PSYCHOLOGICAL TREATMENT IN SKIN DISORDERS

WITH SPECIAL REFERENCE TO ABREACTIVE TECHNIQUES

BY

H. J. SHORVON, M.B., B.S., D.P.M., D.A.

A. J. ROOK, M.A., M.D., M.R.C.P.

AND

D. S. WILKINSON, M.D., M.R.C.P.

(From the Departments of Psychological Medicine and of Diseases of the Skin, St. Thomas's Hospital)

During the last 30 years there has been an increasing realization of the place of psychological factors in the production or precipitation of certain skin disorders. Pioneer contributions to the subject were made in England by O'Donovan, and in America by Stokes. MacKenna (1944) attempted to correlate personality types with certain skin reactions, and Klaber and Wittkower (1939) and Wittkower (1946) have studied series of patients with specific skin disorders in an endeavour to assess the importance of psychological factors in their pathogenesis. Gillespie (1938) and Sulzberger and Zaidens (1948) have dealt with the probable psychological mechanisms involved. Useful general reviews of the growing literature on this subject have been published by Stokes (1932), Klauder (1936), and Wittkower (1948).

We are impressed by the relative lack of emphasis on treatment and by the paucity of detail on methods employed and the results achieved.

The tendency has so far been for psychiatrists to treat cases referred from dermatologists by systematic long-term individual or group psychotherapy, but because of its time-consuming nature this method is necessarily limited to few patients. Treatment by "drug abreaction" offers an alternative method, having the advantage of taking up much less time and so allowing for the treatment of many more patients.

It is universally recognized that the free discussion of significant events, or "getting things off one's chest," may result in some relief of pent-up tension. The therapeutic value of a mere recital of unpleasant experiences is slight; but, as Freud and others observed, if the revived traumatic incidents are relived with emotional intensity and vividness (or, in other words, if the patient "abreacts") a striking release and relief of tension may occur. The term "abreaction" was originally applied to the recalling and reliving of repressed events, but has for some time been given a wider interpretation to include both conscious and unconscious material. Its essential feature is the excitement attained during the discharge of emotionally laden ideas and incidents, and our technique is to stimulate further and to facilitate the release of this excitement by the use of drugs. The more intense the emotion aroused and its release, the more successful the abreaction.

Irrespective of its cause, tension is present in many skin disorders. Since in many patients its relief results in the amelioration or disappearance of the skin condition, we considered the use of abreactive techniques in the treatment of 50 dermatological patients. The results so far obtained seem to us of sufficient interest to warrant this communication.

The results of treatment in the 50 cases may be classified as follows: in 21 the skin cleared (but 3 have relapsed within one year); in 22 the skin condition improved; and in 7 there was no change.

Of the seven who showed no change, one was psychotic, one a woman of 65, two discontinued treatment, and three others are still under treatment.

It will be realized that this does not represent a final or complete analysis. The patients whom we treated by abreaction were suffering from a variety of skin conditions. Moreover, this series was experimental in the sense that different intensities and lengths of treatment were used. It must be stressed also that the patients had been selected in the first instance by dermatologists as being suitable for this form of therapy and that the promising results must in part be attributed to this. For that reason we shall emphasize the criteria to which we have strictly adhered in our more recent cases.

Our present results give an approximate impression only. After a longer follow-up period we hope to publish a detailed analysis, in which due attention can be given to such obviously important factors as the type of skin condition, its chronicity, and the nature and duration of previous treatment.

Selection of Cases

Abreactive techniques have been applied by us to a wide range of skin disorders, and from our experience and findings we have attempted to determine some practical criteria for the selection of suitable patients by the dermatologist. In assessing this, one point requires emphasis. Not all patients whose skin eruptions are psychologically determined require this particular method of psychological treatment. Many will respond to superficial psychotherapy, or similar methods within the power of the general practitioner or dermatologist, whereas some may need other specialized forms of psychological therapy.

