THE PSYCHOLOGICAL ASPECT OF ALLERGIC SKIN REACTIONS IN CHILDHOOD

BY

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The following study is based on the investigation of cases of allergic skin disorder in children and young adults which have been referred to me from the Dermatological Department of Guy’s Hospital. All were cases which had received physical treatment for some time and were not improved. During my observations the physical treatment was not altered unless it was stopped altogether. Twenty-six cases were investigated; they included cases of infantile eczema, Besnier’s prurigo, and two cases of papular urticaria. The word allergic is used as an expression of convenience to denote those symptoms such as eczema, asthma, prurigo, or psychological symptoms which may be produced in sensitive persons by foreign substances, but which, it appears, may also be produced by abnormal psychological states.

Barber (1929) has always emphasized the psychological aspect of allergic skin conditions, and in all these cases strong psychological factors were found. Not only, as Rogerson (1937) found in his investigation of a similar series of cases, did the children show psychological conditions which would have necessitated treatment, even if their skin condition had not been present, but there were marked family problems, and the child with the skin lesion was particularly involved. The presence of the parental problem would not seem strange in children referred for psychological difficulties, but it did seem strange in children referred from another department of medicine. It was also found that the problem was a complex one; not only were there the psychological disturbances responsible for the occurrence of the skin condition, but there were also those created by it both in the child and in the parents. In fact, a vicious circle was set up.

Appearance of the skin. In the cases of papular urticaria, small irritating papules appeared on any part of the body; they were transitory, and usually lasted only a few days, but they were recurrent. In eczema-prurigo the lesions occurred chiefly in the flexures; the wrists, ankles, the popliteal space, the flexure of the elbow and the face were commonly affected. The skin was thickened and lichenified from scratching, and at times there was considerable excoriation. In severe and long-standing cases these changes become widespread, the skin becomes tough and dry, and the body hairs are worn away with scratching; there may be no eyebrows, and the hair on the scalp may also be worn away. The finger-nails, and in some cases the toe-nails, become polished, and may be rubbed away so that the outer edges are concave, the nail-bed is sometimes exposed, and the tips of the fingers become very tender. In acute attacks there is eczematization of the affected parts, associated with fluid retention.

Methods of investigation. In all cases the mother was interviewed, and sometimes the father was seen. A careful history was obtained, and the parents reassured. Advice was given as to the treatment and management of the child at home, and, in some cases, the parents’ own difficulties were discussed. In all cases, except that of a baby of five months, treatment was given to the child, but sometimes the parents also required treatment. Psychological treatment may so affect the child that it may no longer be susceptible to the parents’ difficulties, and, though these difficulties still remain, the child may continue its development freed from symptoms.

The child was seen alone in a room specially fitted for the purpose. In this room is a sand-tray, water, some toys, such as dolls, trains, horses, and plenty of paper, pencils, crayons, paints, clay and plasticine, etc. The room should not be too tidy, so that it does not matter if the child spills anything, and it is usually advisable to have washable walls as the children often paint and smear on the wall. These children in particular have strong guilt feelings about dirt, and it is part of the treatment to relieve that guilt. A child’s play and phantasy are as real to him as life, and in them he expresses symbolically his reactions and methods of dealing with life. The psychiatrist observes the play and phantasy, and so obtains an objective understanding of the child’s difficulties, for the mother’s account of what is wrong is always coloured by her own difficulties, and rarely gives a true picture. In addition to revealing his problems, the child develops new trends, and through them symbolically solves his problems. Thus the interviews in the play-room are both diagnostic and curative.

A factor of importance is the relationship between the psychiatrist and child; only if the child feels secure can he express his difficulties and still more solve them. The psychiatrist must be prepared to
accept whatever the child offers, whether it be expressions of pleasure or of anger, and so help him to overcome the fears that are so strong in these children. Already the child has encountered a block in his development by the unfavourable psychological atmosphere of his home, and energy does not stagnate; it is deflected into emotional and behaviour difficulties, which are usually fruitless efforts to overcome his problems, and which in these children are associated with scratching and various so-called allergic reactions. The child is not trained or taught in these interviews, but is given opportunity for his own creative development. Little interpretation is given, but the child is encouraged to live through his difficulties which are expressed in his play, paintings and phantasy.

