Basic of Mental Health and Clinical Psychiatry
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Lecture 12
Descriptive Psychopathology

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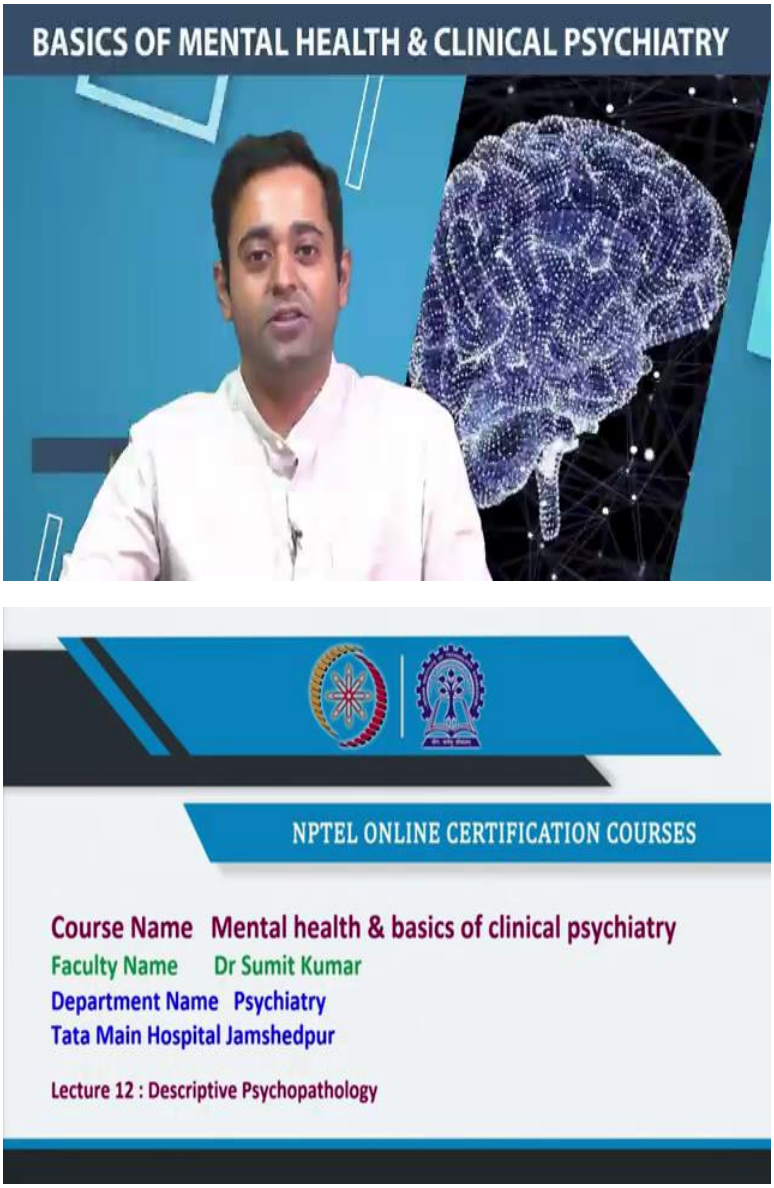

Hello everyone, today we will be discussing about the topic Descriptive Psychopathology. Let us start with the lecture number 12.

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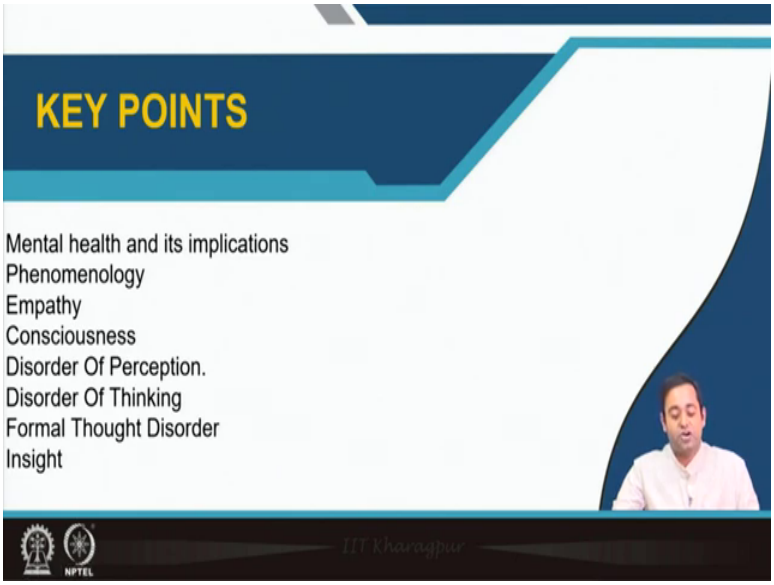

What are the topics that we will be discussing, the headings are Mental health and its implications, Phenomenology, Empathy, Consciousness, Disorders of perception, Disorder of thinking, Formal thought disorders and Insight.

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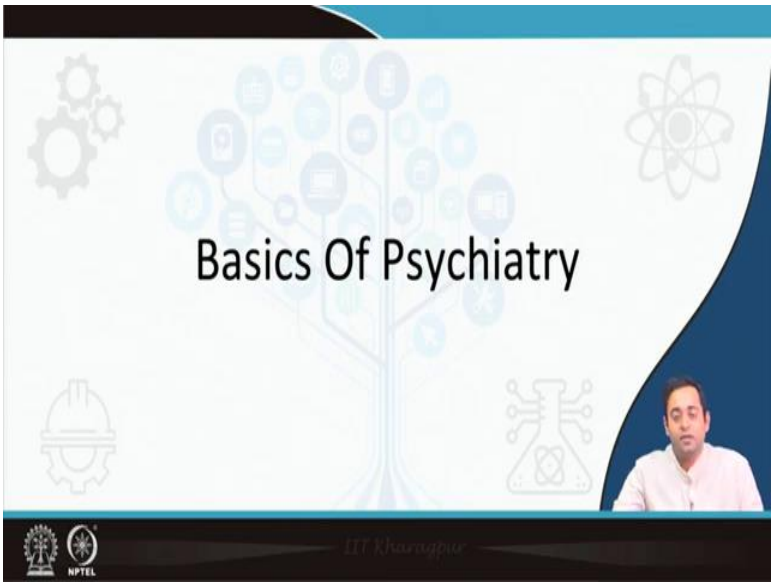

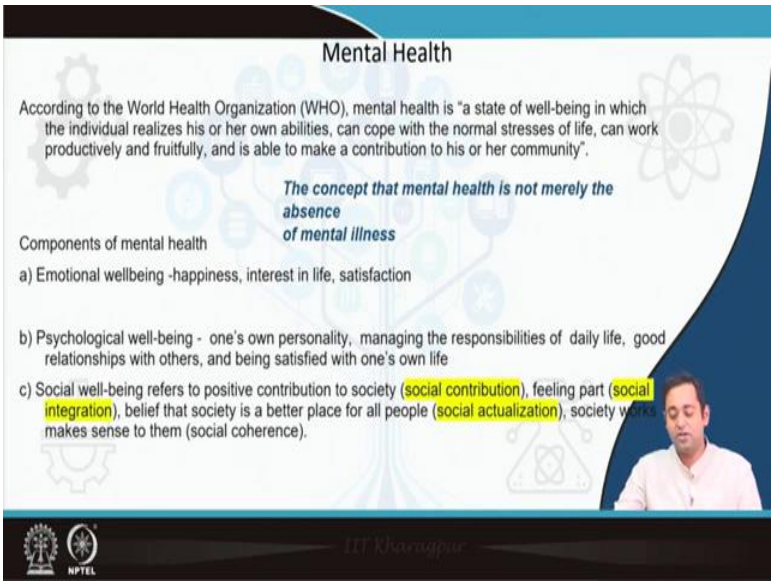

Now, what is mental health? Mental health is nowadays most sought after topic that everybody is talking about, because it forms a very important part of our life. Now, as the WHO has propagated that no health is complete without mental health or incorporating its components. If you take the scenario of the world that every people in this world is facing with stress or its related problems which actually converges into mental illnesses and India is actually not alien to this entity.

Now, what actually is a stress? Stress is something which decompensates our internal homeostasis of the body, it can be due to various of the reasons, physical factors, emotional factors, psychological factors, basically divide into two divisions, external and internal. So, internal is something which is related to your own body, your medical disorders, an external is psychological factors, genetic factors or societal factors, people where you are staying they all can contribute to developing stress.

Now, stress is only present everywhere for all persons, child, adult, middle aged, everybody experiences stress in our life and it is actually person specific, the importance to the stress is person specific. Now, what happens stress actually contributes to this physical and changes in our homeostasis.

Now, a person who is experiencing this kind of stress can be due to a variety of reasons for a child it can be he is not getting holidays in the school, for an adult it is like you are going for a presentation and your boss is maybe trying to criticize you this actually gives rise to another

form of stress. So, everybody has personal implications to stress. Stress can be very detrimental to the person.

Now, what is the definition which is given by the WHO, mental health is "a state of well-being in which the individual realizes his or her own abilities can cope with the normal stresses of life can work productively fruitfully and is able to make contribution to his or her community."

Now, that does not mean that if you do not have a mental illness you are not having good mental health, it means that there are some components of mental health, emotional well-being, psychological well-being and social well-being, emotional well-being is when the person is happy content in his life, psychological is when you are trying to manage your day-to-day life responsibilities and social well-being when you are trying to integrate in the society and you are contributing to the society, so that is social contribution social integration and social actualization.

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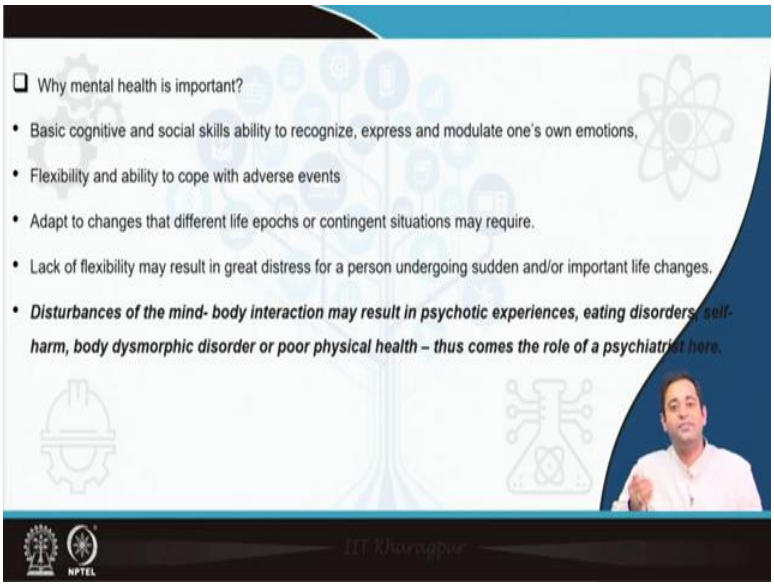

Why mental health is important? It is the basic cognitive and social skills to recognize, express and modulate one's own emotions. So, what I was talking previously was the children who was not getting holidays in the school and the person who was going for presentation he was being criticized by the boss, if he was experiencing stress he was not able to analyze those thought processes which he was undergoing, he should have been more flexible.

