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RESEARCH ARTICLE

Dermatosemiotics Therapy: Healing as reskinning

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ABSTRACT

Background: The Dermatosemiotics Therapy (DST) is a new psychotherapeutic model with a neuroscientific, developmental, phenomenological basis. It is founded on the fact that the skin and brain have a common ectodermal background, which led to the fact that the skin is seen as an outer brain, the active regulator of both biological and psychosocial activity (skin-ego). In addition to its neurobiological functions, the skin also constitutes a semiotic border, through which some of the most basic psychological differences are translated and organized: self/other, inside/outside, present/absent, and real/imagined. **Objective:** This review investigates the principles of Dermatosemiotics Therapy (DST), which conceptualizes healing as an experiential process of enskinment, overcoming linguistic alienation. **Methods:** The literature review was carried out in PubMed and Google Scholar, synthesizing the knowledge of phenomenology (Husserl, Merleau-Ponty), psychoanalysis (Didier Anzieu), and experiential therapies (Internal Family Systems [IFS], Schema Therapy). **Results:** Dermatosemiotics Therapy (DST) suggests that we live through multilayered skins: the biologically given skin and the symbolically constructed one, such as language and social norms and values. Human suffering and mental health problems are due to living through the symbolic skin, overdependence on these symbolic strata, at the cost of our immediate, lived experience ("lived skin"). The answer offered by DST is the concept of enskinfullness (a kind of mindfulness) that entails bracketing the symbolic skins and reconnecting with the present moment. This reinstates semiotic agency, authenticity and activating intrinsic healing by virtue of being in the bodily lived experience. Emergent biopsychosocial health and a unified, compassionate Self are the outcomes of this process and make DST the basis of an experiential therapy like internal family system and schema therapy. **Conclusion:** Dermatosemiotics Therapy (DST) turns out to be paradigm shift in mental health, where the skin is used both as a metaphor and a tactile medium and where therapeutic healing is achieved. It mediates between the cognitive and emotional approaches to therapy because it enacts what it terms as enskinfullness by shedding socially constructed layers, that is, reskinning, connecting the authentic (naked) Self to the present moment (life). DST offers an ecologically sound and sustainable approach to experiential-phenomenological psychotherapy.

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INTRODUCTION

Ocularcentrism and crisis of medicine: Where medicine went wrong:

Ocularcentrism as western stance give primacy for observation as the source of truth and certainty, privileging vision over other senses. It is first found in classical Greek thought, where the sight was defined as the noblest of senses.¹ This visual paradigm pervades Western thought with unifying metaphors of light and vision: the same allegory of the cave (visual illusions are ignorance) in Plato Republic,² the natural light of reason in Descartes Meditations,³ and the use of visible evidence in enlightenment thought Locke, Essay Concerning Human Understanding.⁴ Even linguistic identifiers, such as speculation (Latin *specere*, to look), and *theoria* (thoria), the Greek word, is etymologically derived out of the verb *theorein* (thorein) which means to see, or to behold, and the noun *theoros*, meaning spectator, or observer. In the beginning, it used to mean to observe or spectate.⁵ This explains the dominance of theory over practice in the traditional education system. and the failure of most reform due to overlooking the origin of crisis due to this deeply ingrained ocularcentrism. In this review article, I introduced dermatosemiotics as alternative paradigm for doing psychotherapy that help us bridge the gap created by the hegemony of vision. Hence, we need first through light on the consequences of adopting ocularcentrism as paradigm for doing science and medicine.

Modern science and medicine are lodged deep in a visual paradigm owing to the influence of Western philosophy and modernity.⁶ Cartesian dualism is one of the outcomes of this paradigm which create gap between the subjective life of the mind and objective dimension of the body, creating two different kinds of knowledge.³ The subjective qualitative knowledge which has lower validity and reliability than the objective quantifiable level which can be accessed through observation. Eyes as medium for observation become criteria for doing valid and reliable science.⁷ This privilege of the eyes produced detached observer, medical gaze, that suspend their values and subjectivity to ensure distancing and objectivity. Losing touch with reality is the origin of alienation and the crisis embodied as existential anxiety and depression.⁸

The act of seeking scientific objectivity has frequently resembled the mythological stare of Medusa--through which the dynamic living whole is frozen into quantifiable atoms. This metaphor summarizes the epistemological violence of Cartesian dualist thinking, the understanding of mind and body (observer and the observed) as being disconnected in order to ensure priority on power, measurement, and objectivity. The lived body is robbed of subjectivity, actions, time, and interpersonal signification just like the victims of Medusa under her gaze.^{9,10} This visual epistemology has given valid knowing to the things that could be viewed, and quantified and measured and has sidelined subjective, embodied, and relational \semiotic

aspects of human experience.¹¹ Foucault described the development of medicine as a science of pathologies which was working through the clinical gaze, the transformation of patients as people to heard to cases to be observed.¹⁰