Even in tiny children painting is a valuable means of expression; it was even used with much success by a little girl of one year and three months; when the children see on paper the result of their activities, they receive a great stimulus to development. The mother of one small girl said the child always scratched until the blood came, but that when she had seen the blood she ceased to scratch. In the play-room this child repeatedly stroked her skin with the brush, and then painted her arm red; she was very absorbed doing this, but afterwards she ceased to scratch herself. There was certainly some phantasy connected with the scratching and bleeding, but unfortunately she was too young to discover what it was. Older children talk about their play and their paintings, and in them it is possible to observe the progress of the treatment, and to correlate it with the improvement in the skin condition.

While the children were playing they did not scratch, but immediately they were frustrated or in any way upset, as for example when one child micturated on the floor and felt guilty about it, they began to scratch.

**Constitutional predisposition.** In a small majority of these cases there was a family history of a predisposition to allergic reactions. In ten cases this was absent, but this does not necessarily exclude it, as it may be unknown to the parents, and in one such case the mother developed a neurodermatitis when the child had recovered. Of the remaining cases in which it was present, five gave a family history of asthma in the predecessors, and in one of these there was also a history of hay fever; six gave a family history of allergic eczema, and in one of these the paternal grandfather suffered from eczema and the paternal grandmother from urticaria; one mother had previously developed a probable urticarial rash following a blood transfusion. The remaining four cases gave a history of skin reactions which are considered to have a neurotrophic origin. In two cases the fathers suffered with psoriasis; in one case the father developed alopecia areata following an accident, and the mother of the fourth case developed vitiligo after the death of her mother, for which she held herself responsible.

Thus it will be seen that, in many of these cases, there may be present a constitutional predisposition, and, wherever there is diminished resistance, there is always the possibility of an excessive response to stimuli.

The question, therefore, arises why were these particular children in the family group involved? It was because they were involved in the parents' psychological difficulties, and there were special causes for this; the position of the child in the family, the meaning of the birth to the parents, the special problem existing in the family at that time, and the personality of the child.

**Position in the family.** Of the twenty-six children investigated, four (15.4 per cent.) were the eldest children in the family, ten (38.5 per cent.) were the youngest children, and eleven (42.3 per cent.) were only children, and only one child (3.8 per cent.) occupied a position in the middle of the family. This latter child was in an isolated position in that her brother was five years older than she was, and her sister seven years younger. In all cases but three, no other sibling was known to have any allergic disorder. Of the three cases, one stepbrother, eleven years older than the patient, had had attacks of sickness on eating eggs but was now well; the sister of another patient had 'daffodil disease', and, in a family of two boys, the elder brother, now seventeen years old, had eczema as a baby; the younger brother, the patient, was now five years old, so that the two children may be described as only children with eczema.

In all but five cases the family consisted of one or two children. Only in two of the remaining five cases were there four children in the family, and one was the eldest child and the other the youngest child and only girl. In another family the patient was the youngest of six children, and in one family of three living children the child affected was the youngest and really the only child, as his brother and sister had been evacuated all his life, and he had rarely seen them. Thus these children all occupied a special position in the family which rendered them more susceptible to any psychological difficulty of their parents.

**Illustrative Cases**

**Case 1.** The patient is a girl now twenty-one, eldest of four children, who has suffered since she was nine months old from very severe allergic eczema with eosinophilia, and in whom the psychological features of the disorder are clearly shown. She reveals the typical personality of these allergic children, for she is highly intelligent, sensitive, determined and aggressive. Her mother was a paranoid woman who had been a certified patient in a mental hospital for a short time. The marriage was a success for the first year, as the husband had had an amputation of the leg and his wife acted as nurse to him, but the marriage was no longer a success when the husband ceased to be an invalid. The girl was born about this time. At nine months she began to scratch. The father then confessed to his wife that he had had eczema, and that it could be traced back to his grandmother. Henceforth, the wife held him responsible for the girl's illness; he
felt guilty, and to relieve his guilt, spent his time trying to cure her eczema. The father and mother had severe disagreements about the doctors she saw, the father was constantly examining her skin, and, in fact, after she came under my care, when he did not see her so frequently, he counted the pots of ointment that she ordered from the chemist. As a result of this, she has been unable to develop her own personality; she was never thought of as an individual, it was her skin that received the attention. The mother, unhappy in her own life, involved her daughter in it, and told her, even as a small child, her difficulties with her husband. After leaving a boarding-school the girl lived at home, and was a day student at the University. What individuality she had acquired at school was now gone; having no friends and no life of her own, the mother must know all her daughter’s friends, criticize and destroy the friendships, even do her studies with her, intruding in everything. The eczema, always more or less present, became progressively worse until the daughter became an invalid, spending most of her time in bed, unable to see anyone because of the severity of the eczema. This patient was admitted into hospital when I first saw her. She made some improvement while in hospital, and it was considered inadvisable for her to live at home. It was decided that she was to take up residence at college, continue her studies, and have psychological treatment. Eventually she went home for a few days to make preparations for the new term, and at once there was a recrudescence of the eczema. It was then decided to readmit her to hospital in a few days’ time; the father telephoned this to her at home one morning, and by evening the rash had ceased to weep and was improving. While the daughter was in hospital the mother became jealous of her husband visiting the girl, who became involved in a quarrel that developed between the parents, and immediately the eczema recurred. The patient is now living away from home and enjoying a normal life. The eczema-prurigo has practically disappeared. There was a gradual improvement during psychological treatment, but there have been exacerbations. For example, one occurred when her mother interfered with her holiday arrangements, attempting to decide whom she should visit and what train she should catch; another when she was bored with the monotonous routine at college and did not want to attend; a third after she spent a day in town with her mother. She is now able to stay at home with her parents without any relapse.

