Psychological factors which we observe when the disease occurs

Many studies of the psychosomatic medicine on eczema and dermatitis have been achieved recently. They are mostly focused on the psychological factors which are usually observed in the psychosomatic disturbances as “psychogenity” or “emotional tension” affecting chiefly the internal structure of the body. For the patient an event or an emotional tension in his daily life may cause the bodily disorder which we regard as psychosomatic illness. Researchers proved by their animal experiments that when there were the emotional tensions there were produced such materials that brought the disease or aggravation. Clinicians also reported that their patients’ disease aggravates according to patients’ daily life and emotional tensions which are aroused from their feelings of sadness, anger, anxiety and fear.

However, psychological factors which we observe when the diseases occur are not only in these cases but also in all other cases which we have everyday in the wards of hospital or in the outpatient department, all patients, among which we sometimes don’t think as psychosomatic or psychological. The psychological factors are in no way limited to the psychosomatic factors which cause emotional tension or produce the materials that aggravate diseases. Psychological factors in a wide sense are constituted by the psychosomatic factors and the psychological factors in a narrow sense. While the psychosomatic factors are affecting in the internal structure of the body, the psychological factors in a narrow sense are extending their influence to the outer side of the body, the patient’s social life, the patient’s attitude towards the treatment of his diseases. If he is of prudent character, especially to the protection of diseases, he will suffer from diseases much less than any who is not prudent. If he is of too meticulous trait to everything which causes diseases, he will suffer from diseases caused by over-medication or over-protection much more than any who is less anxiously afraid of diseases.

Psychological factors in the genesis of eczema and dermatitis are therefore quite abundant. Intelligence, knowledge of the diseases, feelings towards them or self-control of one’s social and mental attitude, training and education, all cultural formations are relating to his whole personality. The personality makes individual and social life where he must have the attitude to care for his own body or to cure the disease. The world in which he lives is full of diseases, causes of diseases, menaces of diseases and knowledges of diseases, so that he can hardly live without his own philosophy. Dermatological diseases are most common among people who live in the modern society, because the skin is the most outer part of the body which many contact materials attack.

Firstly, encounter with the source of contact is the problem which is most profoundly concerned with the external environment. Venereal diseases, poisonings, insects’ bites, sunburn etc. are for instance usually found in those who live which such dangers. This condition is frequently seen in those with curiosity, research-mindedness, mania of exploration or “adventurous spirit”, any way in a sense positive attitude towards existence. They live
with an extreme need for new experience or discovery, eating and touching all strange materials with caprice.

Patients with dermatitis due to cosmetics, clothing or ornaments are sometimes people who frequently encounter those materials and those who have wishes of beauty and even sometimes vainglorious, desirable to self-display, hypochondriac or hysterical.

Desire of contact is evident, besides in those who keep dolls or pets such as big tender velvet puppets, small dogs or soft cats, birds etc. They touch, caress, kiss or lick wet. We should also take into account the patient’s partner whose cosmetics, clothing or ornaments are contact toxic to the patient.

Dermatitis caused by soaps, detergents or disinfectants may be regarded as created by an inclination to cleanliness; a fastidious disposition yields “Macbeth’s hand”, dermatitis of the hands due to over-washing, to abhor the stink of the body or to fear the fungus infection. Dermatitis caused by disinfectants occurs not only by the patient’s own anxiety but also by the order of one’s neurotic mother who is extremely eager to teach children by over-warning. She always reads textbooks of medicine and earnestly tries to obtain knowledges of medicine.

Thus, dermatitis is not only considered as the production of the patient’s living attitude, but also family’s ones. Together with such cases of mysophobia, we experience a few cases of mysophilia, abnormal fetishism of the dirtiness or disease itself. They are sometimes ambivalently schizophrenic, trying to heal and to impair simultaneously.

Similarly, “liking for doctors” or over-confidence of medical treatment may play some roles in the occurrence of dermatitis. A patient visits the doctor’s office with so much expect that he won’t return to home soon after the clinical consultation. He carries many questions to the doctor everytime, abusing time with a lot of asks which is sometimes not related to the present illness or repeating same question until doctor must stop. He is very faithful with doctors and very obedient to doctors. Doctor’s order is for him really imperative. However, he turns meanwhile to “disliking for doctors” or distrust in medical treatment. He visits many doctors with resent feelings, asking the same question to every doctor and comparing the answers respectively, censuring their trivial differences. Despite such an enthusiastic inquiry, he leaves out the problem immediately after his interest is over or another disease elsewhere is displaced.

Such a case is almost accompanied with inclinations to purchase ointments, drugs, cosmetics, medical books or apparatus, namely oniomaniaé trend, habit of consumption of luxury goods or bon vivant in a sense. The loss of self-control or emotional immaturity appears in the foreground, with social extraversion as well as with extra-punitive personality. “One can easily observe that they cry and weep, laugh and resent”, abusing the ointments steadily which were given several years ago, taking the drugs even if they become worse. “They cherish medicaments much but they keep them without using them (Utsumi, 1970).”

Neurogenic pruritus or incessant scratching is seen frequently also in those cases as if the mechanism of anxiety and depression are cooperating. They tend to appear restless, ceaselessly repeating body movements. There are sometimes observed obscure speech, talkativeness or reticence, tuts, finger-clicking, finger-sucking, enuresis and petit mal equivalent (Gottron).

