

## COGNITIVE DISORDERS

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### Anatolian

Perception is not a simple sum of sensations. In the process of perception, in addition to sensations, previous experience, awareness of the perceived, as well as memory processes are involved. Also, in many cases, perception is called the human perceptual system.

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The concepts of "Perception" and "Intuition " are related to each other, but there are also fundamental differences between them. As a result of combination, some senses move to reflect whole bodies or situations. Therefore, the main difference between perception and intuition is the understanding everything that affects us, the objectivity of a holistic reflection of the body with all its properties. Thus, perception is a mental process of holistic reflection of bodies and events in their direct impact on sense organs. Perception is not a simple sum of sensations. In the addition of perception, in addition to sensations, previous experience, awareness of the perceived, as well as memory processes are involved. Also, in many cases, perception is called the human perceptual system. In perception, the desire to perceive this or that object, the need or obligation to perceive it, the willpower directed to achieve a better perception, and the determination shown in such situations are of great importance. A person's attention and orientation are also involved in the perception of real world objects. Our attitude towards perception is of great importance to the process of perception. A body can evoke different emotions in us, whether it is interesting to us or we are different to it. An object that is interesting to us can be actively perceived, and vice versa, we may not notice an object that is indifferent to us. It is the physiological basis of perception and carries out activities in the sense organs, nerve fibers and the central nervous system. Nerve impulses are transferred from the sensitizers to the sensory areas of the cortex, which consist of the central projection of the nerve nodes in the sense organs. Depending on which organ the projection field is connected with, certain sensory information is formed. The physiological basis of perception is more complicated due to its inextricable connection with movement emotional experiences, various thought

processes. It follows that such excitations, which the nerve impulses originating from the sensory organs under the influence of external stimuli and covered different areas of the cortex are the physiological part of perception forms the basis. In psychosensory disorders, the perceptual process itself is not disturbed, it is assumed that there is a disruption in the process of synthesis of the information received by the individual. These include depersonalized and derealized experiences, including specific syndromes.

Derealization is seen in the following changes:

1. In terms of color, for example, depression blues can appear mixed, which is evident in the work of artists such as E/Munk, who used more blacks, blues, and greens during the depression. The use of bright colors is more common in maniacal patients who have taken drugs such as atropine

2. The shape and size of the surroundings can become larger or smaller( in Alice in Wonderland syndrome, macropsia or microscopsia, approaching or moving away, constantly transforming( metamorphopsia). The patient can perceive the right side as the left, or vice versa. The patient can see insects under the skin or may feel that he is walking in a specific part of the body, which is characteristic of organic damage of the cerebral peduncles( Lermittes's peduncular hallucinator). Complex hallucinatory images are reminiscent of dynamic appearance. For example,the heard voice may comment on the surrounding event,the seen image may move,laugh or cry. According to the senses, hallucinations are divided into illusions. The conductions of occurrence are colorful hallucinations, characteristic of falling asleep hypnagogic which are usually a sequence of image reminiscent of frames from a film and hypnopompic hallucinations, recorded during awaking. Hallucinations are thus divided into true hallucinations and pseudohallucinations according to their occurrence in space

Real hallucinations are expressed in real space, for example, voices are heard from the street or from the room, the image is felt near the patient. Realistic auditory hallucinations can be descriptive (voices explain the patient's behavior), imperative (voices urge to do something), dialogic (voices talk to each other), abusive, threatening. It can be specific to one or more people, man, woman or child, familiar and unfamiliar can be definite and vague. In real hallucinations, the objectivity of the images is so high that the patient communicates with them as if they were living people, and the patient believes that the people around him are also seeing these images. True hallucinations occur more often in the evening, mainly visual hallucinations. The images seen in pseudohallucinations are transparent and immaterial, they are associated with thinking and imply a specific goal.

V. Khlebnikov defined such a connection as a thought-form. Pseudohallucinatory images forcefully penetrate the psyche, and therefore are interpreted by the patient as the influence of foreign volition, energy or power. In this case, it seems that the patient's voice is being spoken to, as if his speech apparatus is being controlled, and the thoughts that are being said do not belong to the person. It seems. They are thus controlling thoughts, such a mood is associated with an alien force, which controls the body with actions, dreams and intentions. This phenomenon is called psychic automatism. Auditory pseudohallucinations can be imperative or commanding, descriptive, threatening, offensive, involving one or more people, male, female, and child, familiar or unfamiliar, specific or vague, depending on their actual content. possible This type of condition is characteristic of intoxication with psychoactive agents and is characteristic of organic brain damage.

