

Arastırma Makalesi

**Eczema Patients' Skin as a Projection of Psychic Processes**

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**Makale Bilgisi**

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**Abstract**

This paper presented psychoanalytic evaluations of the psychic processes of chronic eczema patients. Issues related to skin-ego construction, body-related anxieties, and barrier-penetration variables were evaluated by testing three hypotheses. Semi-structured interviews and the Rorschach and Thematic Apperception Tests were applied. The skin is a meaningful interface between the body and the psyche. In various skin diseases, mental factors seem to accompany the physical symptoms. Didier Anzieu's skin ego theory emphasizes the importance of the first experience between the mother and infant through the skin. Maternal capacity for practices such as handling and holding constructs the child's ego. Deficiencies in these areas might cause disruptions in ego and skin-ego development, as supported by the results of the present study. In addition, body-related anxieties were discussed in this paper with a psychosomatic psychoanalytic approach. Anxieties related to the inner body and the maintenance of bodily integrity were identified among eczema patients. Finally, Fisher and Cleveland's work on individuals' barrier and penetration variables was used to determine the relevant variables for eczema patients. The dynamics of both barrier and penetration were among the presented findings.

**Öz**

Bu makale ekzema hastalarının ruhsal süreçlerinin psikanalitik değerlendirmesini kapsamaktadır. Üç hipotezin yardımıyla deri-benlik yapılandırılması, bedene ilişkin kaygılar ve zar-nüfuz etme değişkenlerine yönelik konular değerlendirilmiştir. Yarı yapılandırılmış görüşmeler ile projektif yöntemler olan Rorschach ve Tematik Algı Testleri ölçüm teknikleri olarak kullanılmıştır. Deri; beden ve ruh arasındaki anlamlı bir arayüzdür. Çeşitli deri hastalıkları fiziksel semptomlara ruhsal etkenlerin eşlik ettiğini göstermektedir. Didier Anzieu'nun Deri-Benlik Kuramı deri vasıtasıyla gerçekleşen anne ve bebek arasındaki ilk deneyimin önemini vurgulamaktadır. Çocuğun benliği tutma ve kapsama gibi annenin yetileri tarafından oluşturulmaktadır. Bu yetilerdeki eksiklikler benlik ve deri-benlik gelişiminde aksamalara neden olabilmektedir ki araştırmanın sonuçları bunu desteklemektedir. Ayrıca psikosomatik psikanalitik yaklaşım aracılığıyla bedene ilişkin kaygılar ele alınmıştır. Beden içine ve beden bütünlüğünü korumaya ilişkin kaygılar ekzema hastaları arasında tespit edilmiştir. Son olarak Fisher ve Cleveland'ın bireylerin zar ve nüfuz etme değişkenlerine yönelik çalışmaları ekzema hastalarının değişkenlerini belirlemek amaçlı kullanılmıştır. Zar ve nüfuz etme dinamiklerinin ikisi de bulgular arasında yer almaktadır.

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## **Introduction**

Since the body and the psyche are interconnected, different units of the body might convey different symbolic meanings. The skin is an organ that particularly reflects psychic processes. According to Koblenzer (1983), the touch and warmth of the mother are transmitted and perceived by infants via the skin. Thus, preverbal communication between the infant and mother occurs with the help of the skin (Koblenzer, 1983). Didier Anzieu (1995/2016) introduced the Skin Ego Theory to explain a primitive form of the psychic ego projected onto the skin. The skin and ego share certain similarities in terms of their function and construction. While the skin holds the skeleton and organs together, the ego holds the components of the psychic apparatus together. From birth, infants register bodily sensations through this organ, which are later transformed into psychic elements. According to Winnicott, a “good enough mother” is responsible for ego development and integration. He suggested that psychosomatic illnesses are triggered by maternal failures that lead to dissociations in patients (Winnicott, 1966). Like the ego, the skin ego is constructed by maternal capacities, as primarily suggested by Winnicott (as cited in Anzieu, 1995/2016). A lack of maternal capacity is associated with disruptions in both ego and skin ego construction. Accordingly, skin diseases not only give information about organic states but also reflect psychological mechanisms.

The term “psychosomatic” was introduced by Heinroth in 1818 (as cited in Hussler, 2020). He was an Austrian psychiatrist who first questioned the impact of psychic factors on the body. Deutsch and Alexander were the pioneers of psychosomatic medicine. In 1932, Alexander established the Chicago Institute for Psychoanalysis. Alexander suggested that illnesses are provoked by emotional repression (as cited in Hussler, 2020). This approach was also adopted by Deutsch and Dunbar. Their studies led to the idea of specific personality types being connected to psychosomatic diseases (as cited in Smadja, 2011). Marty was also influenced by the Chicago Institute; however, he insisted that the human being is a psychosomatic entity while rejecting personality profiles and founded the Paris Psychosomatic School in 1962 (as cited in Hussler, 2020). Subsequently, with the concepts of operational thinking, mentalization, and essential depression, a new psychoanalytical approach focusing mainly on the experiences of patients who suffered from psychosomatic diseases was introduced (Marty et al., 1963/2017). This comprehensive work yielded an investigative method for psychosomatic patients. During associative anamnesis, researchers discovered the presence of different mental functioning among psychosomatic patients (Parman, 2012). Marty introduced the term “operational thinking,” which is characterized by a mental functioning that focuses on the factual and actual elements of experience (Debray, 2002/2015). Concrete reality is in the foreground, without connecting it to affect, phantasies, or the past

and the future. According to Ikiz (2019), these scholars also suggested that impoverished symbolization and mentalization processes accompany an operational thinking style.

