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Department of Psychiatry, Narcology and Medical Psychology

Disorders of sensations and perception.

Pathology of memory, thinking and ntelligence. Disorders of the motor-

intelligence. Disorders of the motor-volitional sphere, emotions.

Syndromes of disturbance of consciousness.

The psyche

□ is a product of the development of living matter, a subjective image of the objective world, based on and through which happens orientation and leadership behavior.

PSYCH F

MENTAL PROCES SES

MENTAL PROPERT IES

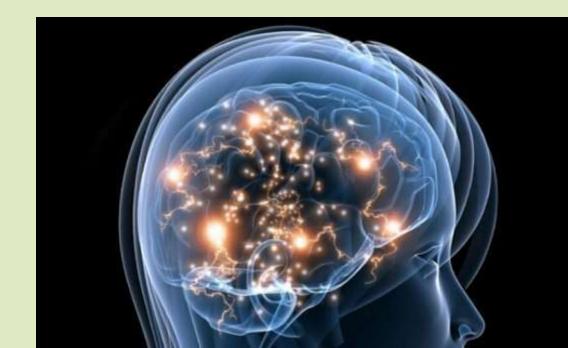
MENTAL



- Mental processes are forms of subjective reflection of objective reality, through which the world is learned, knowledge and skills are acquired. Among them are: cognitive (feelings, perceptions, memory, attention, thinking, speech) and emotional-volitional (feelings, emotions, will).
- Mental properties are individual psychological features that will distinguish people, know their actions and motives.
- Mental properties include orientation, temperament, character and abilities.
- Mental states characterize the temporary dynamics of mental activity, which affects the behavior and activities of the individual (eg, anxiety, tension, stress, attraction).

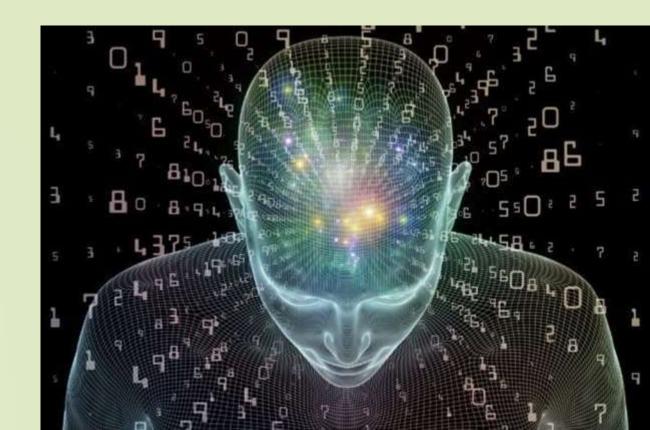
FIELDS OF MENTAL ACTIVITY

- □ Cognitive
- Emotional
- ☐ Effector-volitional (motor-volitional)



COGNITIVE ACTIVITY

- ☐ Sensation (feeling)
- Perception
- Imagination
- Thinking
- Memory



SENSATIO N

This is the simplest psychological act, which reflects the individual properties of objects and phenomena of the external world and the internal state of the organism, which directly affect the analyzers (senses) of man.





Classification

Depending on the location of the stimulus:

a) exteroceptive (due to the influence of stimuli on receptors - nerve endings - the surface of the skin and mucous membranes) - contact and distant;

b)interoceptive (caused by the influence of the stimulus on the nerve endings innervating the internal organs and located in the walls of the respiratory tract, gastrointestinal tract and other organs);

c)proprioceptive (associated with signals arising from irritation of muscle receptors, tendons or joints).

Depending on the organs where they occur:

- a) visual,
- b) hearing,
- c) skin (tactile, temperature, pain),
- d) olfactory,
- e) motor (kinesthetic),
- e) balance.

