

ALIENS' PARANOID REACTION.

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PSYCHOTIC states due mainly, but not exclusively, to unusual external circumstances are well known, and are commonly exemplified by such mental disorders as are occasionally met with in persons in prison, or those morbidly homesick, or suffering under the strain and stress of advanced deafness. In the great majority of these instances, however, the external conditions represent only an additional, precipitating aetiological factor which is operating as a trigger mechanism to a mental derangement of non-specific character already present in a latent state. It may therefore be of some theoretical and practical interest to report on a group of acute and subacute psychotic states whose history, features, course and outcome characterize them as constituting a readily recognizable clinical entity of purely psychological, situational origin.

During the years 1948-49 a number of young men of Polish nationality were admitted to this hospital under certificate or as voluntary patients. All of them arrived in this country after the war. Their ignorance or very defective knowledge of English was a great handicap to a deeper analysis of their mental states, though my own knowledge of the Polish language was sufficient to allow me to get in good touch with them, make them converse in their native tongue and peruse their writings. In most of these cases the clinical aspect and progress was so similar and at such variance with the common features of an affective or schizophrenic disorder that the particular character of the psychotic state very soon became evident.

Short extracts from the case-histories may illustrate the particularity of this mental aberration.

T. N—, 28 years, single, admitted 27.ii.49 as a voluntary patient in an acute state of agitation and panic, hallucinated vividly, heard people saying that he was to be killed and thought the police were following him. He knew where he was and tried to co-operate and to answer to simple questions. When reassured he asked in a frightened and subdued voice: "Have I really got to die?" After a fairly good night (with sedatives) he was able to give a fair account of himself. He had been at secondary school when the war broke out in 1939, entered the Polish Army at the age of 18, remained with the Forces for seven years, sharing first the strains of the war, the miseries of imprisonment in Russia, the wanderings of the Polish A.C., the fighting in Italy, until 1946, when he came to this country. He had never been seriously ill before, though very sensitive and homesick for his old mother in Poland. No mental disorders in his family. He was otherwise in fair health and of good physique. He became gradually quieter, and able to discuss the circumstances which led to his nervous breakdown. After discharge from the Army he had done heavy manual work, digging lime, which did not satisfy him, being so inadequate to his standard of education. He lived fairly solitarily, and the exhausting work left little time and energy to learn English. For the past few months he had had an affair with an older and married English woman and he now felt that this was wrong. He had grown restless and suspicious, believed that everyone knew about it, heard his fellow workers talking about him though he could not understand their English, was sure he would be killed and there was no

more hope for him. He assured me again and again of his innocence as to any other accusations. Gradually he became quieter, but four weeks after admission had an acute relapse with anguish, hallucinations and delusions. E.C.T. was without effect, but good recovery followed a course of insulin comas. He was discharged on 6.viii.49 in good mental state, grateful, cheerful, sociable, and fit to go back to his work.

St. G—, 25 years, single, admitted 24.ix.48 under certificate. On admission he was highly agitated, emotional, and in a state of anguish. For the next few days he remained restless, resentful and unable to give a sensible account of himself, complaining that his memory for the events of the past few weeks seemed unreal and confused. He was of good physique, and as he assured, always in good physical and mental health. No mental illness in his family. He came to this country in 1946 with the Polish A.C., and after discharge from the Forces worked as a cook in a miners' hostel among his compatriots. His knowledge of English was almost *nil*. About three months prior to admission he started to feel lonely and homesick, became restless and suspicious, believed that people thought him a spy, experienced strange illusions of smell and taste, the cigarettes tasted badly and he smelled an odour of corpses. He destroyed a wireless set because he thought it was specially prepared to spy on him. He found a lot of indirect remarks about himself in the newspapers, although he could not read English. After a fair improvement he suddenly relapsed with agitation and a suicidal attempt. Eventually he made a fair recovery, though still a little mistrustful and solitary. He was of average intelligence.

S. F—, 25 years, single, admitted 24.ix.49 as a voluntary patient. On admission he was difficult to approach, tense, suspicious, frightened, surly and hostile, but after a few days more approachable though still very reserved. He came to this country in 1946 with the Polish A.C. from Italy, where he had seen much hard fighting. He had always been physically and mentally well, and had worked lately as a general labourer. A few days before admission he complained of severe headaches, became frightened and excited, insisted on keeping the door closed, heard clocks ticking though no clocks were near. He disappeared suddenly from his hostel, wandered aimlessly about all night, came back the next day and reported to the police. When taken by ambulance to the hospital he suddenly jumped from the moving car looking suspiciously at everyone. When more settled he said that he could not remember correctly what had happened to him during the last few days. He thought that his friends had been avoiding him lately and talking about him in an unfriendly manner. Gradually he had become frightened. After several weeks in hospital he was more settled, though on occasions still depressed, and refusing food. He was of fair intelligence, though his knowledge of the English language was very poor. After a stay of seven weeks he left in a fair mental state, quiet, co-operative and sociable.

