

A Strategic and Systemic Treatment Approach for Atopic Eczema

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Abstract

Purpose. The article presents guidelines for a Strategic-Systemic Brief Therapy of atopic eczema.

Design/methodology/approach. Based on the premise, that functional alterations of the psycho-neuro-immunological system as manifest in atopic dermatitis (AD) have circular dynamics, the approach does not accentuate pathological structures as causes underneath the problem, but puts emphasis on critical processes that create and reinforce symptoms. Problem investigation develops from the assumption that problems are maintained by attempted solutions. Having an eye for *the interactional process* of symptoms and attempted solutions uncovers *qualitatively new* observations, that enable a remarkably simple and brief solution of „difficult” or „chronic” problems.

Grasping a skin problem’s function means to find its resolution. Similarly, a trap’s mechanism can be figured out by the application of manipulations, that gradually lead to liberation (problem function = problem resolution).

Following a brief description of symptoms, medical evidences pointing at the circular evolution of atopic eczema will be given. A detailed description of processes that perpetuate allergic eruptions concludes the article, together with few examples of interventions for the methodological blocking of symptoms, whose completion will enable the development of a manual for problem resolution.

Originality/value. To the author’s knowledge, this is the first attempt of a specific, brief therapeutic approach for atopic eczema, based on a circular understanding of its physiological function. The article is also an attempt to develop a specific therapeutic manual for symptom resolution of AD.

Keywords. Systemics, cybernetics, atopic eczema, atopic dermatitis, atopic allergy

Paper type. Research paper

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*Defension attracts the attempt, mistrust the assault
(Montaigne, Esseis)*

*...a good house lacks both bolt and bar
thieves don't haunt it, it get's no harm...
(Lao Tse, Tao Te King)*

Introduction

Good boundaries fulfil their protective and defensive function – by connection! It is the paradoxical peculiarity of exaggerated defense to offend, as the self-contradictory aspect of overprotection is to harm.

Atopic allergies (*gr.:* "ά" and "τόπος" = *not belonging to a particular place*) constitute a considerable part of allergies that cannot be attributed to a particular allergenic substance. Atopic dermatitis operates through the involvement of the human organism's psycho-neuro-immunological system. Patients suffering from atopic dermatitis, respond with oversensitive skin reactions on physical and pharmacological stimuli and they have higher plasma levels of certain immunoglobulins (IgE) as well as lymphocytes (eosinophilia), partaking in the process of immune response (Behrman and Kliegman, 2004; Adelman and Casale, 2002; Freedberg and Eisen 2004; Grammer and Greenberger, 2004). Atopic skin inflammations, with highly pruritic eczematous manifestations, are common problems: 5-15% of children are affected, 60% of which continue to have symptoms after puberty, and nearly 80% are at risk for developing respiratory allergies, including allergic rhinitis and asthma. Secondary problems, e.g. disturbed sleep caused by nightly pruritus and dysphoric anxiety, avoidance of social activities, occupational dysfunction at school or at workplace, disturbance of interpersonal relations are common factors that aggravate patients' quality of life.

Current medical explanations of atopic eczema refer to a genetic susceptibility of the *atopic constitution* to develop specific antibodies (IgE) against common environmental *allergens*. Nevertheless, it has not been possible to prove the genetic origin of the problem¹ (Behrman and Kliegman,

¹ Monozygotic twins with AD have a concordance rate of 77% - dizygotic twins with AD only 15%. Although the mode of inheritance for AD is not known, various candidate genes for allergic diseases and asthma have been studied for possible association with AD. Particular chromosomal regions with genes involved in regulation of production of immunoglobulins and lymphocytes, partaking in immunological responses of AD-related

1996). Prevailing medical concepts' common consequence is the victimization of the patient either by the attribution of an *atopic constitution* or by ascribing her the quality of an *abnormal sensitivity to allergens* (= *tiny, ubiquitous environmental substances*), which cannot be avoided or only at the price of enormous restrictions.

It is the basic premise of this writing, that atopic eczema has a circular evolution, wherein *allergic (re)actions serve as effectors* and *perceptions of symptoms as sensors*. The process of allergy is maintained by the recursive reinforcement of a self-destructive, self-defensive operation.

Environment or *context* are also understood in a cybernetic sense. *The context* equals all processes taking part in the attempted solution of symptoms („totus pro parte”). The smallest, indivisible „unit” of observation becomes the *interactive operation* of symptom and attempted solutions. Based on the paradoxical premise, that attempted solutions of a problem maintain the latter's function, the understanding of techniques that block this interactional process, becomes the pivotal point of problem resolution.

