

PSYCHIATRIC CASES IN A LEPROSARIUM

— A Report of Psychiatric Work at Aisei-en from July 1960 to July 1962 —

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FOREWORD

There seems to be a great difficulty in estimating the exact incidence of mental disorders in a large-sized leper community. None of the past reports on the subject, including the writer's own covering the period from April 1957 to April 1958 at Aisei-en (1), can be considered as a full account of the facts. Examining the entire patient population would evidently be the best way of knowing the actual number and nature of the cases, but no investigator in the past seems to have stayed long enough in an institution as a psychiatrist for continued periods of time to conduct such an examination. Moreover, a factor that might render such an attempt more or less unfruitful anyway is the fact that there appears to be on the part of the leper patients a certain psychological resistance, much greater than that found among the people in general, against being psychiatrically examined. As has often been pointed out, a leprosarium, at least in our country, is a highly closed society, where the inmates are often strikingly secretive about their past and always keenly sensitive to social respectability according to the peculiar standard prevailing in the community. Thus, though manifest psychiatric cases or behavioral and social problems may well be referred to the visiting psychiatrist by the medical or business staff of the leprosarium or by the patients themselves, many of the neuroses or even the psychoses may be concealed by the patients or by their friends in order to save their social honor and status

within the community. This must be one of the reasons why there has been usually but a low incidence of neurosis reported in the past, as for instance in the recent paper by Lowinger, P. on the U.S.A. National Leprosarium in Carville, Louisiana, in 1953 (2) and in the writer's own paper mentioned above.

Nor does the present report claim to be complete in the above respect. It was felt, however, that a new report may be justified here in that, during the last two years extending from July 1960 to July 1962, several advantages were given us to come nearer to the facts than it had been possible before. During that period of time the writer paid more or less regular monthly visits at the leprosarium, not as an investigator as before, but primarily in the capacity of a psychiatrist giving consultations as well as therapy. Each stay lasted from twenty-one hours to several days. On each of these occasions, the writer examined not only the psychiatric leper cases hospitalized in the psychiatric ward, but also some of those in the other three wards for internal, surgical and tuberculous diseases in leper patients, who were referred to her for psychiatric examination by the doctors in charge. Outpatient psychiatric service was also started around the end of the first year for the non-hospitalized patients living in the leprosarium, who were informed by broadcasting of the date of the writer's coming beforehand so that those feeling the need of psychiatric consultation might register before the date. During the first months the patients seemed to be reluctant to come. It was revealed that they needed the assurance of strict privacy in psychiatric consultation. The time and place of the psychiatric interviews were arranged accordingly. Gradually the patients seemed to gain confidence and rapport; in the second year those desiring outpatient psychiatric consultations steadily increased in number, many of them coming regularly for therapy. The need of a resident psychiatrist came to be keenly felt, though it proved extremely difficult to find one willing or able to come to live on the island. Meanwhile a young psychiatrist has been found

recently who volunteered to pay weekly overnight visits to Aisei-en beginning from August 1962. It is to be hoped that a more complete psychiatric report of the leprosarium will be given in the future through his efforts and experiences. A plan is under way now at the Ministry of Welfare to set up a larger-scaled psychiatric ward with more up-to-date equipment and a greater number of beds in order to take in all the psychiatric cases in need of hospitalization that are found in the three leprosaria located on the islands in the Inland Sea called Setonaikai, including Aisei-en. This is a further ground for expecting more adequate study of psychiatric problems in the leprosarium in the years to come. The present paper, therefore, is but a kind of an interim report.

The account of past studies on related subjects will be omitted here as it has already been stated in some detail in our previous paper (1) and in some of the works listed in the bibliography attached to it. Nor will the findings and observations be repeated here that were made on the social and psychological background of the life of the patients at Aisei-en community. Let it only be mentioned that, since institutionalization became no longer compulsory by the amendment of the Leprosy Prevention Law in 1954, the patient population in the leprosarium is more or less fluctuating, though the bulk of the patients remains there for life. At Aisei-en, which is the largest National Leprosarium in Japan, there were during 1961 41 admissions, 20 deaths and 71 discharges, 22 of the discharged cases being pronounced cured. The total patient population there in January was 1668 (1052 men and 616 women) and in December 1643 (1039 men and 604 women) (3).

Another new feature in psychiatric care at Aisei-en is the fact that the patients in the psychiatric ward have been placed under the care of regular nurses since April 1960, whereas up to that time they had been left in the hands of their fellow patients who merely served as custodians, which means that these leprous psychotics were left without any medical care either for their

leprosy or psychosis. What this revolutionary change meant for the patients and the nurses are related in detail in a recent report written by the head nurse of the psychiatric ward (4).

**PSYCHIATRIC CASES AT AISEI-EN DURING
JULY 1960 - JULY 1962**

The following table represents the total number of psychiatric cases observed and partly treated during the period. Group A includes the "endogenous" psychoses, group B the organic psychoses.

TABLE 1. Psychiatric Cases at Aisei-en.

