

## Selected Aspects of the Living Situation of Persons Suffering from Syphilis – Poznan Study

**Teresa Rzepa<sup>1</sup>, Ryszard Żaba<sup>2</sup>, Oliwia Jakubowicz<sup>2</sup>,  
Beata Szramka-Pawlak<sup>2</sup>**

<sup>1</sup>Warsaw School of Social Sciences and Humanities, Campus in Poznan;

<sup>2</sup>Department of Dermatology, Poznan University of Medical Sciences, Poznan, Poland

### Corresponding author:

Beata Szramka-Pawlak, MD, MSc  
Department of Dermatology  
Poznan University of Medical Sciences  
49 Przybyszewski Street  
60-355 Poznań  
Poland  
[beataszramka@onet.eu](mailto:beataszramka@onet.eu)

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**SUMMARY** In the last years, a considerable increase in syphilis incidence was observed in Poland. This is a condition with serious health and psychosocial consequences. The research demonstrates that one of the events which significantly modify the course of human life is the somatic disease experience; hence, it was decided to examine selected aspects of the living situation of persons suffering from syphilis, which refer to the social position held by these persons. Materials for the research were collected based on the anonymous authors' survey composed of 16 questions. The research lasted for two years and covered a group of 42 syphilitic patients (35 males and 7 females). The mean age of male patients was 35.7 and of female patients 37.0 years. Among the participants, 8 persons had been subjected to treatment for a few years, 11 for about a year, and 22 persons had recently become ill. Patients assessed the attitude toward themselves mostly as invariable, followed by unstable; 45.2% of subjects considered their position in the family as average and 42.9% as high; 28.6% of patients assessed their occupational position as average and the same number admitted to be currently out of work. Most frequently, unemployed were patients who had been affected by the disease for several years (62.5%), whereas their social position was assessed either as high (47.6%) or average (45.2%). Irrespective of the duration of the disease, patients (during hospitalization) usually met a lot of people. It has been proven that most of the syphilitic patients do not have negative attitude toward themselves and do not assess their social position as inferior, regardless of the duration of the disease. Such a picture of the living situation may be a manifestation of the compensation for the negative mental state, activation of other defense mechanisms or proper strategy of coping with the stressor. The generally optimistic image of the studied group of syphilitic patients may constitute a warning against an increased risk from the infected persons.

**KEY WORDS:** syphilis, syphilis risk, living situation, social position



## INTRODUCTION

Sexually transmitted diseases (STDs) including syphilis facilitate becoming infected with HIV. The current epidemiological situation of these diseases cannot be classified as a good one (1), since in 2005 over 448 million patients with new sexually transmitted infections were registered, including 11 million of those suffering from syphilis (2).

In the last years, we have been observing an alarming phenomenon of the increasing incidence of congenital syphilis in Poland, which proves the increase in the number of infected women. In 2007, the disease was diagnosed in 19 newborns, in 2006 in 15, and in 2005 in 8 newborns (3). The deterioration of the epidemiological situation is connected with dismantling of the network of supervision over STD (observed since 1998), with drastic limitation of screening examinations and the progressing decrease in serologic investigations for syphilis (3). Patients do not reveal personal details of their sexual partners and they frequently fail to inform them on the necessity to consult a doctor. This situation is also adversely affected by the poor epidemiological situation in Russia, Ukraine and Belarus, where the incidence amounts to 5 per 100 thousand persons annually, and in Russia even as many as 100-300. The currently popular and easy access to sexual services (escort agencies, street prostitution) is an additional factor increasing the risk of syphilis spreading. These disturbing data advocate the necessity to strengthen the system of supervision, prevention, diagnosis and treatment of STD (4-8).

Research of the course of life pathways convinces that it is possible to differentiate certain typical and recurring components (9-12). In particular Baum and Stewart have proven that even the age factor does not affect the change of their evaluation (13). It was revealed that regardless of the age of the subjects, they indicated the following categories as most important: work (including studying and professional career); love and marriage; birth of children and their education; quest for independence (military service, travelling, self-actualization); disasters, death, diseases; separations and divorces; and important purchases. These and other empirical findings demonstrate that one of the events which significantly modify the course of the human life is the somatic disease experience, whereas clinical reality and psychological observations convince that after being diagnosed with a serious disease, a human being usually experiences very strong emotions which signal a significant and stressful change of the living situation of such a person (14-16). The situation of a person informed on the

syphilis diagnosis is in particular very complex, as this disease is stigmatized almost all over the world.

