Psychopathology

Mannerisms

Abnormal, repetitive, **goal-directed movements** (e.g. bizarre methods of walking or eating). Commonly seen in chronic schizophrenia

Stereotypies

Purposeless motor acts carried out repetitively with a high degree of uniformity E.g. rocking, rubbing hands and tapping objects, more complicated gymnastic or contortionist movements Common in catatonic schizophrenia and autism

Catatonia

- **Automatic obedience** – subject does whatever is asked of him or her, despite being told not to
- **Ambitendence** – alternating cooperation and opposition; the patient makes a movement, but before completing it, starts the opposite movement
- **Echopraxia** – subject imitates the movements of the interviewer
- **Echolalia** – words or phrases are imitated
- **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
- **Forced grasping** – the offered hand is repeatedly grasped and shaken, despite requests not to do so. Seen in frontal lobe lesions
- ***Mitmachen*** – the body can be put into any posture, despite instructions to resist
- ***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
- **Posturing** – strange and abnormal postures adopted habitually
- **Perseveration of posture or catalepsy** – 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
- **Waxy flexibility** – smooth resistant muscle tone is felt to initial movement (.*flexibilitas cerea*); e.g. 'psychological pillow'
- Catalepsy differs from cataplexy which is a part of narcolepsy resulting in sudden loss of tone due to sudden excitement
- **Negativism** – A disorder of volition in which patients do the reverse of whatever is asked of them, e.g. resist attempts to stand when asked to stand up
- ***Gegenhalten* or opposition** ('against hold') – A form of negativism in which the springy resistance to passive movement increases with the force exerted
- **Positivism –** includes echopraxia and *mitgehen* and automatic obedience

Apraxia

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- Apraxia is defined as a disorder of skilled movement not caused by weakness, akinesia, deafferentation, abnormal tone or posture, movement disorders such as tremors or chorea, intellectual deterioration, poor comprehension, or uncooperativeness.
- Apraxia is a syndrome reflecting motor system dysfunction at the cortical level, exclusive of primary motor cortex
- Ideomotor – inability to carry out a motor command, e.g. 'Act as if you are brushing your teeth', 'Comb your hair'
- **Limb apraxia** when movements in arms and legs are involved
- **Non-verbal-oral or buccofacial**: inability to carry out facial movements on command, e.g. lick lips, whistle, cough or wink
- **Ideational**: inability to create a plan for or idea of a specific movement, e.g. pick up a pen in your right hand and write your name.
- **Limb kinetic** : Inability to make fine precise movements with a limb
- **Verbal**: difficulty planning movements for speech
- **Constructional**: inability to construct pentagons
- **Oculomotor:** difficulty moving the eye.
- **Dressing apraxia**: Loss of automatic, spontaneous capacity for daily dressing. Non-dominant parietal lobe

Gerstmann's syndrome

- Dysgraphia/agraphia
- Dyscalculia/acalculia
- Finger agnosia
- Left-right disorientation
- Lesions of the dominant parietal lobe

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:
Intensity:
Hyperacusis

- mania

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- hyperthyroidism
- depression
- migraine
- toxic states (e.g. alcohol 'hangover')

Hypoacusis in some organic states

Colour:
Xanthopsia – produced by psychedelics and temporal lobe lesions. Digoxin
Proportions:
Dysmegalopsia (or 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

Affective components (Derealisation)
Visual hyperaesthesia

- ecstasy experiences
- LSD
- mania
- epileptic aura

Hallucinations

Auditory
Simple (sounds) – alcoholic hallucinosis
Complex (voices) – schizophrenia, depression with psychosis
Musical – brain/ ear disease, called elementary hallucinations and can occur in alcoholic hallucinosis

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
Usually occur in delirium tremens

Hypnagogic (going to sleep) and hypnopompic (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