Projective methods were used in this research to investigate psychosomatic diseases. The Barrier and Penetration Rorschach Subscale was developed by Fisher and Cleveland (1958) in their work titled *Body Image and Personality*. They developed an index related to the stability of body boundaries connected to body image. These boundaries are measured by barrier and penetration variables. They compared the barrier and penetration variables in psychosomatic diseases related to the body's interior with psychosomatic diseases concerning the body's exterior. It was hypothesized that patients with rheumatoid arthritis, neurodermatitis, and conversion hysteria constituting the exterior symptom group would score higher on the barrier index than those with stomach disturbances and ulcerative colitis which are referred to as the interior symptom group. This hypothesis was based on the idea that the psychosomatic exterior symptom group has body images involving steady and protective walls (Fisher & Cleveland, 1958). On the contrary, the interior symptom group has body images with permeable, inconsistent, and fragile boundaries. It was also implicated that these body images exist prior to the psychosomatic symptoms and possibly influence the emergence of the specific disease (as cited in Anzieu, 1995/2016).

“Neurodermatitis,” “atopic dermatitis,” and “endogenous eczema” are often used interchangeably to identify psychosomatic skin diseases characterized by allergic predispositions or “emotional, psycho-social, and environmental factors” (Engels, 1982). Eczema belongs to the group of atopic diseases, implying a polygenic disposition to allergic diseases like allergic asthma or allergic rhinitis (Gieler et al., 2008). This skin disease is mainly characterized by intense itching, redness, and papules on certain areas of the skin. Stressful events or traumatic incidents might trigger lesions, which illustrates the psychosomatic nature of this skin disease. The stages of eczema are acute, subacute, and chronic (Habif et al., 2018). Ozturk (2013) also suggested the categorization of endogenous and exogenous eczema. While endogenous eczema has genetic and allergic components, exogenous eczema is triggered by contact with irritating substances. Alkalis such as soap, detergents, acids, and alcohol dissolvers might serve as irritants or allergens (Oguz, 2001). There exists a psychoanalytic literature regarding the psychic dynamics of eczema. Marty (1958) explained eczema in the context of relations with allergic objects. He suggested that these relations are characterized by a desire to form a fusional relationship with another person, but at the point of fusion, an allergic crisis emerges to protect individuality (Marty, 1958). Spitz (1951), on the other hand, discovered hostility in the mothers of infants with eczema symptoms. Furthermore, he claimed that eczema symptoms might emerge due to overstimulation through excessive touching or

under stimulation resulting from neglect of the infants' tactual needs (as cited in Anzieu, 1995/2016). Szwec (2019) expanded on this by noting that infants whose tactual needs have not been fulfilled might be prone not only to eczema but also to sleep difficulties and restlessness.

In light of psychoanalytical theory, the current study investigated the mental operations of eczema patients by evaluating psychosomatic functioning and skin ego construction. Since skin diseases damage the skin, the connection between insufficient maternal capacities and deficiencies in skin ego construction was investigated as the first hypothesis. Using Rorschach Test, cards representing relationships with the maternal figure were discussed, while specific cards portraying the early infantile period in Thematic Apperception Test were also analyzed. It was expected that insufficient maternal capacities would lead to a deficiency in skin ego construction. The second hypothesis pertains to bodily anxieties and is grounded in the studies of the Paris Psychosomatic School. It was hypothesized that eczema patients present operational mental functioning and would accordingly focus on factual anxieties related to the body via anatomical responses in the Rorschach Test and a mechanical thinking style in the Thematic Apperception Test. In other words, it was hypothesized that their narrations would focus on behavioral and mechanical incidents without expressing affect or symbolic meaning. The final hypothesis incorporated Fisher and Cleveland's (1958) Barrier and Penetration Rorschach Subscale. Fisher and Cleveland (1958) developed this scale to frame individuals' barrier and penetration dynamics. Eczema is located on the skin, and the skin disease is expected to serve as a barrier against external stimuli. Accordingly, this study offered a readaptation of Fisher and Cleveland's (1958) study to obtain more up-to-date results.