3. Speed and time: the environment changes quickly, just like a shot in a movie (the cinematographer's syndrome can be felt in manic states or in intoxication with psychostimulants). In some cases, the months seem to fly by, and in others, the nights seem to drag on. Patients will notice that they are seeing the same recurring plots. Depersonalization (disruption of one's own consciousness) is seen in the following symptoms: 1. The change, the transformation of the self, the peculiar feeling, more usual, one's own personality, the fear of going crazy, the fear of becoming useless, the meaning of life absence and loss of desire. These conditions are characteristic of affective disorders and neuroses. 2. Crushing of the ego, typical for schizophrenia and dissociative disorders, is present in the self and desire. 3. Changing the personal body scheme (autometamorphopsia), anomalous acceptance of the length of the limbs, lengthening or shortening of the limbs, changing the shape of the face, head, body, limbs. These conditions can be observed in usual disturbances or in intoxication with cholinolytics. All the mentioned feelings are related to emotionality, for example, time seems to pass quickly when in a good mood, and slowly when in a bad mood. Psychosensory disturbances include, in some cases, those characteristic of epilepsy - "seen before" (fr. "deja vu"); "heard before" (fr. "deja entendu"); "never seen" never heard" (fr. "jamaisvu"); "never heard" (fr. "jamais entendu"), which is very close to the sensations he felt and felt before. In the symptom he saw (heard) before, the patient has a new he talks about the place as if it is familiar to him and the information he has just heard is relevantly familiar. He interprets it as if he had seen it in a dream before, as if the dream was divine. In a symptom that he has never seen before, the patient shows that he is completely unfamiliar with the place or information that he was familiar with before. emphasizes. A number of phenomena of extrasensory perception, sometimes called parapsychological or psychoenergetic, actually occur as a result of perceptual disturbances. It is necessary to distinguish them from similar phenomena associated with subthreshold emotions to some stimuli. For example, when reading a

text with closed eyes, it can be explained by seeing the warmth on the tip of the finger, which is the sensation of tactile warmth, the warmth in the hand is related to the perception of various external sensations, and thus the unconscious perception of the behavior of another person. based on pre-sensing facial expressions. The following can be included in the phenomenon of extrasensory perception: a) Precognition (teleesthesia) - perception of missing physical objects or events as if watching. In this case, the patient is in a unique situation and tells how he or she behaves at a long distance. b) Precognition or retrocognition - predicting future events or unremembered events from the past, i.e., when the patient knows what happened before, he tells about the events that will happen in the future

Hallucinator-paranoid is a syndrome in which the patient explains his hallucinatory images, for example, by observing them or having a special reaction to them, but it is possible that in these syndromes, delusions are primary, and hallucinations occur later. Kandinsky-Clerambault syndrome - includes auditory pseudo-hallucinatory experiences, mental control (automatism) of thoughts, desires, actions and emotions, delusional interrelations, and more effective delusional forms. Autoscopy-another person, creature Autoscopy-hallucinatory apprehension of another person, creature, or part of the body. can be perceived as a reflection in a mirror. This appearance can repeat the behavior of a disembodied patient or another person, for example, a recently deceased relative. g) Extrasensory diagnosis by laying on the hand or examining the chest. By bringing the palms closer to another person without touching them, the shape and even the color can be felt when palpating, as well as when the surrounding area of the head is illuminated.

d) Astro-examination and psychospheric contact - an imaginary vision of something outside the body (often in the Universe). In this case, the psychoenergetic effect is recorded in spirals, ions, moving objects, light haloes, etc. It often occurs in one-eyed disorders of consciousness and when poisoned with psychoactive agents, i.e. hallucinogens. e) Telepathy-reading thoughts from a distance, an extraordinary phenomenon often occurs in schizophrenia - open thoughts symptom and Kandinsky-Clerambault syndrome. j) Telekinesis to move objects with the help of will power. The emergency is based on the dexterity of the focus, or is related to the high persuasion of the surrounding observers and the induction of the ukar. Eidetic perception can be pathological. For example, in sensitive people, under the influence of some psychotechniques, that is, the object imagined in mediation may appear hallucinatory or pseudo-hallucinatory for a long time. In children with psychopathological disorders, fantasy is included. A child-adolescent fantasizes about another world, in which there are generous or ignorant magicians, and communicates with them in solitude. In this case, fantasies cease to be variable, but become a cold character.

Often, hallucinatory disorders include hallucinatory, delirious, delusional, oneroid, hallucinatory-paranoid syndromes, and Kandinsky-Clerambault syndrome. Hallucinatory syndromes (hallucinoses) are not characterized by changes in consciousness and interpretative disturbances of perception, but hallucinations occur in some other sphere (visual, auditory, olfactory, tactile). Hallucinatory syndromes occur in endogenous disorders as well as in exogenous ones. Hallucination is a psychopathological (mental illness) phenomenon of perception, which consists of the appearance of objects and events in the human mind with different images (hearing voices, feeling ghosts) in the mind. It should be said that the extrasensory perception mentioned in Yukpro is still at the stage of scientific research, and the absolute and scientific basis of its authenticity is confirmed ahead of time.

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