Our criteria for the selection of patients are: (1) The cutaneous reaction is one in which either a psychological cause is generally accepted or one in which it seems likely, from a combination of positive psychological and negative organic findings. (2) The disorder is of sudden onset or apparently related to a specific, emotionally traumatic incident. (3) The patient should preferably be under the age of 40. (4) The patient must be psychologically accessible, psychotics and defectives being obviously unsuitable.

In occasional patients the skin disorder, although not obviously determined by psychological factors, may, because of associated psychological disturbances, be expected to benefit from non-specific abreactive treatments.

Technique

We have used intravenous barbiturates, such as sodium amylal or thiopentone, ether, intravenous methylamphetamine hydrochloride ("methedrine"), and a carbon dioxide mixture, alone or in various combinations, to facilitate emotional release. An intravenous barbiturate alone has little part to play in the abreaction of skin disorders, though Sargent and Slater (1940), when treating battle casualties after Dunkirk, recognized its value in certain cases with tension due to recent trauma. They found that the induced emotional outbursts were often effective in breaking up the recently acquired neurotic patterns of behaviour. It is much more difficult to bring about an excitatory abreaction under intravenous barbiturates in chronic cases, and most

dermatological patients requiring psychological treatment fall into this group. In an ancillary capacity barbiturates can, however, occasionally be used to relax an apprehensive patient before an ether or carbon dioxide abreaction is attempted, or to reinforce the effect of methylamphetamine hydrochloride. They also have some value in

special instances, such as the uncovering of an amnesia or the preliminary breaking-down of a reticent patient's inhibitions.

An intense excitatory abreaction with the release of tension, anxiety, and aggression can often be induced with ether even in long-standing cases. Our technique has been fully described in previous papers by Sargant and Shorvon (1945) and Shorvon and Sargant (1947). Briefly, incidents of emotional significance are selected from the patient's past history and used to start off the abreaction. He is excited under light ether (far short of anaesthesia) with an open mask, and then encouraged to take himself back to the situations in which these events have occurred. Should he succeed in doing so, his voice becomes louder and he begins to abreact, behaving as though the events were happening at that moment. He is deliberately encouraged to shout, cry, and struggle, and the physician is on the alert to play on incidents of high emotional content which may become evident for the first time only during the abreaction. It is not always necessary to abreact specific incidents accurately, and in practice one may deliberately distort events if by so doing an even greater excitement or anger results. The patient experiences a marked easing of tension if the abreaction has been a success. Many patients, however, fail to abreact under ether, particularly those with marked obsessional trends in their make-up. They tend to answer in the past tense, in an impersonal manner, and are acutely aware of their surroundings.

For such patients, repeated intravenous injections of methylamphetamine hydrochloride, 25 to 30 mg., can be very useful (Simon and Taube, 1946; Sargant, 1948). A pleasantly relaxed feeling with mental calm, euphoria, and confidence soon sets in. "It increases the clarity of things" and "the brain races away as in insomnia." If encouraged, the patient exhibits a pressure of talk and acceleration of ideas with a lack of reserve. The loquaciousness may continue for many hours, particularly if the effect is reinforced by sodium amytal (3 to 6 gr.—0.2 to 0.4 g.).

As one patient said, "It gives me the desire to get rid of the junk in my mind," and much valuable and previously inaccessible material may pour out in a short time. This facilitation may be punctuated by emotional outbursts, especially if an ether mask is applied when traumatic events are discussed. The total effect is that of a prolonged moderate abreaction or, in other words, a prolonged state of excitation in full consciousness. We have encountered no untoward side-reactions, but the pulse rate is often accelerated, the blood pressure is raised, and there is some thirst and dryness of mouth.