An interesting feature of the case is that the eczema appeared immediately after the causal incident, but when she discussed this with me the exudation disappeared within a few hours, and the reaction subsided. In addition to the skin lesion, there was increased fluid retention and diminution of urinary output at these times.

Her menstruation started at the age of fourteen and for two years was perfectly normal. As the eczema became worse the periods were irregular and scanty, and there were intervals of amenorrhea for as long as six months. The periods have again become regular and normal as she has improved, showing the interaction of the psychological state, the endocrine system and allergic reactions.

This girl reacted to life’s difficulties with an attack of eczema and this in itself cut her off from life. The treatment aimed at freeing her psychologically from her family so that she could develop her own personality.

**Parental problems.** The guilt of the parents is a striking feature in these cases. The problem of the parent becomes constellated in the child and the parents try to cure themselves by their behaviour to the child. Often they go from doctor to doctor, putting on lotion after lotion, and trying many and various kinds of treatment, and this in itself tends only to aggravate the child’s difficulties.

**Case 2.** The mother of one little boy, J. S., was a childish, immature woman although she was twenty-nine years old. The youngest of her family, she always clung to her mother, and, after marriage, to her husband, who, however, was sent abroad ten weeks after the birth of the child. When the child developed eczema her whole problem was intensified. She was childish, and she felt very guilty, and thought she had failed somewhere; she neither wrote to her husband about the child’s skin condition nor did she tell her parents who lived nearby. She avoided people as much as possible, and, if attention were drawn to the child’s condition, she said it was a teething rash. She concentrated on trying to cure it, saying, ‘I wash him in Lysol and he’s always quite clean,’ and, justifying herself, ‘I have brought him up according to the rules of the Welfare Centre and this is the result.’

**Case 3.** Another example of the guilt of the mother resulting in her concentration on the skin affection to the extent that both the child and the parents attempted to remove the skin disease and so her psychological problem, is shown in the case of a boy of seven years old (B. E.). He was referred to the Department because he had a morbid interest in his skin. He suffered with weekly attacks of urticaria, and he picked the papules out of the skin. It was found that he was an illegitimate child, and that the mother had later married a man who was not the father of the child, but who was devoted to him, and ultimately adopted him. The mother was extremely guilty about this boy’s birth, even more so when the child of the marriage was a still-born monster. She thought the skin disease was something terrible, probably a venereal disease, and resulted from his illegitimacy; she and her husband spent hours at night rubbing ointment on to his skin in a hopeless attempt to cure it. The child improved considerably with psychological treatment, and the mother became relieved of much of her guilt. For reasons connected with the war the treatment, however, had to be interrupted, but the mother wrote to say that he has only had two slight attacks in three months, and she was sure these were due to his nerves because the first one occurred on the first night of the flying bombs, and the second when she told him he was to be evacuated.

