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GIORNALE DI PSICOPATOLOGIA

Special Issue
Language and psychopathology
Guest Editors: G. Stanghellini, L.A. Sass, E. Pienkos, G. Castellini

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Volume 22 • March 2016 • Number 1

Founders: Giovanni B. Cassano, Paolo Pancheri

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Editing: Lucia Castelli, Pacini Editore Srl, Via Gherardesca 1, 56121 Pisa • Tel. 050 3130224 • Fax 050 3130300 • lcastelli@pacinieditore.it • journal@jpsychopathol.it

Scientific Secretariat: Valentina Barberi, Pacini Editore Srl, Via Gherardesca 1, 56121 Pisa • Tel. 050 313011 • Fax 050 3130300 • vbarberi@pacinieditore.it • journal@jpsychopathol.it

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Books:
Kaplan HI, Sadock BJ. *Comprehensive textbook of Psychiatry.* Baltimore: Williams & Wilkins 1985.
Chapters from books or material from conference proceedings:
Cloninger CR. *Establishment of diagnostic validity in psychiatric illness: Robins and Guze's method revisited.* In: Robins LN, Barret JE, editors. *The validity of psychiatric diagnosis.* New York: Raven Press 1989, p.74-85.

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Notes to the text, indicated by asterisks or similar symbols, should appear at the bottom of the relevant page.

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Informazioni per gli autori comprese le norme per la preparazione dei dattiloscritti

Il Giornale di Psicopatologia pubblica contributi redatti in forma di articoli di argomento monografico, news, articoli di aggiornamento in Psicofarmacologia clinica, forum, relativi a problemi di natura psichiatrica. I contributi devono essere inediti, non sottoposti contemporaneamente ad altra rivista, ed il loro contenuto conforme alla legislazione vigente in materia di etica della ricerca.
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2. **summary** (in inglese) (il summary deve essere costituito da circa 3000 battute (spazi inclusi). È richiesta la suddivisione nelle seguenti 4 sezioni: Objectives, Methods, Results, Conclusions);
3. **key words** (in inglese);
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Le *note*, contraddistinte da asterischi o simboli equivalenti, compariranno nel testo, a piè di pagina.

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3. Articoli brevi: questo spazio è riservato a brevi comunicazioni relative a dati clinico-sperimentali e a dati preliminari di ricerche in corso di particolare interesse. Il testo non dovrà superare i 20.000 caratteri spazi inclusi comprese tabelle e/o figure e una decina di voci bibliografiche.

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Special Issue
Language and psychopathology

Guest Editors: G. Stanghellini, L.A. Sass, E. Pienkos, G. Castellini

Doing things with words

Uses and misuses of language in psychopathology

This special issue of the *Journal of Psychopathology* offers multiple views on the role of language in mental health practice – both how it is used and experienced by persons affected by mental disorders, and how these persons are described or characterised within the cultural imaginary of society and the mental health professions. In doing so, it also reveals some of the ways language functions to describe and shape everyday life. Across the papers in this collection, language is shown to be both indispensable and dangerous: a tool that analyses and describes, but that may also create, transform, or distort the phenomena to which it is applied.

Four authors in this issue look at the role of language in conceptualising the nature of mental disorder and emotional disturbance: what is defined as a "disorder" and how it is understood. In Nicholas Haslam's article on changes in the concept of mental disorders, language reflects the contemporary status of mental disorders in Western society, but also expands and potentially distorts our understanding of mental pathology – and of the human condition in general. Haslam takes up Ian Hacking's notion regarding the "looping effects" of human kinds or categories to consider the ways in which the language and conceptual architecture of psychiatric diagnosis may have disturbingly transformative effects on the kinds of persons we are. His article develops an account of the semantic alterations of the concept of 'mental disorder', proposing that it has progressively expanded horizontally to encompass qualitatively new forms of distress and disability, and also vertically to encompass quantitatively less severe phenomena.

Rosfort describes how language can render comprehensible potentially disturbing or overwhelming emotional experiences; but he also suggests that deeper forms of understanding may arise out of acknowledging the ways that emotion escapes or exceeds language. He explores *anxiety* as a particular instance of these aspects of emotion. Anxiety is perhaps (together with 'depression') the word that is most used and abused to define an unpleasant and/or pathological mood condition in human existence. Yet it is an emotional experience that is especially ambiguous and difficult to define with language. After critiquing Heidegger's analysis of anxiety as limited by the goals of his philosophical project, the author offers a phenomenological analysis based on Kierkegaard's conceptualisation that links anxiety to our experience of freedom. He argues that Kierkegaard's theory allows us to explore the significance of the phenomenological ambiguity of anxiety. Of particular importance in Kierkegaard's theory is the dialectics of imagination and reality at work in anxiety; this dialectics can help us understand how both the patient and the clinician are challenged with the problem of finding a language for mental suffering.

Fernandez examines the ways in which language predetermines how we conceptualise mental illness. He argues that recent attempts to link the phenomenon that we today refer to as "mania" with the ancient Greek concept of "μανία" can be detrimental to attempts at reclassifying disorders. He also considers the implications of the shift in terminology from "manic depressive illness" to "bipolar disorder" – especially the ways in which conceiving of mania as one of two "poles" predetermines how it is described by both clinicians and patients. Finally, he addresses the implications of the labels under which mania and bipolar disorder are discussed within the diagnostic manuals, especially the removal of the headings of affective and mood disorders in the DSM-5 and the explicit decision by its authors to place so-called "bipolar" disorder between depressive disorders and schizophrenia.

Leoni builds on and extends Sartre's last work, *The Family Idiot* (a biography of French novelist Flaubert) to consider the ways language may construct or disrupt the subjectivity of the speaker. Sartre's understanding of Flaubert's attitude toward language offers an extraordinary amount of material which allows us to answer the question about *who* is speaking when a subject utters a speech act. His answer is that it is always the Other who is speaking at the origin – until something occurs, which enables a subject to speak by himself and as a Self. Yet this being-spoken by the Other never fades away completely and can always come back, both as a creative resource (as with Flaubert) or as a constant, alienated and alienating foreground of our subjectivity. Leoni argues that this state of alienation from the speech-act is apparent in disorders of self-affection, and especially in instances of verbal-acoustic hallucinations.

A second set of papers looks at specific psychiatric disorders and the way descriptions of normalcy and disorder can affect the very experience and course of those disorders. Castellini's paper on the role of the lived body and selfhood in eating disorders and gender dysphoria – two examples of psychopathology of post-modernity, and in some ways two disorders of self-identity – suggests that language changes and innovations mirror the fluidity of cultural transformations and their impact on the body. Building on Sartre's conception of embodiment, the author argues that in both conditions the external reality of the body and the inner subjective perception do not match. This prevents a harmonious relationship between the internal representation of the body and the body itself, which results in a consequent feeling of estrangement within oneself. These examples show how language can trap us or limit us to popular views of what is normal or beautiful, while also permitting escape from those traps through appropriating labels and applying descriptors in new and creative ways.

Cutting's paper provides a general framework for language and thought disorders in schizophrenia within which the other contributions to this special issue can be placed. His approach is descriptive rather than phenomenological. He emphasises the progress that linguists have made in this area, yet the subject is in urgent need of a new approach. Several other papers in this journal take up the unusual uses and forms of language in schizophrenia, suggesting the significant role that language plays in that disorder.

Doerr's paper proposes an understanding of the group of schizophrenias as disorders of language or *logopathies*. He tries to demonstrate the legitimacy of this conception, upon the basis of three fundamental arguments: 1. clinical evidence for the alteration of the thought/language as the nuclear syndrome of schizophrenia; 2. schizophrenia as a constitutive element of human condition linked to the development of the capacity for language; 3. schizophrenia as a perturbation of *Verstehen* (understanding) in Heidegger's sense, that is, of one of the two fundamental ways *Dasein* (human being) is in the world, while the other, *Befindlichkeit* (state-of-mind), is what would be altered in mood disorders or *tymopathies*.

Pienkos and Sass offer a view of both language and intersubjectivity in schizophrenia. The purpose of their paper is to map out those features of linguistic and interpersonal experience that might be particularly unique to or at least highly characteristic of schizophrenia. Language in schizophrenia is found to be characterised by diminished interpersonal orientation, disturbances of attention and context-relevance, underlying mutations of experience and unusual attitudes *toward* language. They suggest that the unusual experiences of language in this disorder may demonstrate, in ways patients themselves find difficult or impossible to describe, the social alienation and general undermining of intersubjectivity that can characterize schizophrenia. Changes in the experience of language and other persons, they argue, may further intersect with each other and also contribute to disturbances in basic self-experience. However, they suggest that opportunities for communication in the therapeutic encounter can offer a potential way out of that alienation.

Gipps develops the issue of the relationship between disturbances in social relating in schizophrenia and the opaque conversation that manifests schizophrenic thought disorder. He maintains that selfhood, communication and thought are equiprimordial and co-constitutive. The capacity to think is not antecedent to the capacity to communicate, and our individuation as distinct thinking subjects is not antecedent to our capacity to relate. To this phenomenological understanding of the relation between selfhood, communication and thought, Gipps applies psychodynamic theory to clarify the essentially affective-conative character of those meaningful social relationships in which selfhood and subjectivity are established. According to this analysis, language disturbances in schizophrenia therefore represent a disruption of the intimate relationship between subjectivity and social relating.

Stanghellini examines the relationship between disorders of temporalisation and linguistic disturbances in schizophrenia through a case study of 'semantic deconstruction'. His paper describes a patient whose language use was characterised by a fragmentation of sentences into single words, and of words into letters. He argues that this phenomenon can be traced back to a disorder of temporality, namely, a failure of the constitutive temporal synthesis that may create micro-gaps of experience. The disintegration of time-flow induces a sensitisation to details and an itemisation of experience, including the way language is experienced. Thus, persons who undergo this disintegration of temporality may start to notice islands of unrelated and self-referential language experience, e.g., a single word may pop up in a sentence, or a whole word may be decomposed into series of letters. This fragmentation of language and thought experience may also be accompanied by a pictorialisation and materialization of these fragments. Image-driven felt meanings are the outcome of this process of semantic deconstruction whereby sentences and words are broken down in smaller units. This process deviates from ordinary semantics and paves the way to an idiosyncratic understanding of the world.

Correale's paper considers another aspect of the fragmentation of experience and language in schizophrenia, demonstrating its role in the development of delusion. He suggests that delusions are preceded by an 'hallucinato-

ry' state – a change in experience whereby some perceptions detach from the flow of other perceptions because of their heightened intensity and sensory power. He further argues that this process of detachment elicits an intense emotion that is not fully conscious and that may be perceived as a confused state of mind, one in which attraction and repulsion intermingle in a contradictory and perplexing way. The hallucinatory object is too real, too intense, too powerful, and the emotion it elicits is so overwhelming, that no language can express it. In the preparatory field of delusion, sensoriality dominates over language, which is unable to translate meaning into any form of verbal communication. Correale proposes that this is where delusion is born. These fragments of perceptions slowly, through many different narrow paths, make their way to converge into the imposing synthesis we name delusion. Delusion is thus the organisation of this fragmented sensoriality, as the patient attempts to impose a framework that can render these fragments of hyper-real hyper-sensoriality intelligible and "human". Yet the experience encapsulated by the delusion remains estranged, remote, and incompatible with the ordinary, intersubjective world, hence impossible to share. Therapy of delusions is then a matter of deconstructing delusion into its individual building blocks, looking at the linguistic potential of each individual block.

In the last paper of this Special Issue, Ballerini looks for a bridge linking phenomenal and pre-phenomenal language impairments in people with schizophrenia, namely, language anomalies of *semantic experience*, the way one lives and manages meanings, and of *semantic processing*, the neural activities underpinning the construction of meanings. Anomalies of semantic experience include patients' proneness to override the extensional limits of semantic fields as imposed by social shared constraints of meaning (*semantic drift*). They may perceive remote or unrelated concepts as significantly semantically related and become captivated by the *ambiguity* of language. In addition, language for these individuals loses its *anonymity* and appears to be distorted in a grotesque taint of *abstraction*. Finally, words may become semi-independent objects, decontextualised and de-situated not only with respect to ordinary semantic fields (including the biographical arrangement of memories) but also from their intrinsic symbolic quality. The author discusses the relationship between these phenomenal anomalies of semantic experience and pre-phenomenal neurocognitive abnormalities, contributing what has been called the potential for "mutual enlightenment" (Gallagher, 1997) between phenomenology and neuroscience.

In each of these papers, then, we are presented with a view of language as something other than a simple tool used to describe and communicate experiences objectively – as things *really are*. Rather, we are shown ways that language transforms and can even create the world we live in, or the ways we understand ourselves. Language appears to transform its users as well. The very *act* of speech is one that changes the horizons for both the speaker and the listener. It offers opportunities for being understood or for understanding; or, conversely, for rejection, isolation, and misunderstanding – which, as the authors in this volume show, may occur in schizophrenia and gender dysphoria, or even in common emotional states like anxiety. The roles and uses of language have particularly high stakes in the realm of psychopathology, where an inability or refusal to express one's internal experience to others can perpetuate and deepen one's suffering and alienation, or where a misuse of concepts and objective criteria may pathologise experiences that may be normative or understandable. Language is an essential tool in the mental health professions, as mental health practitioners literally *do things with words*. Hence, language must be wielded with the utmost care. By highlighting these qualities of language, the potential uses – and misuses – of language as a tool for transforming and shaping reality, this collection of papers offers its readers an opportunity to encounter language more completely, so that it might be used more effectively in the service of understanding the diverse expressions of psychopathology.

G. Stanghellini[1 2], E. Pienkos[3], G. Castellini[4], L.A. Sass[3]

[1] "G. d'Annunzio" University, Chieti, Italy
[2] "D. Portales" University, Santiago, Chile
[3] Department of Clinical Psychology, Graduate School of Applied and Professional Psychology, Rutgers University, New Jersey, USA
[4] Psychiatric Unit, Department of Neuroscience; Sexual Medicine and Andrology Unit, Department of Experimental, Clinical and Biomedical Sciences, Florence University, School of Medicine, Florence, Italy

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Looping effects and the expanding concept of mental disorder

N. Haslam

Melbourne School of Psychological Sciences, University of Melbourne, Australia

Summary

The concept of 'looping effects' helps to clarify how psychiatric conditions are moving targets. As professional understandings of mental disorders change, people shape their behaviour, experience and self-understanding in response. By this means, evolving concepts of mental disorder, carried by language, arose make up new kinds of person. The superordinate concept of 'mental disorder' is also a moving target. This article develops an account of the concept's semantic alterations, proposing that it has progressively expanded horizontally to encompass qualitatively new forms of distress and disability, and also vertically to encompass quantitatively less severe phenomena. Changes in the concept of mental disorder in successive editions of the Diagnostic and Statistical Manual of Mental Disorders are examined to show that its meaning has not so much looped as spread in an ever-expanding vortex. Possible looping effects of this conceptual creep are discussed.

Key words

Classification • DSM • Diagnostic inflation • Looping effects • Mental disorder

Introduction

In a series of influential papers, the philosopher Ian Hacking demonstrated that the concepts of the social and behavioural sciences refuse to sit still. Established concepts evolve, new concepts emerge and the set of ideas and labels with which people can name and understand their experience constantly shifts. Human kinds – Hacking's [1] term for "kinds of people, their behaviour, their condition, kinds of action, kinds of temperament or tendency, kinds of emotion, and kinds of experience" (pp. 351-2) – are moving targets.

If Hacking had stopped at the claim that human kind concepts are mobile, his work would not go beyond historical truism. More important by far is his argument that the restlessness of these concepts has real and reciprocal social effects. Changing concepts of human kinds do not simply slide frictionlessly over an unchanging social reality, capturing it more or less well at different historical moments, but they alter that reality through what Hacking [2] calls 'looping effects'. People come to recognise themselves and others in new concepts and labels, and this recognition brings new kinds of person into being through a process that Hacking calls "dynamic nominalism".

The claim of dynamic nominalism is not that there was a kind of person who came increasingly to be recognised by bureaucrats or by students of human nature, but rather that a kind of person came into being at the same time as the kind itself was being invented. In some cases, that is, our classifications and our classes conspire to emerge hand in hand, each egging the other on [3].

Hacking's historical investigations of human kinds clarify how this process of kind-making unfolds. His work has the merit of bypassing abstract arguments over realism versus nominalism and essentialism *versus* constructionism [4], focusing our attention instead on the processes through which changing ideas change people, and how changed people necessitate further changes in ideas. In the realm of psychopathology, Hacking's studies show how the discourse of the mental health professions bears on the experience, behaviour and self-understanding of the people these professions address. Because psychiatry's human kind concepts are carried by language, looping effects of the sort analysed by Hacking reveal a fundamental way in which language influences how psychopathology is framed, theorised, experienced and treated.

The moving targets that Hacking's published analyses address include such 'human kinds' as child abuse and refugees, but he is best known for his examinations of specific psychiatric conditions such as multiple personality and autism. In this article, I pursue a larger target: the concept of mental disorder itself. Just as ideas about particular disorders have evolved and created new clinical realities in the process, the superordinate concept of disorder itself has undergone substantial changes. The same evolutionary developments that may be observed in individual species of psychiatric misery might also be seen in the

Correspondence
N. Haslam, Melbourne School of Psychological Sciences, University of Melbourne, Australia • E-mail: nhaslam@unmelb.edu.au

broader family of psychiatric conditions, considered as a set. The concept of mental disorder itself might change, and its changes might trigger looping effects.

My analysis is in many ways preliminary, and it has more to say about changes in the concept of disorder than about the changes in people or society that these conceptual shifts have brought about. It is also confined to a particular framework of understanding what 'mental disorder' means, albeit the highly influential framework embodied by the Diagnostic and Statistical Manuals (DSM) of the American Psychiatric Association [5-10]. Nevertheless, my analysis of what I call 'conceptual creep' in the DSM's evolving definition of mental disorder has the virtue of resting on a systematic analysis and a new way of thinking about the forms of conceptual change, to which I now turn.

Conceptual change

Change in the meaning of concepts could be understood and assessed in several ways. In the present analysis, I focus on alteration in the semantic 'extension' of concepts; that is, the range of phenomena to which they apply. For my purposes, the fine detail of how the concept of mental disorder has been theorised and formulated is less important than the extent of the concept's reach. My primary concern is whether the concept has expanded or contracted its semantic range over time; whether it encompasses a larger or smaller variety of human experience and identifies a greater or lesser proportion of humanity as disordered.

In examining the shifting extension of the concept of mental disorder, I distinguish two ways in which that extension might change. One form of conceptual change, which I dub 'vertical', occurs when a concept's meaning becomes either more or less stringently defined. Such a change could occur though a modification in the threshold for identifying a phenomenon or through the tightening or relaxation of criteria for defining it. For example, if the working definition of 'tall' at one time was 'greater than 6 feet in height' and that definition was then revised to 'greater than 6 feet and two inches', the new definition is more stringent and the extension of the concept of tall (i.e., the range of people it encompasses) becomes smaller. Similarly, if the diagnosis of a condition requires 3 criteria from a set of 5 to be met, and a diagnostic revision requires that only 2 of the 5 criteria be met, then the new, less stringent definition will have an enlarged extension. In both examples, the extension of the concept has changed through a quantitative alteration in the stringency of the criteria (or criterion) for identifying cases.

The second form of conceptual change can be called 'horizontal'. Such change involves contraction or expansion of a concept's extension through an alteration in the qualitative range of phenomena it encompasses rather than a quantitative alteration of its stringency. For example, if a concept expands to incorporate an entirely new kind of phenomenon – as when the concept of 'refugee' was extended to include people displaced by natural disaster or climate change rather than being restricted to people displaced by conflict – then it has undergone horizontal expansion. Similarly, if a diagnostic concept at one time encompassed a subtype that later came to be considered as a separate condition, and was therefore excised from the diagnosis, then the concept has undergone horizontal contraction. In both examples, the extension of a concept has changed through a revised understanding of the kinds of phenomena that fall within its semantic purview rather than through a revision of the stringency with which potential instances of the concept are identified.

These two forms of conceptual change – horizontal and vertical – represent distinct ways in which the concept of mental disorder might shift over time. The concept's extension might expand, either by an amoeba-like incorporation of new kinds of behaviour and experience into the concept, or by a loosening of the criteria for diagnosing people who demonstrate kinds of behaviour and experience that are already recognized as falling within the psychopathological domain. In essence, horizontal expansion shifts the concept of disorder outwards into new territory, whereas vertical expansion shifts it downwards into milder or subtler variants of already-recognized conditions. Likewise, the concept of mental disorder may contract rather than expand, either by shrinking the range of phenomena it identifies as pathological or by tightening the criteria for diagnosing pathology.

In the following pages, I explore shifts in the extension of 'mental disorder' as it has been defined across successive editions of the DSM, starting with 1952's first edition [5]. My focus is not on formal definitions of disorder – which are often lacking in any event – but on the ostensive definitions offered by the listing of conditions and criteria for identifying them in each manual. In principle, every edition of the DSM [5-10] collects together a diverse set of forms of experience and behaviour that qualify as mental disorders, and implicitly identifies a certain fraction of humanity that qualifies as disordered. The extension of the concept of mental disorder, as I am considering it here, represents the size of that conglomeration.

Although my analysis is somewhat sketchy at this point, and space limitations prevent a more comprehensive investigation, its strong conclusion is that over the last 60 years the concept of mental disorder has undergone significant expansion, both horizontal and vertical. An increasingly wide assortment of psychological phenomena fall within the psychiatric domain and diagnostic criteria

have tended to loosen over time, so that clinical presentations that would once have failed to reach the threshold of diagnosis now do so. The proliferation of diagnostic categories in successive editions of the DSM – from 106 in DSM-I to over 300 in DSM-IV-TR – is well known, but the expansion of the implied meaning of mental disorder, which is not entailed by that proliferation, has not received the same attention. In the pages that follow, I explore first horizontal and then vertical expansion with that goal in mind.

Horizontal expansion

DSM-I [5] contained eight groupings of mental disorders. "Acute brain disorders" and "chronic brain disorders" each included an assortment of conditions associated with "impairment of brain tissue function", classified according to presumed cause, such as infection, intoxication, or physical trauma. "Mental deficiency" was subdivided by severity and hereditary versus idiopathic cause. "Psychotic disorders" incorporated psychotic depression, manic depression, involutional psychosis, and a variety of schizophrenic and paranoid reactions. "Psychophysiologic autonomic and visceral disorders" encompassed a variety of somatic reactions that were thought to be psychologically influenced. "Psychoneurotic disorders" included a variety of anxious, phobic, conversion, depressive, and obsessive compulsive phenomena. "Personality disorders" contained not only a few personality disturbances in the modern sense but also sexual deviation, addiction, and several "special symptom reactions" such as enuresis and somnambulism. Finally, "Transient situational personality disorders" captured a variety of stress and adjustment reactions.

DSM-II [6] introduced numerous modifications to diagnostic and classificatory practice, many of them primarily matters of terminology, high-level organization of the classification, and levels of differentiation. For example, the DSM-I language of "reactions" was largely abandoned, nine major disorder groupings were recognized rather than the previous eight, and the number of available diagnoses increased by 72%, due often to the splitting of DSM-1 conditions (e.g., DSM-I's singular "sexual deviation" became eight DSM-II deviations, famously including homosexuality). None of these developments directly implies a horizontal expansion of mental disorder, but there is evidence of such a broadening elsewhere.

First, a new "Special symptoms" grouping was introduced, which substantially expanded the "special symptom reactions" subgrouping within the DSM-I's "Personality disorders". This expansion brought tics, disorders of sleep (beyond DSM-I's somnambulism), and feeding disturbance (intended to include anorexia nervosa) into the realm of mental disorder for the first time. Second, whereas DSM-I had largely omitted disorders of childhood and adolescence, with the exception of vaguely described situational "adjustment reactions" of infancy, childhood, and adolescence, DSM-II retained these situational reactions but also inaugurated a new grouping of "Behavioral disorders of childhood and adolescence", which covered an assortment of hyperkinetic, withdrawing, anxious, fugitive, aggressive, and delinquent tendencies. Third, DSM-II recognised substance abuse as distinct from addiction for the first time, including separate disorders for episodic and habitual excessive drinking without implied addiction, in contrast to DSM-I's exclusive reference to addiction. These three changes are not exhaustive, but they exemplify a trend for DSM-II to expand the concept of mental disorder into new symptom domains (e.g., sleep, eating, drug use) and new populations (i.e., children), thereby pathologising new phenomena.

DSM-III [7] is well known as a revolution in psychiatric classification. Many of its transformations took place at the level of broad structure, notably the placement of personality disorders on a separate diagnostic axis from other conditions, and the subdivision of many DSM-II groupings. For example, DSM-III carved off substance-related disorders and sexual disorders from DSM-II's broad "Personality disorders and certain other non-psychotic mental disorders" grouping, re-organized its "Special symptoms" grouping into separate eating and sleep disorder categories, and cleaved its "Neuroses" grouping into separate anxiety, mood, and dissociative disorder groupings. Other major changes involved shifts in terminology (e.g., the abandonment of "neurosis"), much greater specification of diagnostic criteria, and a further 46 percent growth in the roster of diagnoses. However, in addition to these changes, DSM-III also pushed back the psychiatric frontier by recognising new kinds of disorder in a clear demonstration of horizontal expansion.

First, DSM-III created new groupings of factitious and impulse-control disorders, none of their conditions corresponding in a straightforward way to those described in previous DSM editions. Second, DSM-III added entirely new conditions to several groupings. Disorders involving cognitive difficulties were included in its grouping of "Disorders first diagnosed in childhood and adolescence", whereas the corresponding DSM-II grouping was restricted to problems of anxiety, aggression, and restlessness. DSM-III's sexual disorders grouping added "gender identity disorder" (a condition of gender, not sexuality) and sexual dysfunctions, and its anxiety disorders grouping incorporated social fears and extreme shyness ("social phobia"), which had not been represented in DSM-II's array of neuroses.

Further horizontal expansions of the concept of mental disorder could be documented in later editions of the DSM

(e.g., DSM-IV [9], DSM-5 [10]). For example, DSM-5 [10] expands the concept of mental disorder by including for the first time some so-called behavioural addictions, where the dependency is on an activity such as gambling rather than an ingested substance. For our purposes, however, the key conclusion is that successive editions of DSM from 1952 to 1980 progressively increased the range of phenomena that qualified as examples of mental disorder. Many people whose clinical presentation would not have warranted a DSM-1 diagnosis – alcohol abusers, insomniacs, bulimics, Touretters, gender dysphorics, anorgasmic women, dyslexic children and shy adults – would have received a DSM-III diagnosis by virtue of this expansion.

Vertical expansion

Horizontal expansion is only half of the story when it comes to the semantic stretching of the concept of *mental disorder*. Qualitatively new forms of mental disorder have been added to the concept by accretion in successive editions of the DSM, but some already recognised conditions have also come to be defined in less stringent, more inclusive ways. As a result, clinical phenomena of reduced severity have come to be defined as disordered, and the extension of mental disorder has increased.

Examples of vertical expansion are easy to find, although documenting it in the first two editions of the DSM is difficult because of their lack of operational diagnostic criteria. The issue of vertical expansion was particularly salient in the recent debate around DSM-5, and served as the basis of Allen Frances' campaign to "save normality" from the manual [11]. Frances' fundamental claim was that DSM-5 contracted normality by vertically expanding abnormality, chiefly by proposing relatively mild conditions that were likely to explode the prevalence of mental disorder. I will discuss a few cases of vertical expansion below.

My first example concerns depression. Horowitz and Wakefield [12] make a strong case that recent ways of diagnosing the condition systematically misdiagnose normal affective responses as forms of psychopathology. For example, symptom-based diagnosis of depression conflates contextually justified sadness with melancholia, the more restrictive traditional understanding of depression as 'sadness without cause', resulting in a recent explosion of diagnosed depression. (Similar observations in relation to anxiety conditions have been made by Horwitz and Wakefield [13] and Lane [14].) A specific demonstration of this expansion is the removal of the bereavement exclusion in DSM-5, whereby people who had lost a loved one in the previous two months are no longer excluded from a possible depression diagnosis [15].

A second example can be found in the progressive expansion of post-traumatic stress disorder (PTSD), a condition that was added horizontally to the concept of mental disorder by DSM-III. The vertical expansion here is derived from a progressive loosening of the definition of what counts as a traumatic event, the all-important "Criterion A" in PTSD's diagnostic rules. In DSM-III [7] a traumatic event had to "evoke significant symptoms of distress in almost everyone" and be "outside the range of usual human experience". DSM-III-R [8] relaxed Criterion A to include experiences that threatened kin or friends rather than the person affected, as well as indirect experiences such as witnessing serious injury or death to others, or learning after the fact about an event that had affected them personally. DSM-IV [9] opened the criterion further to indirect exposures to traumas, relaxed the assumption that traumas must involve threats of serious injury or death by listing "developmentally inappropriate sexual experiences" as potential traumas, and increased the emphasis on the subjective experience of the trauma rather than its objective properties. Scholars have noted how this progressive reduction in the stringency of Criterion A as resulted in "conceptual bracket creep" [16] – a downward expansion of the severity required to define an event as traumatic – and worrisome increases in the range and prevalence of people who would meet diagnostic criteria for PTSD [17-19].

Finally, formal recognition of spectrum conditions underpins a diverse assortment of cases of vertical expansion. It has become increasingly apparent that psychopathology tends to fall on a set of continua, with no objectively determinable boundary between those who merit a psychiatric diagnosis and those who do not [20]. Consequently the placement of diagnostic boundaries is to a considerable degree arbitrary, and clinical phenomena fall on a spectrum of severity. Over the course of several decades, many new conditions that represent milder variants of recognized disorders have been identified, each representing a vertical expansion of the concept of mental disorder. In the domain of eating disorders, binge eating disorder has been identified as a less severe variant of bulimia nervosa. In the domain of mood disorders, bipolar II disorder and cyclothymia were identified as milder variants of prototypical bipolar disorder. DSM-5 introduced somatic symptom disorder, a relatively benign condition with clear family resemblances to existing somatoform conditions, and also mild neurocognitive disorder, a sort of 'dementia lite'. In a particularly interesting example, Asperger's syndrome was recognised as a high-functioning variant of autism – itself one of DSM-III's horizontal expansions – but was subsequently re-incorporated into a vertically expanded definition of autism in DSM-5. All of these examples demonstrate a consistent tendency for more recent DSMs to define disorder down, thereby defining its prevalence up.

Looping effects?

I have argued that the concept of mental disorder – defined ostensively as the collection of conditions recognised in the American Psychiatric Association's diagnostic manuals – has changed significantly from 1952 to the present. Just as Hacking showed that individual disorders are moving targets, my analysis demonstrates that disorder itself, considered as a collective noun, is also a moving target, at least where its semantic extension is concerned. The movement of this target appears to be systematic, directed outward and downward. Mental disorder has continually expanded its territory to incorporate phenomena that might previously have been understood as moral failings (e.g., substance abuse, out of control eating), personal weaknesses (e.g., sexual dysfunctions), medical problems (e.g., sleep disturbances), foibles (e.g., shyness), or ordinary vicissitudes of childhood (e.g., attention deficits). The concept has also expanded into less severe variants of recognised conditions, extending diagnosis to people whose problems would not have been considered disordered in earlier times. Like a vortex, the concept of mental disorder has dynamically broadened and deepened. Its history has been centrifugal.

Critics of the expanding concepts of mental disorder ushered in by successive DSMs have identified several dire consequences of this expansion. Diagnostic inflation, they argue, leads to over-medication, exaggerated estimates of the population prevalence of disorders, and the deflection of scarce resources away from more severe conditions. From a looping effects perspective, however, the key issue is not so much the implications of conceptual expansion for treatment as it is the implications for disordered people's self-understanding and for the understanding of disorder in society at large [21]. In short, the question becomes whether inflationary changes in the professional understanding of mental disorder affect the concepts of self and disorder of people who receive psychiatric diagnoses. There is surprisingly little work on this important question but several answers are plausible. I will sketch three of these, which I dub the normalisation, disease and moral typecasting accounts.

By the normalisation account, the expanding concept of mental disorder leads affected persons to perceive themselves, and to be perceived by others, as less deviant than they would have been viewed at an earlier time. As a wider expanse of human experience and behaviour falls within psychiatry's territory, and more and more people qualify for diagnoses, having a mental disorder becomes normalised. No longer understood as rare and invariably debilitating, mental disorder loses some of its stigma. People who receive a diagnosis now see their diagnosis less as a sign of shameful difference and more as an everyday affliction, and are consequently more open to talking about their experiences and seeking treatment. The culture at large increasingly views mental disorder as common and ordinary. The greater visibility and public tolerance of mental disorder potentially drives further relaxation of the concept's boundaries, so that future diagnostic systems identify even more phenomena and people as disordered. The looping effect is, in essence, a virtuous circle of expanding concern and acceptance.

A second account of the looping effects of diagnostic inflation is less rosy. People diagnosed with mental disorders commonly understand their conditions as biogenetically caused diseases, an understanding that is becoming increasingly dominant with the rise of biological psychiatry [22]. For example, a meta-analysis by Schomerus and colleagues [23] demonstrated that between 1990 and 2006 the proportion of the public ascribing schizophrenia and depression to genetic and brain disease factors rose significantly, as did the proportion endorsing biomedical treatment options. There is growing evidence that people who hold more biogenetic explanations of mental disorders often hold more stigmatizing views of affected persons [24], and that seeing mental illness as "a disease like any other" has decidedly mixed blessings [25]. In addition, affected persons who hold biogenetic explanations of their own conditions tend to be more pessimistic about recovery and less confident of their capacity to exert control over their difficulties [26]. By this account, expansion of the concept of mental disorder might reduce the number and variety of people who feel hopeful and efficacious in the face of their personal difficulties, although these perceptions are sure to be influenced by a variety of additional factors. The looping effect of psychiatry's inflating concept of mental disorder would therefore be an enlarged and demoralised population of sufferers.

