

CLINICAL PECULIARITIES OF THE ACUTE SYNDROME OF PSYCHIC AUTOMATISM IN SCHIZOPHRENIA

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Syndrome of psychic automatism (Kandinskiy-Clerambault's syndrome) occurs often in schizophrenic psychosis. Its clinical peculiarities are intensively investigated (1, 2, 3, 6, 10—13, 15 a, oth.). Several variants of the syndrome were described predominantly within the limits of the subacute and chronic schizophrenia only. Clinical peculiarities of the acutely beginning syndrome of psychic automatism were ignored to a certain extent. That is why there exist a number of unsatisfactorily clarified problems related to peculiarities of its clinical picture, mechanisms of its course and its place in the structure of acutely beginning schizophrenia (4, 5, 7, 8, 14).

In the present work we decided to consider some clinical peculiarities of the acute syndrome of psychic automatism in schizophrenia.

Material and methods

We examined clinically as well as by means of a specially elaborated index-card a total of 46 schizophrenia patients (24 females and 22 males aged between 18 and 45 years) hospitalized in the Department of Psychiatry and Medical Psychology of the Higher Institute of Medicine, Varna, during the period from 1984 till 1987. In these cases schizophrenia had made its first appearance as an acute syndrome of psychic automatism.

Results and discussion

The clinical peculiarities of the acute syndrome of psychic automatism revealed in our study allowed us to outline two clinical variants of the syndrome. In general, they corresponded to different mechanisms of development and clinical structure of acute schizophrenic psychosis.

In the first variant occurring more frequently (in 18 females and 13 males) syndrome of psychic automatism appeared acutely on the 7th — 9th day after psychosis onset commonly with phenomena of the so-called small automatism (G. de Clérambault's *petit automatisme*), or acutely appearing «somatopsychic depersonalization» (1, 9). It meant a sudden cessation or acceleration of the thinking process, unexpected involving of meaningless words, intuitive speculations, appearance of thoughts forecasting the actions of the patient himself and of bystanders, rise of unusual, unpleasant sensations in the head or in other parts of the body, non-arbitrary fits of anger, fear and other emotional

reactions. Most patients suffered painfully these symptoms trying unsuccessfully to control their own psychic and behavioural activity. They felt an understandable, psychologically explainable fear (with some cases fear was of panic nature) not to «lose their mind». Together with the appearance of «echo of the thought» («écho de la pensée») most often the further expansion of the syndrome of psychic automatism sets in. It is relevant to elucidate that not seldom under «echo of the thought» falsely «sounding of thought» is considered. It is not speaking of sound presence but of gaining of reflective character by ideatoric automatisms, i. e. a feeling of reflection of psychic activity from outside (reiterating thoughts, ideas, emotions wishes, etc., as «echo» without any sign of sound effect). After or simultaneously with the appearance of «echo of the thought» single psychopathologic phenomena begin to be vaguely perceived by patients as result from an external influence. It is evident that with this variant the appearance of psychic automatisms anticipates that of crazy ideas of influence. Further formation of the syndrome of psychic automatism has two directions in its course: in some cases crazy ideas of influence dominate but in other ones pseudohallucinatory disorders increase. Crazy ideas of influence are closely related to crazy perceptions and occur often momentarily. As a rule a concrete relation to crazy ideas of persecution is absent. The source of influence is looked for within the immediate society. Patients often share that hypnosis is exerted on them, or that they transmit and receive telepathically thoughts. When a fantastic modification of ideas of influence sets in their magnitude, mystery, and absurdity increases, of course.

When pseudohallucinatory disturbances predominate the clinical picture is occupied by an expanded verbal pseudohallucination with an outlined fantastic content. Essentially, at the beginning pseudohallucinatory disorders reflect the thematic scope of crazy ideas and later on together with the expansion of paraphrenic experiences crazy ideas become subordinate to pseudohallucinations, i. e. they are based on pseudohallucinatory information. In dependence most often on the emotional state crazy experiences are of unpleasant or of good nature. Prevailing of crazy ideas of good nature transforms the patient from predominantly object into predominantly subject of influence. The so-called «active», or «positive» variant of the syndrome of psychic automatism occurs. Its symptoms are peculiarly implicated into those of the paraphreny syndrome without losing their leading position in the clinical picture. Ideo-verbal automatisms are most completely presented followed by senesthopathic and motor ones. All of them are of magnitude and fantastic nature.

