Indian J. Psychiat. (1989), **31**(4), 315-318

THE SOCIAL AND PSYCHOLOGICAL CORRELATES OF LEPROSY

R. N. CHATTERJEE[1], D. N. NANDI[2], GAURANGA BANERJEE[3], BISWAJIT SEN[4]
A. MUKHERJEE[5] GAUTAM BANERJEE[6]

SUMMARY

Leprosy, one of the most chronic tropical diseases, acts as a unique psychosocial stressor for the social stigma associated with it. The present study assessed the nature of such stigma and its possible effect on the patient's mental health. Leprosy patients perceive that (a) their illness evokes public fear and hate, (b) it is degrading and humiliating and they should be segregated from family and society and (c) it is incurable and a consequence of sin. Psychiatric morbidity is commoner among the in-patients (64%) than among the out-patients (25%).

Leprosy is widely distributed in different parts of India. It is, therefore, natural that our physicians, social scientists and planners are paying greater attention to this grave public health problem (Mutatkar, 1979; Mehendale, 1981). Behere (1981) drew our attention to the psychological reaction to leprosy. Chauhan and Dhar (1981) went further and studied its psychodynamic aspect. But we are still lacking in baseline data on the social and psychological concomitants of the diagnosis of leprosy in an individual. The beliefs and practices engendered by the intense stigma associated with leprosy in a tradition-bound country like India are likely to affect the mental health of the victim. We have therefore, designed a study to assess the nature and effect of this stigma.

MATERIALS AND METHODS

To carry out the study among leprosy in-patients, 17 inpatients with the diagnosis of Leprosy (Tubercular) were taken consecutively from the admission register of Leprosy Mission Hospital, Purulia. They were assessed by two psychiatrists by the standard psychiatric interview for global assessment of the presence of any psychiatric morbidity, the attitude questionnaire and the GHQ.

16 OPD patients of leprosy (tuberculous variety) were selected consecutively from the admission register of Skin OPD of a teaching hospital at Culcutta. The same schedule of clinical global assessment, attitude questionnaire and GHQ administration followed.

Identical studies were done among 17 in-patients of pulmonary tuberculosis from a TB Hospital and 19 chronic ENT OPD patients from a teaching hospital at Calcutta.

RESULTS

Table I shows the attitude of the patients towards their illness. We find that in comparison to the ENT cases, both the in- and out-patients of leprosy as well as the pulmonary tuberculosis patients harbour more negative attitudes regarding their illness.

Table II shows the distribution of the GHQ scores. The point to note is that a GHQ above 12 is much more frequent among leprosy in-patients than in any other group.

Table III shows the psychiatric morbidity in all the groups of the sample. It indicates

1. Psychiatrist, Calcutta Pavlov Hospital, Calcutta.
2. Consultant Psychiatrist, Girindrasekhar Clinic, Calcutta.
3. Associate Professor, Psychiatry Unit, N. R. S. Medical College, Calcutta.
4. Consultant Psychiatrist, Girindrasekhar Clinic, Calcutta.
5. Consultant Psychiatrist, Girindrasekhar Clinic, Calcutta.
6. Psychiatrist, Krishnanagar Sadar Hospital, Nadia.

TABLE I. *Attitude of the patients towards their illness (figures are positive responses)*

	Leprosy (inpt.) (N=17)	Leprosy (OPD) (N=16)	PTB (N=17)	ENT cases (N=19)
1. People hate and fear us	14	16	15	1
2. Marriage and family inadvisable	17	16	15	3
3. Must be segregated from family and society	15	14	5	—
4. Should commit suicide	6	6	1	—
5. Consequence of sin	9	8	5	1
6. Degrading and humiliating	14	16	15	1
7. Serious physical handicap	17	16	16	—
8. Contagious	9	8	7	—
9. Caused by germs	11	8	7	1
10. Best method of treatment (allopathy)	17	16	17	19
11. Chronic disease	17	14	17	5
12. Fully curable	7	14	17	19
13. Extremely painful	10	11	12	8

TABLE II. *Distribution of GHQ scores of different groups of the sample*

Groups	GHQ score upto 12	GHQ score above 12
Leprosy (in pt.) (N=17)	3(17.6)	14(82.4)
Leprosy (OPD) (N=16)	8(50.0)	8(50.0)
PTB cases (N=17)	7(41.2)	10(58.8)
Chronic ENT cases (N=19)	12(63.2)	7(36.8)

Figures in parentheses are percentages calculated horizontally.

that the highest rate of morbidity was among the hospitalised cases (64%) of leprosy while the lowest rate was found among the OPD leprosy cases.

Table IV shows that in all the groups mental morbidity is commoner in the older persons. All the cases are depressives.

