

Carlos Morra and Mateo Kreiker: General Psychopathology 13

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Seminar 6. Disorders of Psychomotor Path

GENERAL PSYCHOPATHOLOGY

For Residents in Psychiatry

Eight Seminars

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DISORDERS OF PSYCHOMOTOR PATH

Sixth Seminar

STRUCTURAL CONNECTIONS

Psychosensory

Ideation Abstract
 Ideation Concrete
 Image formation
 Differentiated Perception
 Diffuse Sensation

Intrapsychic

Undifferentiated Primitive Signal
 Vital Emotions
 Sensorial Emotions
 Intellectual Emotions
 Ethical, Moral & Social Emotions

Psychomotor

Automatisms
 Voluntary Coordination
 Involuntary (Emotional) Stereotypes
 Uncoordinated Activities
 Simple autonomic reflexes

Psychomotor

Simple Autonomic Reflexes
 Uncoordinated Activities
 Instinctual (Emotional) Stereotypes
 Voluntary Coordinations
 Automatisms

NEUROLOGIC vs. PSYCHIATRIC

- | | |
|------------|---|
| Neurology | <ul style="list-style-type: none">• Well-defined neurologic signs• Intrinsically linked to structural Impairment of the brain• Indicating the site of the lesion |
| Psychiatry | <ul style="list-style-type: none">• Ill-defined changes in the formal characteristics of psychomotility• In the absence of structural impairment of the brain• Interpretable only within the context of a well-defined mental illness |

CONCEPTUALIZATION

Phenomenologic
(German)

Disorders of Drive and Psychomotility
(Drive is perceived as the energizing force, i.e., the impetus behind the tempo, intensity and endurance of psychologic performances that is independent of will)

Behavioral
(American)

Motor Behavior and Catatonic Syndrome

Social
(British)

Motor Disorders Adaptive Movements Non-adaptive Movements Motor Speech Posture Abnormal Complex Patterns

PHENOMENOLOGIC APPROACH: DRIVE

Disorders of drive are dealt with primary consideration of patient's subjective experience, i.e., within a phenomenological context.

1. Lack of drive
 - Feeling of deficient energy and/or initiative
 - Subjectively experienced
 - Objectively observed
2. Increased drive
 - Feeling of increased energy and/or initiative
 - Subjectively experienced
 - Objectively observed
3. Inhibition of drive
 - Feeling of being slowed down (without the feeling of deficient energy and/or initiative)
 - Subjectively experienced as braking once energy and/or initiative in such a forceful manner that is not possible to overcome the restraint
 - Objectively observed as slowed down – braking
4. Motor restlessness
 - Feeling that one must move (without the feeling of increased energy and/or initiative)
 - Subjectively experienced as unpleasant and that it is difficult to overcome it
 - Objectively observed as aimless and purposeless motor activity with or without (circumscribed) locomotion

PHENOMENOLOGIC APPROACH: PSYCHOMOTILITY

Disorders of psychomotility are dealt with almost exclusively on the basis of the formal characteristics of motor behavior.

1. Mutism
 - Parsimonious speech or the absence of speech
2. Logorrhea
 - Voluble speech (comprehensible or incomprehensible)
3. Mannerisms
 - Natural--expressive--movements, such as gestures, facial expression and speech, are exaggerated, posed and/or baroque
4. Histrionics
 - Natural--reactive--movements are theatrical and/or demonstrative
5. Parakinesis
 - Qualitatively abnormal complex movements which often affect gestures, facial expressions or speech

PHENOMENOLOGIC APPROACH: PARAKINESIAS		
A.	1. Posturing	• Assuming odd posture
	2. Waxy Flexibility	• Allows to be placed in odd postures
	3. Catalepsy	• Maintaining odd posture
B.	4. Motor stereotypy	• Tendency to repeat--in exactly the same form and often for a long time--spontaneous speech or motoric expressions
	5. Automatic acts	• The carrying out of acts of behavior spontaneously, i.e., automatically, without perceiving in having them carried out intentionally
C.	6. Echo symptoms	• The immediate and involuntary repetition of words (Echolalia) and/or acts (Echopraxia) displayed by someone in proximity
	7. Automatic obedience	• The immediate and involuntary following of commands