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Extracampine (Concrete Awareness)
Hallucinations experienced outside of the normal sensory field, e.g. 'I hear my father talking from Italy'
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). E.g. 'Whenever I hear the tap run, I hear my father saying bad things to me'. Can occur in schizophrenia

Reflex hallucinations
Denotes a 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 (somatic hallucinations)
Superficial: thermic (temperature), haptic (touch), hygric (perception of fluid), kinaesthetic, visceral

Olfactory hallucinations
Temporal lobe epilepsy
Other organic disorders

Gustatory hallucinations
Schizophrenia
Temporal lobe epilepsy
Lithium carbonate
Disulfiram

Speech Abnormalities in Psychiatry

Poverty of speech – characteristic of negative syndrome of schizophrenia
Logorrhoea – excessive production of the volume of speech, without pressure of speech
Logoclonia – spastic repetition of syllables. Occurs in Parkinsonism
Paraphasia – speech interspersed by garbled sounds
Stock words or phrases – words or phrases are used with a broader idiosyncratic meaning
Neologisms – invention of new words
Verbigeration – refers to the repetition of words or syllables that expressive aphasic patients may use while searching for the correct word

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Clang associations – in schizophrenia associations occur with the initial syllable, as opposed to the terminal syllable in mania
Cryptolalia and cryptographia – hidden private language and script
Approximate answers – wrong answer to the question asked but answer indicates that question has been grasped. Occurs in hebephrenic schizophrenia, organic disorders, dissociative disorders and Ganser syndrome
Pseudologica fantastica – frequent plausible lying, associated with histrionic and antisocial personality disorders

Ganser syndrome

Approximate answers
Clouding of consciousness
Echolalia and echopraxia
Hallucinations (auditory and visual)
Somatic conversion symptoms
High rate in prisoners
Classified as dissociative disorder not specified in DSM-IV

Thought disorder in schizophrenia

Literature:
Bleuler (1951) – loosening of associations, condensation
Cameron (1944) – over-inclusive thinking
Goldstein (1944) – concrete thinking
Schneider (1959) – derailment, drivelling, desultory thinking, fusion, omission, substitutions (*verschmelzung* – fusion, *faseln* – muddling, *entgleiten* – snapping off, *entgleisen* – derailment)

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

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Passivity phenomenon

Delusion – first-rank symptom of schizophrenia
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 patient's mind, and then made public and broadcast over a wide area out of his or her 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

Delusions

A fixed, (usually) firm, false or fantastic idea, held in the face of evidence to the contrary, and out of keeping with the patient's social and cultural milieu

Primary delusions
Autochthonous idea (Wernicke)
Not understandable in terms of other psychopathology (Jaspers)
No discernible connection with any previous interactions or experiences
Not dependent on temporal relationships
May arise from memory, atmosphere, or perception

Types of primary delusion

Delusional intuition (autochthonous)
'Out of the blue', 'brain wave' arise fully formed as sudden intuitions, occur in a single stage *Wahneinfall* (Ger.)

Delusional perception
Occurs in two stages: real perception and delusional interpretation
First-rank symptom of schizophrenia
Does not have to be simultaneous
Usually occurs in the setting of a delusional mood

Delusional atmosphere
Delusional mood

Delusional memory
Retrospective delusions
Is remembered in the past – both the perception and the interpretation are retrospective

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Secondary delusions

- 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 of which patient's interpretations, 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)
    - ***Sensitiver Beziehungswahn***
    - often arise as a consequence of a key experience

- **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 or her beyond the bounds of reason
    - does not have a stereotypic quality (unlike obsessional rumination)
    - never considered senseless by the patient
    - tends not to have a bizarre quality, e.g. preoccupation with the water being over-fluorinated
    - associated with:
        - personality disorder (especially paranoid)
        - morbid jealousy
        - hypochondriasis
        - dysmorphophobia
        - parasitophobia (Ekbom's syndrome)
        - anorexia nervosa
        - transsexualism

