 70-80%. In women, the indicators are lower, but also significant - about 40% after menopause have noticeable hair thinning. Race matters: Asians and African-Americans have a lower incidence of androgenetic alopecia than Caucasians.

Alopecia areata is less common, but still affects about 2% of the population during their lifetime. It can start at any age, but most often makes its debut before the age of thirty. Men and women get sick about the same. Total and universal alopecia are rare forms, accounting for approximately 5-10% of all cases of areata.

Interesting statistics on children. Alopecia areata can affect even a small child. And if it is difficult for an adult to cope with hair loss, then imagine what a child feels who is being teased at school. Adolescents with alopecia are a separate pain point. The age when appearance becomes paramount, when you want to be liked, to be like everyone else - and suddenly baldness.

Socio-economic status also plays a role, but not in the occurrence of the disease, but in the possibility of treatment. The rich can afford expensive drugs, hair transplants, and high-quality wigs. The poor are left with what they have or no help at all.

And now the most interesting thing is what happens in the head of a person who loses hair. Medical textbooks write little about it, and for nothing.

The first blow is to self-esteem. A person is used to seeing himself in a certain way. Suddenly the mirror shows something else.Someone says "it's just hair", but to the person experiencing it, it's not "just". It is a part of the identity that is disappearing. Especially for women. Society has been hammering it into our heads throughout our lives: a woman must be beautiful, and beauty necessarily includes beautiful hair. Losing it means feeling inferior, unattractive, less feminine.

Anxiety covers almost everyone. Anxiety about the future: will hair fall out? will it grow back? what will i look like in a year? Social anxiety: what will people think? will they notice will they pity me? will i be able to find a partner This anxiety does not give rest, it revolves in the head as a constant background noise.

Depression is a logical continuation. When anxiety lingers, when the situation does not improve, a person falls into despair. Why go out? Why try to look good? Still nothing will help. Research shows that people with alopecia are at several times the risk of depression compared to the general population. Someone reaches suicidal thoughts - not because hair is so important in itself, but because losing hair entails the loss of everything else: confidence, social life, hope.

Social isolation is a typical consequence. A person begins to avoid situations where his appearance will be visible. He refuses to meet with friends, from parties, from sports (the swimming pool is a nightmare for a person with alopecia). Some people stop leaving the house altogether unless absolutely necessary. The world shrinks to an apartment where no one can see what you look like (Aldhouse et al., 2020).

Problems at work also arise. Someone feels that colleagues are watching and whispering.Someone is afraid that appearance will affect career growth - and often this is not paranoia, but reality. Research shows that people with alopecia are indeed often perceived as less successful, less healthy, less competent. Discrimination? Yes. But who will fight it?

Relationships suffer. Intimacy becomes an issue, especially for wig wearers. When to remove it? How will the partner react? Some people avoid romantic relationships altogether, believing that no one needs them with alopecia. Those who are already in a relationship experience tension - the partner may try to support, but does not always understand the depth of the problem.

Obsessive-compulsive behavior develops in many. Constant checking of mirrors, counting hairs that have fallen out, endless search for information on the Internet about new methods of treatment. This is an attempt to regain control, but in reality it only increases the anxiety.

Body dysmorphic disorder is an extreme option, when a person is so obsessed with his appearance that it completely destroys his life. Not everyone reaches the point of clinical disorder, but many teeter on the edge.

There are also positive stories, of course. Someone accepts their alopecia, learns to live with it, even finds something of their own in it - uniqueness, strength, a new outlook on life. But such a minority. The majority suffers, and this suffering is real, deep, and needs help.

Try to imagine yourself without hair. Just like that, experimentally. Close your eyes and think: what would you look like? How would you feel? For most people, this is an uncomfortable exercise, because hair is not just a biological material that grows on the head.

