THE PSYCHOLOGY OF LEPROSY

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A practical study of the psychological aspects of leprosy divides itself naturally into three parts.

First of all there is the outlook of the layman who may, as an administrator, missionary or government officer, have to deal with the manifold general and social problems connected with the disease. Secondly there is the attitude of the doctor or leprosy worker; thirdly, and closely connected and influenced by the other two, is the abnormal psychology of the person actually suffering from leprosy.

In all three groups the abnormal psychology connected with the disease has a single common factor or basis. This basis is one of irrational fear. It must be made clear from the start that this irrational fear is activated by the inherent sense of guilt which is part of the psychological inheritance of man.

According to the Freudian school of thought, this sense of guilt connected with leprosy, lupus and other blemishing diseases is probably a specific one attributable to the inheritance of our sense of guilt associated with an incest complex. According to Jung, however, the sense of guilt connected with leprosy would be a more generalised and racial one, inherited through primitive conflicts connected with the fear of the Old Man of the tribe, and released through the conflicts connected with puberty, separation from parental control, marriage and so on.

It is possible that the irrational attitude which marks all chronic diseases in general, and leprosy in particular, may lie even deeper. It is a common-place observation of the animal world that creatures of the same species will frequently attack and kill others who are abnormal in morphology or colouring. Grey rabbits, for instance, will attack and destroy a white rabbit who is in the same hutch while completely ignoring the presence of white mice or other pets which are not of the same species. In the same way black pigs will gore and destroy white pigs placed in the same pen. Human history shows us innumerable examples of the same kind of thing, the impulse to destroy and kill those who show physical, mental or spiritual divergence from orthodoxy.

It would seem to be a general law in psychology that the ideas which spring from fundamental irrational fear of leprosy tend to crystallize themselves into what may be called dogma. This dogma has one interesting feature: it is the built-up conscious picture evoked by the irrational sense of guilt Any alteration or interference with the dogma can re-arouse the guilt sense. That is, any alteration of the dogma may produce not only fear of the disease but the disease itself. The dogma, therefore, becomes sacrosanct. **Leprosy is dirty, it is venereal, it is highly infectious.** Any disturbance of this psychological sequence may bring the disease nearer home. Therefore it is dangerous for the layman to put into effect modern and rational ideas about leprosy which may conflict with the Dogma conceptions which are the result of our guilt inheritance. This crystallisation of the dogma can act in a number of ways. Interference with the dogma may break the protective ring which that dogma represents, that is, you feel you may get leprosy by being heretical and having views other

than the set and conventional ones represented by the dogma. The disease is a "living thing" and must be placated Its majesty must be given suitable homage if we are to be protected from the disease. Therefore leprosy must be represented as being all powerful, all infectious, cruel and venereal. A journalist in my office recently produced a paper describing the horror of leprosy as worse than any hell that could have been conceived by Dante. On enquiry I discovered that he had not read the works of Dante, he had not been to hell and he had no knowledge of leprosy. The statement was purely and simply a supplication —the result of his sub-conscious agitation in even having to think about leprosy.

The dogma, built up from the leprosy complex, develops certain consequential accretions One of these is the manifestation in one form or another, of the death wish. To shut up cases of leprosy into settlements is a modern sub-conscious modification of ritual death. They are out of the way, they cannot be seen, and so for practical purposes they are already dead.

Along with the death wish there is the almost universal hand-washing mania which affects those who come into contact with cases of leprosy. The handwashing is given a rational mask— that is we say we wash in order to get rid of the micro-leprae. In actual fact we wash, after contact with a case of leprosy, for exactly the same reason as Pilate washed his hands. It is lavation to wipe away the sense of guilt and any interference, either with the primary dogma or its accretions, tends, as we have seen, to arouse and bestir the sub-conscious sense of guilt of drawing leprosy nearer and making it more dangerous. The subject is by no means a theoretical one, as it influences the lay or what may be called the natural attitude towards leprosy, doing very considerable harm. For example, there are some thousands of cases of leprosy in the United States of America. With the resources of the U.S.A. this disease could easily be stamped out within one generation, but Washington is unable to free itself from a policy motivated by instinct. The careful follow-up, on a scientific basis, of every known case, re-inforced by measures of prompt and rigid segregation, would solve the problem in the U.S.A. within a comparatively short period. The instinctive yielding to the guidance of the guilt complex, however, prevents any rational approach. It is probable that in spite of modern knowledge there are just as many cases in the U.S.A. as there were 50 years ago and it will probably go on unchecked. The same state of affairs occurs in Britain, where Whitehall is again

