



Disharmonic Psychic Intimate Being and Health Troubles with Distortions of Familial, Social, and Environmental Factors, Uncomfortable Feelings in Life Leading Many Patients to Seek Help, Notably in Psychiatric Emergencies and in Liberal Psychiatry

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Abstract

Since 20 or 30 years, practitioners observe an increase of new kind of patients- often present in large number during some W.E., – who are visiting a general hospital emergency space, with bastard disorders, with existential, familial, or social connotations. They give complaints, which are often difficult to assess in the context of their request and of their behavior. Their symptoms seem unusual and difficult to identify. They formulate their search certainly for care but sometimes more to get or to obtain solutions to an existential problem, without always adhering to the therapeutic plan.

Their troubles do not fit into classic psychopathological classifications and are difficult to classify according to the usual nomenclature criteria and in the D.S.M.V.R. The adherence to previously prescribed treatments seem uncertain, to say at least. We have attempted to bring together some of these atypical complainants.

Results

Description of several clinical cases tending to objectify these variable, recurrent, unclassifiable, and difficult-to-treat disorders. Alternative solutions are used.

Keywords: Intimate suffering- malaise of being which distorts both environmental approaches and human connections, borrowing from hysterical symptomatology in a disguised manner.

Preamble

Our study concerns 10 other people who came to consult to lack of containment affects, through psychotherapeutic or medicinal help (or mixed), often having done research on their own, in specialized literature.

It could be observed involuntary Body's morbid Expression or Movements Disorders Outside of Secondary Lesions of the Nervous System – both psychomotor as Neurovegetative. They express themselves in Occasional or circumstantial time and in a

non-regular or non-compulsive manner. The negative effects or sensations are not Triggered by secondary Damage or lesions of the Central Nervous System and outside Twitch, particularly in the frame of Gilles de la Tourette and Chorea neurological disorder. It's observed frequent Psychopathological Dispositions in the context of Affective-Pulsional Adjustments and of the disharmonic Modality of Structuring of the Personality.

Introduction

We will try to study troubles in relation to painful and inadequate mental and somatic expressions, always unsuitable for the expectation of a serene life with feeling of wellbeing and welfare. Many of the people concerned may be good strategists but poor tacticians, unwittingly leading their careers towards unfortunate or disappointing outcomes, without any brutal practice, for example in their relationships. Here we want to emphasize the psychopathological forms, without any physical traces or after-effect, although certain slips of the tongue, certain add in a discussion, certain choice when belonging to a group could evoke a masochistic connotation. Twitching of the limes for instance are to be considered outside of that study.

The body itself expresses sometimes through coughs, hiccups, sweating or through many other manifestations of the vegetative system, of apparatus or somatic expressions, that the subject would have willingly wanted to repress, often concealed as much as exhibition, without equivalence however, currently, nevertheless with tattoo, increasingly. Even the motor nervous system and the coordination of movements can be impacted, for example when a clumsy gesture occurs, which can lead to a breakage or when a false step risks causing a fall or even the occurrence of tremors. And what about the appearance of brief paralysis? Open-mouthed or even standing still, finding oneself frozen. A fit of anger can also lead to angry inducing fatal gestures, as those of Count, CHIMENE, "future father-in-law".

About the different morbid Troubles

Several cases of fits can be distinguished. The sex-ratio relating to these pathological behaviours seems enough specific: women present more readily factitious fevers, skin disorders, even excoriations, sometimes haemorrhages, which can compete their painful experience of menstruation, while men are more in emergency situations and need to get an examination in the context of disguised self-aggression, atypical depression, even false mourning...Or even incoherent remarks as to family or sentimental situation.

Generally, they appear to have difficulties with social, professional or financial integration. Men often find the solution to leave the place where they acutely perceive the effects of their conflicts or their lack of serenity in choice of homelessness, while women prefer more static but complex solutions [1-7].

Those occurring in the context of exchanges with a third party

or in a group setting; those committed alone, to a greater or lesser extent voluntarily; those harmful or damaging to one's habitus or appearance but never with a determined will, as we described in another study of on self-offenses [8]. What can be described in each day language as a habit, often tending to be concealed. Certain contexts, within the environment, which can arouse emotions or stress, or existential fluctuations of the psychic empathy can arouse emotions, which must be assumed. require the realization of an effort to control the presentation, which imply overcompensating for one's way of being, making at least these temporarily secret and unsightly Such Self-affirmation takes variable forms, notably arising from affective-pulsational control, from modes of relational exchanges, from level of cerebral functioning at both the cognitive and conceptual and creative levels, from confidence in a Self, in the component of narcissistic Identity.

Psychic tension, existential malaise, the experience situated between stress and anxiety are of such intensity in some subjects, that they must resort to gestures involving pain and sometimes lesions. These morbid states, which we place here in the context of differential diagnosis. These factitious Disorders were described by DIEULAFOY and P. BOURGET under the name Pathomimies. These subjects, of whom they carried out the clinical study, feel the need to situate themselves internally in a mythomaniacal way, with the negative attributes of a state of great malaise, of suffering, of a state of morbidity. Their simulation can go as far as clearly pathological behaviours, leading to hemorrhages, even self-mutilation. The painful feelings, linked to the elaborate, sometimes ingenious, simulations, allow an erasure, a temporary or lasting extrapolation of the field of logical relevance, in order to satisfy an identificatory search in an almost frenetic way.