So, what make you more flexible and in order to analyze those thoughts those undergoing stress processes, it is your prefrontal cortex, it is your cortical area supporting area the synchronization between these two they actually make you more flexible and cope up with the stresses which you are facing, which is not actually happening for the person who is undergoing this kind of stress and related mental illnesses. They actually cannot adapt to life changes situations and this lack of flexibility may result in great stress great, greater distress for a person undergoing certain important life changes.

And these disturbances of mind-body interaction may result in psychotic experiences, eating disorders body dysmorphic disorders or poor physical health. Now, when all this happens you actually decompensate and succumb to this life changing stresses and here comes the role of mental health professionals or the psychiatrist.

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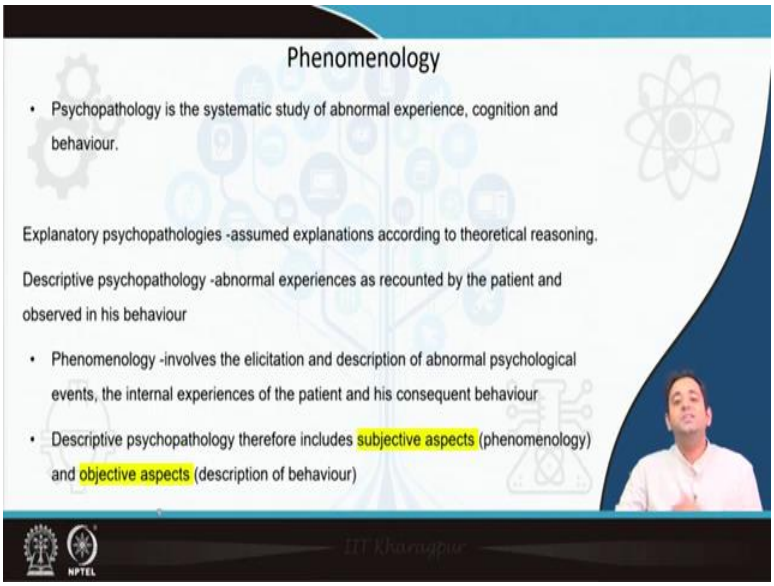

Now, what he does, he tries when you go and meet a mental health professional or a psychiatrist what he does he tries to elicit your abnormal processes which you are undergoing. Now, what are these abnormal processes? This is actually the psychopathology of the person who is undergoing stress. So, these are abnormal experiences and the behavior the thought process the cognition.

It is basically divided into two types explanation and the explanatory tribe and the descriptive type. The explanatory type gives you the reason why the patient is suffering from this kind of problem, it is due to biologic it can be due to biological reasons or psychological reasons or

maybe some social reasons that develop the descriptive psychopathology on the other hand just gives you the description of the patients undergoing problem the abnormal process.

So, descriptive psychopathology therefore includes the subjective aspects that is the phenomenology and the objective aspect is the description of the behavior itself, now this phenomenology this thing was actually given by Jasper's a German psychiatrist, who gave the concept of phenomenology and what he tried to tell was that the phenomenology is the patient's own subjective description of what he is undergoing in his behavior.

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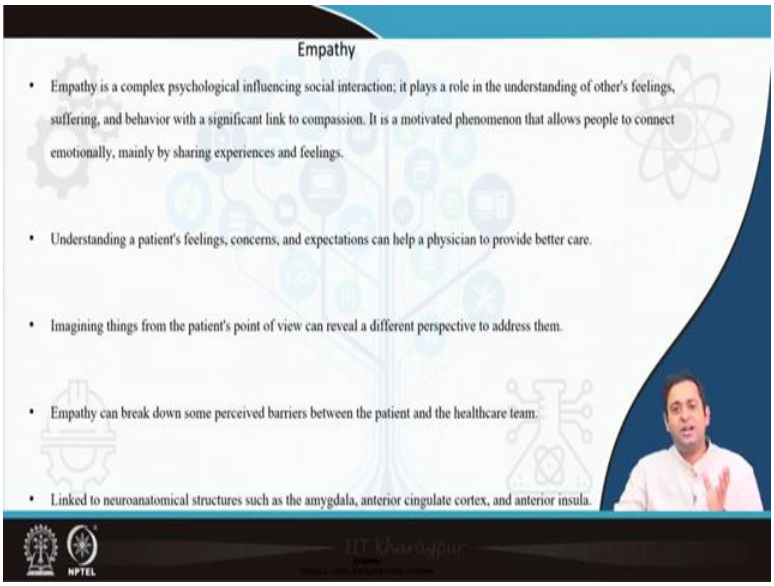

Now, what is empathy? There is a difference between word empathy and sympathy. Empathy is something which cannot be expressed it can be felt and sympathy is something which has to be expressed to the person who is facing some kind of problems. It is a complex psychological influencing social interaction plays a role in the understanding of others feelings suffering behavior with a significant link to compassion.

Now, you have to relate your feelings with what the patient is under what the person is undergoing that is what is an important component of empathy, what are the neuroanatomical structures linked to it? Amygdala, anterior cingulate cortex and anterior insula.

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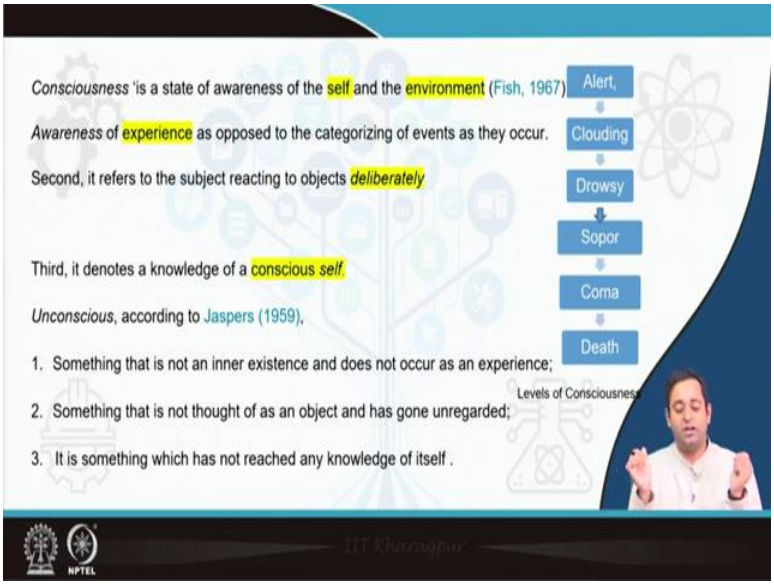

Now, let us come to Consciousness, now what is the consciousness? It is the ability to relate yourself to the environment. Now, how can you tell that, now here at this present moment I am giving this lecture I know I am sitting here in front of the laptop and I am speaking and you guys there you are watching itself maybe with your friends, so you are able to relate yourself you are setting you are speaking you guys are listening, so this is actually the awareness, the subjective awareness of yourself with that of the surroundings, you are experiencing this environment.

There are various levels alert, clouding, drowsy, Sopor, coma and death. Now, as you go down this levels the attention concentration the analyzing capabilities, the executive functions, the intensity, the severity it decreases. Now, consider it a more dramatizing situation to understand what actually consciousness is now we all have seen dramas and theater where artists are performing on these stages.

So, this stage is actually a platform which is provided by the conscious brain and the light which is thrown on the conscious brain is governed by the thalamus, so thalamus actually takes your sensations, your auditory sensation, visual sensations, tactile sensations and processes it and give it to the brain prefrontal cortex and they actually try to see what is happening.

And so you have the person who is performing you have the person who is trying to show what is being performed. So, there has to be a spectator who is actually listening and watching, so this spectator is actually being the work of this spectator is actually being done by the basal ganglia,

cerebellum, prefrontal cortex. So, they what they do they try to give feedback as well as perform these functions some alternative changes and all. So, here you go the conscious part of the brain is actually giving a platform to what is being going around.

Now, what is unconsciousness when you are not experiencing something when you are not able to relate to yourself, this happens basically when you are under the influence of some drugs or some traumatic brain injuries when you lose your consciousness.

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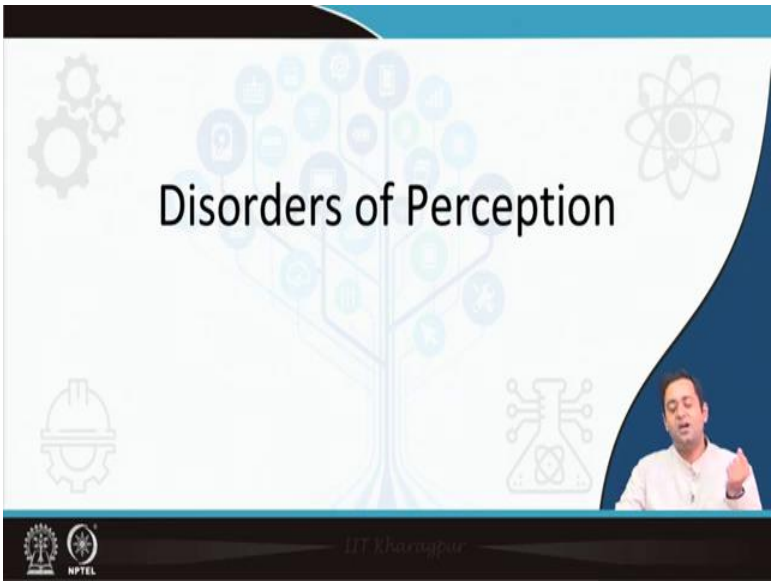

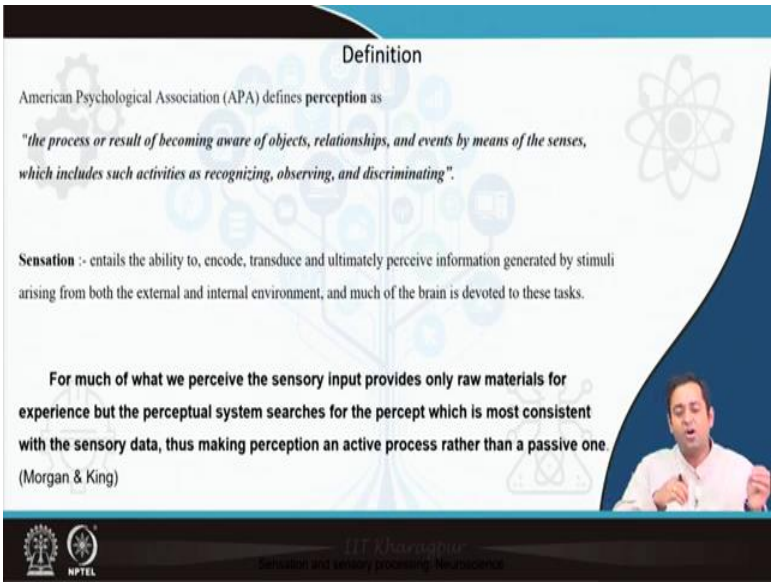

Now, what is perception and sensation? Now, sensation is actually ability to encode transduce and ultimately produce perceive information generated by stimuli arising from both the external and environmental and much of the brain is devoted to this task. Now, perception is a higher order function and sensation is actually taken by this peripheral nerves and given to the brain to process it and tell okay this sensation is touch, this sensation is tactile, the sensation is hot or this is warm, so this kind of thing.

