

Descriptive Psychopathology

Normal experiences

- hypnagogic hallucinations
- hypnopompic hallucinations
- Near Death experiences (complex hallucinatory phenomenon in people who perceive death to be imminent)
- Pseudohallucinations
- Ideas of reference
- Panoramic memory

Disorders of Appearance and Behaviour

Motor disorders

- the form of abnormal movements may be classified (after Hamilton, 1974) as follows:
 1. **Disorders of Adaptive movements :**
 - a) *Expressive behaviour*
 - i) tearfulness
 - ii) unhappy facial expression
 - iii) paucity of movements, downcast appearance in depression
 - iv) expansive gesturing and overactivity in hypomania
 - b) *Obstruction*
 - i) consists of irregular hindrance and sudden arrest of fluent movement, like a spoke stuck in a wheel
 - ii) seen in catatonia
 - c) *Mannerisms*
 - i) abnormal, repetitive, **goal-directed movements** (e.g. bizarre methods of walking or eating)
 - ii) commonly seen in chronic schizophrenia
 2. **Non-adaptive movements :**
 - a) *Spontaneous movements*, i.e. habitual, non-goal directed
 - i) *Tics* - sudden involuntary twitching of groups of muscles, particularly facial
 - ii) *Static tremor* - of hands, head, or upper trunk
 - iii) *Spasmodic torticollis* - involves spasm of neck muscles with twisting of head, which may become permanent
 - iv) *Chorea* - abrupt, random jerky movements resembling fragments of goal-directed behaviour
 - v) *Athetosis* - slow, semi-rotary writhing movements
 - vi) *Orofacial dyskinesia* - restless movements of tongue, mouth, and facial muscles

- vii) *Stereotypies* - regular, repetitive, **non-goal directed** movements, e.g. repetitive foot tapping, body rocking
 - seen in chronic schizophrenia, mental handicap and infantile autism
- b) *Induced movements*
 - i) *Automatic obedience* - subject does whatever is asked of him or her, despite being told not to
 - ii) *Ambitendence* - alternating cooperation and opposition; the patient makes a movement, but before completing it, starts the opposite movement
 - iii) *Echopraxia* - subject imitates the movements of the interviewer
 - iv) *Echolalia* - words or phrases are imitated
 - v) *Perseveration* - senseless repetition of previously requested movement, i.e. the repetition of a response after withdrawal of stimulus
 - *palilalia* - perseverated word is repeated with increasing frequency
 - *logoclonia* - perseveration of the last syllable of the last word
 - seen in organic disorders and occasionally in catatonia
 - vi) *Forced grasping* - the offered hand is repeatedly grasped and shaken, despite requests not to do so
 - seen in frontal lobe lesions
 - vii) *Mitmachen*- the body can be put into any posture, despite instructions to resist
 - viii) *Mitgehen* - an extreme form of mitmachen in which very slight pressure leads to movement in any direction; the ‘anglepoise’ effect, despite being told to resist the pressure; often associated with forced grasping
 - ix) *Excitement* - non goal-directed overactivity, sometimes repetitive or violent
 - x) *Parakinesis* - milder version of excitement, includes rapidly changing sequence of mannerisms
- 3. **Disorders of Posture :**
 - a) *Postural mannerisms* - strange and abnormal postures adopted habitually
 - b) *Perseveration of posture* - if the subject’s body is placed in an awkward posture and left, the posture is held for a period before slowly relaxing, despite asking the patient to relax; a.k.a. *Catalepsy*
 - i) *Waxy flexibility* - smooth resistant muscle tone is felt to initial movement (a.k.a. *flexibilitas cerea*); e.g. ‘psychological pillow’

Catatonia (Karl Kahlbaum, 1874)

- a predominantly motor disorder thought to be related to affective disorder
- may be found as part of chronic schizophrenia and occasionally in organic cerebral disorders – e.g. the sequelae of encephalitis lethargica
- the core features are:

- posturing
- stereotypies
- waxy flexibility
- other symptoms include:
 - obstruction
 - ambitendence
 - automatic obedience
 - echolalia, echopraxia
 - mitgehen, mitmachen
 - mannerism
 - excitement
 - parakinesis
 - negativism
- Treatment:
 - Avoid neuroleptics
 - Possibly prescribe benzodiazepines
 - ECT is of value

Motor and behavioural aspects of affective disorders

- *Agitation* is repetitive and usually purposeless movement; difference with mania is that in mania, several different activities are begun and none completed
- *Retardation* may be motor, verbal, or both
- *Stupor*

Motor and behavioural aspects of schizophrenia

- *Impulsivity*
- *Mannerisms* and *stereotypies* may persist
- also, complex maladaptive behaviours such as hoarding

Stupor

- is the absence of relational functions, i.e. action and speech
- usually involves clouding of consciousness
- occurs in:
 - schizophrenia (30 %)
 - depression (25 %)
 - psychological trauma
 - mania
 - organic brain lesions (20 %):
 - diencephalon and upper brain stem
 - frontal lobe
 - basal ganglia
 - the 'locked in' syndrome is due to lesions in the ventral pons
- severe stupor seems to have a better prognosis
- spontaneous resolution occurs in 30 % of cases
- stupor has a mortality of 20 % (perhaps due to encephalitis)

Apraxia

- is the inability to perform purposeful volitional acts
 - does not result from sensory loss, paresis, incoordination, or involuntary movements
1. *Ideational apraxia*
 - inability to imitate or put together complex gestures and actions, despite understanding the request
 - is always bilateral
 2. *Dressing apraxia*
 - a form of ideational apraxia
 - due to lesions of non-dominant parietal lobe
 3. *Constructional apraxia*
 - inability to copy designs and structures
 - twice as frequent in right- as in left-sided lesions
 - closely associated with visuospatial agnosia