Since 1947 experiments have been made by Sargant, and later by other members of the psychiatric department of St. Thomas's Hospital, in the application of Meduna's (1948) carbon dioxide inhalation technique to facilitate abreaction. This technique, with modifications, is to be reported in a paper by Marshall, Sargant, and Shorvon. The inhalation mixture consists of 30% carbon dioxide and 70% oxygen, and is a rapid and safe method that can easily be given in an out-patient department. The treatment is usually carried out two or three times a week, and, as a rule, at least 20 are required. We have found it useful in pruritus ani, lichenified neurodermatitis, and Besnier's prurigo, but the results have been inferior compared with cases treated by abreaction under ether or methylamphetamine hydrochloride. It can, however, be of distinct value if used to attain the end-point of an ether abreaction in which the patient failed to reach a climax of excitement. The patient is thereby relaxed and

Summary of Cases

Case No.	Age	Sex	Diagnosis	Length of History	Outstanding Personality Traits or Psychiatric State	Result
1	34	M	Psoriasis	2 yrs	Obsessional	+ Cleared*
2	23	M	Pruritus ani	4 "	Mildly obsessional	+ Cleared*
3	34	M	Urticaria	18 "	Anxious	+ Cleared
4	24	F	Seborrhoeic eczema	2 "	Anxious. Paranoid trends	+ Cleared
5	22	M	Atopic dermatitis	4 " (present attack)	Anxious	
6	42	M	Neurodermatitis	3 yrs	Obsessional	No change (discontinued treatment)
7	40	M	Pruritus ani	14 "		+ Cleared
8	30	M	Urticaria	9 "		
9	33	M	Neurodermatitis	5 "		
10	28	M	Pruritus ani	2 "	Mildly obsessional	+ Cleared
11	28	M	"	12 "	Anxious	Cleared (relapsed)
12	51	M	Neurodermatitis	4 "	Mildly obsessional	Cleared (relapsed)
13	34	M	Prurigo	8 "	Mildly obsessional psychopath	Cleared (relapsed)
14	27	M	Hyperhidrosis	1 yr.	Hysteric	Cleared
15	27	M	Urticaria	4 yrs	Psychopath	+ Cleared
16	50	M	Psoriasis	30 "	"	+ Cleared
17	33	M	"	30 "	Anxious	+ Cleared
18	38	F	Pruritus vulvae	1 yr.	"	+ Cleared
19	25	F	"	4 yrs.	Hysteric	Cleared
20	22	F	"	7 "	"	No change
21	29	M	Atopic dermatitis	10 "	Mildly obsessional	+ Cleared
22	37	M	Pruritus ani	11 "	Obsessional	+ Cleared
23	49	M	{ Pruritus Lichen planus	{ 30 " 3 "	"	"
24	29	F	Pruritus vulvae	13 "	Hysteric	"
25	33	F	Neurodermatitis	8 "	Obsessional. Paranoid traits	"
26	42	M	"	12 "	(i) Anxious	Cleared (relapsed)
27	35	F	Pruritus vulvae	10 "	(ii) Defective Mildly obsessional	No change
28	45	F	Neurodermatitis	2 "	"	Cleared
29	54	F	{ Urticaria Psoriasis	{ 5 " 3 mths	Hysteric	{ Cleared +
30	50	M	Eczema	5 yrs	Mildly obsessional	+ Cleared
31	52	M	Seborrhoeic eczema	20 "	Anxious	+ Cleared
32	32	F	Acne rosacea	1 yr.	"	+ Cleared
33	30	F	Neurodermatitis	1 "	Hysteric	+ Cleared
34	65	F	Pruritus vulvae	5 yrs.	Anxious	No change
35	32	M	Angioneurotic oedema	1½ "	Psychopath	Cleared
36	22	F	Hyperhidrosis	1 yr.	Anxious	+ (discontinued treatment)
37	28	F	Acne urticata	3 yrs.	Psychopath	+ Cleared
38	45	M	Pruritus ani	1½ "	Obsessional	+ Cleared
39	44	M	Cheilopompholyx	4 "	Obsessive hysteric	+ Cleared
40	29	M	Psoriasis	15 "	Mildly obsessional	+ Cleared
41	45	M	Erythematous dermatitis of face	3 "	"	+ Cleared
42	32	F	{ Pruritus vulvae Neurodermatitis	{ 4 " 4 "	Obsessive hysteric	+ Cleared
43	27	M	Urticaria	12 "	Mildly obsessional	+ Cleared
44	26	F	Dermographism	7 "	Psychopath	No change
45	20	F	Abnormal blushing	3 "	Anxious	+ Cleared
46	35	F	Neurodermatitis	4 "	Mildly obsessional	No change (discontinued treatment)
47	40	M	"	3 mths.	Paranoid psychosis	No change
48	34	F	Dyshidrosis	1½ yrs.	Hysteric	+ Cleared
49	32	F	Prurigo	2 "	Anxious	+ Cleared
50	35	M	Generalized prurigo	7 "	"	+ Cleared