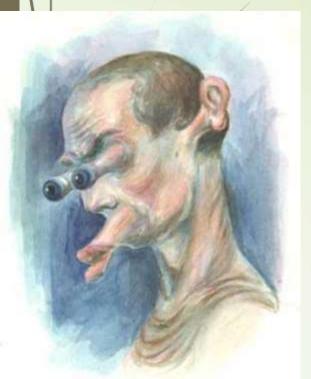
VIOLATION OF

- Hypesthesia a decrease in subjective brightness and intensity of sensations and perceptions. Within the physiological norm, hypoesthesia is manifested in a decrease in the sensitivity of a particular analyzer to certain stimuli (with its irritation and a general decrease in tone).
- □ Anesthesia the complete exclusion of sensations and perceptions (blindness, deafness, lack of pain sensitivity, etc.).
- Hyperesthesia exacerbation of the perception of previously neutral stimuli.
- □ Paresthesia a tingling sensation, crawling ants on the skin, bloodflow and burning in various parts of the body.
- Senestopathy unusual, extremely unpleasant sensations from the internal organs and various parts of the body without pathology in this organ (a feeling of softening of the bones, sticking of the lungs, holes in the stomach and other bodily illusions and hallucinations).

VIOLATION OF

SENSATSONS nsory disorders (*metamorphopsia*) - distortion of perception of surrounding objects while maintaining understanding of their meaning and essence, as well as the patient's critical attitude to them (*dysmorphopsia* - distortion of the shape of objects, *macropsia* - subjective increase of objects, *micropsia* - subjective decrease in their size).

Intero- and proprioceptive psychosensory disorders
 (disorders body diagrams) - a feeling of elongation,
 shortening, curvature of the limbs, head, internal organs, etc.



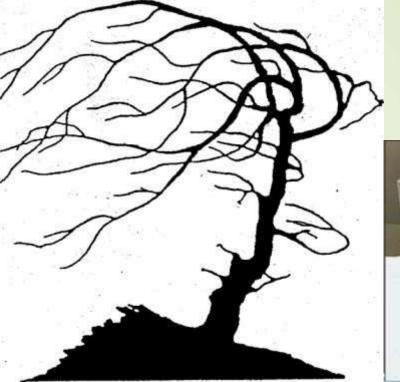
PERCEPTIO N

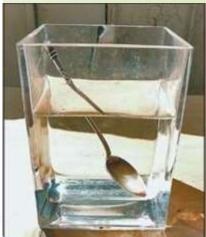
It is a mental process that consists in the holistic reflection of objects and phenomena of the world around them with their direct impact on the human senses, which is synthesized from the past practical experience of man into a single whole.

VIOLATIO

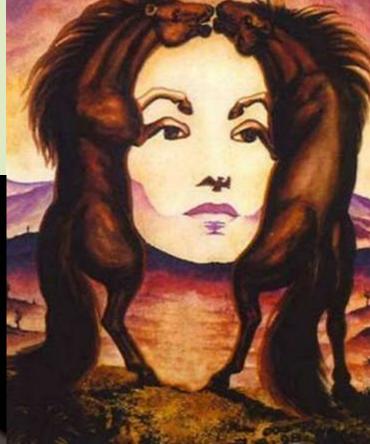
□ **ILLUSIONS** - a distorted sense and perception of real objects and phenomena, in which the understanding of the images of the latter does not always correspond to reality and may have a different meaning. There may be a critical attitude and the ability to correct.

Illusions: physical, physiological, mental.









VIOLATIO

☐ Hallucinations - delusions of perception that arise outside the immediate connection with real stimuli external environment.

 May occur in intoxications, infections, disturbances of consciousness, mental illness.



AGNOSIA - a violation of visual, auditory, kinesthetic perception in local lesions of the cerebral cortex, if patients perceive the object, its parts, but can not name it. It can occur as a result of destruction of certain areas of the cerebral cortex in encephalitis, tumor or vascular processes of the brain, as well as as a result of neurodynamic disorders.



