

PSYCHOLOGICAL COMPONENTS IN CHRONIC URTICARIA

By

BENNETT KRAFT, M.D. & DAVID L. BLUMENTHAL
Indianapolis, Indiana, USA.

The importance of psychological factors in the etiology and treatment of chronic Urticaria is widely recognized. In this paper we wish to present statistical and clinical evidence of these factors and develop the specific dynamics involved in twenty-two patients who were studied and treated both from the allergic and psychological viewpoint. No attempt was made by us to select these patients, however, there are reasons why they may be a selected group:

1. Patients who develop urticaria following the ingestion of certain foods or drugs would be less likely to come to us since the cause would probably be discovered by the family physician or by the patient himself.
2. Many physicians, knowing our special approach refer patients to us, who show apparent emotional components.

A profile of the series studied is shown in Table #1. As you can see, they presented no apparent uniqueness from other allergic patients as to age, sex, and marital status. Nor does there seem to be any significant difference between the men and the women, regarding onset and duration of symptoms, the number of psycho-therapeutic conferences, or the clinical improvement. With ten of the patients the duration of the illness was less than one year; in seven, more than five years; the remaining five had had hives between two and five years.

This study will serve as the basis for a thesis to be presented by Blumenthal to the Graduate Department of Psychology, Butler University, Indianapolis, Indiana.

TABLE 1
Profile of Cases Studied.

	Men	Women	Total
Urticaria Patients	9	13	22
<i>Age on Examination</i>			
Under 20	1	0	1
20-29	3	3	6
30-39	2	6	8
40- over	3	4	7
<i>Age at Onset</i>			
Under 20	2	2	4
20-29	3	3	6
30-39	2	5	7
40- over	2	3	5
<i>Duration of Illness</i>			
Less than one year	4	6	10
1-2 years	2	0	2
2-3 years	0	1	1
3-4 years	0	1	1
4-5 years	0	1	1
Over 5 years	3	4	7
<i>Marital Status</i>			
Single (widowed and divorced) .	2	4	6
Married	7	9	16
<i>Number of Psychotherapeutic Interviews</i>			
1	0	2	2
2	2	1	3
3	3	2	5
4	1	2	3
5 or more	3	6	9

As to the age of onset, there was a considerable range between fifteen and fifty-seven years, with most of the patients in the twenty to forty group.

The average patient was seen for five psycho-therapeutic interviews. Three-fourths of the group showed marked improvement or total loss of symptoms. *A striking characteristic*

of this group is the dramatic clinical results obtained in most of them, after a relatively brief period of treatment.

The diagnostic, evaluative and therapeutic procedures used were:

1. Multiple Symptomatology Inventory.
2. Bell Adjustment inventory.
3. Minnesota Multiphasic Personality Inventory.
4. A detailed exploration of the current life situation.
5. Adjunctive procedures such as "selective association" and hypnosis.

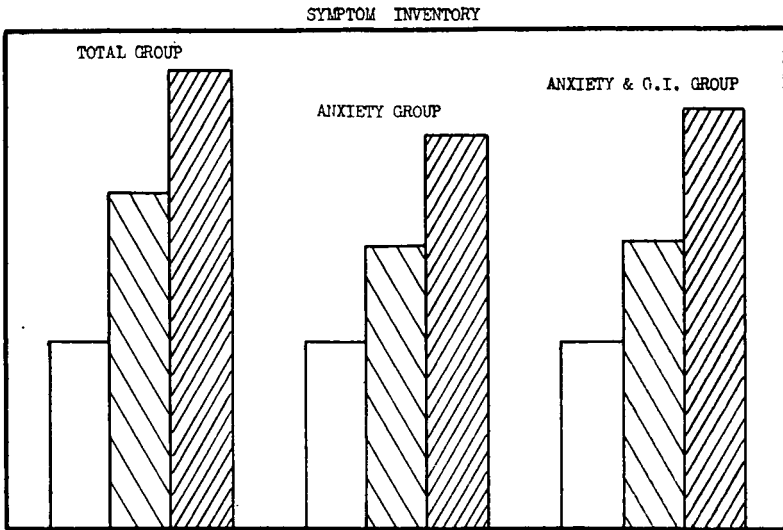


Fig. 1.