* "Cleared" = When the skin condition completely disappears and has so far not recurred. + = When improvement occurs in the skin condition or in associated pruritus (which occurred in some cases of psoriasis).

may experience much relief. If successful there is a gradual lessening of tension with an easing of skin irritation.

We have employed abreactive techniques in the treatment of more than 50 dermatological patients (see Table) and the following cases illustrate some of the points we wish to bring out.

Case 9

A man aged 33 gave a five-years history of extensive exudative neurodermatitis of the arms, legs, and back. It began soon after his landing in Burma in 1944, first on the left elbow and then on the back of his legs. The itching was intense. Lotions, ointments, sulphonamides, and x-ray treatments were tried, with little effect. Since demobilization he felt "full of frustrations" and was unable to keep up with his work. He is an obsessional individual with phobias and "thousands of compulsions," and declares he is never relaxed. He joined the Regular Army in 1937 and was a corporal at the outbreak of war, but in a few years rose to the rank of major in a glider regiment. He knew of no immediate precipitating cause of his eruption, but stated that he went through a worrying time at O.C.T.U. in 1942 and had only four days with his wife after their marriage in 1943 before they were separated by their respective duties in the Services. He was treated by ether abreactions, at first twice weekly and then once a week.

In the first treatment he did not abreact, but gave further details of his history. In the second treatment there was some abreaction over a glider crash in which he was involved four months before going to Burma. However, he abreacted violently on the subject of a woman living in the flat below who irritated him beyond measure because of her objection to the slightest noise. He had to remove his shoes at night and see to it that his child was quiet. After this abreaction he said he felt happier than he had been for months, but he still had some skin irritation. In the third abreaction there was a marked release of aggression in regard to this woman, and also concerning his employer, whom he blamed for constantly increasing his work. In the ensuing week his wife said he was a different man to live with, and no longer "flew off the handle at the least thing." The irritation was negligible and the skin condition was much improved. The fourth abreaction was on similar lines and he felt "on top of the world," but suffered a slight setback after appearing before a medical board.

In the fifth abreaction he displayed little emotion when describing in detail the death of his friend in the glider crash, nor when he related the shock he experienced on a further occasion. He had watched the departure of three friends for Burma in a plane in which he was prevented from travelling at the last moment and soon after learned of their death when the plane hit a mountain. Again, however, there was a violent outburst over his neighbour. The same happened in the sixth abreaction, and he now "ceased to kick and snarl or lose his temper when things went wrong." The greatest abreaction took place at the seventh treatment. On the way to Burma the patient landed at Cairo and expected to meet his wife, who was serving in Egypt in the W.A.A.F. about a hundred miles away. The wing-commander refused him permission and he was sent on to Burma, yet other men who had been waiting for a plane for some weeks could easily have changed with him. The eighth abreaction was mainly concerned with the wing-commander and his neighbour, but he then began to talk of his wife's commanding officer in Egypt, who had apparently made several attempts to get into her tent at night. "I wish I could get at him. She wrote and told me about it before I left for Burma." The ninth and final abreaction was similar. He claimed that he "felt a new man," that little annoyances passed him by, and that he had infinitely more patience. After six weeks the skin lesions had regressed to such a degree that for the first time for a year he was able to walk with comfort. He put on 21 lb. (9.5 kg.) in weight in the next six months; his skin cleared and has remained so for over a year.

