# SOME ASPECTS OF THE GANSER STATE

By

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## INTRODUCTION

ALTHOUGH described as far back as 1898, the Ganser state is still a subject of controversy and causes discussions regarding its existence as a clinical entity, its psychopathology and its incidence. Lately, Goldin and Macdonald (1955) endeavoured to clarify the meaning of the Ganser state after a critical review of the literature. They provided an illustrative case report with some hitherto unreported features and psychological test results. Although their paper presents a wealth of valuable material, there are still some points which need further discussion and elucidation.

The aim of the present paper is the following:

I. To contribute to the elaboration of a proper definition of the syndrome and prominent symptom of the Ganser state.

II. To present the occurrence and the psychopathology on the basis of the author's personal observations.

## DEFINITIONS AND SYMPTOMATOLOGY

Goldin and Macdonald quote the definitions of Ganser state published from 1898 to 1954. In addition to these, I would like to quote a few definitions from recently published textbooks which seem to show a better approach to the understanding of the syndrome. According to Noyes (1953), "The Ganser syndrome with its combination of instructive, rational, purposeful and deceptive elements and theatrical behaviour is an alteration of consciousness allied both to simulation and to dissociative dream states". Discussing hysterical pseudodementia, Mayer-Gross, Slater and Roth (1954) state that this syndrome is clinically identical with Ganser's syndrome: "In this condition there is not only a failure of memory and abrogation of intellect, but also the acting out of an artificial psychosis, with bizarre behaviour, attacks of excitement or stupor. The hysterical basis can be shown, sometimes, by the patient giving a response which is the direct antithesis of the normal one, or otherwise giving evidence that there is a secondary distortion of what would otherwise have been normal behaviour ('Vorbeireden')". Finally, Gruhle (1952) calls "so-called Ganser's states, twilight-states of the mildest degree in which the behaviour of the involved person lies between genuine disturbance and simulation. There are senseless primitive reactions, deliria and features of the amnestic syndrome". Gruhle would not agree with the denomination "twilight state"; the states of disorientation and of dementia are but apparent.

As to the symptomatology, Noyes lists among the conspicuous features the "childish, ludicrous performance of simple acts with the correct manner of performing which the patient has been fully familiar. The patient's responses to questions are wrong, but are not far wrong and bear an obvious relation to the question. His replies show that he understood the meaning of the questions, but



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they are beside the point and are in the nature of approximate answers—a phenomenon known as paralogia, or 'Vorbeireden' ".

Analysing the meaning of "Vorbeireden", which is the most striking feature of Ganser's syndrome, Goldin and Macdonald came to the conclusion that the English translations of the German expression "Vorbeireden", namely talking past the point, talking beside the point, and talking at cross purposes, do not correspond to the essential symptom as described by Ganser. These authors believe it necessary to go back to Ganser's own word "Vorbeigehen" which means to pass by, expressing the patient's "passing by" the correct answer to a question and giving one near to it. However, since most psychiatrists use the German "Vorbeireden" in connection with Ganser's syndrome, the word "paralogia" as used by Noyes might be considered. But there is some difficulty in this respect. Noyes himself defines paralogia "as a condition in which the patient's reply shows that the question has been understood, but in which the answer, because of defective reasoning, is erroneous, due to the dereistic thinking to which the schizophrenic is particularly given". In Dorland's *Medical Dictionary* (1952) we find the definition of paralogia: "Impairment of the reasoning power marked by illogical or delusional speech". This definition of "paralogia" does not imply the purposeful factor of the symptom and therefore does not correspond to its classical meaning. Thus it appears preferable to maintain the use of "Vorbeireden" without trying to translate it into English, but to explain it by "passing by" (Goldin and Macdonald).

## Occurrence and Incidence

Most cases of Ganser's state described in the literature occurred among prisoners under detention awaiting trial, or, generally speaking, in persons who have a strong desire to appear irresponsible because of a mental disorder. Sarteschi (1953) states that it occurs only in civilian and military prisoners, and in persons seeking compensation for accident. The case described by Goldin and Macdonald as well as my own observations show that there are also other motivations for developing Ganser's state. In this respect we have to disagree with Gruhle, who wants to separate the so-called war neuroses and accident neuroses from the peculiar psychological reactions which appear as clouded states or as Ganser's states and in which the patient's behaviour lies on the borderline between genuine disturbance and simulation.

In the case of war and accident neuroses, the most prominent aetiological factors are the undesirable side-effects of compensation legislation insofar as they awake wishes for compensation, incite a struggle for the latter and generally stimulate a querulous attitude. In my opinion there is no difference in principle between these reactions to catastrophes, imprisonment, legal trial and struggle for compensation, all of them being primitive reactions.

This viewpoint leads to the assumption that the condition is not so rare as Goldin and Macdonald believe. As a matter of fact, the increasing legislation for social security in many countries leads to peculiar psychological reactions, some of them in the sense of Ganser's syndrome, under special circumstances and in certain personality types.

