



Adolescents and their acne

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Summary

1 - Afraid to seduce?

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Summary: Our first step is to recommend a rigorous diet free from fats originating in dairy products: completely eliminate milk and cream, replace butter with vegetal butter, eliminate cheese, and a minimum of foods which contain it, don't cook or bake with a cream base. The explanation given for this is: the mammary glands are a transformed version of sweat glands and the fat that they produce in milk secretions are collected and stored up in the human sweat glands. Add in the fact that our bodies shed skin but cannot do so where these fats are stored up.

We also recommend staying away from cooked sugars because they promote staphylococcus infections. This diet is all the more sensible since it gives quick results by a "degreasing" of the skin which changes its appearance. Within the first two months, a reduction in blackheads will also be observed, and an obvious decrease in inflamed glands.

External contamination of the sweat glands must be avoided. To do this we forbid all lotions and soaps, and recommend that the face be kept free from all products: dermatological, cosmetic or other. Prescription creams help to spread the infectious germs across the skin's

surface, despite whatever virtuous antibiotics may be present. It's the same for cosmetic creams like cover-up which many young women just to cover up their blemishes.

Don't put anything on the skin, neither soap nor water. Not washing is the basic rule that needs to be accepted to prevent infection. We recommend spraying or sprinkling water with a simple cloth for pat-drying without wiping and especially don't touch the same part of the cloth to other parts of the face.

Leave the blemishes alone. It's important to do your best not to touch them, though this is difficult since scratching them has often become an uncontrollable habit. There are more daily treatments like the need for asepsis - the individual application of an alcohol solution on cotton swabs is a recommended treatment for individual pimples that may arise after treatment has been completed." (tr. by Andrew Gentile)

Afraid to seduce?

Among the teenagers coming to consult the psychiatrist or the psychologist, whatever is the reason, some of them show more or less extensive acne, of which they generally don't speak. This question when tackled will be met by a reaction of shyness. And, if these young patients are attentive to the interest that the therapist expresses with respect to this symptom, they do not let it appear. Their answers about this disease which bruises them are timid, embarrassed. It is necessary not to take notice of this embarrassment. We try to insist without alarming with them. Here, as regards to sexuality, young people lack dialogue rather than information, so we think that **medical silence can make the disorder worse**.

One generally learns that they point out the fact to their doctor, even consult a dermatologist, once or twice, without convincing successes - at least for the cases we meet - and that they certainly did not insist. We notice that the family meets with the same embarrassments in tackling this subject with the teenager, boy or girl. In spite of the obvious psychological incidences, **we cannot define a typical personality** affected with this dermatological problem. Rather than to find a cause, we may be in front of the psychological effects of this ugly disease, but that is not always obvious.

Are these young people **afraid to seduce** or, on the contrary, they despair of even being liked at a point in their life where the aesthetic competition must be particularly active? Can one also speak about a repulsive protection against the caress and the tender contact to which the subject would **not be yet able to accept**? Or which would be too desired... and would then develop a **contra-phobic defence**? One can certainly multiply interpretations (and/or their opposites) but the clinical psychology lets us foresee, more than usual in these personalities, delays, inhibitions or complexes in front of sexuality. More precise would appear to be an attachment to the mother. The acne would occur as a means of **corrupting the resemblance to her**, in order not to resemble to her especially (for the girls) on the way to sexual identity, not to compete with her. Besides such are the "complexes" which arise with great frequency for teenagers, and the most usually, the therapies must be led on this basis - even without any dermatological disorders.

Can one think also that girls and boys, are making, in their mind, an **"opportunist" use of this aesthetic disturbance**, even if it is fortuitous and independent of any psychological cause (a kind of complex de "Peau d'Âne")? Unconscious mental attitude which would undoubtedly complicate the practice of dermatology, at the same time as it would explain the ambiguities of the patient who knows perfectly well how to hold in check the treatment... and the doctor.

But, why carry out a therapeutic work if the teenager is confirmed in this physical disgrace? **He ensures his sexual ousting, and guarantees itself of any competition with the parental persona** - the father or the mother. In the same time, as with a shield, it will be protected unconsciously, but effectively, in order to make progress in one's therapy. This contradiction does not exclude the suffering, curiously mixed with culpability. That is the rule when a psychic phenomenon mobilizes modesty. This modesty returns to the sexual aetiology of the problem which consists of intercepting sexual desire, to push back any love life. We know that, with the human being, desire is initially supported, communicated, by the glance, moreover by a "data exchange" between face and glance.

Cause, or effect, or opportunist use by the inner mind, acne would have therefore to deal with the puberty complexes and a certain refusal to enter the sexual identity, which naturally supposes a tempting competition and an assignment to desire. Yet we know that such psychological difficulties are frequent with teenagers, **and most part of them don't have acne...**

A tic?