This case is of interest in that the patient, although obsessional, abreacted under ether. This is unusual with obsessionals. There was a gradual unfolding of incidents causing tension and aggression prior to the onset of the

skin eruption, but the abreactions were non-specific in the sense that much use was made of situations occurring long after the skin trouble began. The treatment consisted of a general release of tension and aggression.

Case 24

A woman aged 29 complained of generalized pruritus together with pruritus vulvae *et* ani. This began in 1937 and was persistent till 1943. It began again in 1948. The irritation started at the age of 17 when a boy of whom she was very fond, and with whom she had been going out for 18 months, suddenly left her for another girl. "I did not get over it." She had received many forms of treatment without relief. She married in 1941, but the irritation continued throughout her pregnancy in the following year. The symptoms cleared when her husband went abroad in 1943, but returned when she began to work in her husband's office in 1948. She had had all the accepted methods of treatment, including x-ray therapy, and also sedation with barbiturates and antihistaminics.

From her own account she was a nervous, worrying, bad-tempered type and was somewhat hysterical and mildly obsessional. For the unhappiness of her marriage she blamed her inability to forget her first boy friend. She experienced no sexual satisfaction. She was hostile to her child and felt that her husband did not trust her, and that for this further reason he had placed her in his office, where he, moreover, paid marked attention to the other girls.

In the first ether abreaction she cried a good deal over her love for her former boy friend, Wally, who liked flirting but "did not insist on intercourse." He failed in his marriage and attempted, during her husband's absence overseas, to get her to live with him. They indulged in kissing and masturbation, and she was symptom-free during this period. Her pruritus was worse after the abreaction. A second ether abreaction in the same week was much the same, and produced no improvement. One week later she was given an intravenous injection of 30 mg. methylamphetamine hydrochloride. She now stated that since the recurrence of pruritus vulvae in 1948 she had not had intercourse with her husband. She admitted that during his absence abroad she made every effort to persuade Wally to leave his wife and come to her. Her husband, on embarkation leave, intercepted a letter from Wally and "had a colossal row with her and ceased to trust her." After this abreaction there was a marked easing of pruritus for some days.

After a further week she was given another intravenous injection, and she discussed the many neurotic symptoms of her early years and her maladjustments at home. She showed a marked hostility to her mother, who was exasperating and fault-finding. She said that her pruritus recurred in 1948, when she found her husband was happy in his office but not at home. After this abreaction she felt much calmer and decided to leave her husband and child "while she straightened things out in her mind."

The third methylamphetamine hydrochloride abreaction was largely concerned with her attitude to her husband and a general discussion of her life-situation. From this time her tension eased and she returned to her husband and is now leading a normal life with little or no pruritus.

This case illustrates the common history of frigidity met with in many patients with pruritus vulvae and the indication that the pruritus is a defence against sexual intercourse. We have often noticed that pruritus ani in women may precede or be associated with pruritus vulvae, as in this case. It is significant that her symptoms cleared as soon as her husband went overseas. It also illustrated the successful use of intravenous methylamphetamine hydrochloride where ether abreactions failed. Inadequate emotional release sometimes results in an increase of tension, as happened with this patient under ether, but a successful release was accomplished by the use of intravenous methylamphetamine hydrochloride.

Case 8

A man aged 30 complained of persistent pruritus ani for nine years, beginning almost immediately after the evacuation of Dunkirk. Various local applications had been tried with very little or no success. He stated that after much stress he got away from Dunkirk in an overcrowded boat which was bombed and machine-gunned, and then capsized. He managed to swim back to the beach and was eventually evacuated to England, where he experienced disturbing battle dreams and jumped at the least noise. The air raids and flying bombs greatly upset him, but he completed his Army service.

On examination his perianal skin was macerated and erythematous. He showed an obsessional personality and was tense, anxious, irritable, and sweating.