In psychology, Behaviorism is the success of this visual hegemony. Skinner shrunk the life of the mind to behaviors that can be seen and believed, and emotions, thoughts, and intentions in the mind are regarded as epiphenomena, unless they are directly observable.^{12,13} Nevertheless, ocularcentrism has survived until today:

- Diagnostic systems (e.g. DSM-5) focus more on the checklists of the symptoms instead of the lived experience.¹⁴
- Evidence based practice puts more value on measurement measurable results (e.g. quantifiable scales such as symptom reduction scales) and overlooks the qualitative process of healing.¹⁵
- In practice, therapeutic rapport is superseded by technical interventions to cure the visible entities that are considered to be party to a disorder.¹⁶

Ocularcentrism derived its power from its storing grounding into substance ontology which pervade Western philosophy since Aristotle and become the paradigm of modernity. Viewing life, human beings as substances is necessary to practice observation and control. This explains where medicine went wrong, when reduced the pathology into the physical domain, and exclude subjective domain. For example, depression become problem with serotonin, schizophrenia correlated with dopamine and etc., This reductionism of the mental health problem into biological domain derived patients from an opportunity to know themselves and activate intrinsic healing. Hence, psychotherapy as a modality of treatment is secondary and has low status to psychopharmacology. Medicalization of mental health issues become trend to ensure finding drug for every mental symptom. Therefore, working within the biomedical skin, trauma is not recorded as a story but as a sensory piecemeal experience.¹⁷

The visual culture and the crisis of selfhood

The social implication of ocularcentrism is a culture that gives primacy for appearance, having objects over being and values, that is, a consumerism mindset. Selfhood fulfilled at the level of skin as a visual medium like using social media, cosmetic interventions, tattoo, wearing brands, buying expensive watch, cars and etc. This is exacerbated with social media sites (e.g., Instagram, TikTok), where such idealistic images of beauty are being created and made acceptable.¹⁸ The result of this internalizing of visual benchmarks on the part of the users is:

- Chronic self-objectification Survey of assessing oneself by an outside eye.¹⁹

- Pathological comparison: Upward social comparison that is leading anxiety, depression, and body dysmorphia.²⁰
- Loss of authenticity: Practicing curated versions of the self when one is internally disintegrated.²¹

The gaze of other, as Sartre cautioned alienates us from our lived reality: I am only an object to others. This explains why the hell become the other. As soon as self-esteem is pegged on the apparent surface it makes existence vulnerable, a performance under consideration at all times.²² we are living inside fragile vulnerable selfhood, as she derived her value and worth from being object in the eyes of others, being surface, which is outside our control. This explains the increased incidence of mental health disorders, suicides as consequence for this inauthentic mode of being making us feel insecure, deriving our validity and meaning from others, their evaluation and judgment. Substance addiction fills this void created by living inside visual culture.

Dermatosemiotics therapy as enskinfullness:

In the foregoing discussion, I dealt with the consequences of living inside an oculocentric paradigm. The Dermatosemiotics will not turn against the grain of this paradigm; but work as a reminder that we are operating within some paradigm, that function as a skin, boundary defining what is right and wrong, the meaningful and meaningless. The self as soon as born it will put inside covered with clothes, secondary skins.²³ We are born naked, but we become wrapped with culture, religion, values, ideologies to get our membership in a family and community. To be a member, you need a membrane \skin. This is best explained in sociological dichotomy of structure and agency. Both the biologically given skin and socially constructed one function as structure that define the rule of game, the skin in the game, to ensure survive and thrive. The awareness of our agency, free will is limited by these structures.²⁴ This is one of the sources of suffering and despair. The preoccupation now days with cosmetic surgery is to practice our agency in changing our biological skin, and to expand our influence and control.

We learned at early age to think through secondary skins, our culture, which embodied as verbal and non-verbal practices, forgetting our primary mode of life, the naked selfhood, which become exiled. We are constructed and structured being. The first step for doing psychotherapy is the awareness of this mode of being and accepting being inside skins, both, primary and secondary, that limit to our agency. Self-regulation is impossible without creating boundary. This explain those who are suffering from poor self-regulation skills, have dermatosemiotic problem, their secondary skins are not developed well due to touch deprivation or emotional neglect or abuses, affecting their skin-ego.²³

Dermatosemiotics is intended to help us aware of this fact, to ensure not confuse menu with the meal, the map with territory, the second skins with the naked one. Accessing reality, life without clothes is difficult and forbidden. Phenomenology introduced as going back to things themselves, that is, the naked reality and selfhood.^{25,26} We

are detached from what is given to our biological skin, due to these secondary skins, which double edge sword, they are essential for self-regulation but at the same time, they can distort our self-concept and lifeworld.⁸