Disorders of Perception

Sensory distortions

- hyperaesthesias
- hypoaesthesias
- changes in quality
- dysmegalopsia

Sensory deceptions

- illusions
- hallucinations
- pseudohallucinations

Sensory Distortions

- changes in the quality, intensity, or spatial form of a perception
- may be distorted in terms of:
 1. Intensity:
 - *Hyperacusis*
 - mania
 - hyperthyroidism
 - depression
 - migraine
 - toxic states (e.g. alcohol 'hangover')
 - *Hypoacusis* - in some organic states
 2. Colour:
 - *Xanthopsia* - produced by psychedelics and temporal lobe lesions
 3. Proportions:
 - *Dysmegalopsia* (a.k.a. *Dysmetropsia*) – a disorder of visual processing causing subjective distortions in the size of the object. It can be described as Macropsia or Micropsia.
 - *Macropsia* – objects appear larger than their normal size; can result from normal accommodation and weak convergence
 - *Micropsia* – objects appear smaller than their normal size; can result from weak ocular accommodation and normal convergence
 - *Metamorphopsia* – a disorder of visual processing causing subjective distortions in the shape of the object
 - *Oscillopsia* – visual disturbance, in which objects appear to be jumping or bouncing
 4. Affective components (*Derealisation*)

Visual hyperaesthesia

- ecstasy experiences
- LSD
- mania

- epileptic aura

Hallucinations

- ‘perceptions which arise in the absence of any external stimulus’ (Esquirol, 1833)
- ‘a false perception which is not in any way a distortion of a real perception but which springs up alongside it’ (Jaspers)
- characteristics:
 - unwilling - not subject to conscious manipulation
 - has the same qualities of a real perception, i.e. vivid, solid
 - perceived as being located in the external world

Types of hallucination

- *Auditory*
 - simple (sounds)
 - complex (voices)
 - musical - brain/ ear disease
- *Visual*
 - simple (flashes of light) - organic disease
 - complex (objects, animals, people)
 - *Panoramic/ Experiential/ Peduncular* - organic disease
 - *Lilliputian*
 - abnormal perception of objects shrunken in size, but normal in detail
- *Hypnogogic* (going to sleep) & *Hypnapompic* (on waking) *hallucinations*
 - occur at either end of the sleep period
 - can be visual or auditory
 - associated with:
 - healthy people
 - toxic states (e.g. fever, glue-sniffing)
 - post-infective depressive states
 - phobic anxiety neuroses
- *Extracampine* (*Concrete Awareness*)
 - hallucinations experienced outside of the normal sensory field, e.g. “he’s right behind me walking everywhere I go”
 - not of diagnostic importance
 - occur in:
 - schizophrenia
 - epilepsy
 - organic states
 - hypnagogic hallucinations in healthy people
- *Functional*
 - hallucinations that are generated in the presence of an unrelated external stimulus of the same modality (usually auditory)

- can occur in schizophrenia
- *Reflex hallucinations*
 - denotes a veridical perception in one modality producing an hallucination in another, e.g. seeing a doctor writing and then feeling him writing across one's stomach
 - is a hallucinatory form of *synaesthesia*
- *Palinopsia*
 - is the reappearance (often repeatedly) of material just veridically perceived
 - seen in organic disease such as Parkinson's
- *Hallucinations of bodily sensation*
 - superficial:
 - thermic (temperature)
 - haptic (touch)
 - hygric (perception of fluid)
 - kinaesthetic:
 - organic states
 - BZD withdrawal
 - alcohol intoxication
 - visceral
- *Olfactory hallucinations*
 - often associated with powerful emotions
 - usually has a special or personal significance
- *Gustatory hallucinations*
 - occur in:
 - schizophrenia
 - temporal lobe epilepsy
 - lithium carbonate
 - disulfiram

Auditory hallucinations

1. *Hearing thought spoken aloud*
 - a) a.k.a. *Gedankenlautwerden* (thoughts are spoken as they are thought) or *Echo de la pensees* (thoughts are spoken just afterwards)
 - b) the experience of hearing one's thoughts aloud
2. *Voices heard arguing*
 - a) the patient usually features in the third person in the content
3. *Voices giving a commentary*
 - a) may occur just before, during, or after the patient's actions
4. must be experienced as coming from outside the self

Visual Hallucinations

- associations with:
 - occipital lobe tumours
 - loss of colour vision

- homonymous hemianopia
- dyslexia
- alexia (in a dominant hemisphere lesion)
- cortical blindness
- can occur in:
 - post-concussional state
 - epileptic twilight states
 - hepatic failure
 - Alzheimer's disease
 - senile dementia
 - multi-infarct dementia
 - Pick's disease
 - Huntington's chorea
- strong correlation between presence of visual hallucinations and eye pathology
- can occur simultaneously with auditory hallucinations in temporal lobe epilepsy
- very uncommon in schizophrenia – common for the patient to describe auditory hallucinations with visual *pseudohallucinations*
- vivid elaborate scenic hallucinations have been described in *oneiroid* states in schizophrenia

Charles Bonnet Syndrome

- described in relation to Bonnet's grandfather, Charles Lullin
- complex visual hallucinations which are formed, complex, persisting, or repetitive
- no demonstrable psychopathology or disturbance of normal consciousness
- more common in the elderly but can occur at any age
- insight is fully or partially retained
- usually associated with central or peripheral reduction in vision
- no delusions
- no hallucinations in other modalities
- may last from days to years

Autoscopic (heautosopic) hallucinations:

- first described by Féré in 1891
- a.k.a. *phantom mirror image* – the experience of seeing a double of oneself projected into external space
- M:F = 2:1
- mean age of 40
- neurological and psychiatric disorder occur in 60%
- occur in:
 - depressive illness
 - schizophrenia
 - temporal lobe epilepsy (in 30%)
 - parietal lobe lesions

- associated with:
 - decreased consciousness
 - delirium
 - visual imagery
 - narcissism
 - depersonalization
- *Negative autoscopy* is the experience of looking into a mirror and seeing nothing at all

