Ocular allergies: a psychodynamic approach

Anna Graziella Burroni[a] and Marco Maio[b]

[a]Division of Dermatology, University Hospital St. Martino and [b]ANEB - National Association of Ecobiopsychology – Liguria Section, Genoa, Italy

Correspondence to Dr Marco Maio, ANEB – National Association of Ecobiopsychology – Liguria Section, Via Marussig 22/3B, 16166 Genoa, Italy
Tel: +39 348 2212585;
e-mail: marco.maio@fastwebnet.it

Current Opinion in Allergy and Clinical Immunology 2008, 8:461–465

Purpose of review

This work outlines a psychodynamic approach to ocular allergies, picking up the emotional issues related to the topic of eye out of the psychodynamic and psychosomatic literature and connecting them to a strategy of multidisciplinary treatment based on a therapeutic network that meets the unconscious patient's distresses, particularly those relating to the anxiety of abandonment, to the emotional nonmirroring and to the aspects of envy.

Recent findings

More specifically a modern psychodynamic approach able to link together the particular depth of pathology (in terms of its physiological changes) with the analogous depth of conflict and its psychological defences and able to intervene through a medical–psychological network according to the systemic criteria of the ecobiopsychology is considered.

Summary

The psychodynamic research on ocular allergy is currently poor and methodologically reductive. We tried to indicate the general aspects to be considered to implement a broader psychodynamic approach. An approach that intervenes through a medical–psychological network according to the systemic criteria of the ecobiopsychology. The collaboration between the family doctor, the medical specialist and the psychologist should be considered in terms of an environment that facilitates the psychoemotional development of the individual, catching the somatopsychic aspects which have been left dissatisfied.

Keywords

eyes, ocular allergies, ophthalmology, psychodynamic, ecobiopsychology

Curr Opin Allergy Clin Immunol 8:461–465
© 2008 Wolters Kluwer Health | Lippincott Williams & Wilkins
1528-4050

Introduction

The aim of this work is to outline a psychodynamic approach to ocular allergies that fetches the emotional issues related to the theme of the eye in the psychodynamic and psychosomatic literature and links them together with a strategy of multidisciplinary treatment based on a network that meets the therapeutic unconscious patient's distress.

Researches on ophthalmologic psychosomatics will be taken into account, from its beginnings to the present day, commenting upon the reasons for a decrease in the interest in the failure of the specialized psychodynamic understanding of the eye in ophthalmic science.

The eye topic in the psychodynamic literature

The topic of the eye is present in the psychodynamic literature from the earliest works of S. Freud on psychosexual development. Freud stresses the importance of the observation of parents' coitus in causing anguish and calls this childish experience as the 'primary scene' [1].

According to the research of Freud, whereas observing the 'primary scene' the child lives a sexual excitement that he is not able to adequately react to. The consequences of the primary scene invest not only the entire psychosexual development of the individual, particularly in relation to the anguish of neutering, but they give eye an erogenous function that can influence the next stages of development.

The subconscious needs of the adult, especially when the sexual problem was surrounded by too many taboos during childhood, may determine a functional disorder just in that organ by which he puts himself into contact with what was so severely forbidden. More-over, the eye, as well as being in contact with the outside world, can have an almost magical power to express erotic feelings, which is a good reason to think that, in the unconscious, eye and sexuality have close links [2].

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

The post-Freudian psychodynamic directions [3] have given a greater importance to the topic of eye for psychological development.

