

# Discourse as Evidence of Thought-Language Asynchrony in Individuals with Psychiatric Disorders

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## Abstract

The term psychological disorder is used interchangeably with the term mental disorder in clinical use. The description of the disorders is specified in DSM V. Disorders categorised under psychological disorders include neuro-developmental disorders, bipolar disorder, anxiety disorders, trauma and stress related disorders, dissociative disorders and somatic symptom related disorders.

**Keywords:** c units; thoughts; verbal output; discourse; psychogenic disorders

## Introduction

The term psychological disorder is used interchangeably with the term mental disorder in clinical use. The description of the disorders is specified in DSM V. Disorders categorised under psychological disorders include neuro-developmental disorders, bipolar disorder, anxiety disorders, trauma and stress related disorders, dissociative disorders and somatic symptom related disorders.

Bipolar disorder constitutes a major crux of the psychological disorders. It is characterised by mood swings, variation in moods and hyperactivity. Bipolar disorder was previously called manic depression. Manic and depressive episodes are the main deficits listed for bipolar disorders as per DSM V. Manic episodes are characterised by mood swings, vulnerability to distractions, irritability. The depressive episodes are characterised by feeling of sadness with no associated causes, they also may exhibit frequent crying and may feel guilty. The cause of bipolar disorder is often idiopathic, however the role of genetic and non-genetic factors is emphasized. The term bipolar is used as the behaviour transits from normal to manic episodes. The energy also would turn high at times and suddenly dip. The mood change may be sudden or gradual. When the mood changes are very frequent the term Rapid Cycling is used. This term is used clinically when the mood swings occurs more than four times a year.

Schizophrenia is the other most commonly occurring mental disorder. Schizophrenia is commonly seen in people between 16-30 years of age, wherein males are affected more than females. The symptoms could develop gradually over time in some cases, while for the other cases, the symptoms would develop gradually. The symptoms may be very different

from that of bipolar disorders. Schizophrenia is characterised with disorganised thoughts, hallucinations and delusions.

Anxiety disorder, on the other hand, is another most commonly occurring psychological disorder which is characterised by anxiety, over excitement, sudden fear, etc. Anxiety disorder is an umbrella term which may represent a subset of features. People with anxiety disorder can have panic disorder where they may have panic attacks, chest pain and palpitation during episodes of anxiety. They may have social phobia, where the anxiety may pent up in social situations demanding them to socialise with people. They may otherwise have specific phobias, or may even have generalised anxiety disorder where the worry is unrealistic and can occur without any significant cause. Hence there is a lot of variability within the psychological disorders.

The language deficits are not a matter of major concern in persons with psychological disorders except in persons with neuro-developmental disorders. However the verbal output of the person is considered as one of the major yardsticks in identifying various psychogenic disorders. Details about the verbal output can be elicited through discourse tasks.

Various tasks with varying conceptual and linguistic loads can be employed for the assessment of discourse abilities. Picture description task is the most commonly used task as it can measure the conceptual knowledge and linguistic competency. Few other researchers employ spontaneous speech or conversation tasks for the measurement of discourse ability. However, in terms of task complexity, the conversation task is considered to be a simple task as it does not impose much cognitive

or linguistic load. Story narration is another task that can be employed for the measurement of discourse ability.

Very few studies on discourse in persons with psychogenic disorders have been carried out till date. Most of the studies have been carried out in persons with Schizophrenia. Harvey(1990) conducted a study tapping discourse abilities in schizophrenic and neuro-typical participants and commented that the verbal output was markedly different in both. The number of clauses and number of sentences used by the participants with schizophrenia was slightly lower than that of the neuro-typical. The number of conceptual units produced by the participants would give an additional picture on how they encode the stimulus and how different conceptual units are expressed on narration. Another study by Sarfatti and Hardy-Bayle (1999), also emphasizes the disorganisation of thoughts and feelings in persons exhibiting schizophrenia.

Bentall (2003) studied discourse abilities in persons with anxiety disorder. 17 participants were considered for the task. The participants were asked to narrate on the topics 'bus' and 'fruits'. The performance of these participants was compared with that of the normal participants. The researchers emphasized on disconnection between thought and language in these individuals and their explanations were considered to be more egocentric. Only qualitative analysis was used in analysing the results.

A study carried out by Bowen (2009) in persons with manic depression reports that the verbal output in these patients is highly individualistic. He also claimed that global coherence and local coherence would be affected by a larger magnitude as compared to the normal participants.