A third but related account of the looping effects of the expanding concept of mental disorder suggests that this expansion might swell the ranks of people who see themselves as victims of harm. According to research on moral typecasting [27], people tend to be perceived either as moral patients, who are viewed in terms of their capacity to suffer and as being acted upon in moral or immoral ways, or as moral agents, who are capable of acting morally or immorally. Where harm occurs, people are therefore typecast either as victims who suffer harm but lack responsibility and the capacity to act intentionally, or as perpetrators who are blameworthy, but lack the capacity to suffer. If people experiencing mental disorders are understood as harmed and suffering, moral typecasting implies they will see themselves, and will be seen by others, as lacking agency. The spreading concept of mental disorder would therefore have the looping effect of expanding the sense of passivity and victimhood in the popula-

tion. On this view, as more and more people qualify for psychiatric diagnoses, they will increasingly understand themselves as patients rather than agents.

Conclusions

This discussion of possible looping effects of the expanding concept of mental disorder remains undeveloped. However, changes in how the psychiatric profession conceptualises disorder will surely affect how the growing numbers of people who fall within this capacious concept see themselves. Their self-perceptions will, in turn, surely have wider social effects, as Hacking's analysis suggests. Whether these effects are predominantly desirable or undesirable is debatable, but as my discussion of the evolution of DSM shows, the conceptual inflation that sets the loop in motion is beyond dispute.

Conflict of interests
None.

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Mental suffering as a struggle with words: language and emotion

R. Rosfort

Søren Kierkegaard Research Centre, University of Copenhagen, Denmark

Summary

Human emotional life is structured and to a certain extent constituted by language, and yet making sense of and communicating how we feel is often a challenge. In this article, I will argue that a person's struggle to make sense of and articulate her suffering plays a major role in the experience of suffering. I unfold this argument in five steps. I will first look at the vexed question of what emotions are. Discussing biological and rational conceptions of emotions, I argue that human emotions are deeply ambiguous phenomena constituted by an opaque combination of biological factors and rational factors. In the second section, I will argue that instead of trying to solve the ontological riddle of emotions we should investigate the actual experience of emotions. I examine the dialectics of the conceptual and the phenomenal aspects of our emotional experience, arguing that we need to adopt a phenomenological approach to emotions in order to explore the ambiguity of emotions. Anxiety is endemic to most mental illnesses, and nowhere does the ambiguity of our emotions become more manifest than in the experience of anxiety. So in the following two sections, I will look at two influential philosophical accounts of anxiety. Heidegger and Kierkegaard both argue that anxiety is intrinsic to our experience of freedom. I criticise Heidegger's theory for restricting the phenomenology of anxiety by making it a functional tool in his ontological project. I then argue that Kierkegaard's theory, on the other hand, allows us to explore the significance of the phenomenological ambiguity of anxiety. Of particular importance in Kierkegaard's theory is the dialectics of imagination and reality at work in anxiety, and in the concluding section, I will look at how this dialectics can help us understand how both the patient and the psychiatrist are challenged with the problem of finding a language for mental suffering.

Key words

Biology • Rationality • Autonomy • Anxiety • Imagination • Phenomenology • Heidegger • Kierkegaard

What emotions are: biology and rationality

Language is fundamental to human emotional experience. We assess, interpret and communicate our emotions with the help of concepts and words. Language is constitutive of human emotional experience to the extent that it is difficult, if not impossible, to conceive of human emotions entirely devoid of intentional structure and rational features. Concepts such as anger, shame, love, humiliation, and pride orient our existence. Without concepts to help us understand and deal with our emotional life, we would be slaves of our passions. Language enables us to seize the reins of, or at least some aspects of, our emotional experience, and to construct a life with our emotions instead of being at the mercy of our constantly changing, and often seemingly arbitrary, affective landscape. Using language, concepts, and rationality to overcome the passivity involved in emotional experience has, since antiquity, been the primary goal of the work on emotions by philosophers, physicians and theologians. However, in spite of centuries of intellectual endeavours our emotions continue to challenge both the theoretical and practical attempts of domesticating them. Words seem unable to describe adequately the motley abundance of our feelings, and the conceptual nets that we throw out to capture the significance of our emotional experience only deliver a pale shadow of the sense of intimacy and alienation involved in those experiences. This inability to fathom and make sense of emotions means that passivity continues to be the principal and seemingly inescapable character of human emotional experience. In fact, passivity is constitutive of the basic significance of the concepts "emotion", "passion", "feeling", "sentiment", "mood" that we use to make sense of our emotional life [1-3].

Human beings experience themselves as autonomous creatures. We are able to choose between options, make plans, and – if we are fortunate enough to be born under the right circumstances – shape the course of our lives. We do not choose our emotions, however. Emotions are deeply ambiguous phenomena. They are an integral part of our most intimate thoughts, ideas and plans, but they are also disturbing and alienating. Emotional experience thus involves a complex sense of both autonomy and heteronomy. Our emotions can make our words feel wrong or shallow just as much as true and right. They stimulate

Correspondence
Søren Kierkegaard Research Centre, University of Copenhagen, Farvergade 27D, 1463 Copenhagen, Denmark • Tel. +45 33766910 • E-mail: rer@teol.ku.dk

our ideas and incite our thoughts, but they also complicate our choices. We are not in complete control of what we see, smell, hear, touch and think about. A piece of music, a smile, a hurtful word can change the way we feel about a situation. Lack of sleep or a busy day can make us irritable and do or say things that we do not want to. Anger, impatience, love and excitement often overcome us and make our ideas, plans and actions spiral out of cognitive control. Living with our emotions is difficult because our feelings can change in spite of ourselves – sometimes drastically in a second, at other times unnoticeably over the years. Articulating our emotions through language, understanding how and why we feel the way we do, enables us to deal with the passivity at work in our emotions, creating a life that is not under the sway of our unpredictable emotional changes. The problem is that it is difficult, if not impossible, to articulate, describe and make sense of the full scope of our emotional life. Aspects of our emotional life are cognitively impenetrable. Language and rationality cannot always reveal why a particular person irritates us or why we are jealous; nor whether or not our love will last, when our patience will run out, and if we will ever stop being angry. In other words, what emotions reveal is that understanding is never completely stable or entirely transparent. To live with our emotions is to work constantly with the experience of passivity involved in the limits of our understanding of the world, other people and ourselves.

Mental illness is a major medical, social and personal challenge to our understanding of what it means to be human. Why is the human mind so fragile? What is mental suffering? How can a memory, thoughts or words render a person unable to cope with everyday life? Emotions are important to our attempt to make sense of mental illness due to – among other things – the fact that the experience of passivity is a critical feature of the suffering involved in mental illness. Mental suffering affects our sense of our autonomy by diminishing, and at times completely incapacitating, our ability to make sense of our experiences and control our thoughts and actions. In this sense, mental illness challenges our understanding of human beings as autonomous creatures. Autonomy is not only an experiential fact, but also a demand. We do not only feel that we can choose, we also want to and are expected to make our own choices. The ambiguous character of our emotions brings out this dialectics of autonomy and heteronomy at play in mental illness.

The historian of psychiatry Mikkel Borch-Jacobsen argues that "[t]he problem is that contemporary psychiatry sees double. On the one hand, it views mental illness as a malady of the mind (one no longer dares say "of the soul") that ought to be treated with talk therapy, empathy and human rapport. On the other hand, it views it as a disease of the brain comparable to other organic diseases and treatable with medication" [4] [p. 188]. This double vision is only a problem, however, if we insist to do away with the complexity it entails by reducing one vision of mental illness to the other. Psychiatry sees double because we human beings see, feel and understand ourselves double. We are ambiguous creatures, or more precisely, as formulated by the ancient hermetic saying that gained popularity among natural philosophers in the enlightenment: "A human being is simple by the fact that it is alive, ambiguous by virtue of being human [*Homo simplex in vitalitate duplex in humanitate*]" [5]. We are biological creatures who are aware of the fact that we are shaped and conditioned by a multitude of biological factors that we do not know or understand, and are often not even aware of. Mental illness is a complex conglomerate of rationality and biology, and whether one argues that mental illness is basically a question of biology [6-8] or holds that rationality is the key to understand mental illness [9-11], it is hardly in doubt that we need to consider both aspects of mental suffering when exploring mental illness. And nowhere is the interplay of biology and rationality more manifest than in our emotional life.

The question whether emotions are primarily subjective or primarily biological is a heavily debated issue in emotion studies. While the emotions of other animals seem to be biological functions developed to optimise evolutionary survival and reproduction [12 13], the multifarious character of human emotions seem to go way beyond such functional goals. Like the human body generally, human emotions seem to be uniquely detached from the biological functions that characterise non-human emotions [14 15]. This detached character of human emotions was already noticed more than a millennium ago by the Stoic philosopher Seneca: "Wild animals run from dangers they actually see, and once they have escaped them worry no more. We, however, are tormented alike by what is past and what is to come" [16] [p. 38]. Contemporary philosophers of emotion usually follow Seneca's lead arguing that human emotions are categorically different from non-human emotions in virtue of being mental phenomena, and as such structured by human intentionality, rationality and cognitive capacities. At the same time, though, it seems difficult to jettison the observable fact that human emotions are nevertheless deeply embodied phenomena informed by biological factors that escape our experiential awareness, our rationality, and often thwart our cognitive control. Accordingly, most contemporary philosophical theories of emotion do, in fact, insist on and even cherish this embodied character of emotions [17-20]. Few of them, though, are inclined to accept the ontological argument of contemporary neuroscientists and evolutionary psychologists that human

emotions are biological functions, and thus only different in degree from the emotions of other animals [21-25]. We seem to be left with an unresolvable debate between philosophers who argue for the cognitive nature of emotions and neuroscientists who insist that emotions are primarily biological. Once again, this ambiguity is only a problem if our goal is to develop an unambiguous theory of emotions that explains (away) the incomprehensible character of our emotional life. There is no escaping the ontological question. The biological and rational aspects of our emotions do affect, and often dramatically so, our thoughts, feelings, and actions. However, instead of being preoccupied with exclusive ontological explanations of what emotions really are, we should rather accept that our emotions are ontologically ambiguous, that is, that emotions are both rational and biological, and that neither of these two basic features of our emotional life can be reduced to the other. Accepting this complexity will allow us to direct our intellectual energy to the concrete challenges that the tension between those two features bring about in our emotional life.

Human emotional life is impregnated with vestigial traces of an evolutionary history that goes back millions of years. The evolution of the human body has shaped our emotional functioning to the extent that many of our emotional dispositions and reactions were developed long before we came into existence. This does not entail – as the advocates of the biological approach to emotions often claim – that human emotional life can be explained by reducing the vast array of human emotions to a limited number of basic emotions or cross-species emotional systems. Besides the obvious fact that this theory of the remote evolutionary significance of our emotional behaviour is not able to account for, let alone explain, the proximate, rational and deeply personal significance of our emotions, the fundamental idea of fully consolidated and fixed emotional systems is constructed upon a simplistic theory of evolution [26-28]. What seems to be an unquestionable point of the biological argument – although many philosophers find it difficult to accept – is that our emotional life cannot be confined to the meaning of our own personal history, or even to that of our hominid ancestors, but extends back through the abysmal phylogenetic development of the mammal organism. So although our feelings of, for example, anger, joy, excitement, desire and disappointment most of the time are directed at persons, objects, or events that are part of our life (in terms of current experiences, memories, expectations, and ideas), they are nevertheless realised, shaped and constantly informed by the impersonal biological functioning of an organism that does not belong to us alone. This coexistence of evolutionary and personal histories explains one of the principal features of our emotional life, namely, the dialectics of intimacy and alienation that we experience with many of our emotions. Our emotions are the most intimate and personal part of our identity. They are the expressions of our dreams, fears, hopes, desires and more pragmatic concerns, and yet often they also reveal the limits of our self-understanding by making us aware of sides of ourselves that we do not recognise, and aspects of our personality that we do not want to acknowledge. Put differently, our emotions destabilise our sense of our autonomy. They can alienate, frighten, embarrass, and even disgust us, but they are still an inescapable part of who we are.

How emotions feel: phenomena and concepts

This dialectic of intimacy and alienation lies at the heart of the limits of language, which is one of the principal, and most concrete, challenges that our emotional life confronts us with. As mentioned above, we often experience that emotions are cognitively impenetrable [3 17]. This experience can be both a source of frustration and joy. It is a pleasure to experience that we are capable of feeling and doing more than expressed by the language we use. It can, however, also be frustrating to experience that our words are not able to convey or articulate what we actually feel, or that we are not able to ferret out the occluded meanings of our emotions. In the best cases, the ineffable character of our emotions puts into motion our imagination producing other forms of communication in terms of gestures, movements, unexpected actions, and the innumerable forms of artistic production. Often, though, the struggle with language is a cause of suffering. Articulating, interpreting and communicating our emotions is not simply an option. It is, as philosophers argue and poets show, an inescapable part of the emotional experience itself. We feel the need to articulate and make sense of our emotions through language just as strongly as we feel how emotions transcend our conceptual, rational, and linguistic capacities. Humans are not only rational and social animals. They are also, as the philosopher Charles Taylor once aptly put it, self-interpreting animals [30]. We want – and other people expect us – to make sense of our emotions, to provide a rational explanation for them, and to communicate (at least some of) them to other people. For this we need language, or more precisely, concepts, words and metaphors.

The problem with emotional experience, contrary to more unambiguously cognitive phenomena, is that language often does not coincide with or is able to accurately capture the felt meaning of an emotion. Emotions such as shame, love and forgiveness are dense concepts that provide central points of orientation in our existence, and as such their significance have been explored

throughout millennia by philosophers, poets, politicians, musicians and painters. And most of us have a more or less articulated understanding of the significance of those emotions informed by our upbringing, culture, and everyday amassment of experiences. Still, our feeling of those emotions rarely coincides with the understanding that we have of them. Our feeling is often opaque, and this opacity puts our understanding to work. In other words, often there exists a tension, sometimes even a conflict, between the felt significance of an emotion and the articulated, conceptual meaning of that emotion. It is this tension between conceptual meaning and non-conceptual significance that is at the centre of the debate between the biological and philosophical theories of emotion. The problem with this debate is that these two different approaches begin with preconceived ontological conceptions of what emotions are, and that such preconceptions are unable to articulate, let alone make sense of, the ambiguity of human emotional experience. Another approach to the problem of language and emotions is to begin with the phenomenology of emotion, that is, to look more closely at how we experience emotions and to try to articulate the felt meaning of our emotions.

A phenomenological approach has the advantage over other theories of emotion that it begins with the experience of emotions rather than with conceptions of what emotions are. The strength of phenomenology lies in the systematic investigation of the first-person perspective. While both the cognitive and biological approaches construct theories about *what* emotions are, phenomenology explores *how* emotions feel. In other words, a phenomenological approach takes more seriously than most other approaches the (often) opaque and inexpressible experience of emotions. It is, of course, obvious that phenomenology makes use of conceptual preconceptions just as much as other philosophical theories. In that sense, the phenomenological conception of experience is itself a theoretical construct [31]. Nevertheless, making the subjective experience of emotions the primary object of investigation allows phenomenology to articulate and give a systematic account of the experiential dimension of emotions that escapes both the biological approach and many of the philosophical approaches. The concepts that phenomenology makes use of are coined on the anvil of pre-reflective experience rather than being excogitated from reflective conceptions of the rational or biological nature of emotions. An important part of the work of phenomenology is exactly the incessant reconsideration of the unstable and problematic dialectical relationship between concepts and phenomena [32]. Articulating this dialectic helps us to make sense of the conceptual structure of our immediate experience, while allowing the experiential phenomena themselves to challenge those same conceptual structures. The dialectics of concepts and phenomena is particularly important when it comes to emotional experience due to the explicit tension between conceptual meaning (what an emotion means) and felt significance (how an emotion feels) at work in our feeling of emotions. The concepts that we use to construct a phenomenological account of emotion have to be sensitive to this dialectics in order to respect the immediate, pre-reflective feeling of an emotional experience as well as the conceptual structures and intentional dynamics that allow us to make sense of that experience.

One of the most important concepts in psychiatry that brings out the full scope of this dialectics is the concept of anxiety. The experience of anxiety is peculiar in virtue of its marked ambiguity. Most emotional experiences are characterised by a cognitive or intentional structure (e.g. when I love, I love somebody; when I am angry, I am normally angry with someone because of something; when I am afraid, I am at most times afraid of or for something), a typical temporal duration, and a characteristic emotional tonality (e.g. sadness, joy, exhaustion, excitement, boredom). These features help us describe our emotions and inform our attempt to construct a conceptual taxonomy of our emotional experience (for example, emotions, feelings, and moods) that, in turn, allows us to explore our emotional lives. The experience of anxiety is more difficult to describe and capture conceptually than most other kinds of emotional experience. Anxiety does not have an obvious object, a typical duration or a characteristic emotional tonality. Rather than helping us to describe and define a particular emotional experience, the concept of anxiety problematises our conceptual attempts to make sense of our emotions. Anxiety seems to be strangely protean and parasitic in the sense that it can express itself in multifarious ways (e.g., it can be ephemeral as well as deep-seated; hopeful as well as hopeless) and attach itself to contrasting emotions (e.g. both love and hate, joy and fear can be anxious). In this way, anxiety brings out the dialectics of concepts and phenomena by articulating the ambiguities involved in emotional experience.

Two thinkers who in particular have formed our understanding of anxiety are Kierkegaard and Heidegger. They both make use of a phenomenological approach to anxiety [33-35]. Moreover, both characterise anxiety not only as a fundamental mood of human existence, but consider it inescapably connected with our experience of freedom, and as such one of the basic features that distinguish human beings from other animals. In spite of these similarities (which are not surprising, since Heidegger's theory is heavily inspired by Kierkegaard's), their theories of anxiety are significantly different. In the two following sections, I will present their respective theories, arguing that while Heidegger's phenomenology of anxiety is restricted

by being entangled in a fundamental ontological project, Kierkegaard's theory allows us to explore the significance of the phenomenological ambiguity of anxiety.

Heidegger on the ontological significance of anxiety

Heidegger's influential treatment of the concept of anxiety in his work *Sein und Zeit* is, at one and the same time, seductively simple and staggeringly complex. Even though anxiety vibrates as an affective tone throughout the whole work, the explicit analysis of anxiety is limited to one paragraph of seven pages. Anxiety functions, for Heidegger, as a disclosure of a human being's [*Dasein*] being in-the-world, involving two basic and interrelated features. The first feature is the necessary character of human freedom, that is, human beings can and ought to choose themselves. Freedom is the fundamental being of human beings, and our work with this intrinsic freedom articulates the second feature of anxiety, namely, the disclosure of the necessary and yet constantly evasive foundation that lurks in the depth of human existence and makes possible an authentic life. Heidegger summarises these two functions in his characteristically idiosyncratic way: "*Anxiety* reveals in *Dasein* its *being toward* its own-most potentiality of being, that is, *being free for* the freedom of choosing and grasping itself. *Anxiety* brings Da-sein *before its being free for... (propensio in),* the authenticity of its being as possibility which it always already is. But at the same time, it is this being to which Da-sein as being-in-the-world is entrusted" [36] [p. 188]. The analysis of anxiety is part of the comprehensive investigation of human facticity, our concrete way of being-in-the-world, through the central concepts attunement (*Befindlichkeit*) and care. Our existence is affective, which means that our existence is never a dispassionate process of understanding, but always characterised by basic moods (*Stimmungen*) which shape our being-in-the world. These moods are not arbitrary or insignificant. They are, on the contrary, intimately connected with our understanding and interpretation of our existence, of which care is revealed as the basic ontological foundation. Anxiety is crucial for Heidegger's analysis of moods, since it is a "fundamental attunement" that articulates "the eminent disclosedness of *Dasein*" [36] [p. 184]. Whereas fear is directed towards something specific that threatens our existence, anxiety is characterised by the lack of such a concrete threat, and therefore the cause of anxiety is in itself indefinable. This indefinable character of anxiety means that it is existence itself which is at stake in anxiety. In anxiety, "the world has the character of complete insignificance", and the meaning of our existence "collapses into itself" [36] [p. 186]. In this anxious experience of meaninglessness, which Heidegger later in the book famously describes as the essential expression of our being-towards-death [36] [pp. 251, 254, 265-66], we are confronted with ourselves and with the inescapable responsibility for the authenticity of our existence.

The simple point of this analysis is that anxiety throws us back at ourselves, confronts us with ourselves, showing us that freedom is the necessary and yet evasive foundation of our existence. The staggering complexity of the analysis shows itself in the moment one tries to understand this freedom or this being free to freedom that makes up the foundation of existence. Heidegger sketches an image of human existence as freedom's anxious and often mistaken attempts to express itself in an existence characterised by mechanical chatter and imitative independence. Heidegger's chanting abjuration of the superficial emptiness of everyday-life and his insistence on freedom's anxious attempts to disclose, express and understand the depths of being is marked by a peculiar dichotomy between the superficial meaninglessness of the humdrum of everyday life and a deeper ontological meaning. This dichotomy is problematic. It is part of a philosophical quest for deep meaning that disfigures our attempt to make sense of and relate ourselves to the concrete challenges that anxiety confronts us with. The dichotomy is also the consequence of the ambivalence which characterises Heidegger's radical transformation of Husserl's phenomenology.

On the one hand, Heidegger criticises Husserl's understanding of phenomenology as a "rigorous science" and attempts to deconstruct Husserl's ideal of purity by driving the concept of intentionality out of the philosophical laboratory and returning it to the tumultuous life-world [37 38]. We cannot clarify and make sense of our experience and understanding by theoretical reductions of the facticity of a concrete life. We have to investigate human experience and understanding through our affective being-in-the-world, that is, our moods, cares and concerns. He thus develops a hermeneutical phenomenology that articulates our attempts to understand ourselves through a hermeneutics of facticity. On the other hand, though, Heidegger continues and develops certain aspects of Husserl's philosophical laboratory, which stand in stark contrast to his insistence on the attuned facticity of human existence. The most important of these aspects is his insistence on philosophy as a quest for foundational *a priori*, ontological structures that work in the depths of human existence hidden under the chaotic multiplicity of empirical life. He explains this dichotomy between deep ontological meaning and superficial empirical meaning in the following way: "As compared with the ontic interpretation, the existential and ontological interpretation is not only a theoretical and ontic generalization […] The "generalization" is an *a priori-ontological* one. It does not

mean ontic qualities that constantly keep emerging, but a constitution of being which always already underlies" [36] [p. 199].

Heidegger's philosophy is in many ways an attempt to articulate, problematise and reconsider this distinction between the concrete ontic beings (*Seiende*) and the evasive ontological being (*Sein*). As he explains in *The Fundamental Concepts of Metaphysics*: "What kind of *distinction* is this? "Being of Beings"? Being and beings. Let us freely concede that it is obscure and cannot straightforwardly be made like that between black and white, house and garden", and yet, "being is not some being among others" [39] [pp. 517-18]. This investigation of the distinction between the ontic and the ontological has been an important contribution to the reconsideration of traditional philosophical questions concerning the *a priori* and *a posteriori*, *universal* and *particular*, *metaphysica specialis* and *metaphysica generalis*, and more generally to the question of philosophy and metaphysics. However, I would argue that Heidegger's insistence on this distinction also has a problematic effect on Heidegger's phenomenology, and in particular on his approach to and conception of anxiety.

If Heidegger criticises Husserl's transcendental phenomenology for its abstract and expressionless concept of intentionality, one can criticise Heidegger's hermeneutical phenomenology for its bodiless concept of facticity. In fact, major philosophers have pointed to several problems with the anonymous and bodiless ontology at the heart of Heidegger's philosophy [40-44]. Like Husserl, Heidegger was extremely critical of the scientific flowering in the dawn of the twentieth century and sought to construct a watershed between true philosophy and other sciences such as psychology and biology. This insistence on developing a fundamental ontology in isolation from empirical or even psychological investigations of human existence is a severe problem for Heidegger's analysis of anxiety. The phenomenon is reduced to a function in his theoretical attempt to articulate the fundamental being of which the human being is the conscious part. This means that his analysis of anxiety is conditioned by a hermeneutics which, in its philosophical care for the unfathomable meaning of being, is blind to the concrete existential meanings of anxiety. The relation between the conceptual and phenomenological aspects of emotions such as sadness, love, envy, compassion, jealousy, rage, ambition and desire is not explored in Heidegger's analysis of anxiety. Therefore, his analysis does not help us to clarify and examine the complex life of human beings in which a disparate mixture of anonymous biology and personal reflection constantly challenges our understanding of ourselves, the world, and other people. As argued in the previous sections, the marked ambiguity of anxiety brings out the dialectics of conceptual meaning and felt significance that is a basic feature of emotions in general. Clarifying this dialectics is central to our understanding of mental illness because it can help us to achieve a better understanding of the dialectics of autonomy and heteronomy at work in emotional experience. The suffering involved in mental illness is connected with this dialectics in the sense that not being able to articulate, make sense of, and communicate our mental suffering is part of the suffering itself. It is exactly this complex phenomenological aspect of anxiety that Heidegger's ontological analysis does not pay attention to. The dialectics of autonomy and heteronomy is, however, at the heart of Kierkegaard's analysis.

Kierkegaard on the psychological significance of anxiety

For Kierkegaard, anxiety expresses the concrete ambiguity that characterises human experience of freedom, and he describes anxiety as "the dizziness of freedom" that occurs when freedom "looks down into its own possibility" [46] [p. 61]. Anxiety is indefinable, and yet it has decisive phenomenological effects on our attempts to make sense of our existence. It is the unruly phenomenological character of anxiety that destabilises our understanding of what it means to be human. It instils a disturbing insecurity into our attempt to define a phenomenon and make sense of it through language and by means of concepts and rationality. It functions as an "intermediary term" between sensibility and understanding, and as such "it possesses the ambiguity which saves thought" [46] [p. 379]. That which in Kierkegaard's analysis saves thought is the phenomenological dialectics of concepts and phenomena. It is exactly with respect to the question of phenomenology that the difference between Heidegger and Kierkegaard becomes most obvious. While phenomenology for "the anti-dialectician Heidegger", as Michael Theunissen calls him [47] [p. 28], is a tool to descriptively destruct the superficial level of facticity in order to disclose the ontological way in which being manifests itself in *Dasein*, Kierkegaard's phenomenology does not, as Heidegger himself points out [36] [pp. 235n, 338n], operate with a distinction between the ontic humdrum of everyday life and the deep ontological meaning. More generally, his analysis does not aim at a fundamental ontology. Phenomenology for Kierkegaard is inescapably connected with subjectivity and with the indescribable ways in which a person experiences the world, other people, and herself. Phenomenology does not stand in the service of ontology in the sense that phenomenological descriptions of superficial phenomena are meant to reveal a deeper and more fundamental being. Rather,

phenomenology and ontology stand in a mutual relationship. Phenomenological descriptions articulate and constantly put into question ontological preconceptions at work in our pre-reflective, immediate experience as well as our conceptual understanding of the world. In Kierkegaard's work, phenomenology is used to describe and analyse the constant, and often failing, attempts of a human being to understand the innumerable ways in which she relates herself to herself through her relation to the world [48]. And it is in this phenomenological work that anxiety plays a crucial role in virtue of the ontological ambiguity that it articulates.

For Kierkegaard, the work of freedom that we become aware of in anxiety is intimately connected with the peculiar experience of activity and passivity that characterises human existence. Just as Heidegger points to in his analysis, it is in the lack of explicit and definable phenomena that anxiety poses its concrete challenge to our existence. Rather than pointing to new phenomena, anxiety changes the phenomena that we know or thought we knew by introducing a "sympathetic antipathy and antipathetic sympathy" [46] [p. 42] into our experience of those phenomena. This emotional tonality or atmosphere complicates our feeling and thinking and challenges our understanding by throwing us back upon ourselves, often in the form of questions such as: Why am I anxious? Did I really mean what I said? Was this the right choice? Why do I feel an attraction to her, when I despise her? Why do I find pleasure in my own humiliation? What is at stake in my painful fight for recognition? It is questions such as these that put our freedom to work, and saturate the affective history of our freedom [49]. Kierkegaard's writings in many ways constitute an exploration and clarification of the ways and impasses of freedom through the affective constellations that characterise human existence. The ambiguity of anxiety is, for Kierkegaard, the clearest expression of freedom as an experience, which is, at one and the same time, an affective expression of a need for autonomy and a cognitive challenge to articulate, make sense of, and realise this autonomy.

Now, my argument is that in order to face the challenge involved in anxiety we have to take seriously the psychological experience of ambiguity. It is in this psychological ambiguity that we can explore the existential significance of anxiety. Kierkegaard's treatment of anxiety is, I would argue, more psychologically concrete than Heidegger's. And while both their analyses of the phenomena are intrinsically complex, it is the psychologically concrete aspect of Kierkegaard's exploration that makes his treatment of anxiety less simplistic than Heidegger's. While Heidegger's analysis is marked by an idiosyncratic terminology and functional determination of the phenomena of anxiety in terms of a fundamental ontological project, Kierkegaard develops his understanding of the concept through an examination of the concrete problems that come with our anxious existence. For Kierkegaard, one of the most ambiguous challenges that are revealed in our experience of anxiety is how to deal with the imaginative character of our existence. That is, how to make sense of and deal with the fact that we live our lives just as much in our minds as through our concrete bodies. One of the principal problems about human emotions is, as argued earlier, that although they are related to both the biological functioning of our bodies and the rational capacities of our minds, the felt meaning(s) of our emotional life seems to transcend or be detached from biological and rational explanations. For Kierkegaard, it is exactly this transcendence or detachment that makes possible human freedom and, consequently, awakens anxiety. How we relate ourselves to our freedom and to the anxious existence that our freedom makes possible depends on how we understand and make sense of our imaginative capacities.

Imagination is one of the principal features that distinguish human beings from other animals, making us the strange "intermediate creatures" that we are, that is, beings that are neither animals nor angels [46] [p. 155] [50] [p. 329]. Humans are not seamlessly integrated in the finite movements of the world or in the infinite stability of heaven. In this sense, they are imperfect creatures that do not fit into a pre-structured realm of life, but who are creating their existence while living. This creative aspect of human existence is basic in Kierkegaard's understanding of what it means to be human. To be human is to become human, and in this sense of becoming, imagination is critical. It is our imaginative capacities that allow us to become who we are, namely, individual selves who are neither mere bodily functions nor rational minds. This synthetic character of being a self is possible because of imagination, in the sense that without imagination the self would not be able to relate itself to the complex being that it is. This relation is made possible through the process of innumerable imaginary possibilities that destabilise the concrete being that we are. This is why Kierkegaard accentuates imagination as the most important of human capacities: "As a rule, imagination is the medium for the process of infinitising; it is not a capacity, as are the others – if one wishes to speak in those terms, it is the capacity *instar omnium*. When all is said and done, whatever of feeling, knowing, and willing a human being has depends upon what imagination he has, upon how a human being reflects himself – that is, upon imagination" [51] [pp. 30-31].

The imaginative variations that populate and animate Kierkegaard's thinking are not to be considered as a colourful garment covering deeper philosophical and theological thoughts, nor are they there simply for our aestheti-

cal pleasure. The imaginative intensity of Kierkegaard's thinking is the enactment of the peculiar synthetic character of his understanding of human beings as concrete particular individuals who exist through abstract thinking and conceptual language. The concrete, almost sensible, poetics of his writing works with ways of expressing the general and uniform character of language and thinking through concrete particulars. This emphasis on the complexity of the concrete and the abstract is also what brings out the problems involved in our imaginative capacities. The seemingly infinite possibilities that are made real by imagination can also make us lose our sense of reality. This reality is first and foremost characterised by being concrete, that is, a process that has grown together (*concrescere*) in a way that our imaginative capacities cannot imitate, produce, or mirror. It is, in other words, a reality that transcends the power of imagination; a reality against whose concreteness our imaginative variations fracture. Kierkegaard describes the difference between concrete reality and imagination in terms of suffering: "[C]ould a human being by means of his imagination experience exactly the same as in reality, live through it in the same way as if he lived through it in reality, learn to know himself as accurately and profoundly as in the experience of reality – then there would be no meaning in life. In that case, Governance would have structured life wrongly, for to what purpose, then, reality if by means of the imagination one could in advance absorb it in a completely real way; to what purpose, then, the seventy years if in the twenty-second year one could have experienced everything! But such is not the case either, and therefore in turn the image produced by the imagination is not that of true perfection; it lacks something – the suffering of reality or the reality of suffering" [52] [p. 188].

With the question of real and imagined suffering we return to the question of emotion and language, and consequently to the problem of autonomy and heteronomy in emotional experience. The experience of passivity involved in suffering challenges our sense of autonomy, and it is exactly this challenge of articulating and understanding suffering that is crucial to our approach to both diagnosis and therapy of mental illness.

