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# UNIT 1 COGNITIVE DISTURBANCES

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## 1.0 LEARNING OBJECTIVES

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After reading this Unit, you should be able to:

- define normal thinking;
- describe the characteristics of normal thinking;
- name the components of normal thought;
- describe various types of disorder of each component of thought; and
- explain various First Rank Symptoms (FRS).

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## 1.1 INTRODUCTION

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The term “cognition” refers to a higher faculty for the processing of information, applying knowledge and changing preferences. This term is used in different disciplines (such as philosophy, psychology) with different meanings. For the purpose of this Unit, we would restrict ourselves to the process of thinking.

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## 1.2 NORMAL THOUGHT PROCESS

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- **Definition of thinking**

Thinking refers to the ideational components of mental activity, processes used to imagine choices, evaluate, plan, judge, choose between choices, and will. Normal thinking is characterized goal – directed flow of ideas, symbols and associations initiated by a task and leads to a logical conclusion.

Most of the thinking involves complex rules of syntax, grammar and pragmatics (social use of language) but for the sake of understanding we would first simplify the characteristics of normal thinking process as suggested by Schneider.

● **Characteristics of normal thought**

Schneider suggested that there are three features of healthy thinking, which are as follows:

- a) **Constancy:** Completed thought persists until and unless it is replaced by another consciously desired thought.
- b) **Organization:** The contents of the thought are related to each other and do not blend with each other but are arranged in an organized manner and sequence.
- c) **Continuity:** Sudden ideas, related thoughts or observations which appear during formulation of a particular thought, are not allowed to intrude but are arranged in order in the whole content of conscious.

Disturbance in any of these of characteristics leads to disorders of form and stream of thought process.

● **Components of normal thought**

Thought process expressed either in written or spoken form can be divided for the sake of understanding into four main components:

- a) **Form:** It is the syntactical and grammatical structure, i.e. how the thoughts are formed and connected to each other.
- b) **Stream:** It concerns with the flow of ideas.
- c) **Content:** Content is what the thoughts/ideas are about i.e. what is being conveyed.
- d) **Possession:** Normally, we all experience our thoughts to be our own and well in our control. Though, this sense of personal possession is never on forefront of our mind.

**Check Your Progress 1**

- Note:**
- i) Read the following questions carefully and answer in the space provided below.
  - ii) Check your answer with that provided at the end of this unit.

1) Define the term ‘cognition’.

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2) Name three characteristics of normal thought process.

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## 1.3 DISORDERS OF THINKING

The division of thought process into various components is arbitrary and overlapping and so is the division of their disorders.

### 1.3.1 Disorders of the Form of Thinking

The disorders of form of thinking are collectively known as formal thought disorders and historically included various term such as derailment, incoherence, knights move, word salad and so on. But most of these terms were used interchangeably and had no definite meaning. Defining various disorders of thinking operatively is one of major contributions of Nancy Andreason in the area of phenomenology.

To elicit formal thought disorder, patients should be allowed to talk freely and spontaneously.

- **Incoherence (word salad):** Represents a disturbance of syntax so that the sentences lack cohesiveness and are grammatically incorrect leading to a meaningless whole.
- **Derailment (loosening of associations):** It is slow and progressive digression from the original topic. The topics are not related to each other. However, the chunks of speech covering various topics are syntactically correct and are meaningful.

For example, a person is asked about his family. He starts with the number of family members and who they are but moves onto the description of city he studies in, to the weather and then to the automobiles and so on giving some details for each topic before moving on to next topic.

- **Tangentiality:** The reply to a question starts with an irrelevant answer which may or may not be related to the question and the patient touches the right or relevant reply somewhere and then again moves on to something unrelated. This is akin to a tangent falling onto the circumference of a circle.
- **Neologism:** It is the invention of new words or giving a new meaning to the old words.
- **Perseveration:** It is the repetition of the same word or idea in response to the different questions.
- **Poverty of content of speech (empty speech):** It is the speech that gives no or little information though the amount of speech is normal. The speech may contain repetitions, vagueness and concrete material.