incapable of a rational approach and, as a result, the number of cases in the United Kingdom is definitely on the increase. In most of our Colonies we find in the administration of leprosy, the same aversion from a rational approach Leprosy evokes the guilt complex; therefore it is a dirty disease, infectious and due to low hygiene and promiscuousness. The fact that there is no scientific evidence for these ideas merely arouses a sense of disbelief and even hostility. That the layman's viewpoint towards leprosy is activated by this guilt complex is very evident from a study of the history of the disease.

To the average man there were, and are, two classes of disease, one being the ordinary fluxes and fevers which are regarded as part of the natural course of our lives. On the other hand, there are what may be called the leprosy group, the blemishes, marks of Cain, etc. These are not illnesses like the others, they are the hall marks of punishment of our guilt and very frequently have the sanction of priestly and clerical authority. The ancient Assyrians, for example, believed that leprosy was caused by eating the sacred fish which belong, of course, to the priests. The fish was probably the phallic symbol, and it is interesting to note that the same idea was resurrected by Jonathan Hutchinson two thousand years afterwards in his book "Leprosy and Fish Eating."

In the Old Testament Naaman the leper was cured by bathing seven times in the River Jordon, the seven times being a psychologically significant figure. Note again the cure connected with lavation, by the order of a holy man. Note too that the prophet's wicked servant was given leprosy as a punishment for his guilt and disobedience. In the Christian New Testament the disciples of Jesus are ordered on the one hand to heal all diseases, but on the other hand to **cleanse** the leper. Here again is the same division of disease into the two classes—one requiring healing and the other lavation.

This cleansing of guilt may appear in an inverted form. Towards the beginning of the 11th century, a man with leprosy walking along the roads of Northern Italy shrank to the side of the road in order to allow a gaily clad young horseman to pass by. Probably to his utter dismay and astonishment, the horseman suddenly wheeled round and the young man leapt lightly to the ground and embraced and kissed the man with leprosy. Now even St. Francis of Assisi's worst enemies could not accuse him of undue reticence, and he tells us how he derived much "sweetness of spirit" from this act. The feelings of the

humiliated and embarrassed man with leprosy have never been considered worthy of record. Here, then, is the classical example of the inversion of the guilt complex—the same inversion which led to the heroism of Father Damien, and of many another leprosy worker in the field. The same note of personal satisfaction can be found in numberless accounts of the experiences of leprosy workers today. The accounts of these workers do not say much to emphasise the objective good that is being done for those suffering from leprosy, but they stress the psychological satisfaction of those who undertake the task of looking after such cases. This should not be considered, under any circumstances, as cynicism. It is a rational study of the motivation of men and women who are, undoubtedly, doing a tremendous amount of good. On the other hand, where the guilt complex evokes either a sense of fear and disgust, or an inverted desire to help those suffering from leprosy, the limitations of this irrational outlook are still marked. It appears doubtful whether mankind has yet reached the stage in evolution where there can be any general prolonged objective care for those suffering from chronic disease. This is clear to any doctor who has observed the frequent and obvious relief shown by relatives on the death of someone who has suffered from prolonged helplessness and has needed constant care. Where the guilt complex is the primary motivation, the limited public health control of leprosy must, and almost inevitably will be incomplete, because there will always be an instinctive avoidance of methods based on reason and specialised knowledge.

Before leaving the subject of the lay attitude to leprosy, there are two other aspects of the subject which must be considered. The question of blemishes due to disease is, in some ways, rather a curious one. Our ancestors in the Middle Ages were addicted to the somewhat unpleasant habit of "wishing" blemishing diseases on each other. Thus you will frequently find in the literature of the Middle Ages—A pox on you, plague on you, a murrain on you, and so on. (The word "plague," in the Middle Ages has a generalised meaning and is not used in its modern sense). It will be noticed, however, that never under any circumtances does the phrase "May You Get Leprosy" occur. The saying "May You Get Leprosy" would be felt to be instinctively and dangerously bringing the disease nearer home.

