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Acceptability of AI for Psychosocial Support for People with Visible Skin Conditions: A Qualitative Study

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Psychology Empirical Project

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**Dissertation submitted in partial fulfilment of the requirements of the degree of:
Bachelor of science in Psychology**

Declaration

This work has not previously been accepted in substance for any degrees and is not being concurrently submitted in candidature for any degrees.

Signed: Rebecca Smith

Date: 16/03/2025

STATEMENT 1

This dissertation is being submitted in partial fulfilment of the requirements for the degree of: Bachelor of Science Psychology.

Signed: Rebecca Smith

Date: 16/03/2025

STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A reference list is appended.

Signed: Rebecca Smith

Date: 16/03/2025

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Table of Contents

Declaration.....	2
Acknowledgements.....	3
Abstract.....	5
Chapter 1 – Literature Review.....	6
Chapter 2 – Method.....	14
Chapter 3 – Results.....	19
Chapter 4 – Discussion.....	28
Methodological considerations.....	32
Conclusion	33
Acknowledgement of AI usage.....	34
Reference List.....	35
Table 1, Pseudonym names of participants and participant characteristics ...	15
Table 2, Table of themes and sub themes.....	19
Appendix A- Ethical approval.....	39
Appendix B – Proposal form.....	56
Appendix C – Consent form	66
Appendix D - Study Information sheet	67
Appendix E – Interview schedule.....	69
Appendix F – Coded transcripts.....	71
Appendix G - Advert and QR code	155

Abstract

The objective of this study was to explore whether Artificial Intelligence (AI) could be acceptable for the provision of psychosocial support for individuals with visible skin conditions (VSC) and to explore any barriers that may prevent individuals with VSCs using AI for psychosocial support. Five participants aged 21-71 with VSCs participated in semi-structured interviews through the online platform of Teams. Thematic analysis resulted in four themes: 'Effects of perceived social norms', 'The challenges to receiving support', 'Concerns of AI as a psychosocial support' and 'Positive perceptions of AI'. Study participants had unmet psychosocial needs and yet were sceptical of using AI as a psychosocial support due to limited knowledge about AI and concerns around it having empathy limitations as well as ethical concerns. Findings suggest that awareness-raising educational interventions could promote appropriate use and understanding of AI for psychosocial support for those living with VSCs.

Chapter one Literature Review

The UK has a culture of putting a lot of emphasis on physical appearance (Rumsey, 2018), promoting perfect skin tone and complexion as attractive and key to being successful in life. As much as 54% of the population in the UK has or has had a skin condition (Heapy et al., 2020), many of which are visible, given that the skin is the largest organ in the body (Richard et al., 2023). A visible skin condition (VSC) is therefore any skin condition which can be observed by others, such as acne, eczema or psoriasis (Tuckman, 2017). Current interventions to support people living with a VSCs include talking therapies such as cognitive behaviour therapy (CBT), peer support and various charities that offer courses in building resilience. This study will be exploring the perceived impact of living with visible skin conditions on quality of life (QOL) and the acceptability of artificial intelligence (AI) as a form of psychosocial support for people with VSCs.

Evidence from several studies indicate that VSCs are known to have negative psychosocial effects on an individual, including anxiety, depression, distress and reduced QOL (Rumsey, 2018, Tuckman, 2017, Vaswani et al., 2022). QOL, as defined by the World Health Organisation (2024), is an individual's subjective evaluation of their life, relating to their expectations and goals, observed through the lens of their culture and value system. This involves areas such as physical health and appearance, social standing, work life, mental and spiritual health, relationships, environments and level of freedom and education (Bhardwaj, 2023).

Anxiety due to a VSC can cause individuals to avoid social or work events due to concerns of their skin condition being seen and commented on (Tuckman, 2017). VSCs may also put individuals at more risk of obesity and substance abuse (Rumsey, 2018). According to Vaswani et al. (2022) this could be due to individuals having an emotional

response to not meeting cultural social ideals/norms. A social norm is an informal socially agreed standard that could be in regard to an individual's behaviour, beliefs, ways of thinking or appearance. When these standards are not met, an individual could receive negative social feedback. Studies have shown that negative social feedback is undesirable for individuals and can cause psychosocial distress and increase an individual's risk to anxiety or depression (Vaswani et al., 2022). These psychosocial effects also affect the QOL of an individual (Hughes et al., 2021).

Several studies have explored the psychological impact of living with a VSC in the U.K. A 22-participant qualitative study by Sharratt et al. (2018) reported that individuals felt that their VSC had impacted their relationships negatively, with some stating that their condition was the main reason for a relationship breakdown. A study by Yang and Kourosh (2017) showed that 67% of individuals with psoriasis have felt that their condition has hindered their opportunities at work due to discrimination toward their skin condition. The survey asked 75,000 people with psoriasis about their work commitments in which 12% (9000) stated that they were unemployed due to their skin condition and 49% who did work reported missing a lot of work due to their condition, which was due to the physical and psychological impacts of their VSC (Yang & Kourosh, 2017).

People with VSCs reported that lifestyle choices such as their wardrobe were influenced by their skin condition. According to Rumsey (2018) other areas such as hobbies were also limited, for example, going swimming or going to the gym, as this would mean skin conditions were visible. All of this can often lead an individual to feel isolated. Psoriasis has also been reported to increase an individual's risk of obesity and substance abuse such as alcohol and smoking, both of which lower an individual's QOL and life expectancy (Rumsey, 2018).

Bundy et al. (2013) reported that individuals with VSCs who do not receive the psychosocial support they need are at risk of developing severe psychiatric disorders. For example, those with psoriasis have a greater risk of developing suicidal ideation due to having unmet psychosocial support needs (Dalgard et al., 2015). Individuals with conditions such as hand eczema, leg ulcers, or atopic dermatitis have been shown to be more at risk of anxiety, depression or developing a comorbid conditions such as attention deficit hyperactivity disorder (Lugovic-Mihic et al., 2021). Bundy et al. (2013) described the dysfunctional loop that can be caused by a lack of psychosocial support for those with a VSC, such as psoriasis; stress can cause psoriasis to flare up, the flare up causes the individual to become more stressed and in turn causes psoriasis to flare up even more. This shows the importance that individuals receive psychosocial support for their VSC.

An annual survey carried out by the charity Changing Faces (2024) stated that availability was a barrier for individuals getting the psychosocial support they needed. Other barriers that have been identified include psychosocial support not working around individuals work lives, expense (Gardener et al., 2014) and individual's personal attitudes such as stigma and embarrassment (Shipowick et al., 2025).

Current support for individuals with VSCs includes charities such as Changing Faces (2025), which offers various areas of support, such as a telephone support, an information line and strategies for building resilience. For example, coping with other people's reactions to appearance, confidence and self-esteem building and mental health and wellbeing guides (Changing Faces, 2025). Internet-based psychological interventions have been shown to improve individuals mental wellbeing and can help with mood disorders such as depression (Anderson & Titov, 2014). However, internet based support does have the potential to be

misunderstood, given that individuals would be without the guidance of a professional.

People may also lack motivation to follow support without human contact. Individuals also need a level of digital literacy, an internet connection and a device to access online support (Molina et al., 2019).

Support that has been reported to be most helpful for psychosocial wellbeing in people with VSCs is CBT and peer support. CBT is a talking therapy that supports people to identify physiological or emotional stressors and find ways to resolve these issues (Nolen-Hoeksema et al., 2009). However, CBT has been shown not to work for everyone and is not a benefit to certain anxiety conditions (Egan et al., 2014) such as social anxiety. Individuals with social anxiety can often feel acute distress due to in-person interactions and therefore avoid such interactions. This often means that individuals with social anxiety do not seek or attend therapy due to the necessity of it being with a person (Winter et al., 2023). It can also be expensive for people seeking private help or can have long waiting lists on the NHS (Egan et al., 2014).

Peer support is where individuals struggling with similar issues can share experiences with each other, which has been shown to ease emotional stressors (Egan et al., 2014). Peer support has been reported to have effective results for an individual's psychosocial wellbeing and is more readily available and affordable than CBT. However, people with social anxiety can find this kind of support problematic, along with other individuals having concerns of being a burden to who they share with and worry that they might secretly be judged (Egan et al., 2014).

VSCs have a negative effect on QOL and psychosocial wellbeing and certain conditions have a cyclical nature, such as psoriasis, which would benefit from immediate intervention that

currently is not always available. It becomes clear, therefore, that an alternative system of support is desperately needed (Rumsey, 2018).

In the last ten years advancements in technology have brought about the existence of AI. AI can be defined as a technology that enables a machine to imitate human behaviour (Sheikh et al., 2023). It can do this by analysing its environment to initiate a reasonable intelligent response to the circumstance or input. AI can also learn from its previous actions. It learns from a feedback loop, which enables it to perceive as well as respond intelligently to input (Sheikh et al., 2023). AI can predict the likelihood of a future event and use the knowledge to create goals and responses (Sheikh et al., 2023). Basic AI can be found in everyday technology, for example, apps that organise a calendar or thermostats that recognise when a room needs a temperature adjustment. Advanced AI, such as ChatGPT, can take on complex tasks and complete them with accurate results, like writing up a manuscript or writing an assignment (Homolak, 2023). ChatGPT is also a conversation bot that can comprehend and respond to complex communication and makes for a convincing conversation. It can be programmed to have extensive knowledge in specialised areas across many scientific disciplines, including psychology and counselling (Ray, 2023). There are several chat bots available at present, for example, Woebot, which can offer therapeutic support like a psychotherapist would, as it has been programmed with relevant information which can be triggered by the users input. Woebot can be downloaded onto an individual's electronic device and can be used as and when needed (Fiske et al., 2019). These programmes can support an individual to recognise their emotions and to find coping mechanisms, build resilience and manage anxiety. These forms of AI have been programmed to recognise language structure that intuit emotional distress and can act appropriately to offer support in areas such as CBT and mindfulness (Fiske et al., 2019). Individuals who struggle with

suicidal ideation often change their behaviour and speech patterns when they are planning suicide. These changes can be missed by the people around them (Ettman & Galea, 2023). AI is currently being developed to recognise speech patterns of the individual user to recognise when they may be feeling suicidal. AI would then trigger suicide prevention interventions (Ettman & Galea, 2023).

AI can also be programmed with CBT. According to Ettman and Galea (2023) it can emulate empathy and support, such as what an individual's peers might give. It could take away issues of perceived judgement and reduce social anxiety and worries of being a burden. It is a readily available, cheap programme which can be downloaded onto a person's phone or other electronic device, making it constantly available.

Current research exploring the acceptability of AI as psychosocial support for individuals with VSCs is not currently very extensive, but research with other conditions has shown individuals do approve of AI as a support tool in certain subject areas (Koh et al., 2024). People who had had an organ transplant stated that they felt more comfortable talking to ChatGPT than to their doctor about their current sexual activity. Individuals also stated that they felt AI had supported them to understand their current medical circumstance because they felt that they could ask questions they would not have felt comfortable asking their doctor, even if they had had the opportunity to do so. Individuals felt that this had improved their QOL (Koh et al., 2024).

One issue to consider around the acceptability of AI is the age of the potential user. Generations can be divided into categories, for example, Gen X, who are people born between 1960s and 1980s. These individuals lived most of their lives without digital assistance and had analogue technology. Millennials are those born between the early 1980s and the mid 1990s and are the generation that embraced the evolution between analogue to

digital. Gen Z are individuals who were born in the mid-1990s to 2010 and are the generation who were born into the digital era (Alanzi et al., 2023).

Reports exploring the perceptions and acceptability of AI ChatGPT offering CBT support in the younger generation (aged between 19-29, i.e. Gen Z and millennials) found that people felt that there were many benefits, such as the ease of access, with having instant access through an app on their mobile phones (Egan et al., 2024). Another positive was that individuals did not feel judged like they might with peer support and those with social anxiety felt less anxiety talking to AI than to a therapist. Another benefit reported was the lack of expense. Participants in the study felt one limitation of AI support was that not everyone has access to the internet, which AI needs in order to operate (Egan et al., 2024). They also felt that it was not condition-specific and that it would have offered better support if it was. Other concerns raised were that ChatGPT does not know them as an individual like a therapist could and would not be able to interact on an emotional level like a real person would. Many felt that AI was good to use as a supplement to support mental health but not as the main source of support (Egan et al., 2024). Considering that studies have shown the benefits of AI as psychosocial support but that individuals have also highlighted areas of concern; it raises the question of whether AI would be acceptable to individuals with a VSC as psychosocial support.

The Health Belief Model (HBM) is a framework that explores individuals reasons to not take preventative action to health issues. It explores individuals perceived risk to susceptibility and severity of a health issue, the perceived benefits individuals feel they might have to taking preventative action and any barriers. The model also explores any cues individuals might have to action and their health motivators (Alyafei & Easton-Carr, 2024). The HBM model could be used to explore individuals beliefs about AI and the barriers that they could have to using it. For example, any fears or lack of trust. It could also be modified to give

insight into how useful individuals may think AI is as a psychosocial support (Rosenstock, 1974). This would be useful to explore any barriers individuals might have to using AI as psychosocial support. The HBM model has been used to explore, understand and predict health behaviours such as in areas of wearing sunscreen to protect from skin cancer (Pearlman et al., 2020).

With different generations having different technology throughout their lives, it was expected that there would be differing attitudes towards AI as psychosocial support. Gen Z have a more accepting approach to AI as a mental health tool alongside Millennials, whereas Gen X have shown reservations about its ability to be of support and have stated issues about not trusting it (Alanzi et al., 2023). Recent studies have found that 70% of Gen Z are using AI but only 52% trust it. 40% of Gen X are not familiar with AI on any level and 68% do not use AI at all (Alanzi et al., 2023). These findings show that there is a vast difference towards acceptance and usage of AI between the older and younger generations, with little research indicating what the barriers are for the older generation to use AI (Alanzi et al., 2023).

Therefore, the purpose of this study is to explore whether AI is an acceptable form of psychosocial support for individuals with VSCs and to also explore potential differences in attitudes and any perceived barriers between the younger and older generations using AI as psychosocial support. This research is important as AI is a relatively new technology, with little research exploring the acceptability of AI as psychosocial support for individuals with VSCs.

The specific research objectives are:

1. To explore whether AI is acceptable as psychosocial support for participants with VSCs.
2. To explore any barriers for participants using AI as psychosocial support.

Chapter 2 Methods

Design

This study used a qualitative research design involving online interviews via Microsoft Teams. Semi structured interviews (SSI) were used, as they are recognised as being ideally suited to exploring attitudes towards individuals seeking support for health-related issues (DeJonckheere & Vaugan, 2019). The SSIs were conducted with open ended questions to find in-depth contextual information about participants support needs and any barriers that might be present and preventing participants from using AI as psychosocial support. Data was thematically analysed (Braun & Clarke, 2022) to code and create themes to explore the study questions.

Participants

The researcher set a target sample of ten participants aged between 18-75. Six participants aged between 21-71, consented to take part in this study, five participants interviews were used in the analysis. This age range ensured a range of generational data was collected. Participants were recruited through the University of Wales Trinity Saint Davids (UWTSD) social media platform see appendix G for advert. The inclusion criteria involved participants being over the age of 18, with a VSC. Participants had to be willing to discuss their day-to-day support needs regarding their VSC and willing to discuss any beliefs, views and thoughts about AI being used as psychosocial support. Participants were required to consent via an online participant information sheet. See appendix C for the consent form. The participants VSCs were eczema, acne, basal cell carcinoma and solar keratosis. See Table 1 for participant characteristics with pseudonyms.

Table 1
Pseudonym name of participants and participant characteristics

Participants	Age	Gender	Skin condition
Barb	22	Female	Eczema
Henry	35	Male	Eczema
Geraldine	49	Female	Skin rashes
Lucy	71	Female	Basal cell carcinoma & solar keratosis
Lottie	35	Female	Acne

Data collection Methods

A semi structured interview schedule was carefully constructed based on the identification of key areas of questioning from the literature review. See appendix E for interview schedule.