Dermatosemiotics therapy is foundational to all kinds of therapy, psychoanalysis, person centered therapy, experiential therapy and cognitive behavior therapy in all it waves. The success of therapy is a result of being living inside shared skin, the biologically given skin, the enskin fullness, and bracketing all socially given skins until we get them from our lived experience. This enskins fullness facilitate emergence of empathy and compassion that can activate self-healing. Dermatosemiotics therapy is experiential and phenomenological therapy that gives primacy for what is touched by our five senses, suspending our already taken judgment and categorization, that is, we surrender to what is given. The success of this authentic encounter depends on the awareness of the secondary skins we received passively from others, through formal and informal education. Dermatosemiotics therapy is a process of reskinning, getting outside our conditionally learned skins to live through our naked skin\self, developing new semiosis.^{27,28}

Phenomenological foundation of dermatosemiotics:

I will use in this part, Husserlian phenomenology to clarify the philosophical basis for dermatosemiotics as psychotherapy. Edmund Husserl (1859-1938), the founder of phenomenology, in his book the crisis of European science and transcendental phenomenology, Her pointed out where modern science went wrong. The wrong path was the dualistic thinking, either/or thinking, that septated the mind from body, self from others, the inside from outside, created illusional problem due to forgetting the embodied nature of mind and perception, which is best demonstrated through tactile experience.²⁵ We are inside body \skin that made us situated and perspective and making intentionality of our perception fulfilled partially in all our lived experience as long as we are living through skin.²⁹ The story of blind men and elephant is best demonstration of the crisis of modern science which forget our situated mode of being, our embodiment. The fable of the blind men and the elephant can be traced to Buddhist, Hindu and Asian literature because they each concern themselves with the limits of perception and the importance of full context. There are various Indian versions of the parable, although the general form is as follows:

A group of blind men heard that a strange animal, known as an elephant had come to town, but none of the men had seen its shape before. Following the impulse of their curiosity they said: "We must feel it with our hands, over which we are masters." They sought it and when they found it, they examined it with their hands. The first person to come in contact with the trunk said, "This object looks like some strong snake." In case of one of the others whose hand went to his ear, it looked like a sort of fan. One, who happened to be rubbing its leg, added, that the elephant is like a pillar of tree-trunk stuff. The elephant was made known as a wall by the blind man who ran his hand on the side. A second man who grasped its tail

*described it to feel like a rope. The last one accepted its tusk, which contends that the elephant is of rigid, sleek and spear-like attributes.*³⁰

The whole is more than the sum of its parts. Reducing the whole into a part by logical analysis is representative of the modern scientific paradigm that has produced value-free, subjectivity-free and empathy-free science and medicine. Antidote to this absolute thinking is dermatosemiotics, which is the awareness of the skin we are inside that control our semiosis, that is, meaning making process. This is best explained by the different semiotic process of those blind men due to living inside different perspective\skin. Only when the body is absent, when one becomes disembodied, then only we can think absolutely. Phenomenology as a counter-reaction against any kind of dualism, brought in the notion of embodiment. To make sure that the role of touch in development of mind and selfhood cannot be ignored I transformed the word embodiment to enskinment.

The phenomenology of touch and embodiment in Husserl and Merleau-Ponty

The phenomenology of Edmund Husserl offers a grounding study of the body (Leib) and of the role of touch in making such embodied subjectivity. Despite the wrong conviction that phenomenology of the body originating with later thinkers, Husserl had already published the preamble of this formulation, namely, his *Ideen II* and *Ding und Raum* (1907) explored rigorously the body as the zero point of any orientation and the medium of all worldly experiences.^{31,32} To Husserl, the living body is never just an item in space, but as the absolute here which all spatial consciousness radiates out to, and the realm of I can as a space of kinaesthetic possibilities.³³ A key feature of Husserl analysis is the so-called phenomenon of the **double sensation** most notably exemplified by one hand touching the other.^{33,34} In this act we have both a single sensation apprehended objectively, as a property of the touched hand (e.g., its smoothness), and the very same sensation in a second sort of apprehension, that in the touching hand.³⁴ This interchangeability of roles, in which subjectivity and objectivity become inseparable, explains complex nature of experience with different level of differentiation rather than separated substances (mind and body). The skin as medium for such unity and at the same distinction, is what make it the primary locus of semiosis, meaning-making, that constitute our lifeworld. He concludes that touch would possess a **primacy over vision** in giving bond to embodied self-awareness, as the seeing eye cannot contemplate that it is seeing itself seeing in a reversible way.³⁴