WARNIN G

□ It is the purposefulness and concentration of mental activity on certain objects of the surrounding world or on one's own experiences, which lead to their most complete and expressive reflection in the human mind.



Attention is characterized by the following qualities:

- Stability the possibility of long-term concentration on a particular object;
- volume the number of objects and actions that are simultaneously perceived;
- switching the ability to quickly move from one activity to another, from one object to another. For example, trace two sequences of numbers of different colors: one in ascending order, the other in descending order ("modified table" by Gorbov).
- orientation concentration on external or internal phenomena.

TYPES OF ATTENTION

involuntary (passive) - focus and concentration do not depend on the act of will;

arbitrary (active) - due to an act of will and associated with a conscious goal.

VIOLATIONS OF ATTENTION

attention.

□ A decrease in active attention (concentration, switchability, stability) is noted with neuroses. □ Patients with organic brain diseases have difficulties in switching, increased distractibility, and attention fatigue. ☐ In patients with schizophrenia, active attention deteriorates as a result of a decrease in energy potential, apato-abulic syndrome. In somatic patients (for example, tuberculosis, etc.), there are difficulties in concentrating, delayed training, difficulties in switching, and a narrowing of the attention span. ■ With traumatic and vascular diseases of the brain, instability, difficulty in prolonged concentration, and fatigue of attention are noted. With alcoholism and diencephalic syndrome, there is a decrease in concentration and stability of attention. Cerebral atherosclerosis is characterized by rapid fatigue, manifested in fluctuations in attention, inability to concentrate. With epilepsy, there are difficulties in switching and a decrease in the stability of

THINKIN

G

- ☐ Thinking is a mental process that consists in the generalization and indirect reflection of objects and phenomena of the world, including in natural connections and relationships.
- ☐ Thinking is an activity that is based on a system of concepts aimed at solving problems, subject to the goal, taking into account the conditions in which this task is carried out.





PATHOLOGY associative processes PATHOLOGY OF THINKING (FORM)

As the pace of ...

TACHIPHRENI

Α

accelerated increase
 amount
 associations
 per up!time

MENTISM

- Rush of ideas "Whirlwind of ideas"
acceleration
thinking
arising
paroxysmal

BRADIFRENI

A,

torpid

- Slow -

reduction associations

amount

per unit time

SHPERUNG

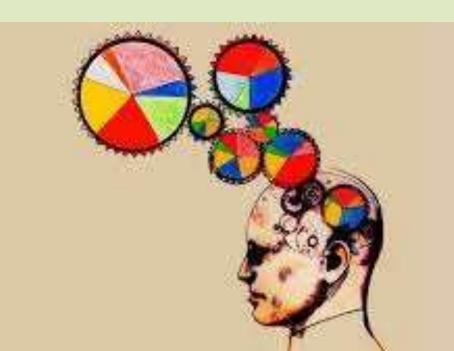
- "Blockage of thoughts" sudden stop associative process

"JUMP IDEAS"

maximum acceleration thinking

A DISTURBANCE IN THE FORM OF

- a) pathologically creumstantial thinking,
- b) philosophizing,
- □ c) non-continuous thinking schizophasia,
- d) incoherent thinking,
- e) amorphous thinking,
- f) paralogic thinking,
- g) autistic thinking,
- h) symbolic thinking,
- i) verbigerations,
- j) perseverations,
- k) affective thinking.



DISORDERS OF

Acceleration of thinking (acceleration of the flow of thoughts in conjunction with increased distraction of attention, superficiality of associations and their emergence by consonance and contiguity. Often occurs with excitement, anxiety. The most pronounced degree of accelerated thinking is the leap of ideas.