Semi structured interviews were used with open ended questions to allow flexibility and to gain in depth data to explore the diverse perspectives of the participants and to explore any differences in positive or negative views that younger and older generations may have held.

Ten questions were developed to explore participants experiences of their VSC and to explore their acceptance of AI as psychosocial support. The Health Belief Model was used to help develop questions to explore participants perceived susceptibility, severity, any perceived benefits or barriers, along with cues to action and self-efficacy to try and better understand why participants may or may not find AI acceptable as psychosocial support (Rosenstock, 1974). Prompts were developed to support participants when required but remained neutral and open ended. Differing beliefs between the generations were also explored to find if there were any barriers stopping the older generation from using AI as psychosocial support. The SSIs used open ended questions about participants support needs, which included “what are the main areas you have needed support?” Questions regarding participants beliefs and views about AI included “can you tell me of areas AI could be a benefit to an individual’s mental health?”. These questions were used to explore participants experiences of their VSC and any support they needed. Participants discussed their views and beliefs about AI as psychosocial support and shared their experiences, beliefs and thoughts about it. Participants took part in

the interviews online which allowed for a diverse range of people from different demographics to apply and allowed for a range of generational data to be collected.

Procedure

The researcher made a proposal for the research study (see appendix B). The researcher then received ethical approval from The School of Psychology Research Ethics committee at the University of Wales Trinity Saint Davids ethical committee to conduct this study for their undergraduate psychology dissertation project. See appendix A for ethical approval.

A pilot study was conducted prior to the interview to ensure that questions were appropriate and elicited responses from participants. The pilot study was a success, the researcher was able to start recruiting participants for the study.

Participants could either click on a QR code or a link to the Qualtrics page, (see appendix G for advert with QR code), which contained an information debrief page describing the study, (see appendix D for information sheet), followed by a consent page. If individuals were willing to participate, they digitally agreed via the online consent page. This page also required their email address. Participants were then contacted via email to arrange a date for the SSI.

The researcher built rapport with participants to ensure that they felt comfortable prior to recording. Participants were reminded of their right to withdraw and asked if they still consented to the interview and for it to be recorded via Teams. The researcher thanked participants after each question and showed understanding with supportive gestures such as a nod when participants were sharing personal information. The researcher ensured that the

participant had their full attention, giving eye contact to show the participant that they were listening. After the interview, participants were then debriefed and thanked for their

participation. Data was then transcribed with any identifying names changed to a pseudonym. The data was then thematically transcribed (Braun & Clarke, 2022).

Data analysis

Any identifying demographic data collected during the SSIs was changed. For example, participants names were changed to a pseudonym. The data collected was analysed using Braun & Clarke's thematic analysis framework; this is where patterns are recognised and codes and themes emerge (Braun & Clarke, 2022). The six steps to this analysis are outlined below. How steps 1-4 were applied to the current transcripts are demonstrated in appendix F with steps 5 and 6 reported in the results chapter.

1. Familiarisation, reading and rereading the data.
2. Generating initial codes, key phrases and ideas highlighted within the data.
3. Generating initial themes, codes were grouped to capture any key patterns or concepts to capture data that addressed the research questions. Any codes that the researcher felt were not relevant to the data set were not used but highlighted and set aside.
4. Reviewing themes, themes were reviewed to ensure their relevance and that they contained enough supporting data to answer the research questions.
5. Defining and naming themes, the researcher clearly defined names to reflect significance to the data collected.
6. Writing the report, the themes were written up to address the research questions with illustrative quotes and a table.

Main ethical considerations

All study procedures followed those outlined in the ethics form (See appendix A) including informed consent and debriefing processes. At all times during the study the researcher tried

to ensure that participants were comfortable and happy to continue. The interview schedule was used to ensure that the interview questions were not leading or causing any unnecessary discomfort and at the start of the interview the researcher ensured participants understood the study and were happy to still give consent and to be recorded. No ethical concerns or issues were raised either during or after data collection.

Chapter 3 Results

Four main themes were developed during the analytic process, as shown in Table 2 with a number of sub themes under these.

Table 2: *Table of themes and sub themes*

Table of themes and sub themes	Participant input time stamp				
The effect of perceived social norms	Barb	Henry	Gereldine	Lucy	Lottie
Perceived stigma	1.31	1.49		2.26	
Coping mechanisms			2.10	2.26	1.30
Effect on Identity	2.21&2.49			3.01	
Challenges to receiving support.					
Psychosocial support needs	2.03&4.55	5.13		7.09	
Causation support needs			4.58		4.34
Self-care support	4.14				
Concerns of AI as a psychosocial support					
AI lack of emotional intelligence			15.26		8.18
Unreliable information	11.38	10.52	15.26		
Ethical Concerns		9.18			10.07
Positive perceptions of AI	10.32	8.49	14.30		12.32&9.17
Potential for AI education			17.15	9.50	

Theme One: The effects of perceived social norms

The theme of ‘The effects of perceived social norms’ was present in all participant interviews.

It highlights how individuals perceive their VSC in the eyes of others, how others have behaved towards participants due to their VSC and the effect that these have on the participants identities. The researcher perceived that all participants felt like people around them were aware of their VSC, which had the effect of some participants feeling self-conscious or anxious. All participants stated that they had covered up their VSC in some way and one participant stated that she tried not to leave the house for two weeks. However, one participant felt that their VSC had a positive effect on building their character. Three sub themes emerged, these were: perceived stigma, coping mechanisms and effect on identity.

Perceived stigma

This sub theme was expressed by several of the participants. Lucy felt like others were having very negative views of her VSC. Barb felt that others were noticing her VSC and covered up due to this and Henry felt that others were looking at him due to his bad skin flare ups.

2.26 It might be my imagination, but I feel like people are, you know are standing a little bit of distance away, in case you know, they are going to catch something. – Lucy.

Lucy thought that this may be due to others thinking skin conditions were unsavoury. However, it is unclear if this was Lucy's perception or if others were judging her VSC.

Barb stated that although she did not get bullied for her skin condition, it was potentially something people could be bullied for. The researcher perceived this as Barb felt the need to cover it up as it was something her peers noticed.

1.31 And as I said I didn't get bullied, but it was something that my peers would notice, that's why I covered up so much. – Barb.

Henry also felt that his skin condition was something others would be looking at negatively, which had an influence on how he felt about himself.

1.49 If I had had a bad flare up, I would have definitely felt self-conscious and felt like people were looking at me – Henry.

Coping mechanisms

All of the participants appeared to have developed coping mechanisms such as covering up their VSC with either clothing or makeup. For one participant this had become a more extreme form of social avoidance. Lucy described how she did not leave the house for two weeks so as not to be seen by others.

2.26 And it was really really bad and I just for a couple of weeks barely went out of the house – Lucy.

To a lesser extent, Lottie also expressed that she did not want her VSC to be seen by others and tried to cover it with her hands to hide it although she recognised that this was not very useful.

1.30 When I'm talking to someone, I'll be visibly trying to hide it, even though there's no hiding them. – Lottie.

Geraldine also stated not leaving the house without covering her VSC. The researcher felt that participants VSCs were at the forefront of participants minds before leaving the house, making them feel self-conscious and anxious.

2.10 I won't leave the house without, you know, without putting make up on, without covering it. – Geraldine.

Effect on Identity

During the interviews participants described how they felt that their VSC had affected their confidence negatively due to the perceptions of others. Barb felt differently to the others and felt that due to the difficulties of her skin condition, it had built her identity.

2.41 Honestly, I think it's been a part of my development of my character- Barb.

Barb stated on more than one occasion that she felt that her VSC was part of her personality development. She felt that it was a positive aspect of her identity which helped her improve her resilience.

2.49 I think it contributed to me like developing that I don't care attitude – Barb.

However, Lucy did not feel like it affected her identity positively as it made her feel unclean and very self-conscious and concerned about what others were thinking of her.

3.01 I felt dirty, and I felt, you, know, I felt like people would have thought of me as dirty. – Lucy.

Theme Two: Challenges to receiving support

The theme ‘Challenges to receiving support’ was seen in most of the participants interviews. The researcher perceived that Barb may have benefited from psychosocial support due to her expressing anxiety about her VSC, but she never expressed any awareness of needing or wanting the support. Lucy and Henry felt that it was not an option to get psychosocial for their VSC but expressed they thought it would have been a benefit to them. Geraldine and Lottie expressed difficulties with getting support from their doctors about what was causing their VSC. Lucy expressed issues with managing to support her mental wellbeing with self-care due to the nature of her skin condition. Three sub themes emerged. Theme 1. Psychosocial support 2. Causation support 3. Self-care support.

Psychosocial support needs

Lucy expressed that she was not aware that psychosocial support was an option for the psychosocial effects of her skin condition.

7.09 Not even years ago when I was really going through it, nobody ever suggested psychosocial support and it never even occurred to me, that, you know, I could ask for that- Lucy.

This attitude was mirrored in Henry’s interview when he mentioned that it was not really an option to speak to others when he was younger, although he recognised that it would have been a benefit.

5.13 Probably because I never really spoke to lots of people about it, because it wasn’t really an option back then, but nowadays I probably would have spoken to people, I think it would have helped – Henry.

2.03 I guess I would have had a little emotional negativity towards it, but over the years it’s got better. – Barb.

Barb mentioned on a couple of occasions that she had experienced anxiety and emotional negativity towards her VSC and had used the coping mechanism of covering up. However, she also stated that she had received all the support she had needed with no mention of needing psychosocial support. The researcher perceived that Barb may not have recognised that her anxiety could have been supported with psychosocial support.

4.55 Yeah there hasn't been any issues that I haven't been able to sort out help from the doctors or anything like that, I feel well supported. – Barb.

Causation support

Participants seemed to feel like there was an underlying cause for their skin conditions and expressed frustrations due to their health practitioners not offering more support around what was causing them.

4.34 I'm in my 30s now and I still haven't had it addressed, so I've kind of given up with getting additional help in that sense. -Lottie.

Lottie expressed that she had given up trying to get support for what could potentially causing her VSC. An overall lack of support from health care providers about what might be causing their VSCs can be seen when Geraldine stated that her health care provider shrugged when she tried to explore it further.

4.58 I was talking to her about HRT and stuff, I mentioned that to her then and it was almost a shrug – Geraldine.

Self-care support

Lucy stated that she could not use products on her skin as it would cause her skin to react and flare up. She felt that this had an impact on her wellbeing as she could not carry out self-care activities that made her feel better.

4.14 It shook my self-confidence quite a lot at first because I couldn't do those sorts of self-pampering things. – Lucy.

The interview schedule was split into two sections. The first half explored support needs of the participants due to their VSC and the second half explored participants views, beliefs and perceptions of AI as psychosocial support.

Theme Three: Concerns of AI as psychosocial support

The theme of ‘Concerns of AI as psychosocial support’ was present in all participant interviews. It highlights the areas in which participants felt that AI had issues. The issues ranged from mild, such as participants stating information given by AI should be taken with a pinch of salt, to ethical concerns of the safety of users using AI as psychosocial support. Three sub themes were created: 1) Lack of emotional intelligence 2) Unreliable information 3) Ethical Concerns.

Lack of emotional intelligence

Geraldine and Lottie both expressed that they had concerns regarding AI as having any emotional intelligence. Geraldine expressed that she did not feel AI would recognise emotional undertones and Lottie showed doubts of how AI could give support because it does not have feelings.

15.26 It’s not going to have a full understanding of where you are coming from and what you are feeling maybe. – Geraldine.

Doubts of how AI could give genuine empathy and emotional understanding were highlighted, raising doubts of how AI could offer beneficial psychosocial support.

8.18 I don’t see how it could be supportive, but it’s just like because it’s AI, it’s artificial, it’s not something that can feel. -Lottie.

Unreliable information

Several participants felt that AI should not be taken too seriously as it can give unreliable information, which also raised concerns.

11.38 It’s like if you read information from ChatGPT you have to put it in your own perspective and see if it’s doing what it says it is doing, or saying what it says it’s saying, so take it with a pinch of salt, sort of vibe. – Barb.

Barb expressed that she felt that information given from AI should not be trusted too much and that it should be considered whether the information is accurate.

10.52 So anybody can write anything, and it can go on the internet and then these AI bots are just picking it all up, the information off the internet and feeding it back to people, that's what sort of worries me. – Henry.

Henry expressed that he felt that AI could easily be sharing misinformation as he considered that anybody could be writing the information it was sharing. Geraldine also shared that she did not know where the information AI uses is coming from.

15.26 I think I'm not knowing where the information is coming from and you know, you don't know if it's reliable or accurate. – Geraldine.

Ethical concerns

Participants felt that due to information not always being accurate from AI that it could pose a potential threat to an individual's mental wellbeing.

9.18 I suppose if some like trusted it too much, or if it gave the wrong information, it could mess someone up a bit and they might lose trust or confidence in it. – Henry.

Both Henry and Lottie expressed concerns about AI having the ability to negatively impact an individual's psychosocial wellbeing. They had a lack of trust in AI having safe regulated information. Lottie recalled that she had heard through the media that AI had told a suicidal teen to kill themselves. She later stated she did not think AI was safe for children.

10.07 I remember this story because it was a teenager that was using AI as a support and AI actually told him to kill himself, so it can be very detrimental. – Lottie.

Theme four: Positive perceptions of AI

The theme of positive perceptions was highlighted in all participants interviews. Participants enjoyed the accessibility of AI, finding it easy to use. The interactive aspect was considered akin to speaking with a person. Participants considered that information would be confidential and that it would be impartial to information shared with it and could even be considered a friend. The theme also highlighted areas where individuals may be able to be educated in what AI as a psychosocial support tool is, as there was a considerable lack of knowledge about it. The theme of ‘positive perceptions of AI’ had one sub theme of potential for AI education.

10.32 I would say it would provide information the way I would want things, like I wouldn’t have to dig for information. I wouldn’t have to try and comprehend what it was trying to say to me. – Barb.

Participants appreciated how accessible AI is, with it giving quick in-depth information. Barb appreciated that the information it gives is easy to understand. Henry compared AI capabilities in conversation to talking to a person.

8.49 I like the interactive side of it, so like the back and forth, rather than just googling something, it feels like you are actually talking to somebody. – Henry.

Aspects of the confidential and impartial nature of AI was shown to be approved of by Geraldine and Lottie. Geraldine expressed that it was important to her that information would not be shared with others and Lottie expressed some anxiety regarding being judged by others when sharing information but appreciated that AI was impartial.

14.30 Having someone to talk to is always useful in situations, you know someone that you could trust in that situation because it’s not going any further to anybody else is it. – Geraldine.

12.32 Because the fear for me is having to go to someone and have them almost judge you, whereas having something like AI that's not a person, I'd feel a lot more open to that. – Lottie.

Lottie had previously stated strong concerns about AI as psychosocial support for ethical reasons, however, it was shown that she had mixed feelings when she stated that AI could be a friend.

9.17 I suppose it could be a friend, almost like if someone's being like isolated in some way, like having something to talk to, I think it could be very beneficial. – Lottie.

Potential for AI education

This sub theme highlighted areas where individuals could be educated about AI. A number of the participants did not know that AI could offer psychosocial support. Lucy considered that waiting lists for psychosocial support could be reduced with the use of AI support and that her peers could be educated to be able to use AI.

9.50 I mean I didn't even know it had those capabilities. – Lucy.

Participants stated they did not know that AI had psychosocial support capabilities, they did not know how AI could emulate empathy, where it was getting its information or where they could find AI offering psychosocial support. Participants did not know if their lack of knowledge was due to themselves or if it was due to the lack of information to their age group.