The double phenomenon: Doppelgänger

- is an awareness of oneself as being both outside alongside, and inside oneself
- is the subjective phenomenon of *doubling*
- it is cognitive and ideational, rather than perceptual
- often a variety of *depersonalization*
- can occur in normal people
- may be due to:
 1. fantasy
 2. depersonalization
 3. conflict
 4. compulsive ideas (repetitive, self-produced and self-ascribed, resisted)
 5. double personality (alternating states of consciousness)
 6. being in two, being doubled

Illusions

- an *Illusion* is an involuntary false perception consequent on a real object in which a transformation of the object takes place
- distortions of real objects, e.g. flowery wallpaper is perceived as swarming snakes
- may often occur at extremes of tiredness and emotion
 - *Completion illusions*
 - occur during inattention
 - banished by attention
 - *Affective* - based in mood, esp. fear
 - *Pareidolic* - vivid mental images occurring without conscious effort when perceiving ill-defined stimuli, e.g. shapes in clouds
 - occurs more in children than adults
 - increased by attention

Pseudohallucinations

- not perceived by the actual sense organs, but experienced as emanating from within the mind
- they are a form of imagery
- characteristics:
 - although vivid, they lack the substantiality of normal perception

- located in subjective, rather than objective space
- unwilled, and not subject to conscious control or manipulation
- retention of insight
- not pathognomonic of any mental illness
- occur in:
 - depression
 - obsessional states
 - hysteria
 - personality disorder
 - times of life crisis, e.g. bereavement - *hallucinations of widowhood*; tend to be reassuring rather than frightening

Disorders of language and speech

Psychogenic abnormalities

1. *Hysterical mutism*
 - a) often as reaction to stress
2. *Approximate answers*
 - a) seen in:
 - i) hebephrenic schizophrenia
 - ii) hysterical pseudodementia
 - iii) Ganser syndrome
 - iv) Organic brain disease
3. *Pseudologia fantastica*
 - a) seen in histrionic/ asocial personality disorder
 - b) overlap with Munchausen syndrome

Speech disturbances

1. *Aphonia*
 - a) loss of ability to vocalize
2. *Dysphonia*
 - a) impairment with hoarseness
 - b) occurs in disease of the vocal cords and IXth cranial nerve lesions
3. *Dysarthria*
 - a) lesions of the brain stem e.g. bulbar/ pseudobulbar palsy
 - b) schizophrenia
 - c) personality disorders (perhaps consciously produced)
4. *Logorrhoea*
 - a) excessive production of the volume of speech, without pressure of speech
5. *Logoclonia*
 - a) spastic repetition of syllables
 - b) occurs in Parkinsonism
6. *Echolalia*
 - a) repetition of words or phrases that are spoken to him
 - b) seen in:
 - i) learning disability
 - ii) dementia
 - iii) head injury
 - iv) Tourette's syndrome
7. *Unintelligible speech*
 - a) Dysphasia
 - b) Paragrammatism – disorder of grammatical construction
 - c) Private symbolism:
 - i) *neologisms*
 - ii) *stock words and phrases*
 - iii) *cryptotalia*

- iv) *cryptographia*
- 8. *Verbigeration*
 - a) refers to the repetition of words or syllables that expressive aphasic patients may use while searching for the correct word
- 9. *Paragrammatism*
 - a) any error in grammatical construction

Schizophrenic Language Disorder

- *Clang associations*
 - associations with the initial syllable in schizophrenia
 - associations with the last syllable in mania
- *Verbal stereotypy* - repetition of a word or phrase (*Stock word*) which has no immediate relevance to the context

Disorders of Thought

Disorders of the stream of thought

Pressure of thought

Poverty of thought

Changes in the flow of thinking

- *Crowding of Thought*

- subjective experience of thoughts being excessive in amount, too fast, inexplicable, and outside the person's control

Thought blocking

- a sudden cessation of speech mid-sentence with an accompanying sense of subjective distress; patients may complain that their minds have 'gone blank' or that their thoughts have been interfered with

Thought withdrawal

- more usually classified as a form of delusion

Disorders of the form of thought

- Normal thinking (Fish, 1967):
 - *Dereistic Thinking* (daydreams)
 - imaginative thinking
 - rational thinking
- *Perseveration*
 - the patient retains a constellation of ideas long after they have ceased to be appropriate
 - e.g. “where do you live?”, “London”, “How old are you”, “London”...

Explanatory concepts for formal thought disorder

- loss of association (*asyndesis*)
- *Concrete Thinking* – inability to think in an abstract way; unable to differentiate between primary and secondary meanings of words
- loss of redundancy (*Cloze technique*)
- loss of internal monitoring with consequent inability to ‘repair’ thought processes (Frith)
- impaired semantic memory, or impaired access to this

Accelerated Tempo

- characteristic of hypomania, mania, and may also occur in delirium
- can occur in hypothalamic lesions
- *Pressure of speech* – increased rate of delivery of speech
- *Flight of ideas* – loss of coherent goal-directed thinking with increasingly obscure associations between ideas; connections between thoughts may be based on:
 - chance relationships
 - clang associations
 - distracting stimuli
 - verbal associations, e.g. alliteration and assonance
- *Clang associations* – vague connections prompted by rhyme and sounds of words

Decreased Tempo

- subjectively experienced as ‘muzziness in thinking’ or difficulty in concentration
- leads to difficulty in decision making and pseudodementia
- characteristic of retarded depressive states
- said to occur rarely in depressive stupor

Circumstantial thinking

- the slow stream of thought is affected by a defect of intellectual grasp, a failure of differentiation of the *figure ground* – there is a great deal of unnecessary detail which obscures the meaning
- occurs in:
 - epilepsy
 - mental retardation
 - obsessional personality

