Leprosy in Society

IV. The Genesis of Lepra-Angst*

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The term 'Leprofilia' (Leprophilia) has been proposed¹ to designate the phenomenon of the wish to have or be thought to have, leprosy, shown especially by some wives of leprosy patients who try to prove that they have this disease primarily so that they can remain with their segregated husbands. The self-explanatory term 'Leprophobia' is commonly used to indicate fear of leprosy. In this paper, the term 'Lepra-angst' will be employed to cover the various emotions shown by individuals who, not having leprosy, believe themselves to be so afflicted, and are disturbed by the possibility. Experience in those medical clinics in Hong Kong which are devoted exclusively to the treatment of leprosy often leaves the observer impressed with the evident diagnostic acumen of medically illiterate peasants and common people with respect to leprosy. It is uncommon, if not rare, to have patients show up at these specialty clinics if they do not have leprosy and if other medical facilities are available to them. It is therefore remarkable, when under these circumstances, occasional persons appear at the clinics who have no evidence of leprosy but who display an agitated conviction that they are so afflicted. Enough such instances were encountered to excite curiosity and investigation as to the underlying reason for this anxiety.

THE DATA

Twenty-three patients, 2 female and 21 male, displaying lepra-angst appeared in leprosy clinics over a total period of 6 months observation. In age, they ranged from 21 to 50 years.

These patients were each interviewed on one occasion only. The interview was conducted in their own language, in a relaxed, friendly atmosphere with the interview often lasting up to 2 hours. Their concepts and tales concerning leprosy were sought and in the process their reasons for believing that they had leprosy gently probed. Subsequently these beliefs were discussed with them in the light of medical knowledge of this disease and, after careful examination had revealed no evidence of leprosy, they were assured that they did not have this disease. No follow-up was possible, but, as far as is known, none of the patients returned to this specialty clinic. None of the patients revealed any disease lesions other than small furuncles or similar minor blemishes.

The interviews were conducted against a background tapestry of information provided by a prior, extensive study of folklore and beliefs relating to leprosy^{3,4,5} as held by this same ethnic group.

Pertinent data for each patient are summarised in Table 1.

INTERVIEWEES' CONCEPTS OF LEPROSY

The concepts of leprosy held by these patients in general paralleled those previously noted² in a study of the folklore and beliefs relating to leprosy in the population of South China. Among these, the following were repeatedly reiterated and are therefore listed as contributory to an understanding of the lepra-angst.

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TABLE 1
Patient basis for Lepra-angst

	<i>Patient</i>	<i>Age</i>	<i>Sex</i>	<i>Marital status</i>	<i>Occupation</i>	<i>Pertinent Observations</i>
1.	P.T.	39	M	Married	Labourer	One year previously called on a prostitute and as a result developed a feeling of 'insects crawling under the skin'. Symptoms continued despite treatment, so became convinced he had leprosy.
2.	K.M.	34	M	Widower	Office boy	Coitus 3 months previously with prostitute. Three weeks later developed feeling of 'insects crawling around in the body.' Feared contracting leprosy as a result of his prostitute contact.
3.	C.S.	28	M	Married	Broker	Had intercourse 3 months previously with prostitute and 3 weeks later noted a skin eruption. Physician diagnosed syphilis, treated same and pronounced patient cured. Patient believed leprosy was contracted predominantly by prostitute contact, that his health was not fully normal, and that he probably had leprosy.
4.	L.T.M.	25	M	Married	Meat dealer	Relations with a prostitute 5 months previously and believed that the usual way to contract leprosy was through such contact.
5.	Y.C.	24	M	Single	Labourer	Two years previously developed penile lesions after relations with some prostitutes. Self-treated with penicillin ointment. One year later developed a series of pustules and presently was under treatment with sulfathiazole. Believe leprosy contracted through coitus with prostitutes having leprosy.
6.	L.M.	26	M	Single	Tailor	Three years previously contracted venereal disease after intercourse with some prostitutes; treated in Social Hygiene Clinics. Five months previously again visited a prostitute and noted inguinal lymphadenopathy. Treated but believed he still was ill and that he had leprosy. Believed leprosy transmitted mainly by intercourse with 'bad girls'.
7.	H.K.	39	M	Married	Merchant	One year previously he spent a night with a prostitute and subsequently developed a strong fear that he would develop leprosy.
8.	C.C.C.	40	M	Married	Private tutor	Would not admit extra-marital coitus. Declared strong sexual interest in wife but noted that for 4 months he had a fear of ejaculating during relations with her. Highly agitated and fearful. Believed leprosy was transmitted by sexual intercourse. Recognised a general belief that people with leprosy were guilty of moral misconduct.
9.	C.M.Y.	50	M	Married	Labourer	Spent a night with a prostitute about one month previously. Subsequently believed that there was slight swelling of ears and face and that he had contracted leprosy from this incident.
10.	W.C.Y.	26	M	Married	Merchant	About 6 months previously the patient had related with some prostitutes and subsequently noted itching of the face and some dizziness. Believing that those who had bed contact with 'bad girls' were most likely to contract leprosy, he had this fear.