Physical symptoms

Atopic eczema is characterised by intensely pruritic, erythematous papules associated with excoriations, intraepidermal vesications² typically affecting the palmar side of the hand, and *serous exudate*³ in acute cases, erythematous, excoriated, scaling papules in subacute atopic dermatitis, thickened skin with accentuated markings and *fibrotic*⁴ papules in chronic cases, with typically dry skin. The main affected areas during infancy are the face, scalp, and extensor surfaces of the extremities, but the diaper area is typically spared. In contrast, infragluteal involvement is a common distribution in children. In older patients with a long medical history of the problem, the flexural folds of the extremities are the predominant location of lesions.

problems, have been thoroughly investigated. It is claimed, that the expression of AD-related problems involves the interaction of multiple genes, the environment, and the psycho-neuro-immunological system.

² Vesicles within the outer part of the skin

³ Inflammatory outswat consisting of serum

⁴ Inflammatory increase of connective tissue

Towards a systemic scope of investigation

Psychoneuroimmunological factors are widely known to be involved in AD-related problems, playing the part of both sensors and effectors. Stress is known to have a worsening effect on atopic symptoms (Adelman and Casale, 2002; Grammer and Greenberger, 2004). Allergic processes can be trained and maintained by repeated operant conditioning. Animal experiments proved behaviorally conditioned histamine⁵ release due to prior stress (Russel and Dark, 1984). Emotional factors also influence the course of atopic allergies. Obstruction of bronchial tubes and swollen mucosa in asthmatic attacks is directly triggered by neural pathways activated in mental states of fear, depression, helplessness, irritability.

Some aspects of the circular nature of atopic allergies have been well known for decades. No theory however has ever been founded on *recursive, self-referential processes as core aspects* of dynamics of AD-related problems. Pulmonologists report that subjects with high levels of anticipatory anxiety of asthma often decode alterations in breathing rhythm erroneously, as the sign of an imminent attack, which produces an asthmatic attack sui generis. *Itch-scratch cycles* aggravating atopic eczematous skin manifestations have been described widely by pediatricians and dermatologists (Behrman and Kliegman, 1996). Numerous physical examinations of infants with atopic eczema proved the correctness of the pediatric observation, that extremities / body surfaces covered by bandage or diaper which don't attract the attention of the infant, are typically spared of atopic eczema. This observation underlines the importance of self-referential perceptive-reactive enhancers in the course of the problem.

Circular evolution and reinforcement of skin problems

[The pattern which connects is] primarily a dance of interacting parts and [is] only secondarily pegged down by various sorts of physical limits.”
(Bateson, *Mind and Nature*)

Aesthetics is responsiveness to the pattern which connects. (Bateson, *Mind and Nature*)

⁵ Histamine is an amine causing contraction of muscle in hollow organs and dilation of capillaries, released by cells in response to injury and in allergic and inflammatory reactions

Responsiveness to the pattern of skin symptoms and awareness of the variety of allergic patients' attempted solutions creates the strange feeling of observing an aesthetic dance of interacting parts of a problem, the symptoms of which are not at all perceived as aesthetic by any patient. A dialogue between the patient and the symptoms often starts in a hardly noticeable manner:

She observes the skin symptoms for several moments...then leaves them unnoticed for a while... repeats the operation now and again, to forget about it occasionally...- From time to time she touches the eczematous eruptions (being at the same time unconscious of that fact), checks the surface of her skin to feel the dryness, or rubs together two fingers for palpable skin vesiculations between them... Sometimes she starts off with a sudden movement of her entire body (which may tell about her experiencing a dysphoric sensation) just to scratch her skin impatiently at the next moment, that even culminates in irritated picking until her skin starts to bleed...

Nevertheless she frequently dedicates herself to the cautious protection of her skin, as if it was of silk, puts on some creame, moisturises it carefully, wears cotton gloves at night, to protect her hands' natural tenderness from drying out...etc.

It is difficult to recognize significant perceptive-reactive processes⁶ (Nardone and Watzlawick, 1990; Nardone, 1991) of this dance that maintain and reinforce allergical symptoms. Observations should focus on the interaction of allergic reactions and a hypertenacious, hypervigil perception of harm(ed skin). The circular formula: Perception of harm or concern about harm triggers off allergic reactions which lead to defensive, self-checking actions and, eventually, insufficient problem control leads to more concern and dysphoria.

