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**Seminar 5. Disorders of Intrapsychic Path**

GENERAL PSYCHOPATHOLOGY

For Residents in Psychiatry

Eight Seminars

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# DISORDERS OF INTRAPSYCHIC PATH

## Fifth Seminar

## INTRAPSYCHIC PATH

Relational or Emotional

Emotions  
Are

subjectively experienced psychic phenomena in which one's relations to his/her external and internal experiences are reflected (Emotions are immediate subjective relational responses: feelings are the subjective experience of emotions)

**COGNITIVE**  
(Psychosensory)

Abstract Ideation  
Concrete ideation  
Image formation  
Differentiated perception  
Diffuse sensation

**RELATIONAL**  
(Intrapsychic)

Ethical, moral and social emotions  
Intellectual emotions  
Sensorial emotions  
Vital including Instinctual emotions  
Undifferentiated Primitive Signal

## CHARACTERISTICS OF EMOTIONS

Source

Range

Accessibility

Quality

Intensity

Duration

Effects (or effectiveness)

## SOURCE AND RANGE OF EMOTIONS

SOURCE	Sensorial emotions	Instinctual Vital Sensory - Perceptual
RANGE	Activity emotions	Intellectual emotions Restriction (Constriction)
Conditions:	Mental Subnormality Organic Dementias Schizophrenias Depressions	

**ACCESSIBILITY OF EMOTIONS**

<b>APATHY</b> (Negative Pole)	Inaccessibility of emotions with absence of feelings (psychoses)
<b>ANXIETY</b>	Extreme accessibility of emotions with feelings of apprehension and physiologic arousal (neuroses)
<b>FEAR</b> (Positive Pole)	Reaction to identifiable external danger
<b>PHOBIA</b>	Persistent fear reactions to specific external stimuli which are not rationally recognized as threatening
<b>FREE FLOATING ANXIETY</b>	Persistent anxiety that is unrelated to external stimuli
<b>PANIC</b>	Spontaneous attacks of intense anxiety

## QUALITY OF EMOTIONS

POLARITY of Emotions

Euphoria vs. Dysphoria

VITAL Emotions

tired - fit

limp - vigorous

weak - strong

ill - healthy

OTHER Emotions  
(Signaling Reward)Pleasant vs. Unpleasant  
(Signaling Punishment)

AMBIVALENCE of Emotions    Coexistence of opposite feelings with regard to a person or situation

INAPPROPRIATE Emotions    Emotional response discordant with the content of speech

**INTENSITY OF EMOTIONS**

Sensorial > Activity > Intellectual

**BLUNTED** observable decrease in emotional responsiveness (emotional indifference)

**FLAT** severe blunting with lack of signs of emotional expression  
(e.g., immobile face, monotonous speech)



**DURATION OF EMOTIONS**

	Sensorial	<	Activity	<	Intellectual
EMOTIONAL RIGIDITY			Persistence of emotions without modulation or oscillation regardless of external situation		
EMOTIONAL PERSEVERATION			Persistence of certain emotions (e.g., anger) over extended periods (epilepsy)		
EMOTIONAL LABILITY			Rapid and abrupt shifts in emotions		
EMOTIONAL INCONTINENCE			Extreme form of lability with lack of control (SDAT & MID)		

## EFFECTS (EFFECTIVENESS) OF EMOTIONS

NORMAL	Changes in autonomic (vegetative) nervous system activity Changes in endocrine system activity
PATHOLOGICAL	Narrowed (restricted) consciousness Affective amnesic transformation Katathymic changes

## MORPHOLOGIC SUBSTRATE OF EMOTIONS

### AROUSAL EMOTION APPERCEPTION

intensity of feelings  
quality of feelings  
cognitive evaluation  
of feelings

Reticular Activating  
System Limbic System  
Neocortex

### LIMBIC SYSTEM

1939

### PAPEZ

anterior thalamus  
(dorsomedial nuclei)  
cingulate  
gyrus septum  
hypothalamus  
hippocampus  
amygdala

### **DEFINITION OF MOOD**

Emotions are relations which depend on the presence of an object, while mood is independent of object although it may affect the subjects relations (experienced in the emotions) to the object.

Mood is not just an integral sum of simultaneously present emotions or an emotion of prolonged duration.

**MOOD IS A CERTAIN FEELING TONE WHICH UNDERLIES ALL OUR EXPERIENCES.**

**POLARITY OF MOOD**Negative Pole

Dysthymia

Middle Position

Euthymia

Positive Pole

Hyperthymia

Quantitative Pathology:

- (1) Morbid Depression
- (2) Morbid Elation

Qualitative Pathology:

- (3) Morbid Anxiety
- (4) Irritability
- (5) Expansiveness
- (6) Perplexity
- (7) Delusional Mood
- (8) Parathymic Mood

## **MORBID DEPRESSION**

A state of lowered affect, a mood of prevailing sadness which predetermines one's perceptual, cognitive and emotional experiences with an effect on overt behavior.

Characteristic Symptoms:    Feelings of Inadequacy  
  Guilt Impoverishment  
  Loss of vitality  
  Loss of feelings  
  Complaintativeness

Morbid Sadness may be associated with Morbid Thinking which may reach Delusional Intensity.

## MORBID ELATION

A state of heightened affect, a mood of prevailing joy and pleasure, which transforms all experiences. It is a positively tinged affective state which covers a wide spectrum of feelings.

Characteristic Symptoms:   Euphoria  
                                  Cheerful thoughts  
                                  Exaggerated self esteem  
                                  Lack of consideration for others  
                                  Faulty judgement

Morbid Elation may be associated with Morbid Thinking which may reach Delusional Intensity.

**OTHER DISORDERS OF MOOD**

- Anxious – Feeling of apprehension and psychologic arousal (from mild unease to intense dread): associated with anticipation of impending calamity or disaster
- Irritable – Feeling of tension: easily annoyed and provoked to anger
- Expansive – Lack of restraint in one's feelings: overvaluation of one's significance or importance
- Perplexed – A mood of uncertainty or puzzlement  
("What's the matter? What is happening? I don't understand")
- Delusional – Background of delusional experience  
("Something is in the air, something's about to happen")
- Parathymic – Paradoxical mood (e.g., laughing while describing torment)



**MOOD STATES AND DIAGNOSIS**

Dysthymic/Hyperthymic	Affective Disorders
Anxious	Anxiety Disorders
Perplexed	Mixed (or Cycloid) Psychoses
Delusional	Schizophrenic Disorders

## MORPHOLOGICAL SUBSTRATE OF MOOD

### Original Proposition

Reserpine produces

depression (early 1950's)  
depletion and inactivation of NE centrally depletion and  
inactivation of 5HT centrally central cholinomimetic

Imipramine lifts

depression (late 1950's)  
NE re-uptake inhibition  
5HT re-uptake inhibition  
central anticholinergic

### Revised Proposition

Antidepressants

Bind with high affinity to ACh muscarinic receptors  
Highly significant correlation between potencies of  
TA's for inhibition of 3 H-Imipramine binding sites and  
inhibition of 3 H-5HT uptake sites  
Beta-adrenergic receptor down regulation (up-regulation  
by reserpine) and down regulation of NA transmission

Pharmacological manipulation of mood -

Reserpine  
Cyclic Antidepressants  
MAOI's  
Lithium