

## CLINICAL PECULIARITIES OF THE SYNDROME OF PSYCHIC AUTOMATISM IN DEPENDENCE ON THE TYPE OF SCHIZOPHRENIA COURSE

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The syndrome of psychic automatism (syndrome of Kandinskiy—Clérambault) is one of the basic hallucination-paranoid syndromes. V. Kh. Kandinskiy (1885) and G. de Clérambault (1927) have rendered great services to its clinical investigation and differentiation. It includes rather various and mutually related psychopathological symptoms covering numerous aspects of the mental activity. The most typical, characteristic and connecting the single symptoms thing is the experience of ungratuitousness, of loss of belonging of the own psychic manifestations, the feeling of influence of outside acting forces (5). Although it is considered nosologically unspecific, psychic automatism occurs undoubtedly most often in schizophrenia. In many cases it is a basic and leading psychopathological syndrome in the course of the schizophrenic psychosis. In dependence on the type of schizophrenia course most authors (3, 6, 11, 12 et oth.) describe two relatively independent typological variations but S. Yu. Tzirkin (8) makes an attempt to differentiate 4 typological ones when psychic automatism is concerned. In our country there are no similar investigations.

The aim of the present work is to study the clinical peculiarities of the syndrome of psychic automatism with our contingent of schizophrenia patients in relation to the type of psychosis course.

### Material and methods

We studied clinically and by using of specially elaborated file-card a total of 100 schizophrenia patients with the syndrome of psychic automatism. There were 57 males and 43 females. 71 patients were aged between 18 and 45 years and the rest 29 — between 46 and 60 years. The duration of the psychosis was up to 1 year in 12 cases, between 1 and 3 years — in 13, between 4 and 10 years — in 53, and more than 10 years — in 22 cases. According to the pathokinetic classification of A. V. Snezhnevskiy et al. (5), the patients were divided into the following groups: 38 cases with continuous course; 34 ones — with paroxysmal-progredient one, and 28 ones — with paroxysmal course.

### Results and discussion

A complete psychic automatism was observed in 32 patients while an incomplete one was established in the rest 68 cases. From the incomplete psychic automatism, most frequent was the association, ideatoric-verbal automatism (43 patients) followed by the association one accompanied by the senestopathic one (18 patients) and at last the association combined with the motor one (7 patients). Senestopathic or motor automatism alone could not be established in any patients.

In general, symptoms belonging to the association automatism definitely prevailed amidst initial manifestations and further course of the syndrome.

The clinical analysis of the contingent examined enabled us to outline some peculiarities of the syndrome of psychic automatism characteristic for the three main types of course of the schizophrenic psychosis. Thus, we distinguished conditionally three typological variations.

The syndrome of psychic automatism with schizophrenia with continuous course was closest related to paranoid craziness which became very often rather systematized. In some cases systematization developed parallelly to syndrome display (in most patients) while in other ones (rather seldom) the systematization preceded the syndrome, or developed even later on. Crazy ideas were markedly interpretative. Together with their thematic scope enlargement there was also a concretization with denotation of the reasons, the origin and way of influence and of persecution. They were predominantly based on paralogical interpretations. Syndrome appearance and display occurred gradually, during months and years, enriching itself continuously by addition of other new symptoms. In some patients there was at last an experience of complete alienation of all the mental activities, entirely subordinate to manias of influence and persecution. Commonly, a definite succession of the course was observed — from symptoms of association automatism occurring first and dominating, towards the symptoms of senestopathic and motor one. Within this graduality and succession of the course the symptoms of the so-called small automatism («*petit automatisme*») could be well-outlined. They were initial disorders difficultly distinguishable and describable by the patient himself: appearance of unwanted thoughts, abstract words, silent unreeling of memories, sharp cessation of the common course of thinking or its acceleration, appearance of incomprehensible play upon words for the patients himself, meaningless and absurd word combinations, feeling of estranged own thoughts, unpleasant sensations in the head and body, stimuli to speaking and performing of one or another motor acts, inflicted emotions of anger, fear, anxiety, gaiety, etc. Most patients although looking hardly approachable and inclined to dissimulations experienced rather painfully their initial disturbances and uninterruptedly tried to establish a control on their thoughts, memories, feelings, wishes and actions by straining attention and will. At this very stage of the course of the syndrome the patients were seized with apprehension and fear «not to lose their mind», which state was called by A. K. Anufriev (1) dyspsychophobia. The occurrence of «echo of thought» («*écho de la pensée*») registered the transition into the so-called large automatism (*grand automatisme*). The entire display of the syndrome of psychic automatism in case of continuous schizophrenia was accompanied by considerably expressed negative personal changes — emotional impoverishment, autism, evident reduction of energetic capacities, etc. while formal, external behaviour patterns remained restored for a long time.