- □ **Slowing down thinking** slowing down the pace of the flow of thoughts, their monotony, which can be observed in a state of overwork, asthenia.
- Affective thinking judgment and reasoning are not critical enough and are highly dependent on the emotional state.
- □ **Detailing** the inability to highlight the most important and important, getting stuck on individual details, combined with the slowness of the flow of thoughts.
- □ **Slipping thinking** is a deviation, slipping of reasoning onto side thoughts, the thread of reasoning is lost.
- Rupture of thinking the loss of logical connections between individual thoughts. Speech becomes incomprehensible, the grammatical structure of speech is preserved. The disorder is characteristic of the late stage of schizophrenia.
- Incoherent (incoherent) thinking a complete loss of logical connections between separate short statements and separate words, speech loses grammatical correctness.

DISORDERS OF THINKING

- ☐ **Reasoning** is empty, fruitless, vague reasoning, not filled with concrete meaning. Empty talk. It is noted in schizophrenia.
- Symbolic thinking patients give special meaning to random objects, turning them into special symbols. Their content is not clear to others.
- □ Paralogical thinking reasoning with "crooked logic", is based on the comparison of random facts and events. Typical for paranoid syndrome.
- □ **Duality (ambivalence)** the patient affirms and denies the same fact at the same time, often found in schizophrenia.
- Perseverative thinking is getting stuck in the mind of one thought or idea. The repetition of one answer to different subsequent questions is characteristic.
 - **Verbigeration** is a characteristic speech disorder in the form of repetition of words or endings with their rhyming.
- □ Pathological thoroughness of thinking. There is excessive detail in the statements and reasoning. The patient "gets stuck" on the circumstances, unnecessary details, the topic of reasoning is not lost.





DISORDERS OF

- Obsessive the tights arise against the will of a person and even in spite of it. The patient evaluates them critically, fights with them, but is unable to get rid of them. For example, a patient after contact with an infected object cannot get rid of the thought that he will become infected.
- Overvalued thoughts are judgments that arise as a result of real circumstances, but occupy a disproportionate, prevailing, dominant value in consciousness due to a pronounced emotional coloring.
- Delusional ideas are false conclusions arising on a painful basis, the patient is not critical of them, does not lend itself to dissuasion. The content of delusional ideas determines the patient's behavior. Delirium is a symptom of psychosis.

MEMOR

- ☐ Memory is a process mental reflection reality, with the help which consolidates, stores and reproduces previously perceived information, knowledge, events.
- Memory is a cognitive (gnostic) function that allows you to accumulate perceived information.
- Manifested in the form of abilities (functions) to record, retain and reproduce information (fixation, retention and reproduction).



MEMORY

- □ 1) PROCESSES (Solution) assimilation of information;
- □ 2) preservation (retention) the process of storing information;
- □ 3) reproduction (reproduction) the process of extracting information from memory reserves;
- 4) forgetting displacing information that has lost its relevance into latent layers of memory or (possibly) completely erasing its traces.



TYPES OF MEMORY □ By analyzers:

- visual,
- auditory,
- muscular (motor),
- olfactory,
- gustatory,
- tactile
- emotional.



TYPES OF MEMORY

- ☐ Short term memory
- □ Long term memory
- Random access memory
- Mechanical memory
- Associative memory



MEMORY

☐ I. quantitative dysmnesia (hypermnesia, hypomnesia, amnesia);

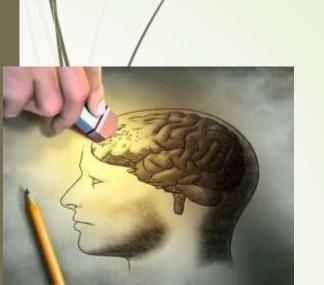
☐ II. qualitative - the so-called paramnesias (pseudo-reminiscences, confabulations,

cryptomnesia).



DYSMNESI

- A Hypermnesia revitalizing memory, increasing the ability to remember long-forgotten, not currently relevant events. This state is combined with a weakening of memorization of current information.
 - Hypomnesia (dysmnesia) memory loss. As a rule, all three functions are reduced. The process of memorization is disrupted, memory reserves are reduced, and reproduction deteriorates. The early signs of hypomnesia are violations of the reproduction of the information necessary at the moment (violation of elective reproduction). It is observed in any organic diseases of the brain.
 - Amnesia is the loss of the ability to retain and reproduce previously acquired knowledge.