		No. of Cases		Total
		Male	Female	
A.	Schizophrenia	13	7	20
	Manic-Depressive Psychosis	6	1	7
	Total	19	8	27
B.	Epilepsy			
	{ Idiopathic epilepsy	3	0	3
	{ Jackson's epilepsy	0	1	1
	Dementia senilis	3	4	7
	Disorders due to encephalomalacia	1	2	3
	Chronic brain syndrome of unclear origin	2	0	2
	Total	9	7	16
C.	Mental Deficiency	3	3	6
	Psychopathic Personality	12	0	12
	Total	15	3	18
D.	Neurosis	28	14	42
	Total Number of Cases	71	32	103

Compared with the figures in a similar table in the writer's previous paper (1), the total number of psychiatric cases is a little more than twice as large as that found in the former investigation. The main reason for this difference must lie not only in the longer period of time covered, but also in the much greater number of neurotic cases that revealed themselves only through outpatient psychiatric service. The same fact may account for the greater incidence of schizophrenia and manic-depressive psychosis, for the incipient or light cases came for consultation as outpatients of their own accord.

A brief account will be made in the following of the main items in Table 1.

A. "Endogenous" Psychoses

a) *Schizophrenia*

According to Table 1, the incidence of schizophrenia amounts to 1.2% of the total patient population, which averaged 1655 in 1961. Though much lower than the percentage reported by Lowinger—6.6%—for Carville Leprosarium, this is still twice as high as the proportion of schizophrenics found in the general Japanese population. There *may* be indeed some "biological affinity of schizophrenia for lepers" as suggested by Lowinger, just as has often been claimed for cases of tuberculosis, the bacilli of which have strong morphological and biological similarities to Hansen's.

As to the types of the psychosis, four of these twenty schizophrenics presented mixed or atypic types, with recurrent phases of depressive states in three cases and manic-catatonic states in one. Though these atypic cases seemed to be quite free of symptoms during the intervals, they manifested typically schizophrenic hallucinations, delusions and behavior peculiarities during the phases. Seven other cases of schizophrenia are of many years' standing and present advanced stages of mental deterioration. Of the remaining nine cases three are paranoid and six of the hebephrenic type. The latter six cases were found among

the outpatients. Two chronic schizophrenics were found to be living among the normal leper patients, apparently much to the annoyance of those around them.

b) *Manic-Depressive Psychosis*

The incidence of this psychosis in the total patient population is 0.4%, which is the same as that in the general Japanese population. Only the depressive type was found. All the seven cases presented the cyclic recurrence of the phases. The depressive states that seemed to be mainly due to mental conflicts and frustrations accompanying the climacteric were included in Group D.

B. Organic Psychoses

a) *Epilepsy*

One of the cases of epilepsy presented no convulsions but only psychic equivalents of periodic ill humour and aggressiveness, which led to a great deal of interpersonal troubles and gave serious problems to the administration of the leprosarium.

b) *Senile Disorders*

The cases of dementia senilis and other troubles due to aging may actually be still more numerous, as these figures represent only those referred to the writer for consultation or those that were casually found during visits around the wards. As most of the leper patients remain in the institution for life, and as leprosy itself usually does not cause death, it is natural that aged patients are always on the increase, bringing about problems of their own.

C. Mental Deficiency and Psychopathic Personality

a) *Mental Deficiency*

The number of the feeble-minded must be greater than the

figures presented in Table 1, because the light cases never came to the writer's attention. Three out of the six cases mentioned are hospitalized, two of whom have personality disorders as well. The other hospitalized case is a young male patient of unknown age, name and origin, as he was found roving around the Arima Hot Springs many years ago as a solitary boy, leprous, deaf, dumb and feeble-minded.

b) *Psychopathic Personality*

The twelve cases listed here were those referred to the writer because of interpersonal problems. Most of them are of the aggressive type.

D. Neuroses

Under this heading have been grouped all the cases that could be considered as more or less psychogenic in origin. They can be roughly classified as follows:

Table 2. Neuroses at Aisei-en.

	No. of Cases		Total
	Male	Female	
Neurasthenia	5	0	5
Hypochondria	3	0	3
Anxiety Neurosis	6	7	13
Hysteria	0	1	1
Obsessive-compulsive Neurosis	4	0	4
Depressive Reaction	3	5	8
Aggressive Reaction	7	1	8
Total	28	14	42

Most of the neurasthenic cases were patients suffering from the acute exacerbation phase of leprosy called erythema nodosum leprosum, accompanied with high fever and eruptions all over

the body. This usually brings about insomnia, irritability or depression.

There are not a small number of anxiety neuroses manifesting themselves in the forms of fits of palpitation or feelings of suffocation. This state as well as that of depression is not seldom observable either during the years immediately following institutionalization or those preceding total blindness, which is said to mean a "second death" for many patients.

One of the cases of obsessive-compulsive neuroses has been hospitalized in the psychiatric ward after a suicidal attempt. He had been reduced to almost total inactivity due to his phobic fear that some malignant disease might be developing near his urethra, but is recently recovering after a long period of psychotherapy.

The depressive reactions are observed not only on the above-stated occasions but also not seldom in women patients whose leprosy is in a more advanced stage than their husbands'. They are then in constant fear that their husbands may get well and get out of the leprosarium, leaving them behind.