Suffering from allergic inflammations means to perceive how painful and itchy symptoms are, and to experience ceaseless dysphoria and concern. Concern about allergens and other causes of inflammation (pollen, dust, bacteria, mites, dirt etc.) is followed by desperate environmental control measures to avoid allergens, which are difficult to implement and create sensations of oversensitivity, vulnerability and anxiety. The circle closes, since dysphoria, anxiety and consecutive acts of checking facilitate allergic eruptions. Even seemingly *harmless concern*, followed by attentive checking

⁶ „Perceptive-reactive processes” mean individuals' redundant modalities of perception and reaction towards reality. They manifest in the functioning of the three, independent typologies of relationship: between Self and Self, Self and others, Self and the world (Nardone, 2004)

of the skin for signs of intactness, may lead to the disruption of defense. In cases with a long medical history, symptom- reinforcement might be stronger.

In summary, dysphoric anxiety and *recursive gestural actions of self-protection* act as triggers of allergy, and are not - as thought before - secondary manifestations of atopic problems. The part played by dysphoric anxiety resembles the part of anticipatory anxiety that evokes panic symptoms, with the difference that allergic skin symptoms are linked to certain, slow types of hypersensitivity reactions.⁷ Atopic skin eruptions are, metaphorically spoken, „delayed alarms.”

Interactional characteristics of patients and families with AD-related problems

Both in acclimation and in habit formation the economy of flexibility is achieved by substituting a deeper and more enduring change for a more superficial and more reversible one. (Bateson, Mind and Nature)

Families of patients suffering from problems of allergy have been reported to show accentuated „fluctuation of boundaries” between individual members (Minuchin, 1974, 1978). „Boundaries” are weak and underdeveloped. Involved subjects may experience an uncertainty of their positions: Getting too close, or too far from others. The main catalysts of boundary shifts are fears of either losing relatives (abandonment), or of their extreme proximity (being offended). So, exaggerated or neglected self-protection is the Janus-faced attempt to control interactions. The results of controversial attempts perpetuate individuals’ feelings of insufficient defense and loss of integrity.

Family members of „psychosomatic families” have problems to perceive the phenomenon of stability without boundary shifts.⁸ The reason of that lays in the difficulty to distinguish and perceive the phenomenon of zero boundary shifts in a system of incessant boundary shifts!

⁷ Some allergic reactions are triggered by „*immediate hypersensitivity responses*” of the immune system (like allergic rhinitis and asthma). These types of hypersensitivity reactions are mediated by antibodies. Others follow the immunological response of „*delayed hypersensitivity*”. Delayed hypersensitivity reactions are cell-mediated (primarily by T lymphocytes). The classic example for delayed hypersensitivity are certain dermatitis.

⁸ According to the Group Theory of Évariste Galois, the „identity member” of a group of all, random position shifts is stability. It is however difficult to show up what is not the case, and exemplify zero change from within a system or when observing a system.

Another factor stabilizing the homeostasis of allergical problems is the *imperviousness* (Watzlawick, Beaven, Jackson, 1967) of subjects into their relationships. Allergical symptoms create modalities of perception and reaction towards reality, that serve like a „*protective folding screen*” for patients, who do not see „behind the symptoms”, do not experience the threat of increased levels of anxiety / depression, caused by relational problems between the patient and herself / others / the world.

The *protective folding screen* function played by allergical symptoms has a structural equivalence in traditional medical literature about psychosomatics: „*Alexithymia*”. Since relations are not concrete quantities, but unreal entities, the term „*alexithymia*” has always been used in a structural, never in a functional sense so far!

„*Alexithymia*” expresses „*the inability or difficulty of psychosomatic subjects of describing or being aware of emotions or moods or elaboration of phantasies* (Sadock and Sadock, 2000). In the interactional process, *alexithymia* operates as a reducer for subsequent emotions, which remain unnoticed behind the construct of the „allergic dummy”. Speaking the patient’s language: „*I feel hurt, it was my symptoms.*”

The circular function of *alexithymia* is the constant use of symptoms as channels to get rid of negative emotions and anxiety, which become sensible, palpable and partly controllable in the form of (allergic) symptoms.⁹ *Alexithymia* becomes the homeostatic mechanism of the „allergic system”, a system-inherent, partial problem solution!¹⁰

According to Stierlin, family members of psychosomatic families “*have an increased susceptibility...readiness to put the blame on themselves and to suffer from it*” (Stierlin, 2003, 2005). The alexithymic transformation anaesthetizes and modifies all negative emotions - like „bearing the blame” - that are realized by patients as eczematous symptoms, as „blemish”. To put it in „allergic”: „*I bear more blemish on myself, than others!*”

