THE PERSONALITY IN ULCERATIVE COLITIS

BY

WILLIAM ANDERS COAN

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The psychosomatic implications of chronic ulcerative colitis have been recognised for almost three decades. Since 1930, various investigators have attempted to prove that the etiology of the disease is psychogenic, while others feel that this "proof" is merely a post hoc ergo propter hoc deduction. Few, however, deny that the disease has a psychogenic component, and it is generally agreed that some patients with chronic ulcerative colitis improve with psychotherapy. A recent well controlled study showed that patients with ulcerative colitis did significantly better when attention was aimed at alleviating stress in their lives than did patients who were maintained on a course of standard medical treatment only.[1]

The available evidence is not adequate to prove conclusively the etiology of ulcerative colitis, and this disease may well be one of multiple etiologies. Therefore this paper will not deal with the establishment of ulcerative colitis as a disease of exclusively psychogenic origin. It will instead accept the theory that ulcerative colitis has a psychogenic component and investigate the evidence for and against a specific "ulcerative colitis personality."

To this end, the psychosomatic history of ulcerative colitis will be reviewed, and several case studies will be presented.

In 1930, Cecil D. Murray published the first paper dealing with psychogenic factors in ulcerative colitis.[2] He reported on 12 cases and included four case studies. Definitive diagnosis was lacking in these 12 cases, but all 12 patients had bloody diarrhea. In three of the four case studies, the onset of the bloody diarrhea was closely associated with romantic entanglements. In the fourth case, the onset of the bloody diarrhea occurred when the patient learned that that a former co-worker had threatened to kill him. In the twelve cases, Murray noted the fearfulness and emotional immaturity of all the patients. Six of the seven males in the series were dependent on their mothers, and the seventh found a mother-substitute in his older sister. The five women had nonspecific sexual problems. Murray felt that "patients suffering from bloody diarrheas or ulcerative colitis revealed a close association in time between the emergence of a difficult psychologic situation and the onset of the symptoms."[2]

Sullivan and Chandler in 1932 reported on six cases of ulcerative colitis in which "psychogenic factors seem to have played a major role in the onset and course of the disease."[3] The case histories were sketchy. They concerned sexual conflict, financial difficulty, and occupational problems.

Again in 1936 Sullivan presented 15 cases of ulcerative colitis that had been proved by X-ray or proctoscopic

examination.[4] He found a sense of neatness in "most" of the patients; ten were unable to throw off the effects of an emotional episode; eight had financial worries; thirteen had marital incompatibilities or sexual maladjustments; and ten showed abnormal attachments (five to their mothers and five to close relatives). There was close chronological association between the emotional episodes and the onset of attacks of colitis. Eleven patients had bloody diarrhea within 48 hours of their emotional crises. Sullivan noted that in other cases of ulcerative colitis the patients refused to discuss emotional factors, but he felt that about 75% of chronic ulcerative colitis was of psychogenic origin.

Erich Wittkower presented a biographic study of 40 patients with ulcerative colitis in 1938.[5] He rated 37 character traits and found that the patients fell into three main groups. The 17 patients in the first group when children were overconscientious, shy, timid, asocial, ambitious, and tidy. As adults they felt inferior, were energetic, efficient, over-careful with money, excessively orderly, neat, and stern about religion and sex. They suppressed their emotions and had abnormal attachments to one parent.

Group two was composed of 12 women who were excitable, stubborn, jolly, noisy, and mischievous as children. They had many friends and tended to "show off". They were careless of their appearances and given to displaying their emotions. As adults they were impulsive, moody, argumentative,

theatrical, overdressed, neat, and attention-seeking. They were unable to fall into a routine, and although they had many admirers, they were incapable of loving deeply.

Group three consisted of six patients who, as children, were retiring, quiet, unassuming, fearful of hurting others, and were easily hurt themselves. They felt inferior and did not associate with other children. They were shy, quiet, depressed adults who had histories of lifelong difficulties. Five patients did not conform to any group.