BEHAVIORAL APPROACH: MOTOR BEHAVIOR
Quantitative Changes in Behavior

- | | |
|----------------------------|---|
| Stupor | • Extreme form of <u>hypoactivity</u> |
| Hypoactivity | • Decreased frequency of activities
• Goal directed (activity) |
| Excitement | • Extreme form of <u>hyperactivity</u>
• Interrupts one activity to begin with another |
| Agitation | • Increased frequency of <u>motor behavior</u> Non-goal directed |
| Restlessness | |
| Circumscribed | • e.g., hand rubbing, foot stepping |
| General | • e.g., pacing |
| Catatonic Activity | • Periods of extreme |
| HYPERACTIVITY (excitement) | |
| and/or | |
| HYPOACTIVITY (stupor) | |

BEHAVIORAL APPROACH: CATATONIC SYNDROME Qualitative Changes in Behavior		
A.	1. <u>Unresponsive</u>	<ul style="list-style-type: none"> • Passive Negativism
	2. <u>Gegenhalten</u>	<ul style="list-style-type: none"> • Active Negativism Resist with equal strength for being moved
B.	3. <u>Flat</u> face	<ul style="list-style-type: none"> • Expressionless face
	4. Mutism	<ul style="list-style-type: none"> • Lack of responsiveness
C.	5. Posturing Grimacing Snout cramp	<ul style="list-style-type: none"> • Assuming odd postures • Mild form of facial posturing • Severe form of facial posturing
	6. Waxy flexibility	<ul style="list-style-type: none"> • Repetitive non-goal directed behavior (different definition)
	7. Catalepsy	<ul style="list-style-type: none"> • It is not experienced as foolish (distinct from obsessive-compulsive behavior)
D.	8. Sterotypy	
E.	9. Echolalia	<ul style="list-style-type: none"> • Repetition of words displayed by someone in proximity
	10. Echopraxia	<ul style="list-style-type: none"> • Repetition of acts displayed by someone in proximity
F.	11. Automatic obedience	<ul style="list-style-type: none"> • Going with Cooperation • Non-verbal automatic obedience
	12. Mitgehen	<ul style="list-style-type: none"> • Responds to light pressure even if instructed to the contrary
	13. Mitmachen	<ul style="list-style-type: none"> • Non-verbal automatic obedience • The cooperation followed by slow return to prior position

SOCIAL APPROACH: ADAPTIVE MOVEMENTS

A. Disorders of Expressive Movements

1. Diminished
or
Absent
2. Excessive
or
Exaggerated
3. Tearfulness
4. Grimacing
5. Snout Spasm
6. Athanassio's Omega Sign Greek letter "Omega" (n) in the forehead above the root of the nose (excessive action of corrugator muscle)
7. Veraguth's Fold Main fold in the upper lid is angulated upwards and backwards at the junction of the inner third with the middle third of the fold

B. Disorders of Reactive Movements

8. Diminished
or
Lost
9. Increase in the startle reflex

C. Disorders of Goal-Directed Movements

10. Psychomotor retardation
11. Obstruction Psychomotor inhibition Sperrung Reaction at the last moment (Kleist)

SOCIAL APPROACH: NON-ADAPTIVE MOVEMENTS

A. Spontaneous Movements

1. Stereotypy

2. Parakinesis

- Continuous irregular movements of the musculature
(different definition)

3. Handling

- Touching and handling everything within reach

4. Intertwining

- Continuously intertwining fingers, grasps clothes and kneads a small piece of cloth

B. Abnormal Induced Movements

5. Automatic Obedience

6. Echopraxia

7. Forced Grasping

- Magnet reaction (Kleist)

8. Mitgehen

9. Mitmachen

10. Opposition

11. Ambitendency

- Presence of opposing tendencies to action

12. Adversion

- Turning towards examiner

13. Aversion

- Turning away from examiner

SOCIAL APPROACH: SPEECHMotor Speech Disorders

1. Muteness
2. Voluble Speech
 - Speak excessively and nonstop
3. Wurgstimme
 - Whispers or speaks with a strange strangled voice
 - Lack of intonation
4. Monotonous
 - Lack of modulation
5. Echolalia

SOCIAL APPROACH: POSTUREDisorders of Posture

1. Flexibilitas Cerebra (Wernicke) • Waxy flexibility
2. Catalepsy • Maintenance of odd postures
3. Psychological Pillow • Lies with head two or three inches off the pillow

SOCIAL APPROACH: COMPLEX PATTERNSNon-Goal
Directed

- A state of more or less complete loss of activity with no reaction to external stimuli

Stupor (Bumke)

- Dead-pan facial expression
- Changes in muscle tone
- catalepsy
- Stereotypes

Catatonic

- Urinary incontinence
- Depressive faces
- Normal muscle tone
- Response to emotional stimuli

Depressive

- Absence of incontinence

Goal Directed

Compulsive Rituals

- Repetition of particular activity to ensure that it is properly done