The Multiple Symptomatology Inventory as described by Dr. John Mitchell is a check-list of forty-five common psychophysiological reaction divided into five general categories: Anxiety Respiratory, Gastro-intestinal, Genito-urinary, and Dermatological symptoms. Fig. 1 compares the multiple symptomatology inventory of these patients with a group of twenty-five patients manifesting various other allergies and a

second control group consisting of non-allergic individuals. Obviously the Urticaria patients have a considerably greater number of complaints than either control group. This is especially significant with regard to the anxiety and stress symptoms.

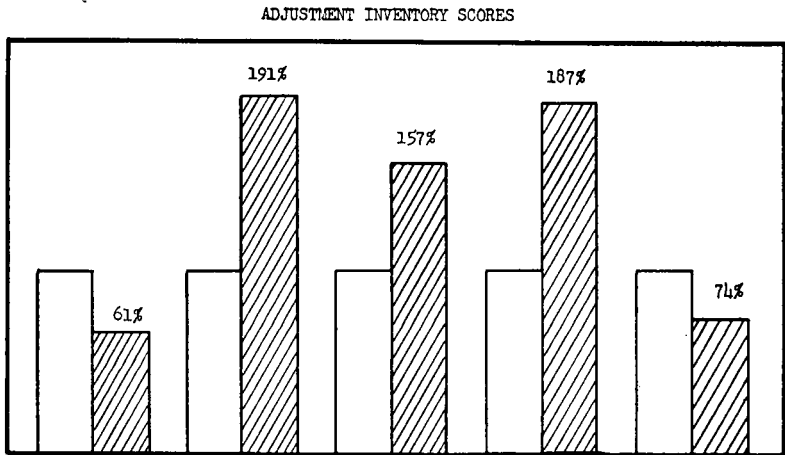


Fig. 2.

The Bell Adjustment Inventory scores were compared with the scores of approximately fifty well adjusted individuals. Fig. #2 shows that the Urticaria patients considered themselves to have significantly more problems in health, social, and emotional areas, at the same time evaluating themselves to be somewhat better adjusted in family relationships and vocationally. The results show that they had some insight to the fact that all was not well, however, by denying difficulties that might have distressed others, they attempted to present themselves in as favorable a light as possible. Internal problems replaced external difficulties.

Fig. #3 compares the composite M M P I scores of ten of our patients with normal and psychotic controls. The first two scales indicate that these patients took the test well and had good ego strength. The high hypochondriacal and psychoasthenic scores indicate a tendency to make *internal rather than external adaptations* to stress with accompanying somatic

symptoms. The elevated hysteric and depressive scores show the patients' need to repress hostility and conceal negative feelings for fear of loss of love. The repression is akin to that found in hysteria. The low Paranoid scale denotes a tendency to depreciate the self, a lack of assertiveness. The elevated male—female scores reveal that the men have many traits associated with femininity—sensitiveness, weakness in relationships with other men. The counterpart to these scores in the women show a tendency to dependent and clinging.

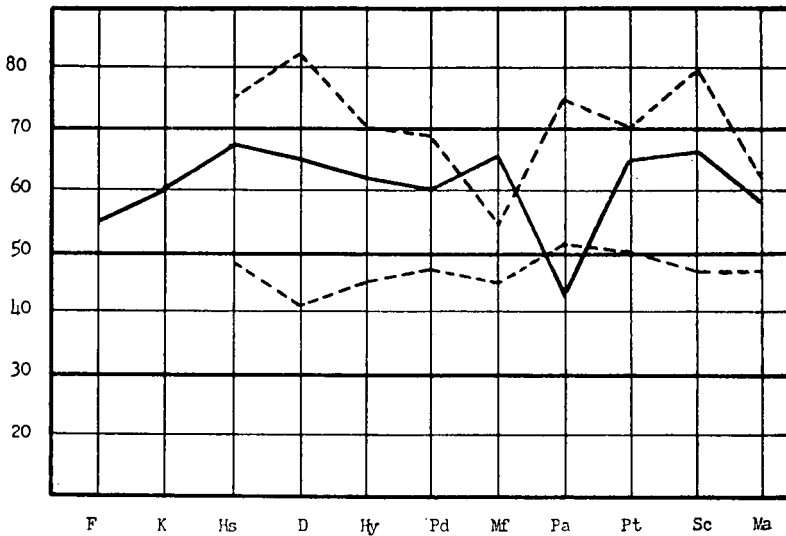


Fig. 3.