17.15 Well I didn't know, you know much about it, so I don't know if that's on me or whether there just isn't enough information for my age group. – Geraldine.

Chapter 4 Discussion

The main purpose of this current study was to explore the acceptability of AI as psychosocial support for individuals with VSCs and identify any barriers that may be present for individuals using AI as psychosocial support. Overall, the results suggested that whilst participants were currently sceptical of the potential of AI to offer psychosocial support, there were opportunities to break down some of these barriers and that AI might be a useful tool for supporting people living with VSCs due to the social avoidance often reported by participants. This chapter will consider this study's findings in relation to the existing literature, methodological limitations and will suggest practical recommendations for future research and psychosocial support in this area.

The first theme identified through the process of thematic analysis *the effects of perceived social norms* supported existing evidence documenting the negative impact of stigma and social norms on the QOL of people living with a VSC (Rumsey, 2018). Previous literature (Bhardwaj, 2023, Vaswani et al., 2022, Tuckman, 2017) showed that the QOL of individuals with VSCs could be negatively impacted due to them not meeting expectations in areas such as their level of freedom, work life, health and appearance which therefore lead to anxiety. It was also shown to be the case within this study, with participants discussing not leaving their homes and covering their VSC. The research carried out by Tuckman (2018) showed that individuals were concerned that their skin condition would be commented on by others. This study, however, showed that individuals were not so much concerned that others would comment on their VSC but were concerned that others would have negative perceptions of them because of it and that others would not want to be too close to them. These perceptions make the research by Sharratt et al. (2018) that showed that individuals felt that their relationships broke down due to their skin condition, understandable, meaning that if people

do not feel that they are being accepted or perceived well by others, they may not continue the relationship. The effect of not meeting social norms, as shown by Vaswani et al. (2022) stated that anxiety could be a product of individuals fearing negative feedback, due to not meeting social norms. This was seen within this theme, which showed that individuals were concerned about the judgments of others and had the perception that others were judging them harshly due to their VSC. Previous research, however, did not document the positive influence that a VSC can have on an individual, such as the effect of building resilience in the face of not meeting social norms.

The second theme, *challenges to receiving support* did not reflect previous literature, which had indicated that individuals challenges to gaining psychosocial support included expense, long waiting lists and a lack of availability (Gardener et al., 2014). This may be due to participants in the current study not recognising that the anxiety their VSC caused could be treated with psychosocial support, therefore they had not experienced the challenges associated with gaining psychosocial support. The current study also showed that individuals were not always aware that they had a psychosocial need, such as when they experienced anxiety. In the current study participants expressed that they struggled to gain support for what the underlying cause of their VSC was. They expressed frustration and a sense of hopelessness when health care providers could not provide the information, which potentially could support them to take self-care measures to manage their VSC . This may also cause individuals to lose trust and confidence with their health care providers. The HBM was a useful framework for understanding individual differences in accessing support due to these perceived barriers and possibly low perceived severity in relation to feeling that they needed support (Rosenstock, 1974). The HBM highlighted through cues to action that educational interventions may support individuals to finding AI as psychosocial support more acceptable.

Findings from this current study also suggested that individuals psychosocial wellbeing was not only due to the individuals sense of not meeting social norms but that participants also struggled to engage in self-care to support their psychosocial wellbeing due to skin reactions to products. This had negative effects on participants confidence and general sense of wellbeing. The lack of support for the causation of individuals VSCs from health care providers could potentially mean that people may be missing out on beneficial self-care procedures, such as using products that wont negatively affect their skin conditions or for making changes to their diets that could potentially benefit their VSC.

The third theme *concerns of AI as psychosocial support*. Previous research suggested that individuals within different age groups would have differing beliefs and perceptions about AI, stating that the older generation potentially would have more barriers to using AI than the younger generation (Alanzi et al., 2023). However, this study showed that the barriers present were not due to the individuals age but due to participants not trusting AI as psychosocial support, which was due to perceptions of it giving unreliable information and not being sure where AI was retrieving information from. This theme showed that due to perceptions of AI having unreliable information, AI should not be taken too seriously by those using it. If AI was to be used as a psychosocial support tool, it would be important that individuals felt it was a serious and reliable form of support, which could then lower the waiting lists for psychosocial support that was stated in previous literature by Gardener et al. (2014). The participants from this study expressed strong doubts about how AI could emulate empathy or use emotional intelligence to understand individual problems. These findings reflected previous research overall (Egan et al., 2024). Participants in this study did not previously have any experience of AI as psychosocial support, therefore the views concerning AI not being able to emulate empathy were not based on personal experience but general beliefs and

attitudes. Participants also expressed strong concerns about the safety of AI as psychosocial support and its ability to give suitable guidance without causing harm. There appeared to be limited awareness of knowledge, such as that AI can be programmed with extensive knowledge about counselling and psychotherapy and is not using information from unknown sources (Ray, 2023). This shows that the importance of ensuring information about the potential value of AI addresses ethical and safety concerns about AI. There is therefore a role for educational interventions designed to reduce some of the barriers to the acceptability of AI as a psychosocial support tool. Despite the perceived barriers participants held about AI, participants could also see areas of potential of AI as a psychosocial support.

The fourth theme, *Positive perceptions of AI* reflected previous research which showed that individuals appreciated that AI was confidential and impartial (Egan et al., 2024). This highlights that AI as psychosocial support could be of benefit to those with social anxiety who find it difficult to interact with people (Ettman & Galea, 2023). The current study highlighted that people may have mixed feelings about AI, as the previous theme ‘concerns about AI as psychosocial support’ highlighted strong doubts about AI. This theme suggested that individuals could consider AI as a potential friend due to it having conversational abilities, it being accessible and it being impartial and confidential. Previous research showed that individuals with social anxiety were unlikely to attend psychosocial support with a person due to it causing distress (Winter et al., 2023), with participants from this study expressing that they felt like they would experience less anxiety due to AI being impartial and non-judgmental, this shows that AI as a psychosocial support tool could potentially be beneficial for those with social anxiety. This theme showed that people did not know the capabilities of AI and were uncertain if this was due to their age or something else. As all participants expressed a lack of knowledge about AI, it is considered that age was not a

barrier to individuals using AI but potentially due to AI being a relatively new technology that individuals have not been able to immerse themselves into yet. This showed that there is a potential for people to be educated further about AI, to be able to find it acceptable as psychosocial support.

Methodological considerations

The interview and research questions used collected insightful and significant information and can be considered a success. The semi-structured interviews ensured that the researcher could gain in-depth understanding of participant perspectives and allowed for flexibility with follow up questions (Ruslin et al., 2022). However, the sample size was relatively small, which meant that age related barriers were not explored in as much depth as the researcher had intended. Due to there being four females and only one male participant the current study may not be representative of males with VSCs. A lack of male participation has also been reported in previous research by Hughs et al. (2021), whose research showed that men and women are equally affected emotionally by their skin conditions. The current study originally set out to recruit a participant sample size of ten, however, only six participants applied. Due to one interview not being intelligible it could not be transcribed, therefore was not used within this study. The inclusion criteria needed participants to be aware of AI and be willing to discuss their views about AI. Therefore, this study might not be representative of individuals who are not aware of AI or of those unwilling to discuss their views. The participants had varied VSCs but due to the range of VSCs that individuals can have, it might not be representative of all VSCs. A mixed methods design could have strengthened themes by validating findings. Some of the participants stated that their psychosocial wellbeing had been impacted more in previous years. This impacted data collection, as questions were aimed at present day support needs. During the interview, the researcher may have missed cues that could have led to more in-depth data.

Conclusion

The current study found that AI as psychosocial support may be beneficial to those with VSCs, however, there are current barriers which would need to be addressed for it to become acceptable. The study found that AI would need to be shown as safe for individuals to be willing to use it, such as in areas of where AI is retrieving it's information from and evidence that it gives information that is not detrimental to an individual's psychosocial wellbeing. Educational interventions may be beneficial if AI was to be considered a psychosocial tool. As it currently stands, individuals have a lack of awareness of the availability and capabilities of AI. Recommendations for future research would be to explore the strengths and limitations of AI as psychosocial support, with individuals interacting with AI, to better understand its influence on an individual's psychosocial wellbeing. Future research could also explore the potential reasons for why people with VSCs are unaware that they can have their psychosocial needs met with support.

Acknowledgement of AI usage

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI generated materials as my own work. I confirm that I have copies of my drafts, notes and other resources I used, which I may be asked to provide in evidence.

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Appendix A

APPLICATION FOR ETHICAL APPROVAL

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Rebecca Smith			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student
3	Institute/Academic Discipline/Centre:	Psychology and Counselling			
4	Campus:	Swansea Sa1 Campus			
5	E-mail address:	2206923@student.uwtsd.ac.uk			
6	Contact Telephone Number:	07738286399			
For students:					
7	Student Number:	2206923			
8	Programme of Study:	BSc Psychology			
9	Director of Studies/Supervisor:	Dr Ceri Phelps			

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle?	YES	☒	NO	☐
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	(please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)				
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Dissertation supervisor Zoe Cooke, now changed to Dr Ceri Phelps	☒		13/08/2024

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.				
1	UWTSD Research Ethics & Integrity Code of Practice				☒
2	UWTSD Research Data Management Policy				☒
3	British Psychological Society. (2021). <i>BPS code of human research Ethics</i> : https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2021				☒
4	British Psychological Society. (2021, 12). <i>Code of ethics and conduct</i> . Retrieved from The British psychological society: https://doi.org/10.53841/bpsrep.2021.inf94				☒
5	<u>BPS Ethics Guidelines for Internet-Mediated Research (2021)</u>				☒
6					

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	☐
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	Exploring the acceptability of AI for psychosocial support between the younger and older generation with visible skin differences: a qualitative interview study		
2	Proposed start date:	10/12/2024	Proposed end date:	10/05/2025
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: • <i>Purpose of Research Activity</i> • <i>Proposed Research Question</i> • <i>Aims of Research Activity</i> • <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain • <i>What the research activity will add to the body of knowledge</i> • <i>How it addresses an area of importance.</i>			
3	Purpose of Research Activity Research shows that many people with visible skin conditions (VSC) have a lower quality of life (QOL) and many struggle in areas such as work and social life (Rumsey, 2018). Individuals with VSC often have fears of being treated negatively due to their condition and often have low self-esteem, due to this they can have altered negative states of cognition and behaviour (Huges et al., 2021). Research has shown that a lack of Psychosocial support for individuals struggling with VSC can lead to them suffering with depression, anxiety or suicidal indentation which is associated with having a lower QOL (Hughes et al., 2021). This shows the importance for individuals with VSC to have access to psychosocial support. CBT and peer support have been shown to have positive effects on Psychosocial wellbeing and QOL (Rumsey,2018). With CBT being expensive or having long waiting lists its not always the most convenient option, research has also shown that individuals can feel judged with peer support (Egan et al, 2024), this shows a need for alternative options. Artificial Intelligence (AI) advancements have brought about programs such as ChatGPT which offer realistic interactive conversation (Inkster et al.,2018). Current research has found that Gen Z found benefits to using AI for psychosocial support, those with social anxiety found it easier to discuss issues with AI than talking to a person, many didn't feel concerned about judgment when using AI compared to peer support (Egan et al.,2024). Research shows that 70% of Gen Z are using AI in some way, 68% of Gen X are not, there isn't much research exploring why this is (Alanzi et al.,2023). With research showing positive results AI has on psychosocial wellbeing with Gen Z (Chu et al.,2022) this study will use online interviews to explore the acceptability of AI as a psychosocial support for people with VSC from different generations.			

	Alanzi, T., Alsalem, A. A., Alzahrani, H., Almudaymigh, N., Alessa, A., Mulla, R., . . . Alanzi, N. (2023). AI-Powered Mental Health Virtual Assistants' acceptance: An Empirical Study on Influencing Factors Among Generations X, Y and Z. <i>Cureus</i>, 1-13 Chu, C. H., Nyrup, R., Leslie, K., Shi, J., Bianchi, A., Lyn, A., . . . Grenier, A. (2022). Digital Ageism: Challenges and Opportunities in Artificial Intelligence for Older Adults. <i>The Gerontologist</i>, 947-955. Egan, S. J., Johnson, C., Wade, T. D., Carlbring, P., Raghav, S., & Shafran, R. (2024). A pilot study of the perceptions and acceptability of guidance using artificial intelligence in internet cognitive behaviour therapy for perfectionism in young people. <i>Internet interventions</i>, 100-111. Germain, N., Augustin, M., Francois, k., Bogoeva, M., Desroches, M., Toumi, M., & Sommer, R. (2021). Stigma in Visible Skin Diseases- A Literature Review and Development of A Conceptual Model. <i>Wiley</i>, 1493-1504. Hughes, O., Hutchings, P. B., & Phelps, C. (2021). Stigma, Social Appearance Anxiety And Coping In Men And Women Living With Skin Conditions: A Mixed Methods Analysis. <i>Wiley</i>, 1-11. Instert, B., Sarda, S., & Subramanian, V. (2018). An Empathy-Driven Conversational Artificial Intelligence Agent (wysa) For Digital Mental Well-Being : Real-World Data Evaluation Mixed Methods Study. <i>JMIR</i>, 6-11. Rumsey, N. (2018). Psychosocial Adjustment To Skin Conditions Resulting In Visible Difference (disfigurement) What Do We Know ? Why Dont We Know More ? How Shall We Move Forward. <i>Elsevier</i>, 2-7.
4	Research Question Is AI for psychosocial support acceptable for participants with visible skin differences (this box should expand as you type)
5	Aims of Research Activity 1.To understand the psychosocial impact and support needs of individuals living with visible skin differences. 2.To explore the acceptability of AI as psychosocial support for participants with visible skin differences. 3. To explore potential differences in attitudes and perceived barriers between younger and older generations towards using AI for psychosocial support. (this box should expand as you type)
6	Objectives of Research Activity 1. To carry out online qualitative semi-structured interviews with individuals living with skin conditions to explore their views and perceptions on using AI for psychosocial support. 2. To make recommendations for future possible use of AI based interventions.

	(this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here but should instead describe how you intend to collect the data necessary for you to complete your project.
7	The design of this study will be qualitative to explore participants experiences of their VSC and their acceptance of AI as psychosocial support the study will also explore if there are any differing beliefs that stop the older generation using it. A qualitative approach will be used to explore and understand in depth the participants feelings, belief's and thoughts about AI, also to explore if there are any barriers for participants using AI as a psychosocial support and why these might be a barrier (Tenny et al., 2022). Semi structured interviews (SSI) with open ended questions will be used to provide flexibility to gain more in-depth information and to explore diverse perspectives of participants via Teams. An SSI was found to be informative tool in a similar study by Nadarzynski et al., (2021) that explored barriers and facilitators of using chatbots in healthcare. Ten participants aged 18 to potentially over 75 will be recruited to ensure a range of generational data is collected. Participants with a skin condition such as eczema, psoriasis, acne will be eligible to take part by responding to a study advert. Participants will be recruited via university social media platforms with the supervisors clearance to do so. Participants will need to be willing to discuss support they may need or receive in their day-to-day life, participants will also need to have some understanding as to what AI is and be willing to discuss any views, beliefs or thoughts they have about AI and AI as a psychosocial support. The interview questions will be semi- structured and open ended, with questions such as "Can you tell me about what support you need or receive in your day to day life in areas such as your social life, sleep and work?" and " What do you know about AI ?" questions will then explore participants experiences and knowledge of ChatGPT and any limitations or advantages each generation feels they have to using AI, with any negative or positive feelings toward it. Participants will be sent a Qualtrics information sheet and consent link explaining what the study is about and what will be expected of them prior to the interview. Once consent is obtained online interviews will take place over Teams at a private location to support confidentiality of the participant and in a location not identifiable to the participant. Teams will be used as participants may not be local to the Swansea campus. Video and audio will be recorded via teams during interviews so as the researcher can transcribe the collected data. Participants will be debriefed and thanked for participation and given the researchers university email for any follow up queries, participants will also be advised that they have 7 days to contact the researcher if they would like their data withdrawn for any reason. A pilot study will take place prior to interviews to explore acceptability of the questions using UWTSD student. After the interviews the researcher will change identifiable names and start to transcribe the collected data thematically using Braun & Clarke's Reflexive Thematic Analysis Framework (Braun & Clarke, 2022) via the 6-step process of 1.

