INTRODUCTION

Nowadays psychosomatics is studied by psychiatric,[1] psychoanalytical,[2,3] and analytical psychology.[4] No such school is initially used by the German physicians, Heinroth and Lipowski, and the psychosomatic medicine expression, in its turn, was firstly used by Felix Deutsch in 1922. Helen Dunbar, in 1935, presented sounder foundations for her major in psychosomatics through a more scientific methodology in her writings. Even Dunbar did not consider the term suitable for not believing that it could approach the totality of body-psyche phenomena. It was Dunbar who created the American Psychosomatic Society and in 1939, started the publication of the Psychosomatic Medicine Journal.[5]

Despite all controversial issues about its scope and concepts, psychosomatics has been treated as the science, which studies and interprets body-psyche and psychosomatic phenomena, being the latter term signed by Johann Heinroth.[5]

It is defined as a body-psyche phenomenon every process involving emotions and affections and that may cause biochemical changes to our body triggering responses of body systems, cells, tissues, and organs. The psychosomatic demonstrations, to the contrary, are results of physical body interferences in the psychoemotional state of patients.[2,4] Psychosomatic phenomena not always develop pathologies. In fact, they may just interfere in the responses of

Case Report

Three Cases of Hair Loss Analyzed by the Point of View of the Analytical Psychology

Ademir Carvalho Leite Júnior, Tatiele Katzer1, Denise Gimenez Ramos

Department of Clinical Psychology, Pontifícia universidade Católica de São Paulo, São Paulo, 1Department of Aesthetics in Dermatology, Universidade de Santa Cruz do Sul, Santa Cruz do Sul, Brazil

ABSTRACT

Psychotrichology is the science, which covers the psychosomatics applied to hair problems, i.e., body-psyche phenomena involving scalp and hair disorders. The approaches involving psychotrichology are varied and may include psychiatric,[1] psychoanalytical,[2,3] and those involving knowledge related to analytical psychology.[4] An analysis from the analytical psychology point of view, a theory developed by the physician Carl Gustav Jung, favors a symbolic view to the disease, providing it attributions and meanings that go beyond those related to physical body signs and symptoms only. This paper aims to describe and analyze, under the analytical psychology view, three cases the psychic and clinical demonstrations of which relate to symbolic and historic aspects concerning life of patients as possibilities of cause and maintenance of hair problems. The first of them is related to an 8-year-old girl who witnessed a scene of physical aggression by her father against her mother and developed a case of total alopecia. The second case is related to a 43-year-old woman who developed self-inflicted scalp dermatitis due to severe anxiety; and at last, the case of a telogen effluvium in a 23-year-old woman who developed hyperprolactinemia after the death of her mother, having to substitute her in the care about her husband and brothers. Looking at the clinical history and symbolic matters of scalp and hair diseases enabled, in the aforementioned cases, a better understanding of patients’ psychoemotional disorders that may be related to the beginning and maintenance of clinical cases presented by them.

Key words: Alopecia, analytical psychology, hair loss, psychosomatic phenomena, being the latter term signed by Johann Heinroth.[5]

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body-psyche unity for a better adaptation of the individual to the environment he is inserted. Selye, in his book “The stress of life,” of 1956, presented the stress theory based on biological adaptation phenomena of the body in response to stressful events, showing, inclusively, the adaptation phenomena can be enabling or disabling, according to the duration and intensity of events causing stress.[8]

From the pathological point of view, many widely studied diseases are considered psychosomatic disorders. In the past, the lack of a defined cause for a health problem took to this diagnostic direction. On the other hand, today science already enables us to understand how this body-psyche interrelation can act from the biochemical point of view, favoring inclusively a better interpretation of these phenomena.