### 1.3.2 Disorders of Stream of Thinking Include

- **Flight of ideas** is characterized by the following:
  - 1) An accelerated flow of thoughts associated with
    - Pressure of speech,
    - Ideas shift from one topic to another. The direction of flow and shift is usually decided by rhyming, puns and clang associations and,
  - 2) One is able to trace back the sequence of flow.

- **Circumstantiality:** Patient takes too long to reach the goal. He gives too many unnecessary details to describe but never loses the track and reaches the endpoint eventually.
- **Poverty of speech (laconic speech):** The amount of spontaneous speech is reduced remarkably and one finds oneself repeating the question or encouraging the patient too often to give the answer.

### 1.3.3 Disorders of Content of Thinking

Includes delusions, overvalued ideas and various other ideations such as ideas of hopelessness, helplessness, worthlessness and suicidal ideas.

Delusions are false, firm beliefs which cannot be corrected by any amount of reasoning and cannot be explained by the patient's socio-cultural background. Another important component of the definition is their morbid origin i.e. how a delusion is formed or in simple terms, how a patient reaches to the conclusion which forms the basis and content of his belief system. E.g. In real life also many husbands are unfaithful but to say that the wife has delusion of infidelity one must ascertain how she knows about the husband not being chaste. Patients usually collect evidence from unrelated behaviours e.g. the way her husband is talking, walking, dressing or the perfume she can smell on his shirt.

The absurdity and implausibility of a delusion makes it a bizarre delusion. The delusions may be systematized (i.e. themes have internal coherence and connectedness) and elaborate or non-systematized and different delusions can contradict each other.

Depending upon the theme delusions can be of various types – delusions of persecution, reference, grandeur, infidelity, guilt, poverty, nihilism, and somatic.

Patient's other preoccupations, concerns and phobias are also described under the content of thought. For example, ideas of hopelessness, ideas of helplessness, ideas of worthlessness, suicidal ideas, and guilt feelings.

### 1.3.4 Disorders of Possession of Thinking

Normally, we are in control of our thoughts, feelings and acts. Though, this is never on the forefront of our mind but we recognize that our thoughts, feelings and actions to be our own and not alien or foreign. But this sense of control is lost in many disorders.

**Obsessions** are repetitive, insistent and persistent ideas, impulses or images that invade the mind against one's will. Obsessions are recognized as one's own but are considered senseless and absurd, yet the effort to control them leads to anxiety. By contrast, delusions are held with conviction and considered right and true by the patient.

**First-rank symptoms** are group of symptoms representing ego boundary disturbances and usually an external agency is blamed. These include:

- 1) *Thought insertion* wherein patient experiences thoughts being inserted in to his mind and thoughts are recognized as not being his own.
- 2) *Thought withdrawal* wherein the thoughts are being taken away by some external agency.
- 3) *Thought broadcast:* Thoughts leave the boundary of one's mind and become accessible to others without patient telling these to others.
- 4) *Thought echo:* One's own thoughts are heard aloud.

- 5) *Voices arguing*: This is a form of third person auditory hallucinations where voices discuss the patient in third person.
- 6) A voice giving *running commentary* on whatever patient is doing.
- 7) *Made affect*: The emotions are recognized as alien, imposed on the patient e.g. a patient admitted that the tears were rolling down but she did not feel sad inside and felt that this was forced onto her.
- 8) *Made act*: The action carried out by the patient is not considered as his/her own.
- 9) *Made impulse*: A sudden urge to do something takes over the patient. The patient recognizes the action involved in fulfilling the urge as his own but not the impulse. e.g. a patient suddenly got up and smashed his wrist watch. He described the act as his own but that the urge was imposed upon him.
- 10) *Somatic passivity*: The patient is a passive recipient of bodily sensations caused by an external agency.

These symptoms are at times collectively known as delusions of control.

