

Guest Editorial

Psyche and Soma

Matthew Silvan, PhD

The connection between the psyche and the soma, and specifically the skin, is not a novel concept. This area of study has been referred to as *psychodermatology*, *psychosomatic dermatology*, or *psychocutaneous medicine* by dermatologists and has been incorporated within the rubric of somatic disorders or psychosomatic medicine by mental health practitioners. However, the development of psychocutaneous medicine has been slow and inconsistent, plagued with long periods of inactivity and stymied by a lack of communication among those rare clinicians in disparate fields who were encountering these phenomena in their practices. Although Plato encouraged physicians to recognize the relationship between body and soul and Hippocrates noted that emotional states can influence bodily reactions, it was not until Freud that the relationship between biology and psychiatry began to be systemically explored.

In fact, the first documented case study of psychocutaneous disease appears to have been in 1200 BC when the physician to the Prince of Persia speculated that his patient's psoriasis was caused by the young man's anxiety about succeeding to his father's throne.¹ However, the term *neurodermatitis* was not coined until the late 19th century by Brocq and Jacquet (1891), and it took 62 years before Wittkower and Russell (1953) published their seminal work *Emotional Factors in Skin Disease*. However, the last 20 years has seen a significant and, most important, a sustained increase in the publication of empirical studies and anecdotal reports that have examined the ways in

which an individual's emotional state impacts on diseases of the skin and how the skin can reflect a person's emotional world. In addition, dermatologists are increasingly willing to recognize that their patients can have intensely emotional reactions such as shame and guilt to the often stigmatized presence of skin disease.

In the last decade, several organized clinics have been developed in the United States and Europe for treating patients with both dermatologic and psychological conditions. This represents a resurgence of a trend that was common prior to the mid 1900s. Thus, the field of psychocutaneous medicine is one with a rich history that makes intuitive sense to most clinicians. Yet, the impact of this area of dermatology remains small, despite the presence of national and international organizations in this subspecialty. Thus, many dermatologists are still unaware of the research being undertaken in this area and would benefit from case reports that illustrate how psychological factors impact patients with dermatologic disease.

The editors of *Cutis*[®] hope to offer dermatologists the opportunity to learn more about this fascinating field by including regular contributions in psychocutaneous medicine. It is our experience that recognizing the powerful role that emotions play in all types of skin disease and integrating a psychocutaneous perspective not only broadens the understanding of the patient but also offers the possibility for a more comprehensive and effective treatment.

On page 291 in this issue, we include the first article in a new column, Psychocutaneous Medicine. This article by Fried and Fried discusses the management of patients with excoriations.

REFERENCE

1. Shafii M, Shafii SL. Exploratory psychotherapy in the treatment of psoriasis. twelve hundred years ago. *Arch Gen Psychiatry*. 1979;36:1242-1245.

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The author reports no conflict of interest.

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