Hair shapes the face, emphasizes features, creates an image. A short haircut, long loose hair, curls, straight - all these are ways to express yourself, to show the world who you are. Teenagers spend hours experimenting with hairstyles, dyeing their hair in different colors, looking for their own style. Adults choose hairstyles that suit their social status, profession, and lifestyle. Hair becomes part of the personality.

Psychologists talk about "body image" - an internal mental picture of how we look and how we feel about it. This picture is formed over the years, starting from childhood. It includes everything: face, body, voice, gestures - and hair too. When the hair starts to disappear, the body image is destroyed. The mirror shows someone else, not the one a person is used to. There is a dissonance between the inner sense of self and the external reality.

This dissonance is painful. A person can walk past a mirror and not recognize his reflection. Can see someone else in the photos. "It's not me" is a typical phrase of people with alopecia. But this is me, there is no getting away from this fact. And you have to somehow integrate this new image into your identity, and this is difficult psychological work.

Hair is also related to age. Thick, shiny hair is associated with youth, health, and vital energy. Hair loss, even in a young person, creates a feeling of premature aging.A 20-year-old with a bald head may feel like he's missing out on his youth. A thirty-year-old woman with thinning hair may panic that she is "not the same anymore."

There is also a symbolic component. Hair has different meanings in different cultures – strength (think of Samson from the biblical story), femininity (flowing hair in classical painting), rebellion (punks with mohawks), spirituality (long hair in mystics and yogis). Losing hair can feel like a loss of these qualities, these symbolic meanings (Aldzhabali, 2021).

When a person first notices that he is losing his hair, the emotional reaction may be different, but there is definitely no indifference.

Anxiety strikes first. The heart speeds up, the throat dries up, thoughts swirl: what is this? why with me what will happen next Anxiety is a natural reaction to a threat, and hair loss is perceived precisely as a threat. Threat to appearance, attractiveness, social status, future. The brain turns on the alarm mode and cannot get out of it.

This anxiety does not go away quickly. It becomes chronic, accompanies a person constantly. Every morning begins with checking the pillow - how much hair has fallen out during the night? Every trip to the shower - from counting the hairs on the palms. Every look in the mirror is a search for new bald spots. It exhausts the psyche, takes away resources, prevents rest.

Generalized anxiety often turns into specific fears. Social anxiety is the fear that people are watching, discussing, judging. Fear of intimacy - that the partner will see the real state and push away. Fear of the future - what will happen in a year, in five years, when the hair will completely disappear? These fears are not always rational, but they are no less real.

Depression comes later, when it becomes clear that there is no quick fix. When treatment doesn't work or doesn't work enough. When hope dissolves and only hopelessness remains.

Depression in alopecia has its own characteristics - it is often associated with a loss of identity, with the feeling that "I am no longer the person I used to be."

The classic symptoms of depression are all in place: depressed mood, loss of interest in things that used to bring joy, sleep problems, changes in appetite, fatigue, feelings of worthlessness. But a specific component is added to this - a constant vision of the cause of one's unhappiness in the mirror. Depression with a chronic illness is always more difficult, because the trigger does not disappear, it is with you every day.

Research shows the numbers. In people with alopecia areata, depression is diagnosed in 39% of cases - this is almost one in two. It's not just a bad sleep or a low mood. This is clinical depression that needs intervention (Aukerman & Jafferany, 2023).

Shame is perhaps the most difficult emotion in this triad.Shame is different from guilt – guilt that you have done something bad, shame that you are something bad. People with alopecia are often deeply ashamed of their appearance. It seems to them that they are defective, inferior, worse than others.

This shame makes you hide. Literally - wear hats, wigs, scarves. Metaphorically - avoiding people, giving up activities, withdrawing into oneself. Shame breeds secrecy. Many people with alopecia keep their condition a secret, even from close friends. The wig is removed only at night, when no one is looking. They live a double life - a public version and a private reality.

Shame also blocks help-seeking. A person thinks: "It's just hair, how can I complain? There are people with real diseases, and I'm sick because of baldness?" Such internal criticism does not allow you to turn to a psychologist, talk to someone, ask for support.