The duration of the syndrome of psychic automatism is between one and three months when the first variant is concerned. Symptomatically disappears gradually. First, ideo-verbal automatisms fade away followed by senesthopathic and motor ones. At last crazy ideas of influence die down. A critical attitude to the own psychotic disorders is gradually formed, too.

With the second variant (6 females and 9 males) syndrome of psychic automatism appears acutely on the 2nd — 4th day after psychosis onset without phenomena of the so-called small automatism (petit automatism) and later on it dominates in its clinical picture. Crazy ideas of influence come to the fore appearing simultaneously with symptoms of psychic automatism and combining to a great extent elements of crazy perceptions and crazy interpretations; in some cases an impression is created that crazy ideas of influence present crazy interpretations of psychic automatism. Influence itself is perceived as «mana-

gement» or «doing» of psychic activities. There exists a close relationship between crazy ideas of influence and those of persecution. Symptoms of psychic automatism are mainly ideo-verbal while senesthopathic and motor automatisms occur seldom, they are single and of rather concrete and elementary nature. In most cases senesthopathic automatisms can be very difficultly distinguished from crazy interpretations of real perceptions. Pseudohallucinations occupy an important place in this variant, too. However, there is no dominance of an expanded verbal pseudohallucinations in the clinical picture. Besides verbal pseudohallucinations single olfactory and visual pseudohallucinations occur, too. Pseudohallucination content is closely related to crazy experiences and reflects their thematic scope.

The duration of the syndrome of psychic automatism is between one and three weeks when the second variant is concerned. Symptomatology fades away rapidly, for 2—3 days. Similarly to the first variant, first ideoverbal automatisms die down followed by senesthopathic and motor ones (in the rare cases when they are present, of course). At last crazy ideas of influence disappear. Commonly, awareness of the pathologic disorder is evident a bit later.

We can conclude that clinical analysis of the acute syndrome of psychic automatism in schizophrenia demonstrates the presence of some clinical peculiarities.

That allows us to distinguish, although conditionally, at least two clinical variants of the syndrome. In general, with the first variant occurring more often syndrome begins by the so-called small automatism (*petit automatisme*) and later on during syndrome expansion psychic automatisms dominate in the clinical picture anticipating crazy ideas of influence. With the second variant crazy ideas of influence come to the fore in the clinical picture appearing simultaneously with symptoms of psychic automatism.

These clinical peculiarities pointed out and the two variants of the syndrome of psychic automatism differentiated are in direct relationship and determined by peculiarities of the acute schizophrenic psychosis in the structure of which they in fact are formed. Their further investigation and comparison with other clinical symptoms and syndromes within the acute schizophrenic psychosis will be of an undoubted clinical and psychopathological interest.

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КЛИНИЧЕСКИЕ ОСОБЕННОСТИ ОСТРОГО СИНДРОМА ПСИХИЧЕСКОГО АВТОМАТИЗМА ПРИ ШИЗОФРЕНИИ

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РЕЗЮМЕ

Клинически и с помощью специально изготовленного теста исследовано 46 больных шизофренией (24 женщины и 22 мужчины). Заболевание проявлялось острым синдромом психического автоматизма. Наблюдаемые клинические особенности позволяют, хотя и в некоторой степени условно, выделить два клинических варианта синдрома. При первом варианте, встречающемся более часто (у 31 больного) синдром начинается т. н. малым автоматизмом (*petit automatisme*) и в дальнейшем психические автоматизмы доминируют в клинической картине, опережая во времени бредовые идеи воздействия. При втором варианте на переднем плане в клинической картине выступают бредовые идеи воздействия, которые возникают одновременно с симптомами психического автоматизма.

Отмечается прямая зависимость этих двух отдельных вариантов синдрома психического автоматизма от клинических особенностей остро протекающего шизофренического психоза, а также обусловленность ими.