

Thinking and its disorders

Thinking cannot be completely separated from consciousness and perception. We must always perceive it in relation to "some goal". The term **cognitive function** is often used as a synonym for thinking.

General Characteristics

A general characteristic of thinking is a *cognitive process* taking place *between subject and object*. It is practically an activity aimed at *solving a problem* - it requires the *integration and correlation* of information in time and space.

The basic element of thinking is the **concept**. The creation of a concept is based on *abstraction*, that is, on revealing the basic feature and properties of an element

How does an individual learn to understand relationships?

- *elemental associationist theory* - relationships are additionally constructed in consciousness based on habit,
- *from theory* - relationships are perceived as part of superior structures.

The basis of understanding is probably the ``manipulation of objects *and the ability of a ``higher degree of abstraction* (the individual imagines in his mind what would happen to the objects if...). We evaluate thinking mainly according to **verbal expression** - according to speech and according to the way the patient communicates information to us.

Quantitative Thinking Disorders

They are mainly expressed by a **process of thinking**. It could be a malfunction:

- pace of thinking,
- focus of thinking.

Pace Disorders

The pace of thinking can be either slowed down or accelerated.

Bradypsychism (depression of thinking)

The overall *thinking is slow*, not spontaneous and causes difficulties. The patient responds with latency. He remembers ideas slowly. With a severe depression of thinking, the patient does not speak a word (*mutism*). Mutism can be "elective" - so-called "verbal negativism" = towards a specific person or in a certain environment.

Etiology

It can occur with fatigue, exhaustion, dementia, oligophrenia, depression.

Tachypsychism (rapid thinking)

Thinking can be escalated to a **thought jet**. The patient speaks quickly and a lot (*logorhea*). Sometimes he speaks unintelligibly. Sometimes speech is not enough for thinking, and the patient jumps from one topic to another because he is already thinking about something else. This gives the impression of incoherence. However, this is **pseudoincoherence** which can be confused with incoherent thinking in schizophrenia.

Etiology

It can appear in manic states, hypomania, light intoxication with alcohol, drugs, etc.

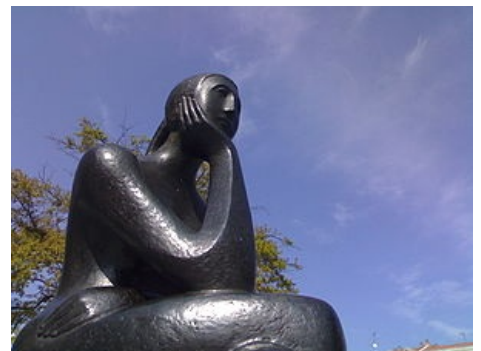
Aiming disorders

The dynamic side of thinking is not affected. It is the ability or inability to **maintain a determining tendency of thought**

Distracted Thinking

It is disturbed by some problem that preoccupies the subject, and therefore it is difficult to concentrate.

Concurrent thinking



A woman thinking. *I doubt, therefore I think. I think, therefore I am.* (René Descartes)

The narration continues towards the given goal, but during the monologue the patient "diverts to secondary topics". Circular thinking may reflect a lack of intellect. The subject cannot determine what is important and what is not.

Clinging Thinking

The patient clings to *one word or sentence* that he repeats over and over again (*perseveration*). It commonly occurs during sleepiness, fatigue, drunkenness. Sticky thinking can often be seen in organic disorders - especially in extensive or diffuse brain damage.

Non-narrative thinking

The subject still revolves around one thought. It occurs in old people, in dementia, mental retardation.

Qualitative thinking disorders

These include disorders that are significantly different in quality from normally occurring thinking.

Thought block

The patient speaks normally, but *stops suddenly* (even in the middle of a word) without any apparent stimulus. This pathological phenomenon occurs in schizophrenia.

Incoherent (Disjointed) thinking

There is a *disassociation*. The ideas are not logically arranged one after the other, the content connection is lost. The words are not connected correctly.

Confused thinking

Determining tendencies disappear here. Perceptions are unclear, it can even be illusions. Consciousness has a dreamlike character. It accompanies states of dazzled consciousness (delirium)

Autistic (derealistic) thinking

Thinking is carried away by one's imagination. It is not pathetic in itself. It starts to become so only when the person in question does not know how to interrupt them as needed and does not distinguish imagination from reality.