The main aim of the present study was to bring a psychoanalytic perspective to psychosomatic illnesses, skin diseases, and especially eczema. Although psychosomatic diseases have been considered within the scope of psychoanalytic theory, recent studies elaborating on the sources of these diseases are scarce. The subject of psychosomatic illness has mainly been addressed from a medical perspective to date. Medicine is generally influenced by the biomedical model, which regards the body as a separate entity (Mehta, 2011). The body and illness-centered approach ignores the psychic essence of individual beings. Taking the individuals' psychic essence into consideration will facilitate the treatment of psychosomatic diseases. Accordingly, this research contributes to the literature, which is lacking in-depth examinations of psychic phenomena.

## Method

### Participants

The research was conducted in a dermatology outpatient clinic at a state hospital in Ankara. Patients were first examined by a dermatologist and then referred for psychological assessment after confirming their voluntary participation. Eczema patients with repeated ineffective medical treatment, a chronic disease history, and underlying psychological factors were particularly directed to assessment and projective testing.

Data were collected from 15 participants, including 9 women and 6 men. Their ages ranged from 20 to 50 years. Three individuals were excluded from the research due to psychotic mental states that could have distorted the trustworthiness of the results. Consequently, qualitative data from 12 participants in total were evaluated.

### Measures

**Sociodemographic Information Form.** Personal information and information related to the patient's family were gathered using this form. Initially, information regarding gender, date of birth, marital status, occupation, educational background, employment status, level of income, physical/psychiatric diseases, and substance use were obtained. The ages of the parents or other relevant caregivers, their educational backgrounds, physical/psychiatric diseases, and substance use history were also questioned to gather family information.

**Semi-Structured Psychoanalytic Interview.** The study was first explained to the patients who had been referred by dermatologists. An informed consent form was signed by each participant and a semi-structured psychoanalytic interview was subsequently conducted. According to Chabert and Verdon (2015), semi-structured interviews respect an individual's choice of statements. Their statements are respected and the whole of the individual's psychic functioning is taken into consideration. Psychic concerns are thus seen within this whole picture. A chain of questions might follow their statements to achieve an appropriate structure (Chabert & Verdon, 2015). Clinical interviews preceded psychological testing since assumptions related to an individual's problems and personality may change the procedural steps (Chabert & Verdon, 2015).

As a part of those interviews, participants introduced themselves and provided information about their disease. They were asked to express themselves without any restraint and the interviews lasted between 30 and 120 minutes. Important associations were noted, questions were asked about any missing core issues in the patient's life history or related

background, and details related to prognosis were also collected. Since symbolic meanings are essential for psychoanalytic reasoning, dreams, and memories were also points of focus.

The framework for clinical interviews suggested by Chabert and Verdon (2015) was taken into consideration during all interviews in this research. Accordingly, clinical interviews strictly adhere to the principle of confidentiality. Secondly, an asymmetrical relationship exists between the specialist and the patient since the patient or participant is requesting knowledge or help. The third important aspect of the framework is related to the specialist's duty of active listening and observation. Finally, the authors of this research rejected the concept of "therapeutic pride," which was also discarded by Freud (1912) (as cited in Chabert & Verdon, 2015). This implies that a professional should not share personal points of view and should listen to the patient with neutrality (as cited in Chabert & Verdon, 2015).

**Projective Tests.** Chabert (1995) referred to three features of projective methods supporting the use of such tests in recent research (as cited in Ikiz, 2015). Primarily, projective techniques are relational, which means that a transference relationship will be established with the person performing the evaluation. Secondly, projective tests emphasize the importance of verbal clues and body language. Finally, standardized norms of projective tests facilitate comparisons with the broader population (as cited in Ikiz, 2015).

The common features shared by all projective techniques are unique characteristics enabling both concrete and ambiguous associations. These associations are transferred through language and a relational dynamic is established between the participant and the evaluator (Anzieu & Chabert, 2004/2011). The material and directions allow for uncertainty and that realm of uncertainty awakens psychological conflicts, anxiety, and regression (Anzieu & Chabert, 2004/2011). In this way, the core structure of mental life is expected to be projected as unstructured data for the evaluator. In this study, the Rorschach Inkblot and Thematic Apperception Tests were used complementarily as projective measures. The Rorschach Inkblot Test does not involve any definite shapes, meaning that themes of conflict may vary significantly from person to person. On the other hand, the Thematic Apperception Test involves real-life scenarios that facilitate connections to actual specific subjects and relationships (Anzieu & Chabert, 2004/2011). Due to their complimentary nature, both tests are recommended to be applied successively for more detailed and integrated findings (Ikiz, 2017).