Feeling, imagining and understanding suffering

The ambiguity of anxiety brings out the dialectics of phenomena and concepts that I have argued is constitutive of human emotional life. I also have argued that this dialectics of felt significance and conceptual meaning is caused by the interplay of biological and rational features of our emotions, and that this dialectics, in turn, is responsible for the ambiguous role of language in our emotional life. Language is a both a necessary part of and a challenge in our emotional life. Language is constitutive of human emotions, and yet it is in and through our emotions that we most intimately experience the limits of language. We use language to articulate and deal with the passivity of our emotions, but language also becomes a problem through the experience of the persistence of passivity, that is, through the experience that we are not able to understand and control all aspects of how we feel. I argued that the challenge of language consists in the fact that we want to and are expected to understand and deal with this passivity. This challenge plays a critical role in mental suffering in the sense that our failed attempts to articulate, make sense of, and communicate our suffering exacerbates our suffering. In this concluding section, I want to argue that this challenge becomes even more demanding when we are confronted with the suffering of another person. Trying to deal with the suffering of another, we are faced with the problem of imagining and understanding that person's suffering.

Suffering affects a person's sense of autonomy, of being herself, and to help a person recover her sense of autonomy we need to understand how she suffers. Imagination is a fundamental aspect of both our understanding of another person's suffering and of our endeavour to help the suffering person through communication. But, as Kierkegaard argues and most psychiatrists and psychologists know from experience, the problem is that the reality of suffering cannot be imagined. This means that our articulation and understanding of suffering has to respect the ineffable, and often incomprehensible, reality of suffering. As we have seen, for Kierkegaard, imagination is a critical, but highly ambiguous feature of being human. We are and become human only through our imaginative capacity, and yet this very capacity is also a problem. The human world is experienced as concrete, that is, particular, finite and sensible, and yet this concrete world is teeming with innumerable forms, expressions and possibilities of life that are beyond our imagination. It is a reality saturated with a concreteness animating the expressions of human suffering that we try to make sense of through language. It seems an impossible task, but it is exactly the ambiguity of imagination that keeps alive our attempt to make sense of another person's suffering. The experience of the other person's suffering is the concrete example of the unimaginable complexity at work in human emotional life. We cannot find epistemic rest in either a biological or a rational explanation of the suffering we are confronted with in another person. I see, feel and think about the other person. The concreteness of that person is unmistakable. She is there in front of me, and as such unimaginably concrete. Her expressions, words, and

actions confront me with a reality that I cannot comprehend imaginatively. I, of course, always imagine the feelings, thoughts, memories and ideas that make her into the concrete person in front of me. But I cannot, or rather I am not allowed to, let my imagination overshadow the concreteness of her presence. Her presence manifests an autonomy that is unimaginably concrete, and thus impossible to domesticate conceptually. She is herself an imaginative being whose concrete, sensible manifestation is saturated with ideas, thoughts, desires, memories that I cannot comprehend. This autonomy of the other person marks the ambiguity with which I live myself, and as such it brings out the dialectics of autonomy and heteronomy involved in mental illness. Our imagination makes us an active, constitutive part of a reality that goes beyond our imaginative. And this limit to our imagining discloses a passivity at the heart of our autonomy that challenges us to reconsider the concrete suffering that we are witness to. Otherwise, we risk imposing our imaginative idea of another person's suffering on that person, thus further impairing the person's struggle to regain control of his or her suffering. Or put differently, we have to be aware that the words we use to communicate our imaginative understanding of the other person's suffering are heteronomous with respect to the concrete suffering of that person.

Karl Jaspers' psychopathology is built around an enduring concern with this fragile dialectics of autonomy and heteronomy at work in our attempt to understand and deal with mental suffering. He was also an avid reader of Kierkegaard, and one of his first serious interpreters. As he writes in one of the chapters most evidently inspired by Kierkegaard, Chapter 7 entitled "The Patient's Attitude to His Illness" [*Stellungnahme des Kranken zur Krankheit*; 2nd Part, Chapter 3 in the German original], which he inserted during the fourth and final rewriting of the book: "The crude categories, with which we classify and comprehend psychopathologically, do not penetrate into the core of a human being. Therein is a source by means of which he seems to be able to detach himself from everything, from what occurs, from what happens to him, and from what he is not in so far as he distances himself […] For the psychopathologist there always remain the limits of knowledge [*Grenzwissen*]" [53] [pp. 426, 427].

It does not suffice, as Jaspers was well aware of, merely to point to the limits of knowledge in the experience of suffering. The main aim of psychiatry is, of course, to make sense of a person's suffering, and to help that person regain his autonomy by making sense of the illness that makes him suffer. As we saw earlier, our emotional life is certainly permeated with rationality, concept and language; still, part of the reason why we suffer is that we cannot find words for our emotions. So although our imaginative psychopathological categories are crude and never able to penetrate into the heart of concrete suffering, imaginative work with language, concepts and rationality is nevertheless necessary in the psychiatrist's attempt to understand suffering. One of the most challenging aspects of this work is exactly to be aware of the dialectics of autonomy and heteronomy involved in the question of imagined and concrete suffering. Wolfgang Blankenburg was keenly aware of the problem of neglecting this dialectics: "'Who is actually this human being that stands in front of me?', 'How do I do him justice?', 'How are we to understand and approach that which we perceive to be psychopathologically distinctive about him?'. The future of psychiatry depends significantly on the extent to which we succeed in answering such questions – not on the basis of preconceptions derived from an (implicit or explicit) worldview, but by means of a new form of empiricism" [54] [p. 184]. Contrary to the fossilised image of suffering at work in (some) ideals of psychiatric objectivity, Blankenburg argues for a conception of psychiatry that works with an entanglement of subjectivity and objectivity in which "understanding rests on a process of reciprocal self-disclosure and world-disclosure that by stimulating and increasing itself challenges and thereby indirectly enhances itself" [54] [p. 192]. The question of emotion and language, of phenomena and concepts, is at the core of the "new form of empiricism" that Blankenburg argues for. Instead of trying to make sense of the suffering of the patient in terms of unambiguous explanatory models of the "what" and "why" of a conception of mental illness, articulating the "how" of the suffering allows us to understand the autonomous and unimaginable character of the individual person's suffering. Every person suffers in his or her particular way. This is not to say that diagnostic and statistical criteria are vacuous or that the subjectivity of suffering precludes the use of objective categories of disorders to make sense of suffering. Rather, the phenomenology of suffering makes us aware of an autonomy that constantly destabilises our objective (pre)conceptions (the "what" and the "why") of the reality of suffering. We need both language and objective measures in order to make sense of the particular ways a person struggles with his or her suffering. How we are to construct the language of suffering, however, remains an open question that requires both passion and imagination.

Conflict of interests
None.

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Language, prejudice, and the aims of hermeneutic phenomenology: terminological reflections on "mania"

A.V. Fernandez

Department of Philosophy, University of South Florida, USA

Summary

In this paper I examine the ways in which our language and terminology predetermine how we approach, investigate and conceptualise mental illness. I address this issue from the standpoint of hermeneutic phenomenology, and my primary object of investigation is the phenomenon referred to as "mania". Drawing on resources from classical phenomenology, I show how phenomenologists attempt to overcome their latent presuppositions and prejudices in order to approach "the matters themselves". In other words, phenomenologists are committed to the idea that in our everyday, natural attitude, we take for granted a number of prejudices and presuppositions that predetermine how we conceive of and understand what we experience. In order to properly approach the phenomena themselves, we need to find ways of neutralising our presuppositions and prejudices in order to develop new (and hopefully more accurate) accounts of the phenomena under investigation. One of the most popular examples of such an attempt at neutralisation is what Edmund Husserl calls the epoché, which is the practice of bracketing out or suspending presuppositions. However, later phenomenologists developed alternative approaches. Martin Heidegger, for instance, engaged in etymological analyses to discover latent meanings in our language and terminology. Hans-Georg Gadamer also engaged in historical analyses of how our traditions sediment into latent prejudices. After discussing the various ways in which phenomenologists have attempted to neutralise presuppositions and prejudices prior to engaging in their investigations, I apply some of these principles and methods to the domain of psychopathology, and discuss some of the prejudices inherent in contemporary discussions of the phenomenon of mania. I examine recent attempts to link the phenomenon that we today refer to as "mania" with the ancient Greek concept of "μανία" (mania), and argue that the practice of linking contemporary and historical concepts can be detrimental to attempts at reclassifying disorders. In addition, I consider the implications of the shift in terminology from "manic depressive illness" to "bipolar disorder" – especially how conceiving of mania as one of two "poles" predetermines its description by both clinicians and patients. Finally, I address the implications of the headings under which mania and bipolar disorder are discussed within diagnostic manuals. For example, I discuss the removal of the headings of affective and mood disorders in the DSM-5, and the explicit decision by the authors to place bipolar disorder between depressive disorders and schizophrenia. What I aim to accomplish in this paper is not so much a phenomenological investigation of mania as it is a pre-phenomenological investigation. In other words, I offer a preparatory investigation of the phenomenon (or phenomena) referred to as "mania" in contemporary discourse, with the intention of laying the groundwork for further phenomenological and psychological research.

Key words

Phenomenology • Hermeneutics • Prejudice • Mania • Nosology

Introduction

What is "mania"? What is its relationship to moods? Is it itself a kind of mood? Or is it perhaps a change in the way that we have moods? Should it be understood as the polar opposite of depression, or is the relation between these two phenomena more subtle and complex? These are some of the guiding questions that must be asked before engaging in a phenomenological investigation of mania. One of the basic tenets of phenomenology is that we cannot elucidate a phenomenon until we have asked after it in the right way.

In light of this introduction, I should make clear what the aims of this essay are, and what they are not. I do not offer a *psychological* phenomenology of mania, understood as a rich and systematic description of what it is like, or what it feels like, to be manic. Instead, I offer a *philosophical* phenomenology of mania or, to be more precise, a pre-phenomenological investigation of what we refer to as "mania". While philosophical phenomenology is typically understood as an account of the essential characteristics of human subjectivity, existence, or being in the world, there is an important preparatory stage to any phenomenological investigation. This preparatory stage can be conducted in various manners, but is generally concerned with the suspension of latent prejudices that threaten to lead a phenomenological investigation down the wrong path.

Correspondence
A.V. Fernandez, Department of Philosophy, University of South Florida, USA • E-mail: avf@mail.usf.edu

When applied to the domain of psychopathology – and specifically to the phenomenon referred to as "mania" – such an investigation is concerned with unearthing and making explicit the latent presuppositions and prejudices of researchers and clinicians, as well as mental health service users and the general public. By unearthing and making explicit such presuppositions, one is better able to uncover and engage with the phenomenon of mania itself, rather than engaging with the preconceived notions that cover over the phenomenon in question.

This article is structured in four parts. First, I briefly distinguish psychological from philosophical phenomenology in order to better situate my own project within the interdisciplinary field of phenomenological psychopathology. Second, I explain how phenomenologists prepare their investigations by attending to latent prejudices that might predetermine their accounts in problematic ways. Third, I offer an illustration of how phenomenologists attend to such presuppositions by briefly describing some of the ways that Heidegger and Sartre attend to linguistic prejudices prior to engaging in their phenomenological investigations. Fourth, I apply some of these methods to the phenomenon (or phenomena) referred to as "mania" in contemporary psychiatric discourse. I discuss some of the prejudices that predetermine how we conceptualize and approach mania, with the intention of laying the groundwork for phenomenological investigations of manic subjectivity.

Two senses of phenomenology

Before we can properly engage in a phenomenological or a pre-phenomenological investigation of mania, we need to clarify what phenomenology is. There are many ways that we might distinguish among different kinds of phenomenology. However, the distinction most central to this article is between *philosophical* phenomenology and *psychological* phenomenology [a] – by which I refer to phenomenology as practiced throughout the human and social sciences, including the medical sciences. Both kinds of phenomenology are used to approach human consciousness and subjectivity, and both approach it in a manner that is qualitative rather than quantitative. Where they differ is in their methods and aims.

Psychological phenomenology typically consists of qualitative studies of lived experience gathered through first-person reports, structured and semi-structured interviews, or questionnaires. The aim of such studies is to give a rich descriptive account of "what it is like" to have a certain kind of experience; such as what it is like to be a single mother in the United States, or what it is like to be a cancer survivor. The psychological phenomenologist will take up her qualitative data and engage in a thematic interpretation, looking for primary themes that run through most, if not all, of the reports supplied by her study participants.

Philosophical phenomenology, by contrast, is comprised of a number of methodological tools – including the *epoché*, the reduction, and imaginative variation. These tools are used to delineate essential features of human subjectivity such as affectivity, understanding, temporality, selfhood, and intersubjectivity. Many contemporary phenomenological studies of schizophrenia, for example, focus on the ways that selfhood, typically understood as an essential feature of human subjectivity, can become disrupted or disordered [2-4]. In order to properly account for such disruptions, phenomenologists differentiate among various levels of selfhood, pinpointing the level at which the disruption occurs. In addition, they might investigate the implications of this disruption of selfhood for other features and aspects of consciousness, including intersubjective relations, perception, and affectivity.

In spite of these differences between psychological and philosophical phenomenology, the two are not altogether unrelated. Their relationship can be clarified by attending to the distinction between *evidence* and *subject matter* in each discipline. In the case of psychological phenomenology, the subject matter is what it is like to have a certain kind of experience. The evidence, on the other hand, is found in the data derived from first-person reports, interviews, and so on. By contrast, the subject matter of philosophical phenomenology consists of the essential features of human existence, subjectivity, or consciousness. The evidence used in philosophical phenomenology sometimes consists of first-person reports of lived experience, but might also consist of thematic accounts of what it is like to have certain kinds of experiences, such as those produced by qualitative researchers. In other words, the *subject matter* of psychological phenomenology can play the role of *evidence* in philosophical phenomenology.

It is important to keep these distinctions in mind, especially in light of the interdisciplinary nature of phenomenological psychopathology, which often incorporates both psychological and philosophical phenomenology

[a] There is also a form of phenomenology that is sometimes referred to as "phenomenological psychology." This is typically characterized as a philosophical phenomenology that is nonetheless consistent with naturalism and the sciences of the mind (rather than being consistent with transcendental philosophy). Because this kind of phenomenology is not particularly relevant to the current investigation (and risks unnecessary confusion with psychological phenomenology) I will not discuss it further within the context of this essay. For further reading on this subject, see Husserl's *Phenomenological Psychology* [1].

(and sometimes a bit too fluidly). The particular aims of this essay fall into the latter camp, being more of a philosophical than a psychological investigation into the phenomenon of mania. In addition, it can be referred to as a pre-phenomenological investigation, insofar as its primary aim is to *prepare* for a proper investigation into the phenomenon of mania. However, these kinds of preparatory investigations have always made up a core component of philosophical phenomenological research.

Prejudice, history, and sedimentation

The phenomenological preoccupation with prejudices began with Edmund Husserl's attempt to suspend or bracket his own metaphysical (and especially naturalistic and scientific) prejudices about the nature of the mind or human subjectivity. He achieved this by developing what he called the *epoché* [5]. While his concept of the *epoché* developed and transformed throughout his philosophical career, it can be characterized as a shift from the natural attitude (in which we take our metaphysical prejudices for granted) to the phenomenological attitude (in which we critically reflect upon the constitutive features that must be in place in order for our world to appear to us in the ways that it does). This change in attitude is also characterized by a shift away from a concern with *things* (broadly construed), and toward a concern with essential features of the phenomena on question.

In spite of the centrality of the *epoché* in Husserl's works, it was not directly adopted by his successors, including Martin Heidegger, Hans-Georg Gadamer, Jean-Paul Sartre, and Maurice Merleau-Ponty. Nonetheless, each of these phenomenologists retained a general concern with and critical attitude toward prejudices – especially with how prejudices threaten to lead phenomenological and scientific investigations down the wrong track.

The post-Husserlian tradition that most clearly concerns itself with prejudices is hermeneutic phenomenology (or philosophical hermeneutics) as developed by Heidegger and Gadamer. While all phenomenologists study how the lived world is opened and made available up to us, hermeneutic phenomenologists are particularly interested in how our openness to the world is predetermined in particular ways. To put it another way, all phenomenologists are interested in the conditions for meaning in general; hermeneutic phenomenologists, however, are also interested in historical, cultural, and linguistic conditions for particular kinds of meaning [b]. While conditions for meaning in general are typically referred to as transcendental, ontological, or existential structures, conditions for particular meanings are simply referred to as prejudices [c].

In everyday discourse, we typically understand prejudices as *negative* biases, or preconceived notions about particular people or cultures. While this sense is included in the hermeneutic notion of prejudice, the hermeneutic concept is both broader and deeper than the everyday sense of the term. Prejudices, according to hermeneutic phenomenologists, are not inherently negative. Gadamer, for example, defines prejudices as the "biases of our openness to the world" [11]. The world is always opened up and made available to us through our prejudices, and it would be impossible to have any experience without them. While some prejudices certainly come with negative consequences – either for ourselves or for others – many prejudices are normatively neutral, or even positive.

A simple and straightforward example of prejudice is found in Merleau-Ponty's discussion of a child who, entranced by a candle flame, reaches out and touches it [12]. After burning his finger, the flame (and fire in general) has a different sense and appearance for the child – and this change lingers, perhaps for a lifetime. The once entrancing candle flame becomes repellant. In this case, there is good reason for the candle flame to be repellant, but this does not make the child's newfound relation to the flame any less prejudicial.

A more complex account of the origin of prejudices is found in Young's essay, "Throwing Like a Girl: A Phenomenology of Feminine Body Comportment, Motility, and Spatiality" [13]. In this essay, Young recounts Straus's phenomenological and psychological study of feminine body comportment, including how girls and women comport themselves when playing sports. After considering a number of biological reasons for the differences in bodily comportment between girls and boys, Straus concludes that anatomy cannot account for the differences in comportment. Instead, he argues that there must be some feminine essence [14].

Criticizing Straus, Young argues that his essentialist explanation is inadequate, and offers an alternative account involving the passing down of certain norms and values that govern the constitution of feminine behavior

[b] This statement requires further clarification. It can be argued that the phenomenological study of prejudices already took full form in Husserl's genetic and generative work [6 7] in which he studied how our life-world offered new possibilities for scientific investigations in light of our inherited conceptual backgrounds and understandings. While I do not disagree with this claim, the hermeneutic turn of Heidegger and Gadamer is still more closely related to the project I am engaging in, if only for its explicit concern with language.

[c] There is also another layer of phenomenological research that is typically referred to as modes. While I cannot offer a detailed account of modes in the space of this essay, I have offered accounts of modes in a number of other articles [8-10].

and comportment. In this way, Young's account addresses prejudice in a double sense. First, she is critical of Straus's own prejudices that predetermine the kinds of answers he is willing to consider. Second, her alternative answer is to take seriously the role that cultural prejudices themselves play in governing our behavior and comportment.

Another term phenomenologists typically use when discussing the historical passing down of prejudices is "sedimentation." While we are constantly affected by cultural milieus and life events, some of the meaning-laden features of these milieus become fixed, constitutive features of our lived world, predetermining the kinds of meaning that will manifest for us. As Merleau-Ponty says,

> Were it possible to unfold at each moment all of the presuppositions in what I call my "reason" or my "ideas," then I would always be discovering experiences that have not been made explicit, weighty contributions of the past and of the present, and an entire "sedimented history" that does not merely concern the genesis of my thought, but that determines its sense [12].

In this regard, "sedimentation" in phenomenology and hermeneutics has an analogous meaning to "sedimentation" in the Earth sciences. In the same way that a body of water carries along particles, the temporal and historical flow of human life carries along an array of meanings and meaningful events. And just as some of these particles deposit and become sediment that reshapes the landscape, some of the meaning-laden events in our life sediment into prejudices that reshape the form of our lived world.

It is important to stress that while the term "sedimentation" brings to mind a sense of reification, this does not mean that what has sedimented is in any way inert. As Merleau-Ponty says, "this word 'sedimentation' must not trick us: this contracted knowledge is not an inert mass at the foundation of our consciousness" [12]. Instead, the meanings and prejudices that have sedimented into our lived world orient us in particular ways, predetermining the kinds of sense and meaning that will be made available to us.

While the meaningfulness of life experiences in general can sediment into the prejudices of our lived world, one of the primary avenues for passing down such prejudices is through language. As Gadamer argues, language and discourse are always situated within an historical and cultural milieu. Our terms do not retain their meanings after migrating from one cultural milieu to another. Because their meaning is always situated or contextual, changes in context necessitate changes in meaning.

This insight has important implications for the study of historical concepts, including the study of historical notions of mental illness. However, before engaging in an investigation of the ways our language and terminology prejudice the study of mania, it can be helpful to look at classical studies in phenomenology.

Two studies of prejudice: "subjectivity" and "imagination"

In order to illustrate how and why phenomenologists attend to linguistic prejudices, I here briefly address two examples. The first is Heidegger's bracketing of the term "subjectivity." The second is Sartre's concern with the presuppositions built into the term "imagination."

"Subjectivity" is often referenced as the subject matter of phenomenology. However, even this central term of phenomenology is not immune to the uncritical passing down of prejudice. In taking ourselves to be studying human subjectivity, we predetermine our approach to this phenomenon in at least three ways. First, the reference to "subjectivity" immediately brings up a subject-object dualism, which might be further qualified as a mind-body dualism. Second, it can bring with it the sense of being unscientific. Insofar as the aims of the natural sciences are to study *objective* phenomena, a study of the *subjective* is immediately characterized as an investigation that does not meet the standards of rigor inherent in these sciences. Third, the term carries with it a sense of singularity, or individuality. It presumes an isolated ego as the starting point of our investigations, which means that we will be required to give an argument for how this ego is capable of coming into contact with the world and with other egos.

While many psychological and even philosophical accounts of human existence presuppose the legitimacy of starting from an isolated ego, phenomenologists are typically critical of such a starting point. Husserl, for instance, shifted over the course of his career from privileging subjectivity to privileging intersubjectivity. Heidegger, for his part, was eminently critical of the prejudices that inhere in the terms "subjectivity" and "consciousness." He largely excluded these terms from his work, instead preferring the terms "being-in-the-world" or "*Dasein*" (which translates simply to "being-there") [15]. His reason for excluding the term "subjectivity" from his philosophical vocabulary was not that his subject matter was something other than subjectivity. Rather, he excluded the term because his ability to accurately characterize the phenomenon we attempt to refer to by the term "subjectivity" is jeopardized by the use of this term (for the reasons listed above).

It is important to note that none of these latent prejudices that inhere in the term "subjectivity" *necessarily* result in inaccurate portrayals of human existence. Rather, the phenomenologist's worry is that insofar as we remain unaware of such prejudices and allow them to uncritically seep into our phenomenological accounts of hu-

man existence, we always risk the repetition and further sedimentation of unjustified – *and possibly inaccurate* – portrayals of the phenomenon in question. Such a risk is something that phenomenologists are fundamentally opposed to, and they engage in a variety of methods developed for the purpose of unearthing, making explicit, and ultimately suspending or neutralizing such prejudices.

Another illustration of a phenomenologically preparatory investigation is found in Sartre's book, *The Imaginary* [16]. Here, Sartre offers a detailed phenomenological and psychological study of imagination, images, and perception, with the aim of elucidating imagination in ways that extend far beyond standard philosophical and psychological portrayals of this phenomenon. However, as he makes clear in the opening chapter, a phenomenologist cannot simply jump into his investigation of imagination unprepared. To do so would be decidedly unphenomenological, risking the reiteration of latent, sedimented prejudices about imagination, perception, and subjectivity in general. If the goal of phenomenology is to bring us closer to "the matters themselves," then such an unprepared investigation could hardly be called phenomenological, insofar as it promises to find in the phenomenon nothing more than what the investigator himself has already put into it.

Sartre opens his book by reflecting not on the phenomenon of imagination, but on what has been said of imagination and how the concept has been developed and repeated. As he says,

> It is necessary to repeat here what has been known since Descartes: a reflective consciousness delivers us absolutely certain data; someone who, in an act of reflection, becomes conscious of 'having an image' cannot be mistaken. Undoubtedly there have been psychologists who affirm that we cannot, in the limiting case, distinguish an intense image from a weak perception [16].

In short, imagination has been characterized – in both philosophy and psychology – as a degraded or diminished perception. It is simply a perception that has lost its vibrancy and is less distinct.

These characterizations are easily arrived at, repeated, and accepted because they are built into the very terminology employed in our investigations. By claiming that we are investigating "imagination" or a "mental image" we predetermine our account as one of a relation of consciousness to its object. An image, after all, is always an image *of* something. Images refer to whatever it is they are images of. If we uncritically take up these prejudices, then we necessarily approach imagination as "a certain way in which the object appears to consciousness, or, if one prefers, a certain way in which consciousness presents to itself an object" [16]. In other words, imagination will be approached as a pseudo-perception, essentially involving an intentional relation between a subject and an object. What Sartre is trying to make clear is that this account of imagination is an assumption built upon tacit prejudices, rather than the outcome of a philosophically sound reflection on the phenomenon itself. And, until we become aware of these prejudices, we have little hope of discovering in imagination anything but what our prejudices have already placed there.

With this illustration of hermeneutic investigations we can begin to apply these tools to the domain of psychopathology, and specifically to the phenomenon or phenomena that we refer to as "mania."

Mania: a preparatory investigation

Why do we require a hermeneutics of mania? It seems, after all, that we already have a substantial literature on descriptive accounts of mania from the ancient Greek physicians, to Kraepelin [17], to the symptomatology provided in the DSM-5 [18]. As I argue, however, it is precisely these kinds of accounts that we need to regard with a healthy skepticism, analyzing not only the descriptions of symptoms, but also the prejudices behind these descriptions. I here focus on three points of terminology and their prejudicial implications relevant to the production of a phenomenology of mania. First, I address the identification of today's "mania" as described in the DSM-5 with "μανία" [mania] as discussed in ancient Greek medical texts. Second, I consider the implications of the shift in terminology from "manic depressive illness" to "bipolar disorder." Third, I examine how the headings under which mania is discussed – such as "affective disorders" and "mood disorders" – predetermine the kinds of features we attend to in our investigations.

It is now commonplace in psychological and psychiatric discourse to invoke the 2,500-year history of "μανία." As David Healy points out, such invocations are often presented in the opening lines of journal articles and textbooks on bipolar disorder and mood disorders [19]. These discussions add a sense of legitimacy to the disorder and its constitutive manic as well as depressive episodes (depression being similarly linked with the ancient Greek accounts of melancholia). In a time when each iteration of the DSM seems to shower us with an array of new disorders, many remain skeptical of the reality of these psychiatric constructs. In light of this, it is of paramount importance that one be able to establish the *reality* of the psychiatric construct upon which one stakes a career (not to mention one's financial success, as in the case of the psychopharmaceutical industry). While many of these disorders have histories dating back mere decades (if even that), bipolar disorder seems to establish itself as

a phenomenon that has been with us for millennia. By pointing back to "μανία" in the ancient Greek texts, one aims to establish an all-important legitimacy to this pathological way of being.

But this history of mania, taken at face value, threatens to predetermine our approach to this phenomenon in ways that are eminently problematic. As Healy points out, in order to effectively establish the purity of the 2,500-year lineage from "μανία" to "mania," our historical accounts are often forced to walk the line between fact and fiction. As he explains, one of the primary anecdotes referred to in the course of establishing the lineage of "mania" is typically trimmed of most of the features that conflict with contemporary diagnostic criteria. In the standard rendering of the quotation, a woman is said to suffer from insomnia, loss of appetite, thirst, nausea, raving, dysthymia, and incoherent speech. To the contemporary reader, the only symptoms that might be seen as out of place in a manic episode are thirst and nausea. However, there are a number of other symptoms that are left out of the standard quotation, including a high fever, profuse sweating, severe pain, dark urine, and increased menstrual flow [19]. When all of these symptoms are discussed together, we see the apparently manic symptoms cast in a different light. The likelihood of Hippocrates' patient undergoing what we would today call a manic episode is decidedly eroded.

Similar "histories" are found in contemporary work on the writings of Aretaeus of Cappadocia. For example, Angst and Marneros, in their brief discussion of the history of bipolar disorder, admit that "mania" in the ancient Greek context is a difficult concept to pin down. The term is found not only in the work of physicians such as Hippocrates and Aretaeus, but also in religious and mythological writings, as well as works of philosophy. However, even while admitting the profound heterogeneity of what this term refers to, Angst and Marneros state,

> Some authors have claimed that the concept of mania and melancholia as described by Hippocrates, Aretaeus, and other ancient Greek physicians is different from the modern concepts, but this is not correct. Rather, the classical concepts of melancholia and mania were broader than modern concepts (they included melancholia or mania, mixed states, schizoaffective disorders, some types of schizophrenia and some types of acute organic psychoses and 'atypical' psychoses) [20].

While it may not be incorrect to claim that these early concepts are *broader* than the contemporary concepts discussed under the same label, the additional claim that the concepts are not thereby *different* is problematic. It seems that if the ancient concepts of mania and melancholia do in fact include what we today refer to as schizoaffective disorders, schizophrenia, and so on, then they are the conceptual forerunners of these contemporary disorders as well. However, one would be hard pressed to find an article arguing that the contemporary concept of schizophrenia has been with us for 2,500 years because it appears similar to some of the descriptions found in ancient Greek medical texts on "μανία." In contrast, what makes the lineage from "μανία" to "mania" believable is, more than anything, the shared term. In the absence of this term, it is unlikely that one could get away with offering such pseudo-histories with the intent of establishing the legitimacy of the contemporary concept of "mania."

The production of such histories threatens not only our understanding of the ancient Greek concepts of mental disorder, but also our ability to properly develop and articulate our contemporary concepts. If we believe that we can draw a more or less clear line of descent from "μανία" to "mania," we allow the contemporary concept to sediment even further; we forget that today's mania is itself an artifact, a construct developed within a particular scientific and cultural milieu. This is not to say that when we use the term "mania" we are not referring to a real form of suffering, and perhaps even to a phenomenon with neurobiological underpinnings. Rather, what we risk in the continual affirmation of these histories and the uncritical forgetting that follows from them is the reification of our contemporary constructs. When we become content with an unquestioned (and unquestionable) classification of disorders, we fail to engage in the critical reflection necessary for a successful reclassification.

In addition to the implications of this fabricated history of mania, we also have to attend to more recent terminological shifts in how we refer to the disorder to which mania belongs. It is today all too easy to forget that the term "bipolar disorder" only rose to prominence in the past few decades, replacing earlier concepts such as "manic depressive insanity," "manic-depressive reaction," and "manic depression." This shift seems innocuous enough, but we must be attentive to how a shift in terminology (especially when the history of this shift is forgotten) can tacitly reshape the conceptual landscape of the phenomenon in question.

In the particular case of the shift to "bipolar disorder," it is worth considering how we today conceive of the relationship between depressive and manic episodes, and how this conception has changed along with our terminology. When we today refer to "bipolar disorder," we are immediately presented with a picture of a disorder comprised of two opposing extremes; depression and mania are polar opposites. As portrayed in the latest editions of the DSM, depression is characterized by a mood of sadness, despair, or guilt, while mania is characterized by euphoria (or in some cases irritability). In other words, depression and ma-

nia are themselves conceived of as contrasting moods, or at least as contrasting sets of moods.

While this conception of the relationship between mania and depression as polar opposite mood states may be accurate, the use of the term "bipolar disorder" already predisposes researchers and clinicians toward this conception. Earlier terms such as "manic-depressive illness" – while incorporating a sense of these two pathological ways of being as fundamentally related – are somewhat less restrictive as to the nature of this relationship.

By examining competing models of this disorder, we can gain a better sense of how our terminology allows us to take for granted the relationship between depression and mania. For example, in the 1960s, around the same time that a few researchers [21 22] began to develop the bipolarity model that would replace the looser conception of manic-depressive illness, two alternative models were developed and put forward. These models are referred to as the "continuum model" and the "triangular model."

On the continuum model, depression and mania are not conceptualized as opposing phenomena with euthymia or mental health in the middle. Rather, mania is understood as a more severe reaction than depression. The continuum, then, is between euthymia and mania, with depression standing in the middle. By construing the relationship between depression and mania in this manner, the continuum model is supposed to overcome paradoxical depictions of mixed states. Rather than having to explain why features of two opposing phenomena can manifest at the same time, this model simply accommodates mixed states by positing that the movement from euthymia to mania (and vice versa) passes through depression [23 24].

The triangular model, in contrast, posits each of these three states – depression, mania, and euthymia – as positioned on separate corners of a triangle. One can thereby move between euthymia and depression without moving through mania, between euthymia and mania without moving through depression, and between depression and mania without moving through euthymia. This again offers a less paradoxical depiction of mixed states, while not necessarily characterizing depression and mania as polar opposites [25].

I am not here arguing that the conception of the relationship between depression and mania that is built into the term "bipolar disorder" is necessarily inaccurate. In addition, I am not arguing that the continuum or triangular models more accurately portray the relationship between depression and mania. Rather, the point I wish to stress is that the use of the term "bipolar disorder" prejudices the development and clarification of our concepts of mania and depression. By maintaining an explicit awareness of the presuppositions built into this term, we can more accurately attend to the phenomena of depression and mania, as well as the relation that holds between them.

In cases where a term has inbuilt prejudices that might cover over important features of a phenomenon, it is sometimes useful to put the term out of use (at least temporarily) by employing a term that does not include such prejudices. As discussed above, Heidegger did this with his use of the term "*Dasein*" rather than "subjectivity," in spite of the fact that the object of his investigation was what many philosophers would have uncritically referred to as the subject. Psychiatrists might do something similar (if less radical) by simply going back to terms such as "manic-depressive illness." Such terms, while retaining presuppositions regarding the intimate relationship between depression and mania, at least leave the nature of this relationship open to further inquiry in ways that "bipolar disorder" does not.

