

Glossary of terms for QC48 Mental State Examination eLearning course

Affect

A person's observed moment to moment emotional expression expressed in posture, face, body movements, and tone of voice. Compare to definition of mood.

Akathisia

A condition characterised by motor restlessness. For example, restless legs, rocking from foot to foot, aching legs, pacing, or inability to sit or stand. Symptoms develop within a few weeks of starting or raising the dose of a neuroleptic medication, or of reducing the dose of medication used to treat extra-pyramidal symptoms. **Alertness and level of consciousness** refers to a person's ability to be aware of (and respond to) the environment around them. Disturbances of consciousness usually indicate organic brain impairment.

Anhedonia

Loss of interest in, and withdrawal from, all regular and pleasurable activities. In evaluating anhedonia, it is not enough to inquire if the person has lost their sense of pleasure. The clinician must document that the patient has given up previously enjoyed pastimes. When mild, anhedonia evidences with a decreased interest in life. Later, patients complain they have lost interest in things.

Anxiety

Apprehension, tension, or uneasiness from anticipation of danger, the source of which is largely unknown or unrecognised. Primarily of intra-psychoic origin, which is distinct to fear (the emotional response to a consciously recognised and usually external threat or danger).

May be regarded as pathologic when it interferes with effectiveness in living, achievement of desired goals or satisfaction, or reasonable emotional comfort.

Apathy/apathetic

Dulled emotional tone associated with detachment or indifference; seen in certain types of schizophrenia and depression.

Apparent age

How old the person looks, compared to their actual age.

Appearance

Appearance refers to the physical characteristics of the person, including:

- bodily habits
- physical disabilities
- dress
- [stature](#)
- [grooming](#)
- cleanliness.

Appropriateness or congruent affect

Where the emotions observed, correspond to contents of speech and thought.

Attention and concentration

Ability to sustain focus on one activity. A disturbance in attention may appear as having difficulty in finishing tasks once started, being easily [distracted](#), or having difficulty in concentrating. Also see [concentration](#).

Attitude towards clinician

Refers to the person's approach to the interview and interaction with the clinician; whether the person is willing or unwilling to engage, is responsive to questions, etc. The person's attitude toward the interview and interaction with the clinician will affect the information elicited. Attitude may change during the interview as anxiety reduces (or increases). The development of rapport is an important factor in attitude.

Attribution

An idea or belief about the cause of a certain behaviour.

Auditory hallucination

The perception of sound or voice, ranging from an indistinct buzzing to a conversation loud enough to preclude attention to real sounds/conversations. Three types of auditory hallucinations are:

1. audible thoughts described as hallucinated voices that speak aloud what the person is thinking
2. voices that give a running commentary on the persons' actions
3. hearing two or more voices arguing with each other often about the person, who is referred to in the third person.

Avolition

The 'inability to initiate and persist in goal-directed activities'. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities. Avolition is one of the negative symptoms of schizophrenia.

Behaviour

Behaviour and activity refers to the level and quality of the person's physical movement. Noting the activity level and the type of movement the person displays are useful indicators of concurrent [mood](#) states or of physical problems.

Some persons cannot sit still, whereas others barely move, and others move in abnormal ways. Abnormal activity and movements can be indicative of a neurologic problem, as well as, mood states. Some persons, for example, may behave in unusual ways because they are responding to [hallucinations](#) and/or [delusions](#).

Blunted affect

A state in which externally expressed emotion is present but much diminished in intensity. Differentiated from [flat affect](#) in which there is no emotional expression.

Body habitus

Refers to build, for example, slight, sturdy, solid; physical proportions e.g., truncal obesity.

Bizarre

Conspicuously or grossly unconventional or unusual.

Capacity

Capacity is the ability to make one's own decisions.

An adult over the age of 18 has the right to make their own decisions and choices, e.g., what to wear, what to eat, where to live, how to act. Adults have the right to make a decision, think it through and act. This is regardless of what others may think of their decision-making process or outcomes. Adults are presumed to have capacity to make their own decisions.