Treatment was by weekly abreactions under ether. The first was vivid and emotionally violent. He described his journey towards Dunkirk in an abandoned lorry. This was stopped by military police, who pointed out that he was sitting on boxes filled with high explosives. "I leapt off and felt I had sat on something hot." During the dive-bombing on the beaches his friend sustained multiple shrapnel wounds in the buttocks and he applied the dressings. The abreaction became most intense when he re-enacted his swim back to the beach after his boat capsized. This was reproduced so faithfully that he made repetitive swimming movements on the couch, puffed and grunted, became cyanosed, and developed a fine froth at the mouth. The irritation practically cleared after this treatment, but his hands remained moist and clammy.

The second abreaction was more detailed. Several men were killed in the water and he reached the shore after much difficulty. He also saw a large ship bombed and set on fire at night and watched several trapped men, silhouetted against the glare, leap off the burning vessel. After this abreaction he "felt fine. No bother. The best since 1940."

Dive-bombing and scenes at Dunkirk were the main topics of the third abreaction, and the patient attributed his pruritus to immersion and no change of clothing. He had some irritation after this abreaction, which cleared with the fifth and sixth abreactions. The latter were largely concerned with his difficulties in swimming in the oil-covered sea. The patient was still free of pruritus a year later.

It is always open to doubt how much a particular localization may be due to predetermined factors and how much to the particular psychological associations. We do not wish to stress, therefore, the localizing associations, such as dressing his friend's buttock wounds, which occur in this case. Removal of symptoms, however, followed abreaction of these incidents, and it is interesting that the ether abreactions were successful in spite of the fact that the traumata occurred several years ago.

Case 5

A man aged 22 stated that he developed an intensely irritating rash three years ago, when his arms were scalded by boiling oil from the back-flash of a boiler. This happened in Australia some months after he joined the Navy, and he was eventually invalided out. Recently he became very anxious during his wife's pregnancy, as he had strong views on the "agony of childbirth." A generalized spread occurred during her confinement, and a further exacerbation followed when he thought he had a duodenal ulcer. Clinically he presented an unusually extensive picture of Besnier's prurigo. At the age of 10 he had been treated by systematic psychotherapy for Besnier's prurigo of the arms, which was said to have followed the loss of the tip of his finger; the skin cleared after six months.

An ether abreaction was attempted, and he gave a complicated and detailed description of the "accident." Suddenly he became very emotional and declared the whole story to be a lie. He described his increasing dissatisfaction with the discipline and restrictions of the Service. A mate had failed "to work his ticket" and bet him that he would not succeed. He then began to scratch the flexures of his arms to bring out his former rash. His determination to do so was increased when

he found he had been drafted for Hong Kong. Soon afterwards the back-flash occurred, but the oil did not touch him. He made full use of this incident and malingered. After his discharge from the Navy he felt very guilty and has made repeated attempts to rejoin and "serve his time."

He experienced a marked relief in relating the true story for the first time, and the skin condition rapidly cleared.

From a dermatological point of view, this patient was suffering from an extensive atopic eczema. His experiences with this complaint in earlier life enabled him to employ it as a mode of reaction for future difficulties. It is of interest that, having produced it artificially, the intense guilt over his own action and the superadded anxiety were sufficient to exacerbate the skin condition. During long periods in civilian and naval hospitals his response to treatment had been entirely unsatisfactory. Confession under ether and removal of guilt resulted in immediate improvement, which has so far been maintained for one year.

Case 25

A woman aged 33 gave a history of "eczema" of eight years' duration, beginning on her honeymoon. A sore patch behind an ear spread to the eyelids, back of the neck, and both ears. After the death of her mother in 1942 it spread all over her body, and there were further exacerbations when her only brother was presumed to have died in Burma and when a cousin died suddenly in 1949 from heart failure in her home. The itching was intense. There was only temporary or no relief from an abundance of treatments, such as superficial x-ray therapy, local applications, injections of calcium, dieting, and visits to faith-healers and homoeopaths.

