

PSYCHOLOGICAL ASPECTS OF A CONSCIOUS TEMPORARY
GENERALIZED PARALYSIS.

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CONSCIOUS generalized immobility, in which the musculature remains in the tonic state in which it has been placed voluntarily, is known amongst naval officers, printers and nurses, amongst the last being known as "night nurses' paralysis." Its duration is of a few seconds or minutes, and it appears to be a cataleptic phenomenon. It differs from cataplexy in that the musculature is tonic, and perhaps hypertonic, with the eyelids open, whereas in cataplexy the subject falls to the ground with muscles limp and eyelids closed, as if asleep.

The recognition of this conscious immobile state has been described elsewhere, and an account of its characteristics given (Rudolf, 1946).

MATERIAL INVESTIGATED.

Investigations have been made in 12 cases of night nurses' paralysis and in 5 cases of similar phenomena occurring in naval officers and printers. Accounts of the condition in others have been obtained from 10 observers.

TEMPERAMENT.

No constant characteristic, either physical or psychological, was found in persons subject to the attacks. Attacks commenced when the sufferers were calm and unworried, and often in persons who, on the first occasion, were consciously completely unaware of the existence of the condition. In these persons, intense fear of permanent paralysis was frequently felt, but in subjects aware of the state, little or no anxiety was aroused.

In each of eleven subjects investigated, some psychopathological condition was found. One case was moody and frequently was observed to day-dream ; one talked in his sleep ; one showed marked abreaction as she recounted the only attack she had undergone, 15 years previously ; one had been passing through a period of domestic trouble when his 5 or 6 attacks occurred ; one was of the repressed type ; two were dull with little drive or pertinacity, and four showed over-emotional and hysterical temperaments. Nevertheless, none of these conditions were of great intensity. All the subjects, when examined, were on full naval or military duties overseas. All were on duty, in Service or civil life, when the attacks occurred, and, in every instance, the subject was placid at the time, without active movement. The subjects were engaged in occupations such as reading, watching paper coming off printing machines, or observing the horizon and the seas.

CONSCIOUSNESS.

During attacks, conscious sensations may be very mild, such as a slight difficulty in rising, lasting for a short time, accompanied by "tingling" in the legs.

In a more definite attack, without other abnormal sensations, the subject finds he is unable to move from the position, perhaps sitting or standing, in which he has voluntarily placed himself. The subject realizes the eyes cannot be moved and, in some cases, the muscles of the trunk and limbs feel stiff and tense.

One female nurse, when struggling to move during an attack, felt that her arms were moving in the air around her head, although she was fully aware that this was not so, as she could see them on her knees with a book in one hand. This description is reminiscent of that of sufferers from phantom limbs.

A naval officer who had experienced numerous attacks said that although his mind worked he was unable, when on watch on the bridge, to move to reach the voice-pipe for some seconds or even a minute.

A printer described the sensation as "Something came over me. I felt spell-bound."

The subjects agreed that vision and hearing were unimpaired during the attacks.

The end of the attack may be spontaneous, the subject quietly, and without apparent reason, finding he can move. One nurse stated that, although she recovered all movement simultaneously, the toes of both feet were strongly flexed.

One subject reported that his first sensation was that of the removal of a constriction around both legs. He wished to rub his thighs, but found he could not move. He felt a "pumping" in the head, a "start," and discovered that he was able to move freely. As this man had not previously known of the condition, the head sensations could be attributed to anxiety, which was present.

A male nurse, in each of four attacks, felt a generalized crampness which passed away rapidly.

Two subjects relaxed consciously, one thinking, "It's no good going on struggling, so will relax." She felt a "queer feeling like relief" and was able to move. The second subject, remembering that he had been advised to relax his mind and "then you will come out of it. Just don't think of it," thought to himself, "I'll come out of it," which he promptly did.

Observers reported that subjects sometimes shook themselves or "shivered" immediately before coming out of the condition.

A subject kicked in the leg when in an attack came out of it "with a start." Another, shaken by the shoulder, was able to rise from his chair, but felt confused, cold and "pretty horrible." The confusion persisted for from 5 to 10 minutes.

Mental confusion was reported by several observers. A night nurse handed to the Superintendent the Report Book upside down. Subjects in printing works, pushed away from their machines, were dazed and speechless.

CONSEQUENCES OF ATTACK.

The consequences of the immobility depend, not upon the subject, but upon the nature of the action at the time of the attack. Although multiple attacks in the same individual often occurred whilst that individual was in similar positions and so somewhat similar circumstances followed, in one case the first attack took place whilst sitting, the second when standing. Attacks occurred when the consequences were trivial and unobserved by others, and also when they were grave and of far-reaching importance.

Unimportant and trivial consequences are those of nurses unable to move when with no necessity to do so, or of a nurse unable to rise for a few seconds to go for his dinner. More important results are exemplified by a nurse who was unable to rise to stop a cistern overflowing, and by a naval commander who could not stop an electric motor, at the correct moment, to prevent a wire from burning out.

SUMMARY.

The sensations occurring during the brief conscious attacks of immobility well known amongst nurses have been investigated in 17 cases amongst naval officers, nurses and printers. Information has been obtained from 10 observers of attacks in others.

Anxiety is not an integral part of the attack, but is produced by the uncertainty of the results of an unknown condition.

All of 11 subjects who had suffered from attacks showed evidence of slight psychopathological conditions, but all were on full naval or military service overseas.

The consequences of attacks may be trivial and unknown to others, or may be serious and the cause of accidents.

REFERENCE.

RUDOLF, G. DE M. (1946), *Bristol Med.-Chir. Journ.*, **43**.