Wittkower reached the conclusion that "no uniform personality type could be established" although he stated that "in thirty-seven of the forty patients studied the colitis was antedated by psychological abnormalities or definite psychological disorders well beyond the range of the normal."[5] He found that "obsessionals and hysterics were prominent."

In 1942 George Daniels published data on 14 of 25 cases that had been referred to him for psychiatric treatment.[6] He noted that 8 out of the 14 demonstrated pathologic attachment to a relative. He thought that the patients as a group were poorly adjusted sexually and that the basic underlying reaction in these people was more psychotic than psychoneurotic, but he did not explain the difference.

Two years later Daniels arrived at a formulation of character traits in ulcerative colitis but was careful to point out that he derived them from a small number of cases and that generalization of his results to all cases of ulcerative

colitis might not be possible.[7] He found the typical patient to be self-centered, dependent, emotionally and sexually immature, and mentally depressed. He noted that other psychosomatic manifestations often appeared in the same patient and found that hysterical conversion and anxiety symptioms were common. He accepted Wittkower's finding that psychiatric disorders were more common in ulcerative colitis than among the normal population.

Dependency was shown particularly toward the mother or a mother-substitute by whom the patient was often kept ill under the guise of care. One patient was quoted as stating that "'my mother would rather have me sick at home than well and away.'"[7]

Lindemann found a close time relationship between loss of an important person and the onset of ulcerative colitis in 26 out of his 45 cases.[8] In ten of the 45 patients, symptoms occurred when they ceased to interact with an important person due either to disillusionment on the patient's part or to rejection by the other person. He believed that the personality was marked by a "poverty of human relationships, an inability to make and hold friends of the patient's own age, and by a need for considerable activity throughout the day but lack of resourcefulness in finding avenues for such activity."[8]

Groen presented six lengthy "biographical anamneses" of patients with ulcerative colitis in 1947.[9] He interviewed

the patients and attempted to obtain a character sketch by taking an elaborate life history. He observed the following 12 traits: a generally well developed intellect; overemphasis on carefulness and neatness; extreme sensitivity; a strong tendency to narcissism, sometimes masked by apparent modesty; extraordinary egocentricity with interests limited to immediate environment; very limited ambition; fearfulness; lack of aggressive tendencies; a great need for love, sympathy, and affection; an idealistic, infantile conception of love; and a reticence to speak of their "inner life". The three males all revealed an abnormally strong fixation on the mother, sometimes combined with fear of the father.

Groen concluded "that patients with ulcerative colitis seem to have certain character traits in common which causes them to react to certain external situations in a similar way. It was demonstrated that every onset or recurrence of the disease was preceded by an emotional trauma which had produced a specific internal conflict. The specificity of the conflict was formulated as an acute love loss, combined with humiliation, which made the patient feel their [sic] inferiority as a man or a woman."[9]

Commenting on Groen's conclusions in his book, Psychosomatic Medicine, Franz Alexander protested their validity on the basis that Groen drew his generalizations from only six cases.[10]

Ross emphasizes that patients with ulcerative colitis

are reluctant to talk about their personal problems.[11] This is especially true with strangers and often a first interview is nonproductive. Lack of a private interviewing situation also markedly hampers an interview. He agrees that the patients are usually proud, aloof, and perfectionists. He also found them neat, clean, shy, fearful, and unable to release their hostility. They are easily hurt and hesitant about forming emotional attachments, although they are usually dependent on one person. These patients either avoid marriage or adjust poorly to married life. They need much affection and attention and feel rejected if slighted in any way.

Walter Stewart's idea of the person with ulcerative colitis differs from some of the above.[12] The father of the patient is typically aggressive, dominating, sometimes brutal, and the child is fearful of him. The mother is dominating, possessive, and overprotective. The child usually avoids the father and submits to the mother. The patients tend to be highly intelligent. They are physically as well as emotionally immature. The men have high voices and generally little body hair. The women are small breasted and generally narrow-hipped. Both sexes are neat, precise, overly clean and avoid vulgarity. They are proud, sensitive, self-centered, easily hurt, and brood over trifles and imagined insults. Their dreams are violent as a result of their pent-up rage, and they are morbidly interested in rape and

murder. They are "subservient but subversive;" fear that they will lose their dependency situation prevents them from venting their hostilities, and therefore they are obsequious and tremulous though at times may be critical and demanding. They either do not marry or marry late, after an indecisive courtship, to someone older than themselves.