She had a very unhappy upbringing. Her father was a gambler, and she had to wait outside his workplace in an attempt to save some money for the family before he lost it. She was very fond of her mother. At school she was very shy and kept to herself. Her personality is obsessional with paranoid trends. She expressed a hatred of any form of duplicity or dishonesty, and the least slight put her into an irritable, sulky state for days. She stated that bad attacks of irritation coincided with emotional upsets or occurred when she was overtired and worried. She also said she was in a persistent state of frustration and suppressed anger because her rich, vulgar, and domineering mother-in-law had strongly objected to her marriage and had shown her much ill-will before it and since. She felt guilty over her mother's death, having taken her home against the advice of a hospital. She also felt she had caused the death of her mother by giving her a hot drink instead of ice to suck when she had a haemorrhage.

Several attempts at abreaction under ether produced little or no emotional release, but there was a better response when the treatments were completed with carbon dioxide inhalations. Many of the details of her history were elaborated and she brought out further causes of friction. She gradually began to assert herself with her mother-in-law and showed an increasing resentment towards her husband. She stated that the treatment gave her some relief of irritation and "took a load off her mind." Her skin condition improved in so far as the lichenification of her arms and neck cleared.

As the condition then remained static, intravenous methylamphetamine hydrochloride therapy was tried. With the first injection she became very talkative for the first time and remained so for most of the day. She then disclosed that a fortnight before the marriage her fiancé presented a false medical certificate to avoid military service. As most of her family were in the Services, this was a tremendous shock to her. "I would not have married him had I known it earlier." The rash began immediately after the marriage, and the honeymoon was a very miserable one. She was too ashamed and furious to go out, and hid in their room in the hotel. As soon as the honeymoon ended she made her husband go to Scotland Yard and confess. He then joined the Army, but she continued to hold his intended evasion of service against him. With the second injection she poured out many further accusations against her husband and his mother, and afterwards had a "showdown"

with him. From this time their relationship greatly improved and her skin condition cleared altogether. She has remained well for a year.

This case is of interest in that repeated ether and carbon dioxide treatments resulted in some relief of tension with improvement of a severe lichenified neurodermatitis, but it required intravenous methylamphetamine hydrochloride injections to bring out the crucial precipitating factors, the abreaction of which resulted in complete relief of the skin condition.

Discussion

It will be seen from the foregoing cases that a variety of skin disorders may be associated with specific or non-specific psychological factors, and may be relieved by treatment of these factors. It is pertinent to stress here that because some such cases may be cured or alleviated by this treatment it does not necessarily follow that they are caused by such factors (though in the cases chosen these probably were of primary aetiological importance).

In certain other cases the treatment we have described may greatly influence the patient's attitude towards his disease, enabling him to reduce to reasonable proportions symptoms which had come to assume an overwhelming and unreasonable significance for him. A patient with psoriasis, for example, who considered that his skin lesions were ruining his life, was helped to adjust himself to the disease, although this was not significantly modified by such treatment. In other cases, such improvement gives the dermatologist a better chance of succeeding in the treatment of the disease along conventional lines. This is especially so in many cases of eczema, in which psychological factors may perpetuate an eruption of quite other causation. Perhaps the most important cases of this type are those in which the eruption was initially determined by occupational factors.

We believe that, even in the presence of skin reactions of a type in which the possible psychological origin is accepted, a careful exclusion of organic causes is essential if disaster is to be avoided. This exclusion should be made at an early stage and not after the failure of unsuitable treatment over a period of months or years. Pruritus may, for example, be a symptom of a pre-reticulosis, and pruritus vulvae may lead to the discovery of diabetes. It is perhaps less often realized that, conversely, failure to appreciate positive psychological factors at an equally early stage may condemn a patient to months of ineffective treatment.

Although the abreaction was the principal therapeutic procedure employed in the cases described, psychotherapy was of course used to a limited extent. It was superficial in the sense that, though possible precipitating events were discussed and the patient's life-situation and reactions were reviewed, no prolonged analysis was attempted. Attempts were made to persuade the patient to see the part played by mental symptoms and traumatic episodes in the genesis of skin disorder. Environmental, domestic, and occupational difficulties were tackled where necessary, but it is unfortunately true that such difficulties sometimes proved insuperable barriers to effective treatment.