Catatonic signs

Marked motor abnormalities, generally limited to those occurring as part of a non-organic psychotic disorder. This term includes:

- catatonic excitement (apparently purposeless agitation not influenced by external stimuli)
- stupor (decreased reactivity and fewer spontaneous movements, often with apparent unawareness of the surroundings)
- negativism (apparent unprovoked resistance to instructions or attempts to be moved)
- posturing (the person assumes and maintains an inappropriate or [bizarre](#) stance)
- rigidity (the person maintains a stance or posture against all efforts to be moved)
- waxy flexibility, or cerea flexibilitas (the person's limbs can be put into positions that are maintained).

Chronological age

The person's actual age.

CIMHA

Consumer integrated mental health application used by Queensland Health for recording clinical notes.

Circumstantiality

Talking at length around a point before getting to it. Characterised by an over-inclusion of detail. The speaker does not lose the point, as is characteristic of [loosening of associations](#), and clauses remain logically connected, but to the listener it seems the end will never be reached. Documented in thought form and flow section of the mental state examination (MSE). Compare with [tangentiality](#).

Clang association

Statements are connected by sound rather than meaning. A type of thinking in which the sound of a word, rather than its meaning, gives the direction to subsequent associations.

Punning (word play; banter) and rhyming may substitute for logic. Language may become increasingly a senseless compulsion to associate, and decreasingly a vehicle for communication. For example, in response to the statement, 'That will probably remain a mystery,' a person says, 'History is one of my strong points'. Documented in thought form and flow section of the MSE.

Clouding of consciousness

A decreased level of consciousness indicated by the loss of comprehension of the environment and loss of ability to respond appropriately to external stimuli.

Cognition

The ability to know and think; occurs through use of intellect, logic, reasoning, memory and all higher cortical functions.

Cognitive assessment

The process of systematically gathering test scores and related data to make judgements about a person's ability to perform various mental activities involved in the processing, acquisition, retention, conceptualization, and organisation of sensory, perceptual, verbal, spatial, and psychomotor information.

Compulsion

Pathological need to act on an impulse that, if resisted, produces anxiety; repetitive behaviour a person feels compelled to undertake, usually in response to an obsession. The person is aware their action is unreasonable.

It can include behaviour such as hand washing or mental acts such as praying or repeating words silently that aim to prevent or reduce distress, or prevent some dreaded event or situation. The person feels driven to perform such actions in response to an obsession or according to rules that must be rigidly applied, even though the behaviours are recognised to be excessive or unreasonable.

Concentration

The act or process of concentrating, especially the fixing of close, undivided attention.

Also see [attention and concentration](#).

Concrete interpretation (proverb interpretation)

The person remains literal and emphasises a concrete situation although not the same situation as is referred to in the proverb.

Congruent mood and affect

Where the emotions observed correspond to contents of speech and thought.

Conscious

A state of general wakefulness and responsiveness to environment.

Delusion

Fixed false belief based on incorrect inference about external reality. The delusions are not consistent with the patient's intelligence and cultural background, and cannot be corrected by reasoning. Occurs in some psychotic states and are firmly sustained despite clear evidence to the contrary. The belief is not part of a cultural tradition such as an article of religious faith. Can range from being quite bizarre and fragmented to being plausible and organised.

Types of delusions include: bizarre, jealous, erotomanic, grandiose, control, reference, persecution, somatic, thought broadcasting and thought insertion.

Systematised delusions are a stable set of delusions in which various psychotic features tend to interrelate, and the person can discuss most things in terms of his/her delusional system.

Non-systematised delusions are those that change rapidly in content; their organisation is difficult to elucidate and the psychotic elements are not particularly interrelated. Non-systematised delusions usually extend into many areas of life, and new data - new people and situations - are constantly incorporated to further support the presence of the delusion. The patient usually has concurrent mental confusion, hallucinations, and some affective lability.