Concrete thinking

- abstractions and symbols are interpreted superficially without tact, or awareness of nuance – the patient is unable to free himself from what the words actually mean

Theories of schizophrenic thinking

- over-inclusive thinking
- broadening of category boundary
- personal construct theory – investigated using the *Repertory Grid*
 - there is a process of serial invalidation
 - people and things are construed in a loose and unpredictable way

Schizophrenic thought disorder

- Bleuler (1951) – loosening of associations, condensation
- Cameron (1944) – over-inclusive thinking
- Goldstein (1944) – concrete thinking
- Schneider (1959) – derailment, drivelling, desultory thinking, fusion, omission, substitutions

- *Omission* – a sudden discontinuation of a chain of thought
- *Knight's move thinking* – similar to flight of ideas but the omitted connection bears a more tangential relation to the whole
- *Derailment* – a disruption of the continuity of speech by the insertion of novel and inappropriate material to the chain of thought
- *Fusion* – a merging and 'interweaving' of separate ideas
- *Drivelling* – refers to the muddling of elements within an idea to the extent that the meaning is totally obscured to the listener
- *Desultory thinking* – ideas are expressed correctly in terms of syntax and grammatical construction, but juxtaposed inappropriately – the ideas would be comprehensible if expressed in another context or in isolation
- *Thought blocking* – a sudden cessation of speech mid-sentence with an accompanying sense of subjective distress; patients may complain that their minds have 'gone blank' or that their thoughts have been interfered with
- *Condensations* – common themes from two or more separate ideas are combined to form an incomprehensible concept

- *Schizophasia / Word salad* – incomprehensible speech
- Schneiderian terms:
 - *verschmelzung* – fusion
 - *faseln* – muddling
 - *entgleiten* – snapping off
 - *entgleisen* – derailment

Disorders of the content of thought

Passivity Phenomena

- common feature is the apparent disintegration of boundaries between the self and the surrounding world
- the individual experiences outside control of, or interference with, his or her *thinking, feeling, perception, or behaviour*
- generally experienced as a **delusion**

- *Thought insertion or withdrawal* – the experience of thoughts being put into or taken out of the mind by some external agency or force without the patient's volition
- *Thought broadcasting* – the thoughts are withdrawn from his mind, and then made public and broadcast over a wide area out of his control
- '*Made actions*' – either simple motor actions or more complex patterns of behaviour are experienced as being caused by an outside agency
- *Passivity of emotion* – occurs when the affect that the patient experiences does not seem to be his own; he has been *made* to feel it
- *Passivity of Impulse* – the patient experiences a drive to carry out some motor activity which feels alien; the action is admitted to be the patient's own, but the impulse is not

Definition of a delusion

Jaspers (1959)

- 'a belief held with unusual conviction that is unamenable to logic whose erroneousness is manifestly obvious to others'

Hamilton (1978)

- A false, unshakeable belief which arises from internal morbid processes. It is clearly recognizable when it is out of keeping with the patient's background'

- **'a fixed, (usually) false or fantastic idea, held in the face of evidence to the contrary, and out of keeping with the patient's social milieu'**
- characteristics:
 - it is always self-involved/ self-referential
 - held unshakably
 - not modified by experience or reason
 - content often bizarre
 - not dependent on disintegration of general intellectual functioning or reasoning abilities

- some delusions where the content is not axiomatically impossible may be distinguished from overvalued ideas because of the evidence advanced on their behalf

Primary delusions

- a.k.a. **autochthonous idea** (Wernicke)
- *un-understandable* in terms of other psychopathology (Jaspers)
- has no discernible connection with any previous interactions or experiences
- not dependent on temporal relationships
- may arise from memory, atmosphere, or perception

Type of Primary delusion

1. *Delusional intuition (autochthonous)*
 - a) 'out of the blue', 'brain wave'
 - b) arise fully formed as sudden intuitions
 - c) occur in a single stage
 - d) a.k.a. *Wahneinfall* (Ger.)
 - e) consistent with 'double orientation'
2. *Delusional perception*
 - a) occurs in two stages:
 - i) real perception
 - ii) delusional interpretation
 - b) is a 1st rank symptom of schizophrenia
 - c) does not have to be simultaneous
 - d) usually occurs in the setting of a delusional mood
3. *Delusional atmosphere*
 - a) a.k.a. delusional mood
4. *Delusional memory*
 - a) a.k.a. retrospective delusions
 - b) is remembered in the past – both the perception and the interpretation are retrospective

Stages in the development of a delusion (Fish, Conrad)

1. *Trema* – delusional mood
2. *Apophany* – search for a new meaning
3. *Anastrophe* – heightening of the psychosis
4. *Consolidation* – formation of a new cognitive set based on the new meanings
5. *Residuum* – eventual autistic state

Secondary delusions

- may be grandiose (thinking you are Napoleon) or depressive (delusions of guilt or filth)
- a **secondary** delusion emerges understandably from other psychic experiences or current preoccupations, e.g. prevailing affect, fears, personal stress, habitual attitudes of mind, hallucinosis, cognitive impairment, thought disorder, or other delusions
- a *Delusional misinterpretation* is the formation of a delusional explanation for a veridical perception, usually based on a strong prevailing mood

Ideas of reference, overvalued ideas, and delusions with partial insight

- **ideas of reference** denote ambiguous events in the outside world whose interpretation though feasible, are wholly or mainly self-centred
 - they are experienced by normal people under stress, by sensitive individuals, and those suffering social phobia
 - they are usually accompanied by delusions of reference (which differ in that their explanation is unfeasible)
 - a.k.a. *Sensitiver Beziehungswahn*
 - often arise as a consequence of a *key experience*
- an **overvalued idea** is an idea which is in itself comprehensible or socially acceptable which has come to dominate the patient's life, and is pursued by him beyond the bounds of reason
 - does not have a stereotypic quality (unlike obsessional rumination)
 - never considered senseless by the patient
 - tend not to have a bizarre quality, e.g. preoccupation with the water being over-flurinated
 - associated with:
 - personality disorder (especially paranoid)
 - morbid jealousy
 - hypochondriasis
 - dysmorphophobia
 - parasitophobia (Ekblom's syndrome)
 - anorexia nervosa
 - transsexualism
- a **partial delusion** is one that is held with a certain degree of doubt
 - especially during the remission stage of a psychosis
 - they differ from overvalued ideas in the degree of personal investment
 - differ from ideas of reference in that they may still retain all the other qualities of a delusion