The sub-conscious mind, like the Kingdom of Heaven, has many mansions and there are manifold tricks of psychology, regarding the danger of leprosy. One of these closely resembles the Chinese habit of slapping, or otherwise humiliating the images

of the gods, when they fail to respond suitably to prayer. In the same way the power of leprosy can be diminished by stating over and over again that the disease is one of the under-nourished, of the poor, of those suffering from syphilis, or of those who are diseased in general, who are debilitated by suffering from hook-worm, malaria and so on. Here we see a definite psychological effort to control and delimit the power of leprosy. The rationalisation goes like this—**we are highly civilised people therefore leprosy cannot happen to us. We are rich, we have high standards of living, we must be beyond the power of the ju-ju.** This belief that we are protected by being highly civilised has no scientific background, it merely represents one of the many tricks of the unconscious to lull us into a feeling of security.

In the Middle Ages in England lepers were enjoined by law to be humble below all other men. The instinct on the part of healthy people to humiliate those with leprosy as part of a compensation complex is still widespread today. The standards of nutrition, hygiene, buildings and general amenities in the average leprosy settlement today are, as a rule, far below those which appertain in an analogous general hospital. Something that is not quite good enough for other people is considered good enough for those suffering from leprosy. There are exceptions, of course, and this is by no means general, but it is common enough to show the psychological trend towards the humiliation of those suffering from leprosy.

Another effect of the guilt complex on the minds of the lay administrator is to cause a complete ignoring of the whole problem of leprosy. In a territory where the incidence of the disease may be as much as 5 per cent, the claim is made that there is insufficient money to deal with the problem. In Bengal there are a minimum of 50,000 cases of leprosy. The excuse for doing little or nothing about it is that the problem is " too vast ". It will be noted that these excuses are always evasions. There is no facing the fact that the authorities, through the action of the guilt complex, are afraid to tackle the problem. The only cure for this is the intensive education of administrative authorities in a modern and rational outlook on the disease.

The attitude of leprosy doctors and workers requires special commentary, however painful this may be. The writer recently saw a highly educated leprosy worker who had developed a small tuberculoid lesion on the inner side of the right arm. The patient's

unsolicitated commentary was "You needn't think I got this sitting embracing a native woman." Here we have a well educated worker, experienced and trained in modern ideas about leprosy. The presence of a tuberculoid lesion, however, had flared up the guilt and punishment complex with an instinctive reversion to the lay concepts of leprosy being dirty, infectious and venereal. Leprosy work frequently attracts doctors and workers who have a religious outlook and it is precisely such people who tend to have the guilt and punishment complex mostly deeply. Thus we see in far too many leprosy settlements elaborate and unnecessary precautions due to irrational leprophobia which, of course, is aroused and inflamed by this guilt complex. We must face the apparent fact that only in a tiny percentage of cases does a leprosy patient undergo the full and adequate physical examination which would be considered as a matter of routine in any first rate hospital at home. Few doctors are prepared to tread the plain hard road towards a real knowledge of leprosy. The plain hard ground must necessarily entail the constant physical examination and re-examination of patients; the percussion, palpation and probing with the bare hands in order that each examination may add to the doctor's knowledge of the disease. But this plain, hard ground is seldom taken owing to a morbid and instinctive fear of infection. Experience shows that considerably less than five per cent of patients in leprosaria receive anything like an adequate medical examination. It should be made clear that it is quite impossible to conduct an adequate medical examination while wearing rubber gloves and it is equally impossible to elicit a true picture of the patients physical and mental state if the doctor is primarily worried about himself and not the patient. This evasive and remarkable fear of infection is, of course, rationalised; it is much more genteel and far more interesting to hold learned discussions on the different points with regard to classification, or the lepromin test, or whether tuberculoid leprosy is a fundamentally allergic phenomenon. It is much easier to examine sections than to examine patients. These have the double effect of boosting the doctor's ego with a feeling of being learned, and at the same time allowing full indulgence to the irrational attitude, which can be summed up in the phrase of the Middle Ages "His touch is death." This refusal to face irrational fear is extremely widespread. A few years ago I examined a small leprosy hospital in England. It was quite soon obvious that the patients had never been physically examined in any modern sense. One could, however, sense to a striking degree the atmosphere created by the attitude