### **Procedure and Data Analyses**

In the application of the Rorschach Test, the test is initially introduced, and then appropriate instructions are issued. After each card is presented, an additional inquiry is

performed. The evaluation includes both statistical and interpretative techniques. Every response is coded according to the localization, determinants, and content (Ikiz, 2017). These are the main coding categories under which many other subcategories of coding exist. Statistical data for the Rorschach Test are summarized at the end with a psychogram. Since the Barrier and Penetration Subscale was applied to the Rorschach Test responses in this study, every response was coded according to the barrier, penetration, or barrier and penetration guidelines provided by Fisher and Cleveland (1958). Barrier responses address steady and solid body boundaries. Responses related to clothing, the protection of animals, or enclosed entrances are coded as barrier indicators. Penetration responses express permeable body and psychic boundaries. Walls that are breaking down, open mouths, or damaged bodies are examples of penetration responses (Fisher & Cleveland, 1958).

In the Thematic Apperception Test, a series of cards are shown, and participants are expected to create a narrative for each card. Every sentence is coded according to the coding categories of four series (Ikiz, 2016). Series A includes themes of rigidity with coding categories referencing external reality, internal reality, and obsessive methods. Investments in relationships, dramatization, and hysteria are categorized as references to variability in series B. Conflict avoidance is the main subject of series C, which includes excessive investment in external reality, inhibition, narcissistic investments, volatility of boundaries, and methods against depression (Ikiz, 2016). Finally, series E reveals the emergence of primary processes and includes themes of deteriorating perception, intensive projection, impairment in linguistic capacities, and irregularities related to self-identity and the environment. The Thematic Apperception Test contributes to the understanding of the quality of object relations. The narratives produced for each card give information about whether object relations are experienced on a narcissistic or oedipal axis and the relevant defense mechanisms; thus, they reflect the core organization of an individual's psychic functioning (Ikiz, 2016). In 2020, the Thematic Apperception Test coding sheet was revised. Coding series D was added; however, the present study was based on the coding sheet presented in 2002 (Chabert et al., 2020).

Projective tests can be used in qualitative studies since they provide a wide range of unstructured data. These unstructured data are later evaluated and structured. In this way, valuable data are not lost, and previously undiscovered findings can be revealed. The application, assessment, and interpretation require intensive effort and attention. Anzieu and Chabert (2004/2011) explained the process of data analysis for the Rorschach Inkblot Test in *The Projective Methods*. The elements of analysis are also valid for the Thematic Apperception Test. First, quantitative, or statistical data are emphasized. Standardized data are achieved for both tests in different ways as described above. Secondly, the test is evaluated both temporally

and dynamically meaning that the order of responses is taken into consideration during the analysis. Furthermore, the response time for each card, the number of responses, the rotation of the cards, interactions with the evaluator, and body language are analyzed. As a third element, psychoanalytic theory serves as a basis for interpretation. In this study, the psychoanalytic interpretations of the French School were used to strengthen results as explained by Minkowska, Monod, MacCully, Anzieu, and Rausch de Traubenberg (Anzieu & Chabert, 2004/2011). This approach uses psychoanalytic drive theory at the core of its interpretations (Ikiz, 2017). The theoretical foundations of psychoanalytic psychopathology, primitive defense mechanisms, psychoanalytic identity development, psychosexual stages, and structural and topographic models of personality are taken into consideration. Chabert (1983) suggested manifest and latent contents for interpretations (as cited in Anzieu & Chabert, 2004/2011). This was initially introduced by Freud (1900). Similarly, every card in the Rorschach and Thematic Apperception Tests has manifest and latent contents. For example, an animal might be given as a response and manifest content. However, the interpretation of the same response might differ according to the meaning of the card due to its latent content. Finally, the manner of discourse is evaluated. In other words, phrasing, syntax, and diction are examined closely. All of these data are then synthesized and summarized within the context of the structure of psychoanalytic theory of personality. In short, the Rorschach and Thematic Apperception Tests are based on complex statistical methods and interpretative techniques.

The standardization of Turkish adult norms for the Rorschach Inkblot Test was performed between November 2007 and October 2008, and the findings were published in 2009 (Ikiz et al., 2013). According to the population census conducted in 2000, 724 participants were included in that study. The participants were divided according to socioeconomic status and age (Ikiz et al., 2013). Standardization for norms among adolescents and the elderly were conducted separately. In the present study, the adult norms were used for statistical means.

## **Results**

### **First Hypothesis**

In the first hypothesis, it was suggested that the skin ego is not sufficiently developed in cases of skin disease. Since maternal capacities form the skin ego during infantile periods, as Anzieu (1995/2016) suggested, it was expected that deficiencies in skin ego construction are related to failures in maternal capacities like handling and holding. Primarily, the shading responses of series E were evaluated throughout the Rorschach Inkblot Test to obtain information about skin ego construction. Klopfer divided shading responses into three groups



of surface and texture responses, depth and three-dimensional responses, and responses that cover a three-dimensional substance on a two-dimensional surface (Anzieu & Chabert, 2004/2011). Eight of 12 participants gave surface and texture responses referring to a lack of tactile needs in infancy. All of those eight participants gave shading responses for cards 4 and 6, namely the authority cards. These cards represent parental authorities. Responses such as “feather” or “fur” suggest the covering of the skin like the covering of strong parental figures. However, participants in this group gave responses such as “ripped wings” and “plucked feathers,” which, on the contrary, implied that the parental covering is insufficient. These responses also suggested that the skin ego is damaged and flawed.