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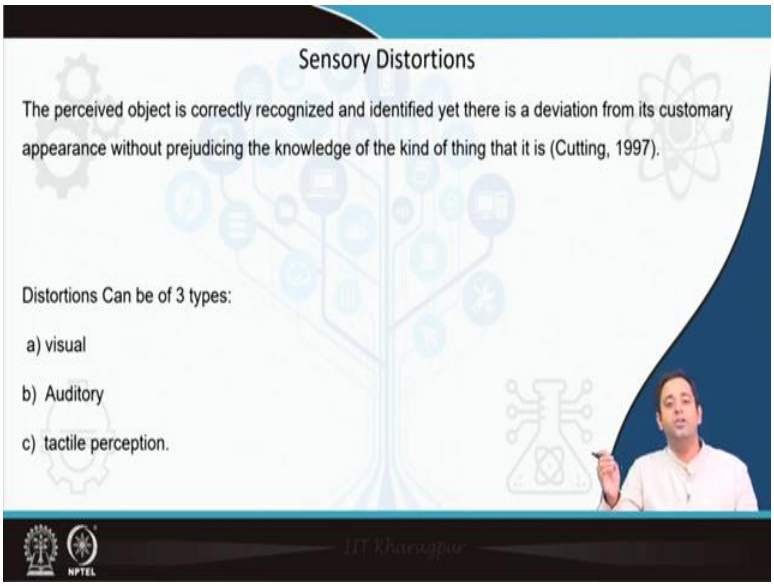

So, what is sensory distortion? So, sensory distortion is basically the misinterpretation of the perception which the patient which the patient actually experiences, this can be in various forms distortions visual, auditory, tactile, visual when you might see the images you might have when you actually experiences the image and you see this is a small pen but you think that the shape of the object has become larger, so it becomes micropsia,

if you see this pen but the interpretation is that this the side of this pen is actually decreasing, so it becomes micropsia, all these things. If you are able to see just half part of this pen, so then you might have then you might experience hemianopsia or paraphasia when the face is actually when you are seeing a person and you are not able to figure out his face that is paraphasia.

Likewise, you have auditory distortions, you have ()(11:55) is something where the auditory sensation when it the impulses when it ceases to exist and you continue to hear those auditory impulses. Likewise, you have tactile perception.

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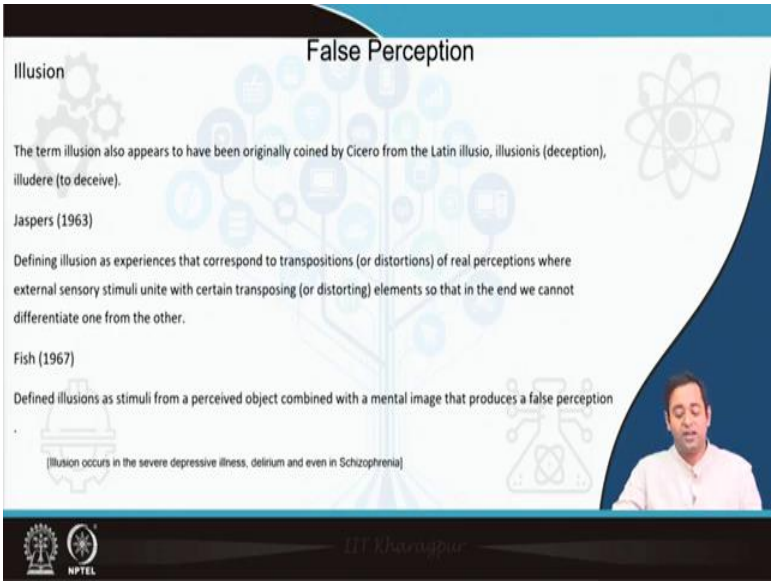

What is the illusion? Illusion is misinterpretation of a real perceived object. Now, there are various definitions given by renowned psychiatrists Jaspers and Fish also. So, the definition given by Jasper was experiences that correspond to transposition of real perceptions where external sensory stimuli unite with certain transposing elements, so that in the end we cannot differentiate from one to another. These are actually occurring in receiver depressive illnesses delirium and even in schizophrenia.

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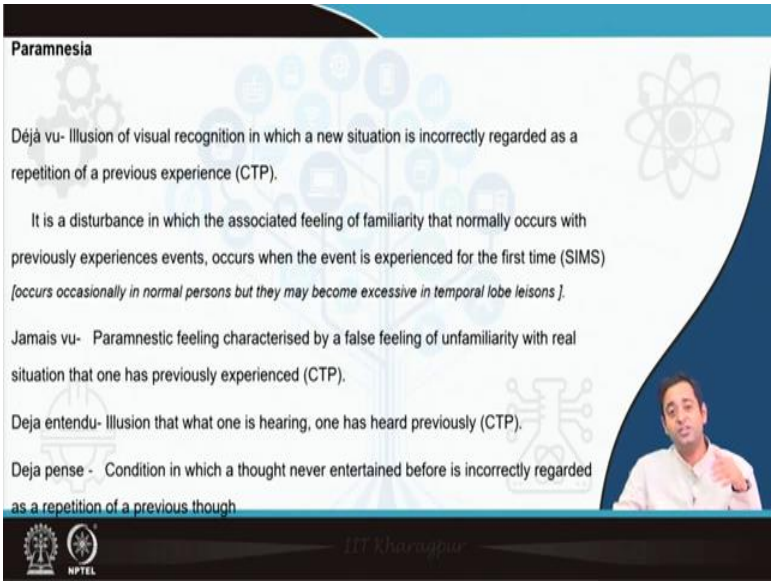

What are Paramnesia? These are difficulties in memory, so we all have experience Deja vu, Deja vu is something where you have gone to a new place but you think that the place where you have been is actually being visited previously by you. What is Jamais vu? Jamais vu is something it is just the opposite of Deja vu, where the patient actually feels that the real situation which he or she is in currently is being it is a false feeling.

What is Deja entendu? Deja entendu is what person was hearing right now or he is going to hear is actually being heard before whatever it is, whatever the alter impulses may be. Deja pense is something means the thought which was coming into his mind has actually being processed and it was this thought process is actually a repetition of the thought which has he or she has already experienced it.

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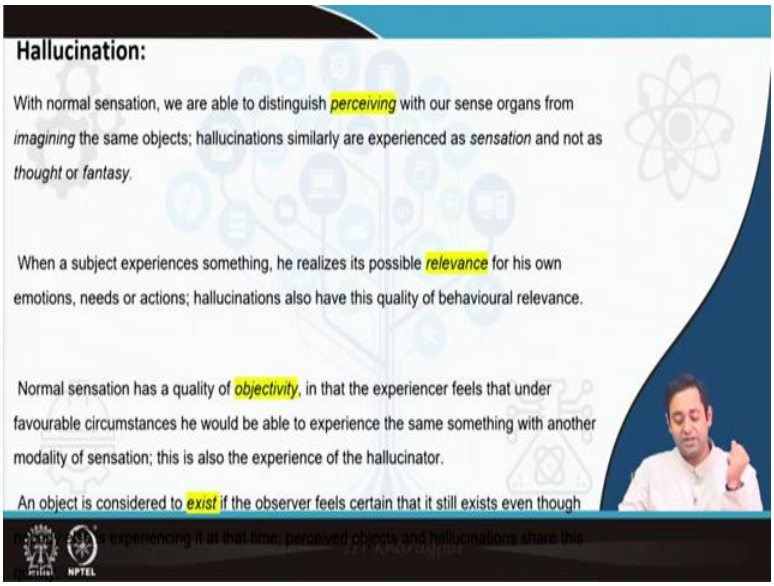

Let us come to hallucination, now we all know hallucination means you do not have a physical stimulus, there is no physical stimulus present in front of you but you are experiencing you are able to perceive an object, sound maybe a tactile stimulation, maybe a taste simulation or a smell. They can have five components in order to be certifying that this person is having definite hallucination you have to perceive with the help of your five sense organs.

Second is there has to be a relevance the person should relate himself or herself with the hallucination with the auditory modality with the modality which the patient is experiencing he should be having a relevance to that whatever he is experiencing there has to be a quality of

objectivity present, and if there is an objectivity there has to be existence of that hallucinating behavior.

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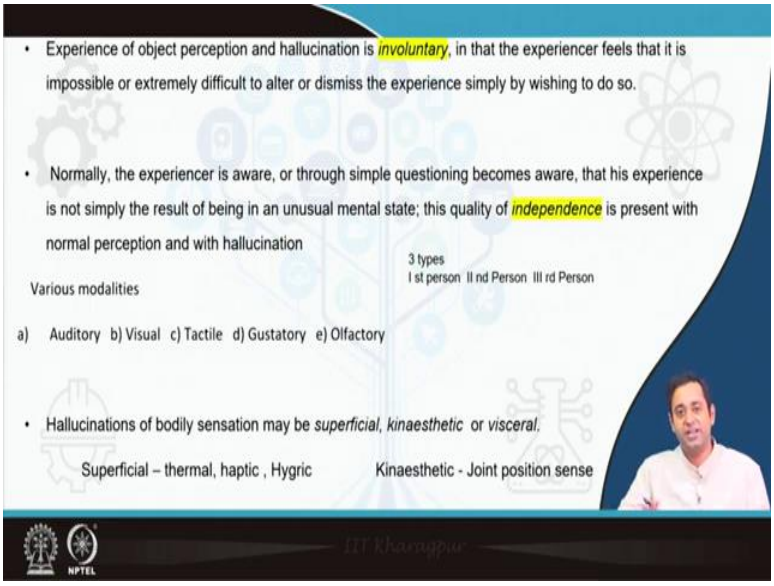

It has to be involuntary, it does not happened according to the patient's will and the last is the quality of independence. There are five major modalities, auditory, visual, tactile, gustatory, olfactory.