Documented in thought content section of MSE.

Dimensions of delusions

Conviction: How convinced the person is of a belief.

Extent: Do delusions involve many areas of person's life?

Bizarreness: A delusion involving a phenomenon that the person's culture would regard as physically impossible. [Bizarre](#) delusions suggest schizophrenia.

Disorganisation: Are their beliefs internally consistent, logical, and systematised?

Pressure: How preoccupied the person is with belief.

Types of delusions

Passivity experiences/delusions of control: False belief that a person's will, thoughts, or feelings are being controlled by external forces. These include thought broadcasting, thought insertion or thought withdrawal.

Grandiose/ delusions of grandeur: Exaggerated conception of one's importance, knowledge, identity power or authority.

Delusions of reference: False belief that the behaviour of others refers to oneself or that events, objects, or other people have a particular, and unusual, significance usually of a negative nature. Derived from idea of reference in which the person falsely feels others are talking about them. For example, a belief that a television program or newspaper article has special meaning for him/her or that a person on the television or radio are talking about/or to them.

Depression

When used to describe a [mood](#), depression refers to feelings of sadness, despair, and discouragement. As such, depression may be a normal feeling state. The overt manifestations are highly variable and may be culture specific. Depression may be a symptom seen in a variety of mental or physical disorders, a syndrome of associated symptoms secondary to an underlying disorder, or a specific mental disorder. Slowed thinking, decreased pleasure, decreased purposeful physical activity, guilt and hopelessness, and disorders of eating and sleeping may be seen in the depressive syndrome.

Depersonalisation

Sensation of unreality concerning oneself, parts of oneself, or one's environment that occurs under extreme stress or fatigue. Seen in schizophrenia, depersonalisation disorder and schizotypal personality disorder.

Derailment

Pattern of speech in which a person's ideas slip off one track onto another completely unrelated or only obliquely related track. Thoughts are disconnected or illogically connected. In its worst form, derailment develops into loosening of associations and then further deteriorates into word salad. Documented in thought form and flow section of the MSE.

Derealisation

Sensation of changed reality or that one's surroundings have altered. Usually seen in schizophrenia, panic attacks, and dissociative disorders.

Despondent

Feeling dejected. Without or almost without hope.

Disinhibition

Acting according to one's inner drives or feelings, without regard for restraints imposed by cultural norms or super-ego. Removal of an inhibitory, constraining, or limiting influence.

Dissociation

Unconscious defence mechanism involving the segregation of any group of mental or behavioural processes from the rest of the person's psychic activity. May entail the separation of an idea from its accompanying emotional tone.

Disorientation

The loss of awareness of the position of self in relation to space, time, or another person (confusion).

Distractibility

Inability to maintain [attention](#); shifting from one area or topic to another with minimal provocation. Distractibility may be a manifestation of organic impairment or it may be a part of a functional disorder such as an anxiety disorder, mania, or schizophrenia.

Dysprosody

Unusual rhythms found in a person's speech.

Dysphoria/dysphoric

Feeling of unpleasantness or discomfort; a mood of general dissatisfaction and restlessness.

Dystonia

Abnormal positioning or spasm of the muscles of the head, neck, limbs, or trunk. Dystonia develops within a few days of starting or raising the dose of a neuroleptic medication, because of dysfunction of the extrapyramidal system.

Echolalia

Mechanical and meaningless repetition of the words of another person (as in schizophrenia). Involuntary parrotlike repetition of a word or sentence just spoken by another person.

Ecstasy/ecstatic

Intense joy or delight.

Egocentric interpretation

The person references them self when interpreting a proverb.

Erotomania

Belief in non-existent romance - the [delusion](#) of being loved by and romantically involved in a relationship with a person, especially somebody famous or of high social position.

Euphoria/euphoric

An exaggerated feeling of physical and emotional well-being, inappropriate to real events. Also seen in organic mental disorders, toxic and drug-induced states, and bipolar disorders.