After assessments of the skin ego with the Rorschach Inkblot Test, cards implying mother-infant relationship and mental representations of maternal figures were shown to the participants. Cards 1, 7, and 9 were considered because their latent contents are relevant to the presented issue. Discrepancies generally shaped the quality of the mother-infant relationship. A lack of maternal capacities was revealed in four different ways. First, five of 12 participants experienced the mother as a persecuting object and as a figure constantly watching them. Second, two of the 12 participants described the maternal figure as a narcissistic extension. In these cases, the mother-infant relationship was still a dependent one. Third, it was found that two of the 12 participants could not process strong conflicts with the maternal figure and these conflicts transformed into anxieties related to the body. Finally, for three of 12 participants, the maternal cards indicated the mother’s absence.

For the Thematic Apperception Test, cards 11, 13B, and 19, which are used to analyze early childhood experiences, were taken into consideration. Cards 11 and 19 were considered as a whole as they focus on infantile relationships. Card 11 deals with the extent of infantile anxieties and to what extent they have been resolved. Female participants gave responses reflecting darkness, similar to the shading category of the Rorschach Test, which revealed depressive effects from this period. Themes related to coldness and winter were usually observed with these cards, referring to the unfulfilled needs during the period in question. Card 13B gives information about maternal containment capacities and the child’s ability to be alone. With this card, narratives related to poverty and loneliness were produced, highlighting feelings of being abandoned by the maternal object. In addition to the cards’ latent contents, coding categories were also taken into consideration. It was found that the CM-1 coding category demonstrating the need for support and CN-4 focusing on tactile features were prevalent.

The qualitative Rorschach Test findings, which were supported by the results of the Thematic Apperception Test, reflected the shortcomings of the maternal figure, which,

according to Anzieu (1995/2016), are related to the construction of the skin ego. Overall, the first hypothesis was confirmed.

### **Second Hypothesis**

The second hypothesis focused on body conceptions and related anxieties. Marty and de M'Uzan (1963) suggested that the mental functioning of patients with psychosomatic illnesses depends on physical symptoms and operational activities. Before conducting the present research, it was assumed that responses with anatomical content would be produced by the Rorschach Inkblot Test. The findings were consistent with the hypothesized responses. Anatomical responses such as “skeleton,” “lungs,” or “ribs” indicated anxiety related to the inner body to protect the body's unity.

It was further hypothesized that, with the Thematic Apperception Test, theoretical phenomena of psychosomatic functioning would be observed. The coding categories CF-1 and CF-2 reflect excessive investment in the external world. Operational and factual thinking was expected from this group of patients. The CF-1 coding category highlights the importance of mechanical activities rather than psychological processes. “A family has difficult living conditions. The young girl goes to school, the mother is pregnant, the father is a farmer...” (card 2) is an example of the responses within this coding category. In cases where effects are connected to the external world, the CF-2 coding category is used. These patients attached their feelings to the external world and thus externalize them, which leads to a decrease in psychic activity.

It was further noted that patients were prone to producing narratives that included coding categories CI-2 and CN-3. The previously mentioned results were related to the importance of mechanical activities, and the CI-2 and CN-3 coding categories further supported those results. The CI-2 coding category indicates that the participant tended to avoid conflicts. For example, “The second possibility is that something has happened...” in response to card 7GF suggested that a conflict had not been resolved and it was coded as CI-2. CN-3 reflects a tendency to stifle one's affective dynamics and may entail statements such as: “It's a picture of a forest” (card 11). Operational functioning and alienation from psychic processes over time lead to an impoverishment of mental dynamics.

As a result, the second hypothesis was also confirmed. An additional qualitative result was found during these data analyses as 7 of 12 patients gave partial body “Hd” responses during the Rorschach Test. “Head” and “leg” are coded as “Hd” responses since they represent a part of the body. The frequency of this coding indicates that these patients were not able to integrate body parts. Consequently, the body was not perceived as a complete unit.

### **Third Hypothesis**

The Rorschach Test's Barrier and Penetration Index subscale developed by Fisher and Cleveland (1958) was used to test the third hypothesis. As in Fisher and Cleveland's (1958) research, it was expected that the skin disease would serve as a protecting element and that participants would score higher on the barrier index than the penetration index, which was partially confirmed. Fisher and Cleveland (1958) proposed the idea that a skin disease is located on the skin which could be connected to solid and steady body boundaries. Their results supported that idea. The present research sought to readapt that idea with a norm group in Turkey. However, our results differed from those of the previous work.