In 1949, Mahoney, Bockus, et al. made a thorough study of the personalities of 20 patients with nonspecific ulcerative colitis which had been proved by X-ray or sigmoidoscope.[13] Each patient had at least 14 interviews and all but one had a Rorschach test. The results were analyzed separately and all patients were found to have "definite neurotic traits." It is difficult to summarize the results and one is referred to the article for definitions of the traits. The authors' summary is incomplete but quite concise:

> The following traits were revealed by the psychiatric interview method: tension, inability to assert self, anxiety, and sensitivity were found in all; hostility and immaturity in nineteen; guilt and indecision in eighteen; passivity in sixteen; dependency and conscientiousness in fifteen; aggression and perfectionism in twelve; aestheticism in six, and rigidity in one.
>
> The Rorschach test, which was performed in nineteen out of the twenty patients, revealed the following: inability to respond to stimulation in their environment in nineteen; immaturity and anxiety in eighteen; guilt, lack of flexibility in thinking, and hostility in thirteen; excessive phantasy life in eleven; aggression and passivity in nine; perfectionism in twelve; psychotic trends in one.
>
> The study of the early developmental factors reveals considerable emotional illness in the family, major disturbances in the parent-child and sibling relationship, and numerous early traumatic experiences not specifically related to the intestinal tract."[18]

The authors concluded that none of the above traits

is specific in itself, but that an understanding of them is useful in treatment.

Sixteen children with ulcerative colitis were studied by Dane G. Prugh.[14] With some exceptions, he found them to be emotionally immature, passive, rigid, and inhibited. They were dependent on parental figures and usually were orderly. These children had difficulty expressing anger and hostility effectively. This was especially true with regard to their parents or other figures of authority. The children studied ranged from 4 to 19 years of age.

J. W. Paulley studied 173 cases of ulcerative colitis and compared them with patients receiving radiotherapy at the same hospital.[15] He felt that the patients with ulcerative colitis had a "well defined personality" in 99 out of 100 cases while the control group presented persons with this type of personality in only 5 out of 98 cases. The factors that made up this type of personality were fastidiousness, neatness, self-righteousness, little sense of humor, false modesty, emotional immaturity, an inability to adequately express emotions, and a querulous but not outwardly aggressive nature. This personality type was excessively dependent on and controlled by its parents (usually the mother) and due to extreme sensitivity would brood for long periods over real or imagined insults. The men tended to be effeminate.

Grace, Wolf, and Wolff reported on 19 cases of ulcerative

colitis in their 1951 publication, The Human Colon, and gave a descriptive summary of the personality features they noted in their patients.[16] They found that the patients were generally superficially friendly and anxious to please. They were difficult to approach and reluctant to talk about their personal problems. These authors noted intense feelings of hostility which the patients were unable to express. The patients could not tolerate hostility in others and were unable to release their own hostile feelings. They were extremely dependent on others and were always careful not to offend or to get on bad terms with others. These people reluctantly assumed responsibility and had difficulty in making decisions. Neatness and compulsive habits were also noted in these patients. Insignificant events often proved to be very stressful for the ulcerative colitis patient. Actual or threatened loss of love was very upsetting to them. Their overdependence was directed toward their mother, a parent substitute, or their spouse. Sexual adjustment in the 12 married patients in this series was poor.

