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Study on the Reactive Psychosis Occurred During the Revolution of December 1989 - Timisoara, Rumania

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ABSTRACT - Within the framework of a major psycho-social stress induced by a people's revolution, 40 reactive psychoses/ which could be thus labelled, according to well-known and accepted criteria (ICD-9, DSM-III-R) have been ascertained. The clinical picture was predominantly paranoid but the symptoms were comprehensible to a great extent in the given circumstances. The occurrence of the reactive psychosis seems to be conditioned not so much on the direct contact with the events, but mostly on indirect information (mass-media, exhaustion). Half of the cases (20) that could be followed up for two years from the event have had an unfavourable social and clinical development according to the model of endogenous psychoses. In these cases, an increasing back ground vulnerability can be also presumed. The circumstantial vulnerability (stressing events of the previous year) does not seem to influence the condition.

The problem of the reactive psychoses, in their Jaspersian and Scandinavian meaning, remains controversial. The intervention of the psycho-social stressors in the onset of the psychopathological disorders has been accepted and analysed especially within the framework of the vulnerability-stress theory: as a factor of vulnerableness as a determining or as a trigger factor within this theory, the psychiatrists also

takes into consideration the social support network and personal and extra-personal resources that influence the individual's vulnerability. The most systematic studies refer to the post-traumatic stress disorders that occur after the hardships of nature: hurricanes, earthquakes or the psychological trauma of battle, ICD-10(1992), includes in chapter F 43 such a diagnosis as: "Reaction to severe stress and adjustment disorder".

ders" that contains: F 43.0 "Acute stress reaction" category referring to the reactive disorders that last two or three days; F 43.1 "Post traumatic stress disorder" described in the classical meaning of the American authors; and F 43.2 "Adjustment disorder" that includes 6 subcategories of disorders in which depression, anxiety and other emotional or conduct disorders prevail are not mentioned. The paranoid psychoses or the psychoses with maniac elements reactively determined by psycho-traumatic factors and lasting several weeks. These categories are mentioned in ICD-9 under 293.2, 293.3, 293.4. The present paper will present some data concerning the reactive psychoses which occurred during the Revolution of December 1989, in Timișoara, and corresponding to the above mentioned ICD-9 diagnosis (and to the diagnosis of Bried Reactive Psychosis from DSM-III-R, code 298.00).

Circumstantial aspects

In Timișoara - Romania we studied psychopathological reactive disorders, occurring in direct relation with time limited traumatic events linked to the revolutionary period. The sequence of events can be summarized in the following way (Figure 1).

Until December 1989, Romania's population was undergoing a terrible state of depression and despair due to the dictatorial political system, while in the whole of Eastern Europe, sweeping changes were taking place. This state of affairs was felt in a much stronger way in Timișoara, because of its geographical location in the South-West of Romania, near the borders with Yugoslavia and Hungary.

