Carlos Morra and Mateo Kreiker: General Psychopathology 14

Thomas A. Ban: General Psychopathology

Seminar 7. Consciousness: Disorders of Screening and Attention

GENERAL PSYCHOPATHOLOGY

For Residents in Psychiatry

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CONSCIOUSNESS: DISORDERS OF SCREENING AND ATTENTION

Seventh Seminar

CONSCIOUSNESS: ORIGINAL DEFINITION

In psychic (mental) life everything is connected with everything else and each element is colored by the state and content within which it occurs.

An analysis of an individual case cannot consist simply in breaking up the situation into its elements but needs to have a constant referral to the psychic state as a whole.

JASPERS (1913): Refers to the "state of consciousness" as the "momentary whole" of the "psychic state."

CONSCIOUSNESS: CURRENT DEFINITION

State of Awareness of the **SELF** and the **ENVIRONMENT**.

One may distinguish the CONTENT of consciousness from the ACTIVITY of consciousness which entails the functions of:

SCREENING
INTEGRATION

DISORDERS OF CONSCIOUSNESS

Disorders of consciousness are manifest in the following states of consciousness:

- a. LOWERED (depressed)
- b. HEIGHTENED (expanded)
- c. CLOUDED (dream-like)
- d. RESTRICTED (narrowed)

LOWERED CONSCIOUSNESS

Lowered consciousness is experienced as a rise in the threshold of incoming stimuli resulting in a situation in which patients respond poorly or not at all to environmental contingents.

Level of awareness, are: BENOMENHEIT

SOMNOLENCE SOPOR (TORPOR)

PRECOMA COMA

HEIGHTENED CONSCIOUSNESS

Heightened or expanded consciousness refers to an intensified awareness of inner and outer events and is seen in:

AURA [to] Precede EPILEPTIC ATTACK
PRELUDE for development of COMPULSIVE STATES

Special forms of expanded consciousness are:

ECSTASY

Meditation Drug induced

DISTORTED CONSCIOUSNESS Endogenous psychoses

schizophrenia

mania

Pharmacologically induced

CLOUDED CONSCIOUSNESS

Clouded consciousness may be displayed in 1 of 3 forms:

ONEROID STATE Dream-like state of consciousness. Seen in:

Bouffee delirante oneirophrenia Physical illness

Induced by tea or coffee

SUBACUTE DELIRIOUS STATE Confusional state with incoherence of thinking and

disintegration of mental faculties. Seen in:

Toxic confusional state Senescence (Sundowner) Senility (PDDAT, MID)

DELIRIUM Inability to distinguish between mental images and

perceptions; illusions, hallucinations with severe anxiety

and restlessness (more severe at night). Seen in:

Symptomatic psychoses Organic dementias

NARROWED CONSCIOUSNESS

Break in the continuity of consciousness with restriction of what enters into consciousness.

Seen in: HYSTERIA EPILEPSY

The two closely related forms of narrowed consciousness are:

Break in continuity

Ordered twilight state
TWILIGHT STATE
FUGUE STATE

MORPHOLOGY OF CONSCIOUSNESS

LATERAL LEMNISCAL PATHWAYS conduction of sensory impulses which contribute to

perception, recognition, localization and qualitative

discrimination of stimuli

MEDIAL LEMNISCAL PATHWAYS

(Ascending Reticular System)

Screening incoming information and integration of

incoming information with continuously

changing background of internal (somatic) and external

(environmental) data

Initiation and maintenance of conscious state

DRUGS AND CONSCIOUSNESS

ANTICHOLINERGIC DRUGS

Atropine Produce manifestations related to integrative function of

consciousness: Mental disintegration

Toxic confusional state

Delirium

CHOLINERGIC DRUGS

Physostigmine Corrects atropine-induced disintegration

SEDATIVES

Barbiturates Decreases arousal reaction to peripheral and direct stimuli

Decrease arousal reaction to peripheral stimuli only

NEUROLEPTICS

Chlorpromazine Increase of screening function

SCHIZOPHRENIA: Favorable effect NORMAL: somnolence SENILITY: Confusion

ATTENTION: DEFINITION

The field of clear consciousness within the total conscious state is termed the FIELD OF ATTENTION

constellation of consciousness in which sensorial perceptions are foremost

ACTIVE AND PASSIVE ATTENTION

<u>Active</u> <u>Passive</u>

Purposeful Focusing one or Another Object on some Becomes External or Internal Event Center of Consciousness Spontaneously

<u>Diminished</u> <u>Decreased</u>

Diminished Ability to Maintain
and
Wanders from
Focus Attention on Topic
one Object to Another

Distractable

Diminished active or Decreased passive Attention

DISORDERS OF ATTENTION

Disorders of attention are displayed in one or more of the following variables:

CONCENTRATION Ability to exclude all associations irrelevant to a certain

theme

Disturbance Inability to focus on a topic and remain focused

TENACITY Ability to keep one's attention focused on a certain subject

continuously

Disturbance Decreased ability to keep one's attention focused on a

certain subject

Decreased ability to distract one's attention from a certain

subject

Ability to direct one's attention to a new subject

VIGILANCE

Disturbance Hypervigilance

Hypovigilance

PATHOLOGY OF ATTENTION

Hyperprosexia: hypervigilance

with hypotenacity

Hypoprosexia: hypovigilance

with hypotenacity