Type of delusions and overvalued ideas

- persecution
- reference
 - the delusion that others believe one smells is a monosymptomatic reference delusion and is also an example of dysmorphophobia
- dysmorphophobia
- jealousy
- love
 - c.f. *De Clerambault's syndrome* (2 phases - one elated, the other frustrated, irritable, aggressive, feels others are interfering)
- guilt, unworthiness
- poverty, nihilism
- grandiosity
- infestation:

- *Ekbom's syndrome* - seen in organic states and drug (cocaine) misuse
- misidentification:
 - *Capgras' syndrome*
 - *Fregoli syndrome* - that one familiar individual has replaced various strangers
 - *Reduplicative Paramnesia* - in which the patient's surroundings are believed to exist in more than one physical location
- communicated delusion - *folie a deux*
 - *principle* (already psychotic) transmits ideas to *associate*, who then becomes psychotic
 - principle often in a relationship of dominance with associate
- hypochondriasis
- passivity and thought alienation
- bizarre and fantastic delusions
 - usually schizophrenic, and are a means by which the patient can explain the unexplainable

Delusions and religious beliefs

- delusions are held in a **concrete** rather than a conceptual way
- delusions are held in a way more resembling knowledge
- religious beliefs are usually invigorating and purpose-giving, and are held with the possibility of **doubts**

Disorders of Emotion

- *Mood* - the emotional 'tone' prevailing at any given time; a 'mood state' will last over a longer period
- *Affect* - synonymous with 'emotion' and also meaning a short-lived feeling state; related to cognitive attitudes and understandings, and to physiological sensations
- Jaspers has categorized feelings in the following ways:
 1. according to the *object* of the emotions - e.g. fear of snakes, patriotism, servile submission
 2. according to the *source* - there can be *vital feelings* affecting the whole body in which an emotion is described as affecting the whole body in a complete way
 3. according to its *biological purpose* - e.g. theory of instinct
 4. *feeling state* is a description of all the different feelings occurring at any one time and describes the affective state of the individual at that time
 5. according to *duration* and *intensity*

Blunting and flattening of affect

- *blunting* implies a lack of emotional sensitivity
- *flattening* is a limitation of the usual range of emotion
- both are seen in schizophrenia

Anhedonia

- seen in depressive illness, it may be the best marker predicting the response to treatment
- seen in schizophrenia, when it is especially likely to be social

Ecstasy

- characteristically is self-referent
- there is often an alteration of the boundaries of self, which is experienced as being voluntary (c.f. passivity experiences)

Coenestopathic states

- Dupre (1913) referred to coenaesthesia as the 'deep but more or less indefinite awareness that we have of our own bodies and the general tone of functional activity'
- Coenestopathic states are 'the distressing feeling which emanate from one or other of the coenesthetic areas...a change in the normal quality of physical feeling in certain parts of the body'
- seen in schizophrenia and depressive illness

Abnormal emotional predisposition

- *Dysthymia* - always tending to be sad and miserable
- *Hyperthymia* - always tending to be overcheerful, unrealistically optimistic
- *Cyclothymia* - tending to marked swings of mood from cheerful to unhappy
- *Affectless* - emotionally cold and indifferent

Abnormal emotional reactions

- *Anxiety* - a fear with no adequate cause
 - regarded as pathological if it is excessive or prolonged, or interferes with normal life
 - usually accompanied by somatic and autonomic changes
- *Depression* - feeling of misery, inner emptiness, hopelessness, and helplessness
 - regarded as pathological if excessive or prolonged
- *Euphoria and ecstasy* - excessive and unrealistic cheerfulness and a feeling of extreme well being
- *Apathy* - the loss of all feeling – no emotional response can be elicited

Abnormal expression of emotion

- *Fatuous affect* - resembles childish moods
 - seen in hebephrenic schizophrenia
- *Denial or dissociation of affect* - as seen in hysteria (*La belle indifference*) or occasionally in situations of extreme danger
- *Emotional indifference* - may be seen in 'psychopathic' disorder
 - expected emotional response is not shown to others, nor to their own antisocial behaviour
- *Perplexity* - anxious and puzzled bewilderment
 - seen in early schizophrenia, and confusional states
- *Emotional incongruity* - the abnormal presence or absence of emotion - the mood is not understandable to the 'normal' person; the apparent mismatch between the content of speech and the affect
 - characteristic of acute schizophrenic disorder
- *Emotional blunting* - insensitivity to the emotions of others and a dulling of the normal emotional responses
 - characteristic of chronic schizophrenia
- *Emotional lability* - rapid fluctuations of emotion
 - seen in organic disorders, brain stem lesions, mania, and personality disorders
- *Emotional incontinence* - an extreme form of emotional lability, with complete loss of control over the emotions
 - seen in organic disorders, especially pseudobulbar palsy

Disorders of self-awareness

- According to Jaspers, self-experience has four aspects :
 1. Awareness of the existence of activity of the self
 2. Awareness of the unity of the self at any one time
 3. Awareness of the continuity of self-identity through time

