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## THE EKBOM'S SYNDROME

### An approach to chronic psychoses of the decrescent age

The senile “involutive” delusion syndromes can be systematically subdivided into three principal groups (Sarteschi e Maggini) which reflect a structural diversity of the delusion experience.

#### a) *Paranoical group*

Some patients can develop chronic delusions, very similar to and well-established in everyday reality, which maintain sufficient interior coherence, and which tend to settle and cristallize. And which anchor themselves profoundly to the history and to the structure of the personality becoming its hypertrophic and caricatural projection.

In such circumstances it is an abnormal trait of the personality – egocentricity, suspiciousness, diffidence, narcissism – which seems to be amplified in an exaggerated way, until reaching the threshold of delusion with a fixation which falsifies judgement of reality resulting in error being considered reality. Generally, hallucinatory phenomenae are not evident.

#### b) *Paranoideo group*

Includes those delusion syndromes with marked, invasive, hallucinatory components of a chronic nature, at times with evolution *à poussées*, with scarce settlement tendencies, with considerable thematic morphism, which, by some AA., are considered as true late schizophrenics. Rarely, however, do we find the *Wahnstimmung*, the states of perplexity and mental disturbances which are found in the processual dissociative psychoses of youth and middle-age (echo, theft, mental diffusion, perceptual and intuitional delusion).

The senile delusion structure is a typical exteriorization structure (Callieri): the psychotic experience tends to project itself into the external world and one does not witness a profound fragmentation of the personality.

The unreality without boundaries in the delusions (poly-symbolic) of a young schizophrenic are levelled out with advancing age, within the reduced space in which the delusionary content, by this time, reflects prevalently the condition of a body which is aging and the awareness – hard and sad – of the hours which lead toward death.

#### c) *Paraphrenic group*

Not very different from the paranoideo situation, are those delusion syndromes of strong imaginative force, which, under certain aspects, could be considered peculiar to the involutive-senile age.

The concept, sustained by hallucinatory misperceptions, auditory, olfactory, ..., assumes a sometimes fantastic, sometimes paradoxical, sometimes grottesque character.

It is the late paraphrenia which – characterized above all by an excellent conservation of the nucleus of the personality in its cognitive as well as in its affective-volitive aspects – can be considered a successful defense, if only within its pathology. These patients, in fact, maintain for

long periods a discreet adjustment to reality and to the habitual ways of life in spite of the co-existence of exuberant paralogical thoughts (Sarteschi e Giannini).

Whatever the psychopathological organization, the recurring theme is that of injury (to oneself or to one's things) which insinuates and prevales in the shrieking of involutive-senile psychic sufferance.

Rarely do the delusions transcend the "personal" and they hardly ever appear to have metaphysical, religious or political contents, so frequent in those of the young schizophrenics.

In the elderly, we have, in addition to the depressive thematics: the loss of the ID, the sense of devaluation, boredom, impotence, the attachment to the body, to an erotic memory, to one's personal belongings; and so they've been robbed, their locks broken, their furniture moved or damaged.

The old man, in his delirium, finds traces of footsteps in his room, is a victim of jealousy, accusing his wife of betraying him and/or of trying to poison him, and he may even keep her confined or isolated. (In some cases the ID undergoes an expansion which absorbs all reality, the world becomes plastic, so to speak, and offers no resistance: the subject becomes megalomaniacal, imagines himself as gifted, possessing extraordinary capacities... It is clearly a negation of the unconscious terror of advancing age and death).

The delusions of the elderly are not lost in abstractions, on the contrary, they manifest themselves as connected directly to the events of his life and in strict relationship with his family or to work-related problems; the complaint of having been "robbed" followed by accusals regarding relatives or other people in his environment signifies, in reality, communication of an "internal" experience of being irreversibly deprived of – by deterioration due to age – of "treasures" or "goods" symbolized by money, or by mental or physical energy.

Now, the delusional activity may pervade the affective, emotional sphere and therefore influence behaviour and relationships, globally and heavily. As in jealousy delusions at the base of which it is possible to recognize a desperate awareness of one's own physical and sexual decadence, while the *vis libidica et fantastica* is still vigorous (and, so to speak, supplementary).