Anger is also present, although it is less often talked about. Anger at his own body that failed him. Anger at doctors who cannot cure. Anger at society with its unrealistic beauty standards. Anger at healthy people who don't realize how lucky they are to just have hair. This anger does not always find an outlet and can turn inward, reinforcing depression.

Alopecia is not only a personal drama, it is also a social problem. Because we do not live in a vacuum, but among other people who look, evaluate, react.

Stigmatization begins with the first outings to people after the start of noticeable hair loss. Views are the first thing a person feels. People look at baldness, bald spots, and a wig (if it is not of very good quality). They look not necessarily with anger or contempt - often with curiosity, surprise, sometimes with pity. But the very fact that they are looking at you, that you stand out, that you are not like everyone else is already a stigma (Clarke-Jeffers, Keyte, Connabeer, 2024).

Comments are next level. "What's with your hair?" - they ask directly. "Are you sick?" - they assume with sympathy. "Try this ointment, it helped my uncle," they advise uninvited. The worst are jokes. "Oh, you save money on the hairdresser!" or "Now you definitely won't spend hours in front of the mirror!" A person who makes a joke often does not understand how painful it is to hear it. For her, this is an innocent joke, for a person with alopecia – another blow.

Children are especially cruel. A teenager with alopecia can be teased mercilessly at school. "Bald", "bald", "grandfather" - nicknames that leave psychological scars for years. Bullying about appearance is common, and alopecia makes an easy target. The child may start skipping school, lose friends, withdraw into himself.

Discrimination exists, although it is not customary to talk about it out loud. Research shows that people with visible external deviations are often considered less competent, less reliable, less attractive for employment. Alopecia is no exception. The employer may not voice this as a reason for refusal, but unconsciously it will influence the decision.Especially in professions where appearance is important - sales, PR, show business, service.

The romantic sphere is a separate pain point. Getting to know a potential partner becomes a quest. When to tell about alopecia? On a first date? After a few meetings? Before the first intimacy? Each option has risks. If you say it right away, they can run away before the start. If you put it off, they will feel cheated. Many people with alopecia simply avoid dating, believing that no one wants them.

Social isolation develops gradually. At first, a person refuses certain activities - the swimming pool (water will spoil the wig), the gym (a sweaty head looks even worse), parties (bright light emphasizes bald spots). Then the circle narrows further - he sees friends less often, misses family meetings, avoids work corporate events.

The last option is complete self-isolation. A person leaves the house only when absolutely necessary. Works remotely if possible. Orders delivery of products. Lives on the Internet, because there is no bald spot. This is not paranoia and not a whim - it is a protective reaction of the psyche that tries to avoid the pain of social rejection.

It is interesting that even the support of loved ones sometimes works against. When relatives take excessive care, pity, constantly ask "how are you?", this can reinforce the status of a victim. A person becomes even more immersed in his problem, feels inferior and needs constant support.

Online alopecia communities are a double-edged sword. On the one hand, there is understanding, support, advice, and the feeling that "I am not the only one." On the other hand, immersion in the community of patients can consolidate the identity of a sick person. Instead of integrating into the wider society, a person lives in a narrow circle of the same sufferers.

Quality of life is not an abstract concept for scientists. This is a concrete feeling: how satisfied is my life? How happy am I? How much can I do what I want?

Studies measuring quality of life in people with alopecia show dismal results. On many scales, the indicators are lower than in people with psoriasis, eczema, even with some serious chronic diseases. It may seem strange - how can hair affect more than heart disease? But the numbers don't lie (Aldhouse et al., 2020, p. 76).

Physical functioning does not suffer directly (alopecia does not hurt, does not limit movements), but indirectly. A person avoids physical activity because of the fear that the wig will get dirty, the cap will fall off, others will see.He stops playing sports, swimming, dancing - not because he can't, but because he's afraid.