of other leprosy workers who were present. Their rationalisation was obvious—**" If he examines and palpates them like this, the patients will obviously expect me to do the same,. He is thereby threatening me with leprosy."** No admission of leprophobia was made, but I was not asked to revisit the hospital. It should be made clear, at this point, that only one person ultimately suffers from the leprophobia of the doctor, and that is the patient. Subconscious fear inevitably brings carelessness and neglect, and it is this fear unrecognised and not admitted by the worker himself, that is the essential cause of most of the low standards in our leprosy work today. The only means of its elimination is the psychological re-education of the leprosy worker, for it is only by his understanding and appreciation of the irrational motives which lead him to an unintentional neglect and cruelty, that a higher standard and a more rational system can ever be evolved. In many ways it seems unfair to criticise men and women who are so often performing a hard and thankless task in the field On the other hand it is essential, if first rate leprosy work is to be done, that its effects are faced with understanding and clarity of vision. If a doctor or leprosy worker is to do first rate work, he must be trained in the psychological understanding of the guilt-punishment-complex which motivates not only the worker but all of us to a greater or lesser degree.

The irrational foundation of our ideas on leprosy can be clearly seen from our perusal of any text book. Leprosy has been claimed, for instance, to be caused by emanations from the nose and throat. Here we have the primitive concept of the evil effects of the breath of the enemy. In much the same way the Japanese will torture a prisoner until he is nine-tenths dead, and then hurriedly leave before the end in case the breath of his spirit can enter and poison them. Frazer's " Golden Bough " shows innumerable examples of this kind of thing. Abundant evidence is found in Rogers and Muir's " Leprosy " showing the irrational origin of our ideas with regard to the disease. It is frequently suggested throughout the book that leprosy spreads through the introduction of the disease among tropical races in a primitive or half baked stage of civilisation. On page 53 it is suggested that promiscuity, general and sexual, has been repeatedly shown to be a most important factor in the spread of leprosy, especially among the poorer tropical races. It must be made clear that there is no scientific evidence for such a contention. On page 97 of the same book leeches are also suggested as possible transmitters; the leech is of course a phallic symbol.

The most immediate and marked effect of the psychology of the leprosy patient is the over-whelming sense of shame and disgust, which again springs from the guilt-punishment-complex. The psychological effect is often surprisingly strong. A man may have a tiny tuberculoid lesion, little more than half an inch in diameter, and yet suffer from an overwhelming sense of fear and dismay. It will be noted that the psychological effect is out of all proportion to the size or nature of the lesion. It has been sometimes claimed that this has been due to the effect of the Christian bible, but the same reaction can be found in races and people with no knowledge of Christianity; in fact, it is interesting to observe that the psychological reaction to leprosy may be, and often is, much the same whether we are dealing with a Chinese, an Indian, a European or an American. That the fear is irrational can be seen by the fact that early cases of leprosy may show a profound dread of mixing with other advanced cases. This leads to the question of superinfection. There is no scientific evidence that superinfection can occur, and there is certainly no rationale for the fear of the early case of infection from his more advanced contact.

The Psychology of the incarcerated case of Leprosy.

This varies very considerably according to the type of settlement and the mentality of the doctor. In a bad leprosy settlement, that is a settlement which is neglected, and where there are no modern facilities for treatment, a state of degradation may occur which can only be seen to be believed. The death rate in such a settlement may rise above 25 per cent per annum and criminal practices of the most debased kind can flourish. The attitude in this kind of settlement is—God has punished us more than any man can do. We are, therefore, free from any of the rules of civilisation. Any fear displayed by the doctor or person in charge will, of necessity, accentuate this attitude. With this is combined a mingled fear and dread of the outside world, a feeling that healthy people do not belong to what Robert Louis Stevenson once called " the grim brotherhood." Such an attitude is vividly described in the *International Journal of Leprosy* (Vol. 8 No. 1 page 108), where reporters who visited a leprosy settlement in France were savagely attacked, and their cameras smashed. Under such conditions a man suffering from leprosy almost ceases to be a human being and becomes a wild animal.