	Familiarization, 2. Generating initial codes, 3. Generating initial themes, 4. Reviewing themes, 5. Defining and naming themes, 6. Write up. Thematic analysis will be used to explore any themes or patterns within the data to better understand the acceptability of AI for people with visible skin conditions and of any boundaries for the older generation to be using it (Braun&Clarke,2022) (this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	Via Teams video chat at a private location.
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	(this box should expand as you type)

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. (this box should expand as you type)		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☒	☐
14	A healthier Wales	☒	☐
15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details: By exploring if AI is an acceptable source of support to individuals with visible skin differences to aid their QOL potentially creating a healthier and more resilient Wales.		

	(this box should expand as you type)
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SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☐	☒
2	Use of interviews?	☒	☐
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☐
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☒	☐
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒

7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.		
	(this box should expand as you type)	☐	☒

Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?		
10	How many participants are expected?	Up to ten participants will be recruited as suggested in guidelines by Braun & Clarke (2006). <i>(this box should expand as you type)</i>
11	Who will the participants be?	Eligible participants will range from 18 years of age (no upper age limit). Participants with a visible skin condition such as psoriasis or eczema will be eligible to take part. Participants will need to be willing to discuss their support needs connected to their VSC and how they feel about AI support. Participants will be recruited via the university's social media page. <i>(this box should expand as you type)</i>
12	How will you identify the participants?	Participants will be initially identified by the name they give, during analysis of the data the participants personal data will be deleted and given identifying pseudo names to provide anonymity. <i>(this box should expand as you type)</i>

Information for participants:		YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☐	☒	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☐	☐	☒
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☐	☐	☒

20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	Online consent will be obtained through ticking a box on Qualtrics in lieu of a signed consent form. This is considered acceptable practice for online studies in accordance with BPS Guidelines for Internet-mediated Research (2021).			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☐	☒	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	(this box should expand as you type)			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.					
1	Full risk assessment completed and appended?	<table border="1"> <tr> <td>Yes</td> <td>☐</td> </tr> <tr> <td>No</td> <td>☒</td> </tr> </table>	Yes	☐	No	☒
Yes	☐					
No	☒					
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information					
	Risk to participants: Data Protection & Confidentiality Personal questions regarding the participants quality of life and support	<i>How you will mitigate the risk to participants:</i> The online Participant Information Sheet (PIS) will inform all participants that data collected is confidential and will be stored securely using UWTSD's cloud storage system and that data collection and storage is in line with GDPR (see section J). Transcripts will be anonymised for the purposes of analysis with names replaced by a study ID number. Following BPS guidelines participants will be informed that if they do not feel				

	needs may lead them to feel vulnerable or raise negative emotions such as embarrassment, shame or sadness. Participants may feel concerned about the confidentiality of the data collected. Participants may have questions after the interview	comfortable answering any of the questions that they can let the interviewer know that they do not wish to proceed, they will also be informed of their right to leave the interview at any time and request any data collected to be deleted. The researcher will have had qualitative research training for conducting an interview and creating interview questions that are sensitively worded to avoid discomfort. The study will be piloted and will have had the supervisor sign it off. The researcher's and supervisor's University email will be provided for any follow up questions. Participants will be given the option to not speak via teams video and carry out the interview through voice communications this would support the participants anonymity, Bps guidelines will be followed by not sharing personal information. Following GDPR and bps guidelines participants will be informed that any personal identifying data such as their name will be anonymised when data is analysed and that the recordings from the interview will be deleted after analysis. Personal data collected from participants will be kept in password protected OneDrive via the researchers personal computer which will also be password protected. Participants will be given the opportunity to discuss any concerns and to ask any questions about the study prior and after the interview and may be sign posted to charities such as changing faces which offer mental health support to individuals with VSC. following Bps guidelines participants will be fully debriefed about what the study is about.
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	

	<i>(this box should expand as you type)</i>	
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: The Researcher may be accused of misconduct. The researcher may be asked questions they do not know the answer to.	<i>How you will mitigate the risk to the investigator:</i> To ensure misconduct does not occur the student researcher will follow all UWTSD and BPS research codes of conduct and research guidelines. In the event of accusation of misconduct, the interview will be stopped and accusation details passed on to the researchers supervisor Dr Ceri Phelps for investigation. The study will not take place until all elements have been approved by the supervisor Dr Ceri Phelps. Researchers University email will be the only point of contact between researcher and participant. The researcher will inform the participant that this information is outside the researchers knowledge, but any questions will be passed on to the supervisor and answers will be emailed forward.
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: 1.Risk related to adverse publicity or financial loss 2.Risk related to data protection	<i>How you will mitigate the risk to the University:</i> All elements of the research will adhere to the British Psychological Society's Code of Human Research Ethics and guidelines for internet-mediated research (IMR) as well as UWTSD guidelines. All data will be treated confidentially in line with the General Data Protection Regulation (GDPR, 2016), Data Protection Act (2018) and UWTSD Data Management Policy

6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: <i>(this box should expand as you type)</i>	How you will mitigate the risk to environment: N/A Online study only <i>(this box should expand as you type)</i>

Disclosure and Barring Service				
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	Participants will be debriefed after the interview. Participants will receive full details of what the study is about and reminded of their right to withdraw at any time and request any data collected to be deleted up to one week after the interview. The contact details of the student and supervisor will also be included on the debrief sheet for any further questions or concerns. <i>(this box should expand as you type)</i>
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Prior to consenting to take part, participants will be fully informed of the nature of the study through an electronic Participant Information Sheet (PIS) and online initial consent form distributed via Qualtrics and provided to potential participants at least one week prior to the date of each interview taking place. The PIS will clearly outline the aims and objectives of the research, their right to withdraw at various stages of the research and the contact details of the student and supervisor will be provided on the PIS, should they wish to discuss anything further. Participants will be informed in the PIS that taking part is voluntary and that during the interview they do not have to answer a question/contribute to a discussion if they do not wish to, and that they can ask to pause/stop or end the interview at any time. They will also be informed that after the interview has ended, they will have the right to withdraw their data in line with the procedures outlined above. <i>(this box should expand as you type)</i>

3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	Participants will be recorded during the interview study; they will have the option for this to be either voice or video call. Participants names will be changed in analysis of the data to further anonymity. Recordings of participants will be deleted after analysis. Email details obtained during the recruitment process will be kept in a separate file with pseudo name. Data will be saved on a password protected computer and saved on OneDrive with password protection. <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	YES	NO
1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.	☒	☐
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	Data such as the participants name and face will be collected during the Teams video chat. This data will be deleted after it has been analysed and participants names will be changed to insure anonymity. Audio recordings will be collected for the purposes of analysis. Participant age and gender will also be collected for the purposes of analysis and reporting the broad demographic profile of respondents. Participants will express their interest in taking part by completing the online consent form and/or providing their email address and/or phone number directly to the lead researcher if they prefer. The purpose of providing this information in advance is to provide participants with ample time to understand the research and to ask any questions prior to engaging in the process. <i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics,	☒	☐

	(h) biometric data (as used for ID purposes),		
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	Whilst not directly requesting specific medical details of the nature of participant's skin condition, it is of course likely that individuals will share aspects of their story and specific condition within the discussions. In the analysis and presentation of any research findings only broad categories of VSC will be noted. <i>(this box should expand as you type)</i>		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☒	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☒
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation: All study data such as recordings, transcripts and research will be stored in UWTSD password protected one drive folder. The semi structured interviews will be recorded via password protected Teams, which is used with the researchers university password protected email address. this data will then be transferred to the two-step authenticator protected OneDrive account of the researcher; this data will then be transcribed by the researcher within 7 days securely on OneDrive. Pseudo names will replace real names and contextual data during transcription. Only the researcher will have access to the recordings and initial transcribed data, once data has been transcribed any recordings will be deleted. <i>(this box should expand as you type)</i>		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		

	The participant information sheet will make it clear to all participants that they have a right to expect that information they provide when completing the study will be treated confidentially in line with the General Data Protection Regulation (GDPR, 2016), Data Protection Act (2018) and UWTSD Data Management Policy. Interviews will be recorded on Microsoft Teams. At the end of each interview the data collected on will be transferred to the two-step authenticator protected OneDrive account of the student. Once it is ascertained that the recording has transferred correctly it will be removed from the Teams. All OneDrive stored data will be transcribed within 48-hours and stored securely on OneDrive. Email communication will only be used for participants to express their interest in taking part in the study or seek further information about the study either before or after the interview. The emails will be stored in a separate folder to the recordings and the transcripts. Every attempt will be made to ensure the anonymity of participants is maintained. <i>(this box should expand as you type)</i>
22	List all who will have access to the data generated by the research activity:
	Rebecca Smith, study researcher. Dr Ceri Phelps study supervisor. <i>(this box should expand as you type)</i>
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:
	Rebecca Smith <i>(this box should expand as you type)</i>
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.
	The collection of informed consent, demographic data, interview recordings and transcripts will all be stored as per the guidance in the UWTSD data management policy (2021). Documents stored online (OneDrive) will be password protected with two-step authenticator process. The primary data will be deleted from OneDrive and the transcriptions retained to allow for the final report to be produced. All research related documentation will be retained by in the above-mentioned formats to demonstrate validity of the research in the case of potential publication. <i>(this box should expand as you type)</i>
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>
	Yes <i>(this box should expand as you type)</i>
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)
	YES ☒

27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒
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SECTION K: Declaration

The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/			
1	Signature of applicant:	Rebecca Smith	Date: 26.9.2024

For STUDENT Submissions:

2	Director of Studies/Supervisor:	Dr Ceri Phelps	Date: 16/12/24
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☒	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS AND STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.

You will be informed of the outcome of your claim by email; therefore it is important that you check your University and personal email accounts regularly.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

This form is available electronically from the Academic Office web pages:

<https://www.uwtsd.ac.uk/academic-office/appendices-and-forms/>

Appendix B



Research Proposal

Research proposal (1,000 words overall)

Student Name and University ID number:	Rebecca Smith, 2206923
Proposed Supervisor's name:	Zoe Cooke

Psychology Research Area (tick all that apply)

Social Psychology	Developmental Psychology	Biological Psychology	Forensic Psychology
Health Psychology X	Individual Differences	Educational Psychology	Political Psychology
Cognitive Psychology	Clinical Psychology	Counselling Psychology	Occupational Psychology
<i>Other: indicate briefly (not included in word count)</i>			

Proposed Study Design (tick all that apply)

Quantitative	Experimental	Applied (with UWTSD students)	Online Questionnaire Survey
Qualitative X	Quasi Experimental	Focus Groups	Online X
Mixed Methods	Applied (with external organisation)	Interviews x	Lab-based study

<i>If Applied, and involving an external organisation, please indicate your plans for gaining appropriate approvals from the organisation: (not included in the word count)</i>		<i>Other study design: indicate briefly (not included in word count)</i>	

Suggested Research Title/Area: (between 10-15 words and must reflect the essence of your proposed research question, study design and study population and should be more specific than a broad topic area).

To explore the acceptability of AI for psychosocial support on participants with visible skin differences.

Background: 250 words

Why is your study important? What theory and empirical research evidence supports your research question? (Please provide a rationale for your study including a brief review of relevant psychological literature and theory and a minimum of five references).

It has been well documented that individuals living with visible skin disease, such as eczema and psoriasis have a lower quality of life, these visible skin conditions can negatively affect an individual's emotions, behaviour or cognitions (Rumsey, 2018). Visible skin conditions can affect an individual's work life or social life, this being due to concerns of how others may treat them, such as being stared at or worried about receiving unsolicited comments about their appearance (Germain et al, 2021). These concerns can often lead to social isolation and cause an individual to have lower self-esteem with feelings of shame and embarrassment (Hughes et al, 2021). In situations where individuals don't

have the tools to cope with negative emotions, these individuals may suffer with more serious conditions such as depression, anxiety or suicidal indentation (Hughes et al, 2021). Current support for people suffering from these conditions include CBT, educational interventions, peer support and camouflage. CBT and peer support have been shown to be the most beneficial for supporting an individual with their psychosocial wellbeing (Rumsey,2018). With technology advancements online support has become available meaning people can gain support at home in their own time (Heapy et al, 2020). In recent years technology has advanced in artificial intelligence (AI), programs such as Wysa are available and offer support with users mental health, this program is interactive and offers empathetic conversation, current studies have shown that people who use the program regularly have improved states of wellbeing (Inkster et al, 2018). With the potential benefits of AI on Psychosocial wellbeing the question is asked would people suffering with visible skin differences be willing to use this technology.

Germain, N., Augustin, M., Francois, k., Bogoeva, M., Desroches, M., Toumi, M., & Sommer, R. (2021). Stigma in Visable Skin Diseasases- A Litriture Reveiw and Developoment of A Conceptual Model. *Wiley*, 1493-1504.

Heapy, C., Montgomery, K., Ersser, S., Gass, M., & Goad, N. (2020). A Psychosocial Support Website From The British Association Of Dermatologists For People Living With A Skin Condition : Mixed Methods Evaluation. *ProQuest*, 3-10.

Hughes, O., Hutchings, P. B., & Phelps, C. (2021). Stigma, Social Apperance Anxiety And Coping In Men And Women Living With Skin Conditions: A Mixed Methods Analysis. *Wiley*, 1-11.

Inster, B., Sarda, S., & Subramanian, V. (2018). An Empathy-Driven Conversational Artificial Intelligence Agent (wysa) For Digital Mental Well-Being : Real-World Data Evaluation Mixed Methods Study. *JMIR*, 6-11.

Rumsey, N. (2018). Psychosocial Adjustment To Skin Conditions Resulting In Visable Difference (disfigurement) What Do We Know ? Why Dont We Know More ? How Shall We Move Forward. *Elsevier*, 2-7.

Please state the main research question(s) or hypotheses(s): (100 words max)

What are the perceptions, understandings and willingness of people living with visible skin differences to use AI for psychosocial support.

Methodological Details (500 words)

Please summarise the key methodological approach: (you can include copies of proposed study materials as appendices if you wish). You must include details of the following:

- *Participants: Who will your participants be, how will you access and recruit them, and how many are needed?*
- *Design: Using appropriate terminology clearly define key elements of your design (IVs, DVs, Qual approach, expt. manipulations etc). How do you plan to analyse your main data?*
- *Materials: What are the main measures, scales, experimental tools or other materials required for your study?*
- *Procedure: How will you carry out the study – define briefly what will happen to a participant in your study from the point of consent to the study debrief.*

Participants

Participants in this study will have visible skin conditions such as eczema or psoriasis and will be over the age of 18. The participants will be recruited via advertisement through charity's that support individuals with visible skin differences and through advertising through the psychology social media page. This study will require between 6 and 8 participants following the guidelines of Bruan & Clarke (2006).

Design

A qualitative method will be used by interviewing participants online, exploring the impact of their visible skin difference and their willingness to use artificial intelligence as a method of support for their psychosocial wellbeing. Participants would be asked to answer semi structured questions, such as do they trust AI technology and why, have they used it previously or if they would try using it. Data from these interviews would then be thematically analysed.

Materials

Semi structured questions inspired by the Dermatology quality of life index questionnaire will be used (Finlay & Khan, 1994), Such as how does their visible skin condition effect their day-to-day life. Other semi structured questions relating to if the participant trusts AI, has used AI or if they would be willing to use AI.