From the psychosocial point of view, the threat of syphilis consists, *inter alia*, of the fact that its symptoms are mostly invisible and difficult to recognize by other persons, while the patient generally is aware of their presence and of the fact that it is mostly him/her who decides on the disclosure or concealment of the information regarding syphilis and on the necessity of its treatment (17-22).

The entire knowledge of one's own disease and its health and psychosocial consequences puts the syphilitic patient in a stressful and complex living situation, which induces him/her to put up the fight for finding one's own place in it and maintaining their previous social position.

## AIMS

It was decided to verify the rightness of these considerations and examine selected aspects of the living situation of persons suffering from syphilis, which refer to the social position held by these persons. Hence, the study aimed at examining whether the disease duration influences the evaluation of selected aspects of the living situation that include: 1) attitude toward oneself; 2) position in the family; 3) occupational position; 4) social position; and 5) range of social life.

## SUBJECTS AND METHODS

In order to verify the above hypothesis, a study was conducted among syphilitic patients from February 2009 to March 2011. In this period, 42 syphilitic patients were admitted to Dermatology Department, Karol Marcinkowski University of Medical Sciences in Poznan (35 men and 7 women). The mean age of male patients was 35.7 and of female patients 37.0 years. Among the participants, 8 persons had been subjected to treatment for a few years, 11 for about a year, and 22 persons had recently become ill.

The study was approved by the Institutional Review Board at Poznan University of Medical Sciences. Due to the sensitive subject matter of the research, it was designed as completely anonymous and conducted by means of a survey composed of 16 questions regarding (*inter alia*) the aforementioned issues. All subjects participated in the study on a *voluntary* basis.

Five relations covered by the research assumptions were verified by use of the  $\chi^2$ -test and Cramer's V coefficient, chosen due to the qualitative nature of the study and diversified numbers regarding the

disease duration, since the achievement of their comparative distribution proved to be very difficult.

## RESULTS

Statistical analysis of the study results showed irrelevancy of all tested correlations and allowed to define as weak the relations between the disease duration and the following variables: 1) attitude to oneself ( $V=0.213$ ); 2) position in the family ( $V=0.231$ ); and 3) social position ( $V=0.179$ ). The remaining two correlations were at the border of weak and moderate relations to the disease duration: 4) occupational position ( $V=0.384$ ); and 5) range of social life during hospitalization ( $V=0.308$ ). The results obtained allow for generalized characterization of syphilitic patients, regardless of the duration of the disease.

The attitude of patients to themselves was usually assessed as invariable (42.9%), followed by unstable, i.e. once better and once worse (28.6%). In 19% of cases, the attitude to oneself changed to worse, and in 9.5% to better (Fig. 1). It is worth emphasizing that most frequently the attitude to oneself did not change in all in patients who had recently become ill (52.2%).

Patient assessment of their position in the family was of a dichotomous nature, as almost the same number of them considered it to be average (45.2%) or high (42.9%); 7.1% of syphilitic patients assessed their position in the family as very high and 2.1% as low and very low each (Fig. 2). The high status in the family was attributed to oneself mostly by the

patients suffering from the disease for about a year (54.5%) and for a short time (43.5%).

The distribution of assessments regarding occupational position is interesting, since the same number of patients evaluated it as average (28.6%) and admitted that they were currently out of work (28.6%). At the same time, 21.4% of patients determined their occupational position as very high and 19% as high. Only 2.4% deemed it to be low (Fig. 3). Most frequently, the unemployed were patients who had been affected by the disease for several years (62.5%), whereas those suffering from syphilis for a short time assessed their occupational position as very high or average (30.4% each). Patients from this group also most frequently defined their occupational status as high.

