**.جامعة بنها**

**كلية الآداب**

**مادة نصوص نفسية باللغة الانجليزية**

**قسم علم النفس الدرجة الكلية 20**

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**الاجابة النموذجية لامتحان نصوص نفسية باللغة الانجليزية**

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**1-what is the different between perception and sensation.**

**2- discuss in details the optical anatomy of the eye.**

**3- explain in details the concept of agnosia.**

**4- how many types of agnosia?**

**5-discuss in details how many kind of aphasia.**

**6-discuss in details the function anatomy of temporal lobe.**

**7-expain what we mean by p t s d disorder.**

**8-explain what we mean by epilepsy.**

**9-how many kind of epilepsy?**

**10- Discuss the contribution of neuropsychology to psychiatry.**

**Good luck**

**استاذ المادة / د محمد مرسى**

**Dr/ Mohamed morsy**

**يتم تقييم الطالب وفق محكات ،سلامة التركيبات اللغوية للجملة وطلاقة الاسلوب وبلاغة العبارة وحسن التنظيم ومراعاة الاجابة بنفس الترتيب الوارد فى اسئلة الامتحان**

**1-what is the different between perception and sensation.**

**1-It may be useful for the special educator to have a clear and workable though simplistic concept of sensation , in contrast to perception sensation may be though of as the sensory awareness of simple elements of experience in the distance sense of seeing and hearing and the skin sense of touch , warmth , cold and pain examples of these stimuli are spots of light**

**Hebb has described the neurological substrate of sensation as involving the activation of receptors and the resulting activity of afferent path up and including the corresponding cortical sensory area**

**Perception**

**By contrast with sensation perception implies recognition discrimation , and understanding of what one is aware.**

**- 2- discuss in details the optical anatomy of the eye.**

**The transparent elements namely the cornia , aqueous . lens and vitreous are known collectively as the ocular refaractive media, and the clarity of the media is essential for the maintenance of optimal visual performance , the effective power of the eye the reciprocal of focal length in meters is approximately 60 diopters**

**Light entering the eye is first refracted at the anterior surface of the cornia passes throught the pupil which act as an aperture stop**

**- 3- explain in details the concept of agnosia.**

**It is a impaired or distorted visual perception alought not all neurologists agree on a definition of the visual agnosia they are disorders of perception recognition caused by dysgunction of higher cerebral nervous activity.**

**4- how many types of agnosia?**

**-1- auditory agnosia 2- color agnosia 3- finger agnosia prosopagnosia 5- mirror agnosia 6- pain agnosia**

**مع شرح الطالب كل نوع من الانواع بالتفصيل**

**-5-discuss in details how many kind of aphasia.**

**Aphasia is the loss or impairment of the use and / or understanding of language resulting from some type of brain injury during the past 100 years the there classification named as broca,s aphasia motor or expressive wernicke,s aphasia receptive and conduction aphasia.**

**مع شرح الطالب كل نوع من الانواع بالتفصيل**

**-6-discuss in details the function anatomy of temporal lobe.**

**the lateral cortical surfaces of temporal lobe including the lateral surfaces of cerebrum below the level of the fissure of sylvius**

**Among the important behavioral function dependent on normal temporal lobe function are auditory sensation , auditory and visual perception . long term memory and emotional response .**

**7-expain what we mean by p t s d disorder**

**posttraumatic stress disorder**

**Posturaumatic stress disorder (PTSD) is a disorder characterized by a mixture of heightened anxiety-related symptoms fol­lowing exposure to a traumatic event. While virtually any severe truamnatic event can lead to development of PTSD symptoms, most research has focused upon combat-related PTSD among veterans. The disorder is quite often intractable as recidivism by high incidence of recidivism. Increasingly, patients have been treated in intensive impatient PTSD programs.**

**In general, research suggests that neurologically intact patients with PTSD perform similarly on neuropsychological tests to individuals with other anxiety disorders. That is, patients with PTSD perform less well on tasks that have a strong attention or psychomotor speed component. One study by Dalton, Pederson, and Ryan (1989) administered a comprehensive neuropsychological test battery to 100 veterans being treated for PTSD in an inpatient setting. Their study found that patients had slightly decreased performance on tests sensitive to anxiety and defi­cits in attention/concentration, such as the Digit Symbol and Digit Span subtests of the Wechsler Adult Intelligence Scale-Revised (WAIS-R) and the Stroop color and word test,**

**8-explain what we mean by epilepsy.**

**The study of epilepsy may have contributed more to the understanding of human brain-behavior relationships' than the study of any other central nervous system disorder.**