## Personal Observations

My observations were made on the examinees of the General Disability Insurance Institute (Allgemeine Invalidenversicherungsanstalt) in Vienna

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during the years 1950–1954 and the Employees' Insurance Institute (Angestelltenversicherungsanstalt) during the years 1953 and 1954. For a better understanding of the following observations it is necessary to outline briefly the legal and social aspects of this matter. Since 1938 the social security legislation in Austria has been based on the German Social Insurance Law (Reichsversicherungsordnung). Employees and manual workers have separate disability insurance institutions, the former being insured with the Employees' Insurance Institute, while the latter are insured with the General Disability Insurance Institute. The social insurance is split into the sick fund institutions and the above-mentioned disability institutions. Where sickness exceeds 26 weeks the patient no longer receives his sick leave pay but is referred to the General Disability Insurance Institute or to the Employees' Insurance Institute for assessment of his remaining working capacity in respect of somatic or mental condition. Manual workers are considered temporarily or permanently disabled if their remaining working capacity as referred to the general labour market is less than one-third of the average income under similar circumstances. Employees are considered incapacitated for their particular occupation if their remaining working capacity for their occupation has been estimated below one-half. Apart from the cases of severe disabilitating somatic diseases the reasons for the increasing number of applications for pensions paid by the above mentioned institutions were manifold: there were numerous neurotics with difficulties in adjusting themselves to occupational, family, sexual and marital life as well as to the general changes which had taken place through politics and war: they formed the bulk of applicants. Other patients and factors were married women with difficult household duties, averse to the idea to continue or to return to their jobs; difficulties in finding or returning to a job after prolonged sick leave because of poor conditions on the labour market; reluctance of employers to accept elderly people; comparatively unimportant differences between salaries and pensions; finally dishonest reasons and malingering. The examinees belong to all age classes below 65 years for men and 60 for women, the age when working people are entitled to old age pensions.

Among several thousands of applicants referred for neurological and psychiatric examination by specialists of all branches, there were very few cases of pure malingering without any underlying overt psychological diseases. The bulk of examinees were neurotics with various neurotic symptoms or psychosomatic disorders, many of them showing the tendency to exaggerate the severity of their conditions. There were 3 employees and 22 manual workers showing syndromes corresponding to Ganser's states and presenting the four general features postulated by Skottowe (1953) and quoted by Goldin and Macdonald; I will repeat them for the significance I would like to attribute them: (1) the symptoms are an imperfect representation of the condition they resemble, (2) the symptoms correspond to the mental image that the patient might be expected to have of the illness or emotional state or role in life which is resembled, (3) the immediate syndrome, or the long-term general attitude and behaviour of the patient, can be seen to serve some gainful purpose for him, (4) careful history taking will generally show a previous clearly hysterical attack, though not necessarily in the same form, and hysterical traits of personality.

The patients were men, there were no women in this series. I have not seen any female patients presenting similar syndromes. Female examinees usually showed manifold hysterical symptoms and psychosomatic disorders, and exaggerated their complaints.

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They were between 50 and 65 years of age. Some of them had applied for disability pension because they had lost their jobs for economic reasons (unemployment, etc.), prolonged health impairment of difficulties with employers or with their environment; the employment office had shown them the difficulties of finding suitable jobs for them at their age and in many cases some doctors, especially the medical officers of the employment office, had declared them partially or completely disabled.

Without any exception, these patients presented histories of previous and present neurotic disorders of different types, especially anxiety states and neurasthenic syndromes. No history or signs of chronic alcoholism could be elicited.

There were no single men among the examinees. All of them were either married or widowed, the latter living with their daughter or unmarried sisters. In three instances I examined the patients in their homes because they had been reported as not being fit to be brought to the clinic. The other patients attended the clinic accompanied by their wives or female relatives (daughters or sisters), in two instances by elderly unmarried male friends. The attending relatives were all over-solicitous and helped them not only with formalities, but with undressing and dressing; they behaved much more in a parental manner than as attendants of sick persons, trying to answer questions for the examinees, interfering with the examination and showing an adverse, in some cases hostile, attitude towards the examiner. None of the patients came to the appointments by himself.

In the receptionist's office and in the waiting room the patients show a strange, conspicuous behaviour. Some of them stayed there motionless and apparently not interested in the surroundings, not responding to the call of their names. Others took part in the usual waiting room conversations emphasizing the severity of their illness. Sometimes patients showing both types of behaviour had hysterical seizures while waiting for their examination. Some of the patients showed conspicuous signs of forgetfulness, leaving open the doors through which they had passed, leaving hats, umbrellas, etc. behind them, coming out of the lavatory with their trousers unbuttoned, asking repeatedly for the location of the lavatory, for the date, for the doctor's name and so on.