While others attempted to synthesize a specific ulcerative colitis type, Cecil Mushatt decided that "neither primitive personality structure nor the special vulnerability of individuals to ruptured human relationships seems to be specific for, or peculiar to, ulcerative colitis. Similar factors are seen, for instance, in asthma, rheumatoid arthritis, peptic ulcer, thyrotoxicosis, neurodermatitis, and

obesity."[17]

In his study of the disease, Mushatt found the individuals with ulcerative colitis to be of generally high intelligence and operating on an apparently high level of efficiency and adjustment. The latter he felt to be a facade which was possibly due to a dependent relationship with a vital figure. These relationships were often hostile and ambivalent, but when they were terminated, the patients were unable to cope with themselves and the world. On the wards they were distrustful, uncooperative, demanding, and very trying. While the medical staff was provoked by the patients' behavior, good therapeutic results were often obtained by the therapist who could tolerate their constant testing.[17]

In 1955, Karush, Hiatt, and Daniels decided that "the general characterological structure of these patients resembled that of paranoid schizophrenia, with projected rage and profound anxiety and guilty fears of destruction of delusional intensity."[18]

Five years after his first article on the ulcerative colitis personality, Paulley decided that three personality characteristics are "invariably" present. These are failure to express anger, extreme dependency, and extreme sensitivity. He now felt that the traits he and others had described earlier were helpful in recognizing the personality, but that their relative importance was less than that of the above three.[19]

Groen and Van Der Valk reviewed the ulcerative colitis personality in 1956.[20] They pointed out the infantile personalities, the dependence on a few key persons, the lack of aggression, neatness, dislike of the vulgar, and the disturbed psychosexual development that others had noted. They concluded that: "Although patients suffering from other diseases may have some features in common with ulcerative colitis patients, there is a difference in quantitative mixing of the constituents of the personality, which is especially obvious in the adaptive mechanisms which these patients have utilized. Therefore, although it would be exaggerating to speak of a completely fixed personality 'type', we consider these common traits as a specific 'core' of the personality of patients with ulcerative colitis."[20]

One of the few objective analyses of the mothers of patients with ulcerative colitis was made in 1958. The interviewers evaluated the mothers of six children with the disease and found them "domineering and controlling." They learned that the mothers had lacked maternal care themselves and had anxiety because of their own mothers' failure and their fathers' inability to support them emotionally.[21]

In his book, Ulcerative Colitis, Bacon discourages the attempt to classify ulcerative colitis patients into personality groups.[22] He does not believe that these patients possess neurotic, psychotic, or other abnormal traits from the beginning of their disease, and he states

that these psychic abnormalities are present no more often than in any other group of patients suffering from a chronic disabling disease. Bacon claims that "many psychiatrists have classified these patients as frank sexual deviates - a gross inaccuracy causing great embarrassment and anguish to these poor unfortunates. It is distressing even to mention such a misconception."[22]

Bacon himself is a proctologist and surgeon. He supplies no data to support his statements, is not sympathetic with psychiatric management of these patients, and devotes several pages to airing unfortunate experiences he has had with psychiatrists. Bacon's opinionated views are of little value, because they are not supported by data.

George Engel, a current investigator, is greatly interested in the psychosomatic aspects of ulcerative colitis.[23] In a study of thirty-nine patients, he found an "impressive consistency" in the number of defects in personality structure which long antedated the beginning of ulcerative colitis. He noted a characteristic type of dependent and restricted relationship, consistent psychopathology in the patients' mothers, and a failure to reach full heterosexual development. He has summarized the characteristics noted by others (e.g. neatness, obsessive compulsive traits, etc.) which have already been reviewed. Twenty-six of his twenth-seven patients had obsessive-compulsive traits but no well-developed neuroses; twenty-three

out of twenty-five were ingratiating, submissive, placating, and had low self-esteem, while only two out of twenty-five were querulous, overly demanding, and petulant.

Engel found them to have dependent relationships with one or two people and unable to establish warm friendships with others. Usually the dependent relationship was with a parent or a parent-substitute. The spouse often filled the latter role. "One gains the impression that the patient lives through the key figure...and the key figure lives through the patient."[23] The patient is unable to give up this parasitic relationship even though his attitude toward the key figure may be ambivalent. The doctor-patient relationship is marked by either a dependent relationship on the patient's part, or a very superficial doctor-patient relationship. Those patients who terminate a dependent relationship with their doctor seldom remain in good health.

The patients usually describe their mothers as "controlling and dominating."[23] The women tend to think of their mothers as powerful and overwhelming parents who are cold, unaffectionate, rigid, strict, punitive, and judicial. The mothers make the women patients feel helpless and dependent. The men also see their mothers as dominating, but in addition as kind, considerate parents, worried about the patient's well being.