Le Syndrome of ASTHENIA of FERGOL described in 1967 by Jean BERNARD is in this respect paradigmatic, pathognomonic. These voluntary subtractions of sand by a young nurse had raised diagnostic questions for a time.

Among common Disorders

-TICS and vegetative Disagreement: In somatic manifestations such as Tics, ticking subjects have sudden, uncontrolled, even compulsively even in the context of chattering away -small movements, especially of the face, often because a nervous illness as nodding his head, not triggered by a stroke. Inadequate of the neuro-Vegetative system, most often involve an emotional or affective discharge.

We could add:

-Sweaty hands may have been a habit for many years, or even since adolescence, that can be existing as a habit in each day but remains a negative sign.

-Facial flushing can reflect feeling of guilt or, on the contrary -a contrario- an intense warmth feeling.

-Finally, clumsiness can reflect the impact of a negative emotion, particularly when a deliberate breach of self-expression occurs or a newly concluded business deal into customs.

Knitilobruxism

We described in a review the case of Tricotillo-bruxism [9] with capillary avulsion in Mrs. D..., 34 years old, referred by a dentist for a singular practice: she pulled out hairs, one by one, putting each one in her mouth, chewing it until it no longer had any consistency to be removed. Sometimes, pieces remained stuck between 2 teeth... She specified: "it's towards the back... I also bite my nails... Since the age of 5. I had stopped after a boy commented on it. It came back when I got married at 24. These tics alternate... I was an unstable child. My mother, single, first placed me with an elderly nanny, who gave me bottles full of flour so I wouldn't bother her, then at an aunt's house, who shouted constantly... I had school problems and was sent to a transition class. However, I get along well with my husband, although he is also very nervous. Our three children often have problems with nasopharyngitis. She also mentions other concerns, including spasmophilie, migraines, and a pollen allergy. To conclude briefly, symbolic problems are evident, and the issue of absence is not overcome by signifying itself.

E-Existential malaise, whether the prevalence of negative factors is external, environmental, *suis generis*, may be age-dependent, and responses to emotional or cognitive disturbances then stem from the organization of the personality, the narcissistic identity foundations and also, notably, from shaping by the circumstances in which the previous life unfolded.

F-Self-affirmation takes variable forms, notably arising from affective-pulsational control, from modes of relational exchanges, from level of cerebral functioning at both the cognitive and conceptual and creative levels, from confidence in a Self, in the component of narcissistic Identity. To present a somatic or mental weakness attitude is not evident taking in consideration the impact at the psychodynamic as well as the economic level in the frame of the metapsychology context of the of the psyche. It's less easy to perceive or recognize anxious tension in a person, which either tends to mask or to conceal or to increase. Depending on whether the practitioner will intervene as a therapist or an expert. The person who was able to control himself during a job interview or to give himself good composure during a first meeting without implication in his career or during an exchange in a social context will often utter a sigh of relief at the end, at the outcome: as "ouf".

Other who came for obvious signs reflecting organic dysfunction such as sweating, rashes, moist hands or trichotillomania sometimes by pulling on the wick as if it were a point of support, in a sort of a masochistic way, even fashion. Naturally, additions like accompaniment or such support - at and adult or close age, which somewhere signify a dependence. The in-depth examination considers the fact that the subject is active, particularly in the context of rather intellectual work, his rather creative hobbies, the interest

in everything that arises from the imagination, the quality of his falling asleep, his dreams, his daily life: isolated, as a couple or with family. It's not easy to evoke mood swings, which are always atypic or anxious expressions that a person tends to hide, whether in the context of a job interview or to put on a good face, especially during a first meeting or when they have recently received unpleasant news. Even palpitations, whose etiopathogenesis is highly variable and can result from neurovegetative aspects, are difficult to report to other people [10-14].

Conclusion

Psychic tension, existential malaise, bad feeling-the experience situated between stress and anxiety - are of such intensity in some subjects, that they must resort to gestures involving pain and sometimes lesions. That's the case in pathomimies. These subjects, of whom they carried out the clinical study, feel the need to situate themselves internally in a mythomaniacal way, with the negative attributes of a state of great malaise, of suffering, of a state of morbidity. Their simulation can go as far as clearly pathological behaviours, leading to hemorrhages, even self-mutilation. The painful feelings, linked to the elaborate, sometimes ingenious, simulations, allow an erasure, a temporary or lasting extrapolation of the field of logical relevance, in order to satisfy an identificatory search in an almost frenetic way. malaise, of suffering, of a state of morbidity. Many situations of intimate suffering, sad feelings seem to be depending of weak coordination of the neuro-vegetative system and able to arouse environmental discomfort, self-dissatisfaction, and bad welfare.

Conflict of Interest

No conflict of interest.

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None.

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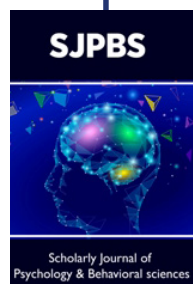


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