Social position was assessed mostly in a dichotomous manner, i.e. as high (47.6%) or average (45.2%); 4.8% of patients regarded it as very high and 2.4% as very low (Fig. 4). Most frequently, social position was assessed as high by the patients suffering from syphilis for about a year (54.5%) and for a short time (47.8%).

Considering the range of social life, as many as 52.4% of syphilitic patients met a lot of people during hospitalization; 14.3% of patients were meeting exclusively their own family in such a situation and 11.9% either only the closest person or such a person and one friend at the most. During hospitalization, 4.8% of patients met only a friend, and the same number of patients did not wish to meet anyone at that time (Fig. 5). Irrespective of the duration of the disease, patients usually met a lot of people.

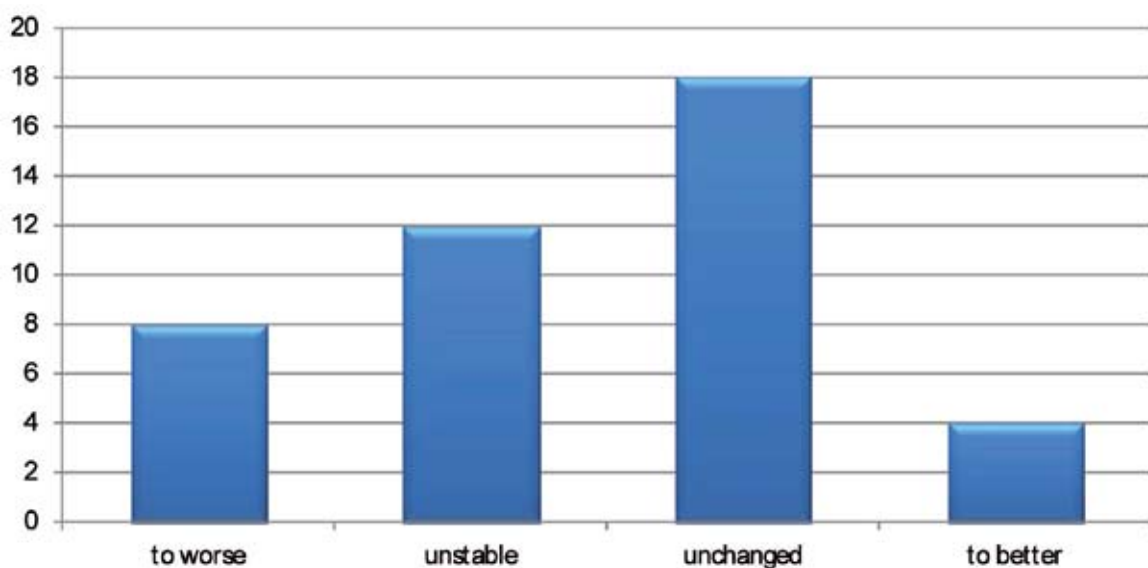


Fig. 1. Change in the attitude toward oneself as the result of the disease.

