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Seminar 4. Disorders of Thinking

GENERAL PSYCHOPATHOLOGY

For Residents in Psychiatry

Eight Seminars

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DISORDERS OF THINKING

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IDEAS

“...ideas or concepts are at the highest level of the cognitive structural organization. They develop from perceptions through image formation...”

PERCEPTIONS

Perceptions are of concrete reality
 They have a character of objectivity
 Perceptions appear in external objective space
 Perceptions are clearly delineated, are complete and detailed
 Perceptions are constant and can easily be retained unaltered
 Perceptions are independent of **will** and cannot be voluntarily recalled or changed
 Perceptions are accepted with feeling of passivity

CONCEPTS - IDEAS

Ideas are figurative
 They have a character of subjectivity
 Ideas appear in inner subjective space
 Ideas are not clearly delineated, are incomplete and crude
 Ideas dissipate and have always to be recreated
 Ideas are dependent on will and can be voluntarily recalled or altered
 Ideas are produced with feeling of activity

THINKING

Thinking refers to any train of ideas and/or ideational activity initiated and directed to the solution of a problem.

Thinking differs from association of ideas by its goal directedness.

- | | |
|-----------------------------------|---|
| Rational or Conceptual Thinking - | Reality oriented and goal directed that attempts to solve a problem |
| Imaginative Thinking - | A form of rational thinking which even if not reality oriented it is goal directed and does not go beyond the rational and possible |
| Dereistic or Autistic Thinking - | Undirected fantasy thinking governed by personal needs and fantasies |

DISORDERS OF THINKING

Disorders of content

Beliefs

Disorders of form

Reasoning

FORMAL THOUGHT
DISORDERS

CONTENT DISORDERS
OF THOUGHTS

Symbolization
Use of Symbols

Regressive Thinking

Stream of Thought
Tempo
Processing
Continuity

Primary Incoherence
overvalued Ideas
Obsessive Thoughts
Delusions

DISORDERS OF SYMBOLIZATION

Disorders of symbolization are disorders of the form of thinking which may lead to the formation of faulty concepts, the faulty use of symbols and/or idiosyncratic speech.

Formation of Faulty Concepts

Contamination	Fusing elements from two words into one word, e.g., surstonished, from surprised and astonished
Condensation	Combination of more or less unrelated widely diverse ideas into one concept; two ideas with something in common are blended into a false concept

Faulty Use of Symbols

Concreteness	Using the concrete aspects of the concept instead of its symbolic meaning (e.g., "there's a stork clapping in my body," i.e., I am pregnant)
Substitution	Replacement of a familiar concept with an unusual one

Idiosyncratic Speech

Neologisms	Building new words in which the usual language conventions are not observed
Onomatopoesis	Building new phrases (language) in which the usual language conventions are not observed

DISORDERS OF TEMPO

Disorders of tempo are disorders of the form of thinking which may lead to acceleration or deceleration of thinking process.

ACCELERATION (in mania)

Accelerated thinking	Increase in the number of ideas and in the flow of ideas with voluble speech
Prolixity	Ordered flight of ideas
Flight of Ideas	Ideas flow so rapidly that sentences are not Complete because thinking is continuously interrupted by diverse associations – often clang associations
Pressured thinking	Flight of ideas subjectively experienced
Secondary incoherence	Thoughts and speech as a result of acceleration have no longer understandable connections

DECELERATION

Retarded thinking (depression)	Thinking is slowing down
Inhibited thinking (schizophrenia)	Thinking is slowed down (by force)

DISORDERS OF PROCESSING

Disorders of processing are disorders of the form of thinking **which** may lead to a variety of characteristic manifestations.

Alogia	No new thoughts emerge	Schizophrenia
Restricted Thinking	Poverty of ideas	Depression
Rumination	Endless repetitions of and/or incessant concern with unpleasant thoughts	Depression
Circumstantial	overbearing elaboration on insignificant details without losing track	Neuropsychiatric disorders Early dementia Epilepsy Schizophrenia
Overinclusive	Cannot maintain boundaries of determining idea	Schizophrenia
Tangential	Cannot maintain boundaries of determining idea	Schizophrenia
Derailment	Slips into new direction	Schizophrenia
Driveling	Grammar and syntax good but content is utter drivel	Schizophrenia
Asyndetic	Lack of causal links (vague)	Schizophrenia
Primary Incoherence	Thought and speech has no understandable connections	Schizophrenia
Agrammatism omission	Less necessary words are omitted Part of thought is dropped	Schizophrenia

DISORDERS OF CONTINUITY

Disorders of continuity are disorders of the form of thinking which interfere with the proceeding toward determining idea (goal).

Thought Blocking	Sudden interruptions in the flow of thought process without obvious reason	Schizophrenia
Perseveration	Persistent repetition of words, phrases or sentences	Coarse brain Disease
Verbigeration	Endless repetitions of and/or incessant concern with unpleasant thoughts	Coarse brain Disease
Palilalia	Form of perseveration characterized by repetition with increasing speed but diminishing audibility	Alzheimer's disease
Logoclonia	Form of perseveration in which the last syllable of the last word is repeated	Alzheimer's disease

DISORDERS OF CONTENT

Disorders of content of thought refers to pathologically overvalued ideas which include

OBSESSIVE THOUGHTS DELUSIONS

Obsessive thoughts: Thoughts which persist against one's will.
Their persistence and penetrance is senseless and meaningless.
(Prevalent in obsessional disorders)

Delusions: False beliefs based on a priori evidence, which are unaffected by reasonable demonstration of their untruth and are not in keeping with one's sociocultural background. Delusions are contradictions of reality which are not supported by the collective beliefs and concepts of mankind. (Present in psychoses.)

DELUSIONS

Formal Aspects:	Onset (origin) - delusional mood delusional perception sudden delusional ideas fleeting
	Course persistent
	Intensity delusional dynamics
	Outcome unsystematized systematized interpretative passionate
Content:	Reference (schizophrenia, delusional disorder) Love (erotomania) (delusional disorder) Persecution (litigious) (delusional disorder, schizophrenia) Jealousy (delusional disorder) Guilt (depression) Grandeur (mania) Nihilistic (schizophrenia, depression) Hypochondriacal (schizophrenia, depression)

PRIMARY vs. SECONDARY

Primary
or
True
|
|
|

Secondary
or
Delusional
or
Delusion-like ideas
(may result from mood)

Result from Delusional mood

affect which forms the background of delusional experience. An atmosphere of perplexity and involvement in **which** one feels that “something is in the air”

Delusional perceptions -

a normally perceived event endowed with Abnormal significance; a delusional misinterpretation of a real perception.

Sudden delusional ideas -

out of the blue experience of a delusional notion

STRUCTURE ANALYSIS

First Axis -	constituting elements	
	Paralogical or bizarre	
	vs.	
	Logical or non-bizarre	
Second Axis -	in relationship to mood state	
	Mood incongruent	
	vs.	
	Mood congruent	
Third Axis -	in relationship to environment	
	Autistic	patient lives exclusively in delusional world
	Polarized	delusional ideas meshed with real world
	Delusions in juxtaposition	independent coexistence of real and delusional world
Fourth Axis -	in relationship to reality	
	Impossible	
	vs.	
	Implausible	