DISCUSSION

In the present study we find that the leprosy patients of both categories (in- and out-patients) harboured a considerable degree of negative attitude towards their illness.

TABLE III. *Distribution of psychiatric morbidity in different groups*

Groups	Male		Female		Total	
	No.	Affected	No.	Affected	No.	Affected
Leprosy (In pt.)	10	7(70.0)	7	4(57.1)	17	11(64.7)
Leprosy (OPD)	13	4(30.9)	3	—	16	4(25.0)
PTB cases	10	3(30.0)	7	3(42.9)	17	6(35.3)
Chronic ENT cases	9	1(11.1)	10	7(70.0)	19	8(42.1)

Figures in parentheses are percentages.

TABLE IV. *Distribution of psychiatric morbidity* in different groups by age*

Age (years)	Leprosy (inpt.)		Leprosy (OPD)		PTB cases		Chr. ENT cases	
	No.	Affected	No.	Affected	No.	Affected	No.	Affected
15–24	6	3(50.0)	5	—	1	—	6	1(16.7)
25–34	7	4(57.1)	5	1(20.0)	5	2(40)	8	4(50)
35–44	4	4(100.0)	6	3(50.0)	6	3(50)	3	(133)
45–54	—	—	—	—	3	1(33.0)	2	(2100)
55–64	—	—	—	—	2	—	—	—
Total	17	11(64.7)	16	4(25.0)	17	6(35.3)	19	8(42.1)

*All the cases were diagnosed as Depression.
Figures in parentheses are percentages.

They perceived it as an affliction for which people hated and feared them. They should be segregated from their family and society. This social stigma was so degrading and humiliating that over 33% of them thought of committing suicide. This is not to be construed as a unique phenomenon of Indian Society. Gussow and Tracy (1972) have discussed the phenomenon of social stigma associated with leprosy in parts of the United States. The sense of despair and apprehension for a disease which is castigated by the society and dreaded by the victim as almost incurable may predictably act as a serious psychosocial stressor. This is corroborated by the GHQ scores and clinical assessment. The leprosy in-patients showed a high GHQ score (above 12) in 82.4% of them. This is an index of the existence of probable mental morbidity in this group. By a global clinical assessment it was found that 64.7% of these in-patients were mentally morbid. All the cases were suffering from Depression. Lowinger (1959) stated that 10% of patients at the Carville Leprosarium in Louisiana (USA) were psychotic in 1953. Though the classification and nomenclature of mental disorders were less precise at the time of that study it can hardly be denied that the rate of morbidity was quite high. The possible effect of institutionalization on the mental morbidity of leprosy patients could be sumrised from the relevant data on the leprosy out-patients. The GHQ score was above 12 in 50% of them and only 25% of the group was adjudged mentally morbid on global clinical assessment. These cases also were all depressives. These out-patients attended a general hospital. Hence the impact of their illness might have a less devastating psychosocial effect than that of the leprosy in-patients who were segregated from their family and society. This segregation accentuated the social stigma. The seriousness of their illness with its poor prognosis was also an important perceived stress. The in-patients of pulmonary TB were less vulnerable to mental illness than these leprosy in-patients (35.3%) (vide Table III). All these cases were depressives. An interesting incidental finding is that Pulmonary Tuberculosis patients still harbour quite a lot of a negativistic attitude towards their illness and are frequently mentally morbid too. This is inspite of the fact that diagnosis, treatment and prognosis of the illness have improved remarkably. Certainly people involved in the management of the tuberculous diseases should give a thought regarding this problem. Chronicity alone without associated social stigma and apprehension of incurability (as in chronic ENT patients) accounts for a low GHQ score

(Table II) and an unaccountably high morbidity rate on global assessment (Table III). It is to be noted that the morbidity is confined to the diagnosis of depression. The age distribution of depression in all the groups tally with that of general population.

REFERENCES

Behere, P. B. (1981). Psychological reactions to leprosy. Leprosy in India, 53, 266-272.

Chauhan, N. S. and Dhar, U. (1981). The Psychodynamic side of leprosy. A Children's Apperception Test (CAT) Study. Leprosy in India, 53(3), 379-384.

Gussow, Z. and Tracy, G. S. (1972). The phenomenon of leprosy stigma in the Continental United States. Leprosy Review, 43, 85-93.

Lowinger, P. (1959). Leprosy and Psychosis. American Journal of Psychiatry, 116, 32-37.

Mehendale, M. S. (1981). Health Education and Social Aspects in Leprosy Work. Pune : J. M. Mehta & Co.

Mutatkar, R. K. (1979). Society and Leprosy. Pune: Shubhada—Saraswat.