Or, as in other cases, the delirial activity is subject to a sort of process of encystation and of isolation. Such is the case in Ekbohm's dermatozoic delusion: a peculiar syndrome, object of discussions and evaluations which greatly differ among them... and upon which I would now like to dwell.

The general clinical aspects are well-known. The person turns to a doctor claiming to be afflicted by parasites; he claims to have itching, smarting, pinching and tingling either in the entire body or localized in parts of the body; generically, they may complain of "small animals" or more specifically of fleas, lice, nits or bedbugs. Lesions due to scratching are frequent, more or less impetiginous, or inflamed from excessive use of soaps or local medications. Depilation alcohol rubs, or petrolium rubs and generous sprinkling with insecticide powders are practiced. The subjects are convinced, with or without anxiety, to be affected by parasites and in the attempt to give evidence, they desperately seek the presumed insects on their skin. In the end, desquamated cells mixed with dirt are demonstrated and claimed to be insects.

They cannot be convinced of the contrary, and often are angered when contested. The delusory belief is strengthened by the presence of disperceptive disturbances of the illusionary type, tactile as well as visual.

One of our patients (sixty-five years old, non-alcoholic and free from signs of mental decadence) says: «I feel the insects flying all about my body, the constant pecking of the tiny paws. I feel them walking and pinching me. When I pick one off and crush it, don't you hear the "tac" sound?». (For three years the woman battled against the insects of which she became "infested" during a brief stay in a country resort).

Such a singular product of the imagination co-exists with a social and programmatic activity which is quite efficient. The patient turns to reality through the imaginative pole of his delirious

world, without this attraction preventing a return to the world of reality; and in spite of the discordance between the two planes (spheres) – delusion/reality – it is surprising how the patient “transits” from one to another.

The delusion does not appear (phenomenally) as the product of an active and pervasive system, but rather as an underlying theme on the margins of the personality. The psychotic experience is situated not only on the behavioral level but on the metaphorical level as well – resulting in being circumscribed to the confining area of contact on the borderline between the internal and the external. Almost as if the patient cannot project his delusion into the external world nor can he globalize it in his intimate internal world in a vaster hypochondrial construction. Moreover, if in the initial phases a vivacious reactivity to the abnormal cutaneous sensations and to the delusory convictions, with a frenetic search for an adequate remedy (often self-prescribed), is present, later on he psychotic dermatozoic experience “fades” passing into a state of resigned endurance.

Many authors have underline the importance of the parestesiae for the structurization of the infestation delusion.

It appears evident, however, that it is not possible to consider eventual provoking elements according to a reductively causalistic criteria. It may be supposed that a primary intrapsychic event binds to itself varied vital situations.

In the patients’ case histories we often encounter a provoking episode; frequently the loss of a loved person or a severe illness. But also other events, like a fracture with subsequent plaster. The routine of daily life or of the work environment itself often plays a fundamental role in completing the picture of this peculiar delusion.

The “little animals” represent the patient’s anguished relationship with death. This state of anxiety towards death opens faults or fissures, so to speak, in the defense system (which did not necessarily malfunction previously) and fear, tension, stress and confusion re-emerge, which now intollerable find their dramatization in the concreteness of the body.

The delusory convictions abandon expressive speech for a return to a (somatic) archaic language – the psychotic’s universe is timeless – which intercepts adaptive difficulties from the moment of senescence.

As chronic circumscribed psychosis the Ebkom’s syndrome may express, if only dereistic, a re-organizational form; representing an answer to a crushing threat, to an existential battle considered lost. In any case, a defense mechanism. An operation of negation.

These parasites, ubiquitous beings, difficult to distinguish and therefore to combat, small, active, prolific, resistant, unyielding and devouring – like the WORM, inexorable conquerer of which E.A. Poe speaks in his tale of *Ligeia* – these parasites, a menace to the integrity of the body, possess all of the necessary qualities for the personification (or materialization) of a threat otherwise diffused. Death – incumbent but unthinkable!

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