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	<i>Patient</i>	<i>Age</i>	<i>Sex</i>	<i>Marital status</i>	<i>Occupation</i>	<i>Pertinent Observations</i>
11.	L.C.	43	M	Married	Coolie	During sexual congress with a prostitute 4 years previously, some blood escaped from the woman's vagina and he feared he might get 'some disease'. The following year he noted a small boil on his left eye and went to a V.D. clinic for treatment. During the past year he felt 'itching' on the face and thought that his face had reddened and his nose thickened and he believed that he had leprosy.
12.	C.L.	42	M	Married	Medicine dealer	Previous venereal disease. Ten months previously he had visited his wife in another city for a few days. On returning to Hong Kong he noted itching of his face. At about this time he chanced to read the advertisement of Wang Kuang Fa* and developed an overwhelming fear that he had leprosy. Emphasised that leprosy is contracted by sexual intercourse.
13.	T.G.B.	37	M	Married	Coolie	Prostitute relationships several times in past year. Twenty days after the last he was treated for gonorrhea successfully. However, he noted 'itching like ants crawling under the skin' and feared that he had leprosy. This suspicion strengthened by the advertisement of Wang Kuang Fa*. Believed that leprosy caused by relations with prostitutes.
14.	C.C.W.	24	M	Single	Private tutor	Denied sexual congress. One month previously noted some of his eyebrow hairs falling in basin when washing face. Later found some vesicles on his palms associated with 'itching'. Concomitantly he chanced to read the advertisement of Wang Kuang Fa* and concluded that he had leprosy. Convinced that leprosy was transmitted by sexual intercourse.
15.	N.K.	36	M	Single	Carpenter	One year previously he spent a whole night with a prostitute and subsequently began to have persistent 'itching' on face and feet which continued despite visits to many doctors. Extremely anxious and uncommunicative save for fear that he had leprosy.
16.	L.M.	32	M	Single	Labourer	Venereal disease history and had 'itching of face' for past year. The latter persisted despite treatment at V.D. clinic. Saw advertisement in newspaper* which suggested that such itching of the face was a sign of leprosy. Believed he had leprosy. Also believed leprosy to result from immoral sexual behavior.
17.	C.P.	40	M	Married	Labourer	Ten months previously he visited a prostitute, which behaviour he considered very immoral and following which he began to note generalised 'itching' and sometimes some small red spots in his skin. Also had feeling of 'ants crawling in his body, especially about the anus'. Became impotent. Treated in V.D. clinic without improvement of these symptoms and believed he was developing leprosy.
18.	L.C.	36	M	Single	Unemployed	Ten years previously had positive Wasserman and Kahn tests and was treated for syphilis. Since then had served prison terms and hard labour sentences for political reasons. Two years ago noted 'itching on face and alopecia and feared he was contracting leprosy'. Did not acknowledge sexual contact but believed leprosy to be transmitted by such contact.

* See Fig. 1 for reproduction and translation of advertisement.

