GANSER SYNDROME - REVIEWING THE CONCEPT IN CLINICAL PRACTICE

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OBJECTIVES

The authors' objective is to review the clinical condition - Ganser Syndrome - based on three clinical cases observed in 2018 in a Portuguese public hospital.

BACKGROUND

Sigbet Ganser (1853–1931)*

Ganser Syndrome (GS) is a rare condition, whose main feature is the production of approximate answers, although a number of associated symptoms are also reported. It was first described by the German psychiatrist Sigbert Ganser, who first reported his observations on prisoners in 1897, and until these days still raises profound and unresolved issues, being a rare and controversial condition¹.

GS lies somewhere between dissociation, psychosis, malingering and hysteria, oftentimes combined with organic impairment and a subjectively intolerable psychosocial context (presence of a triggering factor, including psychosocial difficulties such as financial worries or bitter distress)¹.

GS is diagnosed on the basis of the following clinical features, all of which are required, although not simultaneously²:

- I. Approximate answers
- II. Somatic conversion symptoms
- III. Clouding of consciousness
- IV. Perceptual disturbances
- V. Sudden and “surprising” recovery for all symptoms
- VI. Subsequent amnesia for the episode

Our aim is to review the concept based on three real cases where this syndrome was considered.

MATERIALS AND METHODS

Clinical cases description and non-systematic review of the literature, using the following key words “ganser”, “ganser syndrome” and “ganser psychiatry”.

RESULTS

The authors present three cases compatible with probable GS. All patients had an adverse life-event previous to the beginning of symptoms and presented with dissociative symptoms like derealization, behavioral disorganization, amnesia, and approximate answers to simple questions. The very answers showed that the question had been properly understood, that it successfully activated the appropriate semantic domain relevant to the question, and the response had been seemingly selected in the range of possibilities closely surrounding the correct solution.

59-year-old female

1. Spatial and temporal disorientation
2. Psychomotor agitation
3. Disorganized behavior
4. Impoverishment of her feelings
5. Approximate answers concerning the location (e.g: "health center" and not "hospital") and current day, always answering one less, even if reminded daily

Life-event: bankruptcy of her business

49-year-old female

1. Outburst of anger
2. Disruptive behavior
3. Visual and auditory hallucinations
4. Approximate answers e.g number of children ("6" not "5").

Life-event: current homeless situation

25-year-old female

1. Spatial and temporal disorientation
2. Visual hallucinations
3. Disorganized behavior
4. Approximate answers concerning her profession (e.g. “kitchen porter” and not “maid”) and current date (“September 2017” and not “October 2018”)

Life-event: lived alone, no social or family support and was fired from her job

- ❖ A striking feature of this clinical cases is their seeming unpredictability: approximate responses were intermingled with correct ones, and they spanned a broad range of behaviors. All patients got better after just few days with anxiolytic therapy, with subsequent amnesia for the episode.
- ❖ The clinician's impression is that patients were not faking, as they answered questions approximately only when asked (never spontaneously). Anguish was also observed at the wrong answer, while they seemed convinced that everything they said was correct.
- ❖ GS is regarded as a multifaceted behavioral manifestation of a need to escape from, or avoid confronting, an intolerable situation, which appears to apply in our patients' cases.
- ❖ In some vulnerable individuals, the weakening of consciousness together with the provision of approximate answers are meant to cope with a no-way out situation using defence mechanisms - the Ganserian portrayal of a madman (the naïve idea that ordinary people hold of what insanity is)¹.
- ❖ The very apparent clumsiness of such a behavioral display is what makes GS controversial, compared to persons who would “break down” under pressing circumstances in so many other easily understandable ways, or chose to fake mental illness more convincingly^{1,2}.

CONCLUSIONS

- ❖ GS's clinical presentation and phenomenology are deeply connected, as well as its controversial history and nosological status, reflecting a puzzling nature among other neuropsychiatric disorders².
- ❖ Progress has been scarce in our understanding of GS, just as case reports and studies are still very few¹. Much of the reflexion in the area has been devoted to the nosological status and etiology of the condition, sometimes questioning its very existence¹.
- ❖ The feature of “approximate answers” itself is a vague notion that different authors have subjectively diagnosed in their own terms. Regarding the symptom of approximate responses, future work could better systematize the methods of testing to investigate specific hypotheses and mechanisms of this condition^{1,2}.

Sources:

1 - Díezuez S. Ganser Syndrome. *Front Neurol Neurosci*. 2018;42:1-22

2 – Dwyer J., Reid S. Ganser's syndrome. *The Lancet*. 2004;364:471-473

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