**Check Your Progress 2**

**Note:** i) Read the following questions carefully and answer in the space provided below.

ii) Check your answer with that provided at the end of this unit.

1) Name various formal thought disorders.

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2) Define delusion.

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3) Describe circumstantiality.

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4) Define obsession.

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5) Describe thought insertion.

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### 1.4 LET US SUM UP

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The term “cognition” refers to a higher faculty for the processing of information, applying knowledge and changing preferences. Normal thinking is characterized goal-directed flow of ideas, symbols and associations initiated by a task and leads to a logical conclusion. Schneider suggested that there are three features of healthy thinking, i.e. constancy, organization and continuity. Disorders of form of thinking are collectively known as formal thought disorders and include derailment, incoherence, tangentiality, neologism, poverty of content of speech and perseveration. Disorders of stream include flight of ideas, circumstantiality, and poverty of speech. Disorders of content include delusions, overvalued ideas and various other ideations such as ideas of hopelessness, helplessness, worthlessness and suicidal ideas. Delusion is defined as false, firm belief which cannot be corrected by any amount of reasoning and cannot be explained by the patient’s socio-cultural background. It is morbid in origin. Depending upon the theme, delusions can be of various types – delusions of persecution, reference, grandeur, infidelity, guilt, poverty, nihilism, and somatic. Disorders of possession of thought include obsessions and various first rank symptoms. Obsessions are defined as repetitive, insistent and persistent ideas, impulses or images that invade the mind against one’s will. They are recognized as one’s own but are considered senseless and absurd, yet the effort to control them leads to anxiety. First-rank symptoms are group of symptoms representing ego boundary disturbances and usually an external agency is blamed.

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### 1.5 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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#### Check Your Progress 1

- 1) It refers to a faculty for the processing of information, applying knowledge and changing preferences.
- 2) Constancy: means that a completed thought persists until and unless it is replaced by another consciously desired thought.
  - a) Organization: means that the contexts of the thought are related to other do not blend with each other but are arranged in an organized manner and sequence.
  - b) Continuity: means that sudden ideas, related thoughts or observations which appear during to formulating of particular thought, are not allowed to intrude but are arranged in order in the whole content of conscious. Disturbance in any of these of characteristics leads to disorders of form and stream of thought process.

## Check Your Progress 2

- 1) The disorders of form of thinking are collectively known as formal thought disorders and historically included various term such as derailment, incoherence, knights move, word salad and so on. Derailment, incoherence, tangentiality, neologism, poverty of content of speech and perseveration are various disorders of form of thought.
- 2) Delusion is a false, firm belief which cannot be corrected by any amount of reasoning and cannot be explained by the patient's socio-cultural background and is morbid in origin.
- 3) Patient takes too long to reach the goal. He gives too many unnecessary details to describe but never loses the track and reaches the endpoint eventually.
- 4) Obsessions are repetitive, insistent and persistent ideas, impulses or images that invade the mind against one's will. Obsessions are recognized as one's own but are considered senseless and absurd, yet the effort to control them leads to anxiety.
- 5) It is a first rank symptom wherein where in patient experiences thoughts being inserted in to his mind and thoughts are recognized as not being his own.

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## 1.6 UNIT END QUESTIONS

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- 1) Classify the disorders of thought process.
- 2) How would you differentiate between a delusion and an obsession?
- 3) List various First-rank Symptoms (FRS) and describe the "made phenomena" in detail.

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## 1.7 FURTHER READINGS AND REFERENCES

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Andreason, NC. (1979). *Thought Language and Communication Disorder. Archives of General Psychiatry* 36, 1315-30.

Fish, F. (1985). *Clinical Psychopathology*. Bristol: John Wright.

Mellor, CS. (1970). *First-rank Symptoms of Schizophrenia. British Journal of Psychiatry* 117, 15-23.

Sethi, S. (2008). *Textbook of Psychiatry*. Elsevier, India.

Sims, A. (2003). *Symptoms in the Mind-An Introduction to Descriptive Psychopathology*. Saunders, Elsevier.