The syndrome of psychic automatism with paroxysmal-progredient schizophrenia course advanced relatively very much quicker — at the average during one-two weeks, even for one-two days only. At the beginning, on the background of apprehension-fear suspense single syndrome elements originated combined with fragmentary paranoid manias. No definite succession of symptom appearance could be established; they occurred at almost one and the same time and became manifested to a certain extent already in the first few days of psychotic state without any particular further development. In dependence on the intensity of the psychic experiences the patients looked either torpid, passive, or excitable, aggressive. The interpretative character and the inclination to systematization of paranoid manias which was very well-expressed with continuous

schizophrenia, was only slightly marked here or presented as a tendency. However, thematically, they were related and focused to the mania of influence. The prolonged «keeping back» of psychotic experiences at the level reached in the first days and weeks was often accompanied by visible fluctuations of their intensity but sometimes also by the appearance of new psychotic disturbances within and out of the ranges of syndrome of psychic automatism. The mentioned «enrichment» of symptoms outlined a transition from paroxysmal-progredient to continuous course of the schizophrenic psychosis. Such a transition was always possible and it posed a series of questions but not appropriate for the present paper, of course. Negative personality changes — increasing autism, emotional impoverishment, reduction of energetic potential, etc. were relatively less expressed than those with continuous form of the disease. After overcoming of the paroxysm rudimentary symptomatics within the psychic automatism (most frequently rudimentary auditory pseudohallucinations) often retained.

The syndrome of psychic automatism with paroxysmal schizophrenia was commonly preceded by short-lasting affective (hypodepressive and hypomanical) disturbances and then rapidly advanced in the closest relation and mutual interweaving with acute paraphrenic syndromes. At the very beginning symptoms became large-dimensional and whimsical in nature (abundant inflow of thoughts, vivid whimsical visual pseudohallucinations, telepathic communications with eminent political persons, heads of states, people in the cosmos and extraterrestrials, complete openness of experiences and even of the most intimate ones, etc.). Paranoid idea seemed to originate sharply without sufficient «rationalization» and contained at germ stage ideas of benevolence and power. In some cases mania of influence passed away or changed partially into a mania of complete patient's subordination (he felt himself a plaything, automation in the hands of various organizations, institutions, extraterrestrial civilizations, etc.). Simultaneously, symptoms of transitivity occurred, too — influence and subordination disseminated among the relatives, friends and the close circle and experienced by themselves, too. On the other hand, the dominating in the clinical picture of manias for power combined with those of influence resulted in the so-called by M. G. Gulyamov (3) «active» psychic automatism, called by A. M. Maletzkiy (7) «positive» variation of the psychic automatism. It meant that patients from object of influence became a subject of influence (they had not only the capacity to come to know about the thoughts and to foretell the behaviour of different persons, organizations and states but also to manage them). Manias of power prevailed to such a greater extent to less one manias of persecution were manifested. Negative personal alterations were slightly expressed here but sometimes even very hardly detectable, indeed.

### Conclusion

These three typological variations of the syndrome of psychic automatism characteristic of the three main types of schizophrenia course are naturally not capable to cover the whole clinical variety of this complex syndrome. It is known that there are series of transitional forms between the three basic forms of schizophrenia course. So far as it goes, it predetermines also the possibility for existence of transitional syndrome variations located between the typological variations described. The typology outlined by us reflects in total the clinical peculiarities of the single forms of schizophrenia course and provides data about the extent of expressiveness and progredience of the pathological process. Therefore, it has also a relative therapeutic and prognostic importance which is of essential practical interest. Our investigation confirms also the necessity of more differen-

tiated approach in the clinical qualification of externally and formally similar psychopathological states based on differently severe and progressive disturbances of the mental activity. Such an approach is of an undoubted value for syndromological and nosological specifying and thus for an adequate therapy and prognosis.

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#### КЛИНИЧЕСКИЕ ОСОБЕННОСТИ СИНДРОМА ПСИХИЧЕСКОГО АВТОМАТИЗМА В ЗАВИСИМОСТИ ОТ ТИПА ПРОТЕКАНИЯ ШИЗОФРЕНИИ

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#### РЕЗЮМЕ

В работе приводятся результаты исследования клинических особенностей синдрома психического автоматизма у больных, относящихся к трем основным типам протекания шизофренического психоза. Клинически и с помощью специально изготовленного теста было исследовано 100 больных шизофренией с наличием синдрома психического автоматизма. Из них у 38 больных синдром характеризовался непрерывным протеканием, у 34 больных — приступно-прогредиентным протеканием и у 28 больных — протеканием приступами. Соответственно с этим были обособлены 3 типологические клинические разновидности, свойственные основным типам протекания шизофрении. В работе подчеркивается, что описанные типологические клинические разновидности отражают степень выраженности и прогредиентности патологического процесса, что представляет собой определенный клинический, терапевтический и прогностический интерес.