Euthymia/euthymic

A normal range of mood that includes the expected ups and downs of life, but not with the major or prolonged shifts of mood.

Executive functioning

Cognitive abilities such as planning, organising, sequencing, and abstracting. Diminished in dementia and can be impaired in schizophrenia.

Expansive mood

Expression of feelings, without restraint, frequently seen with an overestimation of their significance or importance. Seen in mania and grandiose delusional disorder.

Eye contact

Visual contact with another person's eyes.

Facial expression

Good eye contact in keeping with their culture. Unusual grimaces or facial tics; looking around as though distracted.

Fear

Unpleasant emotional and physiological response to recognised sources of danger. To be distinguished from [anxiety](#). See also [phobia](#).

Flat affect

A state in which there is no emotional expression. Lack of signs of affective expression; the voice may be monotonous, no gesticulation, and the face is immobile.

Flight of ideas

A nearly continuous flow of accelerated speech with abrupt changes from one topic to another, usually based on understandable associations, distracting stimuli, or plays on words. When severe, this may lead to disorganised and incoherent speech.

Flight of ideas is characteristic of manic episodes, but it may occur also in organic mental disorders, schizophrenia, other psychoses, and rarely, acute reactions to stress.

Free floating anxiety

Severe, generalised, persistent anxiety not specifically ascribed to an object or event, and often a precursor of panic. See [generalised anxiety disorder](#).

Gait

Refers to the person's manner of walking.

Garrulous

Excessively or tiresomely talkative.

Generalised anxiety disorder

The essential feature of an anxiety disorder is the presence of excessive [anxiety](#) and worry. An person with an anxiety disorder will find it difficult to control their tendency to worry, and their anxiety will be accompanied by symptoms such as restlessness, fatigue, difficulty concentrating, irritability, muscle tension and disturbed sleep, among others.

Grandiose delusion

A false belief of one's importance, power, knowledge, and/or identity, that is not confirmed by reality.

Grandiosity

A delusion of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Grooming

Refers to the care a person takes in his/her personal [appearance](#). It covers aspects of appearance such as hair, fingernails, clothing, teeth etc. See also [appearance](#).

Gustatory hallucination

A [hallucination](#) involving the perception of taste (usually unpleasant).

Hallucination

Unprovoked perceptual experiences occurring in a person's mind through any sense (sight, hearing, smell, taste, touch) in the absence of external stimulation.

Hallucinations may involve any of the senses (sight, hearing, smell, taste, touch).

Hygiene

Refers to a person's attention to activities which preserve health, such as showering, washing hair, cleaning teeth.

Hyperactivity

Excessive motor activity that may be purposeful or aimless; movements and utterances are usually more rapid than normal. Hyperactivity is a prominent feature of attention-deficit disorder and [hypo/hypermania](#).

Hypochondriasis

One of the somatoform disorders, characterised by persisting worry about health, or [fear](#) of having some disease, despite appropriate medical reassurance and lack of findings on physical or laboratory examination. Fear of contracting a disease is considered a [phobia](#) rather than hypochondriasis.

Hypomania

Mood abnormality with the qualitative characteristics of mania but somewhat less intense. It is characterised by unrealistic optimism, pressure of speech and activity, and a decreased need for sleep. Some people show increased creativity during hypomanic states, whereas others show poor judgement, or irritability.

Ideas of reference

Misinterpretation of incidents and events in the outside world as having direct personal reference to oneself; frequently seen in paranoid patients. For example, remarks one overhears, or people one encounters, seem to be concerned with and usually hostile to self. If present with sufficient frequency or intensity, or if organised and systematised, they constitute delusions of reference. Documented in the thought content section of the MSE.

Illogical

A pattern of speech in which conclusions reached do not follow from the facts.

Illusion

A misperception of a real external stimulus. For example, the rustling of leaves is heard as the sound of voices. Contrast with [hallucination](#).

Immediate memory

The recall of perceived material within a period of 30 seconds to 25 minutes after presentation.