Procedure

Participants will take part in an online interview via teams. Participants will be asked to consent via an online form and verbal consent will be gained. Participants will then be debriefed about what the interview is about and made aware that they have the right to withdraw from the interview at any time, that they don't have to answer any questions that they don't feel comfortable with and that they can ask for data to be removed. The interview will then commence with participants answering semi structured questions about how their condition effects them, followed by questions relating to their awareness of AI, their trust of AI and their willingness to use AI. This procedure would take approximately 30 minutes. Participants will then be debriefed again and thanked for their time.

Braun, V., & Clarke, V. (2006). Using thematic analysis in Psychology. *PsycNet*, 77-101.

Finlay, A., & Khan, G. K. (1994). Dermatology Life Quality Index. *Pubmed*, 1-4.

Key Ethical considerations (150 words)

In this section you are required to briefly outline any specific ethical considerations for your project. All projects will be expected to adhere to the BPS code of human research ethics, and you will need to submit a full ethics form which will document your specific processes for informed consent, debriefing, and data protection. Here you need to briefly

note additional or specific key ethical considerations for your particular project e.g. potential for distress or discomfort, any deception, research with vulnerable populations or sensitive topic areas, and briefly outline how you expect to manage these risks within your project.

Participants will not be deceived and will be fully informed about what the study is about prior to taking part. The questionnaire asking about the participants skin conditions and the effect these have on their life, the questions may be considered intrusive and make the participant uncomfortable or cause them distress, participants will be made aware of this prior to taking part in the interview and debriefed after participation, they will also be made aware of their right to withdraw at any time and that they don't have to answer any questions they don't feel comfortable with. Ethical Bps guidelines will be followed (BPS, 2021).

BPS. (2021, April 05). *BPS Code of Human Research Ethics*. Retrieved from The British Psychological Society:
<https://www.bps.org.uk/search?term=BPS%20Ethics%20Committee>

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DERMATOLOGY LIFE QUALITY INDEX

DLQI

Hospital No:

Date:

Name:

Score:

Address:

Diagnosis:

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick ☒ one box for each question.

- | | | | | |
|----|--|-------------------------------------|--|-----|
| 1. | Over the last week, how itchy, sore, painful or stinging has your skin been? | Very much ☐ | | |
| | | A lot ☐ | | |
| | | A little ☐ | | |
| | | Not at all ☐ | | |
| | | | | |
| 2. | Over the last week, how embarrassed or self conscious have you been because of your skin? | Very much ☐ | | |
| | | A lot ☐ | | |
| | | A little ☐ | | |
| | | Not at all ☐ | | |
| | | | | |
| 3. | Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ?
relevant ☐ | Very much ☐ | | |
| | | A lot ☐ | | |
| | | A little ☐ | | |
| | | Not at all ☐ | | Not |
| | | | | |
| 4. | Over the last week, how much has your skin influenced the clothes you wear? | Very much ☐ | | |
| | | A lot ☐ | | |
| | | A little ☐ | | |

- | | | | | |
|--|-----------------------------------|------------|--------------------------|-----|
| | relevant ☐ | Not at all | ☐ | Not |
|--|-----------------------------------|------------|--------------------------|-----|
5. Over the last week, how much has your skin affected any **social** or **leisure** activities?
- | | | | |
|------------|--------------------------|-----|--|
| Very much | ☐ | | |
| A lot | ☐ | | |
| A little | ☐ | | |
| Not at all | ☐ | Not | |
- relevant ☐
6. Over the last week, how much has your skin made it difficult for you to do any **sport**?
- | | | | |
|------------|--------------------------|-----|--|
| Very much | ☐ | | |
| A lot | ☐ | | |
| A little | ☐ | | |
| Not at all | ☐ | Not | |
- relevant ☐
7. Over the last week, has your skin prevented you from **working** or **studying**?
- | | | | |
|-----|--------------------------|-----|--|
| Yes | ☐ | | |
| No | ☐ | Not | |
- relevant ☐
- If "No", over the last week how much has your skin been a problem at **work** or **studying**?
- | | | | |
|------------|--------------------------|--|--|
| A lot | ☐ | | |
| A little | ☐ | | |
| Not at all | ☐ | | |
8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?
- | | | | |
|------------|--------------------------|-----|--|
| Very much | ☐ | | |
| A lot | ☐ | | |
| A little | ☐ | | |
| Not at all | ☐ | Not | |
- relevant ☐
9. Over the last week, how much has your skin caused any **sexual** **difficulties**?
- | | | | |
|------------|--------------------------|-----|--|
| Very much | ☐ | | |
| A lot | ☐ | | |
| A little | ☐ | | |
| Not at all | ☐ | Not | |
- relevant ☐
10. Over the last week, how much of a
- | | | | |
|-----------|--------------------------|--|--|
| Very much | ☐ | | |
|-----------|--------------------------|--|--|

problem has the treatment for your	A lot	☐	
skin been, for example by making	A little	☐	
your home messy, or by taking up time?	Not at all	☐	Not
relevant ☐			

Please check you have answered EVERY question. Thank you.

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Appendix C

Consent Form

Exploring the acceptability of AI as psychosocial support for people living with visible skin conditions.

Thank you for considering taking part in this study. Please read the statements below and tick each one to indicate your agreement to take part in the study and to give consent.

If you have any questions before taking part, please contact the student researcher Rebecca Smith 2206923@student.uwtsd.ac.uk or supervisor Dr Ceri Phelps ceri.phelps@uwtsd.ac.uk.

Please tick each box below to indicate your consent:

- I have read and understood the information sheet
- I understand my participation is voluntary
- I understand I can withdraw from this semi- structured interview at any time and ask for data collected to be removed within 7 days
- I understand that the semi-structured interview will be recorded for the purpose of analysis, which will not be shared with anyone outside of the research team
- I am over the age of 18
- I agree to take part in the above study

Please state your name

Please state your age

Appendix D



Study information sheet

Exploring the acceptability of AI as psychosocial support for people living with visible skin conditions.

This study is for an undergraduate dissertation in Psychology, at the University of Wales Trinity Saint David (UWTSD). I would like to find out what individuals living with a visible skin condition feel about the potential role of Artificial Intelligence in providing psychosocial support. To do this I would like to invite people living with a visible condition to take part in a short online interview. Anybody over the age of 18 and living with a visible skin condition such as eczema, Acne or psoriasis can take part. Participants will need to be willing to take part in an online interview on Teams which will explore:

- the impact of their skin condition on their lives,
- their support needs they have due to their condition.
- views and opinions about artificial intelligence

If you are interested in finding out more please read this information sheet carefully prior to making the decision to consent.

What will taking part involve?

Participation is voluntary, and individuals can withdraw from the interview at anytime and request not to answer questions they don't feel comfortable answering. Participants have 7 days to change their minds about answers being used in the study and can request that the data is removed with in this time.

The interviews will be held over Teams video call on a one-to-one basis and will last no longer than 40 minutes. Questions will be of an open-ended nature to be able to get a clear understanding of participants current support needs and to explore their views, beliefs and understanding of AI.

The interviews will be recorded on Teams with your consent and then transcribed into a word document. Only the researcher and supervisor will have access to the recording and transcripts which will be stored securely and treated confidentially in line with the General Data Protection Regulations (GDPR, 2016).

All personal information including names and contact details will be kept confidential and names and contextual data will be changed such as names and locations. Identifiable data will not be shared with anyone or used in any study reports.

What are the benefits of taking part for me?

There is no direct benefit to you in taking part, but your answers may help us shape the future of psychosocial support for people living with visible skin conditions.

What are the risks of taking part for me?

Being asked to talk about your support needs with the researcher could make you feel uncomfortable. Contact details of support groups that help support people with VSC can be found at the bottom of the page. You can also state that you do not want to answer questions you do not feel comfortable with.

What happens if I change my mind about taking part in the study?

The study is voluntary with the option to withdraw at any time, you do not need to give a reason. Please let the researcher know if you no longer want to participate. You can request data to be deleted up to 7 days after the interview, after this data will have been transcribed. If you have concerns or questions, please contact the researcher with the details at the bottom of the page.

What will happen to the results of the study?

The results from this study will be used in the student researchers dissertation and may be written up for publication or presented at conferences.

What do I need to do next?

If you are happy to take part in the study, please tick appropriate boxes to show consent on the following page. A copy of this will be sent to your provided email address. Please provide your email address on the consent form.

Student researcher contact information Name: Rebecca Smith

Email: 2206923@student.uwtsd.ac.uk

Supervisor: Dr Ceri Phelps Email : Ceri.phelps@uwtsd.ac.uk

Support contact for Visible skin conditions

[Support & Information Line | Changing Faces](#)

Thank you for reading this Student Researcher, Rebecca Smith, UWTSD.

Appendix E

Interview Schedule

Consent

Hi, I'm Rebecca nice to meet you, as mentioned in the information / consent sheet, I sent to you previously, I would like to record this session, so before we start, do you give consent for me to Record now...

RECORD

Prior to this call I sent you an information sheet and consent form, explaining what the study is about. I will be asking you questions about your visible skin condition, such as about your support needs and your views regarding AI. Can you confirm that you have received the information and have consented to this interview. I would also like to remind you of your right to withdraw from this interview at any time, just let me know.

Thank you for taking part in this interview, let us begin 😊

RECORDING ?

Introduction

1. To start off please could you tell me a little about your skin condition and how it impacts your day-to-day life?

- a. Prompt (if needed) ... do you find that it affects things like your social life, work life, or sleep or Diet?
- b. In what ways... tell me more...

Transition

Thank you for sharing that, I'm going to ask some questions regarding your support needs for your visible skin condition now.

2. Thinking about what you have just told me, what would you say are the main areas that have bothered you over the last few months in relation to your skin condition? Was you able to seek help or advice for these issues

Prompt... Such as therapies, skin care

3. Did you manage to get all the help / support you needed, or did you have any areas of unmet need?

4. [if yes to unmet needs] - can you tell me why you didn't manage to get the help or support you needed at that time?

5. What, if anything, would you say has been the most helpful support you have received?

Transition

Thank you. The following questions will explore your beliefs around AI and any barriers that may be present that may prevent individuals with VSC from using it as a tool for support.

Artificial intelligence such as ChatGPT is a conversational bot, it can be programmed with specialised knowledge on subjects such as CBT which is a talking therapy, it can emulate empathy and offer emotional support, it can support individuals to manage mental health issues.

Questions inspired by health belief model HBM

- 6 Have you used AI?
Depending on answer....
What do you think has stopped you using AI.
What do you think has attracted you to use AI.
- 7 In what areas do you believe AI is trustworthy/ untrustworthy.... What do think influenced your judgement of AI
- 8 Can you tell me of areas that AI could be a benefit to an individual's mental health..... or a disservice to it
- 9 Do you consider age to be a barrier to using AI....
Can you explain this further. What assists your age group

Closing question, thank you I appreciate your time today, is there anything else you feel you would like to add, regarding AI as a support tool for individuals with a VSC?

End

Thank you for your time today and for sharing information regarding your VSC and beliefs about AI. I've covered everything I needed to. The information you have shared today will be used to find any common themes, to find if AI is suitable as a psychosocial support for those with VSC and to explore any common barriers for individuals. Thank you again and I will now end the recording.

Code used in interview = O

Appendix F

Physical O Self Care Stigma O Identity O Emotional well-being O Support O Reluctance Covering up -Coping mechanism O Lack of Support Diet O Religion O Resilience O Medical Intervention O Not Leaving the house Skin picking Hormones Careful of products Self awareness O Lack of Professional knowledge Codes not used in themes Reluctance Religion Skin picking Hormones Resilience	Transcript Barb 3 February 2025, 04:02pm Researcher 0:05 OK, recording fantastic. So, prior to this call, I sent you an information sheet and consent form explaining what this study is about. I'll be asking you questions about your visible skin condition about any support needs you may have and about your views regarding AI. Can you confirm that you have received the information sheet and consented to this interview? Barb 0:28 Yes, I have. Researcher 0:29 Brilliant. Thank you so much. I'd also like to remind you of your right to withdraw at any time. Just let me know and I will stop the recording. So thank you for taking part and I will start the interview now.	Theme 1 – Effects of perceived social norms Stigma Identity Self-awareness Not leaving the house Covering up Sub themes Perceived Stigma Coping mechanisms Effect on Identity Theme 2 – The Challenges to receiving Support Support Lack of support Emotional well-being Lack of Professional knowledge Self-care Careful of products Sub themes Psychosocial Causation support Self-care support Theme 2 – Restrictions to lifestyle This Theme was discarded and split into other themes Diet Careful of products Self-Care
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Physical Emotional well-being Physical Covering up -Coping mechanism Stigma	So to start, could you tell me a little bit about your skin condition and how it impacts your day-to-day life? Barb 0:55 I have eczema, for like the past two years, it has got much better from what It was previously like, so it hasn't really been interfering in my life right now, but it's more of like, I guess, like an irritation. So, like right now it is more dominantly like towards my feet area or like behind my knee. So, when it's like dry and itchy it hurts a bit. But besides that, it's OK. Researcher 1:23 OK, so previously, when it's been at it's worst, how has it affected you then? Barb 1:31 The worst my anxiety has ever been was in primary. Basically I had really, really, really bad eczema, so it used to crust and be really thick. So, I used to cover my arms a lot and I used to bleed a lot. And as I said I didn't get bullied, but it was something that my peers would notice, that's why I covered	Physical discomfort from skin condition Anxiety caused from skin condition Physical effects of skin condition Others awareness of condition Trying to hide condition from others
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Religion Self awareness Identity Physical Emotional well-being	up so much. But obviously like for religious reason as well. So, it sort of played hand in hand. Researcher 1:56 Yeah. Barb 1:58 But yeah, I was really self-conscious about it until now. Researcher 2:00 OK. Barb 2:03 Through my secondary years I sort of like developed that, I don't really care attitude. But yeah, basically besides the obvious physical pain of it, I guess I would have like had a bit of a little emotional negativity towards it but over the years it's got better. Researcher 2:22 Yeah. Oh, that's good to hear.	Covered up due to religious reasons too Self awareness I don't care attitude developed Physical pain Felt negative towards it
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Identity Self awareness Identity	How do you think it affected you? You said about it affecting you at school and your sort of confidence levels, is that right? Barb 2:35 Yeah. Researcher 2:36 Do you think it's affected your social life in any way? Barb 2:41 Honestly, I think it's been a part of my development of my character like. Researcher 2:46 Yeah, I see. Barb 2:49 I don't like get self-conscious about myself. Like I had eczema and asthma and I think it like contributed to me like developing that I don't care attitude and now I'm just stuck with it happily.	Development of personality Doest feel self-conscious Happy with skin condition
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Diet Emotional well-being Physical	Researcher 3:05 OK. Yeah. Fair enough. That's cool. Barb 3:10 Yeah. Researcher 3:13 Have you noticed that it has any effect on things that you can and can't eat? Barb 3:18 Oh yeah, my eczema used to get worse from prawns like seafood and meat, but then like as I got older, I've like had less of a reaction. When I was younger, my doctor found that, seafood specifically prawns, which is a bit of a bummer because I loved it, would like make it worse and it would inflame it, my skin would get really thick and hard. Yeah. So that's basically it.	Effects of food on skin condition Upset due to enjoying food Physical reaction due to eating fish
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Researcher 3:36

Yeah.

Oh, OK. Well, thank you for sharing that. I'm glad that you feel more positive about it now.

So I'm going to ask you some questions regarding your support needs for your visible skin condition now. So, thinking about what you've just told me, what would you say is the main areas that have bothered you over the last few months in relation to your skin condition? And were you able to seek support or advice for those issues?

Barb 4:14

Like has it gotten worse, or is it?

