

# **General Psychopathology 1**

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# Disorders of sensation (feelings): quantitative

**Anesthesia:** there can be a subjective loss of tactile, auditory and optic feelings.

Which means the information goes to brain. But the patient cannot feel it.

**Hyposthesia:** this is general decrease of feelings or senses, causing unwanted discomfort.

Patient notices that he cannot differentiate the colors of flowers, tastes of foods, sounds seems to be vague, uninteresting, as if coming from far distance. Hyposthesia is a characteristic symptom of depression

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# Disorders of sensation (feelings): quantitative

**Hyperesthesia:** this is general decrease of feeling threshold.

This symptom is taken by the patients by emotional discomfort which leads to agitation.

The patients may complaint of the followings: “can’t sleep because the clock makes loud sound as if it is just above my ear.” Or “the washing machine makes sound like a tram.” Or “the moon is very bright.” They also claim that they can hear the drops falling from the tap or the beatings of their hearts. Hyperesthesia is one of the major symptoms of asthenic syndrome. It is a nonspecific symptom

# **Disorders of sensation (feelings):** **qualitative**

- **Paresthesia**: this is a rather neurological symptom met in peripheral nerve endings (eg. Alcoholic polyneuropathy). It is also connected with circulatory system (eg. during sleeping in an odd position, or during walking in case of Reno's disease). This is generally felt on the skin.

# Disorders of sensation (feelings): qualitative

- **Cenesthopathy**: this is a psychopathological symptom which occurs in extreme different forms. It is always subjective feeling with abnormal unpleasant discomfort feelings in parts of body, which cannot be defined, it migrate from one to other parts of body.
- Patient may complain that his spleen is moving or increasing. Or he may complain that his head is getting cut to half. Very often cenesthopathy is symptom of depression, of schizophrenia.

# Disturbance of perception: illusions

- Illusions are false perceptions or misinterpretations of environmental stimuli.
- They arise from a lack of perceptual clarity resulting from diminished or ambiguous stimuli.
- Non-ill persons may also illusions.
- It'll be possible:
  - - Due the physical laws
  - - When clarity of stimuli will diminished
- as at darkness at night and when anxiety is heightened as when walking down a dark street.

# Classification of illusions

1. Physical (due the physical laws)
2. Affectogenic (due extreme anxiety)
3. Pareidolic (complex fantastic forms occurring when seeing real objects)

# Disturbance of perception: hallucinations

- **Hallucination** is perception without an object, false perceptions which are not sensory distortions or misinterpretations, but which occur at the same time as real perceptions.
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# Classification of hallucinations according to organs of senses

- visual
- auditory
- tactile
- olfactory
- gustatory
- visceral

# Classification of hallucinations according to complexity

1. Elementary (unformed: flashes of light, undefined shapes, non-specific sounds such as buzzing, whirring, clanking)
2. Simple (includes only one analyzer: auditory hallucination, where the patient only hears speeches)
3. Complex (includes some analyzers: patient see and hear and feel the object)

# Classification of auditory hallucinations according to context

- 1. Commentary: patient hears that his steps, thoughts, are being commented or repeated in his head.
- 2. Threatening: patient hears that someone wants to kill, or rape or rob or harm him.
- 3. Antagonistic: patient as a rule becomes the witness of fighting between his enemies and his saviors.
- 4. Imperative: patient hears commands, orders, demands made to him. In this case patient play the role of second person.

# True hallucinations and pseudo-hallucinations

- True hallucinations
- 1. Bright, vivid, just like natural one.
- 2. Patient got it with natural way of analyzing (with eyes, ears) from the external space.
- 3. Patient is sure that other people have the same perception too.
- 4. Behavior of patient is active, depends on false object.
- 5. It is more frequently met with organic disorders of brain.

# **True hallucinations and pseudo-hallucinations**

## **Pseudo-hallucinations**

- 1. The lack of vividness (it's impossible to distinguish voice: male or female).
- 2. Patient got it from the internal space (internal vision or hearing)
- 3. Ideas of distant influence organized especially for the patient.
- 4. Behavior will be indifferent or passive.
- 5. It is one of the fundamental symptom of paranoid schizophrenia.

# Psychosensory disorders - disorder of perception

- **Dysmegalopsia** – distortion of objects's and body parts size:
  - - micropsia
  - - macropsia
- **Metamorphopsia** - distortion of the size, shapes and colors of objects and
- **Disorder of body schema** - distortion of the size, shapes and colors of body parts.

