Phenomenology, psychopathology in psychiatry

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Signs and symptoms

- abnormal emotions
- abnormal thinking
- abnormal movements
- abnormal speech
- abnormal consciousness

Consciousness: state of awareness

- full-alert, vigil
- cloudy-incomplete clear-mindedness with disturbance in perception and attitudes

Twilight state: disturbed consciousness with hallucinations
- stupor: lack of reaction to surroundings
- loss of vigil (ready to be aroused)
Disturbance of attention: attention is the amount of effort exerted in focusing on certain portions of an experience.

Concentration: ability to sustain a focus on one activity.

Distractibility: inability to concentrate.

Selective inattention: blocking out only things that generate anxiety.
It’s a complex feeling state with psychic, somatic, and behavioral components that is related to affect and mood.

Affect; observed expression of emotion, may be inconsistent with patients' description of emotion. Mood: Is a pervasive and sustained emotion, subjectively experienced and reported by the patient and observed by others, like depression, elation, anger.
Affect and mood

Appropriate affect; condition in which the emotional tone is in harmony with the accompanying idea, thought, or speech (full affect).

Inappropriate affect; disharmony between the emotional feeling tone and the idea, thought, or speech accompanying it.

Blunted affect; a disturbance in affect manifested by a severe reduction in the intensity of tone.

Restricted affect; reduction in intensity of feeling tone less severe than blunted affect but clearly reduced.

Flat affect; absence or near absence of any signs of affective expression; voice monotonous, face immobile.

Labile affect; rapid and abrupt changes in emotional feeling tone unrelated to external stimuli.
Mood

Dysphoric mood: unpleasant

Euthymic mood: normal range of mood, not depressed

Not elevated mood

Expansive mood: expression of one's feelings without restraint, frequently with an overestimation of one's significance or importance

Irritable mood: easily annoyed and provoked to anger

Mood swings: rapid changes between high and low

Euphoria: intense elation with feelings of grandeur

Depression: psychopathological feelings of sadness

Anhedonia: loss of interest in and withdrawal from all regular and pleasurable activities often associated with depression
Disorders of thinking

Disorders of thinking process

• Disturbance in the form of thought;
  • loosening of association; flow of thought in which ideas shift from one subject to another in a completely unrelated way

• Derailment; gradual or sudden deviation in train of thought without blocking-
  • flight of idea; rapid, continuous play in the words that produce shifting of ideas-
  • apparently connected

• Blocking; abrupt interruption in train of thinking before a thought or idea is finished-
  • Neologism; new word created by the patient, often by combining syllables of about-
  • other words, for idiosyncratic psychological reasons

• Word salad; incoherent mixture of word and phrases-

• Circumstantiality; indirect speech that is delayed in reaching the goal-

Tangentiality; inability to have goal-directed associations of thought
incoherence; non understandable, no logical connection resulting in disorganization
perseveration; persisting response to a prior stimulus after a new stimulus has been presented, often associated with cognitive disorders
Echolalia; pathologically repeating words and phrases of one person by another

Disturbance of contents

Poverty of thought; little information from thoughts due to vagueness, obscure phrases

Overvalued idea; unreasonable, sustained false or sometimes logical belief, emotionally charged. can be shared by others of same group

Delusion; fixed false belief, based on incorrect inference about external reality, not consistent with patient intelligent and cultural back ground, that can’t be changed by argument or reasoning
Types of delusions

Bizarre delusion; totally strange and odd

- non bizarre; apparently logical but its false in origin like
  - paranoid, delusion of jealousy (systematized) well formed

Another classification into

- primary; arise suddenly without stimulation or previous event
- secondary; like being secondary to drug abuse, delusion of guilt result from depression
Types of delusions

According to its nature and form

• Nihilistic delusion; thoughts of non-existent or ending of body, self, others
• Delusion of grandiosity; exaggerated conception of one’s importance, power, or identity
• Delusion of reference; behavior of others refers to oneself, non-significant object or stimulus will take a personal significance
• Delusion of guilt; feelings of remorse, self accusation for imagined or small mistakes
• Delusion of control (passivity feelings); one’s will, thoughts or feelings being controlled by external force
• Paranoid delusions; pathological feelings of persecution which take many presentations
somatic delusion; involve functioning of ones body-organs

Thought insertion; delusion that thoughts are being-implanted in ones mind by others or external force

Thought withdrawal; thoughts are being removed from the brain

Thought broadcasting; ones thought can be heard by others like broad casting in the air

delusion of love (erotomania); being loved by someone-who is usually difficult to be approached

delusion of infidelity, delusional jealousy; false thought-of spouse or partner unfaithfulness
Disorders of perception

Transferring physical stimulus into psychological information

Hallucination; false sensory perception not associated with real external stimuli

Types

- Auditory hallucination
- Visual
- Olfactory
- Gustatory
- Tactile
- Somatic (inner perception)
Types of hallucinations

- Hypnagogic hallucination; while falling asleep
- Hypnopompic hallucination; while awakening
- Mood congruent; in which the contents are consistent with either depressed or elevated mood
- Mood incongruent; in which the content is not consistent with the mood
- Pseudo hallucination – imaginary hallucination that’s associated with emotional state and the patient is unsure of its source usually of short duration
Disorders of motor movements

Echopraxia; pathological imitations with another's movement

Catatonia; low or limited mobility constantly maintained

Stereotypy; repetitive fixed pattern of physical action or speech

Mannerism; habitual repetitive involuntary movements that has significant meaning

Negativism; resistance to all attempt to be moved by instructions

Psychomotor agitation; excessive motor overactivity associated with inner tension