

PSYCHOPATHOLOGY

SIGNS AND SYMPTOMS OF

PSYCHIATRIC ILLNESS



Dr. Yazeed Al-Ataylat, Psychiatrist

JRMS

Department of Psychiatry

8/3/2025

Signs and symptoms of psychiatric illness

Signs are objective findings observed by the clinician.

Symptoms are subjective experiences described by the patient.

A *syndrome* is a group of signs and symptoms that occur together as a recognized condition that may be less than specific than a clear-cut disorder or disease.

Making a diagnosis in Psychiatry is based on :

Eliciting the symptoms – By asking the patient about the presenting complaint and the history of the presenting complaint.

Eliciting the signs – By examining the mental state of the patient for psychopathological features.



Behavior & Motor Signs

Motor behavior : the aspect of the psyche that includes impulses, motivations, wishes, drives, instincts, and cravings, as expressed by a person's behaviour or motor activity

A.Catatonia:

- Catatonia is a **syndrome of psychomotor dysregulation**, motor anomalies in non-organic disorders , commonly seen in schizophrenia, mood disorders (especially bipolar and depressive episodes), autism, and certain medical or neurologic conditions. According to **DSM-5-TR**, diagnosis of catatonia requires **≥3**
- as opposed to disturbances of consciousness and motor activity secondary to organic pathology

1. Motor Immobility and Rigidity

	Definition	Clinical Example
Stupor	No psychomotor activity; the patient appears motionless and unresponsive. seeming unawareness of surroundings	A patient lies in bed all day, eyes open, not reacting to stimuli.
Catalepsy	This refers to a state of decreased responsiveness where a person maintains a fixed posture imposed by an external force, even for extended periods, with minimal movement. The person might be rigid	You raise the patient's arm vertically; they keep it suspended for minutes.
Waxy Flexibility	where the person's limbs can be passively moved by an examiner and will hold that new position for a period of time, as if the limbs are made of wax. There is a slight resistance to the movement, and then the limbs maintain the new position also called " Psychological pillow "	Moving the patient's limbs feels like bending warm wax—slow and resistant.
Posturing	voluntary assumption of an inappropriate or bizarre posture, generally maintained for long periods of time	Patient holds their arm in a salute position for long periods without prompt.
Rigidity	Uniform resistance to passive movement.	Limbs feel stiff and resist movement throughout the range of motion.

2.Speech Abnormalities

	Definition	Clinical Example
Mutism	No or minimal verbal responses, not due to aphasia.	Patient does not speak during the interview despite appearing alert.
Echolalia	Repetition of another person's spoken words.	Examiner says, "How are you?"; patient replies, "How are you?"

3. Behavioral Opposition and Imitation

	Definition	Clinical Example
Negativism	motiveless resistance to all attempts to be moved or to all instructions	Examiner moves the patient's arm; patient resists or does the opposite.
Echopraxia	Imitation of another person's movements.	Patient mimics examiner's hand gestures involuntarily.
Automatic Obedience	Automatic following of suggestions; The patient does whatever the interviewer asks of him irrespective of the consequences.	Examiner says "touch your nose to the wall," and patient attempts to comply.

4. Hyperkinetic or Excited Signs

	Definition	Clinical Example
Agitation (Catatonic excitement)	excessive purposeless motor and cognitive overactivity, uninfluenced by external stimuli and in response to inner tension	Patient paces, fidgets, shouts with no apparent triggers.
Catatonic Excitement	Extreme, purposeless hyperactivity.	Patient runs, jumps, strikes furniture randomly.

5.Repetitive and Odd Movements

	Definition	Clinical Example
Mannerisms	Abnormal, repetitive goal-directed movement (of some functional significance).	Patient salutes each time someone enters the room.
Stereotypy	repetitive non goal directed fixed pattern of physical action or speech	Patient twirls fingers or rocks repeatedly.
Grimacing	Involuntary facial distortions.	Patient frequently contorts face into sneers or frowns.
Ambitendency	The patient begins to make a movement but, before completing it, starts the opposite movement.	Patient reaches out to shake hands, then immediately pulls back.



