Research Article

Thought control study of medical students in Shimoga Institute of Medical Sciences (SIMS)

Jagadeesh K¹, Shreenivas P. Revankar¹*, Ramprasad K. S.²

¹Department of Pharmacology, Shimoga Institute of Medical Sciences, Shimoga-577201, Karnataka, India
²Department of Psychiatry, Shimoga Institute of Medical Sciences, Shimoga-577201, Karnataka, India

Received: 1 October 2013
Accepted: 16 October 2013

*Correspondence:
Dr. Shreenivas P. Revankar,
E-mail: sprevankar@yahoo.com

© 2014 K Jagadeesh et al. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Thought is a mental process which occurs in the Neo-cortex of the Brain [Cerebral cortices] based on the background knowledge, perception of the event or the action and understanding influenced by the individual traits or personality. Individual thoughts differ from person to person, time to time, and the events in life. Mainly thought is interpreted or understood based on the behaviour or when the person explains about it. Thought process in the brain can be acknowledged by an individual to have acceptable behavioural norms in the society, but cannot be explained by patients with disorder of thought processes. The behaviour of these individuals is acknowledged as the thought of the individual. Abnormal thought process occurs in psychiatric conditions like Psychosis, Anxiety disorder, Post traumatic disorder, mood disorders in varied manners. It also has implications or influences of the hormonal status and age of the person. In this study we are evaluating the thought control in the teenagers.

Methods: the study was carried out in the medical students of SIMS-Shimoga. It is a questionnaire based study using a thought control questionnaire (TCQ).

Results: The results were studied in five domains namely Distraction, Social, Worrying, Punishment and Re-appraisal, were found to vary within the acceptable limits and comparable with earlier studies.

Conclusion: The findings in this study reflect the positive approach, handling of the unwanted and distracting thoughts in the teenagers.

Keywords: Psychosis, Neurosis, Teenagers, TCQ

INTRODUCTION

Thought problems: in Psychosis- the person has increased Dopamine levels in brain leading to a perceptual state without stimulus and acknowledging it as true and behaving in response to it. The behaviour may be disorganized, not acceptable to the social norms and speech is irrelevant to the circumstances.

Thought problems: in mood disorders (Neurosis) the character and personality is based on the Genetic traits and the person behaves in his own manner which is unique to him. The belief of the person has varying effects on the behaviour and outcome of the individual. Some beliefs do create change in the behaviour of the person which does not have any effect on the work, relationships or earnings of the individuals. E.g.: repeatedly bowing in front of the temple while going to duty.

Some thoughts are not been able to be controlled by the individuals and it seems absurd, irrational and gets anxious while trying to control the thought (features of OCD). The aim of the study is to elucidate the technique used by teenagers [SIMS students] to control the unpleasant thoughts in this age group.
METHODS

All the students aged between 18 to 22 years of MBBS Shivamogga Institute of Medical Sciences (SIMS), Shivamogga. From first to final year and the Health worker Female Trainees, aged between 18 to 22 years were included in the study. They were briefed about the self scored Thought Control Questionnaire. The Questionnaire were given to them after their consent and duly filled Questionnaire were collected back after completion. Additional space was provided to express their way of control of thoughts.

Thought control Questionnaire [TCQ]:\(^{1,2,3}\) It contains 30 questions which are simple and self explanatory. Each question has four grades—Never, Sometimes, Often and Almost always these techniques are used as protective mechanism for the control of their abnormal thoughts.

TCQ is grouped into 5 domains\(^ {1,2,3}\)

1. Distraction: Q 1,9,16,19,21,30
2. Social: Q 5,8,12,17,25,29
3. Worrying: Q 4,7,18,22,15,28
4. Punishment: Q 2,6,11,13,15,28
5. Re-appraisal: Q 3,10,14,20,23,27

Sarah Fournier et al\(^ 4\) showed the strategies used in intrusive thoughts in OCD, Anxiety and control group persons. They found a significant higher proportion of strategies which were specifically linked to the thought content in OCD. The cognition in Anxiety disorder had both common and differential characteristics.

Hall M and Charlotte Wilson\(^ 5\) have examined thought control strategies and meta-cognitive beliefs in relation to obsessive compulsive interferences in adolescent samples. They reported that the adolescents using distraction and worry as a thought control strategy.

Roy F et al\(^ 6\) in his studies: Study 1 Trying to regulate one’s emotional response to upsetting movies was followed by decrease in physical stamina; Study 2 Suppressing forbidden thoughts lead to a subsequent tendency to give up quickly on unsolvable anagrams; Study 3 Suppressing thoughts impaired subsequent efforts to control the expressions of amusement and enjoyment; Study 4 Autobiographical accounts of successful versus failed emotional control linked prior regulatory demand and fatigue to self regulatory failure. A strength model of self regulation fits the data better than activation, priming, skill or constant capacity models of self regulation.

Peter olm et al,\(^ 7\) Brozo et al\(^ 8\) and Comber et al\(^ 9\) showed in their study literacy learning and reading engagement helped them to cope up with the intrusive thought in the middle years of schooling. De Bono\(^ {10}\) suggests that skill in thinking includes “knowing what to do, when to do it and what to take into consideration” and this statement gives a criteria for metacognitive skills relating to literacy learning.