I. The beginning and the development of the revolutionary movement in Timișoara:

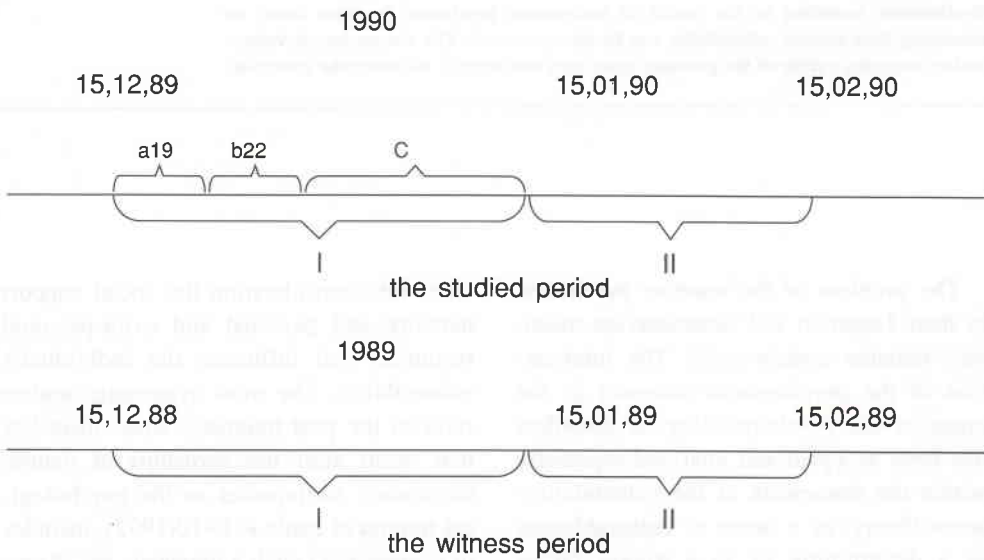


Figure 1. The sequence of events.

a) December 15, 1989, immediately followed by a bloody repression which lasted until December 19, 1989; at the time, Timișoara's population did not know the exact number of dead, but there was some talk that a number of the dead bodies had disappeared.

b) Between December 19, 1989 and December 22, 1989, the repression forces withdrew into the barracks, the city was apparently free, euphoria prevailed in the streets, but the whole population lived intensely through the anxiety of total extermination, as in Bucharest, Ceaușescu's totalitarian power threatened punishment: total destruction of Timișoara.

c) After December 22, 1989, Ceaușescu fled from Bucharest and this was obviously the end of the former totalitarian power. In spite of this fact, a period of stress and anxiety followed; this situation was met all over the country, and especially in Timișoara – due to two factors:

c₁) The presence of the "terrorists", that is, unidentified persons who shot at people at random and kept up a psychological state of permanent stress;

c₂) Mass media, and mainly the television which informed the population, day and night, of the development of the events all over the country and in Bucharest itself of the battles with the terrorists, of the political authorities' efforts to reorganize themselves etc. Against this background, the rumours/talk which circulated and psychologically influenced the population, could not be neglected.

II. Beginning in the second half of January 1990, it was obvious that the group defending Ceaușescu gave up the "street fighting", but the tension and political instability – and thus the psycho-social instability-maintained themselves all over the

country. In fact, in the first month of 1990 the greatest psycho-social traumatic impact took place between the desperate and apathetic population and some dynamic transformations, constantly marked by tensions, dangers and the necessity of a reorganization of the existentialist views. This situation continued in the context of the fighting among the political parties and that of the social and economic changes.

We believe that, under the above-mentioned circumstances, the following factors had a psycho-pathological influence on the onset of the disorder, during the most violent period of the Revolution (December 15, 1989 - January 15, 1990):

A (I) *The Disinhibition of the Revolt:* The population was subjected to a levelling out process and a standardized conduct over many years. The revolution brought about disinhibition as an expression of hope, one effect being the stirring up of the population, especially after the first conflict ended with dead people. Self-control diminished, and the hatred towards the dictatorial regime manifested itself without restraint.

(II) *The Enhancement of Disinhibition by the Mass Phenomenon:* Large groups of people took part in the Revolution, making a common cause, supporting, encouraging and influencing one another.

(III) *Direct Confrontation with the Danger of Death* and the participation in events ended in the death of one's acquaintances.

(IV) *The Terror Caused by Enemies, Difficult to Identify (Security men)* phenomenon that manifested itself in a population which had been subjected to watching and surveillance for many years. This terror increased during street demonstrations.

(V) *Rumours that Increased the Uncertainty and Suspicion* especially in I-a period, when no official information was available through the mass-media.

(VI) After December 22, *The Terrorists Activity* maintained the anxiety, unidentified persons shot people with no clear differentiation, reports were heard all over the city.

(VII) After December 22 *The Influences of Television* was constant in having a stressing effect on the population, the mass-media constantly giving conflicting information.

(VIII) *Bio-Psychic Exhaustion* brought about by sleepless nights, spent in the streets of Timișoara, demonstrating, and/or listening to the radio or watching television.

(IX) *Concern regarding the Family's Fate* in the case of parents with children participating in the demonstrations, a phenomenon that grew worse following the killing of children on the Cathedral steps.