Now, there are three types of auditory hallucinations, first person, second person and third person. What is first person auditory hallucination? First person auditory hallucination is basically thought Echo what the patient is thinking currently, maybe if say for example I am thinking right now that if when I am finishing this lecture I will go outside and have an ice cream. So, there will be a echo inside my ear my thoughts in is being repetited, so I will be hearing my own thoughts, this is actually called first person auditory hallucination.

What is second person? Second person is when now here the let me tell you this first second and third person is exactly actually referring it to the person himself, the patient himself, first person is you, second person is you and third person is you. So, first person was when your own thoughts was a (())(16:05) Echo.

Second is when there is one person and he is referring you so you became the second person and the other person whose voices are being heard for the patient is actually the second person. So, second person alternate hallucination is basically commenting actions.

Now, how is this happening? Suppose I am lifting this pen right now my I will be able if I am a person who is suffering from second person or alternate hallucination I will be listening some voices who might be selling this person has lifted a pen and he is going to write something. So, this is actually commenting actions, if I am going to stand up from this place and go walk outside, there will be auditory impulses this voices which the patient might be hearing is that see this person is going to get up and work out of this place.

Now, what is third person auditory hallucination? Third person auditory hallucination is when you are the third person and there are two persons who are actually talking and speaking about you. Hallucinations of bodily sensation may be superficial, they can be superficial in nature kinaesthetic or visceral. A superficial means as I told you thermal means heat, haptic is touch and hygric is water, which can be the different kind of superficial sensations. And Kinaesthetic is joint position sense.

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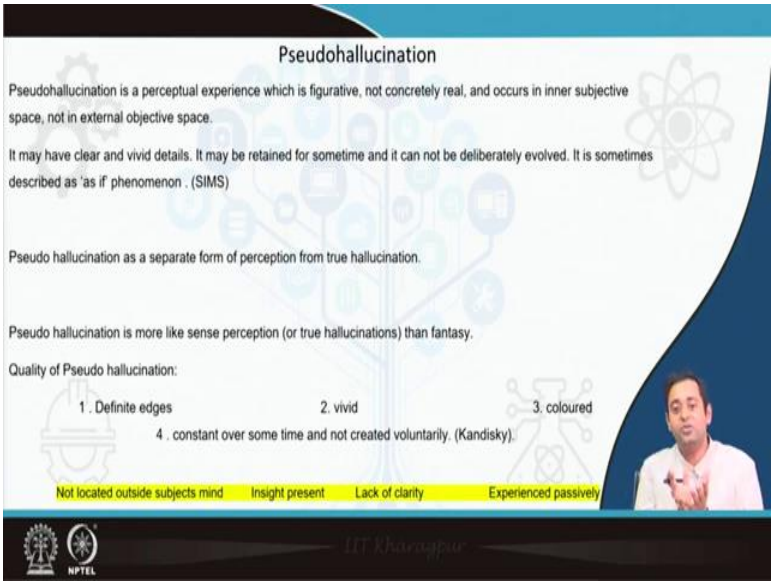

Now, what is Pseudohallucination? Let us just try to differentiate between hallucination and pseudohallucination. Now, in hallucination you were actually part of a psychotic process, but

here in pseudohallucination insight is actually present, inside I will briefly describe about the insight in the next few slides.

There is lack of clarity and the patient actually experiences this passively, there is vividness in the image which the patient is experiencing, there are different edges and they are retained for some time.

And the most important thing is that it happens in inner objectivity space, hallucination happens in external objective space. So, there the hallucination process is outside the patients and here in pseudohallucination the patient is actually experiencing himself, but whatever the process is he or she is undergoing is inside his own body.

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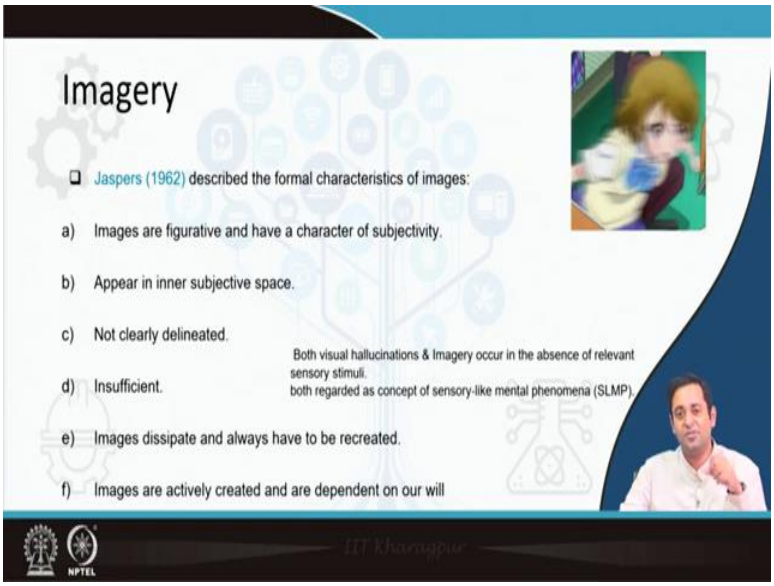

Now, what is an imagery? Jaspers gave the formal description of the image, they are figurative, then they have a character of subjectivity, they also occur in inner subjective space, they are not clearly delineated and images they dissipate as you can see in this image the images are actually very blurred.

Now, you can have a very clear-cut example for imagery maybe you are like suppose you are trying to take a sofa set out of a door you need to pass a sofa set from a door you are not able to figure out whether this sofa or a chair you will be able to take it pass the door, so you try to

figure visualize have a image that these all edges of the door can you fit in the sofa the chair can it really go inside maybe let us so that is actually a part of imagery.

Say for another example, we actually when we go for shopping the clothes when we see in the shopping malls we actually try to visualize this maybe this how will this clothes will actually look on me, will I be able to look good or actually this has to be changed, let us try something else. So, this actually a good example to understand what an imagery is.

Now, there is a difference when this imagery go on to develop a obsession when this becomes repetitive it becomes intrusive and it actually hampers and make your life miserable your social occupational dysfunction happen that is a different part.

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Let us have a recapitulation what we have gone through, normally this trumpet is being perceived as a trumpet itself when you have a normal perception, if there is a perceptual distortion then this trumpet is actually perceived as something else, the shape, the size, the edges and all the changes and illusion it is being taken as a piano. So, there is misinterpretation of the perceived stimulus. And lastly you have a hallucination, so here you do not have a physical stimulus but you are actually being perceived as a trumpet, this is a part of visual hallucination.

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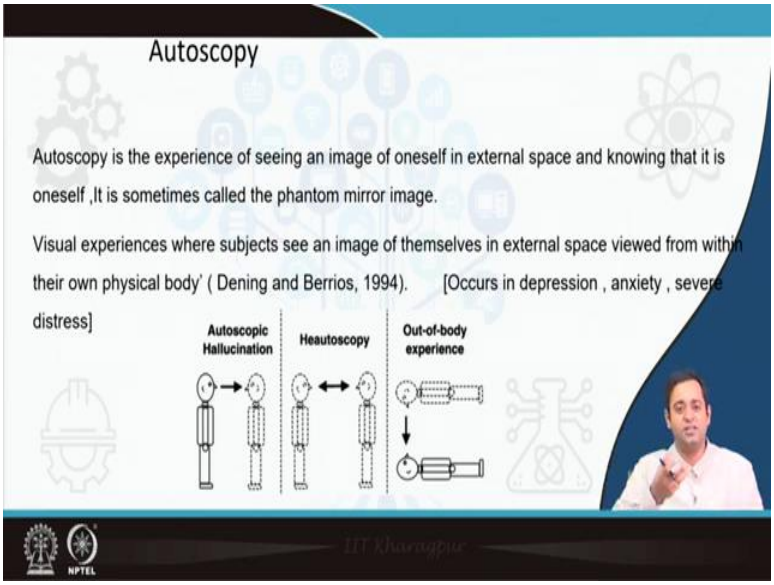

What is an Autoscopy? It is an experience seeing an image of oneself in external space, as you can see the person himself is being it is just like a mirror replication Autoscopic hallucination. And out of the or body experiences is actually seen as a near-death experiences when the patient actually sees that he or she has that it is actually depicted in movies also that when the patient dies the soul actually comes and wakes up and stands in front of the death of his own body and actually sees that the dead body is there his own body is there, so that is actually out of the body experiences.

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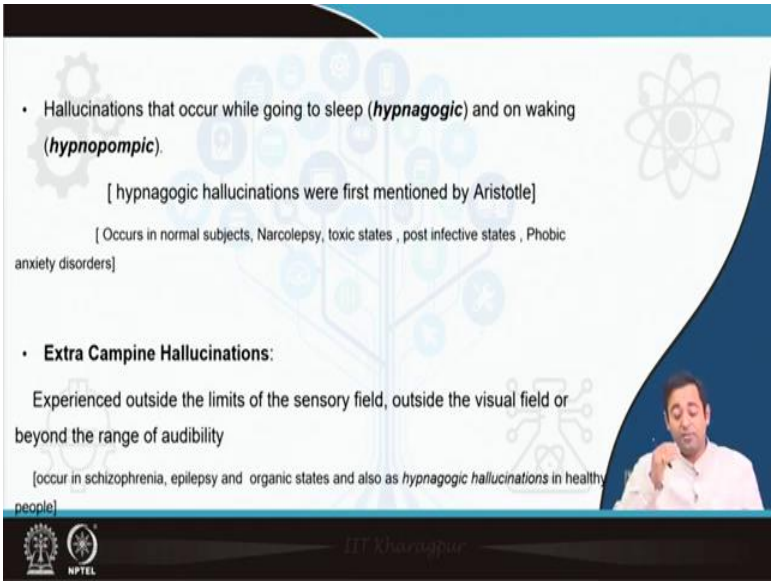

What are hypnagogic and hypnopompic hallucinations? The word hypnagogic here you have go, so when you go to sleep and the person goes to sleep the hallucination which he or she experiences is actually hypnagogic and on waking up with the patient experiences that is hypnopompic. So, it occurs in normal subjects as well as a narcolepsy, toxic states, post-infective states and phobic and anxiety disorders.