Duke and Pearson\(^ {11}\) suggests reciprocal teaching “involves a gradual release of responsibility from teacher to student for carrying out each part of the routine” [like wise whilst teachers might initially model strategies, students assume increasing control over strategy use, eventually using these strategies with little or no teacher support].

Meredith E Coles and Richard G Heimberg\(^ 12\) in their study showed that people with Generalized Anxiety Disorder (GAD) used more Worrying and Punishment strategies than distraction and social control.

Yoshihiko Tanno et al\(^ 13\) in their study showed distraction- and social-based strategies may be adaptive to paranoid thoughts, worry-based control strategies were associated with paranoid thoughts, whereas distraction- and social-based control strategies were inversely associated with paranoid thoughts.

RESULTS

Bar chart of different domains

Sarah Fournier et al\(^ 4\) showed the strategies used in intrusive thoughts in OCD, Anxiety and control group persons. They found a significant higher proportion of strategies which were specifically linked to the thought content in OCD. The cognition in Anxiety disorder had both common and differential characteristics.

Hall M and Charlotte Wilson\(^ 5\) have examined thought control strategies and meta-cognitive beliefs in relation to obsessive compulsive interferences in adolescent samples. They reported that the adolescents using distraction and worry as a thought control strategy.

Roy F et al\(^ 6\) in his studies: Study 1 Trying to regulate one’s emotional response to upsetting movies was followed by decrease in physical stamina; Study 2 Suppressing forbidden thoughts lead to a subsequent tendency to give up quickly on unsolvable anagrams; Study 3 Suppressing thoughts impaired subsequent efforts to control the expressions of amusement and enjoyment; Study 4 Autobiographical accounts of successful versus failed emotional control linked prior regulatory demand and fatigue to self regulatory failure. A strength model of self regulation fits the data better than activation, priming, skill or constant capacity models of self regulation.

Peter olm et al,\(^ 7\) Brozo et al\(^ 8\) and Comber et al\(^ 9\) showed in their study literacy learning and reading engagement helped them to cope up with the intrusive thought in the middle years of schooling. De Bono\(^ {10}\) suggests that skill in thinking includes “knowing what to do, when to do it and what to take into consideration” and this statement gives a criteria for metacognitive skills relating to literacy learning.

Duke and Pearson\(^ {11}\) suggests reciprocal teaching “involves a gradual release of responsibility from teacher to student for carrying out each part of the routine” [like wise whilst teachers might initially model strategies, students assume increasing control over strategy use, eventually using these strategies with little or no teacher support].

Meredith E Coles and Richard G Heimberg\(^ 12\) in their study showed that people with Generalized Anxiety Disorder (GAD) used more Worrying and Punishment strategies than distraction and social control.

Yoshihiko Tanno et al\(^ 13\) in their study showed distraction- and social-based strategies may be adaptive to paranoid thoughts, worry-based control strategies were associated with paranoid thoughts, whereas distraction- and social-based control strategies were inversely associated with paranoid thoughts.

RESULTS

Bar chart of different domains

Sarah Fournier et al\(^ 4\) showed the strategies used in intrusive thoughts in OCD, Anxiety and control group persons. They found a significant higher proportion of strategies which were specifically linked to the thought content in OCD. The cognition in Anxiety disorder had both common and differential characteristics.

Hall M and Charlotte Wilson\(^ 5\) have examined thought control strategies and meta-cognitive beliefs in relation to obsessive compulsive interferences in adolescent samples. They reported that the adolescents using distraction and worry as a thought control strategy.

Roy F et al\(^ 6\) in his studies: Study 1 Trying to regulate one’s emotional response to upsetting movies was followed by decrease in physical stamina; Study 2 Suppressing forbidden thoughts lead to a subsequent tendency to give up quickly on unsolvable anagrams; Study 3 Suppressing thoughts impaired subsequent efforts to control the expressions of amusement and enjoyment; Study 4 Autobiographical accounts of successful versus failed emotional control linked prior regulatory demand and fatigue to self regulatory failure. A strength model of self regulation fits the data better than activation, priming, skill or constant capacity models of self regulation.

Peter olm et al,\(^ 7\) Brozo et al\(^ 8\) and Comber et al\(^ 9\) showed in their study literacy learning and reading engagement helped them to cope up with the intrusive thought in the middle years of schooling. De Bono\(^ {10}\) suggests that skill in thinking includes “knowing what to do, when to do it and what to take into consideration” and this statement gives a criteria for metacognitive skills relating to literacy learning.

Duke and Pearson\(^ {11}\) suggests reciprocal teaching “involves a gradual release of responsibility from teacher to student for carrying out each part of the routine” [like wise whilst teachers might initially model strategies, students assume increasing control over strategy use, eventually using these strategies with little or no teacher support].

Meredith E Coles and Richard G Heimberg\(^ 12\) in their study showed that people with Generalized Anxiety Disorder (GAD) used more Worrying and Punishment strategies than distraction and social control.