Psychological well-being flies down rapidly. Anxiety and depression, which have already been discussed, destroy any inner peace. A person stops feeling joy from simple things. A sunny day, delicious food, a good book - everything recedes into the background, because one thing is spinning in my head: my hair, my appearance, my inferiority.

Social functioning is impaired due to isolation. Friends gradually move away, because a person constantly refuses to meet. New acquaintances do not develop, because a person is closed, tense, constantly thinks about his hair instead of being present in communication. Romantic life freezes.

The professional sphere is also being hit. Someone misses important meetings, presentations, because they are afraid to speak in front of people. Someone turns down a promotion, which requires more publicity. Someone does not realize their potential simply because all mental energy is spent on experiencing through appearance.

There is also a financial burden. Treatment of alopecia can be expensive - drugs, procedures, hair transplant. Quality wigs cost thousands of dollars. Masking cosmetics, scarves, hats - all this is money. If a person works less due to alopecia, earns less - financial stress is superimposed on psychological stress.

Self-esteem is what suffers the most. Self-esteem is how a person evaluates his own value, his qualities, his right to respect and love. Alopecia hits self-esteem devastatingly.

Before alopecia, a person could have normal or even high self-esteem. After - she often falls to the floor. "I'm ugly", "I'm inferior", "No one needs me", "There's something wrong with me" - these thoughts become automatic, habitual, irresistible.

It is interesting that self-esteem in alopecia depends not so much on the degree of hair loss, but on how a person interprets it. Someone with small patches of baldness may have catastrophically low self-esteem, while someone with complete baldness may have relatively normal self-esteem. Psychological reaction is individual and depends on many factors: premorbid personality, social support, coping strategies, life experience.

But the general trend is clear: alopecia lowers self-esteem, and not temporarily, but long-term. Even if the hair grows back, the psychological scars remain.A person remembers that period, remembers the pain, remembers how he felt inferior. And this memory affects self-esteem for years.

Men and women experience alopecia differently. Not because they have different psyches (although hormones play a role), but because society makes different demands on them.

Women suffer more - this is a fact confirmed by dozens of studies. Why? Because for a woman, hair is part of femininity, part of beauty, part of social role. Women learn from childhood that they should be beautiful, well-groomed, attractive. Advertisements, films, magazines - women with luxurious hair are everywhere. Losing it means losing part of a woman's identity.

Women with alopecia often say that they feel "not female", "masculine", "asexual". They see in the mirror someone who does not fit into the female standard. And this causes a deep existential crisis: if I do not correspond to the image of a woman, then who am I anyway?

Social pressure on women is stronger. A bald man is normal, even brutal. A bald woman is a shock, an anomaly, something wrong. It is much more difficult for a woman to go out without a wig than for a man. A woman is more often asked "what happened?", more often stared at, more often sympathized (and sympathy can also hurt) (Aldzhabali, 2021).

The romantic sphere for women with alopecia is especially difficult. Many women are sure that no one needs them with baldness. That men are looking for beautiful women with long hair, and with alopecia the competition is already lost. This is not always true, but the fear is so strong that women do not even try.

Motherhood also comes into question. Some women with alopecia are afraid to give birth, because pregnancy can worsen the condition. Others worry that they will not be able to be "normal mothers", that their children will be ashamed of their bald mother. These fears are sometimes irrational, but they are real and affect life choices.

Men experience alopecia milder, but this does not mean that they do not experience it at all. For a man, hair loss is also a blow to self-esteem, just another form of blow.

Young men suffer the most. If baldness begins at the age of 20-25, when all peers have hair, it hurts. The young man feels that he is aging prematurely, that he is missing out on youth. Getting to know girls becomes stressful - what if she likes long-haired guys?

Older men often take alopecia more calmly. After 40-50 years, baldness is perceived as a natural process. Many men simply shave their heads and live quietly. Society accepts this as normal, baldness can even add masculinity and status.