**Need:** Discourse abilities can be measured by employing tasks such as picture description, incident and story narration tasks. The number of clauses produced would just give information on the quantum of verbal output (Crowe, 2000). A conceptual unit analysis in addition to the conventional analysis (Harper, 1995) would give details on how sensory processing would take place and how information is encoded and conceptualised by the participants (Neale & Wand, 2013). Hence, the present study is an attempt to investigate the discourse abilities in persons with different types of psychogenic disorders such as bipolar disorder, anxiety disorder and schizophrenia.

**Aim of the study:** To study the discourse abilities in persons with psychological disorders.

**Objectives:** To compare the number of C units in persons with psychogenic disorders and neuro-typical participants.

## Method

**Participant details:** 15 participants were selected for the study through convenient sampling, further the participants were divided into two sub-groups. The first group comprised of 10 neuro typical participants in the age range of 30-60 years and all of them were males. The second group consisted of 5 participants diagnosed with psychological disorders. Amongst the 5 participants, 2 participants (31 year old male and 47 year old male) were diagnosed to have schizophrenia. The diagnosis was made by an experienced psychiatrist and both the cases had schizophrenia in the acute phase, and for 8 and 11 months respectively. Two other participants (58 year old male and 41 year old male) in the same group were diagnosed to have anxiety disorder. Both were medically diagnosed cases having the condition from 2 months and 9 months respectively. The fifth participant in group 2 was a 48 year old male diagnosed with bipolar disorder with a post condition onset of 6 months. Caregivers of persons with psychogenic disorders provided their consent.

**Stimulus:** A picture description task was used to tap the discourse abilities in the participants. 3 pictures from the standard 'Narrative Frog Where are you' were used. The first picture contained 9 conceptual units, while the second and third pictures had 8 and 9 C units respectively. The total number accounted to 26.

**Procedure:** The participants were shown the picture one by one and were asked to describe the events seen in each of the pictures. In case the participant failed to describe a part of the picture, the investigator pointed to that part of the picture and asked the participant to describe it. The total number of conceptual units produced by the participant on the three pictures were computed and analysed.

## Results and Discussion

Quantitative followed by qualitative analysis was carried out as a part of discourse analysis. Participants of group secured a mean score of 21 conceptual units (6+8+7). Participants of group 2 secured a mean score of 12 conceptual units. In order to verify if there any significant difference between the groups, Mann Whitney U test was carried out to verify if there was any significant difference and the Z score obtained was 2.34 and the corresponding p value showed significant difference between the two groups.

The number of C units produced by the participants within group 2 was analysed. Participants diagnosed with schizophrenia (participant 1 and 2) could produce 12 C units (5+3+4), participants diagnosed with anxiety disorder (participants 3 and 4) produced 14 C units (5+4+3), and the participant diagnosed with bipolar disorder (participant 5) could produce 10 C units (5+2+3) (see figure 2). Participant wise information is provided in figure 2.

The neuro typical participants performed better than persons with psychogenic disorders. The first observation was that even the neuro-typical participants did not secure the maximum scores, this can be attributed to the minor errors committed by this group of participants. There was no order in explanation in patients diagnosed with anxiety disorders. They repeated the key word time and again resulting in perseveration. The other reason is that they were not able to inhibit a term, while describing the next C unit. The performance of the two participants with schizophrenia differed across the them (Crowe, 2000). The first participant performed better compared to the second participants. The second participant was irrelevant, their explanation was irrelevant and the coherence was limited in this individual As far the results concerning psychogenic disorders is concerned, the findings of reduced conceptual units was in consonance with the findings of . Harvey's study (1990). The verbal utterance was excessive for the individual diagnosed with bi-polar disorder. The participant struck with the word boy and expressed his concern that frog in the picture would cause harm to this 'imaginary boy'. This was totally irrelevant.

**Conclusion:** Discourse abilities was assessed using picture description task in neuro-typical participants and participants with psychogenic disorders (2 bipolar individuals, 2 anxiety disorder individuals and one individual with mania). The number of meaningful units produced by participants in the two groups was computed and analysed. The term C units was used to depict such utterances. The number of C units varied across the two groups and the difference was significant statistically. The qualitative analysis revealed irrelevant responses, repetition of key points, lack of inhibitory responses etc. for the group with psychogenic disorders

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**Conflict of Interest:** None

**Disclaimers:** None

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