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

Dermatological Practice

Case Description

Mr. B., 24 years old, comes to psychosomatic counseling by recommendation of a former patient. Since several years he observes an explosive increase of dark brown nevi on his whole skin especially in the upper part of the body. The dermatologist had given advise to examine them every 6 months, some single ones have been excised. There is no one else in his family who has this problem and there is no malignant skin disease. On examination there are indeed numerous nevi, but the objective findings differ from the subjective trouble. There are also some keloids which do not disturb him at all and a permanent tattoo with the theme of rock n' roll – 'that's my identity' he says.

The patient seems exhausted and burdened, he is pale, very slender, his bearing is slack. He sinks into the armchair like an old man and starts the conversation with the words 'really nice here'. In the past two or three years he has been troubled. Normally he had been a rather cheerful boy, but now he feels thwarted. Formerly, he had often been in a fitness club or swimming, but now 'the skin doesn't allow it' – he is afraid to be watched. When directly asked for negative experiences of having been teased he reports about a surgical correction of protruding ears at the age of 16. There is nothing he doesn't relate to his skin problem: his partnership has broken because of his being ashamed, he lost his motivation to finish his studies, he feels helpless.

There is enough time to ask about his family: his father is already 80, he always complains a lot of pain because of arthritis; Mr. B. characterizes him as a man who never had been able to do what he wanted: 'He has always been clinging to other persons'. Nevertheless, he had been a very busy man. His mother, 62, seems to have only few social contacts. After having retired she is now only concerned about her husband's health. Every problem seems to be aggravated, even pleasant activities are avoided with reference to the pain.

The young man then admits – obviously ashamed – that for several terms he did not really work hard for his studies – 'now the moment of truth will come'. He already failed two examinations and there is only one more chance. Indeed, he does not really know what to do when he will finish – he cannot imagine to work for a career, maybe he would prefer simply working in a restaurant or with music media. On the other hand he works hard to earn enough money because his parents are not wealthy enough to support him.

Only when asked directly he tells about severe self-confidence problems, further body and disease related anxiety, nicotine and alcohol abuse when he is stressed and pondering for hours about how people could perceive him. His parents had rarely given feedback, they did not seem to be very interested in his development – not because they are malicious but simply because they are too old and too much concerned with their own burden. They are unable to understand him; instead they expect him to spend his rare free time with them: 'On your next holidays we want you to come home for some weeks!'

Questions

- 1) Which psychopathological diagnosis would you make?
- 2) Could you formulate some sentences how to explain to the young man what you are considering?
- 3) What is your therapeutic recommendation? Especially consider whether behavior therapy, psychodynamic therapy, or supporting medical drugs might be helpful.

Answers

- 1) The differential diagnosis is not easy. Primarily one should consider a body dysmorphic disorder (BDD) (ICD F 22.8) because of the markedly excessive concern about the nevi.

The patient reports significant distress in several areas of functioning in daily life. He has no outstanding dissatisfaction with his body shape. However, the complaints are similar to hypochondriasis (ICD F 45.2) and are overlapping to some extent with social phobia. In addition, the intensity of his brooding depends on the situation: he complains of depressive feelings in situations he worries about, anxiety concerning his studies, being afraid of the responsibilities he has to take in his further life. A personality disorder concerning self-confidence and narcissism should be discussed. There are structural deficits. The diagnosis of BDD might be secondary if the patient could be able to understand the connection between his neurotic conflict of autonomy and dependence, his fears to be 'adult' and to detach from his parents, his identity conflict. These overlapping diagnoses are quite common in psychotherapeutic practice and can only be clarified in the course of treatment.

- 2) One could explain: 'There really are some disturbing nevi on your skin which should be observed concerning elevation. As they have only developed in the past few years you cannot accept them easily, because they do not fit your fantasies on how your body should look. Your negative experience concerning your ears reminds you to have been emotionally hurt, and also you are accustomed to compare your body with pictures in the media more or less unconsciously. Remember that until Steffi Graf became famous nobody would have placed models with big outstanding noses on the front page of a magazine! Meanwhile you have become very attentive to your skin and feel ugly. You have made the experience that you spend too much time with the mirror and that your mood is depressed always thinking about the defect. You have told me that you are avoiding many situations and the worst is that you forgo intimate relationships. This really affects your quality of life too much! Maybe there even is some connection between the end of your studies that marks a threshold in your life and your feeling ill! It could be worth it to think about this connection and to learn to change your inner voices!'

- 3) Because of the personality disorder a psychoanalytic therapy is to be considered. On the other hand, the young man has a lot of current troubles that he wants changed: his difficulties in personal relationships, his problems to pass his examinations are to be solved soon. He has a good talent to outline various situations in which the problem occurs and he can see that the model of his parents not to do what one really wants (father), to avoid social life and to exaggerate symptoms (mother) has influenced him a lot. Behaviors that have been learned can be learned in a new manner. A cognitive behavior therapy would address most of his problems of distorted convictions, perfectionism how one should look, generalized devaluation of oneself, and deficits in social competence by exposure to avoided situations, positive thinking, turning attention to healthy functions of one's body and nice social activities, and by prevention of staring into a mirror etc.

A good therapeutic relationship assumed, the patient could have a rather quick success and gain access to strong parts of his ego. During the first period of therapy serotonin reuptake inhibitors might be helpful. Step by step the patient can discover his goals for change, can understand causes for his discontent, prepare exposure or body image desensitization by learning relaxation exercises, discover his appearance assumptions and change his personal body language, face with the avoidance behavior, enhance positive activities and prevent relapse by continuing what he has learned. He then can reflect what he expects from himself concerning his further life and if these expectations fit with his personal possibilities. Normally further problems are revealed.

Suggested Reading

- Cash TF: The Body Image Workbook: An 8-Step Program for Learning to Like Your Looks. Oakland, CA, New Harbinger Publications, 1997.
- Schultheiss D, Krämer KS: Andy Warhols plastische Nasenkorrektur im Spiegel seiner Werke. *Hautarzt* 2000;51:101–105.
- Stangier U: Hautkrankheiten und körperdysmorphe Störung. Göttingen, Hogrefe, 2002.
- Stangier U: Body dysmorphic disorder. *Dermatol Psychosom* 2000;1:124–125.