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	<i>Patient</i>	<i>Age</i>	<i>Sex</i>	<i>Marital status</i>	<i>Occupation</i>	<i>Pertinent Observations</i>
19.	L.Y.S.	38	M	Single		Three years previously the patient visited a prostitute several times and developed gonorrhea for which he was treated. Stated: 'Because I made several coitus with bad girls, I am afraid of getting such terrific disease (leprosy)'.
20.	T.Y.S.	28	M	Married		Patient had his second relation with a prostitute 4 months previously and contracted syphilis. Though treated for this, he soon began to itch in his ears and then generally, with a sensation as of insects or ants crawling within his skin. As a result he developed a very nervous state, believing that he had contracted leprosy.
21.	C.K.	27	M	Married	Coolie	Patient had venereal disease 8 years previously and subsequently he began to think that his eyebrows seemed to fall out easily on washing. He thought this due to syphilis but when he lately developed 'itching' inside his body he concluded that he also had leprosy. He believed that if syphilis was not cured quickly leprosy would result.
22.	Y.O.	37	F	Married	Labourer	She had intercourse with her husband during menstruation and thought that this 'dirty sexual behaviour' might cause leprosy.
23.	T.Y.P.	21	F	Single	Student	A very attractive young lady who blandly denied any sexual relationships and blamed some vague contact with leprosy 8 years previously for her present lepra-angst.

1. The major means of contracting leprosy for males is through sexual relations with prostitutes or through abnormal human sexual relationships.
2. Leprosy is also a congenitally transmissible disease. Some patients indicated a belief that leprosy so transmitted would not reveal itself until recipient reached adulthood, married and had sexual intercourse. It would then become manifest.
3. Leprosy is incurable and there are no gods that will grant its cure.
4. If a person having leprosy can have sexual relations with a healthy individual he will, by transmitting a portion of his disease, reduce his own infection. Amelioration only, and not cure, can be thus achieved. The practice is attributed to leprous persons of either sex and is termed 'selling leprosy'.
5. Leprosy can be caused to be concentrated in less visible portions of the body by

various means such as eating small granules or ashes of silver or through consuming human placenta.

6. Persons contracting leprosy are generally 'bad' persons, having contracted it by immoral behaviour and being suspect of wishing to 'sell' it to others. The appearance of leprosy is therefore certain to cause loss of position and disgrace as well as ostracism.
7. Signs of leprosy are: enlargement of both ears, nodules on the face, loss of eyebrows, extremity deformity such as claw hands, facial and body 'itching' and a sensation as of insects crawling under the skin.

DISCUSSION

Ryrie², writing on the psychology of leprosy, noted that in 3 major categories of persons associated with leprosy—one of which was the patient group—there is a single common factor, namely, irrational fear. He stated, 'It must be made clear from the start that this irrational fear

白蝕 初起形可怖 漸延影面 全身一經治 肌膚有限期 皆白空瘡
王實九獨有秘方 珍貴凡揭傷久 歷史最爲悠久 治癒斯尤多 請認指方不誤 自誤勿留遺憾
尿病 小便頻數 覺口渴 胃不佳 頭暈發熱 心跳耳鳴 失眠頭痛 欲飲不解 一服即愈
外埠通郵寄 功好藥配 同樣底根治 功好藥配 八十六號 醫館第一茶樓對面
專治特製 效驗如神 醫館底根治

FIG. 1a
Newspaper advertisement of herbalist Wang Kuang Fa.

**DO NOT DESPAIR
BEFORE COMING FOR
DIAGNOSIS. WITH
GOOD CREDIT NO
PAYMENT BEFORE
CURE.**

**RINGWORM LIKE - BUT
NOT RINGWORM. RED
CLOUD ON FACE, BIG EARS,
ITCHING ALL OVER BODY.**

Loss of palm muscles, curling of fingers, feeling of ants crawling, loss of eyebrows, numbness of hands & feet, palpitation, puffy skin & edema, wrinkling of face & red clouds, odd lesions & itching, intermittent recurrence, failure of treatment, discouragement & wasting of money.

**RING-
WORM
LIKE**

Cure goose-palm scaling & gray-nail in prescribed number of days.

WANG KUANG FA

More than 30 years of experience. Titles:-
Ex-vice-president Hong Kong Herbalist Union,
Ex-honorary-president Central Herbalist Clinic,
Consultant to Chinese Herbalist Union.

Medical doctor with examination board qualification & Health Department registration.

Test for all kinds of disease of men, women & children, both internal & external.

FIG. 1b
Translation of above advertisement. Reads from right to left.

is activated by the inherent sense of guilt which is part of the psychological inheritance of man.' He pointed to an almost universal tendency to regard leprosy as being dirty, all-infectious, cruel and venereal. Further, 'The most immediate and marked effect of the psychology of the leprosy patient is the overwhelming sense of shame and disgust, which again springs from the guilt-punishment-complex.'