Finally, it is worth examining how we label mania in our diagnostic manuals, and how these labels predetermine how we conceive of their essential features. For example, in the DSM-III, the entry on mania is included under the heading of "affective disorders" [26]. In the DSM-IV, this heading is changed to "mood disorders" [27]. However, in the DSM-5 the headings of "affective" and "mood disorders" have been removed; the headings of "bipolar and related disorders" and "depressive disorders" now stand independently of each other, without an overarching label to subsume them [18].

The general headings under which mania and other disordered phenomena are discussed may not be something that researchers and clinicians typically attend to. However, the authors of the DSM-5 explicitly acknowledge that the change in headings is meant to facilitate a reconceptualization of bipolar disorder. The opening line of the section on "bipolar and related disorders" reads as follows:

> Bipolar and related disorders are separated from the depressive disorders in DSM-5 and placed between the chapters on schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics [18].

Both the removal of the earlier labels of "affective" and "mood disorders" as well as the placement of "bipolar disorder" between "schizophrenia" and "depressive disorders" were the result of explicit decisions made by the authors of the DSM-5 for the sake of facilitating the reconceptualization of these disordered phenomena. This new presentation is meant to tacitly emphasize the links not only between the symptoms of bipolar disorder and the symptoms of depressive disorders, but also the links between bipolar disorders and forms of schizophrenia.

This reshaping of the concept of "bipolar disorder," as well as the concepts of "mania" and "depression," may serve to open up or broaden the set of symptoms and relevant phenomena that are attended to in psychiatric and psychological studies. However, it is still worth pointing out that one of the starkest points of contrast between phenomenological psychopathologists and more traditional psychiatric researchers is the relative diversity of phenomena that the former group is willing to attend to and take seriously. While the majority of traditional research on mania is on its emotional and affective features, phenomenological psychopathologists focus on a wide variety of features, many of which are not found in the DSM symptomatology.

For example, Sass and Pienkos have recently argued that self-disturbances are central not only to schizophrenia, but to depression and mania as well [28 29]. In addition, Fuchs has argued that, in addition to the affective features of mania, manic being in the world includes marked shifts in one's mode of embodiment, as well as in one's temporal flow and intersubjectivity [30].

However, in spite of contemporary phenomenological psychopathologists' willingness to attend to novel phenomena – and especially those that continue to be neglected in the DSM symptomatology – they are by no means immune to the effects of prejudice (linguistic and otherwise). To take just one example, in a recent phenomenological study, Fuchs opens his discussion of manic existence or being in the world by stating, "Mania is obviously the antithesis of depression" [30]. As I have discussed above, the antithetical (or bipolar) relationship between depression and mania is only *obvious* if we forget just how recently we embraced the label of "bipolar disorder." Similar uncritical adoptions of conceptual prejudice (linguistic and otherwise) can be found throughout the psychiatric, psychological, and phenomenological literature. I have been guilty of this in my own work, often taking for granted the polarity between depression and mania as a starting point for my phenomenological investigastions [8 9].

Conclusion

The philosophical program of phenomenology has the potential to open our eyes to a complexity and diversity of phenomena that our latent prejudices might otherwise cover over. While phenomenological research has already done much to broaden the horizons within which we conceptualize and understand mental illness, there is much work left to be done. One way that philosophical phenomenology can support psychopathological studies is through its preparatory hermeneutic investigations of the phenomena to be investigated, interrogated, and articulated. Yet it is precisely this aspect of phenomenological research that has been largely neglected in the contemporary literature. My hope is that this article makes some contribution to this area of research, not only by laying the groundwork for further investigations into mania, but also by convincing others to engage in similar hermeneutic projects that will set the stage for more careful and attentive phenomenological and psychiatric research in the future.

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Conflict of interests
None.

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Notes for a Sartrean phenomenology of speaking and being-spoken

F. Leoni

Dipartimento di Filosofia, Psicologia, Pedagogia, Università di Verona

Summary

Building on and extending Sartre's last work, The Family Idiot (a biography of French novelist Flaubert), this paper considers the ways language may construct or disrupt the subjectivity of the speaker. Sartre's understanding of Flaubert's attitude toward language offers an extraordinary amount of material that allows us to answer the question about who is speaking when a subject utters a speech act. His answer is that it is always the Other who is speaking at the origin – until something occurs, which enables a subject to speak by himself and as a Self. Yet this being-spoken by the Other never fades away completely and can always come back, both as a creative resource (as with Flaubert) or as a constant, alienated and alienating foreground of our subjectivity. I argue that this state of alienation from the speech-act is apparent in disorders of self-affection, and especially in instances of verbal-acoustic hallucinations.

Key words

Language • Phenomenology • Sartre • Subjectivity • Verbal-acoustic hallucination

1. An improductive expression

Unlike with other fundamental issues, the problem of language has been strangely neglected by phenomenological psychiatry. It is true, however, that even philosophical phenomenology addressed such problem only incidentally. Husserl programmatically defined language as an "unproductive" expression: what he meant was that language can only translate into signs a lived experience that was born elsewhere and that continues to live by the laws and logic of such elsewhere: "Apart from the fact that it confers expression precisely on all other intentionalities, Husserl writes in *Ideen I*, the stratum of expression – and this makes up its own peculiarity – is not productive. Or, if one wishes: its productivity, its noematic production, is exhausted in the expressing and with the form of the conceptual which is introduced with 'the expressions'" [1]. Merleau-Ponty has devoted a number of illuminating essays to the phenomenology of language, such as *Indirect language and the voices of silence*, or *On the phenomenology of language* [2]. But these essays never became a cornerstone of his theoretical work nor did they play a major role in the reception and reworking of his phenomenological thought, either in the field of philosophy or phenomenological psychiatry. Heidegger's case clearly represents an exception since his collocation both inside and outside the phenomenological movement was perhaps not unrelated to the centrality that the question of language gradually acquired in his thought [3]. However, Heidegger's reflections on language – but this applies to his entire philosophy after the so-called "turn" – never really attracted the attention of phenomenological psychiatry. There are of course exceptions, such as Henri Maldiney, but his is a relatively unusual case, since Maldiney is a philosopher and a psychopathologist, and not a psychiatrist and a clinician in the strict sense; besides, he never focused specifically on the role of language in the psychopathological or, more particularly, schizophrenic experience [4].

2. A general matrix of meaning

Indeed, the topics and contexts that psychiatry selected as decisive in its dialogue with Husserlian and post-Husserlian philosophy as well as with Heideggerian and post-Heideggerian philosophy were of a different nature. They had to do, most of all, with the issues corporeality, spatiality and temporality in their neurotic and psychotic developments, in their delusional and hallucinatory transformations and in their schizophrenic and manic-melancholic connotations.

To investigate how and why the paths of phenomenology and phenomenological psychiatry intersected at these – and not other – particular junctions would be an immensely rewarding enterprise, as it would lead both to a historical and theoretical evaluation of the overall sense of the long journey of phenomenological psychiatry; moreover, it would throw some light on its strongly polemical relationship with organicist psychiatry, which,

Correspondence
F. Leoni, Dipartimento di Filosofia, Psicologia, Pedagogia, Università di Verona, via San Francesco 22, 37129 Verona, Italia• E-mail: federico.leoni@univr.it

thanks to Jaspers, Minkowski, Binswanger, Straus and Von Gebsattel, played an essential role in the process of its emerging as a discipline. Also, such analysis would allow us to understand the complex relations between phenomenological psychiatry and the other schools of psychiatry which, roughly in the same years, went through a somewhat similar anti-naturalistic and, in a broad sense, hermeneutical turn, leading to Freudian, Jungian, Kleinian, Lacanian, Bionian and Winnicottian psychoanalysis. Such extremely interesting topic, however, cannot be explored here, and must be left in the background.

To conclude this preliminary and approximate survey, Husserl's idea of language as an unproductive epiphenomenon rather than an original phenomenon, as a form of experience devoid of specificity and peculiar constitutive functions, might have exerted a certain influence on the developments just outlined. Indeed, among phenomenologically-oriented psychiatrists, even Ludwig Binswanger still considered language as an additional, non-autonomous and-non-original "expression" of a general way of being in the world. A clear example can be found in the essay *Dream and Existence*, where, despite the many references to the linguistic studies of Wilhelm von Humboldt and others, Binswanger still conceives the language of a certain patient and his corporeality or gestures as different expressions of the *same* contents and styles of experience. Apparently, he writes, there is "a general meaning matrix in which all particular regional spheres have an equal 'share,' i.e., which contains within it these same particular, specific meanings (spatial, acoustic, spiritual, psychic etc.)" [5].

3. Naming and appearing

A true epistemological break with this tradition was reached only through the abandonment of the "semantic" look through which phenomenology – in a more or less conscious dependence on Husserl's thought – seems to have for the most part analysed the linguistic phenomenon. If language is an unproductive sphere of expression, or if its productivity is limited – as Husserl believed – to the expression of something that has its genesis and meaning elsewhere, then it is clear that language cannot play a specifically productive function, and can only be a dictionary of words that correspond to objects or events outside the words. The reduction of language to semantics becomes inevitable.

Heidegger made a similar observation in a key-passage of his essay *The Origin of the Work of Art* (1934), a passage that he later re-used, expanded and developed in quite different directions. "According to the usual account, language is a kind of communication. It serves as a means of discussion and agreement, in general for achieving understanding. But language is neither merely nor primarily the aural and written expression of what needs to be communicated". "The conveying of overt and covert meanings – Heidegger goes on – is not what language, in the first instance, does. Rather, it brings beings as beings, for the first time, into the open. Where language is not present, as in the being of stones, plants, or animals, there is also no openness of beings, and consequently no openness either of that which is not a being or of emptiness". We find here a first insight into the nature of the linguistic action: "to name an entity" means to bring it to the level of words and thereby to "appearance", to its manifestation as an entity. In other words, Heidegger means that there is no naming of an entity as if the entity was already there, already given as an entity and just waiting to be named. On the contrary, to name means to bring to light something new. "Such saying – he concludes – is a projection of the clearing in which announcement is made as to what beings will come into the open as" [6].

To name means to manifest something, to make it appear on the basis of a project, in the context of an "illumination" and in light of a certain intentionality; to speak means to illuminate – within being and from being – something that thereby takes on the contours of an entity, of a thing signified by the speaker's intention or words, something that becomes objective thanks to the illumination coming from the word, while being as being, as Heidegger used to say, retreats in the shadow and falls into oblivion.

4. The tale of an idiot

The idea that to speak means to act, namely to profoundly reshape both experience and being as they existed before and outside of language, is taken up and developed in an extraordinarily rich and powerful fashion by Jean-Paul Sartre, in a monumental and unfinished work that for many reasons has remained at the margins of both the phenomenological and the phenomenological-psychiatric traditions. The title of this work is *The Family Idiot* (*L'idiot de la famille*, 1970-71): it is a biography of Gustave Flaubert, the great nineteenth century French writer, author of, among many other works, *Madame Bovary*, *The Temptations of St. Anthony* and *Bouvard et Pécuchet*. Such an immense biography (3000 pages in all, plus the sketch of an additional fourth volume) is also a kind of *summa* of Sartre's intellectual journey and of its various stages, which find here their proper place and development.

The topics addressed in his early phenomenological research (*The Transcendence of the Ego*, 1934), the most famous tenets of his existentialist phase (*Being and Nothingness*, 1943), but also the extensive methodological re-

visions undertaken in the fifties and sixties (*The Problem of Method*, *Critique of Dialectical Reason*), not to mention his various contributions to the biographical (*Saint Genet, Actor and Martyr*, *Mallarmé*, *Kean* etc.) and autobiographical genres (*The Words*, 1964): all of these elements reappear in this work under a new shape. The intricate structure of the text includes, one might say, a series of books within the book: such long and conceptually elaborate digressions, although thematically bound to individual aspects and theoretical problems related to the biography of Flaubert, often function as independent and quite relevant monographs. Sartre addresses several issues: the workings of the comic, the nature of the clinical gaze (Flaubert's father was a surgeon), the structures of desire and sexuality in the context of familial and extra-familial relationships, and also such topics as boredom, passivity, or melancholy – the last being Flaubert's curse and blessing, so to speak, at least according to the logic of Sartre's biographical reconstruction.

Finally, there is the issue of language, an apparently tangential topic, but in fact one necessarily intertwined with all the others: as the biography of an "artist of the word", Sartre's work also represents a genealogical reconstruction of the process through which, on the one side, a certain relationship with language gives rise to a certain structure of subjectivity and, on the other, a certain relationship with family figures gives rise to a certain experience of language and of the relationship between the subject and language, culminating precisely in Flaubert's literary vocation. Another important aspect of this work lies in its "genetically-oriented" phenomenology, in its being a genealogy in motion rather than a static phenomenology of language. To put it differently, its merit lies precisely in its "clinical" nature, if we take the term "clinic" in its original sense, namely as the observation of a certain process, of a certain individual story examined in its transformations, premises and developments, in its continuity and discontinuity.

5. Archaeology of naïveté

In the reconstruction provided by Sartre, there is a kind of primal event in Flaubert's childhood, which was to affect his entire existence. It was in fact a minor event, halfway between comedy and tragedy. "When he was six, a servant called Pierre, amusing himself with Gustave's innocence, told the boy when he pestered him: 'Run to the kitchen and see if I'm there'. And the child went off to question the cook, 'Pierre told me to come see if he's here'" [7].

The little Gustave was "the family idiot". The servant, Pierre, was repeating the family's judgment. And Gustave's father judgment, first and foremost. Gustave is gullible, Gustave performs badly in his studies, Gustave is clumsy in familial, and later social, relationships. Gustave is an idiot first because he is naïve: a kid, and then a man, whose naïveté is absolute, totally helpless and powerless. Sartre's project could be summarised in a formula or in a series of formulas: to penetrate the secret of this paroxysmal naïveté; to illustrate the genesis of this hyperbolic simplicity of mind; to understand how the man of absolute faith in the Other's word was born, and thereby to understand how the man of faith becomes, also, the man of doubt; to understand how the greatest naïveté can generate the greatest distance and the cruelest diffidence. "Run to the kitchen and see if I'm there". Running to the kitchen, searching elsewhere for someone who is already standing before one's eyes: what does this mean exactly? This is the starting point of the many paths Sartre will follow in the course of the 3000 pages of this *monstre*-work. It means, Sartre argues, to prefer the promise of the word to the evidence of vision, to place oneself in a domain of experience where one can see what the word is pointing at, but cannot incorporate what is actually seen into the sphere of language. Gustave's faith is never perceptual, as Merleau-Ponty would say. His naïveté, Sartre declares, "is originally just a relationship with speech" [8]. To this we might add that it is a certain relationship with the word, or a relationship with a word of a certain kind. It is a relationship of faith toward the word of the father and to the word itself such that those who cultivate it must become men of faith, men of belief, of hearsay, and of faithfulness to the voice of the other "that passes from mouth to mouth" [9].

6. Repeating words, repeating worlds

Let us imagine the following scene: Gustave is in front of his "other", his mother, who teaches him to speak, and then to read, for example. He is a helpless child, an infant, a being that still does not belong to the realm of language, at least to the language of the adults. Probably he can only babble. None of us, indeed, was born with a command of language. No doubt, eventually we all became masters of our own language, although never perfectly so. At the beginning, however, it is always the other who, in the eyes of the child, masters the language: the mother, the father, the "grown-ups", the tradition, or simply the past. To learn to speak, therefore, means to learn to repeat the others' words, to imitate a given model – to somehow replicate, as a child, one's father and mother. Learning to speak means to place oneself within an inevitably patriarchal or matriarchal genealogy. Language, in other words, is always "given" or "received", and like all other gifts, Sartre observes, language too is a *poisoned* gift.

In fact, the idea of reception should by itself arouse suspi-

cion. There is someone who "owns", and someone who passively receives. Such complex relationship between passivity and activity is, so to speak, the very subject of Sartre's biography. It is, however, a one-way relationship: only one of the two has the words, while the other simply receives them. But what does one receive, exactly, through the gift of speech? One receives some power, Sartre responds. To speak means to act, to grasp the world. Even more than that: to speak means to *bring up* a world, a domain of objects and subjects to be grasped. To speak means to let the world emerge in the context of a certain project. A great German philologist, Friedrich Creuzer, said that the power of language lies in its deictic nature: the original word indicates, and in this way reveals.

The previously recalled passage from Heidegger is not unrelated to this kind of German-romantic understanding of the linguistic gesture, and in particular to the deictic function of the word and the revealing power of language [10]. Sartre himself stresses the "magical power" of the word and immediately places it at the center of his analysis [11]. He emphasises how the word "dissolves" into the very thing it refers to, as when a finger points to an object, which becomes visible only as long as the eye doesn't focus on the finger. The magic lies in this revealing by way of disappearing. Creuzer believed that our words were not mere labels attached to things that are simply given and already present, nor that to name them just meant to provide a pale replica of them. The "primal" words are names that play a revealing, evoking and fulfilling function. They do not name what is already there, but manifest what is not yet there. They reveal and instruct. In this sense, the priest is the first master, the first educator: he names things for the community and before the community. We might add: only through such naming is he able to turn a mass of people into a community united by its standing on the threshold of a common language and a common world. Such world emerges as a common domain thanks to the power of the word, which by naming things for the people unites them into a whole. On the other hand, to speak the word of the other means to allow the world of the other to appear, to perform the action of the other, and to do his will.

Here, again, we have come across the poisonous side of the problem. The gift is in fact a question, not an answer, and its bestowal is conditional to the recipient's willingness to entrust oneself to the other's knowledge and power to establish an orderly world through the word. In order to receive the word of the other in its power and agency, one must be ready to listen and be acquiescent ("passivity" is Sartre's term for this) [12]. To speak means to perform the action of the other, namely to be acted by it. For everyone but the father of the community (the priest), to speak means to allow the world of the other to manifest itself, to speak in the name of the past, to let the voice of the community resonate within oneself.

7. Impossibility as possibility

According to Sartre, when Flaubert the child approaches the world of adult language, he has already a story behind himself that, however short, inevitably prevents him from accessing such world through the front door. In other words, Flaubert can never find himself in the privileged position of Creuzer' priest. He has behind himself a story of care, breast-feeding, and various kinds of attention. Sartre pauses at length on the reasons behind Caroline Flaubert's efficient, but not loving, care for her child, recalling the early death of her previous children and her own relationship, as a child, with her father. Suffice it to say that a set of circumstances made her an efficient, but not tender mother, according to a recurring formula in Sartre's work. In other words, she was able to recognize in the other a number of physiological needs, such as hunger and the need to be cleaned up, but she could not recognise the need for recognition expressed by the child through hunger, for instance. The child is not starving. In fact, he is well nourished. However, he is starved for recognition in the Hegelian sense. He stays alive, but only as immediate life, not as a mediated, subjective conscience headed toward self-consciousness. In the words of Sartre: he is passive, vegetative life. Exposed to the merely physiological efficiency of such mothering, Gustave becomes a purely physiological being, unmediated by the other's recognition and deprived of the other's desire – a physiological, not a psychological being. He is not a "divided" subject, as Lacan would say. Actually, he is no "subject" at all.

At this level, therefore, language represents a possibility of action bestowed as a gift to someone who does not know how to act or, rather, who can act only passively. This way, the linguistic action is inevitably performed and experienced passively. This is Gustave's situation, one could say. Gustave was moulded in this way by the other: by his mother, then by his father, each of them with their own biographies, their stories made of countless other stories, and the boundless past resonating through their lives. Gustave is the passive synthesis of all this. The action and the linguistic act always appear to Gustave as performed by a distant and alien other. In his characteristic terminology, Sartre remarks that Gustave learns to speak from the "outside" rather than the "inside" of language.

We could, and perhaps should, reflect on such divide between the "inside" and the "outside". Does language appear to Flaubert as an outward rather than inward dimension? Yes and no – one could answer. More precisely, language appears to him as an outward dimension in-

stead of not appearing to him at all. For him, language does not become, as for everybody else at some point in life, a place in which to dwell as a speaker, an eminently blind and invisible spot, neither internal nor external, from which to name the objects of the world and thereby make them visible and in this sense external. Through such naming process, the other side of the visible world is allowed to appear by means of a contrast and a kind of "recoil", thereby gradually taking on the features of inwardness. The point is, in any case, that Gustave never reaches a position from which to speak the word: "the word is never *his*", writes Sartre [13]. The word never functions as a window to the world and the things inhabiting it. The name is not a threshold, but a wall. Once the word has been spoken, Flaubert cannot simply run toward the object designated and made available by it, the object in which the word dissolves: he can only "stay" in front of language. Language does not play an illustrative function for him, but, rather, turns into a hard, inert, and insurmountable obstacle.

8. Flaubert, the Egyptian

The family idiot stands in front of the word as in front of the half-shut door in Kafka's parable *Vor dem Gesetz* (*Before the Law*). The door is not closed, but Gustave does not cross it. He lacks transcendence, if you will. Gustave is, paradoxically, a conscience deprived of intentionality. The door, which normally everyone mindlessly crosses in order to reach a given destination, suddenly stands out in its autonomous existence. The crossing point, therefore, has solidified into an obstacle; it has become an alien, and therefore hostile, force.

Sartre writes about Flaubert's encounter with the "material presence of the sign", about an "imprisoned thought (…) crushed by the actual presence of its sign". What the eyes and ears of Gustave are confronted with is language as pure matter, as a constraining and agglutinating force – as an obligation to submit and obey. In this case, to speak is really to do the other's will, to bow to an external power, to consent to be inhabited by a world of meanings that are "thought" in a language that is never one's own. We have encountered such "material" language – Sartre observes – "in magical formulas, in riddles, and in the *carmina sacra*; we find it each night in our dreams" [14]. This is why Gustave believes to words of Pierre the servant: "Go and see if I'm elsewhere". Here the "thing itself" in its self-evidence is not Pierre nor is it the adjacent room: it is Pierre's sentence. This is also where Gustave's later difficulties in learning to read have their beginning: the written text will appear to him as a hieroglyph, as a dense and opaque sign and, simultaneously, as an obligation and an enigma.

In the *Encyclopedia of the Philosophical Sciences* Hegel has written that "alphabetic writing is in and for itself the most intelligent" among all the other forms of writing elaborated by mankind (hieroglyphics, pictograms, primers etc.) [15]. It is the most intelligent, for Hegel, because it is both the most analytical and the most synthetic. The ideal reader conforms his mind to the analytic-synthetic intelligence of the alphabet, travelling, so to speak, across the signs in the direction of the sound, and through the sound in the direction of meaning, in a vertiginous and instantaneous ascent toward the incorporeal. This is, precisely, what Gustave cannot do. To him, the voice of the other is an enigma. With awe and devotion, he is forced to address the alphabet as a kind of hieroglyph, enduring its ambiguity and unanalysable thickness, unravelling the maze of its possible paths with liturgical slowness. Gustave cannot understand the word of the other, he is unable to move beyond the letter of the text and grasp its supersensitive meaning. Faced with the word of the other as well as with the hieroglyphic spelling-books of his school years, the young Flaubert appears like an archaic and magical being – an ancient Egyptian.

9. To hear, to obey

Sartre provides a masterly analysis of the word "Calcutta" in one of Flaubert's early works, written when his childhood was already a distant memory, but his anguish and the troubles of his early "idiocy" before the magic of words must have been still vivid in his mind. Flaubert's short story is entitled *November*. This is the passage analysed by Sartre: "Oh! L'Inde! L'Inde surtout! Des montagnes blanches, remplies de pagodes et d'idoles… Puisse-je périr en doublant le Cap, mourir du choléra à Calcutta ou de la peste à Costantinople! Et trotter le jour, dans les gorges des Sierras, voir couler le Guadalquivir!" [16]. The sentence, Sartre remarks, expresses a desire, but at the same time, as it emphatically recalls the names of those faraway places, seems to convey the force of a destiny. The beauty of the words is the analogue, even the substitute for the beauty of the cities and places Flaubert has conjured up. "And what would India have been for Gustave if it were not called India?", Sartre asks [17]. Again, reliable is the word, not the thing. Flaubert's faith is linguistic, not perceptual. Gustave relies on the word, on its sound and its graphic shape. He is fascinated by the appearance and the overwhelming material force of a particular word. What inspire his wording is the sticky and agglutinating density of those names.

Why not just die in Rouen, Sartre asks, "without so much fuss"? [18]. Because the point is not to die, or to kill oneself. The point is to die in Calcutta. And why Calcutta, where Flaubert has never even been? Because the point

is not Calcutta the city, but Calcutta the word. It is not a matter of going to Calcutta, but of heading for Calcutta the word and its uniquely alluring sound. It is a matter of listening to oneself while uttering that word, of creating opportunities to write it down and thereby re-read it and be conquered by it once again. To listen to that word means to obey it (*audire*, *obaudire*: the faith in the received word is a kind of charm, acquiescence, obedience), or, if you will, to evoke it in order to be inspired by it: one will become that person who wants to go to Calcutta, who stands out for his devotion to the word "Calcutta", who finds satisfaction in obliterating oneself in the sound "Calcutta".

We may recall at this point that repetition is a key-element of the word as word of the other. To speak means to repeat the word of the father, of the priest, of the past. To repeat a word, however – and to repeat it because one is not capable to assimilate it, because one is doomed to replicate it as an excrescence stubbornly and monstrously attached to something else – also means to isolate it, to pull it out from the sentence and the context to which it originally belonged. It also means to abstract it from the overall intention of the sentence and from the principle that purposefully and intentionally governed its enunciation, so that the word remains as the only context in which any other object and word will have to fall. There is only one conclusion to be drawn from this: the intentionality, now, does no longer belong to the person who pronounces the sentence containing the word "Calcutta" and to the overall enunciative process, but to the word "Calcutta" itself, its phonic matter and its graphic shape. Having become thing-like, an opaque hieroglyph, an unsurpassable materiality, the word attracts around itself the domain of meaning and the sensitivity of the subject. It is the word "Calcutta" that actually speaks.

10. The intentionality of matter

Like when an electric current passes through a pile of iron filings and orients the particles according to its lines of force, so the word "Calcutta" becomes a touchstone, a paradigm for the other words, a master voice the writer obeys as the puppet obeys the ventriloquist. The web of sentences, the play of associations, and the concatenation of the linguistic clichés all spring up from the isolated and absolutised matter of this word. There are assonances and dissonances, rhythmically similar or different words, words that are connected to it by way of alliteration, and others that relate to it only indirectly. For this reason, there will be *de la peste* (a plague) in Constantinople ("st" is the law regulating the construction of the phrase: *peste à Costantinople*), and there will be cholera in Calcutta ("ca" "co", "cu"). For the same reason Flaubert's imaginary journey includes Constantinople and Calcutta ("ca", "co", "ta", "ti", "tta"), and not Tokyo and Hong Kong. For this reason, the words *peste*, *Costantinople*, *choléra*, and *Calcutta* form a predetermined constellation (o, e, a, a, u, a).

These lines should be compared with another extraordinary passage from one of Flaubert's early letters to a friend. Here, Flaubert abandons himself to talking for the sake of talking and at the same time finds himself reflecting on such talking. In doing this, he is like a child that surrenders to the word of the other: "Me voilà lancé dans le parlage, dans les mots; quand il m'échappera de faire du style gronde-moi bien fort, ma dernière phrase qui finit par "brumeux" me semble assez ténébreuse et le diable m'emporte si je me comprends moi-même. Après tout, je ne vois pas le mal qu'il y a a ne pas se comprendre... Nom de dieu si je suis bête! Je croyais qu'il allait me venir des pensées et il ne m'est rien venu, turlututu!" [19]. The "u" of *venu* is connected to the immediately following *turlututu*. Language is a thing, a thing endured. The word "functions as a hallucinogen" [20]. Far from reproducing certain scenes, the phonic matter and the graphic shape of words actually *produce* such scenes. The writer is nothing but a scribe writing under dictation. The sense is a by-product of the mechanical functioning of a language that has been reduced to linguistic matter, to a phonic thing, a visual object, a pure signifier.

In this regard, the very expression *parlage* is revealing. Language is an enslaving mechanism in which the subject is trapped. Language requires blind obedience, and its anonymity and impersonality renders such obedience even more inhuman. Sense lies is the verdict of a game that appears mysterious and senseless, when it is judged from a humanistic point of view. In other words, in both the *parlage* and in the letter just mentioned, there is playfulness as much as uneasiness before a language that has become a thing, and there is anxiety about one's condition of unrelenting servitude to an alien language that speaks within oneself. The speaking subject perceives his words as foreign objects with which he simultaneously does and does not coincide. On the other hand, and for the same reason, he sees himself "disconnecting" from the word, losing his identity with it, while the word returns to be the other's word, a word that is impossible to make one's own.

11. Writing and depersonalization

"If I write, it's so that I can read myself", Flaubert writes in one of his many diary notes about the art of writing. It is an illuminating sentence, not so much for the understanding of Flaubert the man, but for that of his art as a writer; it is enlightening, however, only if it is not reduced to a

trivial narcissistic formula, or, if you wish, only if the narcissistic experience that it implies is not trivialised. What is conveyed here is not the writer's desire to embrace his mirrored image or to objectify himself into a text so to admire his duplicate in paper and lose himself in it.
Writing, on the contrary, is a powerful device for de-identification and depersonalization. Reading is an act that implies a glacial distance between the person who wrote the text and the person who is reading it, even if the two persons coincide. A written document is by definition a foreign document, an object from the past, and is inevitably judged from a partially disenchanted perspective. The subject and his words are no longer a whole, as in actual speech, where, as Jacques Derrida has argued, there is the experience of a unifying vocal self-affection [21]. The similarity between the two phenomena studied by Sartre and Derrida, however, is significant and yet misleading. Derrida has showed that in the phenomenon of hearing-oneself-speak identity is produced through difference: a non-coincidence tends to fade into a transparent coincidence of speaking and hearing-oneself-speak. Such fading is what allows the subject to exist as such. Basically, there is no subject without a self-closing and self-contained auto-affection, however unstable such condition may be.
When one is facing one's written word, however, one inevitably encounters the word of another and therefore sees oneself as another and as a stranger. The subject is confronted with his own ambiguous image, which has taken the form of a hallucinatory thing among other things; he has also conjured the hallucinatory power of language, which now appears as an eerily and enigmatically autonomous object: on the one side, such object is felt as deeply connected to oneself, imbued with the innermost secrets of one's experience of life, and, on the other, as profoundly alien, unreachable, and infinitely distant. Of course, in speech and in hearing-oneself-speak there is identity only through difference, there is coincidence only through non-coincidence, namely there is voice only through a primordial and inescapable writing – an *archi-writing*, Derrida would say.
"True" writing becomes possible, therefore, through a number of preliminary writings and primal disseminations: here – where language becomes the hallucinatory, magic power of the other, an unassimilated and unassimilable otherness – such writing leads to the explosion of that non-coincidence no longer constrained, of that difference no longer fading into identity, of that permanently underlying fracture which here has turned into a divide, a schism, a *Spaltung*. To open one's mouth means, here, to be confronted with one's dead letter, to find oneself chained to it and, simultaneously, hopelessly distant from that static and no longer decipherable sign – a sign no longer hospitable, no longer accessible. It is the end of the subject as a provisional self-contained auto-affective circle and the beginning of hallucination as a prime manifestation of the dissolution of the subject as auto-affection through the disintegrating power of writing. It is madness finally revealed – the madness of language which manifests itself as subjective madness.

12. From literature to schizophrenia

One might notice, indeed, that the domain of psychosis is equally familiar, if not even more familiar, with this reversal of intentionality: this is the kind of autonomous effectiveness of language that, according to Sartre, is accessible to everyone through the world of dreams and rituals, and which by no accident he describes as a hallucinatory experience. Therefore, the verbal hallucination, which so often characterises the schizophrenic experience, can be seen as a sort of re-emergence of what Sartre has shown to be the foundation of language as a gift, as the word of the other, as a "feudally" endured word. In a sense, once the sovereign auto-affection of the speaker has become impracticable, one's word is perceived as a foreign word. Such auto-affection had definitely become impracticable for Gustave the child, whose "passivity" or "passive agency", according to Sartre, was the result of the peculiar structure of his family relationships.
A word truly belongs to its speaker only if the speaker can make it his "own". If such condition is absent – if, that is, the genealogy of the subject is such that the word is doomed to remain suspended on the threshold between the familiar and the alien, in a sort of no man's land – then the encounter with one's word can only be an encounter with a foreign word: the subject feels like he is "spoken" and "acted" by such word because the only dimension of intentionality left seems to concern only language itself.
Language is always a revealing, and therefore prescriptive, force. Such force now acts independently, in the sense that the subject has never become able to master it or at least to think he was able to do so. To a subject condemned to passivity, a force that cannot be made one's own can only take on a sinister, elusive and overpowering character. If one's word is abandoned to itself and encountered as the word of the other, its original power of revelation will turn into an unmasking and accusatory force, a force that threatens or alludes, insults or insinuates. In this sense, the entire scope of the "negativity" of the content and form of the verbal hallucination would be a consequence, variously characterized according to the individual biographies, of the individual stories of the delirious persons – of that essential and somewhat transcendental phenomenon which is the loss of the intentionality of the speaker.
In this situation, the speaker cannot perceive himself as

a "speaking" subject. On the contrary, we are here in the domain of the impersonal "one": "one speaks". Indeed, this anonymous and ominous "one", typical of idle talk, speaks through the subject. "One" is inhabited by the alien and accusatory power of idle talk. Similarly, certain mysterious verbal chains typical of the schizophrenic experience – which remain impenetrable to an approach motivated by the search for a meaning and for a hypothetical intentional subject behind such meaning – exhibit a sort of magic law of composition, one full of meaning and spectral rigor. This becomes clear as soon as one accepts that this apparently disorganised speech cannot be seen as the expression of an autonomous subject capable of mastering language or of a "self" provided with a faculty for the "expression of meaning", which is in any case enigmatic and far from natural.