B. Non-Catatonic Movement Abnormalities

1. Extrapyramidal Symptoms (EPS) and Drug-Induced Syndromes

these arise primarily from **dopamine antagonism** in the basal ganglia, especially D2 receptor blockade

Abnormality	Description	Example/Association
Parkinsonism	Bradykinesia, rigidity, tremor due to dopamine blockade	Slow gait, masked facies, resting tremor after haloperidol
Akathisia	Inner restlessness + urge to move	Patient paces, shifts weight constantly, feels unable to sit still
Tardive Dyskinesia	Delayed onset, involuntary movements (esp. oral-facial)	Lip-smacking, chewing, tongue protrusion after months on antipsychotics
Acute Dystonia	Sudden, painful contractions of muscles	Oculogyric crisis, torticollis after a single dose of haloperidol
Neuroleptic Malignant Syndrome (NMS)	Life-threatening rigidity + fever + confusion	Lead-pipe rigidity, mutism, delirium, high CPK—needs ICU care

2. Other Primary or Organic Movement Disorders

Abnormality	Description	Example/Association
Chorea	Irregular, unpredictable, dance-like movements resembling fragments of goal-directed behavior (i.e., semi-purposeful)	Seen in Huntington's disease or SLE (chorea gravidarum)
Myoclonus	Sudden, shock-like jerks	Seen in epilepsy, metabolic encephalopathies
Tics	Sudden, repetitive, nonrhythmic motor/vocal behavior	Tourette's disorder (eye blinking, throat clearing)
Perseveration	Vocal or motor repetition of a response after stimulus ceases (organic brain conditions).	Asked to say a new word, patient repeats the previous one.
Hyperactivity (hyperkinesis)	restless, aggressive, destructive activity, often associated with some underlying brain pathology	
Compulsion	uncontrollable impulse to perform an act repetitively	



Key differences in movements abnormality

8/3/2025

Dr.yazeed22@gmail.com

Feature	Catatonic	Non-Catatonic
Motor inhibition	✓ Yes (stupor, mutism)	⊘ No
Repetitive behavior	✓ Yes (stereotypy)	✓ Sometimes (tics, stereotypies)
Medication-induced	⊘ No (except lorazepam-responsive)	✓ Often (EPS, NMS, TD)
Mimicry (echo-)	✓ Echolalia, Echopraxia	⊘ Not typical
Associated with psychosis/mood episodes	✓ Often	✓ Sometimes
Treatment	Benzodiazepines, ECT	Anticholinergics, dopamine agents, etc.

5/31/2025

Feature	Catalepsy	Waxy Flexibility
Definition	Passive maintenance of a posture imposed by the examiner or assumed by the patient, regardless of discomfort .	Slight resistance to passive movement by the examiner, as if limbs are made of soft wax.
Mechanism	Motor inhibition leading to rigid maintenance of an externally imposed posture.	Involves resistance + compliance —patient “lets you move” the limb, but it’s slow and pliable .
Movement Type	Posture is held statically against gravity.	Smooth, slow resistance felt during repositioning, not jerky or forceful.
Key Clinical Sign	You place the patient's arm overhead—it remains suspended for minutes.	As you try to reposition the patient's limb, it feels like bending a candle or clay .
Testing Example	Raise the arm and let go—if it stays up , it's catalepsy.	Move the arm through a range of motion—if it resists with slow, even pressure , it's waxy flexibility.
Distinctive Value	Used to assess posture-holding capacity .	Used to assess muscle tone and resistance pattern .
Diagnostic Use	DSM-5-TR considers both distinct signs of catatonia (each counts as 1).	

Patient A lies in bed unresponsive. You raise their arm vertically above the head, and it remains suspended for over 30 seconds. This is **catalepsy**. You then slowly try to lower the arm. It does **not fall freely**, but instead **resists gently**, bending as if you're molding wax—this is **waxy flexibility**.