The median value for the barrier index in Fisher and Cleveland's (1958) research (median = 4) was higher than the median value for the penetration index (median = 2). In this research, the median values of the barrier and penetration indexes were equal (median = 3). This means that both barrier and penetration dynamics were identified among eczema patients. An example of a barrier response is "I see a crocodile." A crocodile was scored as a barrier response since this animal has distinctive protective skin. "This fish is opened or sliced into two pieces like an anchovy," on the other hand, was coded as a penetration response because the animal's body is opened and fractured. Although the skin serves as a protective barrier, stimuli from the environment also occasionally pass through the physical and psychic boundaries. Findings obtained from the Thematic Apperception Test supported this notion. The CL-1 coding category shaped the eczema patients' narratives, and this coding is an indication of permeable boundaries.

### **Discussion**

Generally, the biological factors of physical diseases are in the foreground while the psychological background is often neglected. A disease can be completely genetic and treated medically. Nevertheless, the effect of the disease on the individual's life, mental functioning, and environment are relevant psychological components. During the anamnesis of bodily expressions in relation to physical diseases, the interactions of the body and mind must be considered. Freud (1892a) gave an example of such interactions. When a person cries, shouts, or rages, it is a physical expression of an underlying mental process (Freud, 1892a). According to psychoanalytic psychosomatic theory, whether a disease is physically or psychologically rooted becomes insignificant. The fact that an illness is diagnosed brings along the necessity of investigating the psychic components accompanying the disease. In this way, an integrated approach can be adopted considering the mysterious connection between the body and the

psyche. The current study was carried out in an attempt to contribute to such holistic approach by investigating eczema patients' psychic processes from a psychoanalytic perspective.

The sample of this study included chronic eczema patients who did not respond to medication. The Rorschach Inkblot Test and Thematic Apperception Tests were used as projective methods to obtain qualitative data related to three hypotheses. Projective methods were chosen since the aim was primarily to analyze the unstructured data pertaining to the psychic structure of eczema patients. Psychosomatic psychopathology is still a new area of research with potential applications that need further investigation. During the assessment and interpretation of our data, additional implications were explored by considering the unstructured data, which was a major reason for choosing the projective techniques applied here.

Skin ego construction was evaluated within the scope of the first hypothesis. It was expected that a lack of maternal capacities would result in deficiencies related to skin ego construction. Shading responses given during the Rorschach Test provided information about the tactile needs of the participants, which supported the idea that their skin egos were either flawed or underdeveloped. Responses concerning damaged skin or secondary coverings over the actual skin were also indicators of an insufficient skin ego construction. Maternal capacities were addressed on the basis of the cards that focus on the maternal relationship and individuals expressed relational deficiencies in different ways. According to Chabert (1998), the maternal holding capacity of borderline personality structures cannot be fulfilled. Therefore, this capacity cannot be internalized and an excessive need for support will become apparent (as cited in Sever, 2012). At the same time, irregularities in the excitation system emerge related to this issue. The need for maternal holding among psychosomatic patients was also supported by Sever (2012). That research included women diagnosed with fibromyalgia. Maternal capacity and early childhood representations were analyzed by taking card 11 of the Thematic Apperception Test into consideration. A persecutory maternal image and excessive anxiety were clearly detected (Sever, 2012). Winnicott's theories can be found at the core of most of these arguments. Winnicott (1962) emphasized the importance of maternal holding and handling capacities for the infant's ego development (as cited in Anzieu, 1995/2016).

The founders of the Paris Psychosomatic School initially proposed specific mental functioning for psychosomatic patients. According to Szwec (2019), the question of whether a psychosomatic disease had organic or psychological origins had been previously discussed, but the Paris Psychosomatic School offered a distinctive perspective and focused on the absence of symbolic thinking and the prevalence of mechanical thinking among psychosomatic patients. Eczema is a skin disorder conceptualized as psychosomatic. Franz Alexander suggested that

psychosomatic symptoms might be related to a rupture in symbol formation (as cited in Kradin, 2011). This notion overlaps with the suggestion of the Paris Psychosomatic School that psychosomatic patients have restricted access to their psychic worlds. Their thoughts are based on daily mechanical activities. The theories of operational mental functioning and a rupture in symbol formation were supported by the findings in this study that were obtained from the application of the Thematic Apperception Test. In addition to operational thinking, anxieties related to the inner body and the wholeness of the body were identified. It was found that eczema patients experienced their body parts as different entities and did not unite them. Anxiety that the inner body had a disease and would fall apart also emerged as a significant finding in the present study.

In *A General Introduction to Psychoanalysis*, Freud (1916) stated that bodily symptoms can be divided between actual neurosis and psychoneurosis. He further indicated that actual neuroses do not convey any meaning. Actual neuroses are based on the present and not on childhood conflicts like hysteria (Freud, 1892b). In this study, the symptoms of the participants can be classified as actual neuroses. Actual neuroses have common characteristics with operational thinking as suggested by Marty (1963/2017). Operational thinking means that the individual illustrates a manner of thinking that is centered on the current timespan. Individuals act with mechanical duty and without attributing any meaning to these activities. As a result, operational thinking is disconnected from the unconscious and imagination (Karaburçak Ünsal, 2007). Debray (2002/2015) supported Freud's assumption that somatic manifestations are devoid of meaning since the repression of a conflict is not the case.

