Would You Have Realized?

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Case Description

Mrs. F., a 30-year-old woman, already asked for psychosomatic counseling 2 years ago. At that time she was considering psychotherapy, but as she was about to get married, she was afraid her 'skin would worsen', if she started seeing a psychotherapist, as it had always been her experience when looking for support.

Now she has returned. She feels very ill, her skin is entirely eczematous. She had developed atopic eczema when she was only a few months old. According to her mother her skin had always been very bad and the whole family was troubled by her itching and scratching and by numerous sleepless nights. In adolescence there had been 4 years without skin problems; instead she had suffered from anorexia nervosa. Therefore she is already familiar with therapeutic procedures.

Now her skin is like a sole wound, her face deep red, weeping, partly superinfected. IgE level is more than 1000 U. She also has pollinosis but no asthma. During our conversation she keeps moving in her chair, fidgeting, almost wriggling and touches her skin in a way quite unusual for patients with atopic dermatitis: It rather looks like autoerotic caressing than like rubbing or scratching. Her experiences with doctors and all sorts of classic or alternative dermatological treatment have been disappointing.

In our first session she tells me as follows: Her skin has deteriorated in a time of examinations, plenty of work concerning her job and renovation of the old house she and her husband had bought. Her husband is rather coercive and not very empathic. She often feels alone.

She was the first daughter of a very young mother, who 'only wanted me to have a reason for leaving her parents'. Mrs. F. knows little about her early childhood: Her mother had been completely overtaxed and left her alone to go dancing when she was only a few days old. Her father was quite a brutal man who would beat her mother. Once he caused a car accident, and as he had not fastened the baby's seat belt, she was injured. Thus she grew up in an atmosphere of neglect and cruelty.

Her parents separated when she was 2 years old and her mother married again. She characterizes her stepfather as gentle and helpful but rather crazy, for instance he would request his guests to catch flies or he would hang bananas in the apple tree. Mrs. F. is obviously ashamed of her family but she still loves them. Her mother regularly wanted her to watch violent video clips with her, but as soon as things became too scary her mother would close her eyes and ask Mrs. F. to tell her what was going on. Until today, Mrs. F. still regulates emotional tension by watching such films for hours.

When Mrs. F. was 7 years old, her sister was born who developed a severe mental and physical handicap. It is her sister with whom she experiences careful skin-to-skin contact. Maybe her autoerotic caressing resembles her sister's attitude, maybe it resembles their real contact.

Psychotherapeutic Considerations

I had seen a threatened young woman, threatened by her own skin, helpless, with poor experiences concerning dermatologic treatment. She felt alone, unable to help herself or to trust in help of others. Her early experiences must have been a mixture of care and pain, observing the face of her overtaxed mother and an atmosphere of cruelty and non-regulated, diffuse tension. Presumably, insufficient care and protection and repeated exposure to scaring (video) pictures and noises have overcharged her neurobiological stress axis.

In psychosomatic research there is evidence that biological and psychosocial stress in early childhood are associated with increased long-term vulnerability to various diseases. Mrs. F. seems to have developed a fearful, insecure attachment behavior – she has negative expectations about both herself and others. Until today she has not become an expert of her disease, she does not know simple facts about it or about adequate therapeutic strategies.

Babies with certain chronic illnesses have been found to have a higher prevalence of insecure attachment, leading to distur-

bances of stress regulation, use of external regulators of affect (video) and nonuse of protective behaviors (e.g. early treatment of beginning eczema). Attachment insecurity may also increase perceived stress. So it becomes plausible that Mrs. F. is unable to cope with her current psychosocial situation.

Mrs. F. had no opportunity to experience reliable warm support. By the time when her sister was born, her stepfather and her mother who had become more mature in the meantime could have enabled new experiences, but as her sister was ill, her mother was absent for several months every year to take care for her.

Insecure attachment behavior was soon perceivable in the therapeutic relationship – distrust, difficulty to balance closeness and distance, compliance problems. Traumatic physical experiences (chronic skin disease) and a developmental trauma merged.

What Should Be Recommended?

A specific indication for psychoanalytic therapy was given. However, I proposed another proceeding: As a first step, several hours of information, a sort of ‘education to become expert of her disease’ (which should be continued over the whole therapy depending on the current course of the disease) and instructions for scratch control should be offered.

The main part of psychodynamic psychotherapy (1 hour/week) should then rather comprise direct interventions concerning the therapist-patient relationship than analytical interpretations, and consequent working with guided affective imagery

(symbol drama). Guided ‘daydreams’ and symbols could help to establish secure internal objects (helpful figures) and ideas of so called secure inner places. Symbol drama is also very good to identify, differentiate and express emotions and to work with the inner child in order to learn to care for it. Both symbol drama and a good therapeutic relationship will create a new atmosphere, allow experiences of secure care and protection and contribute to forming a more secure attachment behavior which protects against psychosocial stress.

Suggested Reading

- Buske-Kirschbaum A, Jobst S, Wustmans A, Kirschbaum C, Rauh W, Hellhammer D: Attenuated free cortisol response to psychosocial stress in children with atopic dermatitis. *Psychosom Med* 1997;59:419–426.
- Egle U, Hardt J, Nickel R, Kappis B, Hoffmann SO: Long-term effects of adverse childhood experiences – actual evidence and needs for research. *Z Psychosom Med Psychother* 2002;48:411–434.
- Maunder RG, Hunter J: Attachment and psychosomatic medicine: Developmental contributions to stress and disease. *Psychosom Med* 2001;63:556–567.

A Note by the Author

You may have recognized that this quiz was not quite like former quizzes of *DERMATOLOGY + PSYCHOSOMATICS*. The quiz in the June issue focused on dialogue strategies, the present one on complex therapeutic hypotheses. It has been the last quiz for the time being. We hope you enjoyed training your psychosomatic skills and we shall be pleased to receive your feedback and learn about your wishes anytime. We also hope that other authors will share their experiences and present their cases in the future.