It was described that artificial dermatitis is produced oppressively or autoerotistically, regardless of whether the subject is aware or unaware of it for the purpose of self-display, self-defence or escape; and that the same mechanism is operating in the inner psychic structure of the patients with atopic dermatitis and of their families. This tendency is also observed to exist in nummular eczema patients as well as in the cases with purulent acne vulgaris. There exists a condition in the classical articles under the nomenclature of acné excoriée des jeunes filles Brocq, caused by violent scratch which derives from patient’s own
abnormal interest in the skin. Even though the true cause is the bacterial infection, mechanical stimuli of patient’s own hands may aggravate it. By Rothman’s monography, acne is aggravated by the feeling of misery about acne.

Ariboflavinosis caused by the deficiency or abnormal metabolism of riboflavin gives an impetus to development of contact dermatitis from light sensitivity. The reasons to be considered are (1) increase of light sensitivity, (2) mental instability and (3) personality of the patients with it may be neurotic (Utsumi, 1968 & 1970).

Schema of the structure in which eczema and dermatitis aggravate

As already shown in Table 3. (part one) the structure in which dermatoses aggravate psychologically and pyschosomatically is like a circle, a vicious cycle. They repeat themselves to fall into the steady form of being sick that hardly heals even if the outer causes perfectly disappear. For instance the case of eczema, the patient of which feels slightly itching at the beginning of the process is fixed as eczema under the diagnosis during he repeatedly worries about the itching unconsciously and he scratches much the rash which is not yet eczematized.

As shown in Table 1. I have devised a new schema that explains more thoroughly the structure which eczema and dermatitis aggravate. The difference between the schemas is that the circle is perfectly divided into two branch-circles; one is the circle for the psychosomatical relations and the other is for the psychological or sociological relations which are discussed above.

Table 1. Dermatoses with Psychological Factors (Utsumi, 1976)
inner as well as outer structures of the body being morbid such as complex or fear and emotional instability or irritable state. The latter is rather social and physiological factors such as over-confidence, lack of confidence or rejection of medicine and hypofunction, complication or exacerbation (Table 1).

_Treatment of eczema and dermatitis from a psychological view point_

The studies of psychosomatic disorders in the narrow sense hitherto achieved were primarily aimed at describing the emotional conditions of the patients whose diseases may be regarded as the psychosomatic disease in a narrow sense. The patients were usually examined by psychologists or physicians in the field of psychosomatic medicine by means of many psychological tools or instruments such as YG, MAS, CMI and Rorschach Tests, so that they were thoroughly analyzed on various kinds of view point. However, doctors and nurses, hospital staffs have never been psychologically examined. Observation on the medical side has been missed in the studies of psychosomatic medicine till now. Psychological studies should not be omitted regarding the physician-patient, nurse-patient, patient-patient relationships for instance. It should be taken into consideration that there are no small psychological problems on the part of the medical personnel who receive the patients or even who don't treat directly them. The treatment will only be successful in the psychological situation of the patient who is content himself with the people in the hospital and who is agreeable to them in the community.

A short-tempered patient may grow impatient more and more as he listens to explanations from a deliberate physician; and, conversely a peppy practitioner impatient in his attitude about medical treatment of a slow patient may unintentionally commit a blunder in a fit of anger. It does not necessarily come off well, nevertheless, between a physician and a patient with comparable character, nor does an invalid who speaks with brogue invariably match well with a doctor who retains his provincialism. A good physician has the capacity of keeping in tune with his patient and of establishing mutual understanding no matter what the character of the patient may be. Scientific studies of the key to such success are now being achieved (Utsumi, 1974). Such non-verbal aspects as the attitude, dress, personality, private life, taste, culture, spouse and family of the physician and nurses as well as the problem of their speech seem to be involved in the subject matter (Utsumi, 1977).

When the hours of consultation, time for waiting, atmosphere of the waiting room, and so forth are taken into consideration, the influence of organization of the entire hospital may be of importance. While the physician-nurse relationship is undoubtedly a potent factor which affects the therapeutic outcome, the interpatient relationship also should not be neglected. This tendency is particularly prominent in dermatologic patients who differ little physically from healthy subjects.

Ointments need to be prescribed in containers that give a feeling of cleanliness to patients. They should advisably be stable, spreadable, with pleasant sensation, and be odorless. The habit of regularly taking oral medications must not be broken whenever such drug administration is necessary. The instructions printed on the prescription label should be prepared with meticulous care.

The flooring of passages in a hospital must not be slippery; although it may be beautiful when it is covered with a lustrous, bright material. The sensory perception in the sole of the foot has a potential suggestive effect to the process of skin hospitalization. Carelessly furnished slippers for patients tend to give a feeling of uncleanness. Color of the wall or size of the windows are also of psychological effect for patients' care. It is desirable to adopt in this country the custom maintained in hospitals in the United States that each patient particularly
in dermatologic cases from the fact that it facilitates direct observation and discovery of eruptions of which the patient is as yet unaware and that he will acknowledge doctor's attitude to examine with his whole knowledge toward the skin rash.

It is thought to be possible to have an intractable, capricious patient with nonconfidence in medical treatment observe the instructions by the physician, be relieved of delusions and cooperate in the treatment by way of showing scientific interest of the medical efforts to the patient by carrying out elaborate examinations such as ECG, radiographical examination, analysis of blood, urine, gastric secretions, endoscopical examinations, EEG, etc. as much as practicable.

*Cases, summary, references and conclusion will be in the next issue (part three).*