Maurice Merleau-Ponty radicalizes the Husserlian insights, and turns them into the new ontology of flesh. Although Merleau-Ponty owes much to Husserl, he essentially disagrees on two main points.^{29,35} First, he disclaims the unique character of the double sensation to touch, claiming that all sensibilities are reversible in a so-called chiasm or intertwining.³⁵ In his case, the seer is in turn visible: vision is a kind of palpation in which the observer is engulfed in the web of the visible world.³⁵

Secondly, he rejects priorities between touch and sight. Rather, he hypothesizes a form of cross-sensory perception, a synaesthesia of the senses, in which what is seen and what is touched exist as inextricable moments of the same, undifferentiated, undifferentiating bodily being-in-the-world.³⁶ This universal reversibility does not mean, to Merleau-Ponty, only a psychological fact, but has ontological implications, showing a profound Intercorporeality and commonality of the bodies of my person and the world, a commonality of flesh\skin.³⁶ In this way, Husserl, giving the careful phenomenological background, discerns the body as a transcendental condition of experience and touch as the privileged form of self-constitution, as Merleau-Ponty integrates them into a comprehensive and existential philosophy aimed to abolish the Cartesian dualism altogether and to center its reversible and sensing body as one of the core of lifeworld itself.^{33,36}

Another element to add to the theoretical richness of dermatosemiotics therapy (DST) is the incorporation of Richard Kearney's phenomenology of touch and carnal hermeneutics. Kearney also highlights touch as an example of a primitive sense that positions interpretation in terms of physical, affective experience: this gives it the same emphasis that DST places on the concept of enskinment and the presence of touch as alternatives to the alienation of the eye. His carnal hermeneutics, the interpretation of the world as followed by bodily and sensual means, helps to justify the intention of DST to reenact the agency of semiotics through the living skin. This intersection highlights touch as a medium of meaning-making that enhances authenticity and relational presence as well as a therapeutic medium.³⁷

Applications of dermatosemiotics in psychotherapy

1-The primacy of semiosis:

The semiotics, according to the theoretical works of Peirce and Deely, is a subject that deals with signification and signs defined as a something that stands to an interpreter.^{38,39} This explains that we are not responding what is presented to us physically but to what is absent. We are symbolic species.⁴⁰ Perception is symbolic, it is a connection of the visible, tangible and physically present matters, to the less visible, less concrete concepts. Psychopathology is originated from this dermatosemiotic process, that can create misunderstanding, arbitrarily connecting our personal meanings to what is given through the sensory systems. One of the goal of cognitive behavior therapy is making us aware of this difference and gap between what happen to us physically and how we interpret it. The success of dermatosemiotics therapy is outcome of the awareness of the skins we are inside (enskinment) that control this semiotic process which create psychopathology. These skins can be called ego, superego, id, in psychoanalysis, or parts as in internal family therapy or early maladaptive schema (EMS) as in schema therapy. I will discussed this metaphoric use of skin fully in next section.

I used semiotics in dermatosemiotics as an extension of biosemiotics, Husserlian phenomenology and the psychoanalytic approach based on Julia Kristeva.

Biosemiotics is a discipline that examines production and interpretation of signs in biological contexts, and draws on work in semiotics. It consists of cross-disciplinary remarks regarding biology, semiotics (the study of signs and symbols) and philosophy to understand the process of communication and the expression of meaning on behalf of living organisms.^{41,42,43}

Important points of biosemiotics are:⁴³

- It focuses on sign processes where organisms use signs to communicate with their surroundings and with one another, such as chemical signals, visual information, and behavioural patterns.
- Communication: Study of communication includes the study of how communication takes place in nature, discovering simple cellular communication to the more intricate social interactions of animals.
- Meaning and Interpretation: The study of the construction and comprehension of meaning in biological systems both in the aspect of the sender and that of the receiver is covered by biosemiotics.
- Evolutionary Perspectives: It studies evolution of communication structures and their contribution to survival and adaptation.

In sum, biosemiotics can give us a language that may be used to make sense of complex interconnections between life, meaning, and communication in nature.⁴¹

Dermatosemiotics uses this perspective to study the skin as multilayered semiotic structure, where the epidermis, the surface layer is translation of the underling basic ones. This semiotic hierarchy of meaning practiced as technique of downward arrow to reach core belief that produced automatic thoughts in Cognitive therapy. The meaning we live by is multilayered, and to recreate different lifeworld, we need to be aware of the deep skin, the schema or core beliefs we live through.^{42,43} This helps us to differentiate between two kinds of meaning, superficial and deep meaning. In other words, there are symbolic meaning embodied linguistically and constructed socially, and indexical meaning, in which the connection between signifier and signified is intrinsic, like the relation between smoke and fire, fever and infection. Symbolic meaning is conditioned connection, as when the sound of a bell (a signifier) binds with no longer present food in the case of a Pavlovian dog. The meaning produced only when there is connection, binding, coupling, touch, which I call it dermatosemiotic process. The same happens with language; it is a system of signs that links to that which is lost (past, future, abstract concepts). Roland Barthes described language as skin in his book *Love's Discourse*:⁴⁴ "Language is a skin: I rub my language against the other. It is as if I had words instead of fingers, or fingers at the tip of my words. My language trembles with desire."

