A Note from the Editors

DERMATOLOGY + PSYCHOSOMATICS is a journal dedicated to a high scientific standard. Therefore, a review process is a prerequisite for publication of manuscripts. Nevertheless, the editors of the journal feel the need to offer a platform for comments which can be printed without the demand for corrections and adaptation to rather formalistic criteria. To provide the opportunity for the presentation of 'methodologically unstandardized' spontaneous observations in clinical practice / of clinical experience or comments concerning previously published articles we maintain the section 'Letters to the Editors' to hereby encourage the interaction among psychodermatology researchers and clinical practitioners. We would be pleased to promote a discussion within the context of psychodermatological issues in a broad sense and to contribute to interdisciplinary discussions.

Furthermore, the section 'Letters to the Editors' can be used to give feedback on articles published in the latest issues of the journal. We are grateful for comments with respect to methodological aspects of the treatises as well as to the results or conclusions drawn by the authors. We hope that the new section will be taken up by interest and will contribute to a lively and interesting discussion.

The Editors

On Pathopsychological Features of the Personality of Women Suffering from Lues

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Summary

Medical and socio-psychological factors of the origin and development of neurotic and neurosis-like disorders in lues patients are analyzed based on the major theoretical concepts of Russian medical psychology. Pathopsychological factors and features of the personality of venereal patients were found by comprehensive investigation using psychodiagnostic tests and questionnaires. The main types of neurotic disorders, and connected with them nervous and psychic stress and anxiety levels as well as accentuation of character are described. The results of utilization of the different questionnaires in a lues clinic are discussed and the dominant factors playing a role in occurrence of neurotic disorders in lues were established and analyzed.

Introduction

Patients receiving treatment for various somatic diseases often display neurotic and neurosis-like disorders [Carney et al., 1987]. According to clinical supervision records, in 30% of somatic patients mental disorders are observed, and these disorders are understood to be a result of personal changes arising from the somatic disease. One out of two somatic patients has personality accentuations [Leonhard, 1989] that may play a role in the pre-psychological factors which form the basis of various psychopathological and neurosis-like disorders.

Since 1989 there has been an alarming increase of the rates of sexually transmitted diseases (STD) in the states of the former Soviet Union [WHO, 2001]. Syphilis incidence has increased from 5–15 in 100,000 in 1990 to as much as 120–170 in 100,000 in 1996. According to Borisenko et al. [1999], by 1997 the rate of syphilis notification in the Russian Federation had risen to 277 in 100,000. On average, women become infected at a younger age than men [WHO, 2001].

Epidemics of STD in the former Soviet Union poses questions which have not only medical, but also social and psychological implications [Shembeleva, 2001]. During the treatment of venereal diseases, psychopathological disorders frequently become apparent. Psychotic reactions of varying degree can be observed in patients with venereal diagnosis: from psychological pre-nosologic disorders up to acute psychotic reactions (F23, ICD10).

It is necessary to note the characteristics of *Treponema pallidum* that causes specific damage to nervous tissue and can induce the occurrence of psychological deviations. Already at the earliest stages of syphilis, changes in cerebrospinal liquid are found, which are not necessarily a result of early neurosyphilis.

Venereal diagnosis accounts for mental activity in the following most important aspects. Diagnosis of the disease is traditionally ranked as socially significant, with a negative impact on the micro-social environment of the patient. This may transform the diagnosis into a mental trauma and can cause severe stress capable of generating various mental disorders (F43, reaction to severe stress). Frequency and expressiveness of mental reactions to a venereal disease depends in many respects on the character of the venereal process, its duration and possible complications. The characteristics of the patient play a particularly important role: the presence of premorbid accentuated and pathologic character traits and deviations in behavior. Concerning the social and psychological factors influencing expressiveness of the mental experience, we can mark the characteristic premorbid state as well as the temporary isolation of the patient by venereal disease.

During the present research we characterized the pathopsychological manifestations (the psychological status, types of reaction to illness, accentuations of personality) among lues patients and considered some results of practical application of major approaches of Russian medical psychology to this problem. Among the most important psychosocial factors, the attitudes of lues patient towards other people and themselves (V.N. Myasishchev's concept of 'system of attitudes' [Myasishchev, 1960]) were investigated. Also a medical-psychological analysis of the external and internal picture of illness of the women suffering from lues was carried out.

Patients and Methods

Patients

125 women with the diagnoses lues II recid. and lues lat. praecox were surveyed in the clinic of the Crimean Health Center for Skin and Venereal diseases (Crimea, Ukraine). Age distribution: 35% 16–25 years; 42% 26–35 years; 23% 35–53 years.

Methods

Different techniques of medical psychology were applied. Some premorbid features of patients (accentuations, pathopsychological characteristics) are taken into account. The following tests, questionnaires, and scales were used: Eysenck's personality questionnaire [Eysenck and Eysenck,

1975]; LOBI (Leningrad Bechterev institute questionnaire, [Lichko, 1983]); questionnaire of Leonhard-Schmieschek [Burlatchuk and Morozov, 1999]; MAS (a personality scale of anxiety manifestation, [Burlatchuk and Morozov, 1999]); the scale of self-estimation of Spilberger-Hanin [Burlatchuk and Morozov, 1999]; the NPS (nervous-psychical stress)-test [Nemchin, 1983].