Impulsivity

Displaying [behaviour](#) characterised by little or no forethought, reflection, or consideration of the consequences. Rapid, unplanned responses to stimuli. Is of clinical interest because of the danger the person's actions may present to self and others. Should be considered in a risk assessment, especially if the person is also prone to violence, or is currently angry or hostile.

Incongruent affect

Emotional tone out of harmony with the idea, thought, or speech accompanying it.

Incoherence

Lacking in unity or consistency often applied to speech or thinking that is not understandable owing to the lack of logical connection between following words or phrases; excessive use of incomplete sentences; many irrelevancies or abrupt changes in subject matter; idiosyncratic word usage; distorted grammar. See also [loosening of associations](#).

Insight

Self-understanding; the ability to be self-aware - that is, conscious of one's own feelings, ideas, and underlying motivations about an issue. It involves the capacity to examine many aspects, viewpoints, and consequences of an issue before forming an opinion or making a decision. In this context, refers to the extent to which the consumer recognises he/she has a mental illness or disability.

Judgement

Mental act of comparing choices between a given set of values to select a course of action.

Labile affect

Abnormal variability, with repeated, rapid, and abrupt shifts in [affective](#) expression. Fluctuating rapidly between extremes, unrelated to external stimuli. For instance, shifting rapidly from laughing to tearful.

Lethargy

The quality or state of being lazy, sluggish, or indifferent.

Long term memory

The part of the mind that retains information permanently or nearly so; a system in the brain that can store and retrieve vast amounts of information on a relatively enduring basis.

Loosening of associations

A disturbance of thinking shown by speech in which ideas shift from one subject to another unrelated or minimally related subject. Statements that lack a meaningful relationship may be juxtaposed, or speech may shift suddenly from one frame of reference to another.

The speaker gives no indication of being aware of the disconnectedness, contradictions, or illogicality of speech. When severe, may lead to disorganised and [incoherent](#) speech. Documented in the thought form/flow section of the MSE.

Lugubrious

Mournful, dismal, or gloomy, especially in an affected, exaggerated, or unrelieved manner.

Magical thinking

A conviction that thinking equates with doing. Occurs in dreams in children, primitive peoples, and persons under a variety of conditions. Many superstitions are examples of culturally validated magical thinking. Characterised by the lack of realistic relationship between cause and effect.

Malingering

Deliberately pretending to have an illness or disability to receive financial or other gain, or to avoid punishment or responsibility.

Mania

A mental state of elevated, expansive or irritable mood and persistently increased level of activity or energy. Can also be characterized by symptoms such as severe insomnia, grandiose notions, increased speed and/or volume of speech, flight of ideas, increased sexual desire, markedly increased energy and activity level, poor judgment, and inappropriate social behaviour.

Memory

The ability, process, or act of remembering or recalling; especially the ability to reproduce what has been learned or explained.

Mood

A person's reported pervasive and sustained emotional state. Mood refers to an inner state that persists for some time. A pervasive and sustained emotion on the continuum between sad and happy. Can markedly influence virtually all aspects of a person's behaviour and perception of the world. Compare to the definition of affect.

Motor coordination

The harmonious functioning of body parts that involve movement, including gross motor movement, fine motor movement, and motor planning.

Mutism

No verbal response, yet person indicates awareness of a question. May result from a variety of peripheral muscle and central nervous system conditions, and from functional disorders.

Mutism may occur in profound depression, catatonic states, and conversion reactions. Selective mutism is characterised by persistent refusal to speak in specific situations in which speaking is expected, despite the demonstration of speaking ability in other situations. Context is considered insofar as the diagnosis is not made if the failure to speak is attributed to lack of knowledge of the spoken language, e.g., second language of an immigrant.

Negative symptoms

Most commonly refers to a group of symptoms characteristic of schizophrenia that include diminished emotional expression and avolition, alogia, anhedonia and asociality.

Neologism

In psychiatry, a new word or condensed combination of several words coined by a person to express a highly complex idea not readily understood by others; seen in schizophrenia and organic mental disorders.