We shall now present evolutionary clinic data concerning the reactive psychoses treated in the Psychiatric Clinic of Timișoara, during the above mentioned period. We must specify that in the present study we have not introduced the disorders with neurotic form and intensity.

Material, Method and Results

We have studied the pattern of hospitalizations in the Psychiatric Clinic of Timișoara in the violent period of the Revolution (Dec. 15, 1989 - Jan. 15, 1990) and the following month (Jan. 15, 1990 - Feb. 15, 1990). The results were compared with the pattern of hospitalizations in the

same Clinic one year previously (Dec. 15, 1988 - Feb. 15, 1989) - Figure 1 (The results are presented in Figure 1 regarding 6 more important diagnoses) according to ICD-9).

It has been ascertained that:

- The inpatients diagnosed as having Schizophrenia (295) and Affective Psychoses (296) remained approximately at the same level.

- The inpatients diagnosed as suffering from Delirium Tremens (291) increased significantly (especially in the second half of the interval) suggesting that the psychosocial stress factors played a part in the onset of the disorder.

- An increase in the Neuroses diagnosed (300) and a decrease in the number of inpatients with Adjustment Disorders (309).

- A significant ten times increase in the cases diagnosed as Reactive Psychosis (293.3 - 293.4 from ICD-9) 40 cases being recorded (most of them in the first period) as compared with only 4 cases the year before.

We have studied those 40 cases of Reactive Psychosis, watching them prospectively. We carried out the first evolutionary survey after six months and the second one after two years from the onset (for 20 cases).

Due to special circumstances, on the occasion of the first hospitalization the data were reduced and focussed on the psychopathological picture and the psychosocial factors responsible for the disorder. These data have been later completed on the occasion of the first evaluation at 6 months from the onset.