Researcher 4:17

Such as the support that you've needed. Have you needed to go and see a doctor or dietitian.

Barb 4:21

Oh.

Support Medical Intervention Support	Researcher 4:23 A psychiatrist, some sort of therapist. You know, any sort of support. Did you go to friends or family? Barb 4:30 For the most recent needs, it's mostly been my doctor, cause for just like new prescriptions, cause I'm on a weaker prescription than I used to be. So just for that really. Yeah, I think my doctor's just the one, it's like the most recent form of contact I've had about it. Researcher 4:48 OK. All right. Do you think you've managed to get all of the support that you've needed for your physical skin condition? Barb 4:55 Yeah, I feel I have, yeah, there hasn't been any issues that I haven't been able to sort out help for from doctors or anything like that. So, I feel well supported.	Support has been from drs
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Covering up -Coping mechanism Emotional well-being Support	Researcher 5:03 Oh, excellent. That's good to hear as well. So can you tell me If anything, what do you think is the most beneficial support that you've had? You mentioned that when you were at school that you didn't get bullied, but you did feel like you needed to cover up. Did you need any sort of support then? Barb 5:38 I guess for that sort of thing, I think during P/E there's a strict uniform for it and obviously like back then it was bit more strict than it is now. I would just tell my concerns to my teachers and they would let me like wear something underneath to cover it up, because like I felt like I like I needed to cover up, like all I wanted to cover up. Yeah. Dude, I'd tell them, and they would let me. So it wasn't really an issue but it would have to be brought up to them. Researcher 6:07 Yeah. OK. So obviously that sort of support from your teachers was a	Feeling like skin condition should be covered up, Teachers allowing her to cover up Concerns about skin condition being seen
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Codes used = O Knowledge O Acceptability O Trust O Avoidance O Fear O Accessibility O Language Barrier O Not required O Lack Awareness of it's capabilities O Preferer Human support O Ethical concerns O Unreliable information O Excited about new tech Curiosity Lack of knowledge AI impartial AI Lack of Empathy Academic Use O Concerns about AI knowledge Age Related barriers Codes not used in Themes Knowledge Trust Avoidance Fear Language barrier Not required	benefit. Yeah. OK. So, thank you again for sharing that information. Barb 6:13 Yeah, yeah. Researcher 6:20 The following questions are going to explore your beliefs on AI and any barriers that might be present that may prevent you from using AI as a support tool. So I'm just going to read you a little blurb about artificial intelligence. Artificial intelligence such as chat GPT, it Is a conversational bot which can be programmed with specialised knowledge on subjects such as CBT and other talking therapies, it can emulate empathy and offer emotional support. It can also support individuals with managing their mental health issues. So my question is have you used AI before?	Themes Theme 3: Concerns of AI as a psychosocial support AI lack of empathy Unreliable information Concerns about AI knowledge Ethical concerns Sub themes Unreliable information Lack of emotional intelligence Ethical concerns Theme 4: Positive perceptions of AI Accessibility Acceptability AI impartial Lack of awareness of capabilities Age related barriers Subtheme Potential for AI education Theme 5: Possibilities This theme was discarded and codes split in to other themes Lack of awareness of its capabilities Age related barriers
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Preferer human support Excited for new tech Curiosity Academic use Avoidance Academic Use Fear	Barb 7:08 Me personally, no, I've tried to stay away from it. It's not really my thing. Researcher 7:13 OK. That's interesting. What do you think has stopped you from using AI? Barb 7:18 I'm very like once I find something I like that's useful to me I'll use it a lot, and it's like university work right now, I don't want to fall into that rabbit hole and like, do something that's like not allowed. So, I'm like scared and like it's my final year, I don't really want to use it. I only heard about it in my second year of university, I'm in my third year right now, and I just don't want to be influenced in a way that would negatively affect my education, yeah.	Not interested in AI Frightened of using AI, doesn't want it to influence her studies
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Not required Lack of Awareness of its existence Acceptability Accessibility	Researcher 7:50 OK. But regarding ChatGPT, that is programmed for mental health support, would there be any reason why you wouldn't approach it for that? Barb 8:01 Yeah. In that aspect I guess I would use it, but I've never thought about it for that sort of thing or wanting or needing it. But if there was something later on in life or like in a few weeks. However, if I felt like I needed a bit more information around topics like that, ChatGPT sounds like a really good way of getting information quickly and for me to understand it, I guess. Researcher 8:15 Yeah. So you haven't got any objections about yourself using ChatGPT?	Would be willing to try it as a psychosocial support Doesn't need it as a support AI is a good way to get information Not really thought about AI as a psychosocial support
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Not required Acceptability	Barb 8:33 No, no, just the way I use it and for what purposes. Researcher 8:37 Yeah, sure. Yeah, I get that. If you were to go towards AI as a psychosocial support for your visible skin condition, what do you think would attract you to it? Barb 8:53 That's a bit of a difficult question, cause I don't think I'm in that situation right now. I don't know how I would do it, but. Researcher 8:59 Yeah. Barb 9:02 I guess if there's a new development, or if I get a new skin condition that's not related to eczema, I guess I could use it to find out what it is.	Doesn't current need psycho social support Would be willing to use AI as a psychosocial support if she needed it
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prefer human support	Researcher 9:14 OK, so do you feel like you might have a lack of knowledge of what AI is currently available for psychosocial support at the moment, so it doesn't draw you towards it? Barb 9:24 I guess so, but also at the same time I would feel like there's other like avenues I'd rather use, I would much prefer to use my doctor, because I've already been connected to my doctor about my eczema condition for many years. My doctor would be my first line of contact because I'm already closely linked to them Yeah. Researcher 9:30 OK. Yeah. Makes sense. All right then. Thank you. In what areas do you think AI would be trustworthy? Barb 9:54 In the sense of therapy, I guess, like just to broaden your knowledge. Do you know Google right now, if you Google	Would prefer support from her dr Gaining knowledge
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Knowledge Accessibility	something it gives you a very complicated answer to things, like If I typed in what is cognitive behavioural therapy, it's very broad. I feel like ChatGPT will give you a more direct answer. a more direct form of what I'm wanting to know about. Researcher 10:22 OK. Yeah, makes sense. So, you think you could trust AI because it would give you the information that you wanted? Barb 10:32 I would say it would provide information, the way I would want things, like I wouldn't have to like dig for information. I wouldn't have to try and comprehend what they're trying to tell me. Researcher 10:38 Yeah. OK. Well, I was going to ask you, what do you think influenced that judgement of AI? But you know, you explained that. So, I will move on.	AI provides information easily
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Knowledge Distrust	Can you tell me what areas that AI could be a benefit to individuals mental health? Barb 11:05 Once again, it'll be more like getting a understanding of mental health or just like, where to go, what things are available to you. And links, maybe links they can give to you, like if I were to ask like, oh, what's the best something something in my area ? They could give me a good like therapist or something like that. Researcher 11:29 OK. Yeah. And how do you think AI could be a disservice to someone's mental health? Barb 11:38 Once again, I'm going to be like, we tend to think it knows everything, but maybe there's some things that it can't explain as well as someone, like in person can. Also it's like if you read information off ChatGPT you'd have to put in your	Gain information AI doesn't know as much as we think it does AI can't explain things as well as a person
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Prefer Human Unreliable information Accessibility	own perspective and see if it's like doing what it says its doing or saying what it's saying, so take it with a pinch of salt sort of vibe. Researcher 12:03 Yeah. OK. That makes sense. Thank you. So yeah. Do you consider that there's an age barrier for people using AI? Such as would younger people find it easier or harder than say the older generation? Barb 12:28 I have mixed feelings about that, like from what I know, it's quite easy to use. You just like type in a question and it tells you, that's it. It seems like quite a simple way of doing it, but I would say the younger generation would probably have a better way of getting around it. Researcher 12:43 Yeah,	Doesn't take information to seriously that AI gives AI is easy to use
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Language Barrier	Barb 12:44 like using it to the best of its abilities I guess. Researcher 12:48 Yeah. So, do you think there's any barriers for people in your age group using AI ? Barb 12:55 No, I don't think there is any. I'm like in my 20s, so yeah, we're quite with it, I guess. Researcher 12:56 Yeah, yeah, for sure. So, do you know anyone in the older generation that might have barriers and what those barriers might be? Barb 13:09 In that sense, I will say my mum has a language barrier at this point, because it's very like English based. So, like if my mom were to use it like there would be spelling, what she	Language difficulties with AI
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wants, how to say it sort of thing. And I don't know if you can change languages on it. So, I would say I don't know.

Researcher 13:23

Oh, that's interesting, language barriers.

No. That's interesting though. Thank you. OK, thank you. I really, really appreciate your time today.

Barb 13:39

Welcome.

Researcher 13:40

Is there anything else that you feel you'd like to add regarding AI as a psychosocial support? No. OK. All right. Well, thank you again.

Barb 13:46

Not really, no.

Researcher 13:52

Thank for sharing information regarding your visible skin condition and your beliefs about AI, I've covered everything

	that I need, the information you have shared today will be used to find any common themes to find if a AI is suitable as a psychosocial support for those with visible skin conditions and to explore any common barriers for individuals. So thank you again and I will end the recording now. Researcher stopped transcription	
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Use of code = O Physical O Self Care Stigma Identity Emotional well-being O Support O Reluctance Covering up -Coping mechanism O Lack of Support Diet O Religion O Resilience O Medical Intervention O Not Leaving the house Skin picking Hormones Careful of products Self awareness O Lack of professional knowledge Codes not used in themes Reluctance Religion Skin picking Hormones Resilience	Transcript Henry 4 February 2025, 10:04am Researcher 0:04 OK, we're now recording. Henry 0:08 OK. Researcher 0:09 Excellent. Thank you so much for taking part in this study. Henry 0:14 It's all right. Researcher 0:14 So just to reconfirm, I sent you a consent form and information sheet that explained that this would be an interview talking about your visible skin condition and the beliefs that you have around AI.	Theme 1 – Effects of perceived social norms Stigma Identity Self-awareness Not leaving the house Covering up Sub themes Perceived Stigma Coping mechanisms Effect on Identity Theme 2 – The Challenges to receiving Support Support Lack of support Emotional well-being Lack of Professional knowledge Self-care Careful of products Sub themes Psychosocial Causation support Self-care support Theme 2 – Restrictions to lifestyle This Theme was discarded and split into other themes Diet Careful of products Self-Care
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Physical	Henry 0:28 I Did. Researcher 0:29 Yeah, could you confirm that I've still got your consent and you're happy to go forward with this interview. Brilliant. Thank you very much. Henry 0:36 Yes, I'm happy. Researcher 0:40 So to start off, can you tell me a little bit about your visible skin condition? Henry 0:45 So I've had eczema since I was a kid. It can be anywhere on my body, like on my face and around my eyes and mouth and things like that and hands as well.	Eczema on face
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Covering up -Coping mechanism Resilience Self awareness Stigma	to deal with and I think getting older you get more confident within yourself Researcher 1:47 Yeah. So in your social life did you find that you were trying to cover up? Henry 1:49 Yeah. I'd always try to put creams and stuff on beforehand, but nowadays I'm a lot happier with it, but years ago I would have been sort of like, if I had a bad flare up, I would have definitely of felt self-conscious and felt like people were looking at me or something like that. Researcher 2:11 Yeah, yeah, of course. Could you tell me anything else? Like has it ever sort of affected the way you sleep? Or places that you can eat.	Put creams on before going out A lot happier then years ago People are looking at me
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Diet Medical Intervention Diet	Henry 2:23 Yeah, well, eat eating wise, when I was 18 I developed food allergies to quite a lot of different food groups, and then I actually went on some like immunosuppressant drugs, because my body was just sort of reacting to everything, like, my eczema was really bad, my food allergies got bad. So those drugs like dulled my immune system down for a couple of years, and then I managed to start tolerating a few more of the food groups I got allergic to. Researcher 2:56 Yeah. Henry 2:57 So I used to be allergic to like wheat, fish, nuts, all sorts. Rebecca Smith (2206923) 3:04 So it had a real impact on your skin	Allergies to several food groups making skin worse Immunosuppressant Food allergies
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Diet	Henry 3:05 Yeah, but nowadays, yeah, nowadays it's just down to milk and eggs, which, like, is awkward, but it's better than what it was, so. Researcher 3:07 Everything else you can eat now so it's not so bad now, yeah. OK, interesting. Thank you for sharing that. I'm going to ask you some questions on support that you've needed for your visible skin condition now. Henry 3:18 Yeah. OK. Researcher 3:28 Thinking about what you just told me. What would you say are the main areas that have bothered you over the last few months in relation to your skin condition?	Food allergies have got better
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Self awareness Physical Emotional well-being	Henry 3:41 By areas, do you mean like literally on my body or like? Researcher 3:45 No, your lifestyle, your confidence, things like that. Henry 3:53 I've had this patch on my face which I have been a bit self-conscious about. It's looking better now, but it kind of really flared up on my cheek. Researcher 3:56 OK. Henry 4:03 yeah, just in general going out of the house kind of thing, it was something on my mind. Rebecca Smith (2206923) 4:12	Self-conscious Skin condition on the mind when leaving the house
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Support Medical Intervention	You knew it was there and that's where your focus was sort of thing ? Henry 4:16 Yeah, yeah. Researcher 4:18 OK. Did you need any support for that? Henry 4:27 Again, not like any sort of mental support or anything. I've got, like ointment creams and steroid creams and things like that. And over the years, I've got used to just putting them on. I know when to put them on and things like that. Researcher 4:37 Yeah, yeah. Did you find yourself needing to talk to family or friends, for any sort of moral support, I guess?	No psychosocial support Medications for skin condition
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Code used in text = O