Our familiar capacity to "mean" something through language is actually a skill that has to be learned and that therefore can also be unlearned: in fact, one can find oneself in a situation where such learning is not possible or such capacity for meaning has lost its sense. A subject that, to use a Sartrian keyword, is imperfectly "constituted" or, for some reason, feels "deprived" of his more or less precarious sovereignty, suddenly finds himself unable also to consider language as one of his own "faculties" or "possibilities".

13. The spoken subject

To conclude, the subject, in this case, becomes a "possibility" of language. What speaks is in fact language, while the subject is simply "spoken" and "acted" by a word that appears as an inexorable and inhuman force. In turn, and correspondingly, the subject takes on the character of a lifeless thing confronted with an equally lifeless force, of a vulnerable and naked portion of matter confronted with the impenetrable fortress of a meaning that is produced elsewhere, in an inaccessible location that can be easily pictured as the hideout of a great puppet master.

When language becomes an autonomous signifier, its laws impose themselves on the speaker with their obtuse and fascinating strangeness. It might be added that the "materiality" of the signifier is not a primary element of language at all, an ingredient "in itself" constituting the linguistic phenomenon. Rather, the materiality of language is an outcome of the impossibility for the speaker to inhabit that active threshold of language described by Sartre as the moment in which the subject "recovers" the word of the other and makes it his own. If that threshold stands for an indissoluble unity of the signifier and the signified, the impossibility of such recovery disrupts the signifying function of language and consequently leads to an experience of the word as a "pure" and naked "signifier", one fraught with those ominous implications by which the speaker feels besieged and threatened. Only at this point the possibility arises of that glossolalic play whose warning signs we have briefly described.

It is only under these conditions that the tragedy of language can take place, a tragedy in which language seems to spin around itself and sink into the abyss of its internal and material – phonic or graphic – references: a pure sonic mechanism, a ricocheting of fragments that keep gathering and re-gathering according to the autonomous laws of rhythm and melody, of consonance and dissonance, of material similarity and dissimilarity. The realm of the autonomy of the signifier [22] has turned into the barren land of perfect heteronomy, a wasteland that unfolds when the advent of the speaker as a subject is definitely precluded. Not to be able to speak means, here, to be spoken by a "thing" that, in reality, is never inert nor "objective". The schizophrenic condition seems to helplessly experience, to the most painful degree, the enigmatic dimension, active and yet material, inhuman and yet profoundly constitutive of the human being, that in the *Critique of Dialectical Reason* Sartre has called "practico-inert". To be spoken means to discover oneself exposed to an otherness that is never, by definition, that of another human being, of another person – without being for this reason that of a real object.

Conflict of interests
None.

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[14] Sartre J-P. *The family idiot: Gustave Flaubert 1821-1857*. Vol. 1 (trans. Cosman C). Chicago: University of Chicago Press 1981, p. 14.

[15] Hegel GWF. *Encyclopedia of the Philosophical Sciences*, § 459.

[16] Vol. 2, p. 265: "Oh, India, India above all! White mountains filled with pagodas and idols … If only I could perish while rounding the Cape, die of cholera in Calcutta, of the plague in Constantinople! … And trotting all day in the gorges of the Sierras see the Guadalquivir running".

[17] Sartre J-P. *The family idiot*. Vol. 2 (trans. Cosman C). Chicago: University of Chicago Press 1987, p. 266.

[18] Sartre J-P. *The family idiot*. Vol. 2 (trans. Cosman C). Chicago: University of Chicago Press 1987, p. 267.

[19] Sartre J-P. *The family idiot*. Vol. 2 (trans. Cosman C). Chicago: University of Chicago Press 1987, pp. 218-19: "All right, here I am shooting off my mouth, flinging words around; scold me roundly when I start affecting style. My last sentence, which finished with 'misty', seems rather hazy to me, and the devil take me if I understand it myself! After all, I don't see what's so bad about not understanding yourself; … For God's sake, I'm stupid! I fancied some thoughts were going to come to me, and it was nothing at all, nonsense (*turlututu*)!".

[20] Sartre J-P. *The family idiot*. Vol. 2 (trans. Cosman C). Chicago: University of Chicago Press 1987, p. 265.

[21] Derrida J. *Voice and phenomenon* (engl. transl. by Lawlor L). Evanston: Northwestern University Press 2010, chapter six, *The voice that keeps silence*.

[22] I am implicitly referring to the title and the content of a book that would deserve a much broader discussion: Beccaria GL. *L'autonomia del significante*. Torino: Einaudi 1975.

Language of self-definition in the disorders of identity

G. Castellini

Psychiatric Unit, Department of Neuroscience; Sexual Medicine and Andrology Unit, Department of Experimental, Clinical and Biomedical Sciences; Florence University School of Medicine, Italy

Summary

The present paper takes into consideration the centrality of language for body definition and its relationship with the process of identity construction. Moving from the psychiatric, socio-linguistic and phenomenological perspectives, I focus on the role of the awareness and experience of one's own body as the original anchors of the developing sense of self. Indeed, two paradigmatic examples are provided as particular clinical conditions to highlight the role of language on the body in shaping one's identity: the so-called eating and feeding disorders and gender dysphoria. I consider them as two examples of psychopathology of post-modernity, and in some ways as two disorders of self-identity, in which language changes and innovations mirror the fluidity of cultural transformations and their impact on the body. Taking a Sartrean perspective, we might view these disorders as manifestations of a disturbance of lived corporeality, more specifically the predominance of one dimension of embodiment, namely the 'lived-body-for-others'. Indeed, in both conditions the external reality of the body and the inner subjective perception do not match, preventing a harmonious relationship between the internal representation of the body and the body itself, which results in a consequent feeling of estrangement within oneself.

Key word

Self-identity • Corporeality • Eating disorders • Gender dysphoria • Sexual identity

The issue of self-definition

The very moment a person attempts to define him- or herself can be considered as the connectedness of the general and the individual, under discontinuous conditions. We generally think about identity when it is no longer assumed, but questioned. With the term identity, a sameness is claimed which either in the very moment of description is already overtaken by discontinuity or which is eschatologically projected into the future. Therefore, the moment a person thinks about self-definition, he or she suddenly "becomes" conscious of how other persons represent themselves. This process can vary according to different contexts, social and cultural influences, as well as according to different aims and objectives.

For example, when I attempt to find a job, I generally refer to my work experience and qualifications. Many countries do not allow job seekers to report their age, biological gender or family characteristics, because they are supposed to be irrelevant (but rather discriminatory) to an individual's professional competence. However, during political elections candidates often describe their private profile; for example, they may talk about their families and therefore provide implicit information about sexual orientation. From a different perspective, there are also persons who first speak about their professional roles when they want to introduce themselves to a person they like, in order to mirror or suggest their hierarchy of personal values.

Only recently in the contemporary history of philosophy has the concept of self-identity been viewed as a central epistemological construct. Friedrich Schelling first conceptualised his system of absolute identity in his work, "Representation of My System of Philosophy" [1 2]. Drawing on this first conceptualisation, Sigmund Freud's use of the term *ego-identity* opened the road to many sociological and socio-psychological identity theories. According to Erikson's theory [3], *ego-identity* is fully developed after adolescence, when a person experiences him- or herself as a unique individual (personal identity, self-likeness, and continuity of the person in time), while, on the other hand and at the same time, as belonging to a particular social group (group identity, constancy of the symbols of a group despite fluctuations in group membership). Regardless of diverse critical commentary and modifications in psychoanalysis and psychotherapy, Erikson's concepts have found extremely wide prevalence and recognition, and they have continued to prove useful as a heuristic model in concrete psychotherapeutic work.

In the present paper, I will take into consideration the way self-identity is defined according to one's own language:

Correspondence

G. Castellini, Psychiatric Unit, Department of Neuroscience; Sexual Medicine and Andrology Unit, Department of Experimental, Clinical and Biomedical Sciences; Florence University School of Medicine, Largo Brambilla 3, 50100 Firenze, Italy

how we communicate who we are to the others and to ourselves. From a historical point of view, the relationship between the process of identity construction and language has been considered in various sociolinguistic theories, including those developed by Bourdieu [4 5] and Giddens [6]. Their research is concerned with the ways in which individuals use language to co-construct their everyday worlds and, in particular, their own social roles and identities and those of others. In this regard, it is important to mention the concept of *social identity*, which includes participant roles, positions, relationships, reputations and other dimensions of social personae, which are conventionally linked to epistemic and affective stances [7]. *Social identity* is multiple and varied, describing individual representations that embody particular social histories built up through and continually recreated in one's everyday experiences [8]. Moreover, it is acknowledged that individuals belong to varied groups and so take on a variety of identities defined by their membership in these groups. In our use of language, we represent a particular identity at the same time that we construct it. One of the more prominent positions on social identity is Anthony Giddens's theory of structuration [6]. According to Giddens, individual agency is a semiotic activity, a social construction, 'something that has to be routinely created and sustained in the reflexive activities of the individual'. In our locally occasioned social actions, we, as individual agents, shape and at the same time are given shape by what Giddens refers to as social structures. In our actions, we draw on these structures and in so doing recreate them and ourselves as social actors. The repeated use of social structures in recurring social practices in turn leads to the development of larger social systems, 'patterns of relations in groupings of all kinds, from small, intimate groups, to social networks, to large organisations' [6].

Shifting to a phenomenological perspective, Jean Paul Sartre (1905-1980) offers another major contribution to the concept of identity. In *Being and Nothingness* [9] he defines two types of reality that lie beyond our conscious experience: the being of the object of consciousness and that of consciousness itself. The object of consciousness exists "in-itself," that is, in an independent and non-relational way. However, consciousness is always consciousness "of something", so it is defined in relation to something else, and it is not possible to grasp it within a conscious experience: it exists "for-itself". When I make who I am the object of my reflection, I can take that which now lies in my past as my object, while I have actually moved beyond this. Sartre says that I am therefore no longer who I am. Similarly with the future: I never coincide with that which I shall be. First, the past corresponds to the facticity of a human life that cannot choose what is already given about itself. Second, the future opens up possibilities for the freedom of the for-itself. The coordination of freedom and facticity is, however, generally incoherent, and thus represents another aspect of the essential instability at the heart of the for-itself.

Sartre's philosophy defines the process of self-structuration across life by drawing on the progressive consciousness of one's own lived corporeality. From a phenomenological perspective, there is a distinction between lived body (*Leib*) and physical body (*Koerper*), or body-subject and body-object. The first is the body experienced from within, my own direct experience of my body in the first-person perspective, my self as a spatiotemporal embodied agent in the world; the second is the body thematically investigated from without, from a third-person perspective, for example as viewed by natural sciences such as anatomy and physiology [10 11]. The body can be apprehended in the first-person perspective as the body-I-am. This is the cenesthetic apprehension of one's own body, the primitive experience of oneself, the basic form of self-awareness, or the direct, unmediated experience of one's own 'facticity', including oneself as 'this' body, its form, height, weight, colour, as well as one's past and what is actually happening. First and foremost, we always have an implicit acquaintance with our own body from the first-person perspective. The lived body turns into a physical, objective body whenever we become aware of it in a disturbing way. Whenever our movement is somehow impeded or disrupted, then the lived body is thrown back on itself, materialised or 'corporealised'. It becomes an object for me. Having been a living bodily being before, I now realise that I have a material (impeding, clumsy, vulnerable, finite etc.) body [12]. In addition to these two dimensions of corporeality, Sartre emphasised that one can also apprehend one's own body from another vantage point, as the body when it is looked at by another person. When I become aware that I, or, better, my body is looked at by another person, I realise it can be an object for that person. Sartre calls this the 'lived-body-for-others'. "With the appearance of the Other's look", writes Sartre, "I experience the revelation of my being-as-object". The result is a feeling of "having my being outside (…) [the feeling] of being an object". Thus, one's identity becomes reified by the gaze of the other, and reduced to the external appearance of one's own body.

Neurobiological perspectives have also focused on the awareness and experience of the body as the original anchors of our developing sense of self [13]. The mind continues to mature until it can represent and reflect upon its own contents. Ultimately, the self becomes abstracted from the body and is intellectualised as the self-conscious mind, but the felt self and its body background continue to frame whatever is the current focus of attention. During the developmental period every person structures

his or her own primitive form of self-identity around the progressive building and discovering of the *body image*. Indeed, although there is no definite consensus on the concept of *body image* [14] it has become clear that the body image is neither completely innate, nor completely constructed out of experience and learning. Body image has been defined as the picture of the body that is formed in the mind [15] or 'a system of perceptions, attitudes and beliefs pertaining to one's body' [14]. This concept must be clearly differentiated from the *body schema*, the 'system of sensory-motor capacities that function without awareness or the necessity of perceptual monitoring' [14]. The phenomenological concept of *lived body* must also be differentiated from the body image, as the immediate experience of one's body (the layer of kinesthetic sensations), and not a representation of it [10 11 16-18]. The lived body is my own direct experience of my body from a first-person perspective, of myself as a spatiotemporal embodied agent in the world.

Self-definition and psychopathology: what are the disorders of identity?

Moving from this theoretical background, in the present paper I will take into consideration the central role that language plays in body definition in order to show how this relates to the construction of identity. We do not use language as solitary, isolated individuals giving voice to personal intentions; rather, we 'take up a position in a social field in which all positions are moving and defined relative to one another' [19]. Social action becomes a site of dialogue; in some cases it is the site of consensus, in others, that of struggle. In choosing among the various linguistic resources available (and not so available) to us in our roles, we attempt to mould them for our own purposes and thereby become authors of those moments.

In order to integrate the phenomenological with the sociolinguistic position on the role of language on identity, I will consider two different human conditions: the so-called eating and feeding disorders and gender dysphoria. I offer these as two examples of psychopathology of post-modernity, in some ways as two disorders of self-identity, in which language changes and innovations mirror the fluidity of cultural transformations and their impact on the body. In the next paragraphs, I will explain in greater depth the reasons for considering these conditions from these different points of view.

Eating disorders (EDs) are complex and severe psychiatric syndromes, "characterized by severe disturbances in eating behavior" [20]; however, abnormal eating behaviours can also be seen as the final result of specific cognitive and emotional disturbances related to the body and to the way it mediated the shaping of self-identity [21 24]. Conversely, Gender dysphoria (GD) persons are characterised by a strong and persistent identification with the opposite sex, discomfort with one's own sex and a sense of inappropriateness in the gender role of that sex [20]. GD subjects experience a cognitive state in which their physical body contrasts with their self-perceived identity [25], and which can be a source of deep and chronic suffering [26]. Transgender persons perceive their gender identity as incongruous with their body, and therefore experience the desire to develop a gender role consistent with their gender identity.

In both EDs and GD, the process of self-identity construction is in some way impaired and the representation of the body is the battleground of their affliction. From a Sartrean perspective, we might hypothesise that EDs and GD represent two different manifestations of a disorder of lived corporeality, more specifically, a predominance of one dimension of embodiment, namely the 'lived-body-for-others'. Indeed, in both conditions the external reality of the body and the inner subjective perception do not match, and the harmonious relationships between the internal representation of the body and the body itself has not been achieved, which results in a consequent feeling of estrangement within itself [27].

What other features might EDs and GD share? In both, many authors argue that the main psychological disturbances are impairments in overall identity development and the failure to establish multiple and diverse domains of self-definition. Indeed, they both tend to develop during the uncertainty of adolescence. As clearly described by the psychoanalyst Domenico Di Ceglie [27], during this period the attention is directed toward new questions about the body, gender and the self. These questions are accompanied by a comparison of one's own body with others'. This process should not be categorised as pathological, but rather as a physiological stage of indeterminateness. Indeed, there is no adolescent who is not learning about his/her body shape or about the nature of masculinity or femininity, and who is searching for some inner sense of self as male or female. The questions about the body are intimately related to the nature of relationships with others, the degree to which we are coherent with others. In other words, they concern the issue of distinctiveness. In finding the answers to these questions, adolescents build a sense of self and mark their own identities in a way that makes sense to themselves.

Gender identity represents a person's private sense, and subjective experience, of his or her gender [28]. Its significance is related to acceptance, the desire belonging to a category of people: male or female. Gender membership is a fundamental component of our general identity, and provides a sense of continuity of the self. The uncertainty of gender definition across adolescence combined with

the pressure of Western societies for clear categorisation that matches with the anatomical body, results, in GD persons, in a strong sense of non-pertinence and extraneousness from the world around them. It has been suggested that psychopathology may be the consequence of difficulties in coping with these feelings [29], social stigma [30], or rejection by family and friends [31], rather than from a primary psychiatric illness.

From a psychodynamic perspective, Ilde Bruch [32] suggested that the dissatisfaction with the body image that characterises persons with EDs reflects a maladaptive 'search for selfhood and a self-respecting identity' (p. 255). Stern [33] emphasises that feeding is a vital activity for the construction of the self, as it serves as a framing environment and allows face-to-face contact with the caregiver via the phenomenon of 'affective attunement', an essential step toward the development of a narrative self and a sense of identity. Also, within the cognitive model, self-concept is defined as a set of knowledge structures about the self that originate from the cognitive products of the person's interaction with the social world. These aspects are important for the development of self-schemas that shape the individual's social interactions [34].

Defining oneself through the gaze of the other: body dimensions and eating behaviours

According to many psychological theories, persons with EDs are characterised by a dysfunctional system for evaluating self-worth. Whereas most people evaluate and define themselves on the basis of a variety of domains of life (e.g. the quality of their relationships, work, parenting, sporting ability etc.), people with EDs judge themselves largely, or even exclusively, in terms of their body shape as well as their eating habits, and their ability to control weight [35]. In recent studies, which advance the phenomenological perspective mentioned above, Stanghellini et al. [36 37] demonstrate that the core psychopathology in EDs is related to a dimension of embodiment named 'lived-body-for-others'. According to these findings, persons with EDs experience the body first and foremost as an object being looked at by another, rather than cenesthetically or from a first person perspective. They always express feelings of extraneousness from their own body; this is related to attempts to define themselves through pathological behaviors such as starvation or fixated checking of objective measures. Such strategies may operate as kinds of coping strategies aimed at being able to experience the self in some way for those who are unable to feel themselves cenesthetically.

The dimension of experiencing oneself through the gaze of the other and defining oneself through the evaluation of the other have been compared to the concept of *public consciousness*. Public self-consciousness, as opposed to private self-consciousness, includes all those qualities of the self that are formed in other people's eyes. In fact, persons with ED have a tendency to think of those aspects of the self that are matters of public display, rather than attending to more covert, hidden aspects of the self, e.g., one's privately held beliefs and feelings [38].

Indeed, the language adopted by persons with EDs to define themselves is often exclusively based on terms regarding objective evaluation of their body, such as *large* or *thin*, *fat* or *slim*, the way dresses fit around their body, or the proportion of space their bodies occupy in a room. In most cases, the terms *fat or slim* transcend objective measures and regard the moral value of the persons: *fat* means lacking control of ones' instincts, of little worth, and weakness. The use of the word *hunger* is often present in the speech of persons with EDs to express their difficulty in defining their emotions (*alexithymia*) and sensations, which, again, they perceive as extraneous and dangerous. In the diaries of persons with EDs we can find expressions such as: "I came back home after a terrible day where it all went wrong… I realised I have an irresistible hunger…". The quality of food transcends its association with taste and can be viewed as a dysfunctional way to express and modulate different emotions: salty and full-bodied foods seem to predominate in moments of anxiety, while the sweet, warm, soft or liquid prevail in conditions of sadness: "I want the food that I swallow to be something cuddly… sweet after so many things to love…" [39]. The term *pleasure* reported in their diaries often does not have anything to do with what we generally consider as pleasure, because it is generally equated with the reduction of emotional distress. That is, "pleasure" often arises in these disorders from anesthetic conditions regarding emotions and visceral sensations, or, in persons with anorexia nervosa, from the perception of hunger during starvation periods.

Concepts of control, starvation and loss-of-control binge eating have taken on different meanings according to the cultural and historical context. In fact, in ancient Greek and Roman cultures – which identified balance as the highest value for a person – the ideal for eating was that of measure, the absence of voracity [40]. On the contrary, in Celtic and Germanic cultural traditions the *big eater* was considered as a positive and valiant person [41]. In the Germanic mythology and poems of chivalry, the image of the brave warrior was even that of a strong man, greedy, insatiable, able to swallow huge quantities of food and beverages [42]. Relevant differences also existed between the Mediterranean and Continental Europe, as demonstrated for example by opposite rules across the monastic orders. The monastic rules in North Europe were harsh and strict, marked by fasting and penance, while in the South (those developed by Benedict of Norcia, for ex-

ample) were characterised by a greater sense of balance closer to the Roman culture [43]. During the medieval time, *binge eating* was in fact a privilege of the nobility, in light of widespread constant fear of hunger [42]. Regarding semantic and moral values, while nowadays the notion of *fat* among persons with EDs is synonymous with weak, incompetent and inefficient, in the Middle Ages *fat* was something desirable: a "fat cheese offered to Charlemagne was described as something delicious" [44]. The term *fat* also had a positive connotation in aesthetics and even in politics. Being *fat* was a sign of wealth and nutritional well-being; so it meant not only beautiful, but also rich and powerful: for example, in the Florence of the Middle Ages, the upper class was called *popolo grasso* (fat people) [42]. The value of thinness as a symbol of efficiency and productivity appeared only in the eighteenth century, especially in relation to the emergence the bourgeoisie and Puritanism, as opposed to old Europe [45]. Gradually, industrialisation allowed access to adequate food consumption for a wider population. Therefore, the notion of the "binge" lost the positive meaning, and the fear of hunger was replaced by the fear of loss of control [46].

Nowadays, it is important to consider the role of language and symbols adopted by the media, and their effects on the pathogenesis of EDs. Not only do the media glorify a slender ideal, they also emphasise its importance, and the importance of appearances in general, and they glorify slenderness and weight loss and emphasise the importance of beauty and appearances [47]. A number of studies have documented the trend of increasing thinness in Playboy centerfolds, Miss America contestants and fashion models between the 1950's and the 1990's [48 49]. The multi-billion dollar beauty industry depends on a strong emphasis on the value of beauty and appearances for women, because this supports a consumption-based culture in which the answer for any problem can be achieved by purchasing advertised products for improving one's appearance [50]. In another survey, middle-aged women were asked what they would most like to change about their lives, and more than half said "their weight" [51]. The pervasive body dissatisfaction is so widespread in Western countries that authors coined the term 'normative discontent' [52]. The role of media in the development of body dissatisfaction and eating disorder symptomatology was supported by a recent naturalistic experiment conducted in Fiji [53]. Until recently, Fiji was a relatively media-naïve society with little Western mass-media influence. In this unique study, the eating attitudes and behaviours of Fijian adolescent girls were measured prior to the introduction of regional television and following prolonged exposure. The results indicate that following television exposure, these adolescents exhibited a significant increase in disordered eating attitudes and behaviours.

How are these epidemic phenomenon related to identity? Nordbø et al. [54] maintain that pathological eating behaviour represents a tool for achieving a new identity. Skarderud [55] showed that to some persons with EDs, changing one's body is a tool to become another person. They want to change, and changing one's body serves as both a concrete and a symbolic tool for such ambitions. Thus, shaping oneself is a 'concretised metaphor', establishing an equivalence between a psychic reality (identity) and a physical one (one's body shape). As suggested by Surgenor et al. [56], looking into the different ways persons with EDs construct the self has strategic implications for the therapeutic endeavor.

Which gender am I?

Gender membership is a fundamental component of our general identity, and it provides a sense of biographical continuity of that identity. *Gender identity* refers to an individual's sense of self as male or female, and it usually develops by age three, remaining stable over the lifetime [28]. For most people, it is congruent with biological or anatomical sex, the sense of being male or female. Indeed, gender identity has been conceptualised in a bipolar, dichotomous manner with a male gender identity at one pole and a female gender identity at the other. However, there are individuals who have uncertain or confused gender identity or who are transitioning from one gender to the other, who do not fit into this dichotomous scheme. The extreme of this continuum is represented by *gender dysphoria (GD)*, defined as the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender [20]. For GD persons, the primary source of suffering is the sense of dissonance with the gender assigned to one's anatomical sexual characteristics.

The GD condition highlights the dichotomy and the contradictions of the post-modern society between a physical reality (anatomical body) and the mental reality (gender identity) [57]. Therefore, a main issue in this topic is what makes us males or female. For those persons who are not clearly classified as *he* or *she*, the Western world has coined the word *transgender*. Indeed, the natal anatomic view of gender has been the mainstream view in most developed countries. According to this perspective the determinant of our sex identity is based on our external anatomy, and persons should grow up with a gender role that matches their anatomy, and those who deviate from these "rules" are seen as mentally disordered.

Western psychiatry considers GD to be a psychiatric disorder by pointing out that it is rare, and it represents abnormality [57]. The only treatments that are typically considered in Western countries are hormone therapy

or surgery. However, a large proportion of transgender persons want to live in their actual condition without undergoing any medical or surgical intervention [58]. While the recognition of GD as a disorder may allow access to state insurance and medical services, as well as legal protection against discrimination, most transgender persons see themselves not as disordered but rather as part of human diversity. GD persons often state that their minds are fine but that they were born into wrong bodies, and their mental problems are the consequences of reactions from family, friends, and society.

Contrary to the anatomical position, the psychosocial perspective maintains that the sex category into which we are placed at birth is simply a first guess as to what identity we will later assume, and that it is possible to grow up with a gender that does not match that original sex category [57]. Therefore, "transgender" should be considered as an aspect of human diversity rather being considered disorder, deviance, or at worst depravity. The conflict between these two perspectives is a serious matter of concern for transgender persons, involving the discrepancy between identity and the name written in a passport, social welfare rights, marrying and parenting rights, and even the search for a job.

The anthropological perspective allows us to consider the ways in which culture shapes and is itself shaped by the activities and understandings of people, from the most intimate of bodily concerns to the most global of economic systems. Indeed, there are different ways in which sexuality and gender are understood in other cultures and, in so doing, can underscore the importance of disengaging concepts of sex from those of gender [59]. This topic highlights the importance of the social context in shaping our understanding of gender as something that is not given, but rather learned. In many parts of the world male and female are not seen as the only possible gender identities, and need not to be regarded as mutually exclusive. Indeed, some peoples recognise the possibility of a third gender, and in Western societies, until the late eighteenth century, popular and medical science assumed that there was only one gender. This interpretation suggests that gender identity may be a more important marker of personhood and self-identity than anatomical sexual identity. However, when it comes to how to respond to individuals whose gender role and identity is manifestly discrepant with their physical bodies and appearances, most groups or societies are at a loss. So fundamental is the need for clarity about who is male and who is female that those who demonstrate apparent uncertainty (or indeed express a perplexing certainty) are viewed with alarm [60].

There is no universal patterning of tasks or behaviours according to sex. For example, in some societies men may adopt more nurturing kinds of behaviour than women, while women adopt more aggressive roles [61]. An interesting example is represented by *Hijras* in India, a religious community of men who dress and act like women and for whom commitment to the role of *hijra* is signified through their impotence as men, an impotence usually achieved through the act of castration. As children they often have interest in playing with girls, with wearing female rather than male clothing and using eye make-up. Gilbert Herdt notes that central to *hijra* identity is their in-betweeness, their being neither man or woman is what being *hijra* is [62]. The idea that a person's identity arises out of his/her sense of who he/she is and how he/she presents to the world is more widespread in those countries that are least influenced by Judeo-Christian or Western psychiatry. Among them is Thailand, which is overwhelming Buddhist [63].

Languages reflect how the issue of gender identity is differently managed across cultures. For example, Thai language fails to distinguish between sex and gender. One word, *phet,* says it at all. The word is so versatile it can even be used for "sexuality". Moreover, Thai culture allows for the possibility that there may be more than two sexes and genders; thus, for example, the common term for transgender is *phet tee sam,* the third gender [57]. On the contrary, the linguistic consequences of the anatomic view are evident in the English-speaking world. For example, male to female persons are generally called transsexual males or male transgenders, regardless of their perceived female identity. Indeed, many male to female persons refer to themselves as transgender females and not males. A first consequence of this linguistic discrepancy is marriage: even though male to female persons are often attracted to males they may not be able to marry them, since in a number of Western countries this qualifies as same-sex marriage and is illegal. Moreover, transgender persons may find it difficult to get a job simply because their gender identity and appearance or papers fail to match. In Italy, the anatomic perspective is so strong that to get a new "legal" gender identity, persons must undergo genital reassignment surgical intervention. In other words, they must sterilise themselves to adopt an (official) gender identity that resembles their perceived identity. Also, transgender persons can be victims of the anatomical perspective, as many say that they are "born transgender" but are now male or female.

The conflict between the two views (natal anatomical versus psychosocial) is now more evident as in the names given to the surgical operations in which a person's genital are removed [57]. In English, the mainstream name is "sex reassignment surgery". The connotation is one of moving away from the sex that one properly belongs. In contrast, many transgenders talk about "sex confirmation surgery", the connotation being moving towards the sex one always should have been.

The anatomic view is so represented in Western culture that the less-informed public finds it difficult to distinguish between gay and transgender persons. Considering sexual orientation, the anatomic view allows saying that male to female persons should be considered as homosexuals. However, a male to female person who is attracted to men generally feels female, and may have felt so as long as she can remember, often predating any feelings of sexual attraction. Conscious that her attraction towards men is consistent with her feelings of identity, she sees herself as heterosexual. She probably sees her partner's attraction to her in the same light, as indeed he might.
One of the contributions that work on transgenderism can offer to sociolinguistics and anthropology is a focus on the relationship between language and the lived body. *Transgenderism* contributes to an affirmation of the permeability of gender boundaries. Several studies have been performed regarding the language of transgender persons and the adoption of stereotypical speech, that is, a way of speech that helps produce the appearance of appropriately sexed corporeality. For example, it has been noted that transgender females generally use more tag questions (i.e. questions appended at the end of a statements, like "this is silly, isn't it?) and the so-called "empty adjectives" like lovely and precious [64]. On the other hand, transgender males are told to use a certain aggressive style and to tell people what they want instead of asking it, to help them pass as men. Another example is represented by the linguistic innovations of Dana International, an Israeli transgender pop diva. It has been argued that Dana is a "significant linguistic innovator" whose lyrics transcend any one language, in much the same way she transcends any sex as she tries to maintain gender ambiguity. Moreover, there many words that have been invented and adopted by many transgender persons to define themselves, including *gendertrash, spokensherm* and *genderqueer*. Words such as *femisexuals*, *mascusexuals, transhomosexuals* have also been coined, demonstrating great creativity in the language of transgender persons [64]. These examples suggest an attempt among transgender people to transcend grammatical gender and reconfigure language to express their subjectivities and desires.

Conclusion

According to the different perspectives presented herein, language impacts the experience and definition of the body, which is related to the construction of identity. Both GD and EDs are conditions in which the process of self-identity construction is interfered with by a profound uneasiness toward one's own body. They both thematise the relationship among language, body and identity, as they are ways in which people feel a disturbance of the implicit connection between leib, koerper and body-for-others, and this causes disturbances in identity. Societal and cultural norms and values, particularly as expressed in language and symbols, may exacerbate this identity split and the distress felt by such individuals, by limiting the opportunities for self-expression: in EDs, this is by having a limited definition of beauty and ideal body; in GD, this is by limiting gender to either male or female.
However, differences do exist between these conditions, especially in the way language represents a kind of solution. In EDs, the definition of the body can offer a kind of "materialised metaphor" that may be used to shape identity. GD people may try to exit the confines of typical language either by creating their own labels or by using language in a unique or individualised way. Therefore, in some way GD people are finding creative and constructive ways out of their situation, expanding the possibilities for language and identities, and overcoming the limitation of socio-cultural traditional models. On the contrary, persons with EDs remain entrenched in the limitations of their corporealised language, which limits the expression of their own identity.

Conflitct of interests
None.

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A general overview

J. Cutting

Honorary Senior Lecturer, Institute of Psychiatry, London, UK

Summary

I provide an overview of the subject within which the other contributions to this special issue can be placed. The approach is descriptive rather than phenomenological, and my own view is that the descriptive psychopathology in this area is a muddle. Linguists have made most progress so far, which is why I have emphasised their contribution. My further view is that the subject is in urgent need of a new approach, and the phenomenological studies in this special issue are thus very timely.

Key words

Formal thought disorder • Aphasia • Non-aphasic misnaming • Schizophrenia

Introduction

If spoken language is a species of signs, we can first divide the psychopathological material into disordered sign systems of all sorts, including disordered spoken language. The other sign systems for which there is a psychopathological literature are written language, music, numbers and sign language for the deaf, each with their corresponding expressive and receptive disorders (not considered further here).

Within the confines of spoken language disorder, we can follow Saussure [1] and distinguish *la langue* (the structure of language) from *la parole* (speech). This gives two major classes of language disorder – *disordered language structure* and *speech disorder*. Within each of these there are various subclasses.