**Case 4.** In the case of G. W., a little boy of two years, the father, who is now in the Navy, had obsessive ideas about dirt, rashes and health. These ideas were stimulated when the child developed a rash, and this added to the mother’s difficulties. The mother was a lonely, isolated woman, in a state of considerable depression. The patient was a fifth child, two having died, and the other two being evacuated and scarcely seen by the mother since the war. The mother did not want this fifth child, and had taken every means to procure an abortion. Her own mother suffered from delirium...
tremens, and her father, to whom she was devoted, left her mother, so that she was placed in an institution away from her brother and sister. As a result of her early environment, she was unable to show any real feelings; she had rejected her other children, and rarely spoke to her neighbours, and had no friends. She was afraid of criticism and felt inferior to everyone. Now very depressed, she had many fears and irrational moods in which she would punish the child unmercifully. The absence of the father increased her loneliness and intensified her depression, and the child received the full brunt of her severe neurotic state. She frequently said she wished she had never had him, and yet, in her anxiety about him, she gave up doing her housework during the day so that she could always be with him. She would not allow him to mix with other children as she said the mothers would think the rash infectious. Thus she projected the whole of her problem on to the child, who was not able to develop normally in this atmosphere. The most important thing was his eczema, which caused her much anguish, and on which all her attention was focused. She watched him all the time to see if the eczema was coming out.

The problems of the parents are of infinite variety. It is not any particular problem, and it may involve the mother or the father, but usually it is the problem of both parents. In its early years the child is dependent physically and psychically on the mother and is, therefore, susceptible to her difficulties, but it can also be affected by the father’s problems affecting the child through the mother.

Case 5. In the case of G. H., two years old, the mother was a passive, feminine person, warm and with much feeling, and she was genuinely fond of the child. The father was a cold, intellectual type, who was not really interested in the children, and who married because his mother had died and he had no home. As is very common, particularly in this country, the mother felt inferior to her husband, as he was an intellectual type, and she was much more a feeling type, and was not intellectually developed; even when he was courting her she would sit and read a book instead of paying attention to her. He was not interested in the first child, who was like him in type; he did not want any more children, and he has not taken his share in the responsibility of them. The mother loved children, and wanted another. A boy was born, and the mother was apprehensive from the first, for she thought boys were like their mothers and girls like their fathers, so that the boy would be like her. He was like her, loving and affectionate. The mother had had eczema as a baby, and when a few weeks old this child developed spots which, at seven months, developed into infantile eczema, the father said it was her fault for wanting another child, her own inferiority increased, and the child had to bear all her negative side. When first seen the boy was two years old, and he was suffering with severe eczema; he clung to his mother, and cried and tore at his skin when separated from her. Not only did the mother try to stop him from scratching, but the father smacked him for it, and he was prevented not only from scratching but from developing in a normal way. The atmosphere is clearly shown by his little sister of six years old who said, ‘No, no Geoffrey,’ in her sleep. He improved a little after the first few treatments, and even slept without having his hands tied, but the air raids caused lack of sleep to the family, and the mother, already in a state of nervous exhaustion, became much worse. The child was affected by her nervous state, his eczema became so severe that he scratched until the blood poured down his face, and he had to be admitted to hospital, for it was feared that the mother might do anything to him in her desperation. Within four days his skin had practically cleared after receiving only one psychological interview, and the physical treatment being continued as at home. The day after he was admitted to hospital the mother became ill with a quinsy, and there can be little doubt that the illness was connected with her psychological state. The child was transferred to another hospital for administrative reasons and, while he was there, he developed pemphigus, but he never made any attempt to scratch these lesions. The mother was seen in the Psychiatric Out-Patient Department while the child was in hospital, and her feelings of inferiority and identification with the boy lessened to some extent. As soon as he returned home the eczema broke out again slightly, but he attended the Child Guidance Clinic regularly and the rash was kept under control and gradually faded. As he improved, the mother improved too, the father began to take more interest in him, and the whole atmosphere in the home became more normal. The skin has remained in good condition, and the child’s personality continued to develop in spite of the flying bomb attacks, which were very severe in the district in which he lives.

Case 6. It has been found that improvement in the children may cause an improvement in the psychological state of the parents, but occasionally improvement in the child seems to have intensified the parents’ problem. A little girl, M. W., of three years old, with eczema-prurigo, was an unwanted child, born about five years after the last of three boys. The mother, a hard, rigid woman, constantly quarrelled with the father, who married for the first time when he was forty-five, and wished to continue his bachelor existence in the home. He refused to sleep with the mother as he said the child’s scratching kept him awake all night. The mother unconsciously hated the child, who, feeling this, clung to her, and demanded her constant attention. With psychological treatment the child’s skin affection disappeared, but it was quite impossible to alter the home conditions. The child slept alone, and was no longer an ostensible cause of the parents’ differences. These, however, remained. The mother’s problems could no longer be projected on the child, and the mother herself developed a neurodermatitis. Later the child had a slight recurrence of the eczema, and it was found that the parents were now fighting in front of her. In fact, one day the mother said the child was not so well, and when I looked at the mother she had the largest black-eye I have ever seen.