Physical O Self Care Stigma O Identity Emotional well-being O Support O Reluctance Covering up -Coping mechanism O Lack of Support O Diet O Religion Resilience O Medical Intervention O Not Leaving the house O Skin picking O Hormones O Careful of products Self awareness O Lack of Professional knowledge O O Codes not used in themes Reluctance Religion Skin picking Hormones Resilience	Transcript Geraldine 4 February 2025, 11:37am Researcher 0:05 So recording has started. So prior to this call, I sent you an information sheet and a consent form explaining what this study is about. I will be asking you questions about your visible skin condition. Such as about the support needs you get and about your views regarding Artificial intelligence. Can you confirm that you have received the information and that you have consented to this interview? Geraldine 0:36 Yes. Researcher 0:38 Amazing. Thank you very much. I'd also like to remind you of your right to withdraw at any time, just let me know and	Theme 1 – Effects of perceived social norms Stigma Identity Self-awareness Not leaving the house Covering up Sub themes Perceived Stigma Coping mechanisms Effect on Identity Theme 2 – The Challenges to receiving Support Support Lack of support Emotional well-being Lack of Professional knowledge Self-care Careful of products Sub themes Psychosocial Causation support Self-care support Theme 2 – Restrictions to lifestyle This Theme was discarded and split into other themes Diet Careful of products Self-Care
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Hormones Physical Skin picking	I will stop the recording and I will delete what has been recorded. Geraldine 0:51 Right. Researcher 0:53 Thank you again for taking part and we shall begin. So to start, could you tell me a little bit about your skin condition and how it impacts your day-to-day life? Geraldine 1:05 I'm pretty sure it's related to menopause, perimenopause I get redness, very dry skin and tightness and it's sore to touch as well. I get scaly patches that just appear, they don't seem to gradually develop, they just appear, here and there. And yeah, scaly bits around my nose, my nostrils and stuff. I've got one this morning now, which I'll pick and then it will bleed. So, I'm being left with some sort of scarring as well. And I get a lot of fine spots around my mouth and my chin and that's it. It's most days	Skin condition is related to Hormones Uncomfortable skin condition
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Not leaving the house Covering up -Coping mechanism Physical Medical Intervention	Researcher 2:10 Yeah. Geraldine 2:10 It's actually quite a good day today but it's always there. I won't leave the house without you know, without putting makeup on without covering it, I feel I can't anymore because it's red. It's bleeding, it's scaly, it's awful and it's sore as well with it so yes that's what it impacts. Researcher 2:35 OK. Geraldine 2:41 Actually I'm trying to find, constantly trying to find, you know, a cream that helps or trying different treatments and things. Yeah, things help for a short while and then stop. So yeah, I'm not sure what else to do about it, so. Researcher 2:55	Wont leave the hose with out covering the skin condition Skin issues Creams that help the skin condition
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Covering up -Coping mechanism Stigma Self awareness	Yeah. Thank you for sharing that. Do you think it impacts your social life? Meeting up with people and do you think that affects how you're feeling? Geraldine 3:12 It can do, yes. I haven't got much of a social life anyway, but yeah going out, even you know, my daily things, I can go into uni and stuff like that. I'm self-conscious of it. I said I've put makeup on, but if the skin is dry and scaly and stuff, you know you can still see it. I work, I'm working in a pub as well and obviously you know, you are on show then, and yeah I'm really self-conscious of it. Researcher 3:52 Yeah, sure. OK. Do you think it impacts your life in any other way? Does it affect your sleep cycles? The places that you go, your diet? Geraldine 4:10	Self conscious Can still see condition even when covered with makeup Being aware that others can see it
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Support Lack of Support Lack of professional knowledge Resilience	menopause. I've once spoken to the doctor, not specifically for that, I was talking to her about HRT and stuff and mentioned that then and it was almost a shrug, you know, just sort of, yeah. Researcher 5:29 Yeah. Geraldine 5:31 So yes, I've just been dealing with it as best I can Researcher 5:33 Yeah. OK. Thank you for sharing that. I really appreciate that. So I'm going to ask some questions regarding any support needs you may have for your visible skin condition now. Thinking about what you have just told me what would you say are the main areas that have bothered you over the last few months in the relation to your skin condition? I know you did actually just share quite a bit about that, but is there any other areas you think you could add ?	Dr doesn't know how what the cause is Dealing with it as best as can
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Unreliable O Excited about new tech Age related barriers O Age related ease of use Curiosity O Lack of knowledge O AI impartial O Ai Lack of Empathy O Academic Use O Concerns about AI knowledge O Codes not used in Themes Knowledge Distrust Trust Avoidance Fear Language barrier Not required Preferer human support Excited for new tech Curiosity Academic use Acceptability	such as ChatGPT, which you might have heard of, it is a conversational bot, It can be programmed with specialised knowledge such as CBT, which is a talking therapy, it can emulate empathy and offer emotional support. It can also support individuals to manage their mental health issues. So my next question is going to be, have you used AI previously? Geraldine 9:35 Absolutely. ChatGPT little. Researcher 9:39 Yeah. Well done.	Acceptability Ai impartial Lack of awareness of capabilities Age related barriers Subtheme Potential for AI education Theme 5: Possibilities This theme was discarded and codes split in to other themes Lack of awareness of its capabilities Age related barriers Uses AI
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Curiosity Academic use Lack of Awareness of its existence	Geraldine 9:42 Yeah. That's it. Researcher 9:44 OK. What do you think attracted you to using ChatGPT? Geraldine 9:51 Just finding out about it, first of all, I was just, you know inquisitive about it. It's helped where I've been stuck to start some work at UNI. I've literally used it a couple of times just to get me started on something you know if I've been blank then. Researcher 9:55 Yeah. Geraldine 10:16 Yes, it's been handy for that. But I didn't even know of it's existence until I don't know a couple of years ago I think at UNI.	Uses Ai as a study tool Didn't know AI could offer psychosocial support
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Lack of knowledge Accessibility	Researcher 10:29 Alright, it's a really new technology, isn't it? And it's come on leaps and bounds. Geraldine 10:34 Yeah. Researcher 10:35 What do you think has stopped you from exploring AI further? Geraldine 10:43 I don't know, I thought it was something you'd need sort of specialised equipment for. I just don't know much about it really. I've used the ChatGPT a couple of times since finding out about it, but that's been it. Researcher 10:57 Thank you. Geraldine 11:06	Lack of knowledge about AI
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Lack of knowledge	Its been limited use of that as well. I don't know the full way of how I could use that either. So yeah, I think I've not been aware of stuff really. Yeah, that has stopped me looking into a bit more than. Researcher 11:24 No, that's great. Thank you. I'm noticing the Wi-Fi might be cutting out a little bit. Are you able to hear me OK? Geraldine 11:32 Yeah, it just sort of pauses every, just for a second every now and again, it's fine. Researcher 11:35 Yeah, same. OK, that's fine. Yeah. Thank you for sharing that. So, are there any areas that you think AI is untrustworthy, in ways that it would stop you from using it? Geraldine 11:55 I'm not sure, you know, the only time I've used it is for uni	Not knowing how to use Ai in all areas Uses Ai for Uni work
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Academic use Lack of Awareness of its existence Distrust Unreliable Curiosity Trust Academic use Unreliable	stuff and I know that is not something you should rely on and everything because it's not reliable with sort of sources and stuff like that. But I didn't even know there was anything available and you mentioned things just now about it being supportive. I don't know if you said emotionally or empathy or something, but yeah, that's really interesting. So no I don't think I'm sort of suspicious of it other than it not being academic. Researcher 12:40 Yeah, fair enough. Is there any areas you think AI is trustworthy in Geraldine 12:59 I didn't get that sorry ? Researcher 13:03 I asked what areas do you think AI is trustworthy in. Geraldine 13:25 In information, maybe not, you know academic sources, but in getting information on anything you might ask.	Not sure if its something to rely on Unreliable information Didn't know Ai capabilities Curious about what AI can do Doesn't think that AI isn't trustworthy Not sure information is academically reliable
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AI impartial Trust Lack of Awareness of its existence Trust Acceptability	Researcher 13:42 Why would you trust AI over a person sort of thing? Geraldine 13:56 Well, because a person would have their own perceptions on things their own views on things, and that might sort of, you know, bias the information that they're giving you then, maybe AI would be more impartial. Researcher 14:16 OK, that's good. Thank you. Can you tell me of any areas that you think AI could be a benefit to an individual's mental health? Geraldine 14:30 Again, just I wasn't fully aware of what it was in till you just said. Having someone to talk to is always helpful, in situations, you know someone that you could trust in that situation because it's not going to go any further to anybody else is it, so yeah. In that I can see how that would be	Thinks AI might be impartial Dint know AI could offer psychosocial support Trusts AI is confidential Accepts that AI would be good as somebody to talk to
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Ethical concerns Concerns about AI knowledge AI Lack of Empathy	quite beneficial for somebody if they haven't got somebody to talk to. Researcher 15:11 Can you tell me of any areas AI could be a disservice to an individual's mental health? Geraldine 15:26 Again, I think I'm not knowing where the information is coming from, you know you don't know if it's reliable or accurate. It's a difficult one that, because the things that could be good for somebody struggling with mental health, could also be not so good, because you might be getting unhelpful information to your personal circumstances. And it's not going to have a full understanding of where you're coming from or how you are feeling maybe. Researcher 15:51 Oh, that's great. Thank you,	Not knowing where information is coming from Concerns AI might make someones mental health worse Lacks emotional intelligence
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Researcher 16:18

So that's brilliant. Thank you.

Do you consider age to be a barrier to using AI?

Geraldine 16:28

It probably is, but maybe it shouldn't be. I know of some programmes trying to be sort of set up for age, for using VR headsets and stuff and I don't know if that's linked to AI, but.

Researcher 16:49

Yeah, that's good.

Geraldine 16:54

Yeah, I think it probably it is a barrier, but yeah, maybe it shouldn't be mm hmm.

Researcher 17:02

Do you think there's anything that assists your age group to using AI ?

Age related barriers Curiosity Lack of awareness of its existence	Yeah. Nothing to sort of help us in in that way, but nothing to put us against it then either. Researcher 18:06 That's perfect. Thank you so much for your time today. Is there anything else you feel you would like to add regarding AI as a support for individuals with a visible skin condition? Geraldine 18:22 Only that I'm going to look into it now. Yeah, I didn't know there was anything. So, yeah, it's something I'm interested in now, I'm going to look to see what is out there. Researcher 18:33 That's incredible. That's really cool. I thank you again for your time today and for sharing all the information that you have. I've covered everything that I needed to. The information you've shared today will be used to explore any common themes to find if AI is suitable as a psychosocial support for those with visible skin conditions,	Didn't know Ai could offer psychosocial support Interested what Ai psychosocial support is available
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	and to explore if there are any common barriers for individuals. So, thank you again, and I will end the recording now. Geraldine 19:04 All right. Thank you. Researcher stopped transcription	
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O = code in text Physical O Self Care O Stigma O Identity O Emotional well-being O Support O Reluctance O Covering up -Coping mechanism O Lack of Support O Diet Religion Resilience	Transcript Lucy 4 February 2025, 01:29pm Researcher 0:08 OK, we are now recording.	Theme 1 – Effects of perceived social norms Stigma Identity Self-awareness Not leaving the house Covering up Sub themes Perceived Stigma Coping mechanisms Effect on Identity Theme 2 – The Challenges to receiving Support
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Medical Intervention O Not Leaving the house O Skin picking Hormones Careful of products O Self awareness O Lack of Professional knowledge Codes not used in themes Reluctance Religion Skin picking Hormones Resilience	Lucy 0:11 Right. Researcher 0:11 So we're now recording. Can you hear me OK? Yeah. OK. So prior to this call, I sent you an information sheet and the consent form explaining what the study is about. I'll be asking you about your visible skin condition such as about the support needs and your views regarding AI. Can you confirm that you received the information sheet and that you have consented to this interview? Lucy 0:45 Yeah, I've received it already. Researcher 0:48 OK, brilliant. Thank you. OK. Also to let you know and remind you that you can withdraw from this interview anytime, just let me know and I'll stop the recording and delete.	Support Lack of support Emotional well-being Lack of Professional knowledge Self-care Careful of products Sub themes Psychosocial Causation support Self-care support Theme 2 – Restrictions to lifestyle This Theme was discarded and split into other themes Diet Careful of products Self-Care
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Physical	Lucy 1:02 OK. Researcher 1:02 OK. All right. Brilliant. Thank you again for taking part. So to start, could you tell me a little bit about your skin condition? Lucy 1:12 Yeah. So, I started having reactions to topical creams and various things after I had children. I've always had a sensitive skin, but it went into overdrive, and I still have those reactions. I have very fair skin. I've got a very sensitive skin. In recent years I've had problems with Basal cell carcinoma and solar keratosis, as well as reacting to various things. Researcher 1:59 OK. Could you tell me a bit about how these have impacted your day-to-day life?	Dermatological changes to creams
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Emotional well-being Self Care Identity Medical Intervention Support	But there's something about, you know even if it's eczema, there's something about it that people are a little bit off with. Researcher 4:05 Can you tell me any other ways that it's affected you? Maybe your social well-being or your mental well-being? Lucy 4:14 It shook my confidence quite a lot at first because one of the things was I couldn't do those sort of self-pampering things, I couldn't, and I'm still very careful. I couldn't just throw something in a bath. So, you know, a nice scented relaxing bath and wearing makeup when you go out, which you know for a long time, I couldn't do. And I remember saying to the skin specialist then, that I had reacted to something, and then saying to them, but I've used this for years and them saying, well, that's how it works, if it's something that you have used a lot your body suddenly starts seeing it as, as you know,	Something about it people are off with Affected confidence Cant pamper self Cant wear make up
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Reluctance Identity Emotional well being Physical	something to fight and you start reacting to it and you will find that stuff you've used for years, you suddenly can't use, and that made me very reluctant to use anything. I mean, for years, if the doctor gives me a cream now, I don't start using it until I've patch tested it myself, So, I can't sort of, you know, put Makeup on. It does affect you because those things give you a boost. Researcher 5:41 Yeah. Yeah. So by putting makeup on if you've got a skin condition, you're saying covering it up can boost your confidence and then you was told not use those things anymore, So you lost that confidence boost. Lucy 5:52 Yeah. Even now, recently when I had a recent bout of solar keratosis, which eventually was covering half my forehead.	Skin specialist not being helpful Relutant to use anything Cant put make up on Missing out on things that give a boost Covering half of forehead
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Covering up -Coping mechanism Pysical	Researcher 6:04 Mm hmm. Lucy 6:05 and if I was going somewhere I put foundation on it just because I felt like I looked horrible, I put foundation on it and it's stung. So yeah. Researcher 6:12 Mm hmm. OK thank you. I appreciate you sharing that. I'm going to ask you some questions now regarding any support that you've needed for this visible skin condition. Thinking about what you have just told me, what would you say the main areas that have bothered you over the last few months in relation to your skin condition and was you able to seek help or advice for these issues? Lucy 6:46 Whenever I've sought help about skin conditions It's	Put foundation on it It stung
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Support Emotional well being Identity Covering up- coping mechanism Support Lack of support	been purely from a physical point of view. It's never occurred to me that I could even ask for help from a psychological side about how it's making my confidence feel and Researcher 7:02 Interesting. Lucy 7:09 you know, the fact that I can't just use anything, I want to and make myself look the way I want to, especially as I'm getting older, you know. I can't cover these wrinkles up. Not even years ago when I was really going through it, nobody ever suggested psychological support, and it's never even occurred to me that, you know I could ask for that. Researcher 7:35 Yeah. OK, that's a good point. And you've actually covered my next question, which was did you manage to get all the help and support that you needed?	Help for physical Making my confidence feel I want to look and make myself look the way I want I cant cover these Wrinkles Nobody ever suggested psychological support
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Lack of Support Support	Or did you have any areas of unmet need ? Which you've just said, you didn't know psychosocial support could be available. So yeah, thank you for that. Can you tell me why you didn't manage to get that? And again, you've answered this question as to why you didn't get the help and support that you needed, because you didn't know it was available! Lucy 8:13 Yeah, and I'm not entirely sure that if I tried to go down that route now, with so much pressure, you know, so many people now looking for help with psychological issues, I'm not sure if I'd have got the help anyway. Researcher 8:32 OK, Thank you. What would you say has been the most helpful support that you have received? Lucy 8:47 Just from family.	I'm not sure I'd have got the help any way Just from family
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Codes used = O Knowledge Acceptability O Distrust Trust O Avoidance Fear O Accessibility O Language Barrier Not required Lack of Awareness of its capabilities O Preferer Human support Ethical concerns O Unreliable Excited about new tech Age related barriers O Age related ease of use Curiosity Lack of knowledge O AI impartial AI Lack of Empathy O Academic Use Concern about Ai knowledge Codes not used in Themes Knowledge Distrust Trust Avoidance Fear Language barrier Not required Preferer human support Excited for new tech Curiosity	Researcher 8:48 Yeah. OK. So do you feel like you've received a lot of support? Lucy 8:54 Yeah. Researcher 8:56 OK. Well, thank you very much for sharing that. The following questions will explore your beliefs around AI and any barriers that may be present that may prevent individuals with visible skin conditions from using it as a tool for support, so I will give you a little blurb about AI now. So artificial intelligence such as ChatGPT is a conversational bot. It can be programmed with specialised knowledge on subjects such as CBT, which is a talking therapy. It can emulate empathy and offer emotional support. It can also support individuals to manage their mental health issues. So my next question would be, have you ever used AI?	Themes Theme 3: Concerns of AI as a psychosocial support AI lack of empathy Unreliable information Concerns about AI knowledge Ethical concerns Sub themes Unreliable information Lack of emotional intelligence Ethical concerns Theme 4: Positive perceptions of AI Accessibility Acceptability AI impartial Lack of awareness of capabilities Age related barriers Subtheme Potential for AI education Theme 5: Possibilities This theme was discarded and codes split in to other themes Lack of awareness of its capabilities Age related barriers
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Academic use Lack of Awareness of its capabilities	Lucy 9:41 No. Researcher 9:43 you haven't used AI at all, OK, what do you think has stopped you from using AI? Lucy 9:50 Don't know anything about it. I mean, I didn't know that it had those capabilities. I mean, I've heard about, you know, people using it for, you know, study purposes and things like that, but I don't know anything about its application as a therapy. Researcher 10:14 Yeah, if you don't know that it exists, you can't use it, can you? Lucy 10:17 Yeah.	Didn't know Ai could offer therapy
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Trust Acceptability	Researcher 10:19 So. Do you think AI is trustworthy with what you know about it? Lucy 10:29 Yeah, I don't have any distrust of it. I mean, it is intelligence, It's not you know, it's not sentient. It's not somebody spying on you. And I don't feel like there is anything interesting enough that people would be using it for some sort of nefarious activity. In general, I think it's probably in balance a good thing. Researcher 11:01 OK. Yeah. OK. Thank you. Can you tell me of any areas that I AI could be a benefit to an individual's mental health? Lucy 11:22 Well, as you've just been saying, if it can emulate	Trusts AI Think AI is a good thing in balance
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Accessibility Concern about AI knowledge Ai Lack of empathy	empathy and provide support in that way, when the waiting lists for various types of therapy are so long. If it was something that you could access sooner even if it was just in the interim while you're on one of these long waiting lists, you know it might be helpful to people. Researcher 11:51 OK, thank you. Is there any areas that you feel like AI could be a disservice to someone's mental health? Lucy 12:01 I don't think so. I mean, so long as the information it was giving was accurate, I might be slightly apprehensive about whether it could, you know, as a person if you're talking to somebody, you're picking up on their queues, coming back to you. And would AI be able to do that? Researcher 12:27 OK, that's good point. Got anything else to say on that matter?	Ai would be good as there wouldn't be waiting lists Ai information being accurate Ai isn't aware of personal cues
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Lack of knowledge Age related barrier Fear Age related barrier Lack of education	Lucy 12:33 No, I don't think so. Don't think I know enough about it. Researcher 12:38 Do you consider age to be a barrier to using AI ? Lucy 12:44 Yeah, because I think for my age I'm quite good with technology. I think most people in my age group would be absolutely terrified of it Researcher 12:55 OK. So what do you think would be a help to the older generation to be able to use it? What would assist them? Lucy 13:09 So this is probably just more education. So many people in my age group you talk to about technology in general, they've never really been introduced to it,	Doesn't know a lot about AI Most people in age group would be scared People are missing out due to lack of education
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Age related barrier	they've never really been taught how it works and they have missed out, I think they miss out in a lot of areas of life because they don't know how to access it. They don't know how it works. Researcher 13:33 Yeah. Lucy 13:34 And that in a lot of ways it could be helping older people if you know more help was provided for them to learn how to use it, and it would be the same with AI. Researcher 13:48 OK. That's brilliant. Thank you. I appreciate your time today. Is there anything else you feel you'd like to add regarding AI as a support for individuals with visible skin conditions? Lucy 14:02 OK, no.	People could be helped if they were educated
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Researcher 14:04