Common Confusions	Clarification
Catalepsy vs Waxy Flexibility	Catalepsy = posture held without resistance ; Waxy = mild resistance felt during movement
Posturing vs Catalepsy	Posturing = self-initiated sustained pose; Catalepsy = externally imposed posture
Mannerism vs Stereotypy	Mannerism = purpose-mimicking exaggeration; Stereotypy = non-purposeful, repetitive
Mutism vs Aphasia	Mutism = intact language ability ; Aphasia = neurological language deficit
Agitation vs Excitement	Catatonic agitation is non-reactive , unlike psychotic excitement which is often goal-directed

Catatonic Feature	Definition	Clinical Clue / Observation	Distinction from Similar Signs
1. Stupor	Marked decrease in reactivity and psychomotor activity. Patient is immobile and unresponsive.	Patient lies still with no speech or movement, eyes open or closed, not reacting.	Differs from coma: patient has normal reflexes and may track visually.
2. Catalepsy	Passive maintenance of posture held by the examiner.	Arm raised above head remains suspended even after release.	Posture is held, no resistance felt.
3. Waxy Flexibility	Slight, even resistance to repositioning by examiner, like bending wax.	Examiner moves arm and feels slow pliability, not floppy or rigid.	Unlike catalepsy, there's resistance; unlike rigidity, it's smooth.
4. Mutism	Absence or near-absence of verbal response, not due to aphasia.	Patient makes no attempt to speak despite preserved ability.	Not due to language dysfunction; rule out expressive aphasia.
5. Negativism	Opposition or lack of response to external stimuli or instructions.	Refuses to move when asked, or moves opposite to direction given.	Active (resists commands) vs Passive (ignores entirely).
6. Posturing	Voluntary assumption of bizarre or inappropriate posture maintained for prolonged periods.	Patient holds rigid position, e.g., saluting, squatting, for minutes to hours.	Not imposed by examiner (unlike catalepsy); patient does it spontaneously.
7. Mannerism	Odd, exaggerated or habitual movements that mimic goal-directed actions.	Over-acted gestures like exaggerated salutes, ritualistic greetings.	Unlike stereotypies, these imitate meaningful actions.
8. Stereotypy	Repetitive, non-goal-directed movements, usually rhythmic.	Finger tapping, hand-flapping, body rocking with no external trigger.	Not purposeful or related to external stimuli.
9. Agitation (not influenced by external stimuli)	Excessive motor activity without purpose, unrelated to environment.	Fidgeting, pacing, or hitting furniture without provocation.	Different from psychotic agitation which is goal-directed or reactive.
10. Grimacing	Involuntary or inappropriate facial expressions.	Intermittent smirking, frowning, sneering without emotion context.	Not part of mood expression, unlike affective displays.
11. Echolalia	Mimicking another's spoken words.	Clinician says "Hello," patient replies "Hello" repetitively.	Different from palilalia (repeating own words).
12. Echopraxia	Mimicking another's movements.	Clinician crosses arms, patient mimics instantly.	Imitation of gestures, not spontaneous movements.

8/3/2025

Speech

Speech: ideas, thoughts, feelings as expressed through language; communication through the use of words and language

- 1) **Pressure of speech** – Rapid & copious speech, as thoughts crowd into the patients mind in quick succession.
- 2) **Poverty of speech** – Slow, monotonous and sparse speech, as thoughts enter the patient's mind only occasionally.
- 3) **Neologism** – The patient uses words or phrases invented by himself/herself.
- 4) **Mutism** – The total loss of speech.
- 5) **Word salad:** incoherent mixture of words and phrases
- 6) **Nonspontaneous speech:** verbal responses given only when asked or spoken to directly; no self-initiation of speech.
- 7) **Poverty of content of speech:** speech that is adequate in amount but conveys little information because of vagueness, emptiness, or stereotyped phrases
- 8) **Verbigeration:** refers to the repetition of words or syllables that expressive aphasic patients may use while searching for the correct word

Mood & Affect

Emotion: a complex feeling state with psychic, somatic, and behavioral components that is related to affect and mood.