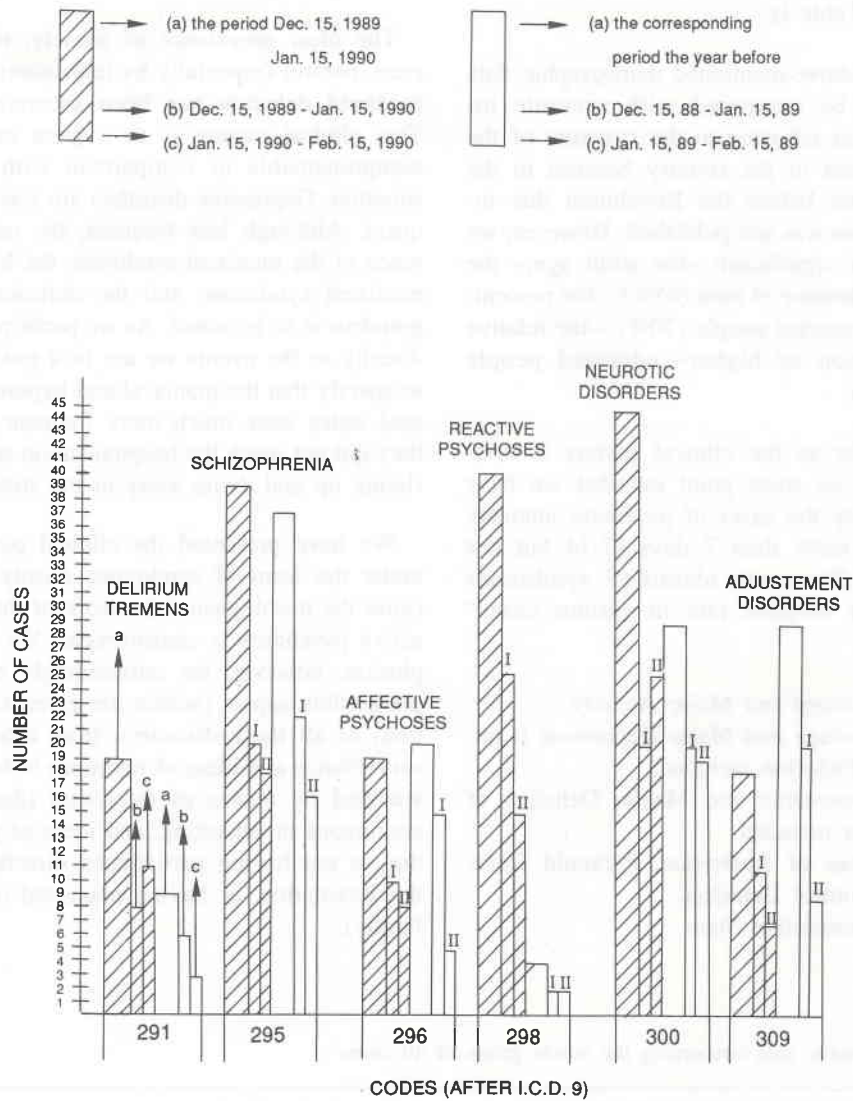


Figure 2. The pattern of hospitalizations in the Psychiatric Clinic of Timisoara in the case of 6 diagnoses within two comparative periods.

A. To begin with present, demographic data concerning the whole group of 40 cases (Table I).

The above-mentioned demographic data cannot be compared with accurate information referring to the structure of the population in the country because in the last years before the Revolution this information was not published. However, we consider significant: –the adult age;– the preponderance of men (65%); –the percentage of married people (70%); –the relative proportion of higher– educated people (17.5%).

As far as the clinical picture is concerned, we must point out that we have kept only the cases of psychotic intensity lasting more than 7 days (7-14 but not more). The main identified syndromes “with a variable rate in various cases” were:

- Average and Major Anxiety.
- Average and Major Depression (Congruent Delusion included).
- Hypomania and Mania, Delusion of grandeur included.
- Ideas of Reference, Paranoid Delusion, Control Delusion.
- Dissociative State.

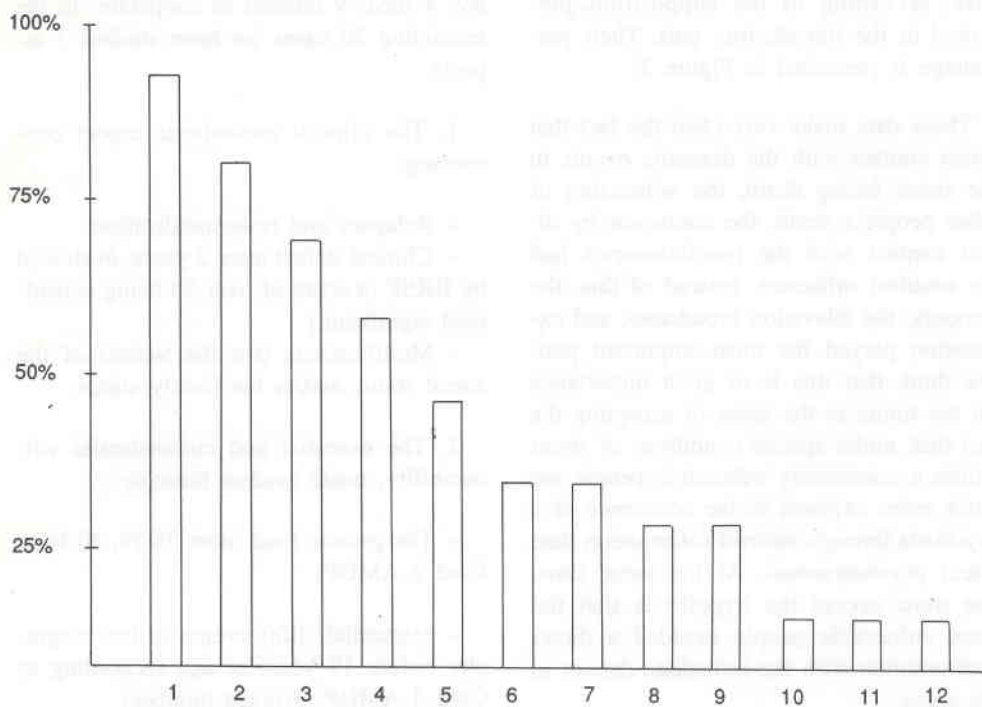
These syndromes were found with the following frequency in the whole sample:

The clear prevalence of anxiety, reference, control (especially by television) and paranoid delusion has been ascertained. This clinical picture is to a great extent comprehensible in comparison with the situation. Depressive disorders are less frequent. Although less frequent, the occurrence of the maniacal syndrome, the hypomaniacal syndrome, and the delusion of grandeur is to be noted. As we participated directly in the events we are in a position to specify that the maniacal and hypomaniacal states were much more frequent, but they did not reach the hospitalization stage, flaring up and dying away in the street.