St. H—, 33 years, single, admitted 21.ii.49 as a voluntary patient complaining of severe headaches. He was wary and suspicious, but able to give a fair account of himself. He had served with the Polish forces, came to this country in 1947, worked in a pit and lived in a miners' hostel. The morning after admission he was in an acutely excited state, trembling, talking rapidly and relating spontaneously an extraordinary experience of the night before. He had seen the Holy Virgin standing at his bedside telling him that he was sent here to be destroyed but She would protect him. A friend of his who visited him reported that three months before he had told him that he would be poisoned because of a Polish girl. Later he became very restless, anxious and frightened. In hospital he remained for a while solitary, suspicious and moody but gradually became quieter, with better insight into being ill, though still inclined to exaggerate his well-being in order to get approval to leave. He said that he has noticed that during his stay here—and this seems to have a special meaning for him—his eyes have changed their colour. He states he has always been in good health, and nobody in his family has been mentally ill. He was of fair intelligence, but his English was very poor. Five weeks after admission he desired to be discharged and went back to his hostel.

W. W—, 37 years, single, admitted 16.v.49 as a voluntary patient after making an attack on another man with a bread knife in a quarrel. He was ignorant of English, quiet, rather dull, suspicious and reserved. He denied any mental trouble before. He was of farmers' stock and of very good physique. He served in the Polish army, was taken prisoner, spent five years in Germany working as an agri-

cultural labourer, came to this country in 1948 and worked in a steel works. He believed that the other inmates of the hostel he was living in persecuted him, called him a German and tried to steal his girl friend from him. He denied any hallucinatory experiences, but remained suspicious till his discharge after a stay of six months.

All these cases have several significant features in common which set them distinctly apart from other psychotic disorders with paranoid tendencies, namely, the premorbid history, the specific environmental circumstances at the onset of the illness, the characteristic clinical manifestations and the final issue of the psychotic episode.

A dependable account regarding the state of mental health in their families was not possible to obtain, though all of them denied any instances of mental ill-health among their relatives. Their personal state of health, at least for the past 6-8 years, could be more readily ascertained by the known and partly documented histories of that period in their lives. Though each of them was exposed for many years to the extraordinary physical and mental stresses of war, captivity, exhausting wanderings with the Polish A.C., or German labour camps, none of them had a nervous breakdown or was seriously incapacitated in his efficiency for service or labour. It will be agreed that no harder tests could be invented in order to prove a good physical and mental health and a high grade of constitutional make-up in a man.

With transfer to this country all the dangers and strains of war or captivity were completely removed, and they could enjoy freedom and material well-being they had not known for years. One would expect that such a wholesome turn in their circumstances would rather have enhanced the good state of their mental health, and made them resistive to the minor troubles commonly associated with a transfer to foreign surroundings, especially since they had already been away from their own country for many years. However, as a matter of fact, as long as they continued to live within their own units or groups they felt well and relatively contented. The change occurred with their transfer to workshops or pits, where they found themselves isolated in a foreign environment whose language and habits were unknown to them, making every attempt at interpersonal approach very difficult. Being accustomed natively to a lively and voluble companionship, the impossibility of making conversation and friendly contact with their new companions left them emotionally upset. Misunderstandings and miscomprehensions unavoidable in such a situation evoked their suspicion and mistrust. Harmless talks or remarks of their fellow workers to one another were interpreted as hostile observations, though they were unable to understand the language. Gradually this morbid state of mind grew to such intensity that a rational appreciation of the environment became quite impossible.

In one or other instance the development of the psychotic state was nurtured or accelerated by some factual misconduct on their own part, which under normal conditions would hardly have led to self-reproach or fear of such intensity, but here it was utilized to rationalize the presumed hostile deportment of their surroundings. Others ascribed this presumed hostility to their nationality, their conduct during the war or to false accusations as to their political

opinions. The progressive, emotional tension culminated in several instances in a state of elemental panic and confusion, with impulsive running away or suicidal preoccupations. Some of them experienced vivid visual or auditory hallucinations whose content was closely connected with their delusional preoccupations, corroborating their ideas of reference or persecution. Though unreasonable, their delusions were never bizarre or of a nonsensical character.

The predominant clinical features on admission were a state of agitation and fear, combined occasionally with slight confusion, deep mistrust and, rarely, emotional outbursts. Their expression and behaviour were adequate to their affective state and genuine, without a shade of theatricality. It was rather the natural deep grief of an innocent person suffering under false accusations and slander. After a few days' rest (and sedatives) a fair contact could be achieved, though they did not believe in reassurance, and insisted on the reality of their fears, delusions and illusions. Hallucinatory experiences, either frankly admitted or noticed by their behaviour, were rare. In milder cases they believed their food was being poisoned and refused it. Gradually the more intelligent of them felt the desire to talk of themselves, to assert their innocence again and again, to refer to their good conduct in Services and to testimonials of their superiors. Though they exaggerated the importance of some minor misbehaviour, false self-accusations were never expressed. Over-estimations of their personalities, either in the form of importance or martyrdom, were not observed. In states of anguish their consciousness was slightly clouded but was never lost, and they were never stuporose. In quieter mood they were fairly orientated, and able to give an accurate account of their remote history and partly of more recent experiences prior to the acute breakdown. They never had the feeling of being really ill or influenced by other people. From their conversation, letters to friends or relatives, sociable conduct and fair adaptability to hospital life it was evident that their intelligence was not impaired, though never above average.