N.B. Mood and affect are often used interchangeably to mean the same thing. Technically, however, there is a difference between them:

- **Affect** – A short-lived emotion
- **Mood** – A sustained emotion

A. Affect: Observed expression of emotion; may be inconsistent with patient's description of emotion

1) **Incongruity of affect (inappropriate affect)** – The affect is not in keeping with the mood that would ordinarily be expected, e.g., the patient may laugh when told about a bereavement.

- 
1. **Restricted or constricted affect:** reduction in intensity of feeling tone less severe than blunted affect but clearly reduced
 2. **Blunted affect:** a disturbance in affect manifested by a severe reduction & diminution in the intensity of externalized feeling tone & emotional response.
 3. **Flat affect** absence or near absence of any signs of affective expression; voice monotonous, face immobile.
 4. **Labile affect:** rapid and abrupt changes in emotional feeling tone, unrelated to external stimuli.

B. Mood: A pervasive and sustained emotion, subjectively experienced and reported by the patient and observed by others; examples include depression, elation, anger

1. **Dysphoric mood:** an unpleasant mood.
2. **Euthymic mood:** normal range of mood, implying absence of depressed or elevated mood.
3. **Expansive mood:** expression of one's feelings without restraint, frequently with an overestimation of one's significance or importance.
4. **Irritable mood:** easily annoyed and provoked to anger
5. **Mood swings** (labile mood): oscillations between euphoria and depression or anxiety.

6. **Elevated mood:** air of confidence and enjoyment; a mood more cheerful than usual
7. **Euphoria:** Exaggerated feeling of well-being that is inappropriate to real events. Can occur with drugs such as **opiates, amphetamines, and alcohol.**
8. **Depression:** psychopathological feeling of sadness
9. **Anhedonia:** loss of interest in and withdrawal from all regular and pleasurable activities, often associated with depression
10. **Apathy:** Dulled emotional tone associated with detachment or indifference; observed in certain types of **schizophrenia** and **depression**
11. **Alexithymia:** inability or difficulty in describing or being aware of one's emotions or moods.

Thoughts

Thinking: goal-directed flow of ideas, symbols, and associations initiated by a problem or a task and leading toward a reality-oriented conclusion; when a logical sequence occurs, thinking is normal.

A. General disturbances in form or process of thinking

- **Psychosis:** inability to distinguish reality from fantasy.

- **Illogical thinking:** thinking containing erroneous conclusions or internal contradictions

Thought FORM

- **Magical thinking (superstitious thinking):** a form of dereistic thought, in which thoughts, words , or actions assume power (for example, they can cause or prevent events), or belief that unrelated events are causally connected despite the absence of any plausible causal link between them, particularly as a result of supernatural effects.

B. Specific disturbances in form of thought

1) **Pressure of thought** – Ideas arise in unusual variety and abundance, and pass through the mind rapidly.

Thought FORM

- **1) Circumstantiality** ; when the point of the conversation is eventually reached but with overinclusion of trivial or irrelevant details and its goal directed
- 2) **Poverty of thought** – The patient has only a few ideas, which lack variety and abundance, and pass through the mind slowly.
- 3) **Word salad (verbigeration)** – Disruption of both the connection between topics and the finer grammatical structure of speech
- 4) **Tangentiality**: inability to have goal-directed associations of thought; patient never gets from desired point to desired goal

Thought FORM

- 5) **Loosening of associations (Derailment):** flow of thought in which ideas shift from one subject to another in a completely unrelated way; when severe, speech may be incoherent.
- 6) **Flight of ideas:** rapid, continuous verbalizations or plays on words produce constant shifting from one idea to another; the ideas tend to be connected, and in the less severe form a listener may be able to follow them
- 7) **Thought blocking** – The experience of the patient’s mind going entirely blank in the middle of a train of thought.
- 8) **Perseveration** – The persistent and inappropriate repetition of same thoughts. In response to a series of different questions the patient gives the correct answer to the first, but continues to answer subsequent questions with the answer to the first question.