The subclassification of speech disorder adopted is arbitrary, but it should be uncontroversial because there are no serious problematical issues to consider. However, the subclassification of disordered language needs some discussion, because the three major traditional varieties – *aphasia, non-aphasic misnaming* and *formal thought disorder* – overlap with respect to the pattern of linguistic breakdown, and the third of these was called such because the person who named it [2] did not believe that *it* was a language disorder at all.

The reasons for all this muddle are as follows. Each of the varieties was described and named by virtue of their link with some purported cause.

Aphasia was the first specific mental disorder of any sort to be attributed, by Broca [3], to a lesion of a specific area of the brain. Although the area of the brain where damage could cause a language disorder was subsequently widened to include Wernicke's area, and the area in between this and Broca's area), it was still a very small part of the overall brain.

When language disorders were subsequently encountered in patients with damage outside this classic region, it was considered that some other name should be given to these – hence non-aphasic misnaming – even though it was acknowledged that some aphasic patients with a lesion within the classic zone could have purely misnaming problems, a condition which was called *nominal aphasia*.

The paradoxical use of the term formal thought disorder to refer to a disorder of language arose because Bleuler [4] considered thought disorder to be the primary and fundamental deficit in schizophrenia, a view with which Schilder concurred. But whereas Bleuler believed that delusions as well as peculiarities of speech stemmed from thought disorder, Schilder considered that some distinction should be made in the two cases. He thought that a disorder of the form of thought was to blame in the latter case – hence *formal* thought disorder – but that a disorder of content of thought was evident in the former.

Two further issues can be briefly mentioned. One is the duplication of terms for the same psychopathological entity. This is due to the independent description of a suggested entity by neurologists and psychiatrists. We encounter this problem throughout the whole realm of psychopathology.

A second is a further multiplication of terms for the same psychopathological entity owing to disputes about what modality of the human state is involved. There are a multitude of psychological terms for what is essential the same

Correspondence

Mill Wood, Wall Hill, Forest Row, East Sussex, England RH18 5EG • E-mail: jccutting@outlook.com

sort of thing: schizophasia (neurological orientation), formal thought disorder (cognitive orientation), 'crazy talk' (behaviourist orientation), communication disorder (social orientation) and pragmatic language disorder (linguistic analysis). There is also plethora of clinical terms for the same manner of speaking: knight's move thinking, derailment, tangentiality, loosening of associations and loss of goal.
Despite all these problems, the tripartite division into aphasia, non-aphasic misnaming and formal thought disorder will be adhered to here because, as I shall show, there are linguistic distinctions to be found to support the otherwise dubious nosological considerations.

Varieties of speech disorder

Altered amount of speech

Pressure of speech is a morbid speeding up of the rate of otherwise normal speech. It is characteristic of mania. *Logorrhoea* refers to the same entity, although in a neurological context – epilepsy, focal brain damage [5]. Fisher [6] coined another term for the same sort of thing, in a neurological context, except that the content was nonsensical – *nonsense speech amphigory*.
Anarthria, literally 'lack of speech', is used for the markedly reduced output of speech accompanying the early stages of a brain lesion inside the classical language area. This tends to move on to a severe expressive aphasia. *Mutism* is the equivalent psychiatric term.
Poverty of speech is inappropriately laconic speech, and, although no different from anarthria, is the term used in the context of schizophrenia.

Altered fluency of speech

Stuttering (stammering) can be defined as 'silent or audible involuntary repetition or prolongation of an utterance of a sound' or 'a sound improperly patterned in time and the speaker's reaction to it' [7]. It can be developmental or acquired. The acquired form is usually a consequence of multiple bilateral cerebrovascular lesions or, if unilateral, left-sided lesions [8]. Joseph [9] observed it in two cases of depressive illness.
Palilalia is the 'compulsive repetition of a phrase or word which the patient reiterates with increasing rapidity and with a decrescendo of voice volume' [11]. It is involuntary and could be classified in the next section, but the 'increasing speed and decreasing distinctiveness' of the utterance is its most striking characteristic [10].

Involuntary speech

Echolalia is the involuntary repetition of someone else's speech. It may be developmental or acquired. The developmental variety is usually part of infantile autism; it is not an exact replica of what is heard, in that the pronouns are reversed, and it is delayed. The acquired variety [12] has been reported in Gilles de Ia Tourette syndrome [13].
Speech automatisms may take the form of either stereotyped utterances during an epileptic discharge [14] or 'intrusive inner speech vocalizations… natterings' [15] in the context of focal brain damage.

Altered prosody

Aprosody and *dysprosody* are synonymous terms for a disorder of what Monrad-Krohn [16], who first described it, referred to as the 'melody of language'. Prosody is now regarded as separable into two components: the stress and rhythm with which a subject pronounces each phoneme, which make up his or her regional and individual accent – usually referred to as stress prosody (sometimes as linguistic or propositional prosody); and the emotional valence in the subject's speech – usually referred to as affective or emotional prosody. Each of these components can be disordered in the expressive or receptive mode, giving rise to four types of aprosody: expressive stress aprosody; receptive stress aprosody; expressive emotional aprosody; and receptive emotional aprosody. Monrad-Krohn [17] also referred to hyperprosody – an exaggeration of all prosodic components – which he believed could occur in mania.
Expressive stress aprosody is the cause of the 'foreign accent syndrome' [18], where the patient speaks with an accent resembling that of a native of another country. Monrad-Krohn's [16] first patient was a Norwegian who began speaking like a German, which was acutely embarrassing for her because this happened during the German occupation of Norway and she was branded a collaborator. Both expressive stress aprosody and receptive stress aprosody are associated with left hemisphere damage [19].
Expressive and receptive varieties of emotional aprosody are associated with right- hemisphere damage [20] or schizophrenia [21]. Subjects cannot express emotion in their voice such that normal raters can determine which of a number of standard emotions they are supposed to be expressing, nor distinguish a designated standard emotion in someone else's voice.

Varieties of Language Disorder

Aphasia

General considerations. *Broca's aphasia* (expressive aphasia, motor aphasia) is a severe breakdown in the structure of the language required for expression. At the outset there may be no speech at all (anarthria). Later, the pattern is predominantly one of phonemic and syntactical errors.

Conduction aphasia is a condition where the repetition of speech is disproportionately affected relative to other speech performance [22]. The other structural components are usually abnormal, but the problem with repetition is an over-riding defining feature. *Transcortical motor aphasia* and *transcortical sensory aphasia* are conditions in which the repetition of speech is relatively well preserved compared with spontaneous expression in the former and comprehension in the latter.

Wernicke's aphasia (receptive aphasia, sensory aphasia) is a severe breakdown in the structure of language required for comprehension of speech.

Jargon aphasia refers to any variety of aphasia where the speech output is full of paraphasias (see below). The paraphasias may originate from a breakdown at the phonemic or semantic level.

Linguistic considerations. A *phonemic breakdown* occurs in *phonetic disintegration* [23]: the individual phonemes cannot be pronounced correctly because the vocal apparatus is not able to construct the necessary distinctive features. In *phonemic jargon aphasia* [24] the individual phonemes are correctly pronounced, but are then strung together almost at random so that non-words (jargon) emerge.

At the receptive end, *pure word deafness* [25] may occur, where phoneme decoding is primarily at fault and hence speech comprehension is impossible.

A *syntactic breakdown* – agrammatism – is characteristic of Broca's aphasia [26]. Inflections, plurals prepositions, and personal pronouns are particularly affected, rendering speech like the contents of a telegram.

A semantic breakdown is seen in two varieties of aphasia: nominal aphasia [27] and semantic aphasia [28]. These are, respectively, those cases where a naming problem is the most outstanding feature, and those where a subject is unable to 'grasp the ultimate meaning' [28] of a sentence.

Nominal aphasia is then subdivided into cases where the naming problem is relatively specific to one modality – for example optic aphasia [29] where subjects can name things from description or when palpated, but not when presented visually – and those where the naming problem is relatively specific to one category of knowledge – for example, colour anomia [30].

The problem with this analysis of aphasia is that a semantic breakdown also occurs in the other two main nosological varieties of linguistic breakdown – non-aphasic misnaming and formal thought disorder. The practice until now has generally been to call the semantic anomaly by a different name depending on which nosological variety it is associated with, which does not solve anything: paraphasia in the context of aphasia, and neologism or word approximation in the context of formal thought disorder. Even this practice is variable. For example, Ardila and Rosselli [31] define a neologism as a word which cannot be traced back to any extant dictionary word, whereas they regard a word like 'summerly' as a paraphasia because it appears to derive from summer. In my view, the solution to all this is to retain the single term paraphasia for all inaccurate word selections, regardless of purported cause and regardless of whether the result sounds like a genuine word in the subject's lexicon or not. The next step is to analyse the linguistic reasons for the faulty 'word' choice. Ardila and Rosselli [31] did just this in the case of aphasia, and distinguished the following:

1. articulatory paraphasias (phonetic disintegration at the speaker's end, causing the 'd' of dog to sound like a 'b'– hence bog);
2. literal paraphasias (phonemic substitution at speaker's end, causing a true 'b' to be uttered instead of a 'd'– hence bog for dog);
3. morphemic verbal paraphasias (syllable substitution at the speaker's end, for example friendlish for friendly);
4. semantic verbal paraphasias (whole-word substitution at the speaker's end, for example chair for table).

The step after this is to compare the pattern of such anomalous words between the nosological categories. Ardila and Rosselli [31] also did this in the case of various sorts of aphasia – Broca's aphasia, Wernicke's aphasia, transcortical motor aphasia, conduction aphasia, and nominal aphasia. Lecours and Vanier-Clément [32] did it in the case of schizophrenic formal thought disorder, Broca's aphasia, and Wernicke's aphasia. Chaika [33] did *it* for schizophrenic formal thought disorder alone. Unfortunately, no-one has analysed the errors of non-aphasic misnaming in this way.

Taking the three studies together, the critical results were as follows. In transcortical motor aphasia there were virtually no paraphasias. In Broca's aphasia and conduction aphasia literal paraphasias abounded (predominantly phonemic breakdown). In Wernicke's aphasia there were equal numbers of literal and verbal paraphasias (indicating both a phonemic and a semantic breakdown). In nominal aphasia there were only verbal paraphasic errors (semantic breakdown only). Articulatory and literal paraphasias do not occur in schizophrenia. What do occur are morphemic verbal paraphasias; these, unlike the ones generated by Wernicke's and nominal aphasics, are composed of 'antonymic contrasts' [32], a 'preoccupation with too many of the semantic features of a word in discourse' [33], 'inappropriate noting of phonological features of words in discourse' [33], and 'production of sentences according to phonological and semantic features of previously uttered words, rather than according to a topic' [33]. In other words, Broca's aphasics may utter apparent new words because they mispronounce or substitute phonemes (e.g. pog). Wernicke's aphasics may utter new

words through sheer non-rule-governed (random) fabrications at the phoneme, subword or word level; for example, when asked to name a handkerchief a patient of Perecman and Brown [24] said, 'Well this is a lady's line, and this is no longer what he wants. He is now leaving their mellonpush'. Schizophrenics manufacture new words by means of rule-governed selections at the subword and word levels – see below.

As for a *pragmatic breakdown* in aphasia the linguistic levels primarily affected here are the phonemic, syntactic, and semantic. Any pragmatic consequences are secondary. In fact, in Broca's aphasia, the subject can develop a remarkable repertoire of communication with the few words and non-words at their disposal.

Non-aphasic misnaming

General considerations. The term was introduced by Weinstein and Kahn [34] for paraphasias occurring in subjects with generalized cerebral dysfunction. They claimed that the misnaming was rule-governed, and that the things misnamed were objects, people, and places connected with the subject's illness. They later claimed [35] that this theme-governed misnaming occurred in its purest form in subjects with right-sided lesions, less so in those with diffuse lesions, and not at all in those with left-sided lesions. Others, although not remarking on this precise theme-governed pattern, have noted that non-aphasic misnaming is the most striking disorder of language, if one occurs, in diverse examples of brain damage not confined to the classic language zones: alcohol intoxication [36], Korsakoff's syndrome [37], and head injury [38]. Another frequent comment is that the choice of phrase, even if there are no actual paraphasic words, is 'out of focus' [frontal leucotomy [39]] or indicates a 'laziness' [frontal leucotomy [40]]. For example, one of Tow's subjects defined a lecture as a 'talk generally given by doctors to enable other men to get on in the world'.

Linguistic considerations. It is not entirely clear whether non-aphasic misnaming is linguistically homogeneous, whether it is linguistically distinct from all varieties of aphasia, particularly nominal aphasia, or whether it differs from the semantic breakdown encountered in formal thought disorder. What is needed is a detailed linguistic analysis of the structure of the paraphasic responses such as that applied to formal thought disorder by Lecours and Vanier-Clément [32] and Chaika [33]. However, there are sufficient examples in Weinstein's writings on the topic [particularly Weinstein and Kahn [41]] to give a substantial clue to its nature.

Weinstein and Kahn distinguished three aspects of language use by their subjects.

1. There was 'paraphasic misnaming', where the name, the authors argued, was related to 'the object in terms of certain aspects of its function or structure… [and] misnaming was most frequently obtained with objects that bore a relation to the patients' personal problems mainly those of illness'. In fact, the examples given bear testimony to there being a problem of individual instance selection within a category, but no more. For example, one subject called a wheelchair a chaise longue, then a Morris chair and then an easy chair. Another subject called a radiator a stove; yet another called a bed a studio-couch. Weinstein's claim that the word choice was motivated by a desire to reduce the emotive impact of the things in the patients' surroundings may be true, but he presents no convincing evidence to this effect. What does emerge is a mistaken instantiation within a correct category.
2. There was inappropriate 'use of the second and third person'. Subjects would refer to their disabled limb as 'He's very limpy' or say 'There there don't worry you'll be alright', or generalize matters, 'I'm completely tired; I'm not the only one, everyone in my department is tired'. The only other situations in which such third-party references replace the self are the auditory hallucinations of schizophrenics, and the philosopher Wittgenstein's musings on the attraction of behaviourism [42].
3. Speech is 'stilted, ornate and pedantic'. Asked to give reasons for going to a doctor, one subject replied 'Lack of precision in dealing with my friends'. Another, asked to identify other patients on the ward, replied, 'Patients trying to get back to themselves from the normal standpoint of view'.

Therefore it would seem that non-aphasic misnaming is a form of *semantic-pragmatic disorder* [43]. For example, Cummings et al. [44] noted that, in their case of 'toxic encaphalopathy', as well as paraphasias, there were 'exaggerated stress prosody', 'loquaciousness' and 'poverty of content' in explaining a simple story.

Formal thought disorder

General considerations. The most outstanding feature of formal thought disorder, which, as we saw above, is the term used interchangeably for schizophrenic language disorder, is its contrast with aphasia.

In aphasia, it is the intrinsic structure of language which falls apart: the phonemic level is the most devastated, followed by the syntactical level, followed by the semantic level; the pragmatic level is only secondarily affected or is not affected at all. Moreover, the anomalies generally stem from random substitutions at the three bottom levels. In short, the Saussurian edifice is rotten to the core. Its foundations are crumbling from within.

In schizophrenia it is the pragmatic level which bears the brunt of the assault, the semantic level is next affected, the syntactic level hardly at all, and the phonemic level

not at all. Moreover, the changes in the semantic and syntactic components are not random but rule-governed, and are driven by top-down considerations (e.g. paraphasias at the semantic level exemplifying, as Lecours and Vanier-Clément [32] put it 'preoccupations of a more abstract order in which affectivity does not play a predominant role'). In short, the Saussurian edifice is not only intact, but working overtime ['inappropriate noting of phonological features of words in discourse… preoccupation with too many of the semantic features of a word in discourse' [33]]. Any deviance of the semantic and syntactical levels derives either from this autonomous self-referential overdrive, or from what Lecours and Vanier-Clément [32] referred to as 'unusual word choices… testifying to lexical wealth... adapted to the speaker's ideation' (in other words, not adapted to the listener).

Linguistic considerations. Pragmatic deviance is shown in the opaqueness of formal thought disorder with respect to communication of meaning. This is apparent in two major ways.

Firstly, there is contravention of the normal rules of discourse, through which, by means of cohesive ties between the current and the previous clause or sentence, the sense of what is meant to be expressed is made clear. A series of clinical terms – loss of goal, tangentiality, derailment, knight's move thinking, loosening of associations – attest to this deviance, although between them they neither identify essentially different problems nor throw any light on the cause of the deviance.

Secondly, the number of words per meaningful remark is disproportionately large relative to a normal person. A further series of clinical terms – circumstantiality, poverty of content of speech, poverty of thought, empty speech, verbigeration – attest to this aspect of their verbal output, and these too, between them, are virtually synonymous and neutral as to cause.

More detailed analyses of the pragmatic deficit in linguistic terms are scarce because the field of pragmatic language is still being developed. However, whenever one of the key concepts in the area (e.g. cohesion, reference, relevance) has been studied in the context of formal thought disorder, marked abnormalities have been found, for example cohesion and reference [45] and cohesion [46].

At the *semantic* level, the deviance is quite marked, a fact well recognised by Bleuler [4] and Freud [47]. Bleuler thought that he could discern some of the rules which make up the deviance, for example, that the least essential element of something was taken to represent the whole (e.g. shoe designating dance), a practice which is referred to as metonymy. Freud remarked:

If we ask ourselves what *it* is that gives the character of strangeness to the substitutive formation and the symptoms in schizophrenia, we eventually come to realise that it is the predominance of what has to do with words over what has to do with things.

Chaika [33], Kwapil et al. [48] and Spitzer et al. [49] all demonstrated that schizophrenics were more influenced than normal subjects by phonological and semantic elements in earlier parts of their own speech.

My mother's name was Bill and coo. St. Valentine's day is the starting season of breeding for birds. I had a little goldfish too, like a clown happy Halloween down [33].

Another well-attested rule is their tendency to select literal as opposed to figurative meanings. (Note that schizophrenics are not more concrete as opposed to abstract. This mistaken view of Goldstein [50] is still held to this day, despite numerous rebuttals). What schizophrenics do have is a predilection for abstract against metaphorical meanings.

In essence, the most parsimonious account of their semantic deviance is that they shift away from using language which refers to anything outside the language system itself. In this way, they are a living example of the position of the philosophers Derrida and Lacan on language as a closed self-referential system.

Altogether there is a vast literature on semantic deviance in formal thought disorder [51]. Very little of it is strictly incorrect, but much is too narrowly focused or too wedded to some out-of-date psychological model of the mind to be of much general relevance now. More seriously, almost without exception, experimenters have assumed that schizophrenics will perform badly on whatever linguistic task that they are offered. One of the most comprehensive books on schizophrenic thought disorder [52] is ruined by being based on the single premise that whatever schizophrenics do, they will do *less* efficiently than will normal subjects, until Sass [53] pointed out that the opposite was the case.

In conclusion, consider the psychopathological entity of object chaining, described by Maher [54] and Manschreck et al. [55]. This refers to a tendency to give long lists of the extension of a category: I have some beautiful things, the bust of Lincoln, the bust of Washington, the thinker, strawberry teapot and sugar bowl, some ashtrays [54].

This is none other than the lexicon running wild, with no appreciation of the communication of such a discourse.

At the *syntactical* level, the situation is still unclear. There appears to be no problem in understanding standard grammatical rules such as those required to pick up syntactical boundaries in other people's speech [56], or in using them to their advantage in remembering grammatically meaningful better than grammatically meaningless sentences [57]. But their spontaneous speech is alleged to be grammatically deviant in a number of ways [32 58-60 51].

What these last claims represent is not at all certain. Hoffman and Sledge [58], following Saussurian lines, maintained

that there were 'paragrammatisms' or paradigmatic substitutions for example 'My wife remains at *the small* (instead of *home*) to look after our daughter', and 'syntagmatic substitutions' for example 'That's why you know the fact I did there was no stigmatism attached' instead of 'There was no stigma attached to my deed'. In the first example the deviance has more of a semantic quality about it, and in the second there are both semantic and pragmatic deviant qualities. Anyway, the authors regard the problem as originating from some breakdown in prelinguistic thought'. Thomas and Leudar [61] found a tendency to make more errors than normal subjects did as the clausal complexity of what was said increased, but this was partly accounted for by impaired attention and what was the cause of any remaining deviance was not apparent.
There is no substantial evidence that the articulation and comprehension of phonemes are anything but normal. There is no *phonemic breakdown*.

Conflict of interests
None.

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The group of schizophrenias as logopathies

O. Doerr-Zegers

Universities of Chile and Diego Portales, Member of the Academy of Medicine, Chile

Summary

I propose a new dichotomy within these formerly called "endogenous" diseases, which bases on the phenomenological level of analysis: logopathies and tymopathies. The first would include all forms of schizophrenias, while the second correspond to the affective disorders and also to the great part of currently labelled anxiety disorders. In this contribution, the subject of logopathy is developed. This author tries to demonstrate the legitimacy of this conception, upon the basis of three fundamental arguments: 1. alteration of the thought/language as a nucleus of the schizophrenic suffering; 2. schizophrenia as a constitutive element of human condition; and 3. schizophrenia appears as a perturbation of Verstehen (understanding) in Heidegger's sense. Understanding represents one of the two fundamental ways Dasein (human being) is in the world, while the other, Befindlichkeit (state-of-mind), is precisely what would be altered in tymopathy.

Key words

Schizophrenia • Phenomenology • Language • Evolution • Heidegger's concept of understanding

Introduction

Our intention is to propose a new dichotomy within the so called "endogenous" diseases, that is to say, those lacking a demonstrable organic basis and which unlike neuroses, reactions to traumatic experiences or personality disorders, affect the totality of the person and his/her world. We owe to the German author Hubertus Tellenbach [1] a psychopathological and philosophical elaboration of the endogeneity problem, which in our opinion has not been overcome so far.

As is well known, the first great differentiation in the field of "insanities" was made by Emil Kraepelin [2] in the sixth edition of his Handbook of Psychiatry, with his distinction between Dementia Praecox and Manic-Depressive Insanity. The latter came to be called manic-depressive psychosis and the former, starting from Bleuler, became schizophrenia. This distinction has been maintained through more than 100 years, in spite of multiple attempts to abolish it; among those attempts are the theory of unitary psychosis (*Einheitpsychose*) and the description of many intermediate syndromes. The last attack on Kraepelin's conception is hidden, paradoxically, in the DSM [3-7], which do recognise that it is a matter of different entities, but it deprives them of their category of "endogenous", by using the same term "disorder" for schizophrenia and manic-depression as well as for personality, anxiety, organic etc. syndromes. To transform these puzzling diseases, which – as we will see – are a part of the human condition itself, in a mere list of symptoms (9 in depression, 5 in schizophrenia, adding in this last case the criterion of social and working dysfunction), constitutes a dramatic impoverishment of psychopathology, as it was understood by the tradition and until the phenomenological-anthropological movement of the second half of the 20th century. This was recently soundly denounced by Pelegrina [8]. Besides the implicit error in attempting to use categorical criteria in the definition of syndromes without an organic basis, this type of conceptualisation omits very evident phenomena which appear to be associated with the so-called endogenous diseases, as for example, their relationship to a determined corporal biotype, as was first claimed by Kretschmer [9] and later demonstrated in empirical studies – although with some variations and precisions – by von Zerssen [10]; their association with maturative crises and cosmic rhythms, developed by Tellenbach, especially in the last edition of his book "Melancholy" [1], or the interesting nexus between endogenous disease and biography, as they have been studied by Tellenbach for affective disorders and by Binswanger [11], Blankenburg [12 13] and this author [14-17] for schizophrenia.

Now, apart from what in our opinion has been a failed attempt to operationalise psychiatric diagnoses and particularly the two great "endogenous" diseases that constitute the centre of daily clinical work, the history of this distinction has been full of problems, above all regarding the affective disorders, to which we will refer in the second part of this research, entitled "The affective disorders as thymopathies". Schizophrenias, on the contrary, have been maintained as a more or less coherent group and

Correspondence
O. Doerr-Zegers, Universities of Chile and Diego Portales, Member of the Academy of Medicine, Chile • E-mail: odoerrz@gmail.com

with the same name, in spite of the broader or narrower criteria with which these patients have been diagnosed through the years. We want to suggest that the fact that DSM has finished with the distinctions between endogenous and reactive, neurotic and psychotic, primary or symptomatic etc. forms of presentation, has not resolved the problem of the nosology of depression. Thus, the concept of "major depression" is very wide, the differences with respect to the other two subtypes (dysthymia and depression with melancholic features) are not very clear and even worse, the limits with respect to the so-called anxiety disorders, the somatoform ones and some of the personality disorders are so diffuse, with so many overlaps, tautologies and redundancies, that serious doubts about the consistence of these constructs arise.

Only two examples of the impracticability of the categorical diagnoses in psychiatry: several studies demonstrate that the comorbidity of personality disorders and major depression is over 50% [18 19]. The arbitrariness of these categorical diagnoses reaches the extreme in the case of antisocial personality, in which [19] there are 149,495,616 possible ways to meet DSM-III-R criteria for this category. The situation has not changed very much in DSM-5. The problem lies in the fact that in creating these constructs, only descriptive criteria have been used and that for the sake of a pretended "objectivity", both the subjectivity of the patient and the one of the examiner have been fully omitted. Reasonably, Pelegrina [8] says that every psychopathology should try to transform itself in "a rigorous, critical and revealing knowledge of mental disorders" and must orient itself toward the *Gestalt* of the "*logos* of the sufferings structure". In its absence, psychopathology will be a mere "*semiotic* or *semiotecnique* with only transcriptive character of the ingenuously given in its spontaneous appearing in the eyes of the patient and/or of the explorer of the signs of the disease" (p. 45).

The results of the phenomenological research in psychopathology and psychiatry are very different. The studies by Tellenbach, Binswanger, Zutt, López-Ibor Sr. and Blankenburg, among others, carried out in the 1950s and 60s, still have validity and each time attempts have been made to demonstrate them empirically the results have only served to confirm them. It is not our case here to refer in detail to these contributions. Something similar is occurring with the work of authors of new generations, such as Naudin [20], Parnas [21], Sass [22], Schwartz [23 24] and Stanghellini [25]. Today it is a matter of laying the foundations for the proposition stated at the beginning: to separate all non-organic psychopathological syndromes in logopathies and thymophathies. *There are three fundamental reasons for thinking that our proposition is correct.* The first is that since the initial description of schizophrenia and of bipolar disease the most important authors have seen as a fundamental phenomenon of them, respectively, the anomalies of thinking/speaking and of mood, that is, in Greek *logos* and *thymós*. This last, as we will see, is a rather more complex phenomenon than it is usually understood to be. The second is that a lot of features induce one to think that both diseases are not a mere accident of human life, but rather something concerning its very essence, thus requiring a philosophical and anthropological understanding in addition to mere description of symptoms and nosographical classification. The third reason lies in Heidegger's rigorous and revolutionary description of human being as *Dasein*. According to Heidegger, the two fundamental forms of being the *Dasein* in the world are *Befindlichkeit* (state-of-mind) and *Verstehen* (understanding), which is in turn the pre-supposition of interpreting and speaking. In other words, the human being is in the world primarily and simultaneously as *thymós* and as *logos*. Affective diseases constitute the failure of the former in regard to being in the world and schizophrenias in the latter. We will here try to demonstrate the aforesaid.

Schizophrenias as logopathies

The introduction of the logopathy concept is due to this author [26], who in 1991 published a study in Germany, with the title "From the destruction of language to schizophrenic logopathy". The reaction to this concept was scarce or null, with the exception of Héctor Pelegrina. In his book *Fundamentos Antropológicos de la Psicopatología* [27], this author insinuates that the distinction between logopathies and tymopathies would better correspond to the ambit of non-organic psychiatric disorders than the old distinction between psychosis and neurosis. In his new book, not yet published, "Psicopatología Dimensional", whose subtitle is precisely "Logopathies and Tymopathies", he develops in detail this distinction, granting it a clinical and philosophical fundament. For him, *logos* organises the ontological meanings of the world, while *thymós* organises the sense with which things somehow affect us. In both fields psychopathological disturbances can emerge: "psychoses" (e.g., schizophrenia) as transformation of the logical structure of human behaviour and "neurosis" (e.g. anxiety disorders, unipolar depression) as perturbation of the modal (affective) structure of human behaviour.

1. Disturbance of thinking/speaking as the nucleus of schizophrenic suffering

In the sixth edition of his handbook, Kraepelin [2] characterises Dementia Praecox by the evolutional criterion we all know and by a series of symptoms, the majority of which have essentially to do with thinking or speaking: difficulty in comprehension, auditory hallucinations, thought broadcasting, thought of being influenced and disturbance

of the course of thinking and above all the incoherence of thoughts (*Zerfahrenheit)*. In the previous edition of his handbook, the fifth [28], Kraepelin had already mentioned the concept of incoherence as a symptom of the dementia praecox described by Morel [29], but without differentiating it yet from the incoherence proper of the organic syndromes. And thus, he speaks of it as "confusion with clear signs of intellectual deterioration" (p. 142). In the sixth edition, instead, he separates it from organic incoherence (*Inkohärenz)* and attributes it an essential and specific role in this disease: "In view of the flight of ideas, we want to oppose here, as an another form of loosening the course of thought, incoherence, which is the most specific of Dementia Praecox… In the framework of a speech whose exterior form is conserved, we find a total loss of the internal and external connection between the ideas".

As well known, Bleuler puts "the disturbance of the associations" as the first among the "fundamental" symptoms of schizophrenia. Then, from Schneider's [30] eight first rank symptoms, five have to do with thought and/or language: thought echo, auditory hallucinations, hallucinations commenting on one's own actions, thought withdrawal, thought insertion, thought of being influenced and thought broadcast. Moreover, in the Present State Examination (PSE/Catego-System), four of the five symptoms constituting the "nuclear schizophrenia" are referred to thought and/or language disorders. Additionally, in the Research Diagnostic Criteria (RDC) these disturbances also appear in the first place. DSM-IV enumerates five characteristic symptoms, two of which are referred to thought and/or language, while in ICD-10 [31], they are four of the eight. Finally, the research criteria of the Vienna School, headed by Peter Berner [32] should be mentioned, as it represents, in our opinion, the closest to clinical experience of all classification and diagnosis systems. There we find the schizophrenia defined by only three phenomena, two of which are explicitly referred to thought/language: the formal disturbances of thinking, among which the constraint, the derailment and the vagueness of thoughts, the neologisms and the affective flattening are mentioned. There is no doubt, then, that both for the classic authors and for the supposedly empirical and operational modern systems of diagnosis and classification, thought and/or language disturbances constitute the core manifestation of this disease. Now, it is interesting that this relationship between psychosis and language disturbance had already been suggested in the 19th century. In 1861, Paul Broca [33] discovered that the centre of language was found in the left hemisphere, and few years later the alienist James Crichton-Browne [34] – son of William Browne, one of the most radical evolutionists of Darwin times – made the following observation respecting the weight of the brain in the "insane":

> It seems not impossible that those areas of the brain that are latest evolved and that are supposed to be localized on the left side, might be the first to suffer in 'insanity'.

Other research seems to support this view. The WHO study about the incidence of schizophrenia [35] concludes that "schizophrenic illnesses are ubiquitous, appear with similar incidence in different cultures and have features that are more remarkable by their similarity across cultures than by their difference". The diagnostic criteria used in WHO study were based on the Catego concept of "nuclear syndrome" that, as we saw, requires the presence almost exclusively, of symptoms related to thought and language disturbances in order to establish a diagnosis of schizophrenia. Tim Crow [36-42] is perhaps the author who most extensively developed the hypothesis that nuclear schizophrenic syndrome is basically characterised by language disturbances which have their origin in specific alterations of the neuronal circuits. Starting from old works by Karl Buehler [43], Crow suggests that every language is structured in relation to the Self and that every experience only has sense in the interaction between what is generated by the Self and what it receives from significant others. The centre of this interaction is the Self. On the other hand, a difference between both hemispheres with respect to language has been established: language as such would be found in the dominant hemisphere and thought in the non-dominant [44]. According to Crow [40] "the hypothesis is that a unitary focus of neuronal activity mediates the interaction between dominant and non-dominant hemispheres (between 'speech' and 'thought') and relates the sequences generated by the speaker to those that he receives as hearer. This mechanism can go wrong and when it does, the phenomena that are generated are the first-rank symptoms of Schneider. Nuclear symptoms can be regarded as 'language at the end of its tether'". These symptoms also indicate the separation process of the function of the two hemispheres, something which is the species defining characteristic of the brain of *homo sapiens.* They suggest, among other things, the following: that the notion of the Self, the distinction between speaker and hearer and, more particularly, the distinction between the signals that the individual generates as speaker and those that he receives as hearer, constitute fundamental elements for the success of language.