From the patients' descriptions, Engel pictures the mothers as "unhappy, pleasureless, gloomy women"[23] who do

not enjoy life. They are perfectionists, dissatisfied with their own accomplishments, who tend to worry and complain. They lean toward pessimism and hypochondriasis. Their tendency to assume the role of martyr enables them to elicit guilt feelings from the patients who then submit to their mothers' wishes. Engel calls them "masochistic characters."[23]

Generally, little is known about the fathers. The women tend to see them as kind, gentle, passive, and ineffectual while the men often describe them as brutal, punitive, threatening, coarse, and masculine. There are, of course, exceptions to these trends. The main pattern noted concerning the fathers is their conspicuous absence from the patients' histories.

The siblings too seem to play an unimportant role in the patients' lives, although they are occasionally described as more outgoing or as parental favorites.

Engel feels that the marital rate among people with ulcerative colitis is probably similar to that of the rest of the population. Sexually, however, these people are inadequate. Often sex is unpleasant to them mentally as well as physically. The women are usually frigid and the men passive partners. Even though married, many engage in little or no heterosexual activity. Engel claims that he has "not yet seen or read of a man or woman with ulcerative colitis who had enjoyed a vigorous, hearty, active sexual life."[23]

Concerning the onset of acute attacks of the disease

"the following phenomena were noted: (1) real, phantasied or threatened interruption of a key relationship; (2) demands for performance which the patient felt incapable of fulfilling, especially when support had been withdrawn or when disapproved activities were involved; (3) overwhelming threat from or disapproval by a parental (usually) figure. Common to all these circumstances was that the patient acutely felt helpless to cope with what was happening and previous psychologic defenses, such as compulsive mechanisms or magical thinking, crumpled."[23]

Although stress is often followed by an attack, many of the attacks come on gradually and cannot be linked to one specific stressful situation. When symptoms occurred, the patients described their feelings as "'helpless,''despair,' 'hopeless,''overwhelmed,''too much to cope with,' and 'too much to expect of me.'"[24]

Interviews with Ulcerative Colitis Patients

The following case reports are based on personal interviews with patients at University Hospitals, Madison, Wisconsin. The patients were questioned about their feelings and their relationships with people, after an explanation of the psychosomatic aspect of their disease. The interviews varied in length, but generally lasted one hour.

B. F. is a 19 year old single white male and a junior

in college. He had his first symptoms of ulcerative colitis in March 1958. At this time he had bloody diarrhea for one week. This stopped without professional treatment. In October 1958 he had his second attack of diarrhea. At this time, proctoscopy revealed ulcerative colitis. The patient is thin, homely, and physically unappealing.

He is very socially conscious and his life centers around his college fraternity. He pictures himself as being identified by others with his fraternity and feels success is measured in terms of what he is in the fraternity rather than by what he himself is. B. F. thought his second attack was caused by friction over his job as co-social chairman of the fraternity. He felt that he was doing all the work, and his co-chairman and rival, who was known by some of the fraternity brothers as a "psycho," did little except criticise and take credit for the patient's successful parties. He also felt that he was being overworked and taken advantage of without proper appreciation. Despite these feelings, however, he wanted to remain social chairman very badly. His duties included doing most of the work for parties and arranging dates for other members. He not only had to arrange dates but was criticised if the dates he secured were not to his fraternity brothers' liking. When questioned as to why he kept up this task, he replied that it was because being social chairman was the most important fraternity job and gave him an edge in selecting desirable dates for himself.

Before entering the hospital, however, he reluctantly resigned his position, because he believed that the worry connected with it had made him ill.

The patient has always been bothered by his poor build and had even started to take body building excercises. He is not compulsive and does just average school work, because of his time-consuming duties as social chairman. He says that he gets along well with others and has five intimate friends.

He does not describe his mother other than to answer that she never tried to push or dominate him. She was pleased when he got good grades in school and was able to skip a grade, but did not object when he neglected his school work later in high school. He is closer to his mother than to his father, who is a cashier in a large New York restaurant. He has a 13 year old brother to whom he is not very close.