4. Awareness of the self as distinct from the outside world

Disorders of self

- disorders of awareness of activity
 - passivity phenomena
 - loss of feeling
 - nihilistic delusions
- disorders of unity of self
 - autoscopy - refers to seeing oneself
 - doppelganger
 - multiple personality states
- disorder of boundaries of self - usually seen in schizophrenia, but is seen in states of ecstasy
- *Depersonalisation*:
 - sense of awareness of existence as a person is altered or lost
 - the actions of others seem contrived
- *Derealisation* - the loss of the sense of reality of surroundings, usually involving a visual perceptual distortion
 - may be seen in dissociative hysteria, temporal lobe epilepsy, extreme fatigue or anxiety, and psychotic illness of all sorts
 - usually associated with a change in mood

Disorders of body image

- organic disorder of body image (*Paraschemazia*) - found after non-dominant strokes
- anorexia nervosa
- *Dysmorphophobia*
- hysteria
- hypochondriasis

Disorders of awareness of time

- time is always present in sensory experiences
- perception of movement requires the simultaneous perception of space, rather than time
- *Jamais vu*:
 - schizophrenia
 - TLE
- mescaline causes a sense of time rushing

Consciousness and Disturbed Consciousness

- consciousness is the state of awareness of the self and its environment
- *Clouding of consciousness* - disorientation in time, place, person, disturbances of perception and attention, and subsequent amnesia
- *Drowsiness* - further reduction in level of consciousness, with unconsciousness if unstimulated, but can be stimulated to a wakeful state
- *Stupor* - further loss of responsiveness, can only be aroused by considerable stimulation
 - awareness of environment is often maintained in depressive or catatonic stupor, but not in organic stupor
- *Coma* - profound reduction of conscious level with very little or no response to stimulation

Disorders of selective attention

- Dissociative states
- Alzheimer's disease
- Depression
- Schizophrenia

Twilight State

- commonly last from one to several hours, but can last for weeks
- consciousness is always impaired
- generally organic in origin
- characterized by:
 1. abrupt onset and end
 2. variable duration
 3. unexpected violent acts or emotional behaviour
- may present as dream-like absent-minded behaviour, or slowness of reaction and muddling of comprehension
- psychomotor retardation is commonly profound, with marked perseveration in speech and action
- affective (panic, terror, anger, ecstasy) and perceptual (hallucinations, usually visual and vivid and complex) phenomena are common
- tend to terminate in a tonic-clonic seizure more commonly than automatisms
- ECT is able to terminate twilight states of long duration
- memory is often fragmented, but a vivid recollection of the hallucinations may be retained
- associated with the Ganser state

Automatism

- a state of clouding of consciousness which occurs during, or immediately after, a seizure during which the individual retains control of posture and muscle tone, and performs simple or complex movements and actions without being aware of what is happening
- the behaviour is sometimes inappropriate and may be out of character for the individual
- i.e. **action without awareness**
- environmental cues may to some extent determine the detailed patterns of behaviour
- accompanied by continuous electrical disturbance of the EEG
- aura are common
- majority are brief, lasting from a few seconds to several minutes
- associated with psychomotor epilepsy originating in the medial temporal lobes
- violence is rare
- amnesia is common

Dream-like (Oneiroid) state

- the patient is disorientated, confused and experiences elaborate hallucinations, usually visual (although sometimes auditory or tactile)
- there is impairment of consciousness and marked emotional change
- the patient may appear to be living in a dream world
- difficult to differentiate from delirium

Stupor

- is the absence of relational functions, i.e. action and speech
- usually involves clouding of consciousness
- occurs in:
 - schizophrenia
 - psychological trauma
 - mania
 - lesions of:
 - diencephalon and upper brain stem
 - frontal lobe
 - basal ganglia
- the 'locked in' syndrome is due to lesions in the ventral pons

Delirium

- Lipowski (1967)
- ICD-10: characterized by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion, and the sleep-wake cycle
- Lishman: disturbance of perceptual and affective functions
- *Clinical features:*

- illusions
- hallucinations
- delusions (esp. persecutory)
- mood disturbance
- high arousal, resulting in anxiety and agitation
- misidentifications
- misinterpretations

Language functions

- *Dysarthria* - disorder of articulation of speech
- *Neologism* - completely new word often used to describe an incomprehensible experience
- *Metonym* - existing word used for new purpose
- *Paraphasia* - words which are slightly incorrect
- *Dysphasia*

Insight

- ‘A correct attitude to morbid change in oneself’ (Lewis, 1934)
- Concept is *multidimensional*, incorporates both current and retrospective components, and is usually not an ‘all-or-none’ phenomenon (David, 1990)
- Medication compliance and awareness of illness are separate but overlapping constructs which contribute to insight (David, 1990)
- David (1990) divides insight into 3 dimensions :
 1. awareness of disease
 2. correct labelling of abnormality
 3. willingness to take treatment
- Amador *et al.* 1993 :
 1. *recognition* of illness (signs, symptoms, etc.)
 2. *attribution* of illness (attribution of illness phenomena to a mental disorder)
 3. *awareness of treatment*
 4. *awareness of social consequences of illness*, e.g. disability, involuntary committal to hospital, response/ concern of relatives
- The questions to ask are:
 1. Do you think that you are unwell?
 2. Do you think that you have a mental illness?
 3. Do you think that you would accept treatment?