With regard to the theory of objectual relations, in [4•], Fulgencio discusses Winnicott's concept of 'holding' to define the mother's ability to act as a container for the child anxieties. Winnicott starts from the premise that the individual is born into a non integrated psychological state and that integration is promoted not only by domestic factors like the instinctual pulse or the aggressiveness, but also by environmental care, or the ability of containment of a 'sufficiently good mother'. Now, the containment would not be provided only through the skin sensitivity and the contact, but also through the eye, in a genuine aesthetic experience [5•]. You can easily see how, during breastfeeding, the child always lifts his eyes toward his mother to establish 'eye contact'. If the mother responds with love, the two will share the pleasure of psychic intimacy, which reinforces the sense of security and confidence of the baby. The lack of contact due to the fact that the eyes of the mother do not meet those of the child is experienced as a rejection and brings a sense of isolation. The 'sufficiently good mother' lays her loving eyes on her son, she can receive the gaze of her baby and she knows how to maintain this eye contact to create that psychological environment which will structure the psyche of her child. Children who do not receive sufficient eye contact from their mother, may experience serious psychological disorders, frequently assessed by a characteristic avoiding the gaze until there is a total lack of communication intent of the gaze [6].

Alongside the concept of holding, relating to the development of psychism and the importance of the eye, it is necessary to mention the studies of the self-psychology by Kohut.

According to the author, the newborn child 'self' is weak and amorphous and to survive it needs the participation of others that from the viewpoint of the child are not yet differentiated by 'self'. Kohut calls the people who take care of the child with the name of 'self-objects'. The child experiences states of mind of the self-object as if they were his. The selves-objects, thanks to empathic responsiveness to the needs of the child, provide the expertise to the gradual development of 'Self', and time-by-time the self-objects will become those internal functions that are typical of the psychological structure of the individual [7•].

The first basic needs that the child asks of himself are precisely associated with the function of the eye: the need for 'admiration' (a term derived from the Latin *mirari*, 'look at with wonder') and the need for mirroring (from the Latin speculum, Specio = spicio, 'I look').

The face and the eyes of the mother are in fact, for the infant, the visual stimuli he receives more frequently in the early months, and by these games the mother recognizes her baby and the baby proves to himself. The child has a primary need of the sparkle in the mother's eyes. The ocular and mirror function of the eye, within the field of the relationship between mother and child has a fundamental role in future mental internalizations and then in the psychoemotional development of the individual.

In addition to the theme of the primary scene, the holding and the emotional mirroring, another utmost important psychological issue is related to the eye theme: the envy (from the verb *invideo*, that is 'look inward').

According to the researches by Klein, the envy would be a feeling that operates from birth and that materially affects the earliest experiences of the child [8]. The envy is part of a relationship between two in which the individual envies the object for something that it owns or for some its quality; typically the baby would envy good items that he perceives to be present in the mother (in her breast) and, as he would have all of them for him, he attacks the mother (her breast), with poisonous projections [9•]. These projections, when reprojected to settle the maternal imago, are lived as strongly persecutive and distressing because they are full of the primary envy. The envy is highly detrimental to development, because the source itself of all that is good, from which the child depends, is made bad and poisonous, and the internalization of the maternal imago instead of being reassuring and protective, becomes the equivalent of 'a poisonous mother'.

We can find the same unconscious item in widespread popular belief of the 'evil eye', that action of the envious eye capable of generating a disease [10•].

In addition to erotic pulses and to the psychoemotional dimension related to the theme of the eye, we could also find in this latest formulation the aggressive and destructive charges of the envious attack.

On the basis of what has been just described, one can well understand how in the unconsciousness the topic of the eye is associated not only to the parties that you should not like to see (sexual prohibitions), but also, more profoundly, to the objects through which the psychic apparatus itself can be structured (reflectiveness, eye contact). Finally, in the unconsciousness the eye is the bearer of ancient aggressivenesses, envious attacks, and destructive intentions: the eye for the unconscious does not only love, but it can also hate.

In a psychosomatic vision, then, the problems of the eye hide very old emotional and relational conflicts, which relate to the earlier referred matters.

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

Ocular psychosomatics

The psychosomatic intitutions in ophthalmology come from far back; in fact, already in 1821 Demours had recognized a psychological nature in ophthalmologic disturbances. But the real initiator of psychosomatic in the ophthalmologic field can be rightly considered by Inman [11].

Ourgaud and Sedan [12] in 1938 presented an important article, 'The glaucoma of joy and fear', which reported a copious case on acute and chronic glaucoma related to sudden emotional events.