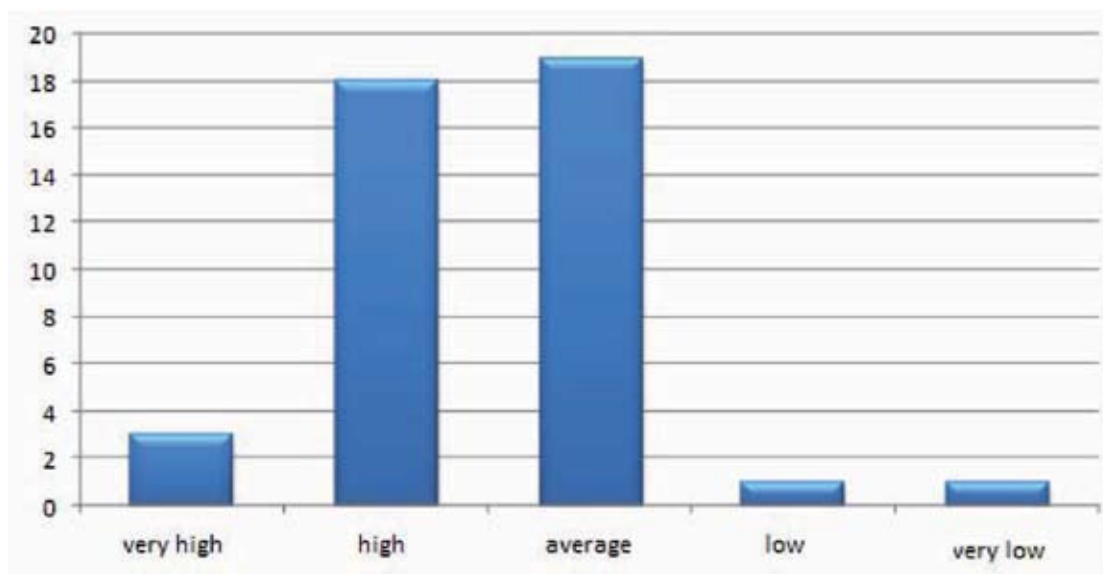


Fig. 2. Assessment of one's own position in the family.

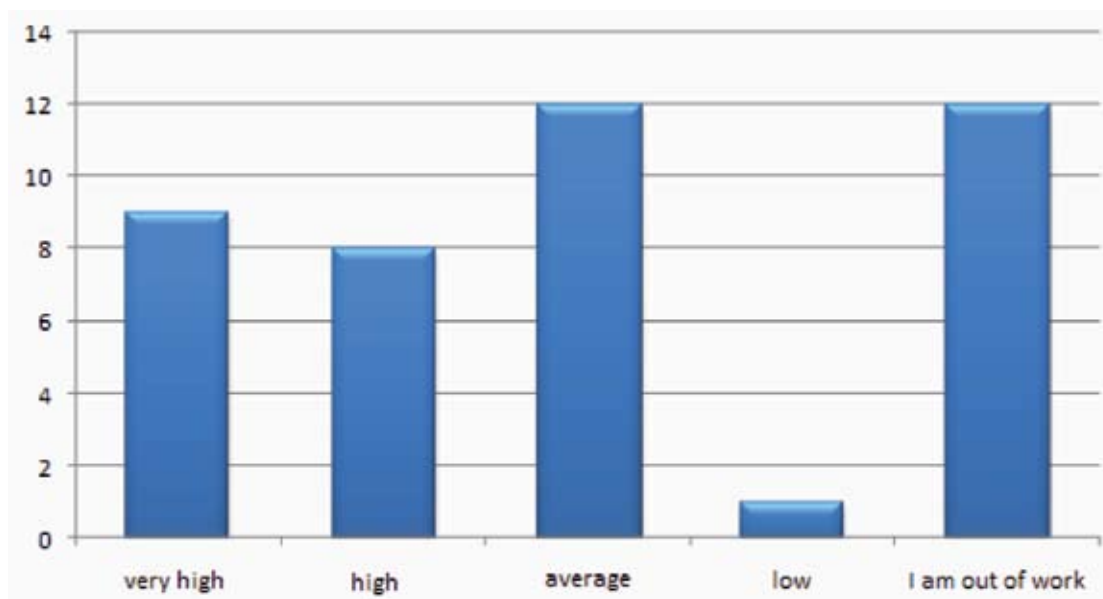


Fig. 3. Assessment of one's own occupational position.

## DISCUSSION

The above characteristics of the group of syphilitic patients is considerably different than the descriptions and ideas regarding stigmatized persons (18-19,23-25), even more so, with the stigma of syphilis (26-27). However, to realize how painful the awareness of this stigma is, it is noted that during the same study, most patients (54%) indicated that STD are exceptionally shameful. Hence, on the one hand, it may

be presumed that even the shame experienced because of becoming ill with "such" a disease does not incline the syphilitic patients to assume the role of a stigmatized person, nor does it constitute a barrier against taking actions to maintain the previous social position despite the changed and difficult living situation. On the other hand, an opposite function of shame may be presumed, i.e. that this emotion inclines syphilitic patients to behaviors driven by the