The analogy is the central feature of the dermatosemiotic study, wherein skin is used as a metaphor to render

abstract concepts like language, thoughts, identity, ego and selfhood. The physical boundary set in place by the siting of the skin at the forefront of the body facing life makes it the perfect candidate to have this role on its behalf.

The other important issue that should be addressed is the difference between a process and a generic science of signs as the application of semiotics. As theory, dermatosemiotics explains how signs exist as a skin interlinking signifier and signified. This skin may be biological, that is, intrinsic semiosis, or secondary skin acquired, as language and all other symbolizing practices.

This line of thinking going with understanding of semiotics by Julia Kristeva, it is important to make a distinction between semiotics as a process, and the general science of signs. A chora or the semiotic: accompanying the drive before the symbolic order of language and signs, Kristeva theorizes the chora as a pre-linguistic process of pulsion and rhythms associated with the maternal body.⁴⁵ Within this context the dermatosemiotics can be reconsidered a theory, within the framework of which the role of a sign is this very cover--in-between, a liminal space that unite different worlds. The biological skin reflects the inherent, material semiotic performance, the locus of first-order drives and affect, and the acquired secondary skins (e.g., language) make up the symbolic order.^{45,46}

This corresponds to the psychopathology of the subject analyzed by Kristeva, whose breakage between semiotic and symbolic orders can lead to a loss of connection with the tangible present of corporeality.⁴⁶ Therefore, dermatosemiotic therapy aims at finding functions of a unifying practice. It then involves language as a symbolic system but also as a symbolic skin a potential space that allows the semiotic drives (the convincing living of the body) to be re-incorporated and re-sewn into the symbolic order, reconnecting the subject to signification and presence.⁴⁶

Through the use of a Kristevan psychoanalytic lens, dermatosemiotics considers that life and self-identity are not objects but relational processes that are always in a state of becoming. In this view, the self is in line with the dialogical self-theories, which assume that the self is multi-voiced, a semiotic space of continual, internal and external interaction.⁴⁸ It is with this understanding that the relational self can be described as an ongoing dynamic semiosis—a meaning-making process of constantly using signs in the name of connection, communication, and action with others and within the self.⁴⁹ At the core of the process is the mechanism of semiotic agency, embodied in the writings of Julia Kristeva as the ability to negotiate and reconcile the pre-linguistic, and affective dimension of the semiotic chora¹ (associated with the body and maternal)

¹ In the psychological model of Julia Kristeva, her psychoanalytic semiotics, the chora (from the Greek *χώρα*, meaning "enclosed space," "womb," or "receptacle") is a theoretical construct that describes a pre-linguistic, pre-Oedipal stage of psychological development. It is not a location, but a transitory, mobile and provisional assemblage of drives and energies

with the structures of the order of symbolic language and law.⁴⁵ Such an agency is the first indicator of what can be referred to as enskinfullment to maintain and restore mental health. It signifies being at peace with who one really is, being in the comfort of the bare biological skin- the biological location of all intrinsic semiotic activities and affect. This semiotic agency cannot be activated without the awareness of the skins we live through, whether a biological skin or the secondary, acquired symbolic one of language and culture. The dialogical potential to weave these layers together, to connect possible rupture between bodily lived experience and symbolization process, produces better psychic health.^{45,46}

2- Application in acceptance commitment therapy

In accordance with the third-wave cognitive-behavioural therapy known as Acceptance and Commitment Therapy (ACT), a life that is guided by values is a core to psychological well-being. Instead of being abstract ideals, values serve as a semiotic skin within the ACT model-as a permeable but defining boundary between the individual and the world that controlling what is experienced and giving them personal meaning.⁵⁰ The function of values as semiotic skin decides what is comparable, influence our actions and what is inside and outside sense of morality. This articulation is correlated with Julia Kristeva, whose psychoanalytic semiotics views the subject as being the product of the interplay between the non-linguistic, bodily semiotic (associated with drive and affect) and the normative, judgmental uses of language and society.⁴⁵ In this perspective, values are seen as a dermatosemiotics process, a semiotic skin that has to go hand in hand with the raw, affective experience of the semiotic body to avoid a pathologic numbing of the lived experience.^{45,46}