In 1954 Hartmann [13] also gathered many experiences of psychosomatic disorder in ophthalmology and he presented them at the XVII Congress of Ophthalmology in New York. Hartmann also assumed that the allergic disease could, at times, have psychosomatic origins. He applies the same model of the triggering of asthma to the allergic phenomena of the eye.

In 1957, what must be the standard textbook on psychosomatic ophthalmology was written by Schlaegel [14].

The review of literature allowed us to observe that the ophthalmologists have been really interested in psychosomatic aspects since the end of the 19th Century and about the first half of the 20th Century. A lack of interest is, however, evident from 1965 onwards.

In recent years, there has been on average one paper a year on this subject [15].

The reasons for this gap are often found in the deep technicality of ophthalmology [16•]. According to this view, today the modern ophthalmologist has become a specialist who above all fits into a particular surgical dimension, with high-impact technology.

We believe that these reasons are completely inadequate to explain a decrease in psychodynamic interest aspects related to ophthalmology. The technicality and specialization are not at all in contrast with a psychodynamic vision and an idiographic method.

On the contrary, we believe that the explanation lies in the lack of a specialized psychodynamic understanding of the eye. The eye is something that goes far beyond the simple visual function, as it is reported in the psychodynamic literature. The ophthalmology should take this research within its own science of the eye.

Is it not unusual that none of the ophthalmology manuals take note of the fact that with eyes you can swallow something ('to fall into the eye'), kill ('to fulminate with eyes'), pierce, give someone the once-over, throw caress glances or take someone to the fish-hook, that you can glance at someone as you can throw a stone, that they can frighten or threaten? The man can be all eyes; eyes can blink, glisten, and laugh. They can fix, punish, may be asleep, thoughtful, dry, or moist. A laughing eye can see the object in a different way from when it cries, while an inebriated eye probably does not see at all.

If there was really only a mechanic view, the practice and theory of ophthalmology could safely ignore psychodynamic and emotional aspects of the eye and of the seeing. As seeing is not something purely physical but also includes psychological, emotional, and subconscious aspects related to the first experiences in childhood, we believe that the ophthalmology should start to be involved with the specific psychodynamic aspects.

Psychodynamic approach to ocular allergies

The psychodynamic literature on allergies is traditionally very rich.

A kind of psychological influence, not only on allergic reaction but also on immune functions [17], is established today.

The researchers, who have studied the psychological and emotional dynamics of allergy, highlighted the incidence of maternal rejection on the structuring of their personality. The refusal causes the infant anguish for the abandon, a frustrated need of love that generates aggression. This aggression cannot be openly expressed, so it is blocked and turned against him. Thereafter, every situation that can reactivate this initial anguish for the abandon works as a trigger.

Through the well known psychosomatic regression form the symbolic capacity to the subsymbolic somatic expression [18••], and the body becomes the theatre on which the aggressive motions of the immunoallergic flogosis perform.

If the studies with a psychodynamic approach on allergies are still quite present, the literature on ocular allergies in the ocular psychosomatic field is particularly poor.

A recent study [19] addresses the evaluation of the extent of Psychosomatical complaints in patients with primary keratoconjunctivitis sicca (pkCS). The study demonstrates that patients with primary keratoconjunctivitis sicca, in comaprison to the control group, showed significantly more complaints, were more emotionally unstable and more depressive.

The authors, therefore, recommend an additional psychological treatment (e.g., autogenic training) for

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

these patients to stabilize their emotional condition, which may even have a positive effect on their dry eye problems.

According to another study, patients with irritant ophthalmic symptoms, submitted to the Middlesex Hospital Questionnaire, have found higher indices of either anxiety or depression or both than the control group [20].

Finally, in a study [21] the status of 18 patients presenting with ocular psychosomatic symptoms is reviewed 10–18 months after presentation. All the patients had been discharged after the examination and reassurance given at the initial interview. In eight patients symptoms had completely ceased, while 10 patients retained their symptoms. Transitory, self-limiting symptom were more commonly associated with anxiety and occurred in the younger patients. Persistent symptoms were more commonly associated with depression and occurred in the older patients. Pain of the eyes, face, and head is conspicuous in both groups.

