

## **The skin screams what my voice cannot express**

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### **Abstract**

The skin as the first image of ourselves, the first contact with the outside world and with our mother, is a privileged organ in relational life.

It reveals what is going on inside us, as it is a visible organ that blushes, pales, sweats, freezes, etc. It represents the organ of touch, harbinger of sensations of vital importance. The skin, mirror of our soul and our feelings, is a kind of maternal and protective envelope.

**Keywords:** Skin-Ego, psychosomatic, container, psychosomatic dermatosis

Many authors have emphasized the role of the skin and of the first skin contacts between mother and child, as organizing factors of identity and Ego functions. It is through contact that over time the child can structure the boundary between the self and the non-self, determine his own separation and individuation, obtain the mental representation of his body, its organs and the relationships between surfaces.

For Freud at the beginning of life, being caressed, embraced, coaxed makes the various parts of the child's body sensitive, helps him build a healthy body image and bodily Ego, increases his narcissistic libido and at the same time promotes the development of love object by strengthening the bond between the child and the mother. The surface of the skin fulfils, in its role as an erogenous zone, a multiple function growth of the child.

According to D. Winnicott, the processes of integration and personalization depend on the support and manipulation received by the newborn. If the experiences of the Id and the motor and sensory experiences of the newborn meet a maternal capacity for sensitive identification and adequate manipulation, they are clothed with a personal imaginative processing that allows the psyche to indwell in the soma. By the term "personalization" he refers to the newborn's bond with his body, his biological functions and the skin, in its function as a restrictive or limiting membrane. Personalization is connected with manipulation. Good maternal manipulation involves having the ability to know when, how and where to touch, caress, grasp, leave. It is the necessary condition for the establishment of an individual psychosomatic life, so that the skin becomes the border between me and not-me. According to the author, the illness does not reside in the clinical state in which the somatic pathology manifests itself but is the persistence of a split in the patient's egoic organization or of multiple dissociations.

The child must be cared for on what is originally physical or physiological and to which is added an affective participation. In this way the integration process is produced, on the contrary there are cases in which splitting is the substitute for removal and psychosomatic illness is the opposite of the tendency to

psychosomatic integration or the achievement of the in-dwelling of the psyche in the soma.

### **Ester Bick**

In 1964 Ester Bick focused on the direct observation not only of the child but also with the mother-child relationship with the methodology of the Infant Observation.

In 1968, in *The Experience of the Skin in early object relations*, Bick writes «in their most primitive stage the various parts of the personality are perceived as lacking an intrinsic cohesive force, which must therefore be held together in a passively lived way by them, thanks to the boundary function performed by the skin».

According to Bick, the child is initially in a state of non-integration experienced by the child as an experience of total helplessness, and in a stage of disintegration characterized by splitting processes developed as defenses. In the non-integration stage, the child needs a containing object that holds the components of his personality together. The containing object is experienced as a skin and becomes indispensable for the development of the processes of identification, primary splitting and idealization of the Self and the object, as described by Melanie Klein.

The containment function allows the development of introjection and the ability to process an interior space of the Self, which differs from the external world. Inadequate development of this primary skin function could lead to identity confusion.

The disturbance of this function can derive both from inadequacy of the external object, the mother, and from phantasmic attacks against it that prevent its introjection: such a process could lead to the formation of a "second skin" (Bick, 1968) where the dependence on the object is replaced by a false dependence, using in an inadequate way mental functions, as substitutes in the containment function of the skin.

### **Didier Anzieu**

In his work on *The Skin-Ego*, Didier Anzieu collects the reflections on dermatological patients starting from Freud's intuition, «any psychic function rests on a physical function which is then transported to a mental plane», and establishes parallels between the skin and the Ego. Anzieu writes: «With Skin-Ego I design a representation which the child's Ego uses, during the early stages of development, to represent itself as the Ego that contains psychic contents, starting from its own experience of the surface of the body. This corresponds to the moment in which the psychic Ego differs from the bodily Ego» (Anzieu, 1985, p. 56).

The Ego of the child is initially a bodily-Ego that is a skin-Ego. The direct care of the skin by the mother to satisfy the physical and psychic needs of the child are internalized by this and ensure: identity, continuity and a sense of protection.

Anzieu assigns three main functions to the skin:

- containing and unifying envelope (the sack);
- protective barrier of psychic life (the screen);
- filter of exchanges and inscription of the first tracks, a function that makes representation possible (the sieve).

Didier Anzieu defines the skin as "the psychic envelope" which has some peculiarities that make it very interesting on a symbolic and complex level.

The skin as a psychic envelope can be interpreted in two afferent meanings: mute container of an organic body seen as an aggregate of organs and functions, seat of the psychic. It is the prison of the Ego, a cage that sacrifices the individual to the dichotomous logic of consciousness, in a precise and clear boundary line with the inside and the outside, between a presumed subjectivity and the whole objectivity of the so-called external world.

The Skin-Ego, the central concept of D. Anzieu's theory, is a psychic instance that finds its support on the function of the biological skin: the sack that holds to the inside, the barrier that protects and the primary place of exchanges with the other.

Interface between the mother/newborn interactions, the maternal Skin-Ego contributes to the constitution of that of the child, starting from an interface that can be represented by the ghost of a skin common to both. It keeps the mother and infant attached in a symmetry that foreshadows their forthcoming separation. The skin is a primary place and means of communication with others, with which to establish meaningful relationships. The Ego draws from these epidermal and proprioceptive experiences the dual capacity to erect barriers, that is the defense mechanisms, and to filter exchanges with the Id, the Superego and the external world.