4. Do you feel that you need to be in hospital?

Disorders of perception of self/ self-awareness

Hypochondriasis

- a psychiatric syndrome characterized by physical symptoms disproportionate to demonstrable organic disease, fear of disease and the conviction that one is sick, preoccupation with one's body and pursuit of medical care
- seen psychodynamically as a derivative of aggressive or oral drives, or as a defence against guilt or low self esteem
- results from a perceptual amplification and augmentation and a cognitive misinterpretation of normal body sensations
- it is socially learned illness behaviour to which the philosophy and practice of the medical profession lends support

- triad of:
 - convinced that one has the disease
 - fearing the disease
 - preoccupation with body

- there is overlap between hypochondriasis and:
 - dysmorphophobia and other body image disorders
- dissatisfaction with the body may be experienced as narcissism
- distortion of the body image without fear of illness occurs in:
 - anorexia nervosa
 - gross obesity
- somatic symptoms predominate over mood symptoms in:
 - India
 - Pakistan
 - Bangladesh
 - Hong Kong
 - West Indies
 - parts of Africa

- possible forms of the condition are:
 - hallucination
 - secondary delusion (e.g. in Cotard's syndrome)
 - primary delusion
 - overvalued idea
 - obsessional rumination
 - depressive rumination

- anxious preoccupation
- commonest bodily symptoms implicated are:
 - musculoskeletal
 - gastrointestinal
 - nervous system, e.g. headache
- commonest parts of the body affected are:
 - head and neck
 - abdomen
 - chest
- 16 % have unilateral symptoms and of these, 73 % are left-sided

Dysmorphophobia

- Morelli, 1886
- is the primary complaint of some external physical defect thought to be noticeable to other people, but objectively, their appearance lies within normal limits
- the usual form is an overvalued idea
- compared to normal controls:
 - more disfigured
 - 40 % show personality disorder
- no relationship between degree of deformity and psychological disturbance
- often a marked improvement following surgery
- associated with:
 - anankastic or dependent personality disorder
 - neurotic depression
 - suicide
 - schizophrenia

Hysteria

- symptoms are psychogenic
- causation is thought to be unconscious
- symptoms may carry some sort of advantage to the patient
- the symptoms occur by the mediation of the processes of *conversion* or *dissociation*
- *conversion* implies the behaviour of physical illness without evidence of organic pathology; the patient is not aware of the psychogenicity
- *dissociation* implies a 'narrowing of the field of consciousness with selective amnesia. There may be dramatic but essentially superficial changes of personality, at times taking the form of a fugue (wandering state). Behaviour may mimic psychosis, or rather the patient's idea of psychosis' (World Health Organization, 1977)

Briquet's syndrome

- concept formed by the St. Louis group
- most patients have severe personality disorder and showed chronic hypochondriacal rather than dissociative conversion symptoms

Clinical syndromes of hysteria

- Ganser syndrome
- hysterical pseudodementia
- multiple personality
- epidemic, communicated, or mass hysteria:
 - almost always occur in young females
 - often start with a girl of high status in her peer group who is unhappy
 - tend to occur in largest numbers in children just after puberty
 - appear to affect most severely those who on subsequent testing are found to be the most unstable
- war neurosis
- Latah

Psychological pain

- is not always relieved by placebo
- according to Trethowan (1988), pain associated with psychiatric illness is:
 1. less well localized; diffuse; non-anatomical
 2. constant and persists unremittingly
 3. more associated with underlying disturbance of mood
 4. less well described quality
 5. more likely to get worse in severity and extent with time

Artefactual illness

- symptoms are not real, but produced under voluntary control - symptoms are deliberate and purposeful
- where there is a goal, then the diagnosis is *malingering* rather than factitious disorder
- in factitious disorder, there is no goal apparent other than assuming the sick role, and cannot be considered adaptive
- e.g. Munchausen syndrome, hospital addiction syndrome

Anorexia nervosa

- common in UK
- rare in India, Afro-Caribbean
- more common in people of higher social classes
- those who vomit tend to overestimate their size

- other groups who overestimate the size of their bodies include:
 - normal females
 - neurotic subjects
 - those who are pregnant
 - patients with secondary amenorrhoea
- fixed cognitive attitudes towards body shape demonstrates irrational beliefs about body size, whilst a fluid state of the estimation of body size depends on emotional factors which change over time

Hyperschemazia (pathological accentuation of body image)

- unilateral:
 - following thrombosis of the posterior inferior cerebellar artery
 - multiple sclerosis
 - Brown-Sequard paralysis -- the side with the pyramidal signs is hyperschematic
- also occurs in:
 - peripheral vascular disease
 - acute toxic states
 - hypochondriasis
 - depersonalization
 - hysteria (e.g. hysterical pseudocyesis)

Hyposchemazia; Aschemazia (diminished or absent body image)

- transection of the spinal cord
- sensory deprivation (e.g. under water)
- vertigo (floating on air)
- parietal lobe lesions (e.g. right middle cerebral artery thrombosis)
- epileptic aura
- migraine
- depersonalization
- anxiety

Paraschemazia (distortion of the body image)

- hallucinogenic drugs (e.g. LSD, mescaline)
- epileptic aura
- migraine (rarely)

Disorders of gender and sexuality

Transsexualism

- a discrepancy between anatomical sex and the gender that the person ascribes to himself
- transvestism occurs as a means of personal gratification without genital excitement
- more common in biological males, but can occur in both sexes
- the belief is an *overvalued idea*
- often present since early childhood
- difference in self-image is usually established before puberty
- a mutually overdependent relationship with the mother, and an absent or abnormal father has been described
- patients usually have difficulties in adjustment at school and they tend to have jobs below their intellectual capacity
- if married, the male transsexual tends to be envious of his wife's femininity, pregnancy, and motherhood
- he is repelled by his external genitalia

Disorders of sexual preference

- generally all more common in men
1. Normal deviance:
 - masturbation
 - pre-marital intercourse
 - oral sex
 2. Subcultural deviance (an accepting subculture can be found):
 - homosexuality
 - transsexualism
 3. Individual deviance (no subculture exists):
 - exhibitionism
 - incest

Bestiality

- associated with:
 - low intellect
 - restricted social outlets
 - access to animals

Paedophilia

- where the child is an older girl (over 12), the offender is often a young male but is unlikely to be consistently deviant or psychiatrically ill
- for younger children, the adult is likely to be substantially older and more likely to show psychiatric illness such as:
 - schizophrenia