Case 7. In another case, B. K., aged six, the mother developed an unconscious resistance when the boy began to improve, but later she also showed evidence of improvement. Both the mother and child were of a lower level of intelligence than is usual in these cases, the boy falling in the dull group on the intelligence scale. The mother was immature and unable to show her feelings, and consequently she had a strong will to power. The father was strongly tied to his mother; he visited
her before his wife when on leave, and was unable to make any decision without consulting her. Relations between the parents have always been very poor, and they have never talked things out or attempted to make a success of their married life. In addition, the mother also had a poor relationship with her father, and even married to spite him as he forbade the marriage owing to the bad medical history of her husband's family. She was pleased she was going to have a child, but wanted a girl. The labour was difficult, a boy was born whom she said 'looked like a terrible piece of jelly' and she was very disappointed. She was unable to face the situation from the beginning. As soon as she got up she was unable to feed the child as she said her legs 'locked.' Her relations both with her husband and her father have been poor and full of resentment, and she has identified her son with both men; she is irritable with him, and says she 'takes it out of him.' Under these conditions the child was cross and irritable from the beginning, and, at three months, he developed eczema of the buttocks which spread over the body, and has never cleared. He was a shy, inhibited little boy, but after three attendances the prurigo considerably improved. At this stage an incendiary bomb fell through the roof of his bedroom, and he immediately had a severe recurrence of the eczema and of the asthma, from which he also suffered. It was the hole in the roof which caused him the severest shock, and this incident increased his insecurity so that, for a time, he became more strongly tied to his mother. As he improved, his mother found him increasingly difficult to handle; he was becoming less burdened by her unsolved problems, and able to find his own adaptation to life. At this time she said her 'legs locked' as they did after his birth, and she could not bring him to hospital for treatment for some weeks, and, when she did, she leaned heavily upon him. However, this was only a passing phase, and, with the boy's psychological and physical improvement established, she also began to look much happier, younger and prettier.

It appears that these children always have a tendency to react to life's difficulties with an allergic attack. The earlier and more thoroughly the psychological difficulties of both the parent and child are treated, the less likely is the allergic reaction to become a fixed mechanism in the child's reaction to life. The importance of the psychological treatment is to free the child from the burden of the parents' problems so that he can develop his own personality. He can then deal with life by normal methods and not by an allergic attack which acts as a means of defence against life.

Case 8. A baby of five months, R. K., with infantile eczema, illustrates the effect of the psychological atmosphere at home. The child had suffered with infantile eczema since he was three months old. He was referred from the Skin Department with a note saying that his mother was in a state of panic. She was a young woman of twenty-one who was living with her mother, and her husband was serving in the Navy. She was an immature young woman who had never had to face any responsibility; in fact, her mother referred to her as 'my baby.' This was the first child, and the mother was so guilty about the eczema that she did not tell her husband about it; however, he returned unexpectedly on leave, but showed no anxiety about it, and said it was hardly noticeable. Eventually she brought the child to the Dermatological Department at Guy's Hospital; at the second attendance it was found that the child's skin had not improved, and she was in such a state of panic that she was referred to the Psychological Department. At this interview she was given some reassurance after the discussion of some of her own difficulties, and subsequently the dermatologist reported that the child was improved. The father then returned home for a long leave, the mother was happy, and the child continued to improve. A few weeks later, however, the mother again returned to the hospital in a state of great panic, saying that the child's skin was as bad as ever. It was found that, four days previously, the father had returned to the Navy, and, two days later, the grandmother had met with an accident. The child's eczema became worse on the following day.