What are extra campine hallucination? Extra campine hallucinations are when you are able to experiences the sensory modalities outside your limitations of vision, touch all these things maybe you are if I am able to speak with my mother who is happened to sitting some 10 to 20 kilometers across where my visual sensations are not matching which the limit of my sensory but all my sensory modalities is actually canceled.

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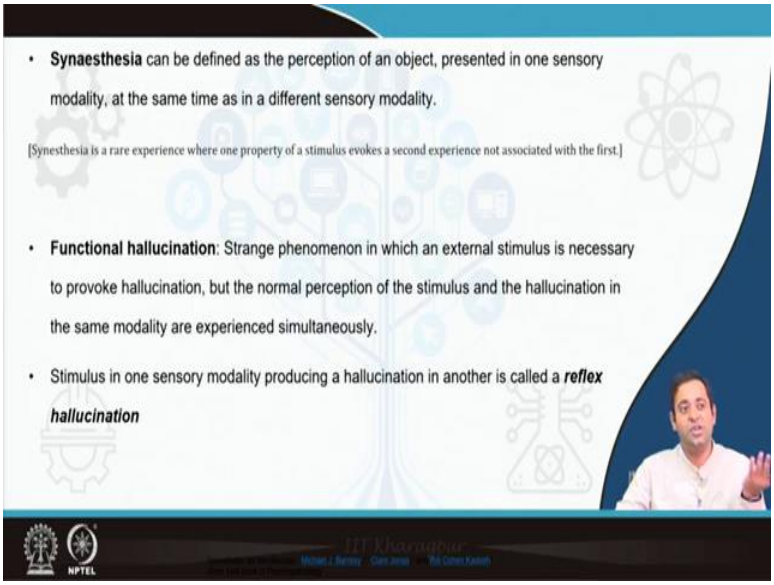

Synaesthesia is when you have two simultaneous expression the perception of two simultaneous hallucinations, what is functional hallucination and what is reflex hallucination. Now, functional is when you have hallucination in one modality suppose visual as, so simultaneously a visual hallucination.

So, there is a stimulus in one modality and you have the hallucination in the same modality, suppose if you open a tap the water will be trickling, so at that very same point of time you might hear voices, so the tap of the sound there is auditory stimulus, there is auditory hallucination. So, both the modalities are same, this is functional hallucination.

Reflux hallucination is when you have different modalities, if there is a telephone ringing in front of you and if you happen to see a figure a image, so there is auditory stimulus and there is visual hallucination, this is reflex hallucination.

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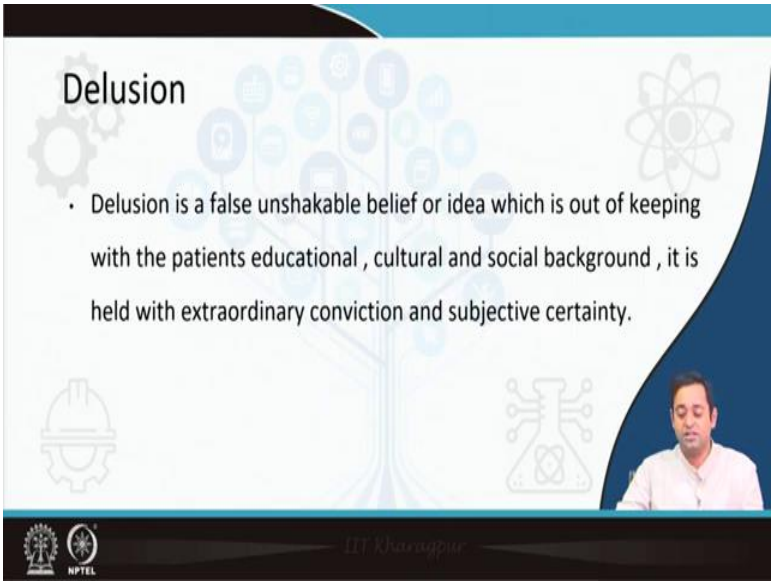

Let us go to disorders of thinking. What is a delusion? Delusion is actually false unshakable belief or idea which is out of keeping with the patient's educational, cultural, social background and it is held with subjective certainty and conviction.

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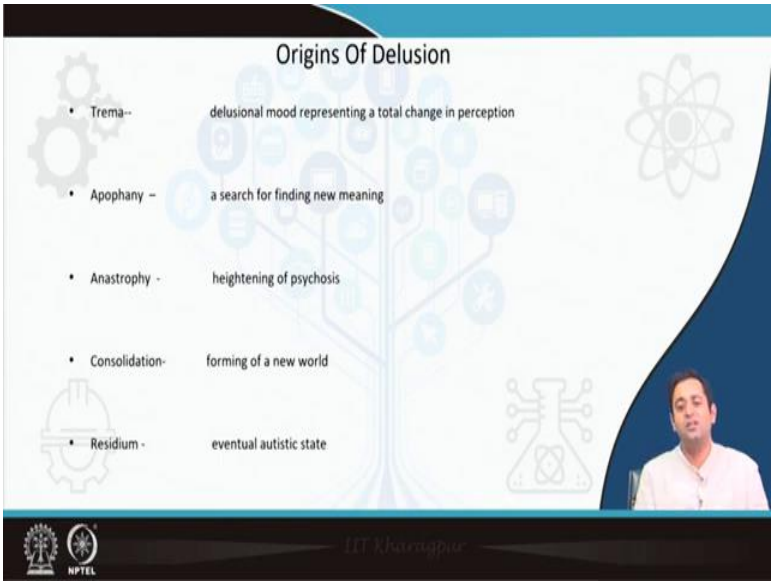

There are various phases of an origin of delusion, how it evolves. So, there is a delusional mood when the patient experiences starts experiencing delusion he develops this kind of delusional mood something unusual is going to happen. Next is Apophany the patient tries to find for the reasons that how is this unusual which I am experiencing what are the reasons which I am experiencing, so he goes on to search for the causes apophany is that. Anastrophy is when there is hardening of the psychosis patient actually develops in the intensity of the psychosis increases and lastly there is a full form of delusion.

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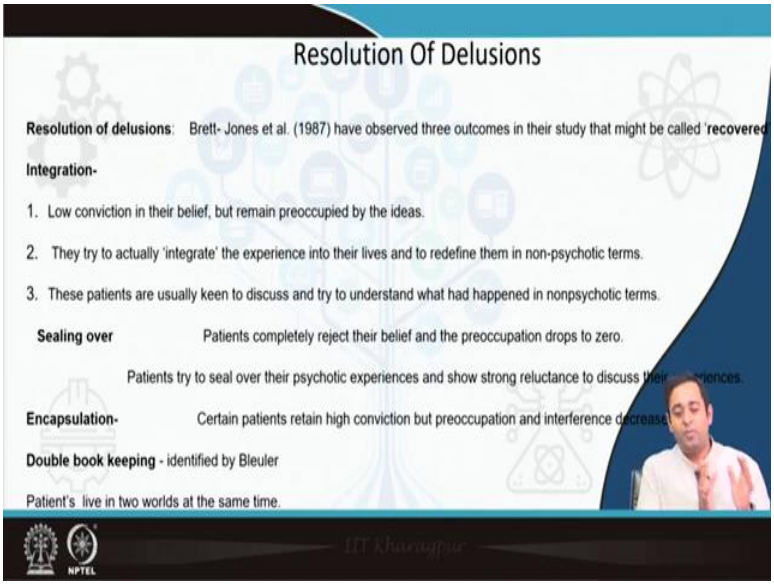

The resolution of delusion happens with three stages, this is integration, sealing over and encapsulation, in all these stages there is a sequential decrease in the intensity of delusions as previously how did when the delusion was originating there was increase in the intensity in the resolution part that is decrease in the intensity of the delusions. So, there is this preoccupation with the idea that this is something which I was experiencing before, now I am not experiencing and there is subjective deterioration of the intensity.

Double book keeping is something which patient has a psychotic process and a normal life process. So, the normal life part stays with the psychotic person of the patient, so there is that is why there is two worlds living at the same time, this concept was given by Bleuler.

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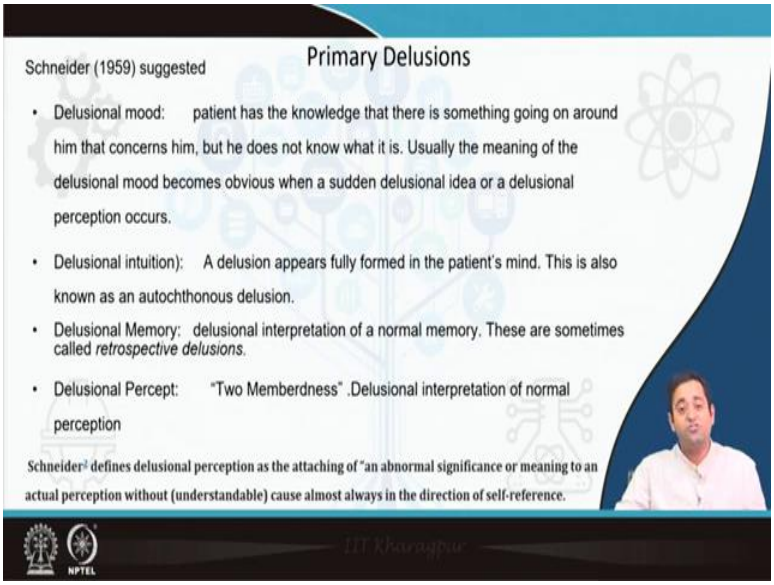

So, primary delusions, primary delusion is basically of four types, delusional mood, intuition memory and percept. So, there is a difference between delusional, percept and memory percept is something when you are experiencing two things, one is the normal perception and then there is a delusional interpretation of the delusion perception and mood is what I have told you previously.

So, Schneider was the person who described the delusion perception as the attaching of a normal significance meaning or to an actual perception without understandable cause almost always in the direction of self-reference.