Either the depressive or aggressive reactions are often seen in young male patients whose leprosy recently grew worse or whose condition does not allow them to entertain hopes of discharge from the institution. Not a few of them have studied in the junior or senior high schools within Aisei-en, but feel their schooling is of no avail, that there is no meaning in their lives. It should also be reminded that the writer's investigations in 1958 revealed a great deal of psychosexual frustrations among the men patients owing to the scarcity of women population as is usual in leprosaria everywhere. This may also contribute to much irritability and aggressiveness in the neurotic cases.

SUICIDES IN THE LEPROSARIUM

During the two years under observation, there were two cases of suicide committed and three attempted.

One of the suicides was committed by a young epileptic patient who was hospitalized in the ward for internal diseases. He threw himself down from the window of his sickroom on the second floor. He had been an active Christian leader in the Protestant Church in Aisei-en but had been in a markedly depressed mood owing to certain mental symptoms that always preceded his epileptic fits. The other suicide was an old woman patient of 74 who lived with her husband in one of the cottages for disabled married couples. She hung herself apparently without leaving any clues as to the reasons of her act.

One attempt at suicide was made by a male schizophrenic patient hospitalized in the psychiatric ward by trying to hang himself during the night. The other two attempts were made by two women patients who went out in the sea to drown themselves. One of them was a schizophrenic of 38 who was led to the attempt through her delusions and hallucinations of guilt and self-punishment just as was the case with the other male schizophrenic mentioned above. The other unsuccessful attempt at suicide was made by an old woman patient of 75 who lived with her husband in one of the cottages. She had already made three attempts at killing herself in the past. It must be said that all these attempts showed more or less hysterical traits.

The rate of suicide committed during these two years is thus one per year, which is the same rate as found previously for the ten years extending from 1948 to 1957 at Aisei-en (1). This makes a rate of 60 per 100,000 in the total patient population during the period under consideration, a rate which cannot be considered particularly high when compared with the already high rate in the general Japanese population.

PSYCHIATRIC THERAPY IN A LEPROSARIUM

Lastly, let us say a few words on the problem of psychiatric therapy in a leprosarium, which presents peculiar difficulties of

its own. Our main means of therapy were the new psychotropic drugs and psychotherapy. Would there be other possible ways? For instance, could electroshock be practised on lepers whose peripheral nervous system is, as is well-known, more or less invaded by Hansen's bacilli without any more danger than can be expected in non-leprosy subjects? What about insulin shock therapy? Should hypnosis be used, as seems to have been in the Soviet with some success? (5) These are some of the questions that seem to have seldom been explored as yet and on which hardly any literature is to be found.

An almost unsurmountable obstacle to occupational therapy was presented by the fact that most of our chronic psychiatric patients are disabled due to long-standing untreated leprosy. Some of them are blind; almost all of them have lost parts or all of their fingers or limbs. Even recreational therapy is limited to merely listening to the radio or looking at the television for those who are not blind. The nursing personnel at the psychiatric ward, however, have proved by their untiring efforts and ingeniousness that even such patients can be surprisingly improved by securing warm, human contact in their daily care and by organizing occasional festive parties on Christmas and Tanabata Festival for instance, when the musical band of blind patients would be invited to play for the psychiatric patients. Taking these patients for drives on a car around the leprosarium grounds proved also quite enlivening. All these and other means are being devised chiefly by the nurses to prevent the patients' minds from deteriorating into complete apathy.

As to the outpatients, the majority of whom are neurotic cases, a prerequisite on the part of the therapist in practising psychotherapy on them is a human understanding of their many deep-rooted frustrations and conflicts, some of which are so different from those of ordinary non-leprosy people. Especially great is the problem of the loss of "the sense of meaning"

(Frankl, V.) in a great many patients as was found out by the writer's previous investigations. How could we restore to them the feeling that there is significance in their lives just in the same sense as we may dare to say there is in ours? Not ready-made techniques and phrases, but sincere human "encounter" between doctor and patient, creative thinking and efforts to improve the medical and social conditions in the leprosarium are required in order to meet this most difficult of tasks. It is to be hoped that a renewed realization of the psychiatric problems in leprosaria will lead all those concerned to find out ways for ameliorating the mental health of the patients.

SUMMARY

A report was given of the psychiatric cases observed at Aisei-en National Leprosarium during monthly consultations given there for two years. Psychiatric examination of the hospitalized patients referred to the writer by the doctors in charge combined with outpatient psychiatric service for non-hospitalized leprous patients within the leprosarium revealed a total of 103 psychiatric cases during July 1960-July 1962. The incidence of schizophrenia was 1.2 %, that is, twice as high as that in the general Japanese population. Contrary to past reports, manic-depressive psychosis showed the same incidence as in the general population, that is, 0.4 %. Also it was found that there were 42 cases of neuroses, which indicates that not a few of them must have escaped previous means of investigation.

A brief account was made of the suicides committed and attempted during the period. The rate of suicides committed was one case per year, that is, 60 per 100,000 in the total patient population of 1655.

Finally a discussion was made of the peculiar difficulties presented by the problem of psychiatric therapy in a leprosarium.

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