The dreams of lepers are described by Sarkar (*Leprosy in India* Vol. XLV, page 105). It is interesting to note that one of the

dreams he describes bring out the typical Freudain dream-pun. The man is described as dreaming that he was clawed by a "leopard." The significance of this is obvious. The dreams of those suffering from leprosy tend to be of a more elementary, and even infantile, type than those of ordinary healthy people. The Freudian wish-fulfillment is frequently present. For example, Sarkar describes a patient dreaming that he was now well, had a beautiful house which was situated in the same place as the leprosy settlement. The tendency towards the adolescent type of dreaming is very marked indeed, and it is obviously a reversion to the time when the patient believed that he was not suffering from the disease. Just as, in many leprosy workers and administrators, their adult conduct is, in a sense, a revenge for the maladjustments of their own childhood, so in a man suffering from leprosy his dream life tends to revert to the stage of childhood or adolescence at which his leprosy problems had not yet begun to make themselves manifest.

No account of the psychology of leprosy would be in any way complete without a study of the psychology of crippling. Let us think of the surface of the human body as a large and sentient empire. If we blot out the tactile consciousness and produce paresis in any part of this empire, profound psychological issues are bound to arise. Stiffening of the joints and paralysis of the muscles may do the same thing. It is difficult for anyone who has not suffered from paralysis to realise the constant frustration which can and does occur as a result of leprosy. I can well remember a case where severe wounds were inflicted by a man with leprotic blindness, on accidentally bumping into a case with a paralysed arm. Both had sticks, and both struck out savagely at each other. These men had no particular quarrel, and their action, leading to the hospitalisation of both with severe injuries, was due to the blind and pent-up frustration which had to seek outlet at some given point. It is well for those of us who are in charge of leprosy settlements to remember the frustration and, indeed, agony of mind which many of these patients undergo. Even in a modern and well conducted leprosy settlement there are well-marked features of masochism; the man or woman suffering from leprosy shares the guilt complex of the healthy individual with regard to the "blemish" group of diseases. Indeed this guilt complex may lead to an actual desire to neglect treatment, to be irregular in his habits, and in various ways to impede the course of recovery. One has known instances where men suffering from leprosy have done everything possible to induce lepra

reaction. These persons probably represent the hard core of patients who are unlikely to recover under any form of therapy. Here the guilt complex is so strong that it can overcome the desire for rehabilitation and a return to a normal life.

Sufferers from leprosy are frequently blamed for ingratitude and something should be said of the attitude of the patient towards his doctor. In actual fact, the gratitude shown to leprosy doctors possessed of any real understanding of their patient, is marked and even embarrassing. Apparent ingratitude is only seen when those in charge have failed dismally in carrying out their elementary duties towards the patient. Whilst the patient is undergoing treatment there are no bounds to the gratiude which he or she will show. Once the patient is cured, however, the picture changes. There is very considerable truth in the scriptural statement "There were ten cleansed, where are the nine?." The man who suffers from leprosy has gone through a nightmare of psychological agony which healthy people can never understand. It is inevitable, therefore, that once he is cured and the evil thing only a memory, he will tend to blot it out of his mind. It is not ingratitude—it is only the human tendency to expunge unpleasant phases or episodes from ones memory.

The psychology of the leprosy patient has altered remarkably as a result of modern treatment. Many leprosy workers are already beginning to forget the days when lepromatous leprosy was, for all practical purposes, a hopeless disease. I can well remember visiting a well-to-do patient in his little house in Southern India. The patient lived alone in a single room and there was abundant evidence that the place had not been cleaned for many months. The little clock on the wall had stopped at twenty minutes past ten as I remember. Beside where the patient sat was a figure on the Crucifix, with one leg broken off. The patient sat in a dingy rocking chair rocking himself back and forward, the effort of rocking being to dull and minimize the eternal monotony of his life. His case was hopeless and he sat rocking there without any will to live. I have seen too, a boy of 15 gazing beyond the barbed wire of a so-called leprosy settlement. Beyond the barbed wire lay a road---the road which he would never tread, and the boy had come to hate that road with a passion that cannot be understood by healthy people. Yet day after day he was unable to resist dragging his anaesthetic feet to gaze, yet once more, at at the road which represented freedom—impossible freedom which mocked at him in his anguish. This represents two of thousands which any leprosy worker of the old hydnocarpus days can recall

with unrelished ease. To men, women, and children such as these the advent and promise of sulphones has come as a complete transformation in their lives and psychological outlook. With the ultimate abolishment of the cruel system of segregation for all cases of leprosy, and above all the more humane and enlightened psychological outlook, we may yet see the day when an article on the leprosy complex will be outmoded and unnecessary.