2. Schizophrenia as a constitutive element of human being

The first who stated the hypothesis that schizophrenia would be specific to *Homo sapiens* was the Hungarian psychiatrist Miskolczy [45] in 1933. Two decades later, David Parfitt [46] developed the same idea in his book *Neurology of schizophrenia*. But it is Timothy Crow [36 39] who has most worked on this subject. To confirm the hypoth-

esis of a very ancient genetic cause of this disease, he had to eliminate the possibilities of an environmental origin. In successive works starting in 1983, he demonstrated the falsehood of the theory of the viral origin that claimed that schizophrenia was the product of infections or traumas during pregnancy or the period after delivery. In 2000, Kendell [47] arrived at the same conclusions. The exclusion of exogenous influences led then Crow to face the paradox of why schizophrenia, if it is genetic in origin and represents an evident biological disadvantage, was not selected out in the process of evolution. This paradox had already been identified in 1964 by the biologist and evolutionist Julian Huxley [48], famous for having tried to make the synthesis between Mendelian genetics and Darwin's theory. Huxley even suggested the hypothesis that the biological disadvantage of being schizophrenic would be balanced by a higher resistance to stress. But Kuttner et al. [49] pointed out that, besides the fact that this last hypothesis was not demonstrated, "it makes no sense in physiological terms to postulate an advantage in an area which is quite unrelated to the thing to be explained". When did this mutation which permits schizophrenia take place? The already mentioned study by the World Health Organization included populations in India, Japan and the north of Europe, which with absolute certainty had had no contact between them for at least 10,000 years. And yet, the schizophrenic syndromes detected in them showed the same Schneiderian first-rank symptoms, and in particular thought/language alterations. Identical symptoms were found in Australian aborigines [50] who have never moved from that place and it is now known that humans arrived in Australia as far back as 60,000 years ago [51]. As it is unlikely that a genetic mutation of this type would have occurred in different places of the earth and in the same way, it can only be concluded that it is as old as *Homo sapiens,* and *Homo sapiens* begins in the moment when the hominid starts to speak.

Since Darwin most researchers have been thinking that language is the only truly distinctive feature of human beings. Unlike the strictly evolutionist vision of Darwin and of his closest followers, modern science postulates that language appearance was not gradual, but abrupt [52] and the product of an impressive and in a certain way inexplicable rapid transition in the evolutionary process, occurred not more than 100,000 years ago. This phenomenon led the linguist Elizabeth Bates to manifest with perplexity that "if the basic structural principles of language cannot be learned (bottom up) or derived (top down), there are only two possible explanations for their existence: either universal grammar was endowed to us directly by the Creator (Wallace's explanation) or else our species has undergone a mutation of unprecedented magnitude, a cognitive equivalent of the Big Bang" [53]. We cannot describe the details of the research that led Crow and other scientists to associate this mutation with sexual chromosomes and in particular, with chromosome Y, and even less the complex changes occurred in this chromosome in two moments of discontinuity within the evolutionary process: 6 million years ago, when we separated ourselves from the chimpanzees, and the other about a 100,000, when we took the step from *Homo erectus* to *Homo sapiens* and we definitely took leave from our cousins, the Neanderthals. The important issues to underline are the following:

- language appearance was associated with brain asymmetry and with hemispheric dominance (the primates are all ambidextrous, while the humans are 85% dextrous and 15% left-handed);
- the origin of the genetic variation which made possible the appearance of schizophrenia is contemporaneous with the mutation which permitted our species to accede to language;
- and finally, the key thought/language alteration of the schizophrenic patients is the syntax, which is precisely that part of language which had to appear all of a sudden, unlike emotional and onomatopoeic language, already possessed by our ancestors and that could certainly evolve gradually.

Moreover, schizophrenia nuclear symptoms teach us the importance for human communication of knowing how to distinguish between self-generated messages and those received by another significant [40].

It would be difficult to find a stronger argument to support the formulated hypothesis of the specifically human character of schizophrenia and this is the reason why I suggest to call it "logopathy".

3. Schizophrenia as a perturbation of the existential feature of Verstehen (understanding), in the framework of the description of Dasein (human being) made by Heidegger in "Being and Time"

As said in the introduction, there are two elements characterising the *Dasein* in his/her way of being in the world: *Befindlichkeit* (state-of-mind) and *Verstehen* (understanding). We will focus now on the second existential feature. The *Dasein* is in the world above all and fundamentally as understanding, even more than as state-of-mind. The world is a totality of relations and of references. The world is not given to the *Dasein* as a set of "objects" with which in a second moment he/she would relate him/herself to and would attribute to them a meaning or a function. Things are always given to him/her already provided of a function and therefore, of a meaning. But they can be presented to him/her as such only if they are inserted in a totality of meanings, of which the *Dasein* already disposes. An evident circularity is stated here, because the world is given to us only in the measure that we already

have a patrimony of ideas or of prejudices which guide us in the discovery of things. Let us consider in this context Plato's reminiscence theory (knowing is remembering) [54]. Now, this does not mean that Dasein disposes from the beginning of a complete knowledge of the world. The meanings of the things are nothing but possible uses for our goals. The human being is constitutively an able-to-be. All his existence has this character of openness and of possibility. That is why *Dasein* is always in the world as a project. Now, the articulation of this original understanding of things is what Heidegger calls *Auslegung* (interpretation). But this is not a capricious or loose interpretation, because *Dasein* is not something closed, from which he/she has to go out of to reach the world; *Dasein* is always already and constitutively in a relationship with the world, before every artificial distinction between "subject" and "object" is made. "The interpretation is the appropriation of what is understood" [55] (§ 34). But knowledge as interpretation is not development and articulation of the fantasies that *Dasein,* as an individual subject, could have about the world, but it is the elaboration of the original relationship with the world of which he is constituted.

Language (discourse) is existentially equiprimordial with state-of-mind and understanding. Even further it is what makes possible the interpreting understanding or the interpretation of what is understood. For Heidegger, language is the "articulation of intelligibility". "The totality of significations of intelligibility *is put into words*. Words accrue to significations. But words-things (*Wörterding*) are not provided with significations" [55] (§ 34). And later he states: "The discourse is the significant articulation of the intelligibility of being-in-the-world to which belongs being-with and which maintains itself in a particular way of heedful being-with-one-another" (§ 34).

In these statements by Heidegger we find several elements which seem to us of the highest interest and which have to do with the subject we are dealing with. The first is the use of the expression *Wörterdinge* (words-things), with which the philosopher identifies the word with the thing. Let us remember "Kein Ding sei wo das Wort gebricht" and my own translation in parenthesis ("There would be nothing there where the word is missing") [56 57]. Things exist because there is a word that names them or because the man who is able to say those words exists. The other fundamental element is the statement that words accrue to significations and not inversely. This sentence by Heidegger shows an amazing correspondence with formulations coming from the theory of language, as well as with some of the discoveries of the evolutionary theory. Darwin himself had already affirmed that "articulated language is peculiar to man" and that "it is not the mere power of articulation that distinguishes man from other animals, for, as everyone knows, parrots can talk, but it is his large power of connecting *definite sounds with definite ideas*". A few years later Friedrich M. Müller [58], an opponent of Darwin's gradualist theory and defender of the unique character of the human being, distinguished between emotional and rational language. We would share the emotional or onomatopoeic language with some animals. Rational language, instead, is specific to man. The essence of this rational language, fundamentally lying in the dominant hemisphere, would be the capacity to form "roots". Müller claims: "Take any word you like, trace it back historically to its most primitive form, and you will find that besides the derivate elements, which can easily be separated, it contains a predicative root, and that in this predicative root rests the connotative power of the word […] These roots, which are in reality our oldest title-deeds as rational beings, still supply the living sap of the millions of words scattered over the globe, while no trace of them, or anything corresponding to them has ever been discovered even among the most advanced of catarrhine apes". There is an evident correspondence between Müller's linguistic roots and these "significations from which words appear" by Heidegger. And the most interesting thing in our context is based on the fact that the qualitative jump from the hominid to the *Homo sapiens* was precisely the acquisition of "rational language", or "roots" in Müller's terminology, or of the syntagmatic structure in the terms of de Saussure [44] – and not of the emission of sounds or even onomatopoeic words which our pre-human ancestors already managed to do.

According to Ferdinand de Saussure [44], spoken language is characterised by two principles: a syntagmatic structure, which corresponds to the organization of the elements within a sentence, and a paradigmatic mechanism, according to which every component of the sequence (proposition or sentence) can be substituted by another member of the same class. This distinction has served as fundamental to the bi-hemispheric theory of language, according to which the syntagmatic structure (the signifiers) would have fundamentally its origin in the temporal-occipital region of the dominant hemisphere (Wernicke area), while the paradigmatic, that is to say, the multiple meanings and their associations, in the non-dominant hemisphere. Both functions would be associated through the *corpus callosoum*, which has excessively large dimensions in the human being in comparison with other species [59]. Every signifier is associated through the threads of the *corpus callosoum* with a number of meanings that can be indefinite. This is what gives the paradigmatic flexibility to the sentence. Now, the accommodation of these possible associations in a syntagmatic and comprehensible lineal structure takes place in the frontal lobe of the dominant hemisphere (Brocas area). The basis of these interconnections and, therefore, of the adequate structuration of language, is the asymmetry of the brain, that, as is well known, is given in

the anterior-posterior direction, being the frontal region of the non-dominant hemisphere and the temporal-occipital of the dominant hemisphere wider. Crow mentions a series of studies, both anatomic and functional, mostly carried out by himself, which demonstrate the lack of differentiation of brain hemispheres in schizophrenia. This could be the basis of a lower control over the associations, perturbation which since Bleuler we recognise as the most characteristic of this disease.

Finally, it is necessary to underline the other Heidegger quote mentioned, which referred to the relationship between understanding, that is to say, language and the being-with and the being-with-one-another, something that he complements later, when he states that the possibilities to hear and to be silent also belong to the essence of talking. The importance of this passage is the relationship of language and the other person, a subject we have developed on another occasion [26]. The absence of the other person (in autism, for example) leads necessarily to the destruction of language, since "every assertion is already an answer" [60]. But this destruction of language arises today, as we know, only in extreme cases, or in very abandoned or insufficiently treated patients. What is certainly maintained as a fundamental symptom of this perturbation of understanding in Heidegger's sense is, on one side, the loosening of associations, given the lessening of the intentional arc, in the sense of Berze [61], and on the other, the difficulty to move among the different levels of language of everyday life, in spite of a perfect conservation of the intellectual capacities [62]. This is shown, among other things, through the frequent lack of sense of humour observed in schizophrenic patients.

In summary, the fundamental symptom of schizophrenia is the perturbation of thought and language, and schizophrenia appears as a contemporaneous genetic variation which allowed the access of man to the word and finally, seen from Heidegger's fundamental ontology, appears as a perturbation of one of the two fundamental ways of being in the world, which is the understanding, the interpretation as appropriation of what is understood and the language as the articulation of both. For all these reasons, we consider we have laid the foundations of our initial proposition of conceiving schizophrenias as logopathies.

Conflict of interests
None.

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Expressions of alienation: language and interpersonal experience in schizophrenia

E. Pienkos, L.A. Sass

Department of Clinical Psychology, Graduate School of Applied and Professional Psychology, Rutgers University, New Jersey, USA

Summary

It is well known that both language and intersubjectivity are profoundly affected in schizophrenia. While many contemporary studies have emphasised more "objective" or observable markers of disturbances in these domains, this paper investigates the subjective experience of language and other people in schizophrenia. It presents a summary of previous work in the tradition of phenomenological psychopathology, while also analysing patients' own reports of their disturbances. The purpose is to map out those features of linguistic and interpersonal experience that might be particularly unique to or at least highly characteristic of schizophrenia. In language these are found to be: 1. Diminished interpersonal orientation; 2. Disturbances of attention and context-relevance; 3. Underlying mutations of experience; and 4. Unusual attitudes toward language. Disturbances in the experience of others include: 1. Abnormalities of common sense; 2. Anomalies of empathy; 3. Paranoia and experiences of centrality; and 4. Feelings or perceptions of devitalisation. Such experiences seem to arise out of certain basic disturbances or perhaps a central trouble générateur, suggesting a shift away from the shared, social world toward a more solipsistic stance in response to underlying disturbances in basic self. Changes in the experience of language and other persons may further intersect with each other and also contribute to disturbances in basic self experience. Here we consider how both language and intersubjectivity are not only structured by various psychological processes, but also play a structuring role in the ongoing construction of subjective experience.

Key words

Schizophrenia • Phenomenology • Language • Intersubjectivity • Solipsism • Self disturbance

Introduction

Schizophrenia can transform and disrupt many facets of experience, not the least of which are language and intersubjectivity. Although this special issue of the Journal of Psychopathology focuses on the intersection of language and psychopathology, we would suggest that language is so closely intertwined with the social world that a treatment of both is necessary to achieve a fuller appreciation of either. Both language and the experience of others are implicated in the phenomenon of the "expression", the interface between self and world that communicates and receives communication through words, gestures, facial expression and bodily tension or movement. Human expression faces in two directions: it points not only to the internal experience or intent of the one who is expressing something, but also to an external and social world, populated by those for whom the expression is intended. Disturbances in both language and social interactions in schizophrenia have received significant attention in the scientific literature. Contemporary trends in research tend to adopt an objective or external perspective, focusing on observable behaviours and performance on various tasks. In language, this has involved measuring disturbances in speech output, including such behaviours as tangentiality, derailment, poverty of content of speech, glossomania, echolalia, mutism and alogia [1]; in the literature on social disruptions, recent studies have focused on disturbances in theory of mind, perception of human movement and facial perception.

However, such studies fail to consider the subjective experience of these disturbances, *what it is like* for the person with schizophrenia to use language or to encounter other people, and largely ignore the intimate connection between the internal, subjective dimension, and the external, social dimension. This omission risks losing sight of what is meaningful about the disorder, yielding only decontextualised data that offer little insight into the nature of schizophrenia. As Parnas [2] writes, "What the patient manifests is not isolated symptoms/signs with referring functions but rather certain wholes of mutually implicative, interpenetrating experiences, feelings, beliefs, expressions and actions" (p. 6). An appreciation of the lived experience of a disorder can help to make sense of its manifold symptoms by viewing them as meaningful expressions of a basic underlying disturbance that affects the entire person.

Correspondence
Elizabeth Pienkos, Nova Scotia Health Authority, Halifax, NS • E-mail: epienkos@gmail.com

The tradition of phenomenological psychopathology has a rich history of exploring subjective disturbances in schizophrenia. It is out of this tradition that this paper arises. In the following, we propose several specific facets of linguistic and interpersonal experience that may be unique to or highly characteristic of schizophrenia, and we illustrate these facets with a number of examples taken from first person descriptions and rich clinical accounts of these phenomena. In two previous papers [3 4], we discuss in greater depth the ways these might be distinguished from experiences that appear at least superficially similar in melancholic and manic expressions of illness. These preliminary discussions of language and intersubjectivity are initially presented in distinct sections to address what, at first glance, appear to be disturbances unique to each domain of experience. We then provide some theoretical speculations, based on earlier phenomenological investigations of schizophrenia, regarding the underlying structural transformations that may contribute to these various disturbances. Our hope is to offer a means of conceptualising the relationships between these two domains: how they may arise from similar underlying disturbances, and also how they can influence and intersect with each other. The goal of the present paper is to offer a preliminary guide that may sensitise clinicians and researchers to the anomalies of language and interpersonal experience specific to schizophrenia, and to put forward a tentative framework to provide a context for understanding these anomalies in relation to a more comprehensive, and comprehensible, underlying disturbance.

Language

Changes in the use and comprehension of language have long been reported in schizophrenia, and have often been considered to be distinctive of and fundamental to the disorder. Crow [5] has suggested that schizophrenia is the result of a disturbance of neural language modules, specifically, an inability to distinguish thought from speech (either one's own or that of others). Much earlier, Bleuler [6] viewed disturbed speech as a manifestation of the "thought disorder" he viewed as central to schizophrenia. Andreasen's [1] "Scale for the assessment of thought, language and communication" proposes that assessing disturbances in communication and language behaviour is actually a more appropriate and reliable means of cataloguing and understanding the cognitive disturbances that can occur in schizophrenia. Additional work [7] has suggested that greater severity and persistence of disorganised communication may be more predictive of a diagnosis of schizophrenia. More specifically, Covington et al. [8] have found that most disturbances of language in schizophrenia occur at the level of phonology, pragmatics and lexical access, while grammar and syntax are generally unaffected. Various explanations for these disturbances have been put forward, including general disturbances of cognition, problems in social understanding, or dysfunctions in specific language functions.

These perspectives emphasise those changes that are readily observable from an external perspective, whether in terms of specific behaviour or of brain structure and function. They do not consider how language is experienced by the person with schizophrenia. As we will see, the subjective dimension of these disturbances offers a richness and nuance that can begin to suggest how and why these changes take place. By considering theoretical work and first-person descriptions of language in schizophrenia, we suggest a (partially overlapping) set of experiences that appear to be particularly characteristic of schizophrenia: 1. Diminished interpersonal orientation; 2. Disturbances of attention and context-relevance; 3. Underlying mutations of experience; and 4. Unusual attitudes *toward* language.

Interpersonal orientation

Several writers have remarked on an apparent lack of concern for the needs of others in the speech of persons with schizophrenia, involving the absence of clear references to or indicators of the background information necessary to understand what is being described. Examples of this decontextualised speech include such statements as "We are already standing in the spiral under a hammer," and "I don't know what I am to do here, it must be the aim, that means to steal with the gentlemen" [9 10]. Both of these statements leave the listener confused and adrift, wondering what the speaker could possibly mean. De Decker and Van de Craen [11] note numerous violations of Grice's maxims in this population, that is, of the more-or-less automatic rules that guide typical communication with others, such as "give adequate information, but not too much", and "be truthful". This quality is also reflected in Cutting's [12] assessment that the most important disturbance in schizophrenic language is its ability or desire to convey meaning, that is, in its pragmatic and social function.

It is not entirely clear why such changes occur in the language of persons with schizophrenia: do they reflect the intentions of the speaker to deliberately obscure his speech and confuse the listener, or are they a more automatic process, suggestive of a lack of awareness of the listener's needs in conversation? Statements by individuals with schizophrenia support an interpretation of some disturbances as at least semi-deliberate. Thus, one schizophrenia patient described intentionally speaking "nonsense," into which he would occasionally insert meaningful statements about his mental and emotional state, simply to see if his doctors were "paying attention" [13].

Others may also take a stance of indifference, hostility, or even superiority toward their interlocutors, perhaps due to a sense of radical uniqueness and wilful eccentricity (suggestive of Stanghellini and Ballerini's [14] *idionomia* and *antagonomia*), or of a special ability to escape the commonplace conventions of language. In a television news report concerning Jared Loughner, the young man diagnosed with schizophrenia who killed several people in a 2011 shooting, Loughner's close friends describe him as holding up a cup before them and asking contemptuously, "Is this a cup? Or is it a pool? Is it a shark? Is it an airplane?" [15]. This line of questioning appears to reflect a rejection of linguistic conventions as arbitrary and thus pathetically conformist. Of course, not all individuals with linguistic disturbances may be intentionally obscuring the meaning of their speech; other potential contributions are considered throughout this section.

Attention and context-relevance

Another transformation in the experience of language involves a background shift of attention and context in persons with schizophrenia. Thus, words can become divorced from their commonplace meaning (as suggested in the quotation attributed to Loughner above), and speech can be experienced as itself the object of attention, rather than as a medium through which to convey meaning. Words may seem absurd or meaningless, or take on radically new and unconventional meanings. This may be expressed through the use of clang associations, which focus on the *sound* rather than the content or intended expression of words and language, or in a shift of attention to the physical appearance of words of a page. In this way, the expressive aspect of language disappears as the patient's attention fixes on the sensory qualities or mere existence of a specific word.

In addition, when separated from the context of communication and its semantic or practical constraints, words may overflow with all their possible meanings or connotations. As one schizophrenic patient stated, "each bit I read starts me thinking in ten different directions at once" [16]. For such individuals, sentences or utterances may appear meaningless as overall units of communication, while simultaneously abundant with the unconstrained proliferation of possibilities arising from each word or syllable. Interestingly, such individuals may find their utterances or writings to be as incomprehensible to themselves as to others [10].

These shifts of attention and loss of constraints might be understood as arising out of what could be termed (borrowing from Trow [17]) a perplexing "context of no context", or of a loosening of what Gurwitsch [18] has called the "thematic field"; that is, of that which orients or provides the point of view from which to understand and organise one's experiences, determining what is relevant and what should fade into the background [19]. For the person with schizophrenia, this organising principle has been disturbed, so that both relevant and irrelevant, figure and ground are equally important. Words can thus take on any number of meanings, or be perceived as meaningless sounds and images: when everything is meaningful, then nothing is meaningful.

Underlying abnormalities of experience

A third disturbance of language in schizophrenia appears to be related to the underlying experiences that language endeavours to express and describe. For the person with schizophrenia, *all* experiences may somehow seem ineffable or beyond words, as if no expression could possibly capture the complexity and particularity of any one feeling or mental state. One individual described this as "so many echelons of reality… so many innuendos to take into account" [10]. Similarly, the writer Antonin Artaud, who was diagnosed with schizophrenia, described his anguish at feeling unable to put his inner experiences into words: "What I lack is words to correspond to each minute of my state of mind", such that the words "it is cold" were inadequate to express his "inner feeling on this slight and neutral point" [20].

Part of this experienced failure of language appears related to a desire to remain totally faithful to the uniqueness and specificity of one's inner states, to the miniscule and ever-changing aspects of each sensation, thought, or emotion that arises. This hyper-awareness of internal, subjective experiences may reflect a shift of figure and ground (as noted above): the tendency to pay attention to or focus on aspects of experience that would normally stay in the background (what Sass [10] and Sass and Parnas [21] have called "hyper-reflexivity", described below). Artaud's attempt or desire to describe precisely what it means to feel that "it is cold" is a prime example of the amount of focus that can be given to aspects of everyday experience that most people would never think to question or investigate in any depth. But there is also a sense in which such focused attention may also *transform* those particular experiences: the hyper-scrutiny of experiential states may reify those processes, changing them into something unrecognizably concrete and strange.

Meta-attitudes toward language

A final quality of language experience in schizophrenia involves an alienation from language itself. When looked at from a distant, disengaged perspective, the whole project of language may be called into question and rejected as absurd and arbitrary, or viewed as oppressive and restrictive, limiting the possibility for entering a more pure or authentic mode of experience. (Lacan [22] viewed this rejection of the

constraining rules of the "symbolic order" and the "*nom du père*" as a primary aspect of psychosis). This rejection of linguistic constraints appears to be reflected in one schizophrenia patient's interpretation of the word *parents*:

> Parents are the people that raise you. Anything that raises you can be a parent. Parents can be anything, material, vegetable, or mineral, that has taught you something. Parents would be the world of things that are alive, that are there. Rocks, a person can look at a rock and learn something from it, so that would be a parent [1].

Individuals with schizophrenia may similarly invent neologisms that may serve both to more accurately express their particular thoughts while also highlighting the arbitrariness of words and vocabulary. For example, one patient stated "If I could not immediately find an appropriate word to express the rapid flow of ideas, I would seek release in self-invented ones, as for example *wuttas* for *doves*" [6].

This suggests a kind of omnipotence over language, a rejection of the apparent enslavement that others may have to linguistic conventions. But the reverse may also be experienced: words and language itself may be experienced as omnipotent, taking on a kind of momentum or life of its own. Henri Ey [23] has described this duality in schizophrenia, where words can be treated both as "some plastic material on which one can exert the omnipotence of the ultimate subject", and alternatively as "sacred objects, imbued with a magical power" [he speaks of a "cult of words" (p. 180)]. Thus, one correspondent with schizophrenia described an experience "in which language comes to take on a life of its own – almost an animation of words… responsive, almost in possession of some sort of intrinsic agency or intentionality. Words breathe, they blink; they are capable of transforming the world and themselves". She goes so far as to describe words as "social creatures", divorced perhaps "from interpersonal sociality, but not intertextual sociality" (Anonymous, personal communication). When language is removed from the limitations and restrictions of social discourse, it can open up to an infinitude of possibilities and expand almost autonomously beyond the intent of the speaker.

Discussion: Language

Such disturbances might be viewed as manifestations of what Sass [10] calls a "language of inwardness", involving a distinctive departure from the linguistic constraints and guides of a standard social orientation. He divides these anomalies into three general trends: 1. *desocialisation*, the failure or refusal to adapt speech to the communication needs of other people, which may be associated with a preoccupation with internal or private experiences; 2. *autonomization*, in which language is no longer employed as a tool for communication but instead becomes itself the focus of attention; and 3. *impoverishment*, a decrease in the amount or apparent content or meaning of speech, which may result from a sense of the inadequacy of language to effectively communicate the entirety of experience, or from a desire to reject or avoid interpersonal communication.

In a previous paper [3], we discuss how these disturbances are distinct from those found in severe mood disorders, particularly forms of melancholia and mania. Those affective disturbances also result in disruptions to the normal communicative functions of language, such as a loss of the ability to express oneself to the point of feeling unable to speak at all in melancholia, and a tendency to use language in a playful and non-communicative manner in mania. However, in neither is there the same kind of alienation from language that appears to occur in schizophrenia, where language loses its role as a more-or-less transparent tool that is used to communicate one's internal experience to other persons, and instead is taken as a focus of attention in itself. In addition, the minute specifics of the inner world may be highly valued for their own sake and divorced from their interface with the external world. There ceases to be a natural flow between internal and external, with the result that the inner world and the means of expressing it are transformed beyond the capacity of everyday understanding.

We suggest that this view of linguistic experience can help to explain the diverse changes or anomalies of language *behaviour* that are described in the empirical and clinical literature (as noted briefly above): the derailment, mutism, echolalia, neologisms, and the like. More than reflecting specific linguistic or global cognitive disturbances, as some theories would suggest, these anomalous forms of communication would seem to arise out of an overall transformation of the individual's relationship to self, others, and language. By acknowledging these underlying trends – the overestimation of private concerns, the rejection of the social function of language, and a focus on the nature of language itself – it is easier to see how and why the unusual or seemingly incomprehensible utterances or mannerisms of schizophrenia might occur.

To better understand the interpersonal context in which these transformations may arise, we turn next to a discussion of the experience of other persons in schizophrenia.

Persons

As noted above, much of the research on intersubjectivity and social experience in schizophrenia has tended to focus on problems in understanding "theory of mind", human movement, and facial expression and emotion.

Interestingly, though, this research is mixed: for instance, while some studies of theory of mind have found evidence of deficits, thus a possible inability to recognise or think about others' intentions, desires, or emotional states, others have found the opposite, that is, an *increased* tendency to attribute intentions and mental states to others, and even to inanimate objects [for a more complete review of this literature, see Sass and Pienkos [4]]. This potentially contradictory data is in need of further explanation that goes beyond mere behavioural observation and inference. As with language, consideration of individuals' subjective experience of other people may offer up a clearer view of the underlying disturbances that give rise to these disparate behavioural manifestations. We suggest that four (again, somewhat overlapping) forms of disturbance are specific to or characteristic of interpersonal experience in schizophrenia: 1. Disturbances of common sense; 2. Pathological empathy; 3. Paranoia and experiences of centrality; and 4. Feelings or perceptions of devitalisation.

Disturbances of common sense

Many classic phenomenological characterisations of schizophrenia emphasise a profound disconnection from other people and the social world. Bleuler's [6] famous concept of autism, for example, highlighted a "detachment from reality, together with the relative and absolute predominance of the inner life" (p. 63), and was considered a "fundamental symptom" of schizophrenia, that is, unique to the disorder and present in all cases and stages (although he believed it to be a secondary, defensive reaction to other, more primary disturbances). Minkowski [24] described a "loss of vital contact" that involved a disruption of the attunement between the self and the external, social world. Blankenburg [25] similarly described a loss of the taken-for-granted, common-sense understanding of the practical and social world, which he termed "a loss of natural self-evidence." More recently, Stanghellini and Ballerini [26] have argued that a core and defining feature of schizophrenia may be "dissociality", "the qualitative disturbance of spontaneous and intuitive participation in social life" (p. 105).

Looking to patient reports, many individuals with schizophrenia describe feeling isolated and cut off from the everyday social world, which they may have endured since childhood. They may feel that they have never understood or fully accepted the "rules of the game" that are implicit in typical social interactions. Thus, one patient with schizophrenia reported that

> since the age of 16, she was insecure and avoided others. She… felt always being 'outside the company', did not have 'a sense of situation' and could not understand the interactions between people, nothing came spontaneously, out of itself. 'I cannot read the others; they are always a mystery!' [27].

Others have described similar experiences of feeling like "a detached onlooker", an "anthropologist", or an observer of "other people in everyday activity [just to see] how it functions", as one patient put it [14]. The description of one research participant with schizophrenia appears to capture this fundamental disconnect from typical, taken-for-granted social encounters:

> I have to… take note of how other people are acting in a social situation, and say, okay, this is how I'm supposed to be acting, and, overacting, act it out. It feels like it comes more freely to other people, like they are more comfortable and just know what to do… I don't have that… kind of automatic reaction to things like other people do… I really have to focus on what I'm doing… everything's a conscious effort (from author's unpublished research).

For such individuals, it often seems that the more they try to analyse the gestures and expressions of others, the more such behaviours can appear alienated and unnatural, further barring entrance into the world of common-sense social interaction.

Pathological empathy

Paradoxically, persons with schizophrenia may also describe feeling *too* close and influenced by others. As one patient described it, "I cannot reach [other people], but also I don't want to reach them" [14]. R.D. Laing [13] called this "engulfment", noting how "the individual dreads relatedness as such… because his uncertainty about the stability of his autonomy lays him open to the dread lest in any relationship he will lose his autonomy and identity" (p. 44). Georgieff [28] has also noted this feeling of vulnerability, calling it "pathological empathy", which does not necessarily suggest accuracy (or lack thereof) in identifying others' mental and emotional states, but rather the terrifying possibility that the self might merge into and become indistinguishable from the other.

These fears may be reflected in one individual with schizophrenia who stated, "I'm getting to be more humane. Will it ruin my brain? All this humanity is upsetting my own special framework. It's polluting me" [14]. Another quotation from a patient reflects this existential threat even more clearly:

> at the moment in which someone thinks something about me, this thought becomes a risk for my existence, because I see others as endowed with the possibility of manipulating the way I am. What for other people would be no more than an innocent remark, for me becomes something that can mould me [29].

Such descriptions suggest an underlying fragility that characterises the experience of the self, such that it is put at risk with every intimate encounter with another person.

Ontological paranoia and centrality

A third tendency in intersubjective experience is that of paranoia, involving an exaggerated or delusional sense of being the object of others' judgmental regard or threatening intentions. It is important to note that paranoia occurs in a number of disorders including schizophrenia, delusional disorder, and severe mood disorders; however, we would suggest that some important distinctions might be drawn between different forms of paranoid experience. In severe mood disorders, the delusions are frequently congruent with or somehow related to a person's affective state and pathological preoccupations. Thus, persons with depressive disorders may feel themselves to be targeted due to overwhelming feelings of shame, guilt, and general disapproval, while those in manic states may experience others as persecuting them due to envy or fears about their unique power or knowledge.

In some forms of schizophrenia, however, there can be a more fundamental sense of being at the centre of the universe, in a way that challenges the very status of reality itself. As one individual described it,

> when I become severely psychotic, I lose awareness that other people's reality exists. At those times I think my psychotic reality is all there is… Everything I can grasp refers to 'me', even the tone of every voice I hear, or the people I see talking in the distance. I live in an apartment building, and when I am sick I 'know' there are people gathered in the hall talking about me. It feels like the universe is zoned in on me [30].

For such individuals, then, paranoia may arise from the fact that everyone and everything seems to be somehow looking at and intimately related to oneself. For some, this may extend to a sense of being the only true subject in the world, and that all other entities somehow arise from or are controlled by his or her mind. Thus, some patients have stated, "I have the sense that everything turns around me", or "I am like a little God, time is controlled by me" [31]. These sorts of experience appear to be distinct from the forms of paranoia more typically found in mood disorders or delusional disorder, which are more concerned with the actions and intentions of other people, rather than with the nature of the world and reality itself. Heidegger's [32] discussion of the "ontological difference" offers a paradigm that might clarify these distinctions: the phrase "*ontic* paranoia" ("ontic" is related to *beings* in the world and to mundane truth-claims) might be applied to those experiences typically found in mood disorders or delusional disorder, while "*ontological* paranoia" ("ontological" is related to the nature of *Being* and existence itself) might better describe the experience of centrality – the sense of being the origin of or at the centre of the world – in schizophrenia.

Devitalisation

A final aspect of intersubjectivity in schizophrenia involves a tendency to see others as somehow less human, less alive, or less real. One individual with schizophrenia described how others could seem "so phony and lifeless and small, as if they could be manipulated in her fingers", wondering whether they were real or perhaps merely drawings, robots, or marionettes [33]. The patient Renee described a similar experience while at school: "around me, the other children, heads bent over their work, were robots or puppets, moved by an invisible mechanism. On the platform, the teacher, too… was a grotesque jack-in-the-box" [34]. However, the opposite may also be experienced: clinical observation shows that persons with schizophrenia have a tendency to attribute excess and inappropriate intentionality and vitality to people and objects [35 36].

Such changes in the sense of aliveness may be a result of a detached hyper-scrutiny of the world that renders others distant and lifeless, or a quasi-solipsistic orientation in which other people are viewed as mere figments of one's imagination. Aspects of appearance or behaviour become cut off from their every day context, resulting in the feeling that others are either more or else less real or alive than usual. Indeed, these tendencies toward passive hyper-scrutiny and quasi-solipsism may be viewed as complementary aspects of the disruption in schizophrenia of an active, engaged, and practical encounter with others and the world. When the functional, meaningful qualities of the world are no longer taken for granted, all details may be taken up and questioned, doubted and analysed until they lose any sense of reality or vitality.

