

Therapeutic Use of Stories for Children with Atopic Eczema and Other Chronic Skin Conditions

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Abstract: Children with chronic skin diseases often experience significant psychological difficulties, yet pediatric dermatologists rarely have psychology professionals on hand to help address them. This article presents personalized stories as a technique for integrating psychologically developed interventions into day-to-day clinical practice with a view to improving treatment outcomes.

Children with persistent skin conditions often face significant psychological difficulties (1,2), yet access to clinical psychology services to support such children is sparse and inconsistent (3). Given the dearth of funding for direct psychological support, an important challenge for pediatric dermatology teams is how to integrate psychological interventions that help children with chronic skin diseases.

This article describes one such psychological technique: personalized stories that can be delivered to children with chronic skin conditions. These stories help children to perceive their problem differently in order to facilitate a new range of behaviors that are more conducive to positive clinical results (e.g., adhering to rather than resisting treatment regimens). We indicate when such stories may be considered, provide some feedback on the outcomes of using such stories from nine families, and reflect on why stories evoke these outcomes.

WHEN TO USE STORIES

The use of stories arose from a clinical psychologist (RJN) being present in the pediatric dermatology clinics for a 12-month period. The main psychosocial challenges related to chronic skin conditions included poor treatment adherence, leading to “cream wars” (battles between the patient, family and medical team over the consistent use of prescribed creams), the need to try to break the damaging effects of the “itch-scratch cycle,” negative self-perception with reference to the skin condition, and a lack of understanding of the skin condition from others.

The first story was written for a child with severe eczema and poor treatment adherence. The child frequently would not cooperate with topical therapy to obtain short-term gains, and in the long-term this resulted in poor eczema control and more behavioral disturbance. The main principle behind the story

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script was to externalize the eczema as a common enemy by creating a character of a blundering bully called “Evil Eric Eczema,” with the child as the main champion, supported by his parents, the treatment, and the dermatology team (Boxes 1–3). A further eight stories were written for other children. All nine children were ages 6 to 13 years (five boys, four girls). Story variations were modified according to age, sex, and presenting problem. The story templates, anonymized for use and adaption by other professionals, can be accessed freely at <http://www.nottingham.ac.uk/research/groups/cebd/resources/psychology-and-eczema.aspx>

1 Therapeutic Stories—Illustration Excerpt Boxes

Story Excerpt 1

Evil Eric Eczema would visit all sorts of children all over the world – rich or poor, big or small, girl or boy – he wasn’t bothered as long as he could pester and fester and make them stay up late itching and scratching. One of these children was called [insert name], who lived in [place].

2 Story Excerpt 2

The doctor and nurse explained to [name] and his mum what could be done to beat Evil Eric (or at least stop him being such a nuisance)...Evil Eric’s anger about being defeated was hot and sharp, but [name] knew that the cool and fresh Betnovate-C would win in the end...So Evil Eric hid away, but [name] remembered the doctor telling him this was one of Eric Eczema’s tricks, so he kept using his weapons.

3 Story Excerpt 3

“Graaghh!!” yelled Evil Eric to himself, “he ain’t fallen for it one bit! I can’t deal with this, I’d better get lost.” They had stood up to Evil Eric Eczema and shown him that [name] was the boss. They knew Evil Eric might sneak back and try his old bullying tricks, but they also knew how to deal with him.

OUTCOMES

A consistent finding was that these stories engendered positive engagement, enthusiasm, and excitement from the children involved. Such positive engagement formed the basis for a number of constructive

therapeutic outcomes, some of which are documented below.

Reducing Stigma and Increasing Understanding

At least three (age 6, 11, and 13 years) of the nine children took their stories to school to share with their teacher and classmates, which suggests that children felt the story would help others relate to and empathize with their situation and that they would be perceived positively as fighting their skin condition rather than bearing the stigma for having it in the first place.

Introducing Behavioral Changes

Introducing ideas for changing behaviors in stories was found to be effective. For instance, one child became enthusiastic about stroking rather than scratching his skin and would “nag” his mother about it, rather than vice versa.

Facilitating Education

Parents found talking to children about eczema and how to treat it in relation to “Evil Eric” increased the likelihood of the child engaging and retaining information, whereas the children had previously tended to disengage from such conversation.

Improving Self-Esteem

The stories appeared to help the child distinguish between themselves and their eczema, which helped them to see themselves positively, rather than equating who they are with their skin condition. Rather than being the problem themselves, the child becomes a positive agent of change in beating it (4).

WHY STORIES HELP: A PSYCHOLOGICAL PERSPECTIVE

First, stories engage children in a more emotional and creative way than purely factual information (4). In psychotherapy, similar emotional and “free-thinking” forms of engagement are necessary for long-term therapeutic change to occur (5). Both processes rely on the right hemisphere of the brain, which is involved with emotion-based processing, whereas the left hemisphere is more prominent in logical and analytical reasoning (6). It may be argued that stories rather than reason-based presentations of facts are more likely to stimulate positive clinical change because the

former stimulate brain regions associated with reliable therapeutic change, whereas the latter alone do not (7), especially in children (8).

Second, humans tend to interpret situations through preexisting life narratives, and such narratives then proscribe behaviors (9). If a novel story introduces an alternative meaning for the same situation, involved individuals become free to act in new ways. For instance, for children and parents who often define interactions as a battle of wills, adherence to skin care routines symbolizes another battleground to fight on—oppositional behaviors flow from an oppositional narrative—but in many of our stories, applying creams to control eczema is reframed from being about child versus adults to being about child and adults versus “Evil Eric Eczema.” If the child engages in such a recasting, an increase in treatment adherence will naturally follow and a greater sense of collaboration of interested parties (child, parents, medical team) against a common “foe” ensues.

Stories are thus a good medium for effecting therapeutic benefits because they involve the two critical ingredients for positive therapeutic change: emotional engagement and narrative restructuring (7).

CONCLUSION

This article has introduced the potential for stories based on psychological theory to assist pediatric dermatology teams in helping their patients and families. Our evaluation of the stories based on current

experience is limited, and at some stage the intervention would benefit from more rigorous assessment in a randomized controlled trial to determine the optimal components of such a complex intervention and whether the beneficial effects persist.

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