These researches, even as extremely interesting in getting some psychopathologic aspects underlying the allergic ocular distresses, seem to maintain a too partial methodological setting. What escapes is an overall view that includes the psychodynamic approach in the treatment of ocular allergies.

The evolution of medicine implies that the approach to patient has become more and more multidisciplinary [22••].

In a purely scientific view, sharing the sickness is, certainly, a progress. What it means to be sent from one doctor to another for the patient and how much this influences his affective and emotional economy, however, needs to be assessed. The sick person can live this reality as a medicine of separations, of machines, and of silence. For these reasons, today we are starting to think about a multidisciplinary also in terms of protective network built around the patient.

As we explained in relation to the unconscious psychoemotional aspects underlying a patient suffering from ocular allergies, the anguish of abandonment must be kept in mind that can be activated in these kinds of patients.

The patient has to be warmly sent and received, enhancing a homely environment [23•]. Not only, in order to management the potentially envious issues, present as destructive unconscious fantasies associated with the functional dimension of the organ (eye), the 'network' will also be an environment that can be sufficiently destroyed, or able to let the unconscious emotions of frustration and aggressiveness of the patient to come out, to contain them and to turn them into more accessible conscious emotions. In other words, the 'network' should encourage an awareness of the emotional dynamics of the patient, lead to express their psychological distress without the need for a somatization [24•] and to definitely promote the independence of the patient. To this aim is very important to keep an empathic and frank communication [25•]. In some cases, for example, it is much more dangerous to say to the patient to rest their eyes than to make free use of them. Many sensitive patients can become nervous when they are required to stand the sight or to use sunglasses, and the psychoneurotics may develop in full their neuroses, as a result of these recommendations.

People suffering from ocular allergy may be limited in performing daily activities such as reading, computer work, and going outside.

In this regard, some quantitative instruments can be very useful for measuring the impact of ocular allergy on patient's quality of life. Patient-reported outcome instruments can be used to determine which drugs have the greatest effect on patient reported HRQoL, treatment satisfaction, and work productivity. Five questionnaires measuring the HRQoL of patients with ocular allergy have been identified in the literature.

They are as follows: the Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) with standardized activities [26], the miniRQLQ [27], The Nocturnal Rhinoconjunctivitis Quality of Life Questionnaire (NRQLQ) [28], the Allergic Conjunctivitis Quality of Life Questionnaire ACQLQ [29] and the Eye Allergy Patient Impact Questionnaire (EAPIQ) [30].

Scores for the EAPIQ scales are transformed to give a minimum score of 0 and a maximum score of 100. Higher scores indicate a greater impact on health due to worse symptoms.

Conclusion

The psychodynamic research on ocular allergy is currently poor and methodologically reductive. We tried to indicate the general aspects to be considered to implement a broader psychodynamic approach. More specifically it is necessary to consider a modern psychodynamic approach that could link together the particular depth of pathology (in terms of its physiological changes) with the analogous depth of the psychological conflict and its psychological defences. An approach that intervenes through a medical–psychological network according to the systemic criteria of the ecobiopsychology [22••]. The collaboration between the family doctor, the medical

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

specialist and the psychologist should be considered in terms of an environment that facilitates the psychoemotional development of the individual, catching the somatopsychic aspects which have been left dissatisfied.

References and recommended reading

Papers of particular interest, published within the annual period of review, have been highlighted as:

- • of special interest
- •• of outstanding interest

Additional references related to this topic can also be found in the Current World Literature section in this issue (p. 496).

1 Freud S. Aus der Geschichte einer infantilen Neurose', 1918. In: Freud S, Collected Papers, vol.3., Standard, Ed., London, 1924–1950.