**Hughlings Jackson was among the first scientists to relate clinical or behavioral observations to brain morphology**

**Jackson maintained it was possible to ascertain the neuroanatomical location of a focal seizure focus by observing the physical progression of the seizure (Haynes & Bennett, 1992)(His subsequent developed the hypothesis that epilepsy was caused by abnormal discharges from lesions in the brain, establishing a theory of epilepsy) that has led to our contemporary, understanding of epilepsy**

**Epilepsy, in itself, is not a disorder but a symptom of abnormal brain activity,. It can be operationally defined as the occurrence of two or more unprovoked non-' febrile seizures during one's life, with 45 per 100,000 newly diagnosed cases of epilepsy per year**

**9-how many kind of epilepsy?**

**In the past, seizures were often labeled "grand mal" or "petit mal." However, this dichotomy has been supplanted by a more complex classification system. In 1969, the Commission on Classification and Terminology of the International League A gainst Epilepsy (ILAE) introduced a unified system for classifying seizure types, which was reused in 1981 (ILAE, 1981). The current classification system relies on data obtained from clinical observation and ictal EEG expression, and does not take etiology into account. The first step in determining seizure type involves identifying whether the initial abnormal brain activity detected by EEG is limited to one or both hemispheres. 1 f its onset is localized to one hemisphere, then the seizure is classified as a partial seizure In contrast, the seizure with onset in both hemispheres is classified as generalized. With respect to partial seizures, the term simple is applied if the patient remains fully conscious during the seizure, whereas term complex is applied if the patient experiences a loss or alteration of con­sciousness "during the seizure. Thus, simple partial seizures are those that start in a localized area of the brain and no impairment of consciousness is observed. Com­plex partial seizures also begin in a localized part of the brain, but result in an impairment of consciousness at the onset of the seizure or progress to-an impair­ment of consciousness.**

**Some partial seizures will progress to involve both hemi­spheres and, consequently, are classified as secondarily generalized seizures. In the generalized seizure category, six different types of seizures have been identified: absence seizures, myoclonic seizures. dome seizures, tonic seizures, tonic-clonic seizures, and atonic seizures. Another category exists for seizures that are unclassified. Seizures that defy classification, such as those that often occur in infancy, or seizures that cannot be classified due to inadequate or incomplete data, constitute a separate category. A number of seizure syndromes have been de­scribed that take into account characteristic clusters of symptoms associated with**

**Seizure Classifications :**

**1.Partial (focal .local ) seizures**

**A (Simple partial ) seizures**

**• with motor signs**

**• with somatosensory or special sensory symptoms**

**• with autonomic symptoms or signs**

**• with psxchic symptoms**

**B. Complex partial seizures (automatism, or aberrations of behavior may occur)**

**10- Discuss the contribution of neuropsychology to psychiatry.**

**Neuropsychology is generally understood to be the study of the relation between brain function and behavior Neuropsychological assessment has tradi­tionally focused on determining specific changes in mental processes in patients with discrete lesions for lowing normal development. In this manner, neuropsychology in clinical practice has enabled practitioners to determine the locus of Insult or disease as well as the functional capacities of patients in treatment. Neuroscientists have benefited from human**

**There are many applications of neuropsychology in psychiatry, including the identification of brain lesions in psychiatric patients, the evaluation of cognitive dete­rioration over time, and the advancement of theories regarding the neuroanatomic localization of the symptoms of various psychiatric disorders. The purpose of this articles to discuss the contributions that neuropsychplogy and neuropsychological assessment can make to psychiatry. It is based on a review of all re-search articles from major journals in psychiatry" and clinical psychology since 1991 that focused on neuropsychological assessment of psychiatric patients. Other journals and earlier studies were reviewed selectively. The article considers the validity of three common as­sumptions in which neuropsychological data are re­garded as supportive of hypotheses about the specific regions of impairment in specific major psychiatric dis­orders. It also emphasizes underutilized practical appli­cations of neuropsychological assessment in psychiatry. One of the most important contributions of neuropsy­chological assessment is that it makes possible an ob­jective evaluation of behavior in the context of the abil­ity to perform basic tasks. When applied properly, a battery of neuropsychological tests yields an under­standing of the cognitive and behavioral abilities and weaknesses of an individual or group of individuals. It provides the clinician or investigator with an objective description of what areas of behavior and cognition are likely to be a problem for the psychiatric patient and what areas are not. In this manner, neuropsychological data serve as a window into the everyday mental proc­esses of the psychiatric patient.**