On the basis of these psychodiagnostic measures factors, which play a determining role in the occurrence and development of neurotic disorder in lues were determined:

- neuroticism, extraversion/intraversion (personal Eysenck's questionnaire);
- the type of character accentuation and temperament of the person (questionnaire of Leonhard-Schmieschek);
- anxiety level (MAS);
- self-estimation (C. Spilberger, Y. L. Hanin);
- level of psychological stress (NPS-test);
- the patient's attitude towards illness and treatment of chronic somatic diseases (LOBI).

The LOBI is based on V. N. Myasishchev's theory of 'psychology of attitudes' and has been developed in the Bechterev's institute (Saint Petersburg). It consists of 12 items, which concern different aspects of the system of estimation and relations:

1. estimation of the patient's own health;
2. estimation of mood;
3. estimation of sleep and awakening from the sleep;
4. estimation of appetite;
5. attitude towards the disease;
6. attitude towards the treatment;
7. attitude towards the doctor and the medical personnel;
8. attitude towards family and friends;
9. attitude towards the work (studies);
10. attitude towards surrounding people;
11. attitude towards solitude;
12. estimation of the patient's own future.

For each item the patients are asked to choose not more than 3 statements that most appropriately describe their condition. With the LOBI the following most frequently encountered psychological reactions to illness are detected: anxious, obsessive-phobic, anosognosic, sensitive, apathetic, neurotic, paranoid, euphoric, or hypochondriacal reactions.

The NPS-questionnaire contains 30 items covering the major characteristics of the nervous-psychical stress: physical discomfort; pain; temperature sensations; state of the muscular tonus; motor coordination; state of motor activity; cardiovascular symptoms; gastrointestinal symptoms; respiratory symptoms; symptoms of the secretory system; perspiration; state of the mucous membrane of the mouth; color of the skin; receptivity; sensitivity to external stimuli; feeling of confidence in her(him)self, in her(his) forces; mood; sleep; emotional state; noise sensitivity; etc.

Results

Eysenck's personality questionnaire has revealed that most of our patients (36%) suffered from a high degree of neuroticism, 24% were extraverted, and 23% showed ambivalent reactions to illness, which indicates social/psychological disadaptation of these patients. The LOBI questionnaire was used to determine the types of reaction on illness: patients in 70% of cases, patterns of the type-II reactions to illness with intrapsychic orientation prevail (anxious, hypochondriacal, neurotic, melancholic, apathetic), in which a certain disadaptation in behavior is observed, a 'leaving for illness'. Type-II reactions are

caused by morbid features of the patient's personality and the clinical, environmental, and sociopsychological situation.

The questionnaire of Leonhard-Schmieschek has allowed to determine the most frequent accentuated character traits of our patients: 87% showed a state of exaltation, 62% hyperthymia, 37% cyclothymia, 25% excitability, 25% emotiveness, 13% anxiety, 13% demonstrative behavior, and 6% pedantry. For definition of the level of anxiety of the lues patients the MAS (Personal scale of anxiety manifestation) and the technique of Spilberger-Hanin were used. The MAS revealed a much higher level of anxiety in the lues patients than in healthy subjects. The level of reactive anxiety and personal anxiety of the 125 patients was determined by the scale of self-estimation of Spilberger-Hanin. 80% of the patients showed moderate reactive anxiety, 16% expressed personal anxiety, and 4% low reactive anxiety. Among persons of young age (16–25 years) moderate reactive anxiety and expressed personal anxiety are marked. Patients of more advanced age (>35 years) show a high level of reactive anxiety and a lower level of personal anxiety.

With the help of the NPS-test weak or detensive NPS was determined in 60% of the cases, more frequently in persons of the senior age group (35–53 years); extensive NPS was observed in 6% of cases.

Discussion

In this study we tried to determine the inner picture of illness of lues patients. The types of reaction to illness, the accentuations of personality, and the most frequently observed pathopsychological disorders are revealed.

Most frequently we encountered an asthenic complex of symptoms, described by decrease of psychological activity, fast physical fatigue, exhaustion at various mental processes (attention, perception, storing, etc.). In addition to these symptoms often the following syndromes are developed: frequently obsession (or, as a variation of it, obsessive-phobic disorder), hypochondriacal, hysterical syndromes, and various subdepressive states. Depending on premorbid features of the patient, and also on her psychopathological state, we could allocate various types of reaction to illness.

The attitude toward the diseases reflected in type-II reactions to illness (disturbing, hypochondriacal, neurotic, melancholic, apathetic, with mainly intro-psychical orientation) is caused to the greater degree by morbid changes of the personality of the patient and by features of her clinical picture. Type-III reactions (sensitive, egocentric, paranoid, and dysphoric, with interpsychical orientation) are caused mainly by

premorbid personal characteristics and socio-psychological disadaptation. Our lues patients showed the following accentuations: accentuations of temperament, state of exaltation, hyperthymia, cyclothymia, excitability, emotiveness, uneasiness, and also accentuations of character, such as demonstrative behavior and pedantry.

Given the variation in the patient's reaction to the illness, we faced the problem to choose the right kind of psychological help for each patient. Depending on the level of anxiety and the type of reaction to illness, we consider psychocorrectional or psychotherapeutic treatment necessary.

Conclusion

The level of neurosis and anxiety of 125 female lues patients and their types of reaction to illness were determined with various techniques (Eysenck, LOBI, Leonhard-Schmieschek, Spilberger-Hanin). These tools allowed us to assess the personality of the patients. The results of the medical-psychological tests allow to adequately determine the borders of psychotherapeutic influence.

Acknowledgements

I want to thank my advisor S.D. Maksimenko for help, Dr. Brian McMillan for his help with the English translation, and the reviewers for their valuable advice.

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