

# Psychopathology (ZLA)

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# Learning outcomes

- To learn the vocabulary – symptoms of mental illness
- To learn the concepts of discrete psychological functions
- To learn the description of major and most frequent symptoms

# Psychopathology

- It is the study of abnormal cognitions, behaviour and experiences.
- Types of psychopathology
  - **Descriptive**
    - Definition and categorization of psychiatric symptoms
    - Is basis the larger part of nomenclature of mental disorders → diagnostic criteria
  - **Explanatory**
    - Explanation of symptoms according to theoretical models
      - Biological
      - Psychological

# Norm and pathology

## Four D model

- **Functional** (*Dysfunction*)
- **Danger**
- **Personal** (*Distress*)
  - Subjective ego-dystonic experience
  - Significant change in habitual experience and behaviour
  - Does not need to be realised – recognized by peers
- **Cultural** (*Deviance*)
  - Abnormalities considered deviant in individual's cultural context
  - 🖱️ **BUT!** Non-conformity itself is not a sign of psychopathology

## Psychiatric symptoms

- Typical presentations of mental disorders
- Specific psychiatric symptoms
  - E.g. hallucinations, delusion, catatonia etc.

# Domains of psychopathology

- From the didactic point of view, psychiatric symptoms can be divided into several groups according to mental functions.
- These groups are to an certain extent artificial because symptoms usually appear in specific clusters spread accros more mental functions → syndromes
- Only selected disorders of mental functions are included in this presentation


# Mental functions

- Consciousness
- Psychomotorics and behavior
- Volition
- Emotions
- Perception
- Thought
- Attention
- Memory
- Intellect
- Sleep
- Instincts
- Personality

# Consciousness

# Disturbances of consciousness

## Quantitative

- Do not appear as a part of clinical presentation of mental disorders.
- According to ICD-10:
  - Somnolence
  - Stupor
    -  In Czech psychopathology it is called *sopor*
  - Coma
  - Persistent vegetative state
  - Transient alteration of awareness

## Qualitative

- Delirium
  - “confusional state”
  - More details in the next slide
- Obnubilation (blackout)
  - Manifest by an unconscious action of the patient (the patient does not retain memory from this state)
  - Can appear during dissociative states



# Delirium

- Transient cognitive disorder
- Appears as a non-specific syndrome caused by various agents.
- **Core features:** impairment of consciousness with attention deficit, rapid onset, fluctuating course.
- Other phenomena may appear more prominent, but are not always present
  - Psychomotor changes (agitation)
  - Perceptual changes as illusions and hallucinations
  - Disorganized thought
  - Delusions
  - Disturbances of sleep
  - Emotional changes (irritability, flatness of emotions)...

# Psychomotorics and behavior

# Catatonia

## Akinetic

- mutism
- passive negativism
- catalepsy (passive induction of a posture held against gravity)
- posturing (spontaneous and active maintenance of posture against gravity)
- waxy flexibility (slight and even resistance to positioning by examiner)
- stupor (no psychomotor activity)

## Excited

- agitation
- active negativism
- mannerism (odd caricature of normal movements)
- stereotypies (repetitive, nonsensical movements)
- grimacing
- echolalia, echopraxia

## Malignant (Lethal)

- Muscle rigidity → Rhabdomyolysis
- Vegetative instability with hyperpyrexia
- Disturbance of consciousness

# Emotions

# Emotions - terminology

## — Emotion

- Complex state of “feeling”
- Psychological, somatic and behavioral components

## — Affect

- Short-term emotional state

## — Mood

- Longer-term emotional state
- Proness to emotionally react in certain direction

# Qualitative disturbance of emotions

## –Range

- Flattening of emotions

## –Tenacity

- Increased tenacity
- Lability
- Incontinence

## –Appropriateness

- Incogruent emotions
- Idiosyncrasy

## –Direction

- Ambivalence

## –Disorder of higher emotions

## –Other

- Phobias
- Alexithymia

# Disturbances of affect

## Disturbance of affect

### – **Uncontrolled affect**

- Subject is “carried away” by his or her emotions
- No changes in consciousness, no amnesia

### – **Pathological affect**

- Intensive emotional reaction
- Short period of qualitative disorder of consciousness (obnubilation)
- Amnesia

### – **Inhibition of affect (emotional blunting)**

## Behavioral presentation

### – **Agitation**

### – **Raptus**

### – **Affective (emotional) stupor**

- Stupor-like state associated with strong emotion

# Disturbance of moods

## Expansive moods

- Manic mood
- Euphoric mood
- Moria (frivolity)

## Depressive moods

- Depressive mood
- Dysphoric mood
- Anxious mood



# Perception

# Disturbances of perception

## Illusions

- Distortions of a real stimulus

## Hallucinations

- False perception in an absence of real perception
  - **Sensoric**
    - Auditory
      - Verbal (commenting, imperative, contrary etc.)
      - More often in schizophrenia
    - Visual
      - More often in organic disorders
    - Tactile
  - **Intrapsychic hallucinations**
    - On the threshold between disorders of perception and thoughts
    - Thought echo, broadcasting, imputation / amputation