Because he skipped a grade in school, the patient found himself younger than his female classmates, and he attributes his lack of dates in high school to this age difference. In college his dating trouble again was a problem, because he could not find a girl he was "interested in." It is likely that his build and looks greatly hinder his ability to get what he refers to as "really sharp dates," and one might guess that he has been refused on numerous occasions, but this material was not discussed.

It should be noted that the patient can supply no explanation or possible cause for his first attack of bloody diarrhea. It should also be pointed out that he is Jewish, but he does not practice his religion.

The patient was cooperative throughout the interview, and talked about his fraternity when not being directly questioned. He did not seem overly nervous. The most striking thing in the interview was the emphasis and importance he placed on his fraternity. It was almost literally his life.

F. H. is a 42 year old white married male who had his first symptoms of ulcerative colitis in 1936 when he was 20 years old. His disease has been proved by X-ray and proctoscopic examination. He has had several operations, and his colon and rectum have been removed. Malignant changes were present at the time of surgery.

He characterized himself as shy, bashful, and ambitious; he felt that he was a perfectionist "up to a point." In high school he worked harder than most. He was the president of the senior class, but he did not enjoy the responsibility and wished that someone else had been elected. He has had only one close friend in his life, and the friendship was based on a mutual interest in radios. Since his colitis has been poorly controlled, he has stayed at home most of the time and "couldn't have any friends."

His attacks usually start with diarrhea, and he has

had up to 25 bowel movements in one day. He is afraid to look into the toilet to see if there is blood even when he knows that there is. His wife looks, however, and tells him. His first attack was in March 1936, when the patient was 20. He feels that it was due to his anxiety over masturbation and "self-conscious feelings" which he was experiencing at that time. Other attacks have been precipitated by conflict with his sister, business stress, and one occurred nine months after the birth of his first child. The business stress concerned the patient's having to handle TV sets in his radio shop in order to meet competition. He did not like to sell TV sets and had to drive himself to do this. This was a great source of worry to him, and he later stopped handling them. The conflict with his sister was noted by another examiner and was not mentioned in the present interviews. The patient spoke of one attack as having occurred nine months after the birth of his first child, but the connection, if any, between the attack and the child was not brought out.

Little was learned about the patient's father and mother. He claimed no parental preference and described the parents as strict with himself and his three older sisters. His father was the "boss" of the family. His mother died in May 1936, three months after the patient's first symptoms. His father died one year later. No connection could be made between exacerbations and these deaths.

The patient had three sisters, the youngest being eight years older. Because of the large age difference he said that he had no special sibling relationships with them, although as was mentioned by another examiner, he did have difficulty of some sort with one of his sisters.

He is very dependent on his wife whom he married in 1942 after a four year courtship. He was sick when he married, and his wife worked the first year of their marriage while he was home ill. His wife is very concerned about his illness, and he states that she "took a big chance" when she married him. He and his wife are very "frank" with each other and able to discuss everything freely. She is the only girl friend that he has ever had, and he became a convert to Catholicism to marry her. The wife now makes most of the decisions in the radio business. He does not know where he would be without her and feels very "indebted" to her.

His wife is indifferent to sexual relations, and he is the initiator of any sexual activity. Although he would like to have intercourse more often, his wife allows it no more than once a month.

They have two children. His 14 year old daughter has frequent bowel movements, and he is very worried about her. He was wondering at the time of interview whether chiropractic treatment would offer her anything.

The patient was seen on two occasions. He viewed the

interviewer as an authoritative figure and happily assumed the lesser role. He was very anxious, cooperative, and willing to volunteer many facts about his private life with a minimum of time spent establishing rapport. He enjoyed discussing his problems and was apologetic about the "abnormal" parts of his life.

D. G. is a 33 year old married white male who is a professional artist and graduate student. He had previously seen a psychiatrist about a skin condition which was thought to be due to his nerves. He was helped by psychotherapy, but had to discontinue it after three months for financial reasons. He was told at one time by his psychiatrist that he did not "hate enough."