We have presented the clinical picture under the form of syndromes mostly because the nosological framework of the reactive psychoses is controversial. We emphasize, however, the outstandingly comprehensible aspect (within the given situation) of all those disorders, from anxiety, surveillance and ideas of reference to being watched by means of television (due to continuous broadcasting, and ideas of guilt due to not having participated directly in the Revolution, or having neglected one’s family).

Table I
Demographic data concerning the whole group of 40 cases

<i>Average age</i>	38.1%	<i>Socio-professional level</i>	
<i>Sex men</i>	65.0%	Higher education	17.5%
<i>Sex women</i>	35.0%	Pupils, students	5.0%
<i>Family status</i>		Average level	52.5%
Married with children	60.0%	Lower level	17.5%
Married - childless	10.0%	Unemployed	7.5%
Divorced - childless	10.0%		
Unmarried	20.0%		



- 1 = severe anxiety
- 2 = paranoid delusion (being watched, persecuted)
- 3 = ideas of reference
- 4 = bizarre ideas (being directed, under control by means of television)
- 5 = major depression with psychotic features (delusional)
- 6 = moderate depression (but with a feeling of guilt)
- 7 = dissociative state
- 8 = maniacal state
- 9 = delusion of grandeur
- 10 = hypomaniacal syndrome
- 11 = moderate depression
- 12 = moderate anxiety

Figure 3. The percentage of psycho-stressing factors.

The psycho-stressing factors that could be made responsible for the onset of the psychoses have also been analysed in each case, according to the supposition presented in the introductory part. Their percentage is presented in Figure 3.

These data make very clear the fact that direct contact with the dramatic events in the street facing death, the witnessing of other people's death, the contagion by direct contact with the revolutionaries had the smallest influence. Instead of this, the rumours, the television broadcasts, and exhaustion played the most important part. We think that this is of great importance for the future in the sense of accepting the fact that, under special conditions of stress within a community vulnerable people are much more exposed to the occurrence of a psychosis through indirect information than direct psychotraumas. At the same time, one must accept the hypothesis that the most vulnerable people avoided a direct confrontation with the immediate danger in the street.

B. Data concerning the 20 cases which were clinically followed up and re-evaluated after 2 years.

Out of the total number of 40 cases, 20 of them could not be studied because: 5 of the people left the county; 2 left the country; 4 died; 9 refused to cooperate. In the remaining 20 cases we have studied 2 aspects.