    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

Types 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

cf. De Clerambault's syndrome. Also known as erotomania

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- guilt, unworthiness
- poverty, nihilism
- grandiosity
- infestation:
    - Ekbom's syndrome – seen in organic states and drug (cocaine) misuse
- **Misidentification:**
    - Capgras' syndrome – familiar individual replaced by stranger
    - 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
    - Intermetamorphosis – People in environment swap places with one another
- **Communicated delusion - *folie à deux***
    - principal (already psychotic) transmits ideas to associate, who then becomes psychotic
    - principal 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

Cotard syndrome

Common in the elderly
Psychotic depression with bizarre hypochondriacal and nihilistic delusions
Bizarre often tinged with grandiosity
Depressed mood with agitation or retardation

Depersonalisation and Derealization syndrome

Depersonalisation (DSM 5): Experiences of unreality, detachment, or being an outside observer with respect to one's thoughts, feelings, sensations, body or actions
Derealization (DSM 5): Experiences of unreality or detachment with respect to surroundings

In ICD-10 depersonalisation is explicitly linked with the related phenomenon of derealisation, in the diagnostic category of depersonalisation–derealisation syndrome, 'in which the sufferer complains that his or her mental activity, body, and/or surroundings are changed in their quality, so as to be unreal, remote, or automatized'.

Diagnostic criteria for depersonalisation disorder, adapted from ICD-10 and DSM-IV
ICD-10
Either or both of (a) and (b), plus (c) and (d):

a. Depersonalisation symptoms
b. Derealisation symptoms

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c. Acceptance that this is a subjective change not imposed by any outside agency
d. Clear sensorium

DSM 5

- Derealization or Deperosnalization or both
- Intact reality testing
- Clinically significant distress and/or functional impairment
- Symptoms do not occur exclusively as part of another disorder or due to direct physiological effects of a substance

Obsessions and Compulsions

Obsession refers to impulses and thoughts
Compulsions confined to motor acts
Characteristics of both:
They must be recognised as the individual's own thoughts or impulses
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
The thought of carrying out the act must not in itself be pleasurable (simple relief of tension or anxiety is not regarded as pleasurable)
The thoughts, images, or impulses must be unpleasantly repetitive

- according to Lewis (1936), obsessional thoughts have three essential features:
  - a feeling of subjective compulsion
  - a resistance to it
  - preservation of insight
- obsessional images are always known by the patient to be his own thoughts
- it is the resistance to the repetition of the act, not the act itself, which is the key feature
- Characteristics of compulsive acts:
  - the act has to be a purposeful one
  - it has to be performed in accordance with a certain set of rules
  - the act is not an end in itself, but is designed to bring about another state of affairs (e.g. averting disaster)
  - 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 obsessions

Obsessional thoughts / ideas
Repeated, intrusive thoughts interfering with normal train of thought, causing distress
May be single works, phrases, rhymes, or puns - often violent, obscene or blasphemous
Attempts to exclude them lead to distress

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Obsessional images
May be of four types:

- **obsessional image** – depicts repetitively the unwanted intrusive cognition
- **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
- **disaster image** – compulsive checkers may also 'see' the disaster happening, if they do not turn the gas taps off for example
- **disruptive image** – may intrude whilst compulsive rituals are being carried out and necessitate the ritual being recommenced
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Obsessive ruminations
Endless inconclusive internal debates. Ruminations are often pseudophilosophical, irritatingly unnecessary, and repetitive and achieve no conclusion

Obsessional doubts
Concern over actions, e.g. gas not switched off, doors not closed

Obsessional convictions
E.g. if I think about him he will die
May be delusional in intensity

Compulsive rituals
Mental rituals such as counting
Physical activities like washing and checking
May be related to thoughts, or be unconnected
Hand washing is more common in women

Obsessional slowness
Slow activity out of proportion to other symptoms
Affects goal directed activity – automatic activity is still carried out quickly
More common in men

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