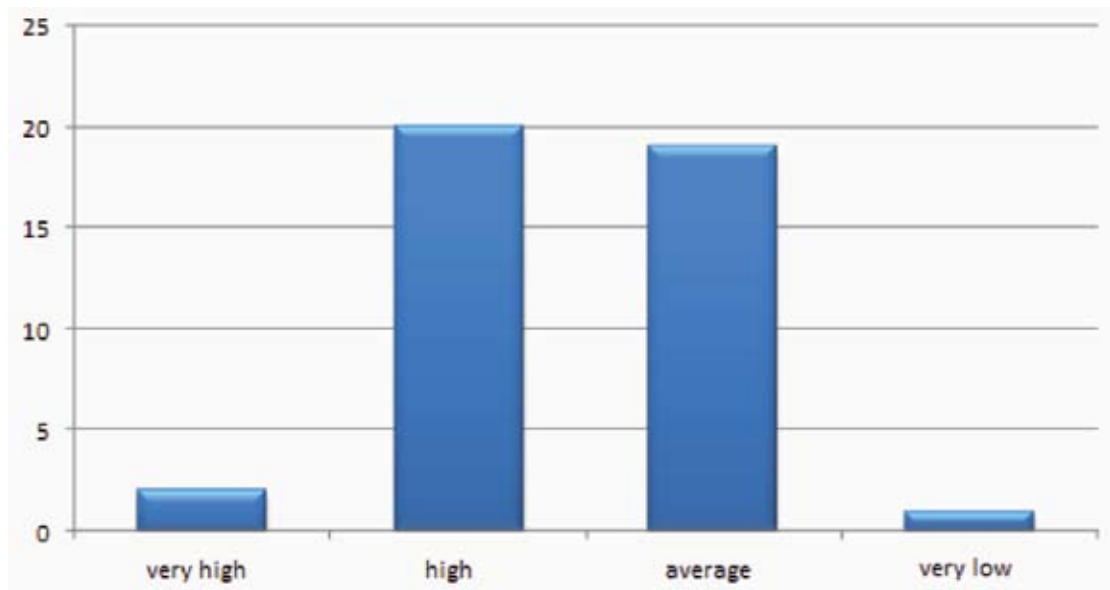


Fig. 4. Assessment of social position.

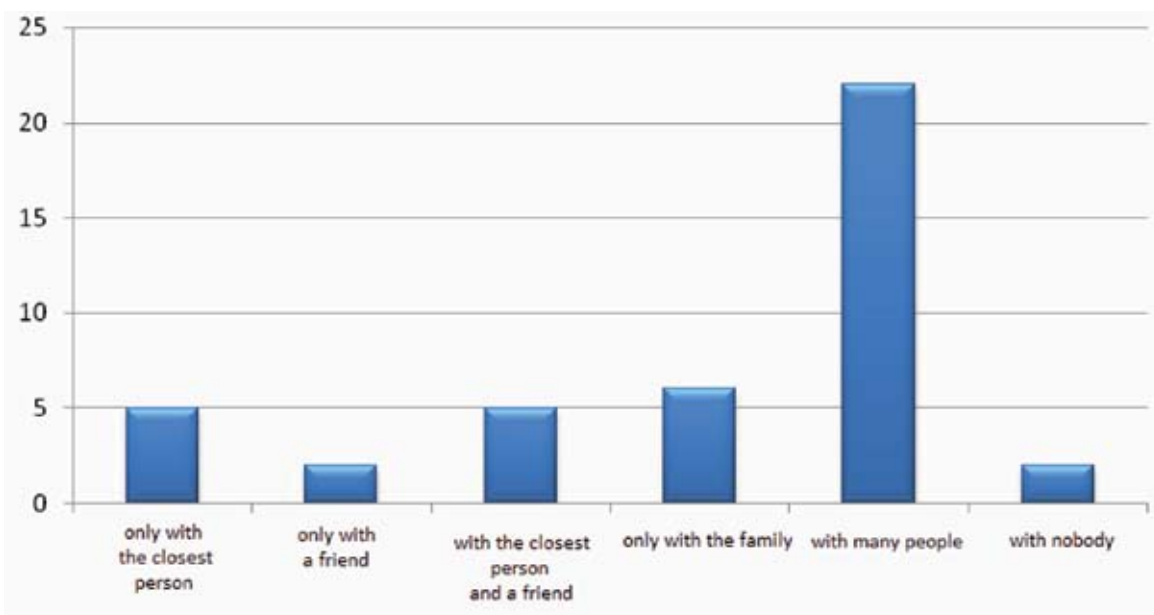


Fig. 5. The range of social life during hospitalization.

tendency to deny the disease and its stigma, which undoubtedly creates an exceptionally dangerous social and medical phenomenon. It might be worth considering continuing this study with a larger group of participants.