The effectivity of ACT is explained by the fact that it uses the therapeutic metaphors, which are known as effective tools of developing psychological flexibility. Their strength is that they circumvent purely rational brain processes to appeal to the emotional, non-verbal part of the brain. Neuroimaging studies confirm this showing that metaphors engage limbic (emotional) and cortical regions simultaneously and enable a neuroplastic integration of the cognitive and emotional functions that is the locus of therapeutic change.⁵¹ This brain process renders abstract values to be experientially accessible. The reaction to metaphor is primitive, almost kinesthetic, a pure narrative resonates like a touch, that the raw feeling self feels, on a parabolic before a rationalization has even begun. Skin is the primary sense-organ of touch, of passion and attachment, It is an extremely resonant neurobiological metaphor.⁵²

What this means is that there should be some skin in the game, as Nassim Taleb popularized, an authentic committed interest where one has a risk and possible payoff with an action.⁵³ Psychological distress, especially depression and anxiety are common and are usually made out in the form of loss of connection to the game of the current moment. The clients live in an imagined skin in the past (rumination) or the future (catastrophizing) and there is semiotic discontinuity between them and the supports and sensations of the here-and-now. They develop a

callous attitude to their lives. This will be resolved through mindfulness, that is, enskinfullness, and acceptance exercises that will help the clients re-inhabit their present-day experience, their biological skin, without judgment. The clinical aim is to assist clients to use their lived skin once again consciously to allow them to play the game of their present life in a curious and purposeful manner and to reconcile their abstract symbolic life to their persuasive, current one.⁵⁰

3- Application in Internal family system (IFS):

The propositions of dermatosemiotics offer the skin as a multilayered semiotic structure in which internal psychopathological conflicts can be expressed. This is consistent with the model of Internal Family Systems (IFS) that consists of a mind having numerous sub-personalities (Parts) and a fundamental Self.⁵⁴ A strong metaphor can be found on the fact that the skin has two purposes of defense and connection. Core Self may be defined as our primary skin- the biologically given, unclothed conduit to direct, unmediated experience. It is the means through which the above 8 Cs (compassion, curiosity, creativity, courage, confidence, connectedness, clarity, and calm), help real engagement with the world and other people.⁵⁴ Language and narrative constitute a second skins, in contrast. This psychic structure is developed in immunological defense formation of the protective Parts described in IFS. Exiles, trauma-weary, are the crude and exposed physical wounds. Manager and Firefighter Parts are the emotional antibodies and scar tissue which develop in order to lock away this pain, and protect the system against perceived threats.²³ Although the secondary skin gives the much-needed protection and differentiation it is mainly defensive in that, it tends to isolate the holder of the skin rather than bringing them closer into touch with authenticity. This produces the paradox of the need to be united (by the core Self) and the importance of not being the same (by protective Parts). This can explain the increased incidence of autoimmune diseases in those who had suffered adverse childhood experiences, mental distress making them vulnerable and rigid.⁵⁵

The aim of the therapeutic practice is the activation of the core Self, to live through our primary skin, so as to have a positive relationship with the angry, fearful parts that have elicited an immunological response, both metaphorically and literally. These defenses are not expected to be eradicated but only to be admired so as to calm them. This is the means by which the disjunction with the world is healed by means of the primary lived skin, through enskinfullness, returning the exiled part and restoring homeostasis to the psychological system.

4-Application in schema therapy:

The human mind is an active constructor of reality and places order on experience guided by cognitive schema. A schema is a mental map, with information regarding a concept as well as the connection between the attributes of that concept.⁵⁶ Schemas act as symbolic boundary or demarcations of thought and semiosis, or sign-generating

and sign-interpreting structure. As an example, we use the metaphor of skin to conceptualize an active schema as a porous, permeable living barrier, a process that we refer to as enskinment. We live inside schemas, using dermatosemiotic language, secondary skins, that are learned mostly from early life experiences. The point is that the schemas play a vital role in perception and reasoning; however, the matter is that we do not aware of the dermatosemiotic role of the schemas we have, i.e. the role of mediating between us and particular realities.⁵⁷ When individuals are not aware of the mediating role of these schemas-determining what is possible, good and bad, meaningful and valuable- they will make errors and creating unjustified suffering.