Nihilistic delusion

A conviction of non-existence of the self, part of the self, others, or of the world. 'I no longer have a brain' is one example.

Cotard's Syndrome is a nihilistic [delusion](#) in which one believes, for example: their body, or parts of it, is disintegrating; one is bereft of all resources; one's family has been exterminated. It has been reported in depressive disorders, schizophrenia, and lesions of the non-dominant lobe.

Objectivity

This is a practiced skill covering the attitude of the clinician to the person and of the person to the clinician; includes assumptions about the presenting problem, the person, and/or their background.

Obsession

Recurrent and persistent thought, impulse, or image experienced as intrusive and distressing.

Recognised as being excessive and unreasonable even though it is the product of one's mind. This thought, impulse, or image cannot be expunged by logic or reasoning. Associated with anxiety.

Olfactory hallucination

Experience of a particular and unusual smell, such as burning rubber or decaying fish. Can occur in schizophrenia and temporal lobe epilepsy.

Orientation

Awareness of one's self in relation to time, place, and person.

Overvalued idea

An unreasonable and sustained belief maintained with less than [delusional](#) intensity. For example, the person can acknowledge the possibility that their belief may not be true.

Panic

Sudden, overwhelming [anxiety](#) of such intensity it produces terror and physiological changes.

Paranoia

Unrealistic suspiciousness and guardedness, not necessarily of delusional proportions.

Paranoid delusion: A condition characterised by an intricate, complex, and elaborate system of thinking, based on (and often proceeding logically from) misinterpretation of an actual event. Belief that a person or persons is/are persecuting them. Despite its chronic course, this condition does not seem to interfere with thinking and personality. Includes persecutory delusions and delusions of reference, control and grandeur

Passivity phenomena: A range of delusions about one's will, thoughts, feelings or actions being controlled by some outside influence. Thought passivity may take several forms in thought insertion, including: thoughts are experienced as having been placed in one's mind from the outside; in thought withdrawal, thoughts are whisked out of the mind;

in thought broadcasting, one experiences thoughts as escaping one's mind to be heard by others. These experiences are often combined with specific delusions of control, seemingly to explain the passivity experiences.

Perception: Conscious awareness of the elements in the environment through the mental processing of sensory stimuli.

Persecutory beliefs: Centre on the theme that one is being deliberately wronged, conspired against, or harmed by another person or influence.

Perseveration: Person repeats either their own words, phrase or theme, regardless of the context or question asked, even if the subject is changed. Perseveration is seen in major depressive disorder, frontal lobe damage, schizophrenia, and catatonic type. Documented in the thought form and flow section of the MSE.

Perception

This is the process of experiencing the environment and recognising or making sense of the stimuli received. An object in the environment causes a sensation, which upon interpretation by the brain becomes a perception. Perceptual disturbances include hallucinations and illusions.

Phobia

Fear cued by the presence or anticipation of a specific object or situation, exposure to which almost invariably provokes an immediate anxiety response or [panic](#) attack even though the subject recognises that the [fear](#) is excessive or unreasonable. The phobic stimulus is avoided or endured with marked distress.

Two types of phobia have been differentiated:

- specific phobia (simple phobia)
- social phobia.

Specific phobia is subtyped based on the object feared. For example, the natural environment (animals, insects, storms, water, etc.); blood, injection, or injury; situations (cars, airplanes, heights, tunnels, etc.); and other situations that may lead to choking, vomiting, or contracting an illness are all specific phobias.

In social phobia (social anxiety disorder), the persistent fear is of social situations that might expose one to scrutiny by others and induce one to act in a way or show anxiety symptoms that will be humiliating or embarrassing.

Positive symptoms

In psychosis and schizophrenia hallucinations, delusions, and thought disorder are described as positive symptoms.

Position and posture

Refers to whether the person is sitting, standing, facing toward or away from the clinician, stooped, erect, tense, relaxed, etc.