Case 9. The picture is quite different if the mother is able to deal with her problems. The mother of a little girl was an intelligent, educated young woman, who had herself suffered with eczema and in whom there was a strong family predisposition. At about six months the baby developed redness and irritation behind the neck and knees. The mother realized the condition and its implications. The father had been sent abroad for some years a few weeks after the birth of this, the first, child, and the mother went to live with friends, where she felt frustrated and not herself. When the developed eczema she did not pay unnecessary attention to it, but at once moved to a more happy environment, saw that her own life was more full and happy, and that the child had every opportunity for a normal development. For some time the child had red patches which became much more obvious when she was upset or angry, but they gradually disappeared. She only scratched a little in the more acute stages. The child is now a healthy little girl of three years old with no sign of eczema; in temperament she is a typically allergic child, intelligent, sensitive, aggressive and determined.

Case 10. A boy of two years, P. C., when first seen suffered with eczema-prurigo. He had not yet established clean habits, and had severe behaviour difficulties. He was a very determined child, and consequently not easy to bring up. His mother was an ambitious woman, and regretted that she had not been able 'to take up scholarship.' When he was born she had given up her post as optical glazier and was evacuated to the country. She was unhappy in many billets, her mother, with whom she never agreed, came to live with her, and her husband joined the Army. She thought that her present unhappy state was due to her inability to develop her intellectual qualities, and she projected this on to the child who, she said, had been 'a nuisance since birth.' It was more probable that she would never have realized her intellectual ambitions, for she had not the ability to do so. They were compensations for her inability to act as a mother and a woman. She and her mother disagreed about the bringing up of the child, and the child himself had a difficult personality, but with psychological treatment his behaviour difficulties and eczema cleared up. Adjustments were made so that the mother now had a home of her own,
and became more satisfied with life, but when her mother came to stay with them, she became unhappy, and the child's behaviour difficulties and eczema returned. When the grandmother left the difficulties cleared up, but psychological treatment was necessary to clear up the eczema. Later the maternal grandmother again visited them, and again there was some recurrence of the eczema and behaviour difficulties, but this time it was of a much less marked degree.

**Case 11.** The mother of a baby girl of a year and three months, J. S., had married secretly, since her own mother, who was a dominating, possessive woman, forbade the marriage. After the marriage the mother refused to acknowledge her daughter, who felt guilty about the position, for she was fond of her mother, though she realized the necessity of what she had done. Her husband was an over-virtuous, neurotic person, who would not allow her to say anything against her parents, and so reinforced her sense of guilt. It seems her mother told her husband, and her second son, who was then in hospital with the children, and she was in despair when she had to attend hospital with the little girl, first with eczema and then with asthma as well; she felt that it was a judgment upon her for what she had done. The father was of a very worrying disposition, who even listened to the child's breathing when she was sleeping peacefully in case it stopped, and was afraid to allow the child to sleep in a room alone. Some advice and reassurance was given to the mother, but the main treatment was directed to the child. In the short time during which she attended, six interviews, she began to walk and to talk, the eczema disappeared, and she has had no further attacks of asthma. Her mother said the child appeared to become more intelligent, and there has been no relapse since the birth of another child.

**Case 12.** In the case of J. W., aged three years, both parents were nervous people, and the father had developed alopecia areata following an accident some years before. The mother, eldest of seven children, had always been her father's favourite child, working with him in the flour mills and being his constant companion when he went to the cinema, etc. Her first child was born in the first year of the marriage and the small family had a happy time together, often visiting the country at week-ends in the motor-cycle and sidcar. Then the husband fell out of work, the rent of the house suddenly increased, and the wife found she was again pregnant. The husband would not let his wife work, but found a small house in a lonely part, and gradually their savings dwindled. After the happy early years of her married life, and the background of her father's constant companionship, she was now living a lonely life with a husband who had become moody and often did not speak to her for long intervals. The second child was born and at four months developed eczema. This added to her depression, and eventually the child was sent to hospital as the mother developed a severe state of nervous exhaustion. While in hospital the skin became infected, and the child was ill for a long time. Eventually she returned home, and, as the eczema had not improved, the mother brought her to the Dermatological Department of Guy's Hospital, whence she was referred to the Psychological Department. The home circum-

stances had now improved, the mother was better, and was not unduly worried about the eczema, but, though the family problem had cleared up, the child was still suffering from its reaction upon her, and treatment was necessary to free her from its influences.

