Would you have realized?

Learning is a game. In this sense, Dermatology + Psychosomatics regularly presents you the Psychodermatology Quiz. Other colleagues are welcome to submit their own contributions.

C.-M. Höring^a G. Nist^b

^aDermatological Practice,

^bDepartment of Dermatology, City Hospital Bad Cannstadt, Stuttgart

Case Description

Mrs. W., 50 years old, was hospitalized for diagnosis of an angioedema of the face and oral mucosa that has been recurring for 3 years. The patient herself had observed some connection between the symptoms and the consumption of sour drops and of pineapple, possibly also of gingerbread. Multiple other kinds of food were perceived as possible triggers, whereas from time to time they could be eaten without any complications. Mrs. W. was convinced that her ailments were caused by a food allergy or by an allergy against food-additives. However, a strict additive-free diet lasting nearly one year did not lead to any improvement. No focus was found; allergologically an uncertain or weak sensitization for pineapple and an already known sensitization for guinea-pig was found.

In the course of an extensive allergological examination the doctor perceived the patient as annoying, with only superficial knowledge. Shortly before she consulted a psychosomatic clinic the doctor reported that Mrs. W. had developed a swelling of the face one morning, nearly 24 hours after an oral exposition test with a placebo. The patient herself of course did not know that she had been given a placebo; she thought to have eaten food-additives.

In the psychosomatic counseling Mrs. W. described her observations. Sometimes it was as if she only had to see some of the possible triggers for the swelling to begin – although she was not afraid of them. It was ‘as if you just have to look at a dog for it to come and bite you’. She had known that the test on the previous day had included food-additives and the swelling promptly started the next day.

When asked about the life-situation she had been in when the symptoms first appeared she mentioned, that it had been the time when she was moving from Hamburg (in the north) to the south of Germany. In her mind this has always been linked with the threatening idea that she then would have to meet her father more often, ‘this wicked old tyrant’. Since she was a child she was intimidated by him. Later, she had been emotionally at war with him, she had been torn between the wish of ‘silencing’ him on the one hand and having to care for him on the other. Her father had died two years before the interview.

Thus the hypothesis developed that a similar relationship-problem might currently be burdening her. And in fact, Mrs. W. described, when she was asked specifically about her partnership-situation, that her husband has been depressive and very unstable in his affect for many years. She very often felt like being put into a garbage-bin asking herself whether she should open the lid or not. She would like to leave him but she was very afraid of this aggression.

At this point Mrs. W. was told about the connection of fear and allergic reaction well known in psychosomatic dermatology. Amazed and very interested she listened and added that she suffered for many years from an enormous fear of animals, especially of horses and dogs and that she was very afraid of stepping into water. Only seldom she would dare to speak about this and she never sought therapeutic help before, since ‘one never knows whom one might come across’.

Questions

- 1) Which are your first impressions including your own thoughts and feelings that hint at the importance of psychosocial factors?
- 2) Which psychopathological diagnosis would you suggest?
- 3) Which conflict can be identified?
- 4) In which way do you experience the therapeutic interaction as a hint to the relationship-pattern of the patient?
- 5) Which therapy would you recommend in addition to the dermatological treatment?

Answers

1) The early observation of the colleague concerning the discrepancy between the delivering of a placebo in the exposition test and the swelling (which the patient expected and which thus developed, being attributed by her to eating food additives) already leads to the presumption that psychosomatic factors are of importance in the pathogenesis of the angioedema. This was underlined by the nearly symbolic ‘flowery’ language of the patient, who later described her fear of dogs and used ‘dog’ symbolically in connection with an expected allergic reaction. The reported psychosocial stress-factors are obvious.

2) Phobic neurosis ICD F 40.8. Angioedema as dermatosis triggered by psychosocial factors ICD F 54.0.

3) The patient put special emphasis on an extensive aggression conflict. In fear of her own destructive impulses, which can even be expressed in form of killing-fantasies towards her tyrannical father ('I rather wanted to silence this man'). Early on, she has developed a phobia in which the aggressive fantasies are expressed symbolically, for example when she talks about her fear of dogs. In reality, however, a threatening experience with dogs never did occur.

Since early childhood she has been scared of the superiority of her father whom she experienced as violent and abusive towards her, but also towards her brother. With the distance in locality and the foundation of a family of her own Mrs. W. had been able to build up a stable resistance, which allowed her to live her every-day life in good health. As soon as she anticipated to move closer to her father and then performed this move the frightening situation could no longer be suppressed and symptoms appeared on the somatic level. Of psychodynamic importance is especially her actual life-situation in which the experience of having to surrender and the anger towards this situation repeats itself. Mrs. W. also feels herself inhibited in her aggression towards her husband. She adds: 'I always suppressed everything'.

4) The patient's way of forming relationships during counseling is unobtrusive. In this atmosphere, which is neutral but full of interest she probably experiences the attention she has been looking for and out of which she can react openly and without aggression.

At the end of the conversation Mrs. W. asked: 'Can the skin disease not be an expression of longing for attention and love?' For the psychosomatic side of the chronic urticaria one assumes a conflict which is rather near to consciousness. In this case this can also be confirmed for the angioedema. Mrs. W.'s rather kindly stated remark that in psychotherapy you never know whom you might come across makes one understand the conflict-avoiding attitude in other social relationships.

5) In addition to the symptomatic dermatological therapy and the advice to avoid any food that clearly triggers a reaction, the patient was given the recommendation to have a depth-psychologically founded therapy. Because of the generally good structure of the patient's ego the focus could lie on the described aggression conflict. After consolidating the therapeutic relation it is quite possible within the scope of the recommended therapy to cope with the rejected impulses by means of imagination (guided affective imagery) and symbolic figures. That way a counter-draft can be worked out without effort, so that the transfer to reality can be facilitated. The graphic language of Mrs. W. supports this suggestion.

Alternatively, a mainly cognitive-behavioral short-term therapy would be possible, in which by the use of role play a way of

constructive non-frightening aggression coping with the situation can be practiced.

Key learning points

Attribution

Attribution means that a patient regards his/her own behavior or acts as resulting from a certain problem. Where the person concerned seeks the cause of problems or diseases only in him- or herself (internal causal-attribution) it is helpful to ask specific questions about the social environment or – and this is especially important with regard to allergic diseases – about biological triggers.

Where, however, patients have a strong external causal-attribution it is useful to ask about their pattern of behavior and self-assessment and about their internal attitude. The same applies to the control-attribution out of which patients develop the idea that a situation can only be positively influenced by themselves or from the outside.

Psychodynamics, Repetition

For the presentation of a psychodynamically relevant conflict in the course of the depth-psychologically influenced assessment of symptoms it is necessary to find out the experienced or anticipated repetition of a former, for the patient unsolvable situation. As in of the pre-experience, the patients see themselves powerless or helpless and limited in their strategies to cope. Therefore they look for fear-reducing, i.e. conflict-avoiding solution patterns. The failure of these strategies leads to the fictitious solution in form of a disease, for example, the development of a depression or an anxiety reaction.

As part of the therapy this repetition has to be understood and made real ('to be worked through'), new assessments should be sought and above all new solutions should be found through the experience of a corrective therapeutic relationship.

Additional Literature

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