

# Psychopathology

Radwan A.Banimustafa MD



# Introduction:

## Psychopathology:

scientific study of abnormal states of mind.

### A) Descriptive (phenomenological) Psychopathology.

Objective description of abnormal states of mind as experienced by the patient or observed in his behavior.

Descriptive Psychopathology + Epidemiology =  
Scientific basis for clinical psychiatry.

### B) Dynamic Psychopathology:

Through unconscious mental mechanisms Causes of abnormal states of mind



# A. Descriptive Psychopathology:

In psychiatric symptoms look for :

- 1) Intensity, persistence and syndrome grouping.
- 2) Primary or secondary (temporal) time course.
- 3) Form and content



# Disorders of Appearance:

Body build ,state of health, self- care, dress.

## 2) Disorders of Behavior:

a. Activity: slow retardation, excitement, agitation.

### b. Abnormal movements:

1) Adaptive movement : gestures, tearfulness, laughing.

Mannerisms: idiosyncratic elaboration of normal behaviors.

### 2) Non- adaptive movements:

Tics: involuntary , repetitive, group of muscles, under control.

Tremors: resting familial, intentional.

Chorea: involuntary, sudden, jerky, random, semi purposeful.

Stereotype: uniformal, non- goal directed.

Dyskinesia: uncontrolled, random, non-goal-dircted.

Echopraxia and echolalia : repetition of actions of others and of speech of others respectively.



## **b.Abnormal movements: cont'd.**

### **3)Catatonic behaviors:**

**Negativism:** resistance to suggestion and tending to do the opposite.

**stupor:** mutism , akinesia and non- responsiveness to environment, in full consciousness.

**Posture Disorders:** waxy flexibility, resistance and preserved posture.



### *3) Disorders of Perception:*

1. Intensity change: hyperacusis, hypoacusis.
2. Size change: micropsia, macropsia.
3. Images.
4. Illusion: misinterpretation of real stimulus.
5. Hallucinations: a perception without external stimulus .



# Criteria:

## True Hallucinations:

1. Qualities of real perception.
2. Uncontrollable.
3. Perceived as outside subjective space.
4. Perceived in sensory organs e.g. eye, ear, etc.
5. Lost insight.

## Pseudo hallucinations:

1. Not clear as real perception.
2. Controllable.
3. Within subjective space.
4. Perceived inside body.
5. Intact insight.



## **Disorders of perception: cont'd**

- ▶ Types: elementary: fragment of voices.  
Complex: organized voices.
- ▶ Modalities: auditory, visual , olfactory, tactile, gustatory and somatic (proprioceptive).





# 4) Disorders of Thinking:

## a. Disorders of content:

**1) Delusions** : fixed, unshakable, false idea and out of cultural background of the patient.

- **Primary** : autochthonous ideas.
- **Secondary**: to other experiences, affect or perception.

**Types**: paranoid, persecutory, grandiose, delusions of reference, guilt, nihilistic, hypochondriacal, etc.

## **2) Passivity Phenomena:**

- Thought insertion, withdrawal, broadcasting
- Made feel, think, act.



## **Disorders of thinking: cont'd**

### **3) Overvalued Ideas:**

shakable, preoccupation, mostly false.

### **4) Ideas of references:**

shakable, non-psychotic, if unshakable they are delusions of reference (psychotic).

## **b. Disorders of form and stream of speech:**

- Slow thinking , racing thoughts, thought block.
- Flight of ideas, poverty of thoughts.
- Loosening of association, word salad.
- Talkativeness, pressure of speech.



## 5) Disorders of affect:

- Depression, Euphoria, Apathy, blunted, flat.
- Perplexity, – Fear, – Anxiety.

### Look for:

Quality, appropriateness or congruity,  
constancy.



# 6) Cognitive disorders:

a. Consciousness:      Clouding.      Confusion.

b. Attention and concentration:      – Focus and comprehend.

c. Orientation:

- Time (hour, week, year).
- Person (identity of self and others)
- Place.

d. Memory:

- Recent (short term), remote (long term).
- Déjà vu: sense of familiarity.
- Jamias vu: sense of unfamiliarity.
- Confabulation: filling memory gaps.

e– Dissociation:

- Fugue: wandering, reduced consciousness, patchy impaired recall of events.
- Amnesia.



# 7) Other Experiences:

## a) Obsessional Thoughts , feelings , impulses, doubts:

recurrent, compulsive, silly and irresistible, patients own thoughts.

## b. Compulsions: Acts and behaviors which are recurrent, compulsive, silly and irresistible.

## c. Disorders of self-awareness:

- Depersonalization: feeling of oneself unreal or changed.
- Derealization: feeling of unreal environment ( dream-like state), things around have changed.



## 8) Disorders of insight:

- There is a change.
- This change is abnormal.
- This abnormality is psychological.
- This abnormality needs treatment.



## B. Dynamic Psychopathology:

- **Mental mechanism:** unconscious, may be normal or pathological.

- **Examples:**

- a. Rationalization:** The commonest, provides alternative explanation for instinctual motives and drives.

- b. Repression:** leads to inability to remember unpleasant wishes or impulses (i.e. hysterical dissociation).

- c. Reaction formation:** an unacceptable impulse is transferred into its opposite. Common in obsessional neurosis.

- d. Denial:** may refer to the effect associated with an idea or event or may include the whole episode.



# Dynamic psychopathology: cont'd

## **e. Projection:**

One's own feelings and wishes are attributed to another person.  
Common in normal but fundamental in paranoid psychosis.

## **f. Regression:**

a return to an earlier state of psychological development in order to avoid tension and conflict of the present. Common in normal under stress, as well as in pathological states.

## **g. Sublimation:**

conversion of energy from one unaccepted activity to socially acceptable one, mostly it is normal.