2 Weiss E, English OS. Psychosomatic Medicine. Philadelphia: Saunders; 1949.

3 Greenberg JR, Mitchell SA. Object relations in psychoanalytic theory. Harvard University Press; 1983.

4 • Fulgencio L. Winnicott's rejection of the basic concepts of Freud's metapsychology. Int J Psychoanal 2007; 88:443–461.
In this paper, the author attempts to show how Winnicott rejected the basic concepts of Freud's metapsychology, namely the concepts of Trieb (instinct/drive), psychical apparatus and libido. Subsequent analysis shows that Winnicott replaced the main concepts of the metapsychological theory, which have no correlation whatsoever in the phenomenal world, with a set of other, nonspeculative concepts, thereby favoring a factual theorization.

5 • Sirois FJ. Aesthetic experience. Int J Psychoanal 2008; 89:127–142.
The article discusses the psychic function of aesthetic experience in mastering anxiety as related to ego, id and superego.

6 Wendel A, Ray WA. In Honor of Paul Watzlawick. J Marital FamTher 2007; 33:293–294.

7 • Knox J. The fear of love: the denial of self in relationship. J Anal Psychol 2007; 52:543–563.
This paper shows how the child is a 'self-object' for the parents, who depend on the responses of others, including their own child, to maintain a sense of their own identity.

8 Brearley M. Encounters with Melanie Klein: selected papers of Elizabeth Spillius. Int J Psychoanal 2008; 89:448–452.

9 • Brutti C, Brutti R, Chiozza G, *et al.* The incoming psychoanalysis 2. conscience and affection. Rivista di Psicoanalisi 2007; 3:33–34.
The affections theory is discussed by means of a psychosomatic concept that does not separate body from psyche. According to this approach, the envy feeling corresponds on one side 'a poisonous mother' which is often represented as a serpent, on the other the 'functioning of the gall'; the gall preparse food and it is actively involved in a type of 'external' digestion because it is realized in the intestinal lumen, the envy consists of a mental functioning which crumbles or analyzes an object from outside, that is, before incorporation.

10 • Bhasin V. Medical Anthropology: a review. Studies on Ethno Medicine 2007; 1:1–20.
The article shows how all over the world people believe in evil eye. People use the eye metaphor to emphasize evil emanating from envious eye-to-eye contact.

11 Inman WS. Emotion and eye symptoms. Br J Med Psych 1921; 2:47–67.

12 Ourgaud G, Sedan J. Glaucoma of joy and fear. Revue d'ONO 1938; 16:548–553.

13 Hartmann E. The psycho-somatic factors in the etiology of certain eye conditions. Ann D'Ocul 1954; 187:865–897.

14 Schlaegel TF Jr. Psychosomatic ophthalmology. Baltimore: The Williams and Wilkins Company; 1957.

15 Fenton P. Case reports on psychosomatic eye disorders. Doc Ophth 1992; 81:351–356.

16 • Soldini M. Bioethics and ophtalmology. Oftalmologia Sociale 2008; 1: 4–7.
The article addresses the topic of bioethics in the ophthalmologic field, based on the problematic and experimental approach of its' 'Ethics in virtues' in order to make the profession of the ophthalmologists completed on the scientific and the human aspects.

17 Goebel MU, Meykadeh N, Kou W, *et al.* Behavioral conditioning of antihistamine effects in patients with allergic rhinitis. Psychother Psychosom 2008; 77:227–234.

18 •• Bucci W. New perspectives on the multiple code theory; the role of bodily experience in emotional organization. In: Anderson FS, editor. Bodies in Treatment; The Unspoken Dimension. Hillsdale: The Analytic Press, Inc; 2007. pp. 51–77.
This work starts from the premise that today the psychosomatic medicine and the psychoneuroimmunology recognize the existence of widespread interactions at a biological level among the central nervous system, the autonomic nervous system, the endocrine system and the lymphatic system with influences of various degrees in all natural diseases. It then correlates this biomedical progress with the insights of psychoanalysis, emphasizing its central importance. Finally it outlines a new conceptual path, the theory of the multiple codes, which lays the foundations for a model that sees in the disease a regression to a nonverbal subsymbolic way.