Psychodermatology, a study area, which is close to psychosomatics in its way of understanding the appearance and maintenance of dermatological cases, made a huge step for a better understanding of hair and skin demonstrations. Nowadays, studies in psychodermatology have contributed for a better therapeutic orientation of cases, which, mostly have their concerns shared by dermatologists, psychologists, or professionals of psychiatric area.[6‑13]

In 2013, Hart and Blume-Peytavi published a review about hair-related psychosomatic demonstrations (Psychotrichology: psychosomatics aspects of hair diseases). According to the article, it is clear that the value provided by the authors to body-psyche phenomena related to the appearance of hair demonstrations and how psychiatric disorders can have impact on hair and skin health.[14]

**Psychosomatics based on analytical psychology and theory of complexes**

Carl Gustav Jung, a Swiss physician, who lived from 1875 to 1961, based on his clinical experience, studies on philosophy, mythology, sciences of religion, and having been a disciple of Sigmund Freud worked, for many years, on the development of a theoretical line in an area known as analytical psychology.[13]

The analytical psychology, in a way a little different from the psychoanalysis proposed by Freud, analyzes the bases which determine the appearance of physical and psychic health problems as well as the adaptation of the individual to the society. Based on Freud’s concepts of complex, Jung developed his own theory of complexes, making clear that trauma and life-conflicting events may cause important imprints which remain in the unconscious of every person. Jung called these imprints as complexes, self-psyche entities that behave as independent beings. When a complex is formed in our unconscious, it ends up providing a strong effect in our behaviors that can be both positive and negative. In general, traumas, emotional shocks, and suffering cause the formation of negative complexes, apart from rare exceptions. According to Jung’s theory of complexes, when life events which cause emotions similar to those, which caused the complexes are experienced by individuals, complexes become full of energy and may emerge in the way of physical or psychic symptoms, are examples of psychoneurosis and somatic demonstrations, respectively.[6,17]

When Invernizzi et al. mentioned that cases of alopecia areata may appear in patients with difficulties in developing emotions and in facing problems before life stresses, we may suggest that they are possible predisposing factors for the appearance of alopecia areata.[18] Therefore, under the analytical psychosomatic view, when individuals having these incapacities developed due to events related to their life histories, they need to develop conflicting emotions or if they face a severe stress, they end up becoming more liable to develop somatic clinical signs.

In other words, taking the example of alopecia areata studied by Invernizzi et al., a life history with traumatic and stressful events causes one or more complexes. When a new stressful or emotional event arises with a certain similarity to the causal factor which formed one of these complexes, it gains energy (it becomes emotionally loaded), and this energy of the complex ends up suffering a transduction to the patient’s body (it changes into a disease or a clinical sign), and it may appear as a hair loss, especially if the individual is already predisposed to develop such pathology by biological susceptibility.

In his studies, Jung also tried to understand the symbolic attributions of patients’ physical and psychic symptom signs, intensively analyzing important life aspects in the appearance of problems caused by them. For Jung, the symbols would be energy transformers, having both an impression and expression feature. Concerning expression, the symbols express an interior psychic happening whereas when physically appearing, they provide the sense related to the psychic current flow. As an example, we can say that when we are before a clinical event developed in the heart, the heart symbolic idea (affection, love, care) may give sense to the psychic energy, which caused the symptom. In other words, if a complex which arises from stresses or traumas related to affections, relations, or love is activated.
by emotions which take to these prior conflicts or stresses, the heart may be a target organ for the somatic process.\cite{19,20}

Along the discussion of cases related to this study, some symbolic elements will be discussed for a better understanding of the transduction mechanism of complexes, which belong to somatization of psychotrichology cases.

**CASE REPORTS**

**Case #1**

An 8-year-old girl who experiences a long and traumatic process of her parents’ stressed marriage relation. At any given moment, this girl witnesses a physical aggression by her father against her mother, a choking attempt. The girl, trying to defend her mother, jumps onto her father, hits him, and asking him to leave the house immediately. At that time, she insists her father must disappear from their house and no longer come back.

Some weeks later, that girl starts to develop signs of alopecia areata, which in less than 2 months, it changes to alopecia universalis. Her laboratory tests were normal, she did not take medicine and had no history of atopy or other chronic diseases.

In a therapeutic process, the girl feels guilty for the end of her parents’ marriage. She believes that her parents’ separation was due to her request that her father left their house as well as failing to value marriage-stressed relation and the lack of mutual respect.

She reported her wish of having her family back and feeling the love and care experienced when her younger sister was born, now at the age of 3 years old. She said that the happiest time of her family was when her sister was born.

Symbolically, the hair loss is developed as an event of regression to the life phase when the patient most received love and care, when she was newly born. A moment when parents usually get together to take care of their newly born child and as already said by her herself referring to the family environment after the birth of her younger sister, a period when the family care, affection, and attention are all addressed to the baby.