The patient's first and only known attack of ulcerative colitis started about a month before he was interviewed. At this time he was preparing a one-man art show and had just finished a two-man art show. He did not feel that he was overtaxing himself, nor was he aware of any acute stress at this time. He has always had "problems." His doctor revealed that he was an overt homosexual, but sex was not discussed in the interview. The attack started with frequent bowel movements. Later blood was noticed, and proctoscopic examination revealed ulcerative colitis.

This man is thin, anxious appearing, and neatly dressed. He is very sophisticated, but cooperated during the interview.

He described his father as domineering, "Victorian" man who tried to plan the life of the patient's older brother. When his father failed in this, he did not try very hard to influence the patient and another brother. The patient felt closer to his mother, but no evidence of a dependent attachment came out. He has been married 13 years and has a 12 year old son. He says that he is the boss of the family and that his wife is quite dependent on him. His doctor reported that the wife has had psychiatric care and was trying to secure the patient's release so that she might "care for him." This physician was much impressed by the wife's possessiveness, but the patient revealed none of this.

He felt that he was always neat and has been told that he is a perfectionist. He says that his father was an "idealist" and that he has inherited this trait. As was mentioned, he was told by a psychiatrist that he had trouble releasing his hostilities, and the patient agreed that he did not like to hurt people's feelings. He said that when he was angry with someone he could not afford to offend, he would "get rid" of his feelings by cursing at the work that he was doing for that particular person. No definite material was gained about whether he was easily hurt, but there were several hints that indicated this was likely.

During this attack, the patient's pruritus had increased in severity again, but had not reached the point that it had when he was last treated for it. During the interview he

did a lot of scratching and fidgeting. He was anxious to see a psychiatrist and straighten things out. He admitted that he was worried about himself, but he knew that "things would turn out all right."

A week after the interview the patient became acutely ill. He remained in serious condition for about a month and responded poorly to medical therapy. Although in poor condition, surgery was seen as his only chance of recovering. He was operated on and multiple perforations of the bowel and gangrene were found. His post-operative course was stormy, and he died within a week of the surgery. The total duration of his disease was less than three months.

M. A. is a 20 year old single male in his first year of teacher's college. He experienced his first attack of ulcerative colitis in November 1957. His symptoms were gradual in onset, but the disease progressed, and he had several exacerbations and remissions on conservative medical therapy. Soon after the interview, he had surgery.

He is a flat, unspontaneous person, cooperative and polite, who answered questions in a stereotyped manner, always giving what he considered to be the "proper" answer. The interview was a question and answer period with the patient speaking only in response to questions and making no effort to initiate conversation or fill in dead spots.

M. A. described his mother as a strict person but answered that his father was the head of the family. He

was unable to describe his parents and claimed no parental preference. He has four siblings and "likes them all."

The patient's experience with girls is limited to dates which he arranges no oftener than once a week. As a Catholic, he listed his moral views as in keeping with his religious background. He has never even been tempted to deviate from high moral conduct. Another interviewed felt that this patient's perception of his environment was "too bland to be realistic" and believed him to be "most defensive."

The value of this interview was in its illustrating an almost complete lack of rapport.

E. T. is a 31 year old white farmer. He has been married for six years and has four children. He completed two years of business college and has done office work in the past. In recent years he has been living on a farm which he is buying from his father-in-law.

His first symptoms of ulcerative colitis appeared in December 1957. At this time his wife was seriously ill, and he had assumed a sizable debt to pay for farm improvements. He felt that worry and stress at this time were responsible for his illness, and he correlates subsequent attacks with periods of increased stress. Proctoscopy and X-ray studies reveal chronic ulcerative colitis.

He describes himself as a "clean living" person who does not "drink, smoke, or chew." He once quit a job because the men he worked with spit on the floor. A perfectionist,

he always strives to do his best. Rather than argue, he will yield to plans of his father-in-law which are not in accord with his own. During the interview, many examples of compulsive behavior were cited.

He and his wife are happily married. She always does what he expects of her, and he religiously carries out the duties consistent with being a good father and husband. She is concerned about his illness and worries about him. Recently she has felt that he should give up the farm and get an easier job in town.