But there is an exception.Men in public professions (actors, politicians, presenters) experience alopecia acutely, regardless of age. Their appearance is part of their capital, and losing hair can mean losing opportunities.

Men are less likely to seek psychological help. Why? Because "real men" do not complain, do not show weakness, do not go to psychologists. They have to cope by themselves, grit their

teeth, endure. This toxic masculinity does a disservice – men suffer in silence, receive no support, and accumulate stress.

It is interesting that men more often resort to radical decisions. If the hair falls out, shave and forget. If it does not grow, make a transplant. Women more often look for compromises, hide the problem, live with it, but less often go to extreme measures.

Gender identity matters too. Transgender people with alopecia areata face additional challenges. A trans woman who loses her hair due to hormone therapy or genetics may feel that her female identity is threatened. A trans man with alopecia may perceive it ambivalently - on the one hand, baldness is "masculine", on the other - it is still a loss, a stress (Hozhenko, Hryshko, Hramatiuk, 2019).

Sexual orientation also adds nuances. Gay men, for whom appearance often plays a large role in the community, may experience alopecia more acutely. Lesbians can have different experiences depending on the subculture - in some circles short hair or baldness is normal, in others it is not.

In general, gender differences in the experience of alopecia are huge and underestimated by medicine.Doctors often treat everyone the same, not taking into account that a woman with alopecia needs different support than a man. Psychological counseling must be gender sensitive, take into account these features, otherwise it will not work.

To understand why alopecia hits the psyche so hard, you need to look at it through different theoretical lenses. Engel's biopsychosocial model shows that illness is not just something that happens to the body. This is a combination of biology (follicles stop working), psychology (a person suffers emotionally) and society (society reacts, stigmatizes, pushes out). All three dimensions influence each other constantly. Stress makes hair loss worse, hair loss causes social rejection, rejection makes stress worse – a vicious cycle. Body image theories explain why hair loss affects identity so painfully. Body image is not just a picture in the mirror, it is an internal mental construct of who you are. When the hair disappears, this structure collapses. A person no longer recognizes himself, feels a dissonance between "I used to be" and "I am now". This disconnect between inner image and outer reality creates deep psychological distress that cannot be cured simply by growing the hair back.

Erving Hoffman in his concept of stigma described how society labels people with visible deviations as "other", less valuable. Alopecia is a classic example of such stigma. A person with baldness or bald spots automatically stands out, becomes the object of attention, often negative. Goffman spoke about "damaged identity" - when social stigma is so strong that a person himself begins to believe that something is wrong with him. Coping strategy theories explain why some people cope with alopecia better than others. Coping is the ways in which a person tries to cope with stress.There are adaptive strategies (seeking support, reassessing the situation, solving problems) and maladaptive ones (avoidance, denial, self-blame). Those who use adaptive ones maintain psychological health even with severe hair loss. Those who get stuck in the maladaptive ones suffer more. The quality of life model for chronic diseases shows that alopecia affects all spheres of existence – physical, psychological, social, even spiritual. This is not just a cosmetic problem, it is a chronic condition that fundamentally changes a person's life and requires long-term adaptation.

When a person with alopecia comes to a psychologist, what approaches can really help? Cognitive behavioral therapy (CBT) works with thoughts and behavior. The idea is simple: it is not the situation itself that causes suffering, but the way we think about it. A person with alopecia may think: "I'm ugly, no one will love me, my life is over." These thoughts are automatic, often irrational, but they drive emotions and behavior. CBT teaches to identify such thoughts, check them for reality, replace them with more balanced ones. Plus work with behavior - gradual exposure to situations that a person avoids (going outside without a wig, social meetings). Acceptance and Commitment Therapy (ACT) takes a different route. Instead

of fighting with negative thoughts, AST teaches to accept them, not to merge with them, but to continue living in accordance with your values. Lost your hair? It's a fact, it hurts, but that doesn't mean your life has to stop.What are your values? Relationships, creativity, helping others? Then take steps in these directions, even if it's scary, even if it hurts (Smaliukh, Svitlyk, Zaremba, Zaremba-Fedchyshyn, 2022).