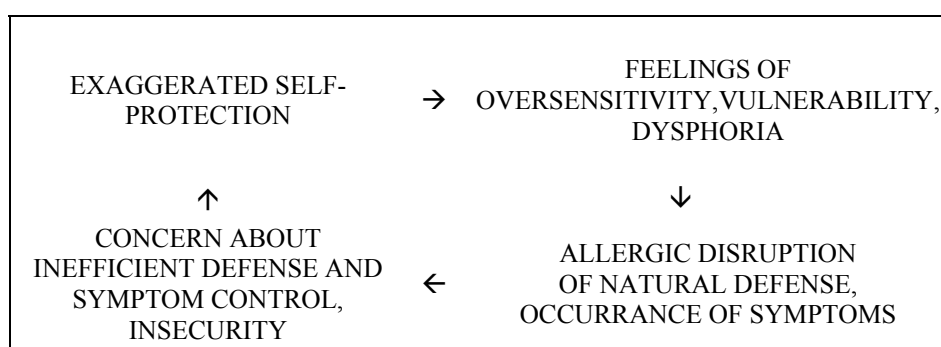
⁹ Experiencing the environment as threatening and uncontrollable are metaphors of the „alexithymic translation” of interactional experiences: „Others’ attempts to control my life incessantly and abruptly, threatens and offends me.” Patients’ consequentially respond with intensified attempts of *self-protection* from allergical symptoms and attempts to *control the environment* to reduce allergen exposure.”

¹⁰ Individuals struggling with allergic skin problems often express their desire for harmony, or they may describe themselves as „very sensitive”, „touchy”. As a consequence, actions of others might be easily interpreted as intrusive or aggressive, with the consequential *attempt to control* the partner’s behaviour – and/or with *reactive self-defense* against „the casus belli”, the supposed attack.

A circular model of atopic allergies

Symptom level

Exaggerated self-protection evokes feelings of oversensitivity, vulnerability, and dysphoria (feeling uncomfortable, uneasy)¹¹. These feelings lead to the allergic disruption of natural defense and the occurrence of symptoms, in form of a delayed alarm („protecting the entry inflames the sentry”). Allergic disruptions create concern about an inefficient symptom control and defense, and insecurity. This step is considerably aggravated by specialists, as discussed in detail below. The main attempted solution to reduce concern, is an exaggerated self protection.



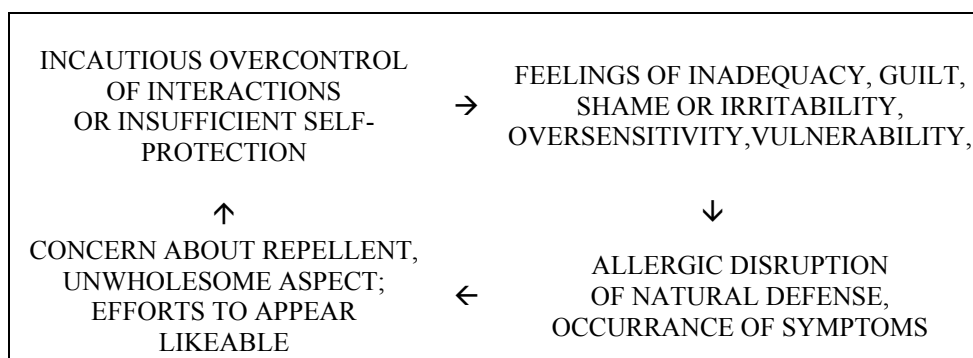
Interactional level

Interactional problems due to incautious *attempts of overcontrol* might evoke *feelings of inadequacy, guilt, shame*, whereas *insufficient self-protection* (against others' intrusive attempts to control patients' life) might create *feelings of oversensitivity, vulnerability, irritability, and dysphoria*. These negative feelings lead to the allergic disruption of natural defense and the occurrence of symptoms, due to the formula: „*I feel hurt it was the symptoms*”. Allergic disruptions create concern about an inefficient symptom control and inadequacy. Concern about an unwholesome, repellent aspect

¹¹ In certain languages this „dysphoric, uncomfortable, uneasy” feeling is expressed by alluding to the skin (ger.: „Sie fühlt sich unwohl in ihrer Haut”, hun.: „Rosszul érzi magát a bőrében”, t.i. „She feels unwell in her skin”).