- hypomania
- alcoholism
- dementia
- mental handicap

Transvestism

- usually the cross-dresser is a heterosexual man who carries out the behaviour for sexual excitement
- more common in men
- it serves the following functions:
 1. in entertainment or theatre
 2. to provoke heterosexual erotic excitement as part of fetishistic rituals
 3. within homosexual relationships, carrying out a burlesque of the opposite sex
 4. exhibitionism in order to express a hostile sexual message, in the context of relationship difficulties with women
 5. as a means to escape prison

Fetishism

- sexual preoccupation and excitement with non-living objects, which take central importance in achieving orgasm
- to be regarded as deviant, fetishism must be essential for orgasm, and causing problems

Exhibitionism

- sexual pleasure and gratification is derived from exposure of the genitals to a person of the opposite sex
- predominantly male, aged 15-25
- the victim is usually female, and there is often an intention to surprise, shock, or insult
- the victim is usually unknown
- often compulsive in nature
- often passive, inadequate men with problems in relationships and low self-esteem
- may show personality disorder of asthenic or inadequate type

Voyeurism

- no sexual contact is attempted, though masturbation may occur during or after
- the voyeur often has fantasies of humiliating or embarrassing the victims with the knowledge that they have been observed

Sadomasochism

- sexual arousal in response to the infliction of pain, psychological humiliation or ritualized dominance or submission
- sadomasochistic fantasies occur during intercourse or masturbation in both sexes, often in stable relationships
- more common in homosexuals

Polymorphously perverse

- multiple disorders of sexual preference

Rape

- buggery is more commonly homosexual
- meanings of rape include (Holmstrom and Burgess, 1980):
 1. power and control over the victim
 2. expression of anger and hatred
 3. in group rape, camaraderie experienced by rapists
 4. sexual experience (rarely a dominant theme)
- the violence of sexual assault is itself sexually stimulating in rapists

Child sexual abuse

- mental illness is unusual
- IQ of offenders is probably higher than that of other sexual offenders
- Bluglass has considered the following to be predisposing factors to incest:
 1. a man returns home after many years of separation to find an ageing wife and a young daughter, who seems a stranger and also a temptation
 2. the loss of a wife by divorce, separation, or death, leaving a bereaved father and teenage daughter who becomes a substitute wife
 3. gross overcrowding, physical proximity, and alcoholism leading to sexual intimacy
 4. lack of social contact outside the family due to poverty and geographical remoteness
 5. anxiety associated with lack of sexual potency
 6. marital disharmony and rejection, or a decrease in marital sexual activity
 7. psychopathic tendencies or poor impulse control, aggressiveness, and lack of guilt feelings

Obsessions and compulsions

- *Obsession* refers to impulses and thoughts
- *Compulsions* confined to motor acts
- have the following characteristics :
 1. they must be recognized as the individual's own thoughts or impulses
 2. there must be at least one thought or act that is still resisted unsuccessfully, even though others may be present which the sufferer no longer resists
 3. the thought of carrying out the act must not in itself be pleasurable (simple relief of tension or anxiety is not regarded as pleasurable)
 4. the thoughts, images, or impulses must be unpleasantly repetitive
- according to Lewis (1936), obsessional thoughts have three essential features:
 1. a feeling of subjective compulsion
 2. a resistance to it
 3. preservation of insight
- obsessional images are always known by the patient to be his own thoughts

Resistance

- it is the resistance to the repetition of the act, not the act itself, which is the key feature

• Characteristics of compulsive acts (DSM III-R) :

1. the act has to be a purposeful one
2. it has to be performed in accordance with a certain set of rules
3. the act is not an end in itself, but is designed to bring about another state of affairs (e.g. averting disaster)
4. there has to be a disconnection between the act itself and the state of affairs it is likely to engender - a magical quality between what the patient is doing and what he is trying to achieve or prevent must be present

Types of obsession

1. *Obsessional thoughts / ideas*
 - a) repeated, intrusive thoughts interfering with normal train of thought, causing distress
 - b) may be single words, phrases, rhymes, or puns - often violent, obscene or blasphemous
 - c) attempts to exclude them lead to distress
2. *Obsessional images*
 - a) images may be of four types:
 - i) *obsessional image* - depicts repetitively the unwanted intrusive cognition

- ii) *compulsive image* - depicts compulsive behaviour either by rectifying an obsessional image (e.g. seeing corpses in coffins, and then having to imagine the same people standing); or an independent compulsive image
 - iii) *disaster image* - compulsive checkers may also 'see' the disaster happening, if they do not turn the gas taps off for example
 - iv) *disruptive image* - may intrude whilst compulsive rituals are being carried out and necessitate the ritual being recommenced
3. *Obsessive ruminations*
 - a) endless inconclusive internal debates
 - b) *ruminations* are often pseudophilosophical, irritatingly unnecessary, repetitive and achieve no conclusion
 4. *Obsessional doubts*
 - a) concern over actions, e.g. gas not switched off, doors not closed
 5. *Obsessional convictions*
 - a) notions that thought equal acts, e.g. if I think about him he will die
 - b) may be delusional in intensity
 6. *Compulsive rituals*
 - a) mental rituals such as counting
 - b) physical activities like washing and checking
 - c) may be related to thoughts, or be unconnected
 - d) hand washing is more common in women
 7. *Obsessional slowness*
 - a) slow activity out of proportion to other symptoms
 - b) affects goal directed activity - automatic activity is still carried out quickly
 - c) more common in men

- obsessions occur in:
 - obsessive-compulsive neurosis
 - anankastic personality disorder, especially if depressed
 - schizophrenia, when the obsessions are bizarre
 - may arise *de novo* in the elderly associated with an organic psychosyndrome -- the element of resistance is usually not present

Obsessive thinking

- anankasts tolerate ambiguity less readily than normals
- they like to have decisions made, but will delay making a decision until they have reached a greater degree of certainty than that required by other people
- thinking tends to be *under-inclusive*
- *monolithic* and *segmented symptoms* are said to be characteristic of obsessional thinking
- other features include *insecurity* and *sensitivity*