The final hypothesis entailed a more modern adaptation of Fisher and Cleveland's (1958) research. However, in contrast to their study, it was found here that eczema patients experienced barrier and penetration dynamics at the same time. Accordingly, body and psychic boundaries are unstable from time to time. According to Ulnik (2007), for both pathomimias and skin diseases, the skin loses its role in protective functioning. This notion was partially supported by the findings of the present study. These results for the third hypothesis are in accordance with the results of the first and second hypotheses. The second hypothesis focused on conceptions of the body, and it was hypothesized that eczema patients would reveal anxieties related to their bodies. It was found that patients' anxieties related to their bodies were anatomical responses implying permeable boundaries since the interior of the body was presented. The first hypothesis illustrated that the skin ego organization was damaged. A complete and steady skin ego organization would serve as a barrier against external stimuli. Consequently, the psychic protection from a barrier or skin ego may be permeable from time to time and harmful contents might penetrate the psyche. A recent study by Sipahi (2018) that

included patients with psoriasis vulgaris, and atopic dermatitis symptoms had similar results. Fisher and Cleveland's (1958) barrier and penetration index were applied to participants with psychosomatic skin diseases, and it was found that the mean score for the barrier index was lower than the general average. On the contrary, the penetration index mean was higher than the average (Sipahi, 2018). Additionally, Senra and Wollenberg (2014) explained atopic dermatitis from a psychodermatological perspective, or a perspective considering psychological and dermatological factors. They indicated that the barrier function of the skin can be damaged, and homeostasis can be affected by stress. Although the word "barrier" in their study was used within a physical and biological context, it is also possible to approach that term from a psychological perspective.

Considering the outcomes of treatment or psychotherapy, it is important to adopt an integrative perspective. The body and psyche have to be taken into consideration at the same time. Kradin (2011) asserted that, among psychosomatic patients such as those with eczema, not only the symptoms but also the disordered self-constitute the purpose. Ikiz (2015) indicated the importance of seeing and hearing the psychoanalyst in relation to psychosomatic patients. As coding category CM-1 was detected among the results of the Thematic Apperception Test, an increased need for support by psychoanalysts could be expected. Hearing and seeing are perceptual supports. Perceptual data have to be internalized to be transformed into symbolic thinking. Furthermore, psychosomatic patients are estranged from their own bodies. Therefore, Pheulpin (2015) suggested a focus on subjective experiences for these patients. Contact with the body has to be established since these patients' views of their bodies reflect diseased and distant bodies.

In conclusion, the limitations of this study should be noted. First of all, this study was conducted at a state hospital under restricted conditions. The semi-structured interviews and projective tests were applied in separate rooms, but interruptions by other patients and staff were common. Second, participants' age range could be narrowed down in future studies. The participants of this study were between 20 and 50 years of age. This age group could be narrowed down for more specific results. Third, gender differences should be taken into consideration. In this study, the aim was to yield preliminary findings with regard to the psychic dimensions of the eczema experience. In the near future, more specific age and gender data would be beneficial. It is possible that women will have different results than men since gender and sexual identities play essential roles.

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The authors contributed equally.

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## **Ruhsal Süreçlerin Yansıması olarak Ekzema Hastalarının Derisi**