Poverty of speech

Restricted amount of spontaneous speech. Replies to questions are brief and monosyllabic. It is presumed this results from underlying poverty of thought.

Marked reduction in the amount of thought. Thinking is vague, concrete, over-abstract, repetitive, or stereotyped. Also known as poverty of ideas and poverty of content of thought.

Premorbid

Preceding the occurrence of disease.

Preoccupation

Centring of [thought](#) on a particular idea, associated with strong emotional reactions in the person.

Pressured speech

Speech is extremely rapid, difficult to interrupt, loud and hard to understand. Occurs in mania. Sometimes it exceeds the ability of the vocal musculature to articulate, leading to jumbled and cluttered speech. At other times it exceeds the ability of the listener to comprehend, as the speech expresses a flight of ideas (as in mania) or unintelligible jargon.

Problem solving

A specific form of intellectual activity used when a person faces a situation that cannot be handled in terms of past learning. Problem solving strategies are considered crucial in any psychotherapeutic endeavour.

Pseudoabstraction (proverb interpretation)

When a person interprets one proverb with another.

Psychomotor activity

The person is unable to stay still. Movements may be unusually slow, as in psychomotor retardation.

Psychomotor agitation

Excessive motor activity associated with a feeling of inner tension. When severe, agitation may involve shouting and loud complaining. The activity is usually non-productive and repetitious, and consists of such [behaviour](#) as pacing, wringing of hands, and inability to sit still.

Psychomotor retardation

A generalised slowing of physical and emotional reactions. Specifically, the slowing of movements such as eye blinking; frequently seen in [depression](#).

Psychosis

Mental disorder in which the thoughts, affective response, ability to recognise reality, and ability to communicate and relate to others are sufficiently impaired to interfere grossly with the capacity to deal with reality; the classical characteristics of psychosis are impaired reality testing, hallucinations, delusions, and illusions.

Racing thoughts

The subjective experience of thoughts moving quickly from topic to topic. Racing thoughts are reported most often by people with mania, [hypomania](#), [anxiety](#) and drug intoxication. As the person becomes increasingly unwell thoughts will potentially become flight of ideas.

Range (affect)

In the normal range of [affect](#), there is variation in facial expression, tone of voice, use of hands, and body movements.

Recall

The process of bringing a [memory](#) into consciousness (see [conscious](#)). Recall is often used to refer to the recollection of facts, events, and feelings that occurred in the immediate past.

Restricted

A clear reduction in the expressive range and intensity of [affect](#). The person is able to demonstrate some types of emotion but appears unable to demonstrate others. For example, sadness but not happiness or anger.

Short term memory

The recognition, recall, and reproduction of perceived material, 10 seconds or longer, after initial presentation.

Somatic delusion

A false belief involving the functioning of one's body, such as the conviction of a postmenopausal woman that she is pregnant, or a person's conviction that his nose is misshapen and ugly when there is nothing wrong with it.

Somatoform disorder

These disorders are characterised by physical complaints that appear to be medical in origin but cannot be explained in terms of a physical disease, as a result of substance abuse, or by another mental disorder.

Somnolence

Sleepiness, the state of feeling drowsy, or being ready to fall asleep.

Speech

The faculty or act of expressing or describing thoughts, feelings, or perceptions through the articulation of words.

Staccato

Abnormal speech in which the person pauses between words, breaking the rhythm of the phrase or sentence.

Speech latency: Long pauses between phrases or before beginning sentences.

Stature

The person's height and build.

See also [appearance](#)

Strengths perspective

A strengths perspective or practice model rests on the assumption that there are strengths and resources present for all people, in all situations and forms of distress.

A strengths-based approach to mental health work relies on awareness, utilisation and enhancement of existing strengths (personal) and resources (environmental). (10)

Stupor

Marked decrease in reactivity to and awareness of the environment, with reduced spontaneous movements and activity. It may be seen as a type of catatonic behaviour in schizophrenia, but can also be observed in serious physical disorders.