Magical (Symbolic) Thinking

It is close to superstition. He attributes a mysterious meaning to the phenomena. It occurs sporadically in schizophrenia, in the norm, for example, under the influence of cultural influences.

Delusions

Delusion is a ``false belief, *arising from morbid mental assumptions on a morbid psychotic basis, which the patient ``morbidly believes* and which has a pathological influence on his actions.^[1]



Delusion is similar to belief and arises on an emotional basis. Sometimes pathetic mood can be caught before the delusion is created – the patient is restless, he is worried that something is happening around him → he comes to an *explanation* after the slime. At this point delusion arises.

At the same time, the patient has the impression that he came to his knowledge on the basis of irrefutable evidence and his conviction is **irrefutable**.

- Delusions can be supported by other phenomena – illusions, hallucinations, delusions:
 - every attempt by those around to refute a delusion leads to the emergence of a new delusion.

Division

1. Paranoid delusions

- *persecutive* – the patient is convinced that someone (neighbor, wife, government,...) wants to harm him,
- *emulation* – jealous, especially in alcoholic psychoses (e.g.: "Everyone knows you're cheating on me!"),
- *erotomaniac* – an irrefutable belief that someone loves the sick person, e.g. a TV presenter, a rare delusion.

2. Macromanic (grandiose) delusions - conditioned by elevated mood = mainly in psychotic mania

- *religious* - the patient is convinced that he is, for example, Jesus, an angel,
- *original* – the patient is irrefutably convinced of his noble origin. E.g. considers himself a noble
- *inventory* – irrefutable belief that the patient has invented some revolutionary thing. However, this is

usually nonsense.

3. **Micromanic delusions** - the patient is in a depressed mood (e.g. he blames himself for something):
 - *deprecating* - the patient feels, for example, that he is in the world for no reason, that he does not deserve breakfast when children in Africa are dying of hunger, etc.,
 - *hypochondriac* - the patient is convinced that he is seriously, even fatally ill,
 - *self-accusatory (self-accusatory)*.
4. **Other**
 - *pseudomegalomaniac* (eg: "The world is destroyed because of me."),
 - *delusion of enormity* (eg: "I will pee and flood the whole world").

Intrusive thoughts, obsessions

They force themselves into the individual's mind **against his will' and cannot be suppressed**. The patient perceives them as a *foreign* element and disturbs his thinking. Strong **anxiety** arises when trying to resist obsessive thoughts. Mild forms are very common, severe forms can even be disabling.



Separation of Obsessive Thoughts

1. **Uncertainty and doubt** - the patient is not sure whether he locked the door, turned off the light, etc. → *he has to come back*.
2. **Fears** = various phobias:
 - *claustrophobia* = fear of closed spaces,
 - *aichmophobia* = fear of sharp objects,
 - *hypsofobia* = fear of heights,
 - *agoraphobia* = fear of open spaces,
 - *mysophobia* = fear of dirt and contamination by touch,
 - *ereutophobia* = fear of blushing (of the patient himself),
 - *dysmorphophobia* = fear of disfigurement of different parts of the body.
3. **Content based on a specific idea**
 - compulsion to do something that contradicts accepted conventions → e.g.: compulsion to say a dirty word in church, compulsion of a mother to throw a child out of a window, etc.

Compulsions

It is a purposeful action that the subject performs in order to '*get rid of the obsession*'.

Links

Related Articles

- Phobia
- Schizophrenia

External links

- Blud - Czech Wikipedia (<https://cs.wikipedia.org/wiki/Blud>)
- Delusion - English Wikipedia (<https://en.wikipedia.org/wiki/Delusion>)

Taken from

- BENEŠ, George. *Study Materials* [online]. [cit. 2010-02-24]. <<http://jirben.wz.cz>>.

References

- RABOCH, George - PAVLOVSKY, Pavel, et al. *Psychiatry*. 1. edition. Prague : Karolinum, 2012. 466 pp. ISBN 978-80-246-1985-9.

References

1. JIŘÍ, Raboch, - PAVEL, Pavlovsky,. *Psychiatry*. - edition. Karolinum Press, 2013. 468 pp. ISBN 9788024619859.