PARAMNESI

- □ **Pseudo-reminiscences** past events are reproduced, but their temporal order is violated. In the patient's memories, the past is intertwined with the present. The content of pseudo-reminiscences is usually of an ordinary nature.
- Confabulations are fiction in the form of memories. In terms of content, they are fantastic and everyday, the latter are difficult to differentiate with pseudo-reminiscences. The severity of disorders can reach a state of confabulatory confusion a state with an abundance of confabulations, false recognitions, and confusion.
- Cryptomnesia. With this type of memory pathology, what was read in books, seen in films or in a dream is reproduced by patients as events that actually took place in their lives.

INTELLE CT

☐ This is a system of all cognitive abilities of the individual, namely the ability to learn and solve the problem that determines the success of any activity. Intelligence includes experience, acquired knowledge and the ability to quickly and appropriately use them in new situations that have not occurred before, as well as in the process of solving complex problems.

PATHOLOGY OF THE

Infantilish is a were retained a retial lag behind the age level of physical and intellectual development, which is found in immaturity and lack of independence of judgments, childish naivety, a sense of insecurity, brightness and instability of emotions, and their increased influence on thinking. An individual suffering from infantilism is not sufficiently critical of himself, is egocentric, requires increased attention to himself from other persons.

Oligophrenia is a congenital form of dementia (congenital underdevelopment).

Along with intellectual disability, signs of underdevelopment of the entire personality (volitional, emotional, speech, motor disorders) are always expressed to one degree or another.

Causes: hereditary diseases, intoxication, infections, endocrine pathology, trauma, Rh-

conflict, gene deviations.

By severity:

1) debility: light, medium, heavy, power;

- 2) imbecility;
- 3) idiocy.





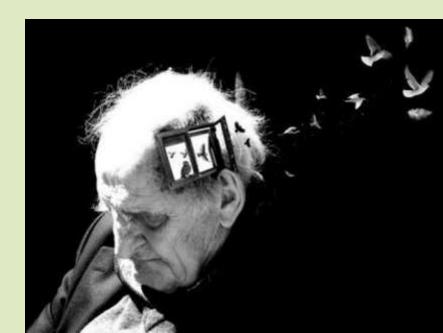
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PATHOLOGY OF THE

- Dementials an acquired persistent intellectual defect, which is characterized by the inability to assimilate new and loss of previously acquired knowledge and skills, and memory loss.
- By the peculiarities of clinical manifestations:
- Lacunar (focal, dysmnestic)

- Global (full, total, diffuse)





EMOTION S

☐ These are emotional (sensory) reactions (affect) of a person to objects and phenomena of the surrounding world, they always reflect the subjective assessment, attitude to events.









EMOTIONAL

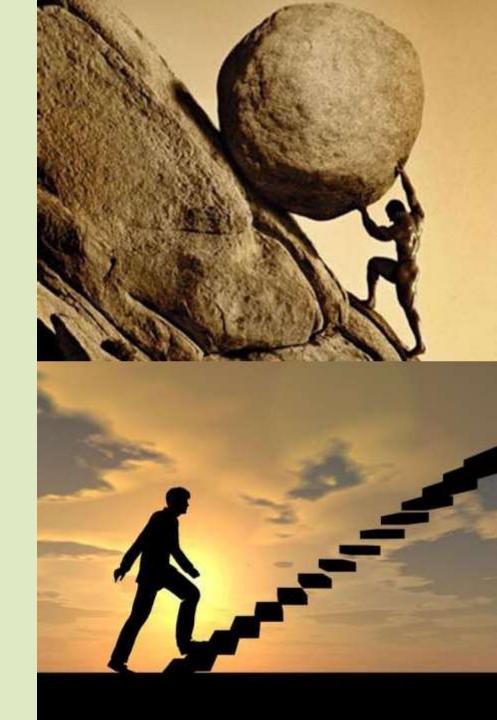
(hypothymia), mental retardation and decreased motor activity (depressive triad).