# Thinking

# Disorders of thinking

- Quantitative (Speed of thinking)
- Qualitative
  - Structure (Formal thought disorders)
  - Content

# Disorders in speed of thinking

## – Increase

- flight of thoughts: excessive speed of thinking manifested as extreme speed in speech (= logorrhoea)

## – Decrease

- Slowing of the flow of associations, slowed and diminished verbal production (bradypsychism)
- Blocking of thoughts - cessation of the flow of associations ( patient stops the verbal production without any recognisable impulse from surroundings)

# Disorders in structure of thinking

## – perseverative thinking

- involuntary persistence of response to some question or topic, verbigeration - a meaningless repetition of specific word or phrase

## – circumstantiality

- indirect speech that is delayed in reaching the point, characterised by an overinclusion of details

## – tangentiality

- patient never gets from desired point to desired goal

## – illogical (paralogical) thinking

- thinking containing erroneous conclusions or internal contradiction

## – neologism

- new word created by the patient often by combining syllables or other words

## – incoherent thinking

- thought that is not understandable
- word salad: incoherent mixture of words and phrases

# Disorders in thought content: Delusions

## – False beliefs

- inadequate/bizarre content
- based on incorrect inference about external reality
- not consistent with patient's intelligence and cultural background
- cannot be corrected by reasoning
- influence on behaviour

## – Formation (development)

- Delusional mood – feeling that something is wrong, different, unreal
- Delusional perception – things have special meaning, perceived as significant
- Making sense out of it = "AHA", delusion formation

## – Do not mistake with **Overvalued idea**:

- An unreasonable and sustained belief that is maintained with less than delusional intensity

# Disorders in thought content: Delusions

## Depressive

### –delusion of self accusation

- false interpretation of real past event resulting in feeling of guilt

### –hypochondriac delusion

- false belief of having a fatal physical illness

### –nihilistic delusions

- false feeling that self, others or the world is non-existent or ending

### –delusions of failure

- false belief that one is unable to do anything useful

### –delusion of poverty (ruin)

- false belief that one lost all property

## Expansive (Delusions of grandeur)

### –delusion of importance

- exaggerated conception of one's importance

### –delusion of power, extrapotence

- exaggerated conception of one's abilities/possibilities

### –delusion of identity

- false belief of being the offspring of member of an important family



# Disorders in thought content: Delusions

## Paranoid

- based on ideas of reference (false ideas that behaviour of others refers to a patient):
- **delusion of persecution**
  - false belief that one is being persecuted
- **delusion of infidelity**
  - false belief that one's lover is unfaithful
- **erotomanic delusion**
  - false belief, that someone is deeply in love with them

## Delusions of control

- false feeling that one's will, thoughts, feelings, or movements are controlled by another agent
  - Delusions of control
- Some of them can be categorized as hallucinations:
  - thought withdrawal / insertion
    - false belief that one's thoughts are being removed from or implanted into one's mind by other people or forces
  - thought broadcasting
    - false belief that one's thoughts can be heard by others
  - thought control
    - false belief that one's thoughts are being controlled by other people or forces

# Disorders in thought content: Other

- Persistence of an irresistible thought, repetitive thought
- Ego-dystonic
- Stereotypical, monotonous
- Cannot be eliminated from consciousness by will
- Associated with anxiety, interferes with directed behavior, attention
- Do not mistake it with **preoccupation of thought**:
  - certain idea is in the center of thinking, is coming back, usually associated with a strong affective tone (date, money, success...)

# Memory

# “Life cycle” of a memory

## – Immediate memory

- information stored for 15-20s

## – Short-term memory

- consolidation of the memory trace – several minutes to 2 days
- medial temporal structures

## – Long-term memory

- formed trace
- large cortical areas

# “Quantitative” disturbances of memory

## – Amnesia

- short/long-term memory impairment in a state of normal consciousness
- Type
  - anterograde: failure to form new information
  - retrograde: failure to recall old information
- Appears in: organic disorder (head trauma, tumor etc.), dissociative disorders

## – Hypomnesia

## – Hypermnesia:

- unusually vivid memory
- Appears in: mania, posttraumatic stress disorder (intrusive memories), obsessive or paranoid personality traits

# “Qualitative” disturbances of memory

## – Paramnesias

- retrospective falsification of memories during its recollection (awareness of recalled memory, failure to proper class time and situation of memory acquirement)

## – Confabulation

- filling memory gaps with inaccurate information; frontal lobe and self-monitoring?

## – Deja vu

- sensation of previously experienced situation when experiencing the first time

## – False awareness of memory

- common in normality, increased in fatigue, intoxication, complex partial seizures

**Thank you for your attention**