Thought CONTENT

Specific disturbances in content of thought

Delusion: Fixed false belief, based on incorrect inference about external reality, not consistent with patient's intelligence and cultural background, that cannot be corrected by reasoning

Types of Delusions

Bizarre delusion: an absurd, totally implausible, strange false belief

Nihilistic delusion: false feeling that self, others, or the world is nonexistent or ending (Cotard Syndrom)

Persecutory: Fixed false belief that one is being harmed or harm is impending & that the perpetrators of that harm are causing it intentionally.

Types of Delusions

Grandiose: Insightless & unshakable conviction that one possesses special powers, knowledge, talents or abilities, is famous or holds a special relationship with a famous person.

Religious: Any delusion with religious content, especially beliefs that one is God, Angel, Devil, Prophet or son or daughter of God.

Delusions of reference: fixed false belief that remarks, events, objects or other phenomena are directed at oneself.

Delusional Perception : Linking a normal percept to a bizarre conclusion.

Morbid jealousy : fixed false belief that a spouse or lover is unfaithful, also called “Delusion of infidelity” , “Othello’s Syndrome”

Erotomania : Delusion that one is loved by another person (usually celebrity or higher status)

Passivity phenomena

1-Delusion of control “Made volition ” : false feeling that one’s will, thoughts, or feeling are being controlled by external forces

2-Thought withdrawal: delusion that one’s thoughts are being removed from one’s mind by other people or forces

3-Thought insertion: delusion that thoughts are being implanted in one’s mind by other people or forces

4-Though broadcasting: delusion that one’s thoughts can be heard by others, as though they were being broadcast into the air.

Perception

Perception :

Process of transferring physical stimulation into psychological information's.

Then the Disturbances of perception are :

1-Sensory Distortion (Altered Perception);

- Definition:** A real object or stimulus is perceived **in a modified or abnormal way**, but the **object is recognized**.
- The distortion occur in the *quality, intensity, or dimension* of the perception.**
- ❑ **Key Characteristics:**
 - Sensory organ is intact, but **cortical or subcortical processing is altered**.
 - Patient often retains **insight**.
 - Often **neurological**, not primarily psychiatric.

Examples:

Type	Description
Metamorphopsia	A face looks distorted or melted (seen in epilepsy, migraines)
Hyperacusis	Normal sounds perceived as painfully loud
Micropsia/Macropsia	Objects appear unusually small or large (seen in Alice in Wonderland syndrome)
Dysmegalopsia	Distortion of shape or proportions
Dyschromatopsia	Altered color perception

2- Sensory Deception (False)

A new perception occur which may or may not be in response to an external stimulus.

1-Illusion: misperception or misinterpretation of real external sensory stimuli.

2- Hallucination: false sensory perception not associated with real external stimuli; there may or may not be a delusional interpretation of the hallucinatory experience.

Characteristics

- 1- Delineated & clear
- 2- In object space
- 3- Constant (independent of the will)
- 4- Patient reacts to them as if they are true
- 5- Perception coming from outside
- 6- No stimulus

Non pathological Hallucinations

Hypnagogic hallucination: false sensory perception occurring while falling asleep ; generally considered nonpathological phenomenon when this happens upon awakening it's called -

Hypnopompic hallucinations

Types of hallucinations

1. Auditory Hallucinations
2. Visual Hallucinations
3. Olfactory Hallucinations (Phantosmia)
4. Gustatory Hallucinations
5. Tactile (Haptic) Hallucinations
6. Somatic Hallucinations

Types of Auditory hallucinations

1. Auditory hallucination: false perception of sound, usually voices but also other noises, such as music; most common hallucination in psychiatric disorders

A- Elementary :

Are perception of sounds such as hissing, whistling, an extended tone.

B- Complex:

1- First person (Thought echo);

Patient hears his own thoughts after he has thought of them.

2- Second person hallucination

One voice only may seem address the patient directly.

3- Third person hallucination

Two voices or more talk to one another referring to the patient as “he” or “she” and may give a running commentary on the patient's action or intention.