Under non-specific psychotherapy, supported by E.C.T. and in one case by insulin coma treatment, they became gradually more settled, with more and more insight in the abnormality of their feelings and ideas, and were eventually able to go back to their former surroundings and occupations.

DISCUSSION.

The external conditions which give origin to such psychologically determined mental reaction are fortunately rare, and therefore the number of publications dealing with this type of psychotic disorder is limited.

The three cases reported by R. Allers (1920) seem to be the first to refer to psychogenic mental aberration of similar kind. All of them foreigners in good mental health were admitted to a general hospital in Austria among German-speaking patients whom they could not understand, and with nobody to translate their own tongue. They soon developed an acute psychotic state conspicuous by fear, agitation, ideas of reference and persecution, with illusional distortions of harmless experiences and with suicidal tendencies. Allers, by calling these disorders "persecutory delusions of lingually isolated persons," emphasized the aetiological importance of language. The observations of Kurt

Schneider (1930) under the heading "Primary Delusions of Reference" are of kindred character, though he believes that the bewildering experience of being suddenly transplanted into foreign environment is of no less importance than the lingual difficulties. Similarly to the cases of Allers, the paranoid affect-storm developed acutely and resolved completely after several days, with full insight into the morbidity of their suspicions and fears. A case by F. Knigge (1935) belongs apparently to the same type as those described by K. Schneider. A young and healthy Hungarian girl, travelling by herself to Brazil, was suddenly overtaken in Hamburg by an acute paranoid excitement state, which cleared completely within ten days.

According to these authors their cases represented immature and emotionally unstable individuals, though of average intelligence. In a sudden and unusual situation in alien surroundings, combined with a physical and mental strain and aggravated by lingual embarrassment, they responded with an acute paranoid excitement state of short duration. The episodic character of the mental derangement is in the view of the authors of particular diagnostic significance, differentiating these "paranoid reactive states" from true "paranoid processes" characterized by insidious development and chronic progression. However, Schneider, though all his cases were of the acute type, presumed that such reactions may also occur without such stormy development. Some of our cases may serve as an illustration to this theoretically foreseen possibility. The acuity of the disorder, though of diagnostic value if present, is evidently not necessarily an obligatory condition. Of much more significance than the time factor is the psychopathological structure of the psychotic state and its obvious features as a genuine psychogenic reaction. In Jaspers' definition a "genuine reaction" is one in which "the thought content is in a comprehensible connection with the primary causal experience and which could not occur without that experience, being in its further progress dependent on that experience and its connections." Although morbid in the exaggerations and conclusions, it remains well comprehensible in its origin as rooted in a personal experience and an almost specific situation, and in the consequences of its further development.

It is probably true that some degree of hypersensitivity or deficiency in self-reliance, or both, will often be in the make-up of persons prone to respond with a paranoid reaction under adequate pathogenic conditions. However, as evidenced in our instances, even a quite healthy and emotionally well-balanced individual, when subjected to unusual affective stress in a specifically difficult situation, may respond in the same morbid manner. In the usual interplay between constitutional susceptibility and a selective situation, the determining causal agent in these cases is rather the character of the situation than the make-up of the personality.

It is hard to say what is the primary disturbance, whether it is one of affect or of misconception regarding the attitude of the environment, since both are often closely intertwined from the start. Loneliness, external difficulties and social maladjustment will quite naturally bring on a depressive mood, which in turn will falsify perceptions and judgment. The difficulty of language was no doubt a moment of great importance, but was not the exclusive one. The

sudden loss of their habitual companionship, the foreign surroundings with their incomprehensible atmosphere and habits, the change of occupation, the hazards of being on their own responsibility instead of being directed and cared for as before, all these various influences together were for many of them a too great emotional stress which, finding no relief by verbal expression or sympathetic consolation, broke through as a paranoid psychotic reaction.

In support of the correctness of the given interpretation it can be stated that after 1949 such mental disorders were no longer observed among Poles admitted to this hospital with psychotic disorders. After the first years passed the difficulties of language were naturally overcome, and little by little they learned to understand their new community better and to adjust themselves satisfactorily to their new life.

CONCLUSIONS.

A rare form of an acute and subacute psychotic disorder was observed during the years 1948-49 among Polish workers admitted to this country after the war.

On the strength of its aetiology, features, clinical course and issue the mental disorder is regarded as a genuine psychogenic psychotic reaction.

The suggested designation will express its particular origin and character.

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