The core business of a schema, however, is to control chaos by determining what is intelligible and what is not; thus, working as a symbolic boundary. Such boundaries are identified by sociologists and semioticians, as the ones defining entities, groups and realities.⁵⁸ To give an example the schema DOG (four legs, barks, fur) is such a limit so that it becomes easy to classify things as dogs and not dogs. A lonely bald, muted dog should create dissonance between lived experience mediated by our primary skin and symbolic one mediated by secondary skins, the schema. Bracketing our already learned schema, can help resolving this dissonance, as it activate authentic experiential learning process that can update and consolidate old memory of the dog. We as humans only see what they have been presented to us because we use our schemas to see. The schema is a filter which conveys raw experience into meaningful one.^{57,59}

According to Peirce, semiosis is the process of interpretation in which there is a sign, an object and an interpretant. This integration is the business of semiosis. The process is governed by schemas expressed in relation to this aspect. I do not think we merely acquire new information in the course of our lives; we make attempts to incorporate it into a model that we already created. In such a manner, the schema introduces the setting, what is expected and how the situation obtains its emotional and narrative meaning. It is, like the job of meaning constructed between something outwardly pointed to, and something inwardly inscribed.⁶⁰

Psychological distress in the majority of cases is the consequence of these maladaptive symbolic boundaries that become too rigid and inflexible. This is what mostly happens as a result of early adverse experiences. Schema therapy is used in the treatment of personality disorders, and other chronic mental health problems.⁶¹ On the one hand, it addresses Early Maladaptive Schemas, including Defectiveness, or rather maladaptive symbolic boundaries that result in maladaptive semiosis of the positive or negative inputs due to distorted schemas.⁶²

Using skin as metaphor for schema can help clients aware of the power of thoughts and mental models in defining their lifeworld. The ability to learn, unlearn, relearn is like the reskinning proves embodied by snakes. The success of psychotherapy is outcome of activation of learning process, which is reskinning process, triple loop changes at the level of identity, that is, their symbolic boundary that

control what is perceived and felt. Here, an example of the importance of dermatosemiotic to the schema therapy:

- As a matter of fact, attachment disorders are often the results of severe deprivation in receiving proper contact and poor-quality and skin-to-skin contacts in early life. These ruptures damage the formation of secure base scripts \schema and social bonding brain mechanisms. This is because, the skin is one of the first means of expressing safety, love and attachment, which has not sufficiently been appreciated regarding its crucial significance in relation to psychological growth.
- The relational self is a sort of semiotic system, in which it interprets or generates interpersonal signs. To operate properly, such a system needs a semipermeable borderline, or skin-ego, through which contact can occur but damaging elements can be filtered.²³ In the maladaptive mode, the rigid impermeable skin that makes up the self and the world is what is termed the Detached Protector. This skin closes down the self in a dysfunctional existence that does not allow the interrelational nutrients and uncertainty of life to be integrated in their self-system.
- Semipermeable skin-ego: Healthy mode (e.g., Healthy Adult) is permeable to new information ideal to growth.
- To think of this in another way is as a skin-ego which can reference how we perceive things and this can be likened to hypersensitivity of the Vulnerable Child mode. Individuals with borderline personality disorder have skins that are weak and too thin: they cannot do their work as container and self-regulator.²³ Building this skin-ego stronger can promote more self-control and the reduction of emotional sensitivity and impulsiveness.

5-Application in compassion focused therapy:

Compassion focused therapy (CFT) describes the term compassion with its definition of compassion as the sensitivity to the suffering of others and themselves with a sense of commitment to attempt to relieve and prevent suffering.⁶³ Formulated by Paul Gilbert (2000) to treat clients with severe shame and self-criticism despite the practice of cognitive work, CFT seeks to facilitate a caring inner voice through stimulating the mammalian affiliative system.⁶⁴

According to the evolutionary model proposed by Gilbert, there are three main affect regulation systems, i.e. the threat (protection), drive (resource-seeking) and soothing (love\contentment) systems.^{64,65} The psychopathology is usually a result of an excessive threat system and a weakened soothing one, which is physiologically supported by such a hormone as oxytocin and serves as the basis of the feelings of safety and connecting to others.⁶⁶

As viewed through the prism of dermatosemiotics the skin is the main medium of engaging this all-important soothing mechanism. Affective touch is an essential

indicator of affiliation, love and intimacy which can restrain the alerting system and renew physiological and psychological homeostasis.^{67,68}

We can turn this toward the neurophysiology of compassion: dermatosemiotics therapy (DST) will leverage mindful, skin-focused attention and therapeutic touch (where applicable) as nearest routes to activate the neurophysiology of compassion. The emphasis on the lived experience of the skin offered through DST therefore offers a non-linguistic approach to enabling individuals to re-skin their relationship with self in ways that directly access the self-soothing and affiliative states upon which CFT aims to capitalize.