4- Thoughts are spoken aloud

Patient hears his own thoughts as he thinks them.

Types of *Visual* hallucinations

2- Visual hallucination: false perception involving sight, consisting of both formed images (for example, people) and unformed images (for example, flashes of light); most common in medically determined disorders & acute organic states.

-Lilliputian hallucination: false perception in which objects are seen as reduced in size, eg (the patient see small animals around him without external stimulus , in alcohol withdrawal)

-Extracampine visual hallucination

Are experienced as located outside the field of vision ,behind the head.

-Autoscopic Hallucination

The experience of seeing one's own body in external space

Often, visual hallucinations are isolated and do not have any accompanying voices. Sometimes, however, visual and auditory hallucinations co-occur to form a coherent whole

Patients with temporal-lobe epilepsy may have combined auditory and visual hallucinations and some patients with schizophrenia of late onset (especially when the illness is protracted) may see and hear people being tortured, murdered and mutilated

Visual hallucinations are rare in schizophrenia, so much so that they should raise a doubt about the diagnosis

8/3/2025

3- Olfactory hallucination:

false perception of smell; most common in viral infection, brain tumor, trauma, surgery, and possibly exposure to toxins or drugs and uncommonly in depressive psychosis

4- Gustatory hallucination:

false perception of taste, such as unpleasant taste caused by schizophrenia, acute organic states focal epilepsy, especially temporal lobe epilepsy. The regions of the brain responsible for gustatory hallucination in this case are the insula and the superior bank of the Sylvian fissure.

5- Somatic hallucination:

false sensation of things occurring in or to the body, most often as visceral, sexual stimulation or electrical shock.

6- Tactile (haptic) hallucination: false perception of touch or surface sensation, as from an amputated limb (phantom limb), or crawling sensation on or under the skin (formication).

Although it may occur in schizophrenia, but it is more common in acute brain syndrome.

Occurs in organic states, delirium tremens, in cocaine psychosis & called “cocaine bugs”, also in withdrawal from alcohol or benzodiazepines.

Formication may also be the result of normal hormonal changes such as menopause, or disorders such as peripheral neuropathy, high fevers, Lyme disease, skin cancer

Memory

Memory : Function by which information stored in the brain , is latter recalled to consciousness.

Types of memory:

Short term

- Immediate: can repeat several digits or recall three words immediately
- 5 minutes recall , can repeat several digits or recall 3 words after 5 minutes

long term

- Recent: events within past few days
- Recent past: events within past few months
- Remote: events from childhood
- declarative (explicit) memory: episodic (for events) or semantic (for language and knowledge)
- procedural memory: for motor arts
- Priming: unconscious memory
- Conditioning: classic or emotional.

Disorders of memory

Amnesia: Partial or total inability to recall past experiences; may be organic (amnestic disorder) or emotional (dissociative amnesia) in origin.

-Psychogenic amnesias: Dissociative or hysterical amnesia is the sudden amnesia that occurs during periods of extreme emotional trauma and can last for hours or even days.

-Anterograde amnesia: Loss of memory for events subsequent to the onset of the amnesia; common after head trauma.

-Retrograde amnesia :

Inability to recall events before the onset of amnesia

Confabulation:

falsification of memory occurring in clear consciousness in association with organic pathology. It manifests itself as the filling-in of gaps in memory by imagined or untrue experiences that have no basis in fact. Some **schizophrenics & patients with Dementia** confabulate and provide detailed descriptions of fantastic events that have never happened.

Pseudologia phantastica(pathological lying) : describe the confabulation that occurs in those without organic brain pathology such as **personality disorder of antisocial or hysterical type**

Distortions of memory or paramnesia:

It can occur in those with emotional problems as well as in organic states.

Anxiety amnesia

occurs when there is anxious preoccupation or poor concentration in disorders such as depressive illness or generalized anxiety. Initially it may wrongly suggest **dissociative amnesia**. More severe forms of amnesia in depressive disorders resemble dementia and are known as **depressive pseudodementia**. Amnesias in anxiety and depressive disorders are generally caused by impaired concentration and resolve once the underlying disorder is treated.