The psychodynamic approach looks deeper – at unconscious conflicts, at what alopecia symbolizes for a person at a deep level. Maybe hair loss is related to loss of control over life in general? Maybe it's about the fear of aging and death? Maybe it activates old traumas of rejection and rejection? Psychodynamic therapy works longer, it is about understanding, awareness, integration of experience into life history. A humanistic approach, especially Rogers' client-centered therapy, offers unconditional acceptance and empathy. A person with alopecia often does not receive this from the world - judgments, advice, pity are everywhere. A psychologist creates a space where you can be yourself, where you don't have to hide, where your feelings are important in themselves. It heals through relationship, through the experience of being accepted completely. Integrative models take the best elements from different approaches. Maybe a specific person needs CBT to work with disturbing thoughts, and psychodynamics to work out deeper issues, and humanistic acceptance to heal relationships with oneself. A good psychologist does not stick to one school, but chooses tools depending on the client's needs.

Psychological counseling for alopecia has specific goals, not just "talking about feelings." The first goal is to help a person cope with the emotional impact of hair loss. Anxiety, depression, shame are not weaknesses, they are normal reactions to an abnormal situation. But they can become chronic and destructive if not dealt with. A psychologist helps to live these emotions without getting stuck in them forever. The second goal is correction of body image and self-esteem.A person must learn to see himself in a new way, to integrate changes into his identity. This does not mean "love your baldness" (although some go as far as that). It means "you are not only your hair, you are your qualities, achievements, relationships, values." The third goal is the development of coping strategies. How to cope with stress? How to respond to others' comments? How to make decisions about treatment, wigs, disclosure of your condition? A psychologist does not give ready-made answers, but helps a person find his own ways to cope.

The fourth goal is social reintegration. Many people with alopecia withdraw, avoid people, lose social connections. A psychologist works to ensure that a person gradually returns to social life. First, small steps - meeting a friend, going to the store, then bigger ones - a party, new acquaintances, maybe a support group. It's not about forcing a person out, it's about giving them the tools and confidence to do so. The fifth goal, which is often forgotten, is to work with existential questions. Alopecia forces a person to face fundamental things: who am I without the way I look? what makes me valuable how do i want to live my life These questions are scary, but they also have the potential for growth, for re-evaluating priorities, for a more authentic life. A psychologist accompanies a person in this search for meaning, helps to find answers that work for him. All this together is not a quick process, not "ten sessions and everything is fine". This can last months, sometimes years. But without this work, a person remains stuck in their suffering, even if medical treatment is successful.

Theoretically, everyone understands that the treatment of alopecia should be comprehensive. Practically, a dermatologist works alone, a psychologist (if any) works alone, and there is a gulf between them. And it should be a team. The biopsychosocial model is not just a good theory, it provides a clear rationale for a multidisciplinary approach: if illness has three dimensions, then treatment must cover all three. A dermatologist cannot effectively treat the body while ignoring the patient's psyche. Stress worsens autoimmune processes, depression reduces compliance (a person stops adhering to treatment), social isolation

deprives the support necessary for recovery. A psychologist, in turn, cannot work effectively without understanding medical aspects. What type of alopecia? What is the forecast? What are the treatment options? What are the side effects of drugs that can affect mood? This information is critical for psychological work.

