PSYCHOSOMATIC STUDIES OF KOREAN TUBERCULOUS PATIENTS

Part I. Studies of the Personality in Tuberculous Patients

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一國交抄錄—

著者是 1957年10月以後1965年5月現在在釜山大駄校 医科大學 內科病棟及統立崎山結核療養所入院
加療中型結核結核患者對性 精神身休醫學的研究及實現其目的及為Personality仲 関連研究著手作了
即著者はPersonality程 関連研究の一端としてWhitman氏方法 依拡 Extrovert-introvert tendencyを検査
さらめて同時にKretschmer氏法に依拡 Body structureの特徴及びPersonality trend同body structure間の
相互関係を追跡し一于の興味ある成績を発表に際して報告する次文

1) 肺結核患者460名に於てWhitman氏法に依拡 Extrovert-introvert tendencyに於て検査成績を分析に
被採例の65.0%(P<0.001)にて差異 Introvert tendencyを示出

2) 肺結核患者460名に於てKretschmer氏法に依拡 Body structureの特徴を分析に於て66.5%(P<0.001)にて
Asthemic typeを示出

3) 肺結核患者400名に於てPersonality tendencyとBody structure間の相互関係を分析に291名のAsthemic
typeにて差異 Introvert tendencyが52.9%(P<0.001)であったと著差 Introvert tendencyが29.5%であった

1) INTRODUCTION

Historically the importance of emotional factors in tuberculosis has been discussed by Hippocrates, Arcteus,
Celsius, Ramberg and Troussen. 8.9.31. Recently modern phthisiologists, Fishberg, Pottinger, Brown and Meerman
8.9.31. have paid special attention to this problem.

As more attention is devoted to the concepts of psychos-
matic medicine, 11.15.16.17.18.19.59) the role of psychological factors in the development and course of this disease has been recognized to have increasing importance.

In the recent psychoanalytical literature, Binger, 17 Menninger, 31.32) Dunbar, 15) Weiss & English 16) have emphasized the importance of psychogenic factors in this disease.

Many authors 1.2.3.6.7.8.9) have pointed out that there is a high incidence of neurosis in the person suffering from pulmonary tuberculosis. Weiss and English 16) say "Often the neurosis is attributed to the disease, but the neurotic constitution may be present before the disease starts and indeed may be a factor in the etiology." Benjamin and Coleman 13) state, "In half of the cases severe emotional conflicts, precipitated by actual life situations, were present at, or shortly before, the onset of clinical tuberculosis."

The frequent co-existence of tuberculosis and mental illness is also emphasized. 8 9.10.21.29.41.45.51) Jelliffe and White 21.27) said that "shut-in personality" became schizophrenia on a psychological level and tuberculosis on a physiological level. Because of the high incidence of tuberculosis in the schizophrenic, special wards for the tuberculosis are found in most mental hospitals and the incidence at the time of admission is usually higher than in the general population.

Strecker and Braceland 41.43) emphasize that "peace of mind" is a very important factor in recovery from pulmonary tuberculosis, but few people have recognized the need for treatment of emotional factors more than Pratt.

In 1905 Joseph H. Pratt began the use of an informative and inspirational type of group psychotherapy which produced superior results when added to the "bed rest, fresh air and dietary regimen" of that period. His method was widely used in tuberculosis sanitoria and also in the treatment of psychoneurotic disorders. His class method of an informative and inspirational type became the stimulus for the development of group psychotherapy, now used so successfully in psychosomatic and psychiatric disorders.

II) OBSERVATION AND RESULTS

The material in this paper has been developed from studies of 460 cases of pulmonary tuberculosis in Pusan National University Hospital, MasaSanatorium and Shinsheng Sanatorium in Pusan during the period between November 1957 and October 1965 when the following observations were made:

a) Personality traits:

Personality traits such as the extrovert-introvert tendencies of patients with pulmonary tuberculosis were studied with the help of Whitman's scale 22.27).

![Fig. 1. Tuberculosis & Personality Tendency (Extrovert & Introvert)](image-url)

The results show a marked introvert-tendency (-5---20 in 224 cases (65%); the extrovert-tendency on the other hand was found in 64 cases (16.0%).

<table>
<thead>
<tr>
<th>Table 1. Tuberculosis &amp; Personality Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introverts</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>-1...-4</td>
</tr>
<tr>
<td>-5...-20</td>
</tr>
<tr>
<td>Extroverts</td>
</tr>
</tbody>
</table>

In the control group of 200 normal subjects, marked introvert tendency (-5...-20) in 65 cases (32.5%), slight introvert tendency (-1...-4) in 70 cases (37.5%) and extrovert tendency (1...) was found in 60 cases (37.5%).

b) Type of body structures:

The type of body structure of pulmonary tuberculosis patients was studied according to Kretschmer's method.