The eight functions that D. Anzieu recognizes in the Skin-Ego are:

1. Support: just as the skin performs a function of supporting the skeleton and muscles, so the skin fulfills the preservation of psychic life;
2. Container: the skin that covers the entire surface of the body and into which all the external sense organs are inserted corresponds to the containment function of the Skin-Ego. In the same way that the skin envelops the body, the Skin-Ego tends to envelop the psychic apparatus and is represented as the shell, and the Id as the nucleus, each of the two terms needing the other. Two types of anguish correspond to the lack of a function: one of a diffuse, permanent, scattered, unsatisfying drive excitation, not identifiable as a psychic topography constituted by a kernel without a shell; the other determined by psychic holes, represented by an image of a colader skin-Ego;

3. Para-excitation: the epidermis protects its sensitive layer and the organism at a superficial level against physical aggressions. The excesses and deficiencies of para-excitation trigger different forms of anguish: paranoid anguish which comes in two forms:
  - a) my thoughts are stolen (persecution);
  - b) my thoughts are given to me (influencing machine).The anguish of the loss of the object overwhelms the determination of the subject, without the possibility of resorting to self-determination.
4. Identification: the skin protects individuality by distinguishing foreign bodies, to which it refuses access, and similar or complementary substances, towards which the Skin-Ego performs the function of identifying the Self. It is the anguish described by Freud (1919) of disturbing extraneousness that threatens the feeling of identity through the blurring of limits.
5. Intersensory: the skin is a surface equipped with sacks, cavities in which sense organs are housed. The Skin-Ego is a psychic surface that connects the sensations of different natures together and thus performs an intersensorial function. The lack of this function corresponds to the anguish of fragmentation and dismantling described by Meltzer, that is, of an anarchic functioning of the various senses.
6. Support of sexual excitements: the baby's skin is the object of libidinal investment by the mother. Nourishment and care are accompanied by generally pleasant skin-to-skin contacts, which prepare self-eroticism and make the pleasures of the skin the habitual background of sexual pleasures. In the absence of satisfactory discharge, this sheath of erogenous excitement can turn into a sheath of anguish.
7. Libido recharge: the skin is a permanent stimulation surface for the sensory-motor tone. Through the external excitations the Skin-Ego performs a libidinal recharge function of psychic functioning. The lack of this function causes both the anguish of the explosion of the psychic apparatus and the anguish of Nirvana, that is to say the total extinction of the drives.
8. Inscription of tactile sensory traces: the skin, with the tactile sensory organs it contains (touch, pain, hot-cold), provides direct information on the external world. This function develops thanks to a double biological and social support. Organic: a first plan of reality is imprinted on the skin. Social: the belonging of an individual to a social group is characterized by engravings, paintings, tattoos. The oscillation between the two extremes corresponds to the function, an indelible and deadly impression, a hyperfragile impression with the risk of cancellation and loss.
9. Toxic function: if it occurs, it finds its correspondent in the sensation of skin shrinkage which translates into a movement of self-cancellation.

Each skin pathology therefore seems to be able to include an alteration of the Skin-Ego functions, diversifying according to the depth, extension, location of the lesion and therefore psychosomatic involvement: the more involved the deep layers with discontinuities of the skin mantle, the more extensive is the lesion, the deeper and more extensive is the conflict expressed by the body language.

The skin takes on the responsibility of witnessing verbally unexpressed suffering: the appearance, exacerbation, chronicization of some dermatological pathologies appear linked to events such as mourning, separations, marriages, births, etc.

An emotional etiopathogenetic component has been found in most skin diseases such as urticaria, atopic dermatitis, alopecia areata, psoriasis, etc. defined as psychosomatic dermatoses.

Psychosomatic dermatoses can be considered to be formed by three layers:

1. the first is the superficial layer, that is the dermatological expression of the illness;
2. the second is the verbalized expression of what the patient feels in a conscious and immediate way;
3. the deeper unconscious layer, through which unconscious disturbances, fears and questions are raised with respect to the subject's experience.

Dermatoses whose psychosomatic factor is placed in social and psychoaffective repercussions, such as acne, seborrheic alopecia, place the subject in relation to the social environment to feel guilty and ashamed, as society manifests a natural tendency to reject the one who has skin signs, fearing the risk of contagion and a dirty and unhealthy appearance.

Starting from the statements reported, a brief consideration taken from clinical experience may be useful, which symbolically exemplifies some of them.

### **Clinical case: Fire Conflict**

The Mrs. is 40 years old, married with 2 children and works in a supermarket. During the colloquium she tells she had *herpes zoster* and to have lost her mother to a haematological disease, with whom she had a conflicting relationship and preferred her sister to her.

As a child she played at sewing her hands with thread because her mother was a seamstress. Comes to my mind that she wanted to sew up the relationship with her mother and with the parts of herself splitted by the anger towards this mother who preferred her sister to her and by the love felt for the mother, also wanting to imitate her in her work. Also I think that getting the pain on her hands with the needle is a shift of her psychic pain to physical pain.

*Herpes Zoster* is the scientific name for the disease commonly known as “St. Anthony's fire”. It is caused by varicella virus infection, which affects the nerve roots where vesicles and erythema form, which cause pain.

The symbolic core of this pathology is linked to an ancient conflict that is removed (the virus entering the organism) but not eliminated by the emerging

consciousness (the persistent virus in the nervous system) in an aggressive way to impose itself on our attention.

In this case I think that in Mrs. the pain and the erythema therefore the somatic symptom that imposes itself on the skin, indicates the relationship always lit like a fire with the mother, for not having understood her and the pain and sorrow both for having lost her and for having to repress everything, by the absence of an interlocutor.

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