Though the cases we treated required, in our view, the use of abreaction therapy, we believe that most patients with psychologically determined disorders can be adequately treated by simple psychotherapy administered by the practitioner or dermatologist who is aware of the indications. Sneddon (1949) has discussed this aspect and has shown that much can be achieved in suitable cases. Even a brief psychiatric history and personality assessment should enable the dermatologist or practitioner to discover these factors and to realize their significance.

The importance of the skin itself and the constitutional limitations of the atopic, ichthyotic, and seborrhoeic types must constantly be borne in mind. Both these and the morale of the patient, as well as the social problems we have mentioned, naturally affect the prognosis. Although we do not claim that this method is the only one that may be employed or that all cases are cured or benefited by it, we have found it of definite value in a considerable proportion of all cases considered to require treatment by a psychiatrist. The particular advantages, from a practical point of view, are that treatment can be carried out in the out-patient department and that a limited number of consultations are needed compared with systematic psychotherapy and analytical methods. We have been impressed, from the dermatologist's point of view, by the rapidity with which results are obtained and, within the limits of our follow-up, by the infrequency of recurrences. The period of time needed to produce marked improvement is generally a matter of weeks or months, depending on the frequency of treatment and type of skin disorder. On the whole, patients with neurodermatitis respond after a few treatments, while those with pruritus ani or pruritus vulvae need correspondingly more in view of the greater complexity of the factors involved.

Our experience of patients treated by convulsion therapy and prolonged sedation has been far less encouraging. Some of the patients we have referred to had already been treated with prolonged and deep sedation with little or no effect. We have already pointed out that obsessional patients often fail to abreact. Similarly, severely depressed patients may require convulsive shock therapy and very agitated patients deep narcosis as an urgent matter.

We are not aware that the abreactive technique has previously been employed in the treatment of skin disease, and the eminently practical nature of the treatment and the encouraging results obtained lead us to regard it as a useful addition to the dermatologist's therapeutic armoury. It is probable that the other methods of psychological treatment will be found to have specific indications in dermatology, and criteria for these should be established. It is obvious that no single method will be applicable to all cases.

Summary

The literature on the psychological aspects of skin conditions contains few references to treatment.

The application of the abreactive technique in treatment of certain skin disorders is described, and an attempt has been made to define the criteria for its employment.

Five illustrative cases are reported.

The value and limitations of psychological methods of treatment are discussed, and it is suggested that the abreactive technique offers a practical and useful method of treatment.

We would like to thank Dr. William Sargent and Dr. G. B. Dowling for their interest and encouragement, and our colleagues who have referred many of the cases to us.

REFERENCES

- Gillespie, R. D. (1938). *Brit. J. Derm. Syph.*, **50**, 1.
- Klauer, R., and Wittkower, E. (1939). *Ibid.*, **51**, 501.
- Klauder, J. V. (1936). *J. nerv. ment. Dis.*, **84**, 249.
- MacKenna, R. M. B. (1944). *Lancet*, **2**, 679.
- Meduna, L. J. (1948). *J. nerv. ment. Dis.*, **108**, 373.
- Sargent, W. (1948). *Dig. Neurol. Psychiat.*, **16**, 193.
- and Shorvon, H. J. (1945). *Arch. Neurol. Psychiat.*, *Chicago*, **54**, 231.
- and Slater, E. (1940). *Lancet*, **2**, 1.
- Shorvon, H. J., and Sargent, W. (1947). *J. ment. Sci.*, **93**, 709.
- Simon, J. L., and Taube, H. (1946). *J. nerv. ment. Dis.*, **104**, 593.
- Sneddon, I. B. (1949). *British Medical Journal*, **1**, 472.
- Stokes, J. H. (1932). *Penn. med J.*, **35**, 229.
- Sulzberger, M. B., and Zaidens, S. H. (1948). *Med. clin. N. Amer.*, **32**, 669.
- Wittkower, E. (1946). *Lancet*, **1**, 566.
- (1948). In *Modern Trends in Dermatology*, edited by R. M. B. MacKenna, p. 237. London.