Suicidal ideation

Thoughts about killing oneself. Can range from specific plans to passive feelings or ideation, such as, 'I wish I was dead'.

Suicidal intent

Level of individual degree of risk of acting on suicidal ideation at a particular time.

Suicide plan

Individual strategy inclusive of time frame and means to kill oneself.

Systematised delusion

A stable set of delusions in which various psychotic features tend to interrelate, and the person can discuss most things in terms of his/her delusional system. Are usually restricted or circumscribed to well-delineated areas and are ordinarily associated with a clear sensorium and absence of hallucinations.

Is often isolated from other aspects of behaviour. The consumer with a closed **systematised** delusional system may go about life relatively unperturbed. The consumer with a non-systematised delusion frequently has poor social functioning and often behaves in response to the delusional beliefs.

Taciturn

Habitually silent, reserved, or uncommunicative; not inclined to converse.

Tactile hallucination

Perception of being touched, or of something being under one's skin such as the sensation of pins being stuck into one's finger. The sensation of something crawling under one's skin is called formication; it occurs most frequently in alcohol withdrawal syndrome and in cocaine withdrawal.

Tangentiality

Replying to a question in an oblique or irrelevant way. The person does not get around to answering the question. Documented in the thought form/flow section of the MSE.

Thought alienation

The collective grouping for [thought insertion](#), [withdrawal](#) and [broadcasting](#).

Thought blocking

A sudden obstruction or interruption in spontaneous flow of thinking or speaking, perceived as an absence or deprivation of thought.

Thought broadcasting

The experience that one's thoughts are being transmitted from one's mind and broadcast to everyone.

Thought content

Refers to what the person is talking about, rather than how the person is thinking. [Preoccupations](#), [obsessions](#), [phobias](#), rituals and [delusions](#) are examples of disturbance in thought content.

Thought disorder

Any disturbance of thinking that affects language, communication, or thought content. Manifestations range from simple blocking and mild circumstantiality to profound loosening of associations, incoherence, and delusions; characterised by a failure to follow semantic and syntactic rules inconsistent with the person's education, intelligence, or cultural background.

Thought form/flow

Form means the 'arrangement of parts'. Disturbances in the form of thought are disturbances in the logical process of thought - more simply, disturbances in the logical connections between ideas. [Circumstantial speech](#), [flight of ideas](#), [loosening of associations](#), [perseverance](#) and [blocking](#) are examples of disturbances in thought form.

Thought insertion

The subjective feeling that thoughts in one's mind are not one's own, often explained by a secondary [delusion](#) of insertion by some outside influence, for example, the experience of alien thoughts being inserted into the mind.

Thought latency

Delay or hesitancy preceding the production of a verbal response or statement.

Thought process: Person's pattern of thoughts, not specific content. Refer to 'thought form/flow'.

Thought withdrawal

The experience of thoughts being removed or extracted from one's mind.

Tic

An involuntary, sudden, rapid, recurrent, nonrhythmic stereotyped motor movement or vocalisation. A tic may be an expression of an emotional conflict, the result of neurologic disease, or an effect of a drug (especially a stimulant or other dopamine response).

Tremor

Any abnormal repetitive shaking movement of the body. May be related to illnesses such as thyroid disease, or caused by fever, hypothermia, drugs or fear.

Visual hallucination

Perception of an image such as people (formed) or a flash of light (unformed). Previously thought to have been uncommon in schizophrenia, but now found to be prevalent in high numbers of people with chronic schizophrenia. Also occurs in people with visual system disease (e.g. macular degeneration) unrelated to primary psychiatric disorder. Common with substance induced [psychosis](#).

Voluble

Fluent or having a ready flow of speech.

Word salad

Speech is an incoherent, essentially incomprehensible jumble of words and phrases recounted with normal intonation. A mixture of words and phrases that lack comprehensive meaning or logical coherence; commonly seen in schizophrenic states. Documented in the thought form and flow section of the MSE.