The patient's father is dead. His mother, sister, and brothers live twenty-five miles away. He prides himself as the only one in the family who has gotten away from home.

E. T. is a fast talking, energetic person who is eager to get well. To this end he explained in detail how exactly he carried out medical advice. His problem at the time was finding a substitute for ginger ale which he had been told would not be allowed in his diet. He had decided to drink orange juice instead and described how he would make this change in his life routine.

Throughout the interview he was cooperative, friendly, and very intense. He spoke hopefully of getting well, and as the conversation ended he was busy making plans to relax.

D. H. is an 18 year old single white female who first had symptoms of ulcerative colitis in October 1958. Her

disease is proven by proctoscopy.

Shortly before the onset of her disease she was trying to decide whether or not to join the Air Force. She had promised a girl friend that she would join with her, but the patient's 21 year old boy friend urged her not to join. Her mother also played a role in encouraging and coaxing the patient to enlist in the Air Force. It was during this period of indecision that she first noticed blood in her stools. The onset of ulcerative colitis settled her problem, because the Air Force would not accept her.

Since this time the patient has worked as a waitress and on a motor company assembly line. Both these jobs were demanding and required that she work rapidly. This stress kept her constantly anxious, and she has had blood in her stools almost continuously since October 1958.

D. H. describes herself as a perfectionist. She tries never to anger or hurt others. Her closest friends are her boyfriend and the girl who wanted her to enlist in the Air Force. These are the only people in whom she is able to confide.

Her mother is a dominating woman who runs the family and gives advice freely. The father is a shy, retiring man. She does not feel especially close to her mother, father, or to her younger brother and sister.

The patient, a Lutheran, plans to become a Catholic and marry her boyfriend in a year and a half. At present

they do not feel "ready for marriage." Their dates are a source of worry, because they become sexually excited and feel that this is wrong. The patient wishes that she could tell her girl friend about these episodes of sexual excitement so that she might "get it off her chest." Her boy friend, however, forbids her to disclose these affairs.

Prior to entering University Hospitals, she cried for "days" at the prospect, but has been well pleased since her arrival. She was relieved at being able to discuss sex and expressed approval when the possibility of another interview was mentioned. Since her hospitalization she has felt that things "will turn out all right."

The review of the literature and the case studies bear out the assertion that people with ulcerative colitis tend to have certain personality characteristics. Like all people, however, they cannot be completely understood by listing their personality traits, nor can they be handily picked out of a crowd by matching their traits with those of a "typical" ulcerative colitis personality. In ulcerative colitis, as in medicine in general, the "typical case" is usually a diagnostic luxury.

After reading the various authors, one senses that people with ulcerative colitis do tend to be similar in one or more respects, but as Wittkower stated after his work, "no uniform personality type could be established."[5] This latter statement is perhaps true, but it of course depends

on what criteria one established for the personality type. If one goes to extremes as does Walter Stewart who describes the patients as morbidly interested in rape and murder,[12] fewer patients will meet the criteria. On the other hand, if one generalizes as Paulley did in taking three broad characteristics: failure to express anger, dependency and sensitivity,[19] more patients will conform. The disadvantage of an ultra-specific personality description is that it excludes some patients, while the disadvantage of a broad description is that it includes patients who do not have ulcerative colitis.

While a specific personality type cannot be hypothesized, the following traits are among those listed by the various authors as common in ulcerative colitis patients: dependent relationships, emotional immaturity, extreme sensitivity, neatness, compulsiveness, an inability to express anger and hostility, a striving to please, little sense of humor, and a dislike of vulgarity. As emphasized before, these are not always present nor is this brief list all inclusive.

Most of the authors are in general agreement as to what the patient with this disease is like, but the type of personality is not necessary for diagnosis. It is more profitable to note the traits attributed to these unfortunate patients, and when any given trait is found in a specific patient to use it in trying to understand him rather than

to categorize him. While the latter is of academic interest, unanimity of opinion has so far remained an unfulfilled goal.

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Approved J. D. Kabler

J. D. Kabler, M.D.

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