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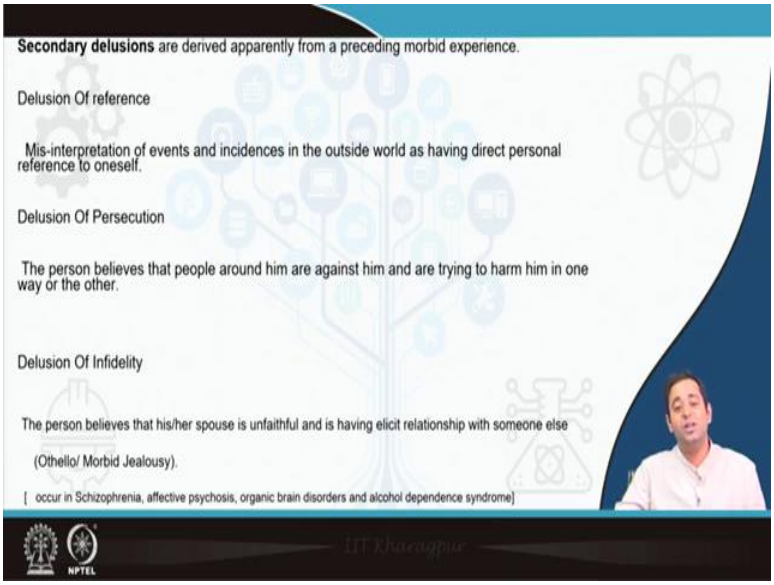

Likewise you have secondary delusion, references when the patient is being referred a persecution is when the when somebody is after you so it is persecuted, infidelity is when the patient actually feels that he or she is might in love with someone else who's of the higher economics strata.

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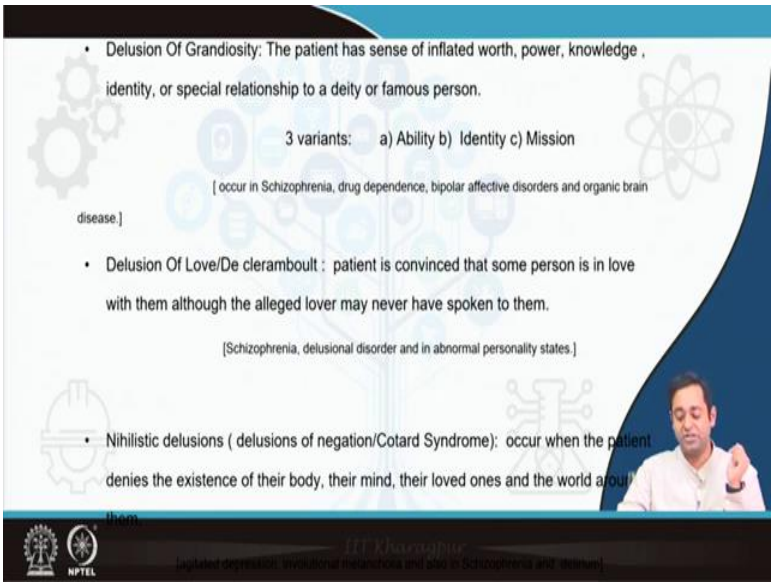

Grandiosity is when the person feels rich with self-inflated worth, power, knowledge, there can be three variants ability, identity and mission. Delusion of love that we have discussed realistic dilutions is actually part of a depressive rumination process, it happens in seaweed depression

where the patient feels that their organs are actually rotten, they are going to die they are not going to exist.

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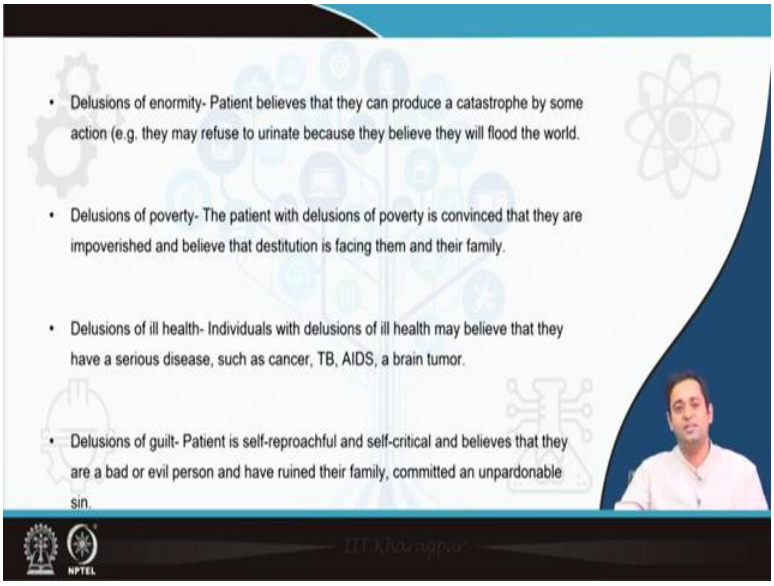

Enormity is that they have some power to produce some kind of catastrophe. Poverty is when actually the patient feels that they are losing money and they are not going to like they will be impoverished and they will be out on the streets, ill health means you are actually facing some kind of very severe disease like cancer, TB or AIDS, guilt is when you have committed some severe sin and God is not going to forgive you.

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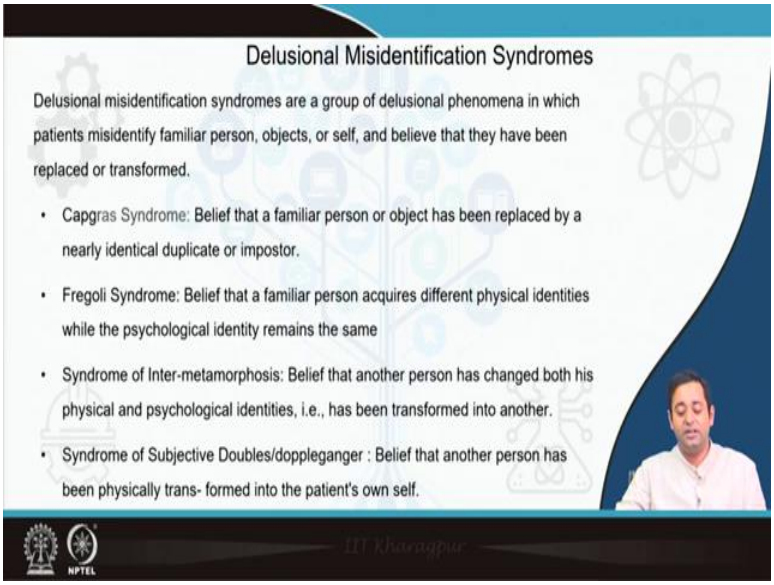

There are several delusional misidentification syndrome basically four are there, Capgras, Fregoli, syndrome of Inter-metamorphosis and subjective doubles. In subjective doubles the patient actually identifies itself as a there is a subjective replica of himself.

In inter metamorphosis the patient there is a psychological as well as physical identity which is hampered. In fregoli the patient's psychological identity remains the same but the person feels that there is some familiar person who has acquired a different physical identity. In capgras a familiar person or object has been replaced by a near identical duplicate person.

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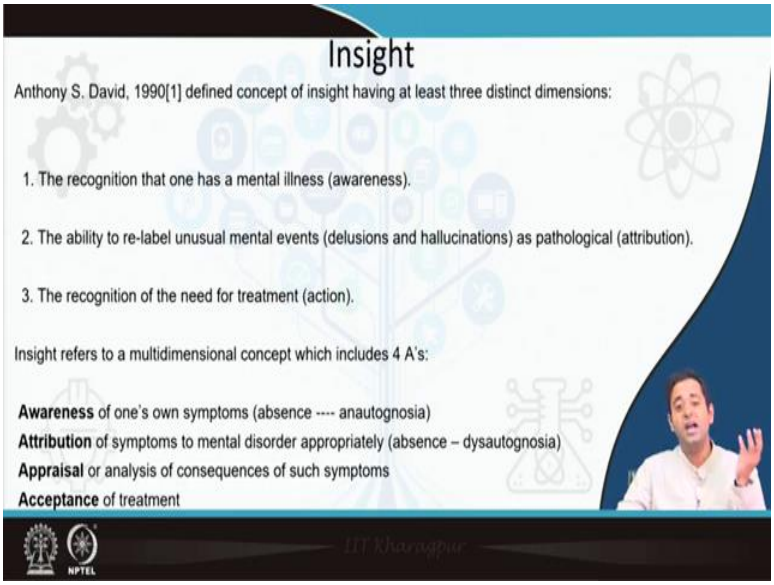

What is an Insight? Inside is actually the recognition of a mental illness, the recognition of ability to re label this as mental illness which is happening that is delusional hallucination what the patient is actually undergoing he should as he should actually analyze that this is my problem which I am undergoing. So, basically we have awareness, attribution and appraisal as well as acceptance of the treatment.

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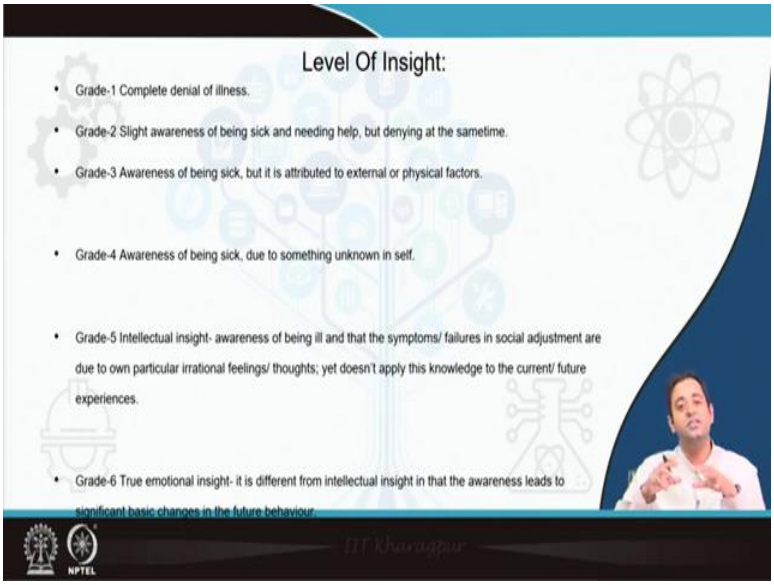

There are 6 stages of insight, grade 1 is complete denial when the patient tells that I am not suffering from any kind of illness. Grade 2 is when the patient is actually having awareness but

at the same time he denies. Grade 3 is when the patient accepts that he is sick and attributes these causes to physical problems.

Grade 4 is when he told I do not know what is the reason but he accepts the reason. Grade 5 is the intellectual insight where the patient actually has this awareness that he or she is suffering from a problem and the knowledge which she has is not being utilized to change the state of the situation, last is the true emotional inside, the normal insight.