Over all, the M M P I scores deviate markedly from normal scores, yet show no characteristics which in themselves would be considered excessively abnormal. Some of the elevated scores are such that could be reduced by psycho-therapy, while others show deep personality characteristic that would not be changed. Almost all these patients had the qualifications of good psycho-therapy candidates—they were well able to form object relationships, had good ego strength and most important were uncomfortable because of feelings of depression and anxiety.

After the inventories were completed the patients were seen for one or more personal interviews. This process involved a detailed history relative to the current life situation. Rarely was there any need to elicit an extensive developmental history. In spite of the fact that most of the patients seldom cried and were ashamed of their tears, many of them cried during the first interviews. As the situations precipitating the hives were described, the patients were encouraged to ventilate their frustration resulting from their need to be loved and the concomitant apparent inability to achieve this affection. As hostile tears or direct anger were expressed, the hives would disappear. An interesting diagnostic method involved the use of hypnosis to uncover the affect underlying the Urticaria. As several patients produced angry, sadistic or destructive fantasies, either in the hypnotic or waking state, the hives were observed to fade. If they were able to gain some understanding of their reactions they would remain free of the hives for an extended period. Occasionally the interviews were so designed as to involve the interviewer in this conflict of attempting to gain affection and the need to repress the hostility of the apparent rejection. On these occasions hives would be produced during the interview as these emotions were evoked.

In several instances we felt that the physical symptom functioned as an essential part of the patient's homeostasis, and care needed to be taken to understand the forces which the urticaria helped to contain. In two cases the symptoms defended the patients against psychotic tendencies; one young woman showed a marked increase in anxiety and depression with homicidal and suicidal impulses when she lost her hives. Later with supportive psychotherapy, mild symptoms returned and the anxiety was reduced. This was a necessary compromise. Another young man developed periods of temper outbursts and destructiveness when his hives disappeared. Again, a return of some of the symptoms was indicated together with psychotherapy.

Our clinical and statistical findings permit the following formation: The Urticaria patients studied presented them-

selves as calm, competent, agreeable people who were eager to please and offered their cooperation in any treatment endeavor. Generally they fell into two categories. The largest group had their defences organized around a passive dependent core, denied themselves the expression of hostility, and repressed feelings of anger. In the smaller group the patients presented characteristics of aggressive dependency. All of them had a strong need to love and were unable to tolerate any real or suspected denial of affection. They were excessively sensitive to feeling hurt, recognized resentment but repressed anger. In this manner they adapted internally to stress situations, rather than attempt a more assertive effort to modify the environment. Fear was often their conscious attitude toward any open display of aggression. Even to think hostile thoughts was threatening.

All of these people seldom cried, and were ashamed of their tears. When they could shed tears of hostility or produce other outward expressions of anger, the hives soon disappeared. Their histories indicate that their defense by attempting to please had been, in the main, rewarding, as they were reasonably successful people and obtained satisfaction by being good. The men show vocational handicap because of their lack of aggressiveness and their painful self-consciousness. In almost every case the symptom developed during an impasse. Love and affection were sought to meet their dependent needs but through a change in external circumstances, they were unable to achieve this according to expected standards. To fail to please meant losing love which was unbearable. The reality situation made escape impossible and their personalities made expression of hostility intolerable. Hives appeared as the escape mechanism.

SUMMARY

The patients presented found it difficult to express anger—a problem common in many other psychosomatic diseases. The feature particular to these patients, however, was a failure to recognize hostile feelings to any significant extent, even though they felt trapped, hurt, frustrated and helpless.

This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.