1. The clinical evolutionary aspect concerning:

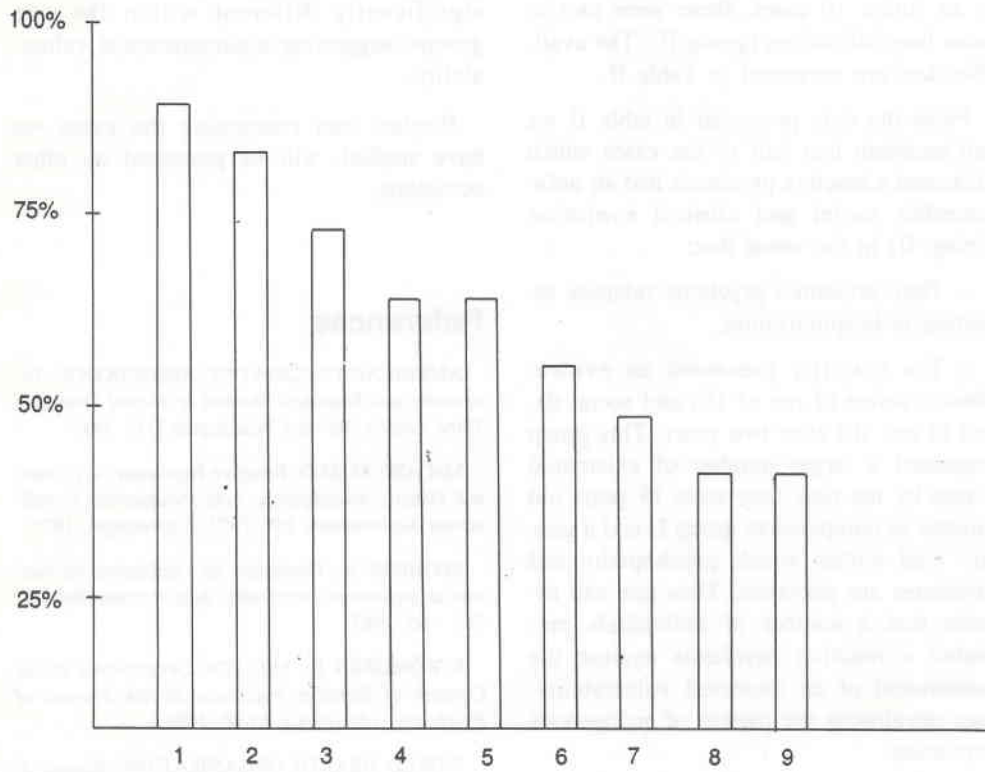
- Relapses and re-hospitalization
- Clinical defect after 2 years, evaluated by BRSP (a score of over 30 being considered significant)
- Modifications (for the worse) of the social status and/or the family status.

2. The essential and circumstantial vulnerability, made evident through:

- The genetic load (item 28,29, 30 from Card 2 AMDP)
- existential (life) events in the biography before 19 years of age (according to Card 3 AMDP, average number).
- Stressing existencial events in the year previous to the psychotic episode evaluated through the Zimmermann scale (PANI).

Table II
Evolutionary data concerning the 2 subgroups I and II

	Genetics	AMDP	PANI	BPRS	Social Defect
I	9 7 presenting alcoholism	3	8	8 2	4
II	7 5 presenting psychoses, psychopathies and other psychic disorders	6 (all separated from one or both parents)	9	3 7	8 (of whom 5 are retired)



- 1 = rumours that maintain the uncertainty and suspicion
- 2 = influence of radio and television programmes (after December 22, 1989)
- 3 = bio-psyhic exhaustion
- 4 = fear of unidentified persons
- 5 = fear of "terrorists" after Dec. 22, 1989
- 6 = anxiety concerning the situation of family members
- 7 = disinhibition of the revolt
- 8 = direct contact with stress events
- 9 = contagion within the masses

Figure 4. The percentage of psycho - stressing factors for the whole sample.

During the revolution, in 10 cases, only one hospitalization occurred (group I) and in an (other 10 cases, there were two or more hospitalizations (group II). The available data are presented in Table II.

From the data presented in table II we can ascertain that half of the cases which presented a reactive psychosis had an unfavourable social and clinical evolution (group II) in the sense that:

– They presented psychotic relapses requiring re-hospitalization;

– The majority presented an evident clinical defect (7 out of 10) and social defect (8 out of 10) after two years. This group presented a larger number of existential events by the time they were 19 years old (double as compared to group I) and a genetic load within which psychopathy and psychoses are prevalent. Thus one can assume that a number of individuals presented a reactive psychosis against the background of an increased vulnerability, later developing the pattern of endogenous psychoses.

However, within the group that presented only the reactive psychotic episode during the Revolution (group I) a genetic load (especially with alcoholism) has been found; the defect is reduced (however, in 2 cases out of 10, it is significant); in the same way, the social defect is presented in 4 cases out of 10.

We notice that the life events in the year previous to the reactive psychosis are not significantly different within the two groups, suggesting a circumstantial vulnerability.

Further data concerning the cases we have studied, will be presented on other occasions.

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