

SYNDROME OF PSYCHIC AUTOMATISM IN THE GENESIS OF AGGRESSIVE ACTIONS OF SCHIZOPHRENIA PATIENTS

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The study of aggressive action of schizophrenia patients presents an actual problem of modern forensic psychiatry. A lot of facts are accumulated demonstrating that danger of performing aggressive actions is determined mainly by the contents of pathological experiences, by the character and structure of psychopathological syndromes, and, not at the last place, by their dynamics. Undoubtedly, paranoid manias within the limits of paranoid or paranoid-hallucinatory syndrome are most often source of aggressive behaviour of schizophrenia patients (2-6). In general, it is necessary to mention that maniacal experiences with psychotic patients occupy a definite place as first-ranked source of all their socially-dangerous actions; hallucinations, mental derangements, catatonic disorders, etc., remain in the background. Affective disturbances, by themselves, motivate to a very lower extent realization of aggressive actions in comparison with their contributive significance. The more affectively intensive (fear, anxiety, malice) the given psychotic syndromes (in this case one considers paranoid, paranoid-hallucinatory, hallucinatory syndromes and these on the background of mental derangement) the greater the danger of performing aggressive actions. The weak aggressive intensity in cases of formally the same psychotic experiences almost excludes, practically, the aggressive danger of such patients.

Syndrome of psychic automatism (syndrome of Kandinskiy-Clerambault) is one of frequently seen syndromes in the clinical picture of schizophrenic psychosis. Its phenomenology, nosological belonging and course has been object of numerous studies (1, 7 a. oth.). However, special papers devoted to its "criminogenic" significance as well as to relative "criminogenic" value of single symptoms within this complex syndrome can be hardly found. It is known that syndrome of psychic automatism although most frequently occurring in schizophrenia is not nosologically specific, i.e. it can be observed with other nosological units, too. That is why there is an insistent need to clarify the motivation of aggressive actions performed under the influence of pathological experience typical for this syndrome. Proceeding from the nature of syndrome it can be accepted that in broad outlines motivation of aggressive actions will develop in two main directions.

1. Performing of aggressive actions in order to achieve freedom from extremely unpleasant, violent foreign influence.

2. Experience of influence carrying an imperative order to perform a given aggressive action.

The purpose of the present communication is to study some aspects of the genesis of aggressive actions in patients with syndrome of psychic automatism within the limits of schizophrenic psychosis on our patients' contingent.

Material and Methods

We studied clinically and by means of specially elaborated for this purpose index-card a total of 14 schizophrenia patients having performed aggressive actions under influence of syndrome of psychic automatism. They were hospitalized in the Department of Psychiatry and Medical

Psychology, Higher Institute of Medicine, Varna, during the period 1980–1986. There were only male patients aged between 21 and 50 years with duration of disease between 2 and 13 years. Paranoid form was established in 10 cases but paraphrenic one in 4. The course was paroxysmal-proгредиant and continuous.

Results and Discussion

The analysis of our observations shows that motivation for performing of aggressive actions is mainly determined by patient's aspiration for getting free from foreign influence (with 10 patients) in order to eliminate the source of extremely unpleasant experiences and of violent subordination. By this way, aggressive action presents a particular "self-defence" reaction of "self-protection". In this respect, those patients who feel that they are an object of physical treatment (senesthopathic automatism) are particularly dangerous. Most often, patients are maniacally convinced that by this way previously "planned" physical destruction is aimed. More rarely but extremely unpleasantly, experiences can be established related with influence on patient's genital organs aiming their "deprivation of all kinds of sexual capacity". Patients tend to find rapidly out where influence comes from, and mainly, who is "the culprit" or "the organizer" of their suffering and destruction. Commonly, this is realized by means of an analysis and pathological interpretation of various facts but sometimes also by a sudden brainwave. When "culprit" is already established (or "culprits", respectively) he seldom becomes immediately an object of aggression. Possibly, these "culprits" are asked and warned to stop their influences or openly intimidated by one or another way for a long time. In such cases psychotic state of patients evidently impresses bystanders and only underestimation of danger enables patients to perform aggressive actions. Sometimes, however, pathological experiences are carefully dissimulated and screened from bystanders. Patients carefully single out an appropriate and suitable moment demonstrating an orderly behaviour and then, quite unexpectedly for bystanders they perform a severe aggression. Occasionally met persons can also be victims of this aggression, together with "culprits already unmasked". Relatively much more seldom, aggressive action results directly from psychopathological experiences with imperative character (with 4 of our patients). In these cases, pseudo-hallucinations and hallucinations with imperative character, with an exact indication of "guilty" person and of concrete kind of aggressive action to be performed against this person are concerned. In this aspect, we want to mention that imperative pseudohallucinations play a much more important role than true hallucinations as source of aggressive actions do. There is an interesting fact that there has been a long-lasting struggle between "healthy" part of personality and imperative character of voices heard in all the four cases. It has been necessary that psychotic experiences become very intensive and enrich themselves by other symptoms of psychic automatism (senesthopathic ones) in order to enable performing of aggressive actions. To a certain extent, it resembles to struggle between personality and maniacal experiences. It is noteworthy to outline the fact that even the most massive and durable maniacal experiences (maniacal aspiration after performing a murder, inclusive) have practically no "criminogenic" significance because patient is always capable to overcome them.

The stage of development of syndrome of psychic automatism has a definite importance concerning the danger of performing of aggressive actions. Periods of syndrome formation and exacerbation are the most dangerous ones. During these periods namely an influx of new, uncommon and torturing experiences or intensification of existing ones can be observed. Our clinical practice shows that as a rule the more manifested the "body" sensations, the greater danger of performing of aggressive actions. In the contrary, the more expressed the ideatoric syndrome components, the more possible the passive relation to these experiences. In cases of long duration of syndrome, commonly, a gradual "accustoming" to pathological experiences sets in. They being to be separated from daily real patient's interests and discharge of all kinds of af-

fective pressure. Patients even begin to have doubts about "culpability" of one or another persons and to resist actively against originating aggressive tendencies.

In conclusion, we want to note that syndrome of psychic automatism plays a definite role in genesis of aggressive actions of schizophrenia patients and thus its underestimation in this aspect is rather unjustified. Careful psychopathological analysis of pathological experiences with rendering account of syndrome dynamics enriches our possibilities to specify the danger of performing of aggressive actions. Optimal neuroleptic therapy which not only influences upon symptoms of this syndrome but also "eliminates" affective pressure, occupies an essential place in prophylaxis of these actions.

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СИНДРОМ ПСИХИЧЕСКОГО АВТОМАТИЗМА В ГЕНЕЗЕ АГРЕССИВНЫХ ДЕЙСТВИЙ БОЛЬНЫХ ШИЗОФРЕНИЕЙ

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РЕЗЮМЕ

Клинически и с помощью специально изготовленного фиша исследованы 14 больных шизофренией, совершивших агрессивные действия под влиянием синдрома психического автоматизма. Все больные — мужчины в возрасте от 21 года до 50 лет, у которых отмечается приступно-прогредиентное и непрерывное протекание заболевания.

Большая часть больных (10) совершили агрессивные действия с целью освободиться от крайне неприятных чужих воздействий. У 4 из больных агрессивные действия являются результатом непосредственного влияния переживания императивного характера. Наиболее опасными при совершении агрессивных действий являются этапы формирования синдрома и его обострения. Указывается на неоправданную недооценку синдрома психического автоматизма в генезе агрессивных действий больных шизофренией.