### **Özet**

Günümüzde psikosomatik rahatsızlıkların ‘somatik’ kısmı birçok çalışmanın merkezinde yer almış olsa da ‘ruhsal’ bölümü daha birçok araştırma gerektirmektedir. Ekzema hastalığı, psikosomatik bir deri hastalığı olarak kabul görmektedir. Bu çalışmada 15 kronik ekzema seyri gösteren ve medikal tedaviye yanıt vermeyen kişinin ruhsallıkları yarı yapılandırılmış psikanalitik yönelimli ön-görüşme ve projektif testler ile değerlendirilmiştir. Rorschach ve Tematik Algı Testleri için istatistiksel temeller ve Fransız Okulu'nun psikanalitik yorumlama yönergeleri esas alınmıştır. İlk hipotez için Didier Anzieu'nun (1995) deri-benlik kuramı kullanılmıştır. Yaşamın ilk yıllarından itibaren deri, anne ve bebek arasındaki iletişimi sağlayan sembolik değeri yüksek bir organdır. Winnicott'a (1960) göre; annenin işlevleri bebeğin ruhsallığını oluşturup şekillendirmektedir. Deri yoluyla anneden ve çevreden gelen duyumlar alınır, işlenir ve bebeğin benliği bu şekilde gelişir. Deri-benlik, Anzieu tarafından benliğin ilkel yansıması olarak tanımlanmıştır. Böylece derideki hastalıkların hem annenin bakımına hem de deri-benliğin niteliğine gönderme yaptığı düşünülebilir. Bu hipotezde deri hastalığının deri-benliğin yetersizliği ve annenin bakımında eksikliklerle bağlantılı olabileceği varsayımı doğrulanmıştır. Bu bağlamda, Rorschach Testi'nde gizil olarak anneye yönelik tasarımları aktaran kartlar ve gölgeleme kodlama kategorisi incelemeye alınmıştır. Gölgeleme kodlama kategorisi deri yanıtlarını içermektedir ve dokunsal ihtiyaçlara gönderme yapmaktadır. Özellikle bu kodlama kategorisinde deri-benlik yapılanmasına ilişkin derinin zedelenmiş olduğuna veya yetersiz kaldığına yönelik yanıtlar verilmiştir. Tematik Algı Testi'nde ise çocukluğun erken dönemini ele alan kartlar değerlendirilmiştir. Erken döneme yönelik eksikliklerin tespit edilmesiyle birlikte dayanak alma kodlaması öznelere başka bir insana yaslanma ihtiyaçları olduğunu ortaya koymuştur. İkinci hipotez için Paris Psikosomatik Okulu'nun temel kuramları esas alınmıştır. Psikosomatik hastaların günlük olgulara dayalı, beden-merkezli ve sembolizasyondan uzak bir zihinsel işleyişe sahip oldukları kuramsallaştırılmıştır. Ekzema hastalarının benzer biçimde testlerde bedene yönelik kaygılar ifade edecekleri düşünülmüştür ve çalışmada doğrulanmıştır. Rorschach Testi'nde beden içine yönelik yanıtlar ile birlikte beden bütünlüğünü bozan kısmi beden yanıtları verilmiştir. Tematik Algı Testi'nde ise, günlük mekanik olgulara odaklanıldığı ve ruhsal yaşantıdan yatırımın çekildiği görülmüştür. Ruhsal çatışmalardan kaçınma kodlaması ve duyguların dondurulması kodlaması sıklıkla tespit edilmiştir. Son hipotezde Fisher ve Cleveland'ın (1958) çalışmaları yeniden uyarlanmıştır. Geliştirdikleri 'Zar ve Nüfuz Etme Değişkenleri', Rorschach Alt Ölçeği aracılığıyla öznelere ruhsal bariyer ve penetrasyon dinamiklerini ölçülebilmektedir.

Zar değişkeni, öznenin ruhsallığının koruma ve kalkan görevini kapsamaktadır. Nüfuz etme değişkeni ise, ruhsal süreçlerin geçirgenliğini ve uyananların ne kadarının içe alındığını değerlendirmektir. Araştırmacılar deri hastalığının bedene nüfuz etmemesi sebebiyle, ekzema hastalarının bir koruyucu ruhsal zara sahip olduklarını öne sürmüştür. Varsayımları çalışmalarıyla doğrulanmıştır. Bu güncel çalışmada ise ekzema hastalarının hem zar hem de nüfuz etme değişkenleri aynı oranda bulunmuştur. Dolayısıyla, hastaların koruyucu bir kalkanın yanı sıra zaman zaman fazla geçirgen bir ruhsal örgütlenmeye sahip oldukları bulgular arasında yer almaktadır. Böylece son hipotez kısmen doğrulanmıştır. Son hipotezin Fisher ve Cleveland'ın (1958) sonuçlarından farklılık göstermesi, deri-benlik yapılanmasına ilişkin bulgular ile örtüşmektedir. Deri-benliğin yeterince gelişmemiş olması, ruhsal ve bedensel hassasiyetlerin olduğuna gönderme yapmaktadır. Tematik Algı Testi bulgularında sınırların geçirgenliği kodlama kategorisi ise Rorschach Alt Test sonuçlarını desteklemiştir. Araştırmanın sonuçlarına bakıldığında ekzema hastalığının sadece genetik, alerjik veya çevresel faktörlere bağlanamayacağı çıkarımında bulunulabilir. Bu hastalığın oluşumunda ve seyrinde ruhsal etkenlerin önemi vurgulanmıştır. Öznelerin ruhsal dinamikleriyle bağlantı kurmaları psikoterapi sürecinde önemli olacaktır. Kişilerin günlük ve mekanik olaylardan kendi zihinsel süreçlerine dönmeleri belli bir süre alacaktır. Beden bütünlüğünün sağlanmamış olması göz önünde bulundurulduğunda, bedenin tam anlamıyla hissedilmesi ve birleştirilmesi ayrı bir alan oluşturabilir. Dayanak ihtiyaçlarına bakıldığında, yüz yüze görüşmelerde bir psikoterapistin bunu sağlayabileceği düşünülmektedir. Medikal ve ruhsal tedavilerin entegre edilmesinin, öznelerin iyileşme süreçlerine katkıda bulunacağı düşünülmüştür.