One cannot be surprised sometimes that acne may be a self-sustained disease that one can in addition, but from another point of view, regard as a tic. Despite warnings these teenagers obviously do not cease abusing their pimples. They get a real pleasure in this way (self-erotic pleasure, according to the analytical language) and at the same time, it is known, proceed to real and durable contamination:

- **outside**, while baiting itself on the white points, blackheads and pimples;
- **interior** by pressing the inflamed pimples, which sows liberally and effectively the connective tissue under the skin.

This tic must be taken into account. Perhaps it is related to **inflammatory exacerbation of the sensitivity in this voluptuous zone around the mouth**. It will be difficult to eradicate, be it the simple consequence of pimples, or the accomplice to this complex about which we speak above; and why not both? In any case, psychotherapy would go the wrong way if it did not mobilize all efforts to erase this physical disgrace. Interest, possibly directive, of the doctor in favour of aesthetic restoration is a part of the therapy. The medical direction worked out with the passing years can be summarized in the following manner:

- 1 - to develop a taboo;
 - 2 - to put aside the problem of making-up;
 - 3 - to try "to manage" the tic,
- all that, laterally with principal psychotherapy until the recourse to the dermatologist.

To develop a taboo

Our first step consists in recommending **a diet free from greases of lacteous origin:** completely skimmed milk; no butter, replaced by vegetal butter; no dishes or pastry containing cream or cheeses (when made with cows milk)... These prescriptions are accompanied by the following comment: the mammary glands are specialized sweat glands. Greases which they bring to milk are found in secretions of our skin. They are cause of irritation and clogging. For other reasons, we advise also again cooked sugars, but not any other food. This "taboo" is formulated by a scientific explanation. It is well accepted like any diet in this period of the life.

To prohibit the coating of the face

Another prohibition, **we forbid any lotion, or dermatological and cosmetic ointment.** We make the point that any application contributes to the dissemination of the infectious germs on the skin. At the same time creams, make-up foundations are prohibited and, finally, any cosmetic care. This recommendation goes against the tendency of teenager girls to get them make up done. This is a done thing in every society. It is complex and ambiguous in its origins: make-up emphasizes sexual aesthetics but holds the place of a screen in respect to modesty. "No making-up" is well accepted by these teenagers. May be too early for them to accept it? Nothing must be applied on the skin, neither water nor soap. **"No washing"** is the paradoxical but basic rule. A quick rinse with water is acceptable with a simple dabbing to dry without wiping and especially without moving from one area to the other of face. We think that it is necessary to resist repeated cleanings, becoming true purifying rites.

Most difficult, no zapping

To avoid zapping from one pimple to another is impossible and concessions needs to be made. They will be granted to the skin eroticism, especially "peri-oral"(around the mouth). One can reduce compulsive handling of the pimples, but with difficulty the scraping which became an uncontrolled gesture. **These pimples will be treated as the asepsis requires, individually** by applying a alcoholic solution by the means of a cotton - stem (which one specifies that it must be thrown after the treatment of each lesion). This operation is well accepted. The teenager will find there, **in this meticulous care, a part of the pleasure which once frustrated him.** He will take care of himself and will do it several time per day.

We think that the greatest difficulty is due to the fact that, in our time, the medical effectiveness is often supported by the reputation of a new drug, "a new molecule ". A treatment by means of an abstention is not always credible, even if scientifically based. To foretell that in a few weeks nothing will remain of the acne would be too optimistic. The real causes of this disease are not cleared up. However, with the passing years, we have often been satisfied with improving the hideous lesions, in such a way that a psychotherapeutic work could take direction.

Questions...

It is now necessary to bring a justification to this procedure which we has been gradually implemented. The second and third points call few comments:

- by **suspending any coating of the face we are not finding fault with making-up. This would go against the required goal. We only put it in brackets, and, at the same time, the psychic complexes of seduction;**

- by **recommending the treatment of each pimple one reduces the pressure of the tic.**

Only the first point needs to be clarified. We know that personal development proceeds with each succeeding ruptures. Some of which are difficult to be realized: for instance the separation from the mother. But it is imperative at the time, precisely, where sexual seduction is more and more required. **This separation takes symbolic ways, some of which being food refusal or restrictions. These behaviours are known in every society, more or less ritualized. It is easy to find them in our countries during the teenager's period: under all the pretexts and all the reasons maternal food is refused or disqualified. This way we chose when setting an interdict between the udder, the milk, the skin and seduction of the face. It is thus an archaic bond with the mother which must be exorcised.**

The salutary and purifying effects of this taboo show themselves quickly by a "degreasing" of the skin. One also observes near two months, a lessening of the blackheads which do not proliferate any more and a decrease of inflammation. **But this effectiveness poses more questions than it solves problems. Nobody would dare to affirm that such an "arrangement" could operate uniquely by the power of psychotherapist science? Is there not rather, as embryology teaches us, a subjacent bond between complex triglycerides of the sebum and animal lacteous greases? No search indicates it.**

One could check it if these results were to meet some confirmation with a greater number of diversified cases and in a adapted dermatologic department. For, it is guessed, the recruitment of only one consulting-room of clinical psychology, if it can wake up our attention on this field, cannot confer on our conclusions a scientific consistency.



Jerome Bosch The garden of delices.

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