At interview they seemed depressed to a certain extent, but tried to appear indifferent and helpless, turning to their attendants for help when addressed for questions or orders. The attendants usually left the office reluctantly, some of them under protest when asked to leave the patient alone with the examiner and the nurse-typist. After they left the office, the patient usually showed a more helpless behaviour for a short time, but after a while it was possible to establish a much better contact with him, finally leading him to give up his helpless behaviour and in some instances even his Vorbeireden and to undress and dress without support. The phenomenon of Vorbeireden was typical and alternated with an astonishing correct answer after a few ridiculous wrong answers, or, more often, answers pretty close to correct ones. The wrong answers referred much more frequently to questions on general knowledge, everyday life events and recent matters than to questions regarding the patient's past and remote events, these being answered correctly in most cases. Delusions and hallucinations were denied, but all these patients pitied themselves and complained of being a burden to their families and an object of pity or mockery on the part of neighbours or friends.

The attitude and behaviour of the patients' attendants usually gave most

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revealing hints for understanding the condition. As mentioned before, they appeared over-solicitous, over-protective and convinced of the seriousness of the condition. They gave a history of progressive neurotic behaviour starting after an important event in the patients' emotional life (illness or operation, death of relatives, loss of employment, financial or legal stress, etc.). Depression, anxiety, conversional symptoms, irritability, forgetfulness, in some instances seclusiveness and hopelessness were the usual symptoms listed by the attendants. However, when confronted with the Vorbeireden and the exaggerated childish behaviour of the patients, some of the attendants appeared honestly struck, astonished and ashamed. In those instances where the attendants showed a more or less indifferent attitude, it turned out that they had seen this kind of response before, e.g. when they had accompanied the patients to doctors' or lawyers' offices, to police, court, etc. As a matter of fact, in these cases the files contained records of similar behaviour on previous occasions, some of the patients having been diagnosed as Ganser states by other psychiatrists.

Physical examination usually did not reveal signs of gross pathology. In some cases there was slight hypertension and changes of the age. Neurological examination showed some signs of hyper-excitability of the vegetative nervous system and emotional tension of muscles as well as brisk reflexes.

In all these cases a psychological investigation comprising both intelligence tests and projective techniques, was performed by the psychologist, Dr. Th. Kohlmann of the Vienna University Psychiatric-Neurologic Clinic (Professor Hans Hoff). Without any exception, the reports showed findings of psychological disturbances in the sense of anxiety and hysteria, without serious difficulties in thinking processes or considerable withdrawal from reality. Various degrees of memory impairment did not exceed to a considerable degree the average impairment of elderly persons. In all but two cases there were more or less obvious signs indicating deliberately incorrect responses (malingering).

## Treatment

In the case described by Goldin and Macdonald, three E.C.T.s were of obvious benefit. E.C.T. has proved beneficial not only in cases where depression was a prominent feature, but also for breaking the Ganser state as such. Usually a short course of treatment (three seizures) will suffice. In some cases prolonged sleep proves beneficial. However, the most important part of the treatment consists in a proper attitude of the physician and the environment. The best attitude is not to repeat more than necessary those questions calling for the symptom of Vorbeireden. Instead, it is much better to overlook the wrong answers, not to show one's indignation and to maintain a friendly and firm attitude without becoming too authoritarian. The same attitude has to be advised to the environment (nurses, officials, etc.). As to the patients' relatives and friends, the best policy is to explain to them in simple words the nature of the psychological disorder without stressing too much the malingering, and to ask for their co-operation first of all by not being over-solicitous, then by trying to help the patient to return to a normal adult life.

## Discussion

My observations show many similarities to the case described by Goldin and Macdonald. They concern a group of ageing men with histories suggesting

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neurotic disorders, being under great stress of social and financial nature, or being involved in legal affairs which they do not feel able to face. The only escape from these apparently unsurmountable difficulties for these characterologically weak individuals seems to be a significant regression. The resultant clinical picture is rather complicated, consisting of depressive and hysterical features attributable to unconscious processes, and malingering which by definition is due to conscious and wilful lying and presentation of non-existent diseases. However, in these cases it is felt that there is no sharp delimitation between unconscious and conscious mental processes; the defence mechanism of regression uses all means at its disposal, unconscious and conscious, hence the variegated picture of intermingled hysterical and malingering features. In this respect, I would not accept the formulation presented by Goldin and Macdonald that the Ganser state "may be regarded as in a position intermediate between malingering and hysterical states of more unconscious motivation". This borderland or no-mans' land cannot be seen in the cases under discussion, but the features are intermingled, as I tried to point out.

As to the differential diagnosis, I would like to emphasize the caution presented by Mayer-Gross, Slater and Roth with regard to the Ganser states with much abnormality of conduct. These authors report that "many of these patients have been found subsequently to be epileptic, or the subjects of an unsuspected schizophrenia or organic cerebral disease". As far as possible these possibilities have been ruled out by both auxiliary investigations (EEG, psychological testing) and follow up. The psychological findings matched the clinical picture and supported the diagnosis.

## Summary

Presentation of a series of cases of Ganser state showing common features: ageing male patients with neurotic disorders, being under the care of over-solicitous relatives, breaking down in situations of unusual stress of social, financial and psychological nature. They present a clinical picture of mild depression with hysterical symptoms and malingering without distinct delimitation between these manifestations of regression. The therapeutic possibilities are discussed as well as the psychopathology and symptomatology of the Ganser state, especially the leading symptom of "Vorbeireden".

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