# Derealization and depersonalization - disorder of perception

- **Derealization**: the patient feels that the surrounding world is being changed, surrounding world is not real, as if it is a movie, and he is the only viewer.
- a) **Déjà vu**: the false feeling that a new situation is a repetition of a previous experience.
- b) **Jamais vu**: the false feeling that familiar situation is new

# Derealization and depersonalization - disorder of perception

- Depersonalization means when the patient feels that he is changing, or his body is being changed or his feelings or his personality is changing.



# Disturbances of process of thinking

- 1. Disturbance of stream of thought:
  - - acceleration – increase of thought's speed (**flight of ideas**)
  - - retardation - decrease of thought's speed
  - - circumstantial thinking : indirect thinking that is delayed in reaching the point of aim, but eventually gets from original point desired goal; it includes many unnecessary details
  - - thought bloking: abrupt interruption in train of thought before a thought or idea is finished («My head is empty»)

# Formal thought disturbances

- **Neologism:** New word created by a patient, combining syllables of other words.
- **Word salad:** Mixture of words and phrases.
- **Tangentiality:** Inability to have goal-oriented associations of thought; speaker never gets from point to desired goal.
- **Incoherence:** Thought that generally is not understandable.
- **Perseveration:** Persisting response to a previous stimulus after a new stimulus has been presented (repetition answers on different questions)

# Formal thought disturbances

- **Verbigeration.** Meaningless repetition of specific words or phrases
- **Echolalia.** Psychopathological repeating of words or phrases of one person by another.
- **Irrelevant answer.** Answer is not in harmony with questions asked.
- **Derailment.** Gradual or sudden deviation in train of thought without blocking.
- **Clang association.** Association of words similar in sound but not in meaning.

# Disturbances in Content of Thought

- **Delusion** - False belief based on incorrect inference about external reality, not consistent with patient's intelligence and cultural background; cannot be corrected by reasoning

# Delusions are categorized into four different groups:

- **-Bizarre delusion:** A delusion that is very strange and completely implausible; an example of a bizarre delusion would be that aliens have removed the reporting person's brain.
- **-Non-bizarre delusion:** A delusion that, though false, is at least possible, e.g., the affected person mistakenly believes that he is under constant police surveillance.

# Delusions are categorized into four different groups:

- **Mood-congruent delusion:** Any delusion with content consistent with either a depressive or manic state, e.g., a depressed person believes that news anchors on television highly disapprove of him, or a person in a manic state might believe she is a powerful deity.
- **Mood-neutral delusion:** A delusion that does not relate to the sufferer's emotional state; for example, a belief that an extra limb is growing out of the back of one's head is neutral to either depression or mania

# Paranoid Delusions:

- Persecution: being harassed, cheated or persecuted
- Grandeur: exaggerated conception of his power, importance, identity
- Reference: behavior of others refers to himself, events, objects, or other person have a particular and unusual significance
- Self-accusation: false feeling of remorse and guilt

# Forms of delusions

- Secondary delusions: Delusions that derive from an abnormal emotional state or that are based on perceptual's mistakes.
- Primary delusions: Delusions emerging from arbitrary conclusions or that are suddenly fully formed.



# Delusions of the control of thought

- **Thought withdrawal:** thoughts are being removed from a person's mind by other persons or forces
- **Thought insertion:** thoughts are being implanted in a person's mind
- **Thought broadcasting:** person's thought can be heard by others, as though they were being broadcast over the air
- **Thought control:** person's thoughts are being controlled by other persons or forces.

# Obsessions (ruminations)

Obsessions are ideas which continually intrude into the patient's thinking with or without external stimulation.

The content is often recognized by the patient as incorrect, except in states of intense emotion. The thoughts are perceived as self-generated, not imposed by an external source. Ruminations are similar to obsessions.

# Overvalued Idea.

- Overvalued ideas are beliefs that are possible, may contain a “part of truth”, and may be accepted by others.
- The ideas, however, intrude into the first place of thought. The sufferer engages the idea despite the quest leading to interpersonal and financial difficulties. Once established, overvalued ideas persist indefinitely.. Patients with overvalued ideas, however, have strong emotions about them (jealousy, dysmorthomaniac etc.)