As the present study results demonstrate, most of the syphilitic patients, irrespective of the disease duration, do not have a negative attitude toward themselves and do not assess their social position as

usually inferior (28-31). On the contrary, most of them think that the fact of becoming ill has no significant impact on their attitude toward themselves, which either remains at the constant level or is perceived as unstable. One's own social status (in the family and among friends) was assessed as high or average; it was only in the scope of assessing their occupational position that a considerable proportion of subjects revealed to be out of work. During their hospitaliza-



tion, patients were in contact with a wide circle of people, they had friends and partners. In the context of the general picture of their own living situation, the patients who had recently become ill assessed its selected aspects in particularly optimistic terms.

How to interpret the troublesome, yet (according to study subjects) generally positive picture of their living situation? First of all, as it usually is the case in anonymous surveys, it may be suspected that this picture was intentionally idealized, presented as excessively optimistic and dictated by the wishful thinking on how it could (or should) be.

Secondly, this picture may be a manifestation of the compensation for the still negative mental state or activation of other defense mechanisms, mostly dissociation, negation and rationalization (18,32). Such interpretation is possible, in particular given that most of the syphilitic patients admitted that the disease they were suffering from should be counted among the most shameful ones. It provides grounds to assume the particular role of shame, which activates relevant defense mechanisms protecting patients who are in an inconvenient living situation both against internal conflicts and the necessity to rework one's own image and the decrease in one's own self-esteem, and against the stigmatization from the social environment (26,33,34).

Thirdly, the positive image of the syphilitic patients may prove the activation of a proper strategy of coping with the stressor, which undoubtedly is the stigma of the contagious, serious disease. After all, the subjects were in hospital and were included in the treatment process, thus they could successfully recognize that they already had the psychological control over the stressor (35), as well as that they were concentrated on the solution of the problem, i.e. dealing with the complex and inconvenient living situation, resulting from the hospitalization and its shameful reason (16,25,36).

Fourthly, the generally optimistic image of the studied group of syphilitic patients may constitute a warning against an increased risk from the infected persons. Patients who consider themselves as if nothing exceptional has happened, despite becoming ill with syphilis, and as if not much has changed in their living situation and current social position, may more frequently display a tendency to deny the disease (and its symptoms) and to assume a relevant role, i.e. to act in social relations as a person without the stigma of an STD (19). The consequences of such an attitude, based on the concealment of the truth or deceptive messages, are extremely risky and socially threatening (5,18,20,21,27-29,37). What is interest-

ing, most data on this type of behaviors have been provided by a study conducted in China. Their results are terrifying. It is enough to state that every year the syphilis incidence increases there by 30%. According to that study, although as many as 80% of 406 men suffering from STD felt stigmatized due to their disease, 77% declared unwillingness to inform their spouses of the possibility of infecting them, and 40% had sex while being completely aware that they were infecting their partners (31).

## CONCLUSION

As regards Polish patients, the reasons for such irresponsible attitude towards the current living situation resulting from the fact of becoming ill with syphilis, and typically mostly for patients suffering from syphilis for a short time, may probably be found in the factors mentioned in the introduction, in particular in the withdrawal of the state authorities from the control over STD. This attitude is supported by the media. Magazines very rarely publish texts on STD, as contrasted with the number of articles "praising" the freedom and risk of sexual behaviors (38). The Internet abounds with rather disdainful opinions, instead of those emphasizing the seriousness of the threat from STD and the necessity of their professional treatment. Generally speaking, it is promoted that the HIV virus and AIDS are really dangerous, while other STD are nothing terrifying as the process of their treatment is easy and effective. We do not have to convince anyone that the creation of such an atmosphere around the STD teaches carelessness and is conducive to exhibiting risky sexual behaviors, which the authors of this study could repeatedly see by themselves during their conversations with syphilitic patients.

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