The model of comprehensive care looks like this: the patient comes to a dermatologist, he diagnoses alopecia, prescribes treatment and immediately - not "if you want, you can go to a psychologist", but necessarily - refers to a psychologist as part of the standard protocol. The psychologist assesses the psychological state, the risk of depression, suicide, and the availability of social support (Borg, Kennedy, 2012). If necessary, a psychiatrist is involved for drug treatment of anxiety or depression. Dermatologist and psychologist communicate regularly, exchange information (with the patient's permission, of course). If hair loss increases during stress, a psychologist works with stress, and this helps dermatological treatment. If a new drug causes side effects that affect mood, the dermatologist adjusts the treatment.Maybe you need a nutritionist (nutrition affects hair health), an endocrinologist (hormones), a trichologist (a hair specialist). The entire team works together, in a coordinated manner, with the sole goal of helping a person comprehensively. Utopia? Now - yes. But it should become the standard, not the exception. The role of different specialists is clearly divided, but the boundaries are flexible and everyone is ready to cooperate for the sake of the patient.

All this is beautiful in theory, but how to implement it practically? The first is recognition of the problem at the level of the health care system. Alopecia should be recognized as not just a dermatological, but a psychodermatological problem that requires a multidisciplinary approach. This means funding, protocols, specialist training. The second is the education of dermatologists. Medical universities should have a mandatory course on the psychological aspects of skin diseases. A dermatologist must be able to recognize signs of depression, anxiety, and suicidal risk. Must know when and how to refer a patient to a psychologist. He must understand that "it's just hair" is an unacceptable phrase that injures the patient. The third is the availability of psychological help. Now, even in developed countries, most people with alopecia do not have access to a psychologist, because it is expensive, not covered by insurance, and there are no free specialists. This must change – psychological support for alopecia must be available, free or at a reasonable price, integrated into dermatology clinics.

The principles of working with clients with alopecia should be clear. First, validation of the experience - never belittle the patient's suffering, never say "it's not cancer" or "there are worse problems". For a person with alopecia, this is a real life-destroying problem. Secondly, the individualization of the approach - some need CBT, some psychodynamics, some just a safe space for conversation. Third, gender sensitivity – understanding that women and men experience alopecia differently and need different support. Fourth, cultural competence – hair has different meanings in different cultures, and this should be taken into account. Fifth, work not only with the patient, but also with the closest environment - partners, family, who often do not know how to support and can unintentionally make things worse. Promising areas of development are online counseling (for those who cannot come in person), group therapy (it costs less, plus support from people with similar experience), peer support (people with alopecia who have gone through the adaptation process help newcomers), use of new technologies (virtual reality for exposure therapy, applications for tracking mood and symptoms) (Hozhenko et al., 2019).

So what do we have after all this theoretical analysis? First, alopecia is not just a dermatological problem. This is a condition that affects all aspects of a person's life: psychological, social, existential. A medical model that focuses only on physical treatment leaves the patient alone with psychological suffering that is often worse than the hair loss itself.Second, there are well-developed theoretical frameworks for understanding what

happens to a person with alopecia. The biopsychosocial model, theories of body image, the concept of stigma, theories of coping - all this provides tools for analyzing the problem and finding solutions. Thirdly, there are effective psychological approaches - CBT, AST, psychodynamics, humanistic therapy - which have been proven to help people cope with the psychological consequences of alopecia. These approaches are not an alternative to medical treatment, but a necessary addition to it.

Conclusions

The key conclusion of this article is simple: psychological counseling should be a standard, mandatory part of alopecia treatment. Not an option for the "especially sensitive", not a luxury for those who can afford it, but a basic component of medical care. The value for practice is obvious - it is necessary to build systems of integrated care, where dermatologists and psychologists work together, where the patient receives comprehensive support. The value for the theory is the further development of psychodermatological models, the study of the effectiveness of various psychological interventions specifically for alopecia, the study of long-term consequences and ways of adaptation. Directions for further theoretical development include integration of new approaches (mindfulness, schema therapy), development of specific protocols for different types of alopecia and different populations (adolescents, menopausal women, men with early baldness), research into the role of online support and digital interventions. But the main thing is to recognize that people with alopecia are suffering really, deeply, and they deserve help that sees them as a whole, not just as a scalp that needs treatment.

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