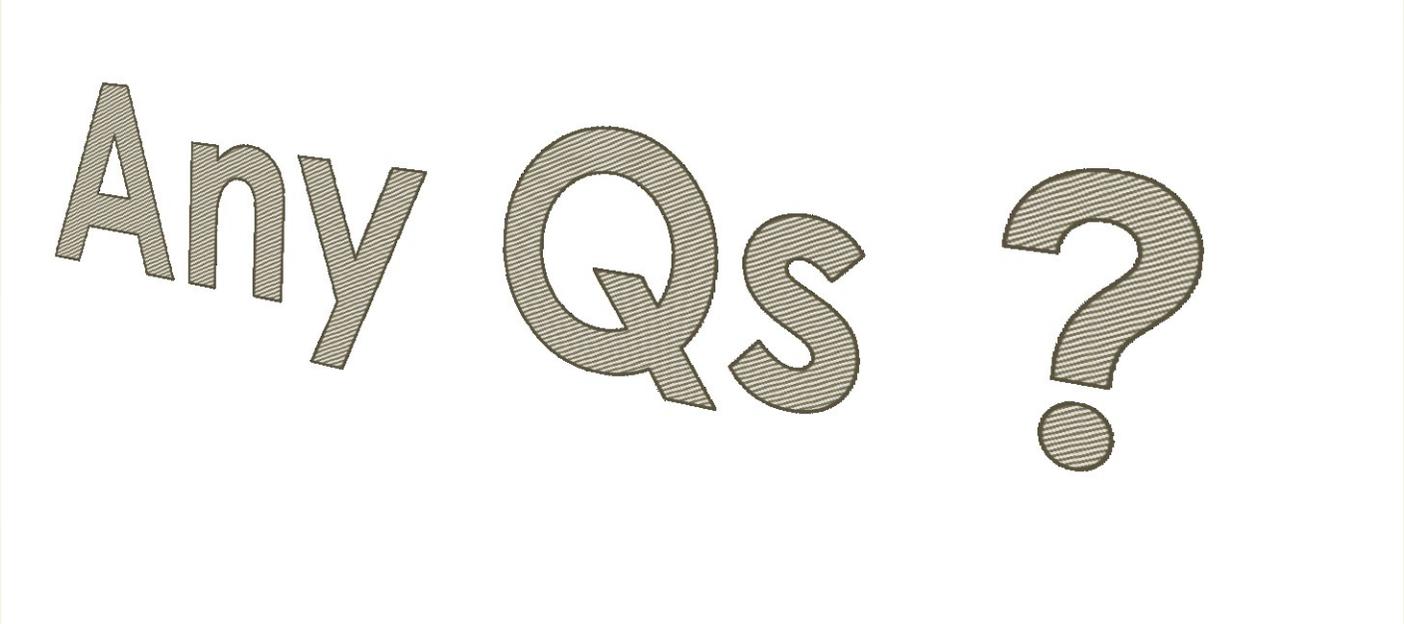
Hyperamnesia:

exaggerated registration, retention and recall. Flashbulb memories are those memories that are associated with intense emotion. It is regarded as one of the characteristic symptoms of **post-traumatic stress disorder** but is also associated with emotional events

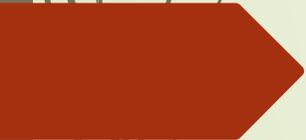
Attention

Attention is the amount of effort exerted in focusing on certain portions of an experience; ability to sustain a focus on one activity; ability to concentrate.

1. **Distractibility:** inability to concentrate attention; attention drawn to unimportant or irrelevant external stimuli
2. **Selective inattention:** blocking out only those things that generate anxiety
3. **Hypervigilance:** excessive attention and focus on all internal and external stimuli, usually secondary to delusional , PTSD or paranoid states
4. **Trance:** focused attention and altered consciousness, usually seen in hypnosis, dissociative disorders, and ecstatic religious experiences



Any Qs ?



Good luck ,... ^_^