19 Erb C, Horn A, Günthner A, *et al.* Psychosomatic aspects of patients with primary keratoconjunctivitis sicca. Klin Monatsbl Augenheilkd 1996; 208:96–99.

20 Adams GL, Pearlman JT, Sloan SH. Psychosomatic ocular irritation. A J Psychiatry 1970; 127:539.

21 Karseras AG, Sullivan S. Ophthalmic psychoneurosis: natural history. Br J Ophthalmol 1981; 67:554–556.

22 •• Frigoli D. Fundamentals of ecobiopsychological psychotherapy Armando. 2007.
The address of the ecobiopsychology study lies within the panorama of the sciences of complexity. In what we call environment (eco) is an implicit order that is reflected in the evolution of body (bios) and in the history of its dreams and its myths (psyche). This approach allows the therapist not only to respond to the needs of symptoms but also to pick up the hidden intention of the archetype of Self as a dimension which links together the matter and the psyche. The ecobiopsychology also arises as a model of multidisciplinary intervention and a 'network' according to the logic of patient sharing and in the psychodynamic placement of patient's strong and weak points.

23 • Street RL, O'Malley KJ, Cooper LA, Haidet P. Understanding concordance in patient-physician relationships: personal and ethnic dimensions of shared identity. Ann Fam Med 2008; 6:198–205.
This study shows that the physician–patient relationship is strengthened when patients see themselves as similar to their physicians in personal beliefs, values, and communication. Perceived personal similarity is associated with higher ratings of trust, satisfaction, and intention to adhere. Race concordance is the primary predictor of perceived ethnic similarity, but several factors affect perceived personal similarity, including physicians' use of patient-centered communication.

24 • Aino K, Mattila AK, Poutanen O, Koivisto A, *et al.* Alexithymia and life satisfaction in primary healthcare patients. Psychosomatics 2007; 48: 523–529.
The relationship between life satisfaction and alexithymia was studied in a sample of 229 patients. The measures were the abbreviated Life Satisfaction Scale and the 20-item Toronto Alexithymia Scale. Of all individuals, 19.2% were alexithymic, and 9.2% were depressed. Alexithymia was negatively associated with life satisfaction even when depression and other confounding factors were controlled. Alexithymia is a risk factor for life dissatisfaction in primary-care patients.

25 • Norfolk T, Birdi K, Walsh D. The role of empathy in establishing rapport in the consultation: a new model. Med Educ 2007; 41:690–697.
The model, involving general practitioners, and clinical psychologists, appears to capture the dynamic process of establishing a therapeutic relationship (rapport) between doctor and patient, defined by the quality of the doctor's understanding of the patient's perspective on his or her problem. Arguably, the most important contribution of the model is to highlight the fact that 'empathy' and consequent 'rapport' are not mystical or exclusive concepts but, rather, involve the use of specific skills accessible at some level by all.

26 Juniper EF, Thompson AK, Ferrie PJ, Roberts JN. Validation of the standardized version of the Rhinoconjunctivitis Quality of Life Questionnaire. J Allergy Clin Immunol 1999; 104 (2 Pt 1):364–369.

27 Juniper EF, Thompson AK, Ferrie PJ, Roberts JN. Development and validation of the mini Rhinoconjunctivitis Quality of Life Questionnaire. Clin Exp Allergy 2000; 30:132–140.

28 Juniper E, Rohrbaugh T, Meltzer E. A questionnaire to measure quality of life in adults with nocturnal allergic rhinoconjunctivitis. J Allergy Clin Immunol 2003; 111:484–490.

29 Storms W, Beck M, Kimura S, *et al.* Impact on the quality of life of the addition of topical ocular antiallergic therapy to existing systemic and/or nasal therapy in a population of allergic rhinitis patients using RQLQ and ACQLQ Questionnaires. J Allergy Clin Immunol 2005; 115:129.

30 Alexander M, Berger W, Buchholz P, *et al.* The reliability, validity, and preliminary responsiveness of the Eye Allergy Patient Impact Questionnaire (EAPIQ). Health Qual Life Outcomes 2005; 3:67.

Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.