Yoshihiko Tanno et al\(^ 13\) in their study showed distraction- and social-based strategies may be adaptive to paranoid thoughts, worry-based control strategies were associated with paranoid thoughts, whereas distraction- and social-based control strategies were inversely associated with paranoid thoughts.

RESULTS

Bar chart of different domains
Figure 3: Worrying domain.

- 4 I replace the thought with a more trivial thought
- 7 I dwell on other worries
- 18 I worry about more minor things instead
- 22 I think more about the more minor problems I have
- 24 I think about past worries instead
- 26 I focus on different negative thoughts

Figure 4: Punishment domain.

- 2 I tell myself not to be so stupid
- 6 I punish myself for thinking the thought
- 11 I get angry at myself for having the thought
- 13 I shout at myself for having the thought
- 15 I slap or pinch myself to stop the thought

Figure 5: Re-appraisal domain.

- 3 I focus on the thought
- 10 I challenge the thought’s validity
- 14 I analyse the thought rationally
- 20 I try to reinterpret the thought
- 23 I try a different way of thinking about it
- 27 I question the reasons for having the thought

NV: Not Valid
NA: Not Attempted
Thought control Questionnaire was administered to the students of 1st to Final year MBBS and Auxiliary Nursing Trainees at SIMS Shimoga.

Total of 394 students participated voluntarily in the study. No Gender distinction was done, the age 17 to 22 years were included. They were briefed about the Questionnaire and sufficient time was given to answer it.

The response was analyzed under the 5 domains.

**Distraction domain**

179 students revealed that they almost always do something they enjoy to control the thought. 150 students revealed they sometimes think about something else to control the thought. 140 students often used to keep themselves busy or think about pleasant things instead. Approximately 142 students some times thought about something else or called positive images to their mind. Around 120 students sometimes and often kept themselves occupied with their work to control their thoughts.

**Social domain**

Around 150 students talked about their thoughts with their friends and discussed whether their friends had similar thoughts and how they dealt about it. 155 students never asked their friends about their thought. 130 students did not talk or discussed about the thought with anyone, 114 students kept the thought to themselves. About 100 to 110 students almost always did not talk about the thought to anyone, kept the thought to themselves and avoided discussing about it.

**Worrying domain**

161 students sometimes dwelt on other worries, 150 students sometimes replaced their thought with less trivial one. 143 students sometimes thought about their minor problems. Where as 146 students never thought about their minor problems, 152 students never worried about minor things, 166 students never thought about their worries, 215 students never focused on different negative thoughts.

**Punishment domain**

160 students sometimes told to themselves not to be so stupid. 119 students told to themselves that something had will happen if they think about it almost equal students never thought about it. 153 students got angry about themselves for having the thought. 132 students never had this thought.

208 students never used to punish themselves for having the thought. Around 220 students never shouted, slapped or punished themselves for having or to stop the thought.

**Re-appraisal domain**

130 students often analysed the thought rationally. 126 students often tried a different way of thinking about it but an equal number also sometimes tried to think in a similar way. 132 students often questioned the reasons for having the thoughts similar number sometimes had similar thoughts.142 students sometimes tried to reinforce the thoughts and also challenged the thoughts validity. 163 students sometimes focused on the thoughts they get.

**DISCUSSION**

The present study aimed at finding out different techniques used by teenagers to control the unwanted thoughts. The study is reasonably gives the usual ways of controlling the abnormal thoughts by teenagers. The students aged between 18 to 22 years were given self scored TCQ containing 30 questions. A total of 394 teenagers participated in the study. No sex differentiation was made. The duly filled questionnaires were analysed. The findings of the study are encouraging. The TCQ is simple, easy to answer, easy to evaluate and can be routinely used in clinics. It helps to know the different ways used by patients to cope with abnormal thoughts and helping them to correct their abnormalities. The number of Psychiatrists in India is less. The TCQ can be used as a standard tool to screen abnormal thoughts and process in teenagers. Hall M and Charlotte Wilson studied OCD- interference in adolescence and found that distraction and worrying as major modalities for control of abnormal thoughts. Meredith E Coles and Richard G Heimberg found worrying and punishment as ways of control in people with GAD.

In our study distraction was the main modality to overcome abnormal thoughts while worrying and punishment were least to be used as measure to control the abnormal thoughts.

**CONCLUSION**

The findings in this study reflect the positive approach, handling of the unwanted and distracting thoughts in the teenagers.

This may have impact on commonly occurring thought and various modalities used in controlling them. The professionals like psychologists, psychiatrists and other health professionals will be benefited by knowing the common ways of thought control.

This is in accordance with the study conducted by Charlotte et al. 5

The most common way of controlling the unwanted thought was by Distraction in the study. The other common ways of controlling unwanted thoughts were by Social adjustment and Re-appraisal. The least modality to
control the thought was by Punishment. The study is first of the kind conducted on Medical Undergraduates. The study needs to be conducted on teenagers of different walks of life.

REFERENCES

13. Takashi Yamauchi and Anju Sudo and Yoshihiko Tanno; Paranoid Thoughts and Thought Control Strategies in a Nonclinical Population.

DOI: 10.5455/2320-6012.ijrms20140223