

# 06 - Mood and perception of time

## Mood and perception of time:

© SPM Course For somatoform pain, head and neck are the most common sites. In somatisation disorder, musculoskeletal symptoms are the commonest. In hypochondriasis gastrointestinal symptoms predominate. Anhedonia & Alexithymia: Anhedonia was a term coined by Ribot; it refers to the inability to derive pleasure in life often leading to diminished interests in activities. It may be of two types: physical and social anhedonia. Physical anhedonia represents a defect in the ability to experience physical pleasures, such as pleasures of eating, touching etc., while social anhedonia represents a defect in the ability to experience interpersonal pleasure, such as pleasure of being with people, talking, etc. Anhedonia is common in melancholic depression with somatic syndrome where it is a core symptom. It is also observed as a part of the negative syndrome of schizophrenia. In schizophrenia, anhedonia is considered to be more social or interpersonal than a personal/physical deficit. Alexithymia was first described by Sifneos. A- Absence or defective + LEXI -words + THYMIA - emotion i.e. Difficulties in using words to express emotions. It is often accompanied by

1. Diminution of fantasy.
2. Reduced symbolic thinking
3. Literal thinking concerned with details
4. Difficulties in recognizing one's own feelings
5. Difficulties in differentiating body sensations and emotional states.
6. A 'robot-like existence' is suggested - but patients rarely complain in these terms. It is especially seen in psychosomatic illnesses, somatoform disorders, depression, PTSD, personality disorders and paraphilias. Note that in some cultures especially south Asian, somatic metaphors are used in describing emotions often. Mood and perception of time: This may be altered in patients with depression or mania. In a study of 32 acutely depressed, 30 acutely manic, and 31 control subjects, the experience of time was assessed both subjectively (with a visual analog scale) and objectively (with Chronotest software and the Trail Making Test (TMT)). Both manic and depressed subjects were slow in the TMT, but the subjective experience of time was slowed in the depressed, sped up in the manic, and unchanged in the control subjects (Bschor et al. 2004). An allied

phenomenon seen in some patients with schizophrenia is the age disorientation. In chronic schizophrenia patients may lose the track of their age and may claim that they are of an age at least 5 years different from their actual age. Age disorientation is defined as misstating one's age by 5 or more years. It is observed in a substantial number of chronically ill, institutionalized schizophrenic patients. Prevalence estimates have been limited to data from surveys of hospitalized mental patients in chronic care facilities, where approximately 25% of patients are age disoriented. The majority of age-disoriented schizophrenic patients understate their age. In fact, an additional 10% of schizophrenic subjects report an incorrect subjective age that is within 5 years of their age at illness onset. Age-disoriented patients are generally older, have a longer current admission, and were younger at first admission than age-oriented patients. Age disorientation is associated with early onset and poor prognosis.

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