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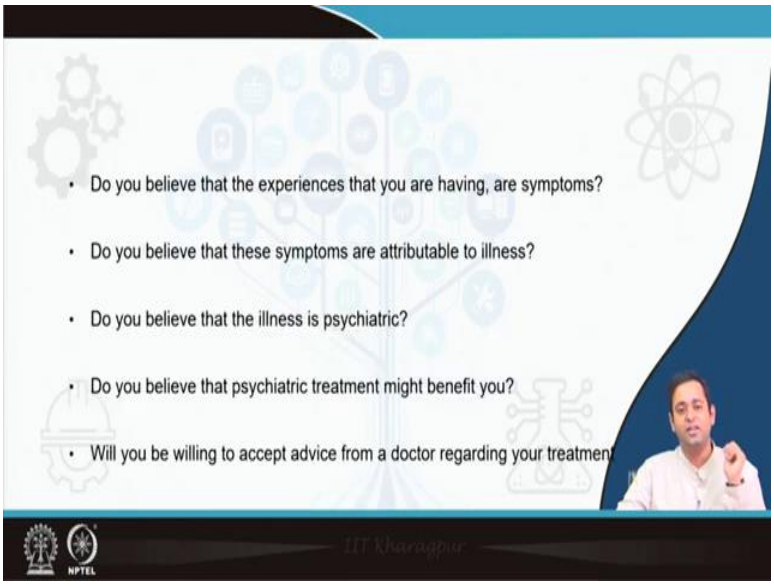

These are the questions which actually being asked when the patient is being assessed for psychotic process.

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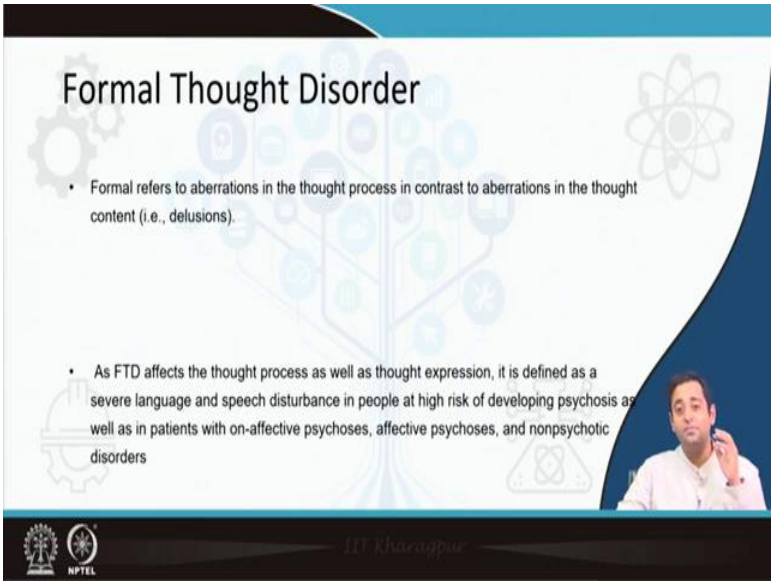

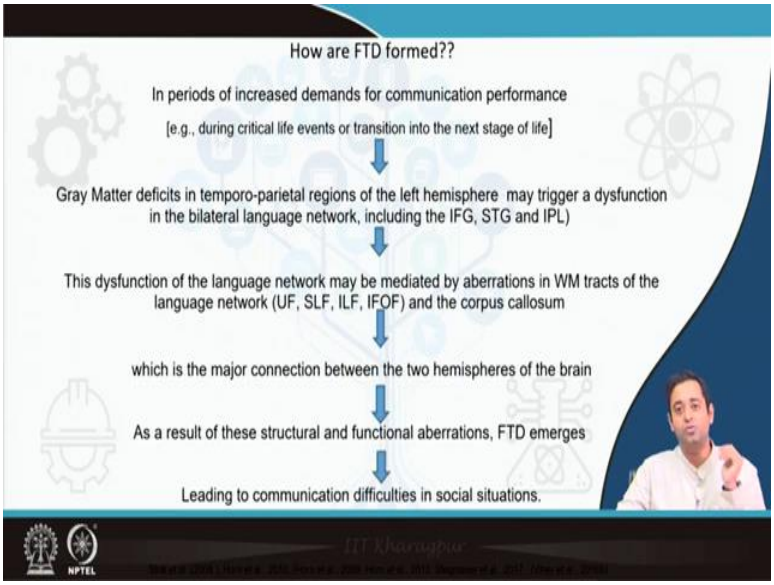

Now, what is the formal thought disorder? This is actually the thought abnormal process which is undergoing in the thought process, it does not be thought content, so this actually leads to differences in speech and language.

Now, how it is formed? There are periods of demands of communication performance which actually leads to deficits in Gray matter and temporal parietal regions in both the hemispheres right and left and since corpus callosum is actually trying to mediate those information from right and left, there is disconnection in this two hemispheres which actually results in the structural and functional aberrations which leads to FTD that is formal thought disorders.

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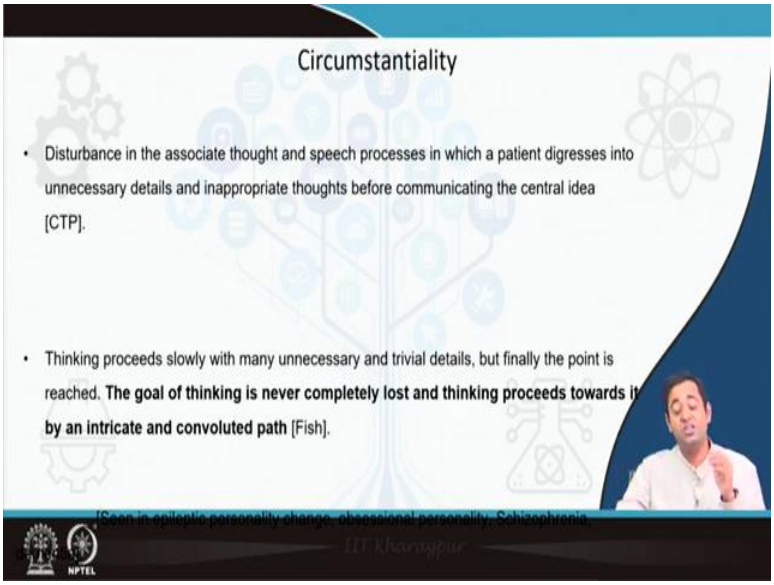

What is circumstantiality? Circumstantiality is when the patient actually not talk about the central idea and deviates beat about the bush in trying to explain when the patient is being asked her to narrate about a simple incident. Suppose if somebody has asked to the patient who is suffering from schizophrenia what is your age, so he might be telling all sorts of things in a very elaborate kind of fashion which is not even needed and ultimately going and talking about the age that is circumstantiality.

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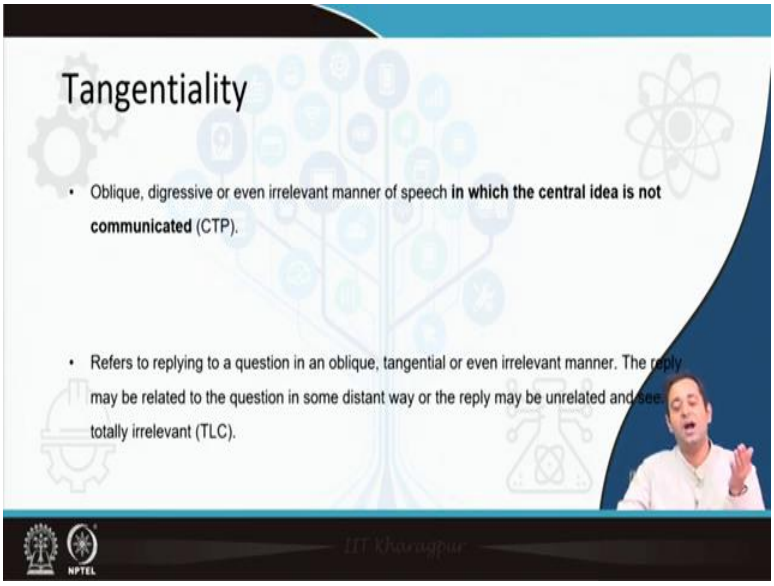

Tangentiality is when the patient actually deviates from the question which is being asked to the patient and it does not reach us to the goal what is being asked.

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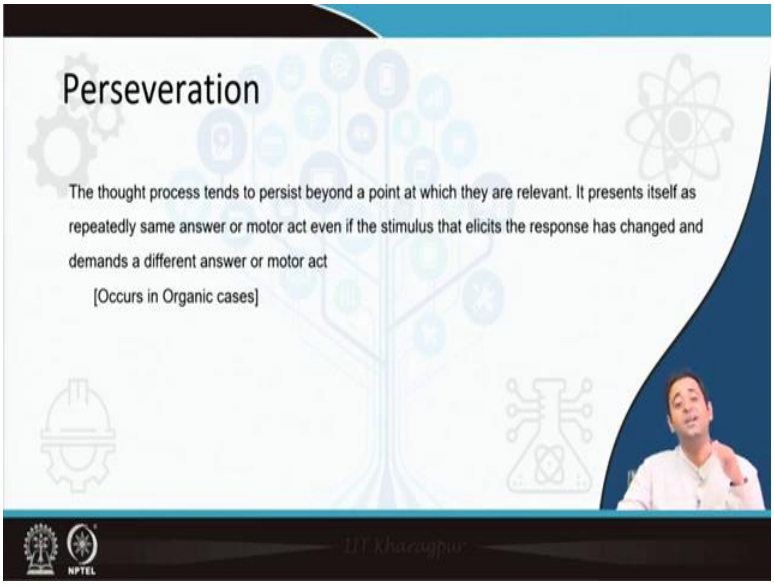

Perseverance when there is a constant repetition of the equation, so say for example in perseveration if the patient who is having schizophrenia if he is being asked what is your name he will answer his name, if he is next question if he is being asked what is your age he will again answer his name, so there is persistent beyond a point at which they are relevant.

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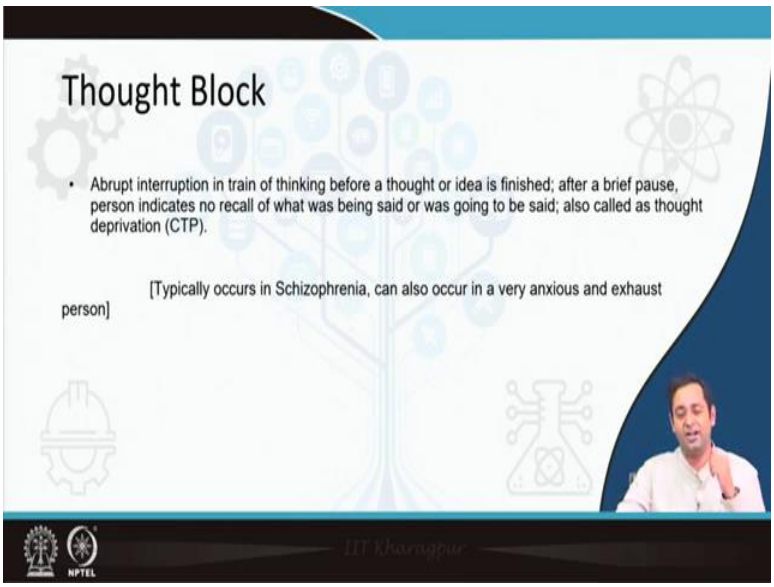

What is Thought block? Thought block is whenever there is a question is being asked or to narrator some kind of thing about the person itself who is suffering from schizophrenia, in the middle of the narration he will stop and he will not he will forget, when he again starts to speak regarding that thought process he will actually forget and there will be no synchronization between his narration.