(induced by eczematous symptoms), accompanied by secondary, holothymic¹² thoughts of inadequacy and weakness, puts symptoms into the centre of attention and leads to low self esteem. Patients try to appear wholesome and likeable, don't pay attention to potentially harmful consequences of interactions, become incautious, unprotected. The incongruence between oversensitive reactions on others' remarks about oneself and a touchy behaviour towards others, is often present.¹³

Solutions for interactional problems of the meta-level („*interactional boundary*”) are attempted at the symptom level („*physical boundary*”), and vice versa. The shifts between logical levels maintain and reinforce allergic problems as additional vicious circles (Watzlawick and Weakland, 1974).



Attempted solutions of specialists

The most widespread attempted solutions in Western countries are aimed at the elimination of „allergens” from patients' space of living. Defensive control measures try to make patients avoid „identified exacerbating factors”. Mainly practiced methods include a food elimination diet and inconvenient, difficult attempts to eliminate dust mite, pollen and home mildew in patients' environments. The avoidance of „allergens” becomes a constant source of concern, that is almost impossible to implement, nevertheless creates stubborn

¹² Holothymic thoughts = cognitions that correspond with the patient's mood

¹³ Self-defensive attacks are distinct types of (re)actions, that may not become apparent at first sight. Allergic patients' interactions often show an incongruence between verbal and nonverbal levels of communication, eg.: Though patients are habitually courteous, and excuse themselves often (defensive acts), they may gaze in an offensive manner (attacking act).

misconceptions and feelings of extreme vulnerability and oversensitivity. To give an impression about their extent, see the footnote.¹⁴

Interventions for problem solution

Therapy is a trick without a trickster
(Gianfranco Cecchin)

*...Heaven's Way runs through bodies so much
it doesn't wound its sharpness is such...*
(Lao Tse, Tao Te King)

Solution approaches focus on positive individual resources, the possibility of a complete recovery („restitutio ad integrum” in medical terms) and the demonstration of patients' active involvement in the creation and maintenance of the symptomatology. Evoked sensations and corrective emotional experiences about change (Nardone, Salvini, 2004) build the vehicle for therapy.

Each therapeutic intervention is embedded into a special metaphor created in the language of atopic allergy. Interventions have to be taken by patients,

¹⁴ Defensive control measures against food allergens

- 1) allergen elimination diet

Defensive control measures against house dust mite exposure

- 1) allergen impermeable encasings on bed and pillows
- 2) frequent washing bedding in hot water (above 90 grades Celsius)
- 3) removing carpet and considering spraying it with tannic acid solution
- 4) frequent vacuum-cleaning of the carpet with HEPA-type cleaner
- 5) removing animals from home followed by the removal of the carpet

Defensive control measures against indoor mold

- 1) identifying, removing and replacing mildewed wood and plaster
- 2) correcting sources of water installation
- 3) reducing indoor humidity with dehumidifiers

Defensive control measures against funghi

- 1) avoiding concentrated exposures of funghi (eg. visiting a farm, harvesting and storing hay, picking corn, cutting weeds or grass, raking leaves or hiking in the woods)
- 2) avoiding periods of maximal fungal growth (eg. during moist, warm summers and falls, especially with leaves on the ground)

Defensive control measures against pollens

- 1) avoiding outdoor activity during pollen peak hours (11 am-3 pm)
- 2) keeping windows shut and using air conditioner
- 3) using surgical mask outside, in areas with high allergen contamination

they should not „wound” or create resistance (Birkas, 2004), but penetrate into the problem construct as if they were an organic part of, and block attempted solutions and consequential symptoms from within (Erickson, 1965; Watzlawick, 1967; Nardone, 2003).

According to Ashby, circuits controlling more rapidly fluctuating variables act as balancing mechanisms to protect the constancy of variables in which change is normally slow and of small amplitude. This phenomenon has been called „*defense of the depth*” (Ashby, 1945). Therefore, systemic problem solving techniques generally start with a blocking of attempted solutions at the level of symptoms, and arrive at „deeper” levels later in the process.

Symptom level

Patients’ attempted solutions of exaggerated skin protection (especially gestural ones) create concern about an inefficient defense and symptom control as well as sensations of vulnerability, oversensitivity and dysphoria. Ekzematous skin manifestations are felt and experienced by patients as wounds. The application of *metaphors about wound healing* as vehicles for strategic prescriptions, has been the most effective so far to *block protective scratching, picking, touching and concern*. Patients are not told to refrain from impatient scratching and symptom checking, because that would instantly increase their irritability. Instead, they are asked to complete only a small task: Whenever they try to protect themselves, they should bear in mind, that self-protection against wounds offends them the more, and that manipulation prevents wound healing. To put it paradoxically: Turning concern against concern stops ineffective, self-protective manipulations.