6-Application in Psychoanalysis:

The theoretical model of dermatosemiotics may offer a powerful neurobiological and semiotic framework through which to conceptualize Didier Anzieu psychoanalytic Skin-Ego especially in relation to psychopathology including ASD, ADHD and personality disorders as well as psychodermatological diseases. Dermatosemiotics theorizes the skin as a heterostructure where interconnection between levels is semiotic; evident, immediate, physical phenomenon on the surface level is mapped to latent, frequently absent, psychological or neurological state at the bottom level.⁶⁹ This defines the transactional nature of skin as a semiotic frontier and a communication platform, that is reflected in Anzieu theory, in which he suggested that the skin was the place of birth of the soul and the ego.⁷⁰

Taking over the concept of the ego as a body-ego that Freud had put forward, Anzieu develops this vision in terms of the psychic functioning of the skin as an interface of the ego and a receptacle where the ego resides.⁷⁰ Awareness of our existence as a distinct personality is achieved early through tactile communication and later through a ban on touching that constitutes the acquisition of Skin-Ego, the reservoir of psychic deposition that establishes a protective barrier against the psychic world and mediating exchanges with the outside and the inside one.^{70,71} A lack in this containing functional capacity is a vital concentration on the treatment of severe mental disorders prior to examining psychic contents.⁷⁰

The cross with dermatosemiotics is deep. The semiotic role of the skin as an interpreter of what is going on inside the body is central in the formation of a healthy Skin-Ego. The interrelation here is clearly seen in the case of neurodevelopmental disorders such as

Autistic Spectrum Disorders (ASD). The high rates of comorbidity between skin pathologies such as eczema and ASD, as well as an inability to communicate and process emotions effectively can both be seen as a dermatosemiotic malfunction and symptom of a poorly developed Skin-Ego.⁷² Likewise, in attention deficit hyperactivity disorder (ADHD), natural impairments in impulse control, emotional and boundary maintenance reflect the role of the Skin-Ego in mediating the exchanges and acting as a safety barrier. The steady attempts to find some sensory stimulation or, in contrast, avoid perceptual stimulation can be regarded as the processes of trying to balance a too-porous or otherwise inadequately-containing

psychic skin. Epidemiological studies have found the conditions to be strongly correlated, with ADHD arguably aggravating or manifesting the underlying problems in self-regulation that is central to both the conditions.^{73,74}

The psychoanalytic work regarding whether personality disorders or especially borderline personality disorder has idea of reconstructing the earliest phases of the Skin-Ego.⁷⁰ The consequence of this weak Skin-Ego leaves this person incapable of holding and maintaining intensive feelings and thoughts thus leading to impairment in identity, fear of abandonment and self-struggle with their own body (directly attacking the psychic representor of the psychic receptacle).^{70,71}

This mind-skin communication is seen in the field dermatology, a specialty that studies the interface between the mind and skin.⁷⁵ Other diseases like psoriasis, vitiligo and eczema are not merely somatic where psychological distress has been homeostatically translated to the surface of the skin. The presence of inflammatory response may be aggravated by stress and the physical appearance of the lesions, in turn, causes psychological damage to the Skin-Ego, completing the vicious chain of causality that highlights the bi-directional relationship of psychodermatological disease.⁷⁵ Therefore, the full meaning of dermatosemiotic process and Skin-Ego integrity is a prerequisite of holistic approach to the treatment, where healing verbal communication during therapy must be related to the injuries of such primary psychic structure.⁶⁹

Conclusion:

Dermatosemiotics Therapy (DST), is a paradigm shift in mental health care, with its focus on healing being re-centered on the somatic, experiential-based on experience of the skin-ego. By synthesizing neuroscientific, phenomenological and semiotic considerations, DST disputes the reign of ocularcentric models and provides a balance to language-cognitive alienation. It resets itself and recognizes a sense of agency and authenticity through practices of "enskinfullness." It evokes a sense of feeling grounded in the present moment, reconnects to innate healing abilities, and enables semiotic agency and authenticity. Viewing experiential psychotherapies as a basic theoretical framework, DST mediates between cognitive-emotional blocks and the radical transformation of psychopathology and the recovery process through the metaphors, as well as realities, of the skin.

We live enclosed within multilayered skins, a biological layer incorporating us into the biological system and a virtual, symbolic layer incorporating us into the psychosocial system. When we identify most closely with this virtual skin we are out of the present of the lived body, we are out of the here and now. The symptom of this lack is an experience of meaninglessness and alienation, touch deprivation that we have tried to address using unsustainable coping strategies such as substance abuse and relational addictions. Dermatosemiotics Therapy (DST) returns therapeutic healing to the primary role of touch and the experiential process of enskinfullness. It leads to a reiteration of the biological skin as the basis of

authentic existence. Through bracketing of the symbolic, virtual skin, that is, reskinning, DST reestablishes semiotic agency, activating a compassionate Self, and offers a viable base to experiential psychotherapeutic treatment.

Competing Interests:

There is no conflict of interest

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