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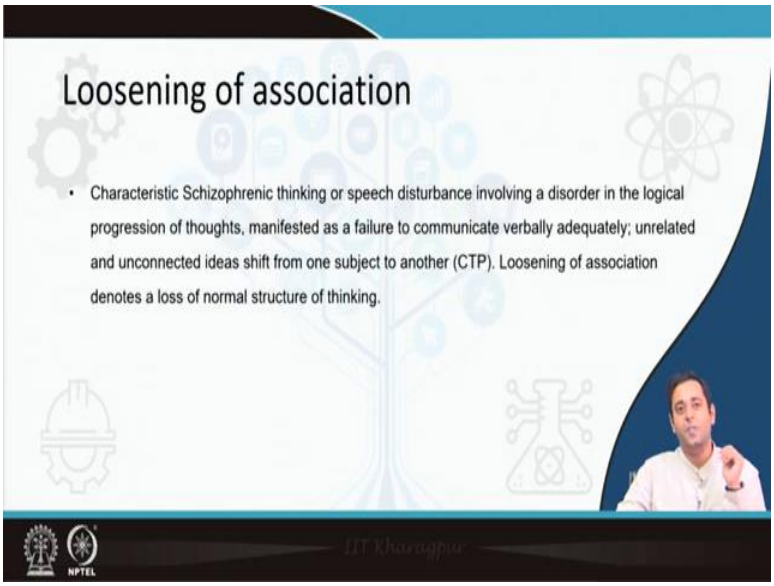

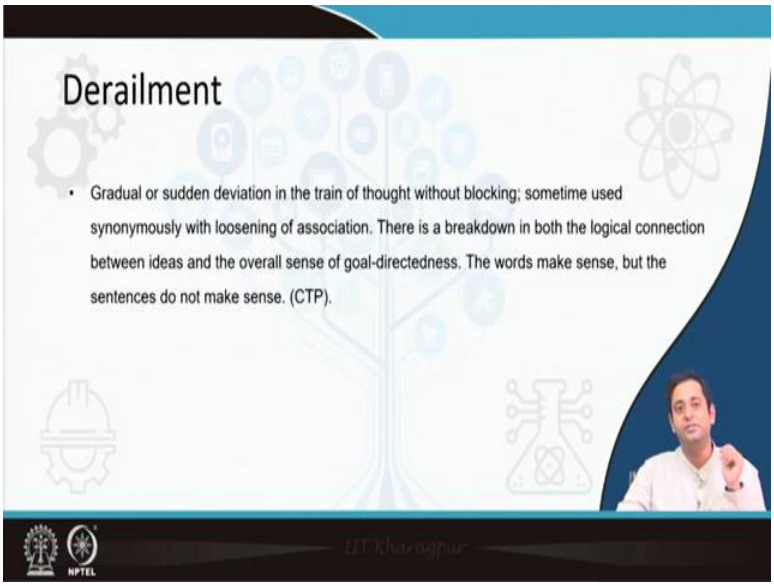

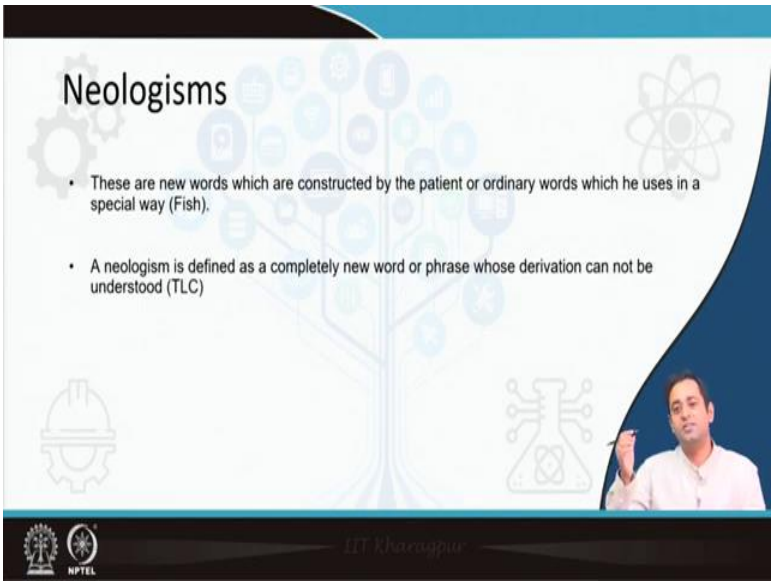

Loosening of an association is basically derailment. Neologisms is when you have a new meaning given to a normal day-to-day life processes like if the patient is being asked what is this so he might have a different name to this pen, you might talk this is something some words which he or she knows the meaning and he uses that word.

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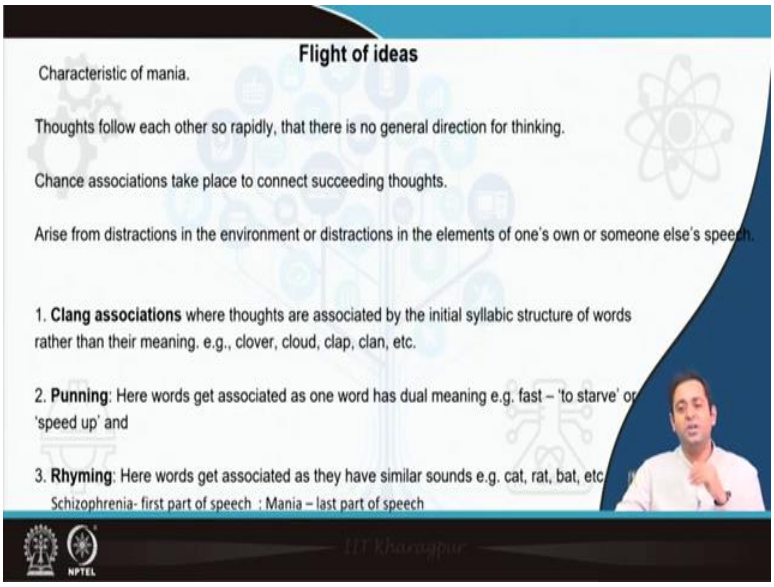

What is Flight of ideas? Flight of ideas is when you have thoughts which follow rapidly and there is no direct general deduction in the thinking, there is change association which takes place to connect succeeding thoughts, basically three types of changes which is seen in flight of ideas, three types of relevant changes, Clang association, Punning, Rhyming.

What is Clang association? Clang association is when the thoughts are associated with the initial syllabic structure of the words, like cloud, clap, the CLA part the initial part of the syllable is there in clang association.

Punning is when you have a dual meaning of a word like fast is also mean to stop and also means to speed up. In rhyming you have words of similar sounds like cat, bat, rat, this is actually seen in schizophrenia and Mania both, in Mania you have the last part of the speech we have the similar sound and in schizophrenia you have the first part of the speech.

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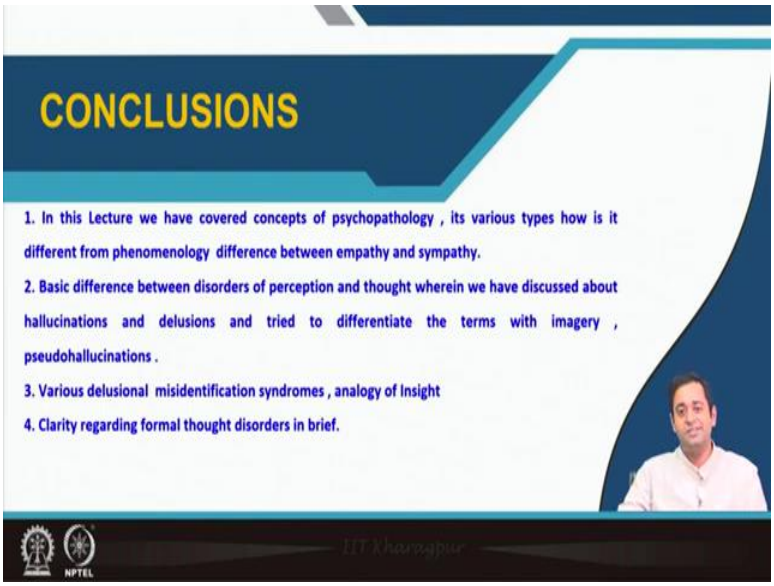

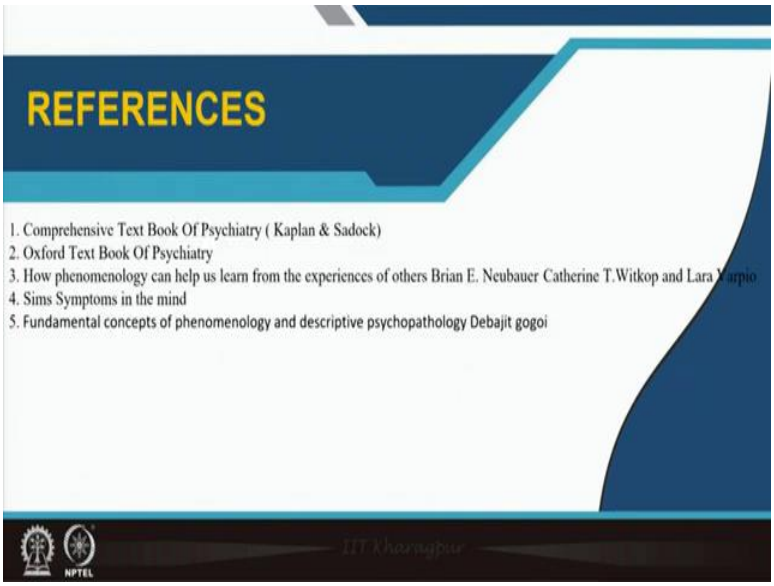

So, what have we learned so far in this lecture, we have covered concepts of Psychopathology,various types, differences with the phenomenology, empathy and sympathy, basic differences between the disorders of perception, thought when we have discussed about hallucinations, delusions, try to differentiate with the imagery, Pseudohallucination, whereas, this delusional misidentification syndromes, analogy of insight and some clarity regarding thought formal disorders in brief. Thank you.