

Psychopathology

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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.