**Case #2**

A 43-year-old woman who goes to the doctor to treat a self-inflicted scalp dermatitis with deep scarring alopecia injuries and excoriation areas.

According to the patient, she has been very anxious since her childhood always being lessened by her mother who threatened to beat her when she got more agitated or impatient before important events. When she was asked on what important events would be reasons of most anxiety, she clearly said that they were school tests, ballet performance, and school presentations on special dates (father’s day, mother’s day, or end-of-the-year presentations).

In therapy, the patient reports that she rarely felt prepared for these events and that the closer to them the less focused she became due to her anxiety. In studies or trainings for presentations, she always felt confused and unable. According to her, to try to keep the focus on her studies and trainings, her mother used to beat on her head demanding her attention and asking her to get calmer and more aware.

The patient reported along her therapy that the act of self-causing injuries on her scalp always got more intense on days before job interviews, important meetings, or dates. When she excoriated her scalp, the patient had a feeling of relief and more tranquillity, reducing her anxiety.

According to her, when her mother beat on her head, she temporarily felt less tense, and for a while, she noticed that she could study better or focus on presentations that she had to make. When she was asked if the act of excoriating her scalp, causing injuries brought the same effect when her mother beat her, the patient stated that it seemed she had the same feeling when she self-inflicted these injuries.

**Case #3**

A 30-year old female patient who developed a case of diffuse hair loss after her mother died when she was 23 years old. According to her, the hair loss, which, at that time had been more intense, now was less important, but still remained, causing diffuse hair loss. There were no other clinical scalp signs.

When she was asked about her mother’s death, she made clear that the fact of having been an early death (her mother was 42 years old), caused by an unexpected accident brought a great shock to her family made up of her father, her brother, and her. Her brother and her father fell into depression and quit their jobs in a long mourning process. In its turn, the patient had to assume the household chores as well as to remain in her job, which ended up being the source of family support. Even after 7 years that her mother died, the patient is the family breadwinner, receiving little help from her father and brother in the household chores and having to support them as they remain unemployed.
It was interesting to notice that, along her hair loss development, the patient while she was diagnosed about her hair problem, her laboratory test showed a considerable hyperprolactinemia, which, for being asymptomatic, was disregarded by her endocrinologist after more specific tests for hypophysis problems.

As the patient was taking contraceptive pills, then she was recommended to interrupt the contraception for the purpose of evaluating the hyperprolactinemia impact over her menstrual cycle. Three months after interrupting the use of contraceptive pills and without her menstrual cycle normalization (amenorrhea), new tests were requested and the patient kept the hyperprolactinemia as well as we could verify as results of other complementary tests, information compatible with those of the polycystic ovary syndrome (ovarian polycystosis on serum hyperandrogenism and ultrasound examination). The interruption of contraceptive pills also caused the development of pustular acne her back and face.

In her therapies, the patient showed to be very dissatisfied with her family situation. She reported a great disturb for having to carry out all the household chores along the last years that used to be carried out by her mother (concerns about clothing, food, and cleaning) as well as to be the family breadwinner, as only she has a job in her family, having to financially support her father and brother.

With the patient under analysis, we have thought over her hair loss, especially concerning her hormonal changes, which seem to be the reason of her hair loss. The analysis therapy with the patient had as objective, to discuss the symbolic aspects involved with the hair loss as a somatization process of a case that developed with high serum levels of prolactin (lactation hormone), and androgens (predominant hormones of the male gender), based on conflicting matters experienced by the patient of being obliged to act as a mother and father (provider or patriarch), in this new type of family unit.

**CONCLUSIONS**

Psychosomatics is a study area, which collaborates with the understanding of a huge quantity of clinical processes. Hair losses can be studied through psychosomatics as it widely analyzes clinical cases for a better interpretation of psychosomatic or body-psyche phenomena that each patient has.

The analytical psychology, fruit of Carl Gustav Jung’s works, is a theoretical line, which analyzes and understands psychosomatic events based on the theory of complexes and on symbolic aspects the disease may have.

Due to that, it may be interesting to the professional who treats hair problems, to use the analytical psychosomatics for a better understanding of his patients, of the clinical presentation of their hair problems, and also to provide a psychoemotional support and a therapeutic orientation that may result in a wider concern about the sick individual.

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There are no conflicts of interest.

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