As shown in Table 2, the asthenic (Leptosome) type was seen in 308 cases (66.5%), the pyknic type was seen in 65 cases (14.1%), the athletic type was seen in 62 cases (13.4%), the hypoplastic type was seen in 21 cases (4.5%) and the unclassified type was seen in 6 cases (1.0%).
Table 2. Tuberculosis & Body Structure

<table>
<thead>
<tr>
<th></th>
<th>Asthenic</th>
<th>Pyknlic</th>
<th>Athletic</th>
<th>Hypoplastic</th>
<th>Unclass.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min.</td>
<td>77(77.0%)</td>
<td>8(8.0%)</td>
<td>12(12.0%)</td>
<td>2(2.0%)</td>
<td>1(1.0%)</td>
<td>100</td>
</tr>
<tr>
<td>Mod. Adv.</td>
<td>100(72.7%)</td>
<td>32(14.5%)</td>
<td>24(10.8%)</td>
<td>2(1.0)</td>
<td>2(1.0)</td>
<td>220</td>
</tr>
<tr>
<td>Far Adv.</td>
<td>69(49.3%)</td>
<td>25(14.8%)</td>
<td>26(18.6%)</td>
<td>17(12.7%)</td>
<td>3(2.1)</td>
<td>140</td>
</tr>
<tr>
<td>Total</td>
<td>306(60.5%)</td>
<td>65(14.1%)</td>
<td>62(13.4%)</td>
<td>21(41.5%)</td>
<td>6(1.0)</td>
<td>460</td>
</tr>
</tbody>
</table>

n = 0.001

In the control group of 130 normal subjects, asthenic type was seen in 52 cases (40%), the pyknlic type was seen in 47 cases (36.1%), the hypoplastic type was seen in 10 cases (7.7%).

d) Relationship between body structure and personality traits:

As shown in Table 4 there is a high correlation between the asthenic type and the introvert tendency.

Fig. 2. Tuberculosis & Body Structure

e) Psychosocial factors: before and after onset of disease

As shown in Table 3, financial difficulties are predominant, irregular habits, change of residence, work stress, job change, personal crisis, changes in social relations and marital stress are also analyzed.

Table 3. Tuberculosis & Psychosocial Factors

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Financial hardships &amp; stress</td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td>51(51.4)</td>
</tr>
<tr>
<td>2. Irregular habits</td>
<td>32(40.0)</td>
<td>90(50.0)</td>
<td>61(13.5)</td>
<td></td>
</tr>
<tr>
<td>3. Changes of residence</td>
<td>38(48.0)</td>
<td>47(28.1)</td>
<td>52(37.1)</td>
<td></td>
</tr>
<tr>
<td>4. Work stress</td>
<td>31(38.1)</td>
<td>52(23.3)</td>
<td>27(19.2)</td>
<td></td>
</tr>
<tr>
<td>5. Job changes</td>
<td>32(25.0)</td>
<td>51(28.2)</td>
<td>32(22.8)</td>
<td></td>
</tr>
<tr>
<td>6. Personal crisis</td>
<td>16(12.5)</td>
<td>56(31.5)</td>
<td>35(25.0)</td>
<td></td>
</tr>
<tr>
<td>7. Changes in social relationship</td>
<td>10(11.5)</td>
<td>51(27.7)</td>
<td>12(8.5)</td>
<td></td>
</tr>
<tr>
<td>8. Marital stress</td>
<td>9(11.0)</td>
<td>28(15.5)</td>
<td>14(10.0)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>180</td>
<td>140</td>
<td>400</td>
</tr>
</tbody>
</table>