The data available from this limited group of patients is so overwhelmingly similar in nearly each instance, and so compatible with previously determined social concepts of leprosy held by this ethnic group, as to suggest that the following conclusions are tenable:—

1. In the ethnic group considered, the dominant basis for lepra-angst is concern over retributive consequences of sexual

misconduct. A strong theme of fear and guilt is found in the patients concerned and is supported by an almost compulsive need on the part of many of them to express the concept that people with leprosy are bad people who have been 'bad' sexually. The age group in which lepra-angst appeared is compatible with this conclusion as is also the preponderance of males.

2. Related to this is the fear of retributive consequences of the breaking of sexual taboos, e.g., coitus during menstruation, as demonstrated by Patient No. 22.
3. Personal, relatively casual contact with persons having leprosy is not a major factor in the development of lepra-angst.

The population of Hong Kong is only partially indigenous, there having been an increase of striking magnitude since 1948 due to refugee immigrants. Excluding this increment, a considerable portion of which came from North and Central China, the majority of the inhabitants are from South China. Though they live in Hong Kong, they maintain close connections with their home districts and reflect the customs and beliefs of these areas. When asked where their home is they will almost invariably indicate their district of origin as 'home'. All the patients, save No. 23, in this survey were from the contiguous province of Kwangtung and represented 18 districts of this province, there being 4 districts each of which was represented by 2 patients. Patient No. 23 was a visitor in Hong Kong from Taiwan (Formosa).

For 4 patients an apparent precipitating factor in resolving their guilt feelings into lepra-angst was the newspaper advertisement of herbalist Wang, reproduced with translation as Fig. 1. It is of interest that the advertisement does not use any specific name to identify its section referring to leprosy. It does list for this disease a greater number of signs and symptoms than for the other diseases identified. Despite the lack of name identification, none of the 4 patients had any doubt but that the advertisement referred to leprosy. It may be assumed that the list of signs and symptoms given by this experienced herbalist are those most commonly

used, in this population area, to identify leprosy. The practice followed in this advertisement, which was clearly designed to attract patients by playing on their fears, suggests that in a population where leprosy is endemic it is the disease entity itself, and not the name for the disease, which carries the basic rationale for social opprobrium toward its victims⁵. In all probability, any name which identifies this disease complex will call forth such opprobrium.

Much of the fear attendant on leprosy is related to misconceptions, such as those here identified as significant in the genesis of lepra-angst. The greatest strides in overcoming society's lepra-opprobrium can be expected from extended publicity designed to dispel such misconceptions and to relate the known facts concerning the disease to the present possibilities of prevention, cure and rehabilitation. Individual members of society, as witness the ready response of the patients reassured in this study—referring only to their retributive association of leprosy with their guilt complex and not to any possible resolution of the guilt feeling itself—often respond readily to such information.

SUMMARY

Lepra-angst is identified as the guilt-fear of individuals who, not having leprosy, believe themselves to be so afflicted. Twenty-three patients, troubled by this anxiety were interviewed and the findings identify the source of their fear complex as a fear of retributive consequences of sexual peccancy. The genesis of lepra-angst in this ethnic group is correlated with prior studies of the folklore and concepts of leprosy prevalent in South China.

REFERENCES

1. MIRANDA, R. N. Leprofilia (Ou Hansenofilia): Desejo de ser Doente de Lepra. *Rev. Bras. Leprol.*, **21**, 67-68, 1953.
2. RYRIE, G. A. The Psychology of Leprosy. *Lep. Rev.*, **22**, 13-24, 1951.
3. SKINSNES, O. K. Leprosy in Society: I. Leprosy Has Appeared on the Face. *Lep. Rev.*, **35**, 21-35, 1964.
4. SKINSNES, O. K. Leprosy in Society: II. The Pattern of Concept and Reaction to Leprosy in Oriental Antiquity. *Lep. Rev.*, **35**, 106-122, 1964.
5. SKINSNES, O. K. Leprosy in Society: III. The Relationship of the Social to the Medical Pathology of Leprosy. *Lep. Rev.*, **35**, 175-181, 1964.