**Case 13.** D. W., aged eight years, was a bright, intelligent, affectionate girl with eczema-prurigo and asthma. She had a very strong relationship to her father, who had always wanted to be a doctor. He was invalided from the Army with a duodenal ulcer, and trained as a chiropodist and masseur. He had a very willing patient in his daughter, and tried many varieties of ointment on her skin. Recently he bought a stethoscope, and has given her breathing exercises, listening to her chest before and after the exercises. He has also given her massage to her back which, she says, she finds very soothing. When she first came to the clinic her skin was much lichenified, and she wheezed continuously. I have advised him that doctors do not usually treat members of their own family, and he has agreed to leave the treatment to me. Her progress is now continuous and satisfactory, and, fortunately, the father's work as a chiropodist keeps him very busy. The concentration of the parent on the child's eruption fixes it in her mind, and she is not likely to become free of something that gives her father so much interest and pleasure and makes her the centre of so much attention.

Dermatologists have noted that discussions with the parents are frequently disagreeable, and might interfere seriously with the welfare and physical treatment of the child. The reason for this is that the problem of the parent is so much involved. It is usually unconscious and so is their weak spot; it needs careful and tactful handling. The fact that the parents' problems are unconscious needs special emphasis. Frequently the parents do not know that these problems exist, and they are consciously doing their best for the child. When a person is unconscious of his difficulties he should not be blamed.

**Personality and psychological difficulties of the child**

With one exception all the children in this series had an intelligence well above the average. They were determined and aggressive, and egotistical to the point of narcissism. (The first patient even dreamed that she looked into a pool of water to see the bottom, but all she saw was her own face; she said it was 'like Narcissus'). They were also very sensitive children, and this seems to be an important point in their constitution which makes them so susceptible to the psychic influence of their parents.

In addition, they had many fears and were thus insecure; this, I believe, is partly due to their sensitivity, and partly to the effect of their parents' difficulties upon them. The children are very self-conscious about the skin condition; they feel different from other children, and are very guilty. As their psychological state improved so also did the eczema. Their feeling of guilt and insecurity makes them difficult patients to treat. When faced with difficult or disagreeable situations they are
likely to have an immediate relapse of their symptoms. The young girl of twenty-one first cited denied a certain unpleasant fact in the course of treatment rather than admit her fault. She rectified it at the next visit, but the conflict was sufficient to produce a slight but definite attack of eczema. On taking up her post she came into a situation in which she might be subjected to criticism, and she told me that the tingling of her skin was almost irresistible, and she had the greatest difficulty in not scratching. Another fact which should not be overlooked is that these patients derive considerable pleasure from scratching and rubbing, and this also tends to isolate them, so that they seek pleasure in themselves rather than in the world around them.

It has been stated that the infantile eczema tends to clear up when the child is eighteen months to two years of age. In two cases I have observed at this age, the eczema cleared up when the child began to walk and could take more interest in its surroundings and express itself in them.

**Conclusion**

There are two operative factors present in the allergic skin reactions of childhood. The first is a constitutional predisposition to allergic manifestations in the child itself. The second is the presence of a psychological problem in the parents, affecting the child on account of special circumstances. These circumstances are the personality of the child, the problem which is created in the family, the position of the child in the family, and the meaning of the birth to the parents. It might be expected that separation of parent and child might cure the child, but this is not in fact the case. The child is affected not only on account of the atmosphere in the home but also on account of its own personality, and it is found that the child itself needs treatment.

Psychological treatment is given to the child, and, in some instances, to the parents as well. When the child improves, the parents may improve too; in other cases the parents’ difficulties may get worse as they cease to project their problems on to the child. With treatment the child is able to develop so that he is no longer affected by the parents’ troubles. It is essential for the child to receive psychological treatment; physical treatment alone merely transfers the allergic reaction from one system to another, as in the case of a child who was free of eczema for three months following injection treatment, but at once developed asthma; the eczema later recurred, and her psychological problems had remained untouched.

The feeling of guilt of the parents is an important factor and complicates the other psychological factors. Not only is the parental problem connected with the outbreak of the skin affection, but there are psychological difficulties caused by it both in the parents and in the child.

It is clear that such morbid reactions as eczema, prurigo or papular urticaria, the tendency to which may be inherited or acquired early in life, are likely to produce a profound effect on the personality of the child. Whatever the particular symptom may be, it represents the child’s reaction against an unfavourable environment or mental shocks. The earlier and more thoroughly the psychological difficulties of both parent and child are treated, the less likely is the allergic reaction to become a fixed mechanism in the child. He can then deal with life by normal methods rather than by an allergic reaction which serves as a defence against life.

**References**