Fig. 3. Personality Traits & Body Structure

III) COMMENT

A good many authors have expressed the opinion that emotional forces play a etiologic role in tuberculosis. Harts emphasized that "the official case history usually misses the more significant personal issues, and these come to light in personal relationships or in special personal types of psychiatric study." Morland also felt that an antecedent period of anxiety was an important etiologic factor. Muchl said that these periods of anxiety were most often precipitated by environmental handicaps to self-expression and injuries to self-esteem. Wittkower concluded from his study of 785 cases of pulmonary tuberculosis that the individual who develops tuberculosis usually can not deal adequately with aggression and hostility, and psychosomatic illness is the result. Menninger said that the patient with pulmonary tuberculosis has a tendency to demand an excessive amount of maternal love and to be markedly dependent on his mother, due to overprotection by her during childhood. As to the studies of personality in tuberculous patients, he emphasize their strong infantile need to be the passive recipients
of affection and react to this in the form of narcissistic and obsessional compulsive character traits with a tendency to overwork in order to gain this love. (Marril et. al 9,31) a) Personality traits have been studied by many authors, and various classifications have been described. Kahlinnum 30] classified personality as cyclothymic, hypomanic and melancholic from the standpoint of temperament. Bleuler 36] also noted schizoid personality. Freud 113] stressed the importance of detailed studies of experience in the study of development of personality. Jung 27,30] emphasized the existence of psychological types, especially the extrovert-introvert tendency, which tendency he felt depended upon the direction of life energy and interest. In describing these types he pointed out that the life energy of the extrovert is directed toward the outside world and he concerns himself with objects, personal relationships and activities in his environment; these are characterized by an energetic, aggressive, enthusiastic, friendly, sociable, self-confident look-out and with an ability to express his feelings freely.

In the introvert, the life energy is directed towards himself and his subjective life; he is contemplative, serious, studious and sensitive. Although he is not necessarily selfish, seeking advantage for himself at expense of others, he seems cold and aloof, lacks self-confidence and boldness of action, and he often reacts to failure and conflict by resorting to fantasy. As Jung 27,30] pointed out, the factors governing the development of personality are too complex to permit such a simple dichotomy, however, from the psychosomatic stand-point, this aspect of personality study is helpful in understanding the psychodynamics of patients chronically ill with tuberculosis. In this study of personality the author found more marked introvert tendencies in patients with pulmonary tuberculosis than in normal persons.

b) The high incidence of tuberculosis in mental institutions, particularly among schizophrenic patients, has led many authors to conclude that conditions are concomitant features of a single constitutional type. Others maintain that the high incidence of tuberculosis in psychotic patients is the result of unhygienic conditions in mental institution. This view does not explain adequately the fact the difference of incidence of tuberculosis in the mental patients than the resident employees of the same institution (Baily & Althuler 1). On the other hand, Kretschmer 18,20] observed the correlation of static bodily types with physical and mental abnormalities. From these findings ulcer, hypertension, asthma, and such as psychological entities as schizophrenia and manic depressive psychosis, were correlated with one of three fixed body types, Asthenic, Pyknic & Athletic.

With regards to frequent co-existence of tuberculosis and mental illness, Clouston 12,31] concluded that tuberculosis was particularly frequent in case of "suspicious monomania." Munro 31] felt that there was a constitutional link between tuberculosis and insanity but also felt there were purely psychogenic elements involved both in the etiology of the tuberculosis and the patient reaction to it. In this, the author found that the patient with the pulmonary tuberculosis seemed to be predominantly the asthenic type (66.5%). Considering personality traits and body structure, the author found a clear relationship between the introvert tendency and the asthenic type of body structure in tuberculous patients.

c) With regard to the psychosocial factors, in an analysis of the literature the author could not conclude that these were immediately related to the course of disease even though the effect of psychosocial experiences should not be neglected in the management of tuberculosis. All things which determine the outcome of a disease are important and demand attention. Coleman and his associates 12,31] emphasized the close relationship between personality trends and prognosis, and suggested that
medical care should include: orientation of the patient to his illness, evaluation of organic and psychologic factors and their interaction, and a plan of treatment which includes attention to organic and psychologic factors. They look upon psychiatric treatment as essential and of continuous importance in any program of comprehensive care in tuberculosis.

IV) SUMMARY

The author has made psychosomatic studies on 460 cases of pulmonary tuberculosis with an evaluation of personality with regard to the extrovert and the introvert tendency, the body structure and psychosocial factors with the following conclusions:

1. Using Whitman's inventory it was found that there was a marked introvert rather than an extrovert tendency in patients with pulmonary tuberculosis.

2. When body structure was classified by Kretschner's method, the patient with pulmonary tuberculosis seemed predominantly the asthenic type (66.5%).

3. Considering personality traits and body structure, a clear relationship between the introvert tendency and the asthenic type of body structure was noticed in tuberculosis patients.

The author was impressed by the fact that psychosocial stresses were found with such frequency among the pulmonary tuberculous patients that it seems that these factors must contribute to the development and influence the course of the disease.

The management of the emotional factors is very important in the field of treatment of pulmonary tuberculosis, and should be considered of importance equal to modern chemotherapy and thoracic surgery in our efforts to obtain maximal results.

Acknowledgement

The author is grateful to Dr. Samuel B. Hadden, former Professor of Neuropsychiatry, University of Pennsylvania College of Medicine, Philadelphia U.S.A., for stimulating and helping this study.

REFERENCES


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