„Your attempts to protect yourself against your wounds offend you the more: A wound needs time to heal, touching inflames it only, whenever you touch, scratch and pick, you deepen and widen the wound... finally the scab is torn off, the wound remains unprotected and opens up again. I would like you to think on that, whenever you scratch yourself again...”

Most of the time patients are able to refrain from a considerable part of manipulations, and they experience amelioration of symptoms already by the second session.

The *wound healing metaphor* is also used to stop patients’ *scratching of dry, itchy skin and the application of ointments and moisturisers* against the unpleasant, tormenting sensation of the skin’s stretching, triggered by dryness,

which reinforces feelings of irritability, vulnerability, oversensitivity. Turning around the logic of convictions about cause and effect of the dry-skin-experience leads to the reduction of symptoms. Dry-skin-experiences usually trigger allergic eruptions, by working as self-fulfilling prophecies: The sensation of dryness signifies for patients the weakening of their skin, that announces tearing, or imminent allergic eruptions. By means of a short reframing, patients are made to feel the opposite, that dryness announces imminent healing, the development of a protective, dry cover, a scab, that accelerates the healing of tissues underneath. Moisturising wounds blocks breathing and healing, would not let scabs dry and fall.

„Healing dries out a wound, dryness heals a wound, the dry, protective scab announces healing, healing is drying, healing is drying...”

Sensations of a dirty skin have similar reinforcing effects on symptoms and generally lead to compulsive washing and cleaning, with the eventual application of ointments on eczematous eruptions. Therefore, therapeutic emphasis is put on dirt, as a natural protection:

„Whenever you feel clean it is as if you were completely naked, flawless but naked...You are going to school, work, etc. flawless but naked...”

Interactional level

Insufficient self defense against „extremely near and intense relationships” and feelings of insecurity, vulnerability might be reduced during the advanced phase of therapy with the „porcupine” metaphor. A porcupine is a stingy but lovely animal. Whenever it wards off offenders, a porcupine’s self-defense is an undeniably rightful act. The „porcupine” metaphor helps to liberate patients from the trap of a typical, interactional double-bind: „Self-defense is an offensive and guilty act” and „I generally feel vulnerable, insecure, irritated”. The above mentioned „folding screen function” of allergy has already partially resolved this paradox from within the perceptive-reactive system of patients, by anesthetizing sensations: „I feel hurt, it was the allergens.”¹⁵ Allergy’s homeostatic function however creates only „a blind sensitivity” of the skin and

¹⁵ „It is a guilty act to defend myself, rebel and feel irritation because of the caring concern of my loved ones. They don’t intend to control my life, but do me only good and protect.”

reinforces symptoms by make patients strive for solutions at the wrong logical level.

Patients should be taught „to see” with their skin, to develop sensibility towards their own feelings! The transformation of allergic sensitivity to sensibility is crucial part of the therapeutic process. Redundant modalities of *sensations about being harmed* (feeling sensitive, vulnerable) *are utilised as positive resources* for therapy, transformed into an *indicator* for the perception of „harmful interactions” and applied as an *instrument for self-defense* and effective *interactional control*.

In the language of atopic eczema: „Causes of skin injuries are made harmless by turning their offensive point by 180°, and by using them for occasional self-protection.”

„We are all porcupines, but you are a very delicate porcupine, so aware of your hurtful, stingy skin, so cautious, that you incautiously retract your spines until they sting and offend you...You have to learn how to use your spines. Therefore be a porcupine and use your spines, whenever you feel compelled to...”

By learning how to defend themselves with their skin, patients learn to defend their boundaries.

Attempts of impatient or incautious overcontrol of interactions might be blocked by stressing, that:

„Everyone has the right to be a porcupine...You have to learn how to touch other porcupines with greatest care as not to offend them and get wounded.”

The development of sensibility sharpens patients’ sense for interactional boundaries and makes them become more careful, more courageous, more reserved and more responsible with others in their interactions.

Further research and the development of new interventions is required, to prove their efficiency and efficacy according to phase and typology of atopic eczema. The combination of interventions with optimal results will be summarized in a manual for specific treatment of atopic eczema with the Brief Systemic and Strategic Approach.

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