OK. Well, thank you for your time today and for sharing the information that you've shared. I really appreciate that. I've covered everything that I need today. The information that you've shared today will be used to find any common themes to find if AI is suitable for psychosocial support for individuals with visible skin conditions, and to explore any common barriers for individuals. So yes, thank you again.
I will end the recording now.

Lucy 14:36

OK.

Researcher stopped transcription

O = code in interview Physical O quality of life Stigma O Identity Emotional well-being O Support O Reluctance Covering up -Coping mechanism O Lack of Support O Diet Religion Resilience O Medical Intervention Not Leaving the house Skin Picking O Hormones O Careful of products O Self awareness Lack of professional Knowledge 0 Codes not used in themes Reluctance Religion Skin picking Hormones Resilience	Lottie 6 February 2025, 04:00pm Researcher 0:05 OK, I think we're recording. Yes. Yeah. OK. Prior to this call, I sent you an information sheet and a consent form explaining what the study is about. I'll be asking you questions about your visible skin condition, such as your support needs and your views regarding artificial intelligence. Can you confirm that you have received this information and consented to this interview ? Lottie 0:34 Yep, yes I do. Researcher 0:36 Amazing. Thank you very much. I would also like to remind you of your right to withdraw, if you want to stop recording at any point, just let me know and I will also delete any data	Theme 1 – Effects of perceived social norms Stigma Identity Self-awareness Not leaving the house Covering up Sub themes Perceived Stigma Coping mechanisms Effect on Identity Theme 2 – The Challenges to receiving Support Support Lack of support Emotional well-being Lack of Professional knowledge Self-care Careful of products Sub themes Psychosocial Causation support Self-care support Theme 2 – Restrictions to lifestyle This Theme was discarded and split into other themes Diet Careful of products Self-Care
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Skin picking Hormones Physical Covering up -Coping mechanism Stigma	recorded. So thank you for taking part, I will start the interview. To start could you please tell me a little bit about your skin condition? Lottie 1:02 So I have visible spots that I pick and yeah, I've always had it. It's to do with hormones and stuff so you can visibly see it's just on my chin. And yeah, I just have a lot of spots. Researcher 1:16 OK. Can you tell me how that impacts your day-to-day life in areas such as social life, work life? Lottie 1:30 So I really hate makeup, so I hate putting anything on it, but I know in social situations I'm always touching my chin, which obviously makes them worse. When I'm talking to someone I'll be visibly trying to hide them even though you know, there's no hiding them, my hands aren't that big, so it doesn't affect me going out	Picks skin Due to hormones Can see skin condition on face Trys to visibly hide spots from other people
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Emotional well-being Stigma Resilience Emotional well-being	or anything, but I'm very much aware and 'I'm very anxious in certain places because of it. Researcher 2:02 Thank you for sharing that. Is there anything you'd like to add to that if you can think any other areas, it might affect you? Lottie 2:10 It's only really social, cause it's on my face. You know, everyone's gonna see it. So I'm at an age now where I kind of just think it's there, I've got to deal with it. I always like mention it, so then that kind of gets me over the sort of feeling anxious because I'm like, oh, I've said it, It's out there, so there's no need for me to be like this, it's more reassurance for me. Researcher 2:34 Yeah, I hear you. Lottie 2:37 But there's nowhere else it really affects me. It's only	Feels anxious when out due to condition Concerned everyone will see skin condition Brings up skin condition so she doesn't feel so anxious
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Emotional well-being	like social, like I don't tend to avoid going anywhere. But yeah, it does affect me. Researcher 2:37 OK. Thank you. So, I'm going to ask you some questions now regarding your support needs for your visible skin condition now. Lottie 2:56 OK. Researcher 2:57 Thinking about what you just told me about being very self-conscious of spots on your face, what would you say are the main areas that have bothered you over the last few months in relation to your skin condition? You kind of have answered that a bit. You said you're quite self-conscious of it but you can put yourself at ease by speaking about it. Have you used anything such as skin care products or have you needed any psychosocial support?	Effected by skin condition
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Careful of products O Physical Emotional well-being	Lottie 3:32 I haven't needed therapy cause it's very minor and you know, comparing it to other sort of skin conditions, mine is very minor. But like with products and stuff, I have to be careful what I use, I've noticed that my spots will flare up if I'm stressed at all. So I know being a university student, having deadlines coming up and whatnot, I know my stress levels will go up and know that I'm going to have a flare up. Researcher 4:05 Yeah. Lottie 4:06 So it's just trying to leave it alone and let it heal and not play with it. Researcher 4:11 Yeah. OK, I get you. So you haven't needed any therapies,	Has to be careful with products Stress levels go up which causes spots to get worse
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Lack of support Emotional well-being Lack of professional Knowledge	but you know that in stressful times that it's going to flare up and get worse. Lottie 4:26 Yeah. Researcher 4:28 So do you feel like you managed to get the help and support that you might need? Lottie 4:34 I'm still fighting because it's been linked to my hormones and whatnot trying to get doctors to take you seriously because it is very minor. It's frustrating and you know I'm in my 30s now and I still haven't had it addressed, so I've kind of given up a little bit with getting additional help in that sense. Researcher 4:59 OK, then. Thank you. You kind of answered my next question there as well, which was, can you tell me why you think you didn't manage to get the support you	Lack of support and lack of knowledge from professionals Given up with getting help Still hasn't had the issue addressed
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Support Emotional well-being	needed? If it's not available, it's not available. Lottie 5:13 Yep. Researcher 5:14 What, if anything, would you say has been the most helpful support you have received? That could be support from friends or family or from your doctor. Lottie 5:27 Let's say friends and family are fantastic, cos you know if I'm feeling down about it, they might see me sort of like touching my face a bit more, they'll be like, leave your face alone and distract me and that's always helpful. Or, you know, my kids are great. If I'm feeling a bit down, Oh, Mummy, you're beautiful. Like, that's always a big thing to like give me a boost Researcher 5:47	Friends and family make her feel better about skin condition Child gives her a boost
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Codes used = O Knowledge Acceptability O Distrust O Trust O Avoidance Fear O Accessibility O Language Barrier Not required Lack of Awareness of its capabilities O Preferer Human support Ethical concerns O Unreliable Excited about new tech O Age related barriers O Age related ease of use Curiosity O Lack of knowledge O	Oh yeah, yeah. Oh, that's really cute. Thank you. And the following questions will explore your beliefs around AI and any barriers that might be present that may prevent individuals with visible skin conditions from using it as a tool for support. Lottie 5:54 No worry. Researcher 6:07 I'll just read you a little blurb about artificial intelligence now. Artificial intelligence such as ChatGPT is a conversational bot it can be programmed with specialised knowledge on subjects such as CBT, which is a talking therapy. It can emulate empathy and offer emotional support. It can also support individuals to manage their mental health issues. So my next question is, have you ever used AI?	Themes Theme 3: Concerns of AI as a psychosocial support Ai lack of empathy Unreliable information Concerns about AI knowledge Ethical concerns Sub themes Unreliable information Lack of emotional intelligence Ethical concerns Theme 4: Positive perceptions of AI Accessibility Acceptability Ai impartial Lack of awareness of capabilities Age related barriers Subtheme Potential for AI education
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AI impartial O Ai Lack of Empathy O Academic use O Concern about AI knowledge Codes not used in Themes Knowledge Distrust Trust Avoidance Fear Language barrier Not required Preferer human support Excited for new tech Curiosity Academic use Academic Use Acceptability	Lottie 6:39 Yes, I have. Researcher 6:41 OK. What do you think has attracted to you to using it? And in what capacity? Lottie 6:49 I think it's fantastic. Like I've used it to create pictures. I've used it to help me with my assignments like I'm not very good at starting, like staring at a blank page. So having that tool to be like, oh look, how to put a case study together, it'll give me ideas and whatnot, I've learned so much more than just trying to do it myself. Like, it's such a little buddy. It's a helpful tool. So, I think it's fantastic. Researcher 7:21 OK, brilliant. Have you ever used it for any sort of psychosocial support?	Theme 5: Possibilities This theme was discarded and codes split in to other themes Lack of awareness of its capabilities Age related barriers Used Ai for uni work Thinks it is really good tool
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Lack of Awareness of its capabilities Trust Ai Lack of Empathy	Lottie 7:27 No, and I wasn't aware that it was going that way, to be honest. Researcher 7:33 Yeah, there is quite a few apps out there at the moment that provide such services. Thank you for answering that. So I was going to ask you next, what has stopped you from using it, and you basically said you wasn't aware that it existed. In what areas do you believe AI is trustworthy? Lottie 7:58 Oh, that's difficult. Well, with facts, definitely, but with empathy, I don't see how AI can be empathetic. Researcher 8:11 OK. Yeah, good. In what way do you feel that AI is trustworthy?	Didn't know it could offer psycho social support Trust Ai with information Unsure of how Ai could have empathy
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Acceptability Fear	Can you tell me of any areas that you think AI could be a benefit to an individual's mental health? Lottie 9:17 I suppose it could be a friend, almost like if someone's being like isolated in some way, like having something to talk to, I think it could be very beneficial. Researcher 9:32 Yeah, yeah, sure. And any areas that you think that AI could be a disservice to mental health? Lottie 9:42 I am studying psychology, so it's a threat to my job, essentially, if it can be me almost, like that's quite a scary thought. Researcher 9:57 OK. Yeah. And do you consider there to be an age barrier to use in AI?	Ai could be a friend Scared Ai will take her profession over
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Ethical concerns Fear	Lottie 10:07 Oh, that's difficult, because, I mean, you hear in the news about it, I remember this story, because It was a teenager that was using Ai for support and the Ai actually told him to kill himself, so, It can be very detrimental. So it's just a scary thought of younger children using it Like, I wouldn't want my young kids using it, I'd want them to at least be, oh, I don't know, it's difficult, cause I don't wanna say 18, because I still don't think they're an adult. Researcher 10:44 Yeah. Fair enough. What do you think assists your age group? With it being available to you rather than, you know, maybe older individuals. Lottie 11:00 Can you ask me that again. Sorry.	Worried about Ai having negative influence Scared
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Age related barrier	Researcher 11:05 And what do you think assists people of your age group over the older generations to using AI? Lottie 11:14 I think my generation and below are more open to it, whereas older generations are a bit, you know, stick to what you know, and again it's not knowing what it is. So like my parents would be very dismissive of it and would just, you know, listen to the news, listen to the terrible things that have happened with it rather than actually being open minded to actually try it. Researcher 11:36 Yeah. Yeah, that's really amazing. Thank you, I Really appreciate your time today and you've shared a lot. Just as a closing question, is there anything else that you would like to share regarding AI as a support for individuals for physical skin conditions?	Older generation are abit stick to what you know Older generation not open minded
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Acceptability Fear Excited about new tech	Lottie 12:01 I have heard about scanning and whatnot, so I think it could be quite beneficial having AI scan you and be able to like say oh look, you've got this wrong or you know, you should see a doctor, here's a treatment, blah, blah blah. So, I think it could be like really beneficial. But then it also could go the other way and just make you worry that you've got all sorts wrong Researcher 12:26 So an AI scanning system is that ? Can you tell me more about that? I've not heard of it Lottie 12:32 Well, it's something slightly different. I was learning about an AI that could scan you and could see underlying issues such as like if you've got depression and whatnot. So that got me like interested in all that AI can be used to like help people. But yeah, like having something, because the fear for me is like having to go to someone and have them almost judge	Interested in what AI can do
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Ai impartial	you whereas having something like AI that's not a person. I'd feel a lot more open about that if they could scan my face and be like, oh, let you know, because you've got this. Use this and that will sort it out. So, it just takes that sort of embarrassment away. Researcher 13:16 That's really cool. Thank you for sharing that, yeah. Lottie 13:18 No worries. Researcher 13:20 Yeah. Thank you. Yeah. Thank you for your time today and thank you for taking part in this study. Lottie 13:25 Alright, alright, alright. Researcher 13:26 The information you shared will be used to find any	Ai would take away embarrassment that comes with talking to a person.
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common themes to find out if AI is suitable as a psychosocial support for those with visible skin conditions, and to explore any common barriers for individuals to use AI as a psychosocial support. So thank you again and I will now end the recording.

Lottie 13:48

Thank you.

Researcher stopped transcription

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Are you aged over 18 and living with a visible skin condition?

Would you be willing to take part in a short online interview (via Microsoft Teams) to explore your thoughts about the role of Artificial Intelligence in supporting people living with visible skin conditions?

This study is for an undergraduate degree in Psychology at University of Wales Trinity Saint David.

To find out more please click here

[Link to Survey Information and Consent Form](#)

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