- Anxiety is a negatively colored emotion that expresses a feeling of uncertainty, anticipation of negative events, hard-to-define premonitions.
- Mania is a state of heightened mood, an affect of joy and happiness, an accelerated pace of thinking with a characteristic distraction and ease of formation of associations, an increased desire for activity.
- Euphoria is a state of unmotivated complacency.
- Dysphoria is an unmotivated state of viciously irritable affect.
- Apathy is a pronounced or complete indifference to others and to oneself. Paralysis of emotions is accompanied by inactivity, lack of motives, desires.
- □ Fear is an internal state caused by an impending real or perceived disaster

WIL

L

- ☐ This is a purposeful human activity, the ability to set a goal.
- ☐ The motivational sphere of a person is a set of desires, motivations, needs.



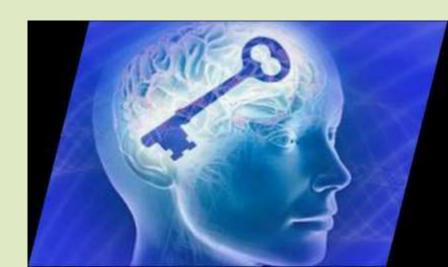
DISORDERS OF

- □ Hyperbulia is a pathological increase in volitional activity, an increased desire for activity.
- ☐ **Hypobulia** is a pathological weakening of volitional activity, the desire for activity.
- Abulia is a complete lack of initiative, complete inactivity with minimal safety of the range of automated actions.
- Parabulia is a perversion of volitional activity and impulses. It is manifested by pretentious, mannered facial expressions, inadequacy of movements and actions.

CONSCIENC

It is a set of knowledge and ideas of man about the world around him and about himself. It is the ability to navigate in the environment and in one's own personality.

SELF-CONSCIOUSNESS is self-directed consciousness.



Signs of clarity of consciousness

- ☐ There are four formal signs of clarity of consciousness (K. Jaspers):
- □ 1) the ability to adequately perceive the surrounding reality
- 2) correct orientation
- □ 3) rationality of thinking
- □ 4) preservation of memory

CONSCIOUSNESS VIOLATION

- Turning off consciousness:
- stunning,
- stupor,
- coma
- ☐ Clouding of consciousness:
- delirium,
- oneiroid,
- twilight disorder,
- amentia.





TURNING OFF CONSCIOUSNESS

- Stunning is characterized by an increase in the threshold of excitability for all external stimuli. It is manifested by a delay in response to ordinary stimuli.
- Sopor. This disorder is based on a more significant increase in the threshold of CNS excitability. Speech contact is impossible, allopsychic orientation, as a rule, is completely absent.
- □ **Coma** is an unconscious state (it is simply inappropriate to talk about the presence of any orientation) with a complete lack of response.



CLOUDING OF

- Delirium is productive pathopsychological symptoms are expressed in the form of hallucinations (visual, auditory, tactile), the affect of fear, sensual delirium and often psychomotor agitation.
- Oneyroid is a change in consciousness with an influx of fantastic ideas that are intertwined with reality. As a rule, the content of visual images is scene-like, connected by some kind of storyline.
- Twilight disorder of consciousness ("twilight") is a narrowing of the mental field of vision, selective perception of the environment while maintaining the usual automated actions.
- Amentia (incoherence of consciousness). Deep disturbances of all types of mental activity are characteristic. Speech is incoherent, consists of separate words, syllables or inarticulate sounds. Verbal contact is not possible. All types of orientation are violated.

THANKS FOR YOURITION ATTENTION