Discussion: Persons

In an earlier paper, one of the authors [37] discussed how the particular changes in interpersonal experience in schizophrenia may be viewed as a disturbance of the balance between *sameness* and *otherness* that is required in everyday interpersonal understanding. That is, it is necessary to immediately experience the other as fundamentally *like me*, as another intentional subject in the world just in the same way that I am a subject. And it is also necessary to experience them as fundamentally different and separate, that I can never *have* the other's experience in the same way that I have my own (and vice versa). This delicate balance appears to be upset in schizophrenia, so that there is no longer the basic experience of existing in a shared world with other, separate subjects, but rather a shifting sense either of being alienated in a solipsistic world of one's own creation, or of being invaded and swallowed up by someone else's overpowering experience.

We have previously suggested that these experiences are

unique to or at least highly characteristic of schizophrenia, in contrast with melancholia and mania [4]. Certain experiences described above do seem fairly unique to schizophrenia, for example, extreme forms of devitalization or pervasive disturbances of common sense. We acknowledge, however, that persons with melancholia will also describe feeling extremely and painfully detached from other people, and that persons with mania can experience a euphoric sense of oneness or merging with others. We would argue, though, that while in these disorders the sense of either alienation or union tends to be more state-based, arising out of extreme affective experience, in schizophrenia the disturbances are more likely to persist outside of acute episodes and in the absence of other symptoms, and may well exist in supposedly premorbid stages. In addition, such disturbances in schizophrenia do not seem to be imbued with either the same negative (as in melancholia) or positive (as in mania) affective states, but rather are shrouded with a sense of strangeness or perplexity. [It should be noted, however, that this very strangeness can evoke feelings of distress or even catastrophe, or may provoke a certain kind of sublime wonderment; descriptions of such experiences may sometimes be difficult to differentiate from depression and mania. See Sass [38] for a discussion of some distinctive forms of affectivity in schizophrenia].

Discussion

In the above, we have endeavoured to present and organise the various unusual experiences of other persons and of language that occur in schizophrenia. In particular, we have considered how social orientation, forms of attention, underlying experiences, and attitudes toward language as a system appear to represent highly characteristic or perhaps even unique forms of linguistic experience in schizophrenia, while disturbances of common sense, feelings of pathological empathy, ontological paranoia and devitalisation of others may characterise interpersonal experience in schizophrenia.

These transformations of intersubjective and linguistic experience in schizophrenia appear to arise out of similar underlying disturbances. In both of these experiential domains, there is a turning away from common sense social norms and means of communicating toward a more private, solipsistic world. This may be motivated or derived from particular concerns around maintaining autonomy or faithfulness to one's own experience, a refusal or inability to accept the autonomous subject-status of others, and a hyperreflexive stance that focuses on and potentially distorts what is otherwise taken for granted as the background or medium of experience and expression. Such experiences may be seen as fundamental manifestations of *alienation*, where the individual becomes isolated from the possibility of social interaction and communication, and also views the means for establishing such interactions (verbal expressions, nonverbal behaviours) as distorted and divorced from their practical use as tools for engaging in the world.

Furthermore, the analysis of interpersonal experience in schizophrenia may offer additional insight into the origins of the linguistic disturbances described here. If an individual feels himself to exist in a solipsistic world, populated only by devitalised objects and creations of his own consciousness, the entire purpose of language as a tool for communicating with other subjects is called into question or even vanishes. Also undermined are the constraints on meaning and pragmatics placed by social norms and the needs of the interlocutor. What is language then but an artefact, it may seem –something that itself was dreamed up by the individual and can therefore be manipulated or rejected at will? Alternatively, if an individual feels he is at risk of being overtaken or annihilated by the subjectivity of others, the refusal of language may function as a refusal of communication, thereby protecting against the influence or manipulation of others. The excessive preoccupation with private concerns may further reflect the sense that the outside world does not exist, yet may, paradoxically enough, act simultaneously as a kind of protective shield against losing oneself to that world. In addition, the rejection of an immediate and spontaneous engagement with the social world (whether it arises from intentional or automatic processes), may contribute to the sense of language as an alienated *object* rather than as a tool or medium for expressing oneself and shaping one's encounters with others.

There remains a question of how interpersonal interactions and language become so alienated, and alienating. The ipseity disturbance hypothesis, initially put forward by Sass and Parnas[39] (but grounded in the rich tradition of phenomenological psychopathology) provides one possible set of clues. According to this theory, the disparate symptom manifestations of schizophrenia arise out of a disorder of basic selfhood or *ipseity*, that is, a disruption of the sense of the self as the origin and centre of one's experience. Such disturbances involve two complementary aspects or moments: diminished self-affection, the diminishment of the sense of *self* at the center of experience, and hyper-reflexivity, a form of exaggerated self-consciousness involving the (primarily automatic) tendency to focus on normally tacit or background aspects of the medium of experience. With this profound fragility and vulnerability at the most basic level of selfhood, it is relatively easy to see how others could be experienced as threatening, how the apparent cohesiveness of others' thoughts and desires could easily influence or supplant

one's own unstable internal experiences. At the same time, without a pre-reflexive awareness of oneself as a subject, it may be difficult or impossible to conceive of the subjectivity of others, rendering them lifeless or as though subjectivised creations of the mind. Furthermore, the use and experience of language may also be especially vulnerable to the processes of hyper-reflexivity: when words or grammatical forms are taken up, questioned and broken down as the objects of attention and analysis, they inevitably lose their function as transparent tools that serve as a means for communicating.

While language may be influenced by changes in the experience of others and of the self, disturbances in language may also shape other domains of experience. As Merleau-Ponty [40] notes, "For the speaking subject and for those who listen to him, the phonetic gesture produces a certain structuring of experience, a certain modulation of existence" (p. 199). Language not only reflects the underlying structure of experience; it also plays a creative role in organising and making meaning of experience. An inability or refusal to communicate with others may therefore contribute further to the creation of a solipsistic world that privileges, reifies and distorts private experience at the expense of shared, intersubjective experience. It furthermore barricades the person in his own world, shutting others out with little possibility for communication and understanding; while this may serve a protective function for the individual who fears the loss of autonomy, it also prevents the rich and formative feedback that comes from interaction with a wholly other perspective. Various writers, including, perhaps most famously, Lacan [41], have suggested that recognition by the other is necessary for me to experience myself as whole and complete, rather than as a fluid and disconnected sequence of experiences (however illusory that wholeness may be even for normal individuals). Thus, Sartre [42] writes "I need the Other in order to realize fully all the structures of my being" (p. 303). In this way, the loss of possibility for recognising and communicating with the other may have profound implications for experience of both others and the self.

This kind of orientation toward the world of language and other persons can be especially challenging, and of particular importance, in the clinical encounter. Most forms of psychotherapy occur primarily in the verbally-mediated encounter between two individuals, the patient and the therapist. With the whole project of language called into question, and with an experience of the other as potentially threatening or alienated, how can a therapist possibly facilitate communication to the extent necessary for clinical healing to take place? Although an in-depth discussion of this issue is beyond the scope of this paper, it is perhaps enough for now to say that the working through of these challenges should be viewed as representing the majority of the therapeutic work itself. That is, if the therapist and patient are able to establish a means of communicating and relating in the clinical encounter, then much of the needed change will have already taken place, which can begin to generalise to other relationships and situations in the patient's life.

The question that remains is how this communication can be established: what are the essential ingredients needed to bring together the patient and the therapist so that each is able to recognise and respond to the other as another subject in a shared world? Based on the descriptions of what is at stake in schizophrenia, as presented in this paper, several basic principles might be suggested [which are also in line with recommendations by Nelson, Sass, and Skodlar [43]]. These include: 1. Maintaining a therapeutic stance of unwavering respect for the autonomy and individuality of the patient; 2. Being able to recognize and share in the patient's world, while maintaining one's own individuality, as well as recognising the fundamental difference of and inability to ever *completely* understand the patient; 3. Acknowledging and respecting any desire to separate from shared, accepted means of communication, while helping the patient find his or her own reasons for entering into the shared social world; 4. Helping the patient to selectively focus on and effectively communicate aspects of experience that are useful in pursuing his or her goals; and 5. Facilitating and reinforcing successful forays into the social world, in a way that is acceptable to the patient and responsive to his or her wishes and abilities. Of course it should be noted that, as with therapeutic work with any population (though perhaps especially with persons with schizophrenia), all interventions should respond to the patient's unique constellation of needs, abilities and values; and that a sensitive, flexible and collaborative approach is crucial to establishing and maintaining a working therapeutic relationship.

Conclusion

Such an investigation presents a more complex picture of intersubjectivity and language in schizophrenia than can possibly arise out of studies that privilege behavioural observation and that emphasise a deficit model. Although requiring empirical studies to be borne out, it is hoped that these initial forays can shed light, not only on language and the intersubjective world, but also on the nature of schizophrenia itself; and that they may help researchers and clinicians alike to employ more sensitive approaches to engaging with those who struggle so profoundly to engage with others.

Conflict of interests
None.

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Schizophrenic discourse as disturbed relating

R.G.T. Gipps

Chartered Clinical Psychologist, Student Welfare and Support Services, University of Oxford, UK

Summary

There is a widespread intuition in psychopathology of a deep relationship between the opaque and confused conversation that manifests schizophrenic thought disorder and a disturbance in social relating. Different visions of human mindedness make for different theorisations of this relationship. Thus, cognitive theories sometimes presume a fundamental separability of thought and communication. This separability allows conversational disturbance to be chalked up to a merely presentational failure in the sharing of allegedly intact thoughts - one caused, for example, by a failure in social judgement as to what can and can't be expected by way of the listener's comprehension and knowledge. A phenomenological theory, by contrast, both eschews such a separation of thought and communication, and suggests a deeper relation between social relating and thought. In its ontological vision our capacity to think is not understood as antecedent to our capacity to communicate, and our individuation as distinct thinking subjects is not understood as antecedent to our capacity to relate. This understanding of the relation between selfhood, communication and thought as, instead, equiprimordial and co-constitutive, helps us grasp in its formal aspect the depth of the relation between thought disorder and disturbed social relating, but requires supplementation from psychoanalytical psychology in order for us to truly grasp the nature of this relation in its intentional character: namely in terms of the essentially affective and motivated character of those meaningful social relationships in which selfhood and subjectivity are established. With an eye to both phenomenological and psychoanalytical perspectives we can grasp how, through their effect on the constitution of subjectivity, relational difficulties affect the very constitution of such thought as is immanent in meaningful conversation.

Key words

Schizophrenia • Language • Thought • Cognitivism • Phenomenology • Communication • Subjectivity

Communication disturbances and disturbed social understanding - the shape of the argument

a prominent theme of recent work in psychopathology has been the centrality of disturbed social understanding in the phenomenology of psychosis. One well-known, cognitively oriented, researcher – Richard Bentall – argues that 'abnormal social cognition is directly implicated in the behaviours and experiences that are the most obvious manifestations of madness' [1]. Another significant, phenomenological, writer – Giovanni Stanghellini – has described psychosis as emerging in part from a disturbance of 'common sense', which is to say, a disturbance of social knowledge and interpersonal attunement [2]. This trend revives an earlier theme as old as the concept of *schizophrenia* itself. Thus Eugen Bleuler, for example, described 'autism' (another of his coinages) – referring *inter alia* to social incompetence and withdrawal, indifference, rigid attitudes, disturbed hierarchies of values and inappropriate behaviour – as, along with other essential disturbances in thought, feeling and integration, a fundamental symptom of those disorders he first termed 'the schizophrenias' [3].

In what follows the focus will be on such disorders of thought as are characteristic of schizophrenic conditions. The intuitive theme to be unpacked is that thought disorders can in some way be understood as a function of a disturbance in our capacity for normal social understanding and relatedness. A cognitive psychological reading of this relationship as presented in Chris Frith's [4] theory of schizophrenia and Richard Bentall's [1] theory of psychosis will first be described. This theory reinterprets thought disorder as *merely* communication disorder – i.e. as a difficulty in getting one's meanings, meanings which themselves are in good order, across to another – and views disturbed communication as resulting in part from a failure in the use of social knowledge to adequately constrain and inform merely the *expression* of thought.

This cognitive theory requires that thought and linguistic communication can be separated out as distinct existences, such that bizarrely constituted conversation is no longer seen as simply criterial for disordered thought. This assumption is challenged below, and in its place a phenomenologically inspired ontological alternative is developed that stresses the immanence of thought

Correspondence
Chartered Clinical Psychologist, Student Welfare and Support Services, University of Oxford, UK • E-mail: richard.gipps@admin.ox.ac.uk

in, rather than anteriority of thought to, conversation. This reacquaints us with the original psychiatric intuition that disorders of thought are truly that, but – it will be argued – simultaneously deprives us of the opportunity to grasp even that relation between disturbed social understanding and disturbed discourse as suggested by the cognitive theory. To grasp this relation anew we can however radicalise our grasp of the significance of human interaction and the shape of human thought by relying on a further ontological understanding offered by phenomenology: that the constitution of the thinking subject is neither anterior nor posterior to, but rather of an ontological piece with, that subject's participation in interpersonal life. By understanding quite how intimately subjectivity or selfhood and conversational intelligibility are related we can now begin to grasp, at a deeper level than the cognitivist, the formal character of the relation between disturbed talk and disturbed intersubjectivity. Still, however, the remaining account is precisely that – a merely *formal* account, with as yet none of the living, empathically ascertainable, motivational and affective intelligibility of a subject in formation in interaction with others. The remaining piece of the puzzle is provided by a psychoanalytic perspective, which provides us with the requisite focus on affect and subjectivity that otherwise eludes us, and enables us to grasp from the inside the lived and motivational character of those simultaneous disturbances of thought and relatedness.

The phenomena of disordered thought

The psychiatric term 'formal thought disorder' is typically used to describe a range of disturbances in the form that *thinking* can take – as opposed to those disturbances of *believing* we know as 'delusions'; in practice, of course, the two disturbances are often intermingled. Without pretending to yet articulate or empathically enter into the distinctive character of the difficulties in question, we may at least start by noting that the kind of thought we meet with here is that which has become somehow: circumstantial and tangential, dominated by irrelevant associations and longwinded deviations from the point; distractible, such that it may mid-flow be captured by irrelevant external stimuli; incoherent and illogical; clanging, when association becomes driven by sound rather than by inner meaningful connection; and idiosyncratic, in that eccentric neologisms may be coined, old words used in new ways, and pronouns and indexicals become inadequately explicated [5 6].

As with many of the symptoms of schizophrenia, it is not easy to penetrate their being other than through sustained immersion in either clinical encounter or authentic life writing: lists in diagnostic manuals do little to give us a real feel for the phenomena in their distinctive peculiarity. The difficulty doubtless arises because we are apt – under the guidance of those implicit, sanity-constituting, intelligibility-rendering, procedural frames of reference in which we ourselves are necessarily and unreflectively embedded, and which we inexorably and unwittingly project into the background of whatever we encounter – to find our focus resting too readily on the easily articulable foreground- and content-related aspects of the psychological phenomena. Rather than, that is, on those essential yet hard-to-articulate disturbances in the background of the thought-disordered patient's selfhood itself, disturbances which now can be merely sensed, which sensing yet thankfully often-enough constrains our grasp of the psychopathological phenomena.

Hence Emil Kraepelin [7], admittedly not famed for his empathic sensibilities despite his seminal psychiatric contributions, tends to offer us mere fragments to explicate the concept: 'A patient said "Life is a dessert-spoon", another, "We are already standing in the spiral under a hammer", a third, "Death will be awakened by the golden dagger" a forth, "The consecrated discourse cannot be split in any movement", a patient, "I don't know what I am to do here, it must be the aim, that means to steal with the gentlemen". Even so we perhaps begin to get a partial feel for the phenomenon. Other authors provide a little more; Chris Frith [4], for example, quotes a patient cited by Rochester & Martin [8]: "Ever studied that sort of formation, block of ice in the ground? Well, it fights the permafrost, it pushes it away and lets things go up around it. You can see they're like, they're almost like a pattern with a flower. They start from the middle". Better still is that offered by Freeman, Cameron & McGhie [9] "*Interviewer*: 'How does the message get from one patient to another?' *Patient*: 'By slips – by slipism automation… some remote time – an umpteen multiplied by an umpteen years ago… Very brainy and clever… They are very brainy criminals… nothing like these people… Slipism… That's been carried on like that and these people that puppet… The puppets have to show their slipism, the hair-blood and body-slip of you – the male nurses, the lunatics are their own persons, but they put it on by invisible strings – motivated automation by water, electricity, gas, and as many other such powers as can added and they have the affinity and the sympathy'. Even here, however, the seasoned clinician must guard against too readily taking such examples to really show us, by themselves, the essence of thought disorder – since he or she may here be reading them against the tacit backdrop of his or her own living familiarity with that phenomenon's less readily articulable aspects.

A cognitive theory of the relation between disturbed talk and disturbed relating

the cognitive theory I wish to consider here is presented in two stages. In the first, thought disorder is recast as communication disorder; in the second, communication disorder is related to a disturbance in the social understanding of the communicator.

A cognitive account of the relation between thought and communication

cognitive psychological accounts of thought disorder have sometimes cast doubt on the readiness of clinicians to infer disordered thought from a patient's disordered speech. Bentall [1] recruits the work of Rochester & Martin [8] to push the claim that, since the diagnosis of thought disorder is based on the incomprehensibility of the psychotic person's speech, "the question 'What is abnormal about psychotic thinking?' should be replaced with the more useful question, 'Why do ordinary listeners find psychotic speech so difficult to understand?'". Frith [4] also suggests that use of the term 'thought disorder' implies both that such disturbed speech is due to disturbed thoughts and that the "ability to put these thoughts into language is unimpaired", and this is described as an "assumption [that] remains unproven".

The thought is elaborated by Frith [4] as follows: "There is a fundamental difference between language and thought, which has received surprisingly little emphasis in the study of schizophrenia. Thinking is a private matter, whereas language is arguably the most important method we have for communicating with others. Thus, language is not simply the expression of thoughts; it is the expression of thoughts in a manner designed to communicate these thoughts to others". The upshot is that we would do better to focus on what is supposedly all that we observe – that is, just on the disordered *conversation* of the 'thought-disordered' patient.

A cognitive account of the relation between communication and social understanding

only with this theoretical separation between thought and discourse in place may we now proceed to the second stage of the cognitive theory. This has it that some of the failure in putting putatively intact thoughts into expressions adequate to the communicative situation is due to a failure of the speaker adequately to assess the semantic needs of the listener. In particular, the thought-disordered speaker may suffer from disturbances in their social comprehension which leaves them unable adequately to appraise their interlocutor's prior understanding and knowledge of the topic of conversation. As Frith [4] concludes, "some schizophrenic 'thought disorder' reflects a disorder of communication, caused in part by a failure of the patient to take account of the listener's knowledge in formulating their [own] speech". For example, the speaker fails adequately to assess what their listener already knows and what they do not yet know. The speaker thereby supplies their listener with irrelevant information, or they fail to provide the background information necessary for disambiguating, or fixing the reference of, what they are saying. Bentall [1] also cautiously supports this idea, citing the findings of Sarfati & Hardy-Bayle [10] regarding an association between disturbed talk and disturbed social comprehension.

Before moving on to the philosophical critique it is important to acknowledge the following two considerations. The first is that no cognitive theorist chalks up disturbed talk in schizophrenia *only* to disturbances in social comprehension; we are here only looking at how certain cognitive theories *do* yet theorise that relation, since this is the relation under investigation. The second is that it is *only* on the assumption that disturbances in talk and disturbances in thought can first be prised apart in the manner suggested by the cognitive psychologist that the theory (that disturbed talk is partly explicable in terms of the speaker's failure to take account of the distinct knowledge, beliefs and intentions of the listener) can get off the ground. In what follows I make this clearer and provide a philosophical critique.

Philosophical critique of the cognitive theory

following Rochester & Martin [8] both Bentall [1] and Frith [4] characterise the psychiatrist's conception of the relation between thought disorder and incoherent talk in terms of 'inference' and 'evidence'. Bentall [1] urges, for example, that since "the only evidence of thought disorder is peculiar speech, speech and not thinking should be the focus of the psychopathologist's inquiries", and lampoons the psychiatrist for circularity in allegedly encouraging us to "infer thought disorder from incoherent talk" yet to explain disordered talk in schizophrenia in terms of underlying disordered talk, "so… thought disorder is when talk is incoherent… and talk is incoherent when the thought is disordered". Below I suggest that, in contrast to these cognitivist suggestions, in truth we don't meet here with *evidence, inference and explanation* but rather with *criteria, entailment and characterisation* – and that the appearance of circularity is therefore an artefact of the psychologist foisting their favourite (explicitly scientific and inferential) mode of reasoning onto the psychiatrist's (implicitly phenomenological) mode of understanding. But first I wish to make clearer my claim above that the cognitive theory itself depends on our being able to prise apart the phenomena of disordered talk and disordered

thought in a manner that might lead us to talk of their being linked by way of evidence or inference.

The cognitive theory claims that disturbed talk is partly caused by a failure of the schizophrenic speaker to take account of the beliefs, knowledge and intentions of their listener. This, it is suggested, is part of the reason why they don't produce talk that is intelligible to their listener. And in order for the theorist to coherently suggest that my talk is confusing to you because what we could call my 'dissociality' or interpersonal ineptitude prevents my taking account of what you need to know in order to grasp my meaning, it must be the case that I yet *have* a meaning that, were I not thus stricken by gaucheness of social comprehension, I would have conveyed. This, here, is the force of this aspect of the cognitive theory: were we to take disordered discourse as *expressive* of and *criterial* for the disordered thought understood as *immanent within* it, then we would already have arrived at the conclusion that a patient with disordered discourse is thought disordered before we had a chance to pull the cognitive theory out of our psychological pocket. I would, as it were, require no help from my interpersonal ineptitude in order to construct disordered discourse – for this would have already been taken care of by my disordered thought itself.

What now of the idea that it is unfruitful to describe the disordered speech sometimes met with in cases of schizophrenia as due to a disorder of the form of thought? Here it is helpful to distinguish two forms of understanding. On the first, one thing is seen as intelligible to the extent that it can be causally related to that which produces it. On the second, one thing is seen as intelligible to the extent that it can be brought under a certain characterisation. With regards bodily movements and vocalisation, for example, we can explain their occurrence by relating them causally to prior, or causally recursive, neurological processes. With regards the relation of human discourse to the thought it expresses, however, we come to see it as meaningful, intelligible, rational, or thoughtful, to the extent that it can answer to certain descriptions and constraints. Is it cogent? Does it express a humanly intelligible desire? Does it hang together? Is it apt in the circumstances?

Occasionally some stretch of speech may be the result of prior planning or inner rehearsal, but a moment's consideration reveals that most utterance is not thus consequent on cogitation. And any prior inner speech could itself be said to amount to the inner articulation of a thought only to the extent, again, that it meets certain standards of cogency. What this reveals however is not that the very concept of 'thought disorder' is psychopathologically unfruitful, but that it belongs to the project of phenomenological characterisation rather than to that of causal explanation, drawing our attention as it does to speech in its meaningful rather than its motoric aspect. The concept of 'thought disorder' serves, that is, not to distinguish one rather than another cause of confusing discourse, an inner cause that might be inferred from merely external aspects of the discourse in order to explain their occurrence, but in part to distinguish discourse that truly is, inter alia, ideationally awry from that which is clumsy, lisping, phonetically inarticulate, trite, grammatically ill-formed etc.

To be sure, there are special occasions on which we may wish to predicate cogent thought of someone whose speech is yet confused. Perhaps, for example, someone who has had a particular kind of stroke struggles, to their own great annoyance, to convey clear ideas in speech, but can yet write down what they want to say. But here it is important to note that these precisely are special occasions, occasions in which, were it not for the provision of positive evidence that we do here merely have to do with a merely expressive difficulty, the ascription of thought disorder would be straightforward. It is straightforward, that is, since the cognitive disorder is immanent within, or characterises, the disordered discourse itself, rather than being something beyond it which, on its basis, is merely inferred to obtain.

To recap, the cognitive theory under consideration has it that disordered talk is a function of disordered interpersonal understanding to the extent that the latter mediates the expression of thought in an interpersonally viable manner. The above considerations, however, question whether anything like this could really be the case. And whilst we can all of us sometimes fail to express ourselves well because we fail to take account of the listener's needs – for example by using pronouns whilst forgetting to provide their referents – such difficulties are necessarily fairly trivial, and involve us recognising our mistake, apologising and correcting ourselves. One could even say that a condition of possibility for treating a particular disordered communication as a result of a failure to take account of the listener's needs is that, in a deeper and more general sense, the speaker precisely *is* yet able to heed here the discursive requirements of her interlocutor, at least when called upon to do so. If she could not respond thus to the call of the other's perplexity it is unclear what could motivate a continued ascription to her of failing to use social knowledge to help make her thought interpersonally available, rather than one of confused thinking itself.

Considered as a piece of empirical psychology the cognitive psychologist's version of the relation between dissociality and disordered discourse fails. In what follows I suggest that this does not mean that the intuition of such a relation must be abandoned, but rather that we need to consider it other than through the empirical psychologist's lens of dissociality as a *mediating variable*.

Radicalising the intuition regarding the relevance of dissociality to thought disorder

we started with the intuition that it is helpful to understand thought-disordered discourse in relation to disturbed interpersonal relatedness. The cognitive psychologist's construal of the relation in terms of a mediating effect fails. Partly it does so because it fails, in relation to grasping sane mindedness, to respect the immanence of thought in discourse. And partly it does so, in relation to grasping schizophrenic psychopathology, to do justice to the depths of the psychotic disturbance to thought in itself. The suggestion to be pursued here is that we may, however, save our original intuition by radicalising it – by casting in an ontological light what the cognitive psychologist proffers merely as a piece of empirical psychological theorising.

Above it was suggested that thought is constitutively related to the discourse which expresses it, characterising its form rather than causing it to be. The further suggestion now on the table is that sociality – our capacity to respect one another's semantic needs in conversation – is similarly to be understood as constitutive of meaningful discourse, rather than as an external, merely mediating, factor in its production.

This can be harder to grasp than the consideration that thought is co-constitutive of rather than antecedent to discourse, but just as that latter consideration is best appreciated through considering cases of thought immanent within spontaneous intelligent speech, so too we can best grasp the significance of sociality to thought by thinking first and foremost of spontaneous meaningful social interaction.

So here I am, unreflectively chatting with my neighbour, telling him something of a few of the events of the day, updating him about the antics of the baby swallows nesting under our eaves, pondering what we're going to do with the troublesome issue of haphazard refuse collection, letting the conversation go where it will, responding spontaneously to what he says. The suggestion on the table here is that such quotidian social situations are the existential home of thought itself. Not only is it apt to see thought as internal to an individual's discourse, but discourse is itself to be considered internal to the interpersonal situation of true conversation.

Consider again the idea that to be a conversationalist it is necessary that I be able to *take account of* the beliefs and intentions of my interlocutors. A natural way of spelling out what this means is in terms of my *tailoring* the expression of my pre-individuated thoughts to what I appreciate of the needs of the other. On this reading *taking account* amounts to an intellectual achievement. But on another reading we can instead focus on the conversation as the original *founding* context for individuating such thoughts – on this reading conversation is the originary context of intersubjectivity which provides the cloth for the very thoughts themselves. We may of course abstract away from such conversations once we have learned to participate in them; we may go on to have them merely with ourselves, or with imaginary interlocutors. We may become so fluent at this that we can even sit writing thoughtful articles without first discussing their content with others. Yet, so the thought goes, our later facility in carrying on the human conversation in our own company should not mislead us into taking such solitude to be the original cradle of meaningful cognition [11]. The cradle of thought is, rather, the human conversation; it is the human conversation itself which wears the ontological trousers here, and I who must learn to partake of it before I can arrogate to myself the privileged designator 'thinker' and, perhaps, later go on to cogitate in private.

In this conversation with my neighbour, then, it is essential that I am embedded already in a shared context with him, that of being neighbours here, both living beneath these nesting swallows, both using the same refuse bins, and both speaking the same language. Yet this consensual and informing matrix also contains my implicit understanding of what is not known to my neighbour: it is this, after all, which gives conversation its point. For that matter it is this matrix, too, which may be lost in the mute patient who delusionally believes that others know their thoughts and that there is therefore no point in communicating them. The important claim on the table here, though, is that it is my dwelling in such an implicit and informing matrix which frames the very generation of such thoughts as are immanent in my conversation, and this is not simply a matter of tailoring my words to get my point across. My *taking account of* what the other does and doesn't know obtains against a background of my thought itself already *taking for granted* something about what they do and don't comprehend.

A corollary of this is that foundational sociality has little to do with putting ourselves in the shoes of another, of correctly intuiting what others think when that is different from what we think etc. Sociality is in this sense precisely not an intellectual achievement, but rather a matter of already being able to *be* in relation to others; it references the fact that, to the extent that we are thinking subjects, we are always already in one another's shoes [12]. Contrast those cases of disordered communication – imagine you asking me, perplexed, "but Richard *what do you mean* by 'x'?" – which (i) have to do with my not *conveying* my thoughts clearly but my going on to put this right, with those which (ii) have me come to see how I had not really been *having* a coherent thought in the first place. The thesis that the intuition regarding the relation between

disordered discourse and dissociality is best unpacked ontologically rather than as a piece of empirical psychology – as having to do with the inner coherence of the being of the thinking subject, rather than externally in terms of a merely disturbed communication – assimilates thought disorder to ii) and not to i). The thought-disordered subject is not making sense in his thinking itself because he has unwittingly fallen off the conversational rails and with blithe delusional detachment merely takes himself to be making sense.

To return to a case of thought disorder cited by Frith [4] and quoted above [8]:

> Ever studied that sort of formation, block of ice in the ground? Well, it fights the permafrost, it pushes it away and lets things go up around it. You can see they're like, they're almost like a pattern with a flower. They start from the middle.

Of this Frith [4] says:

> The speaker provides no antecedent for "they". Apparently, he assumes that the listener already knows who or what they are. Possibly he had snowflakes in mind.

By contrast, what is being suggested here is that a failure in the patient's sense of what the listener already knows is not a cause of their failing to adequately articulate something (a thought about snowflakes) that they have in mind, but is rather constitutive of their failing to have a coherent thought in the first place. Furthermore, this failure of interpersonal understanding can be seen to amount not to a faulty assumption on the part of the thought-disordered patient, but to a lack of that pre-reflective social attunement necessary for entering into the space of conversation and thereby into the ontological cradle of thought itself.

Thought disorder as an emotional disturbance of relating

the above ontological analysis recaptures the psychotic depth of thought disorder and ably theorises its relation to dissociality. Nevertheless the account remains purely formal and so, besides reminding us of the bare fact of disturbed relatedness in the thought-disordered subject, because of this fails to provide an empathic entry point into his or her motivational world. To effect this it is necessary to bridge matters of ontological form with matters of empathically graspable content; the remainder of this article reminds us of how psychoanalytical psychology – by which I mean the study of motivational dynamics – achieves this.

The patient who becomes thought-disordered is rarely thought disordered in general; rather they become both thought-disordered and delusional in the ambit of their complexes, i.e. when touching on material that through its emotional salience overwhelms their capacity to think [13]. In his word association experiments Jung found the following disruptive effects on the form of verbal associations to emotional complex-triggering terms in patients with dementia praecox who nevertheless showed no other direct signs of emotion: pronounced inhibitions of the thinking process; manneristic and perseverative repetitions of particular terms; wishful and fearful grandiose, persecutory and erotic fantasies; confusions of identity; suppressed complaints; neologisms; and primary process (dream-like) forms of thought (e.g. condensation of different ideas into one and wish-fulfilments). Despite being able to converse clearly and in a reality-oriented manner about many topics, when the conversation touches on matters that come close to unbearable wounds to the emotional fabric of the self – to great gashes in their self-esteem regarding their occupational and familial and romantic prowess, to areas of dementingly intolerable shame, to topics arousing inescapably conflictual desires (e.g. loving and hating the same object) – in short, to matters that Freud [14] described as rents in the fabric of the ego – the patient's thought becomes disordered. And these wounds are always disturbances of self-in-relation-to-others; they always speak to a disturbance of relating, since the self is constituted in and through its relations.

Leaving aside the developments of post-Kleinian psychoanalysts such as Bion [15] and Rosenfeld [16] who view thought disorder as intentional mental self-mutilation, the psychoanalytical psychology of thought disorder shows remarkable consilience across different theoretical orientations Freud [14], Jung [13], Leader [17], Sechehaye [18], Freeman et al. [9]. To extract its essential features: The schizophrenic subject shows a lack of resilience in their self-identity in particular aspects of emotionally charged relationships with particular others who are experienced as controlling, intrusive, rejecting etc. – either because others are thus, or because such relationships are already dramatically coloured by the patient's projections. Their fragility concerns their relations to others in matters of prestige, recognition, love, unreciprocated sexual desire, dominance, valuation and definition; a fragility which may arise from constitution, a general milieu of unsupportive or antagonistic relationships in early life, or discrete shaming and shocking traumata. Such sore points or complexes are too overwhelming to be thought about; reality contact (i.e. the ability to distinguish reality from imagination, things from thoughts) is lost; and a state of mind is arrived at which both shows considerable similarity to the dream state of non-psychotic subjects, and which is radically insulated from emotional contact with others ('autism').

It is this state of radical emotional detachment and preoccupation by an idiosyncratic, a-social, inner domain of purely personal meaning that is so palpable to their interlocutor, and which gives rise to their interlocutor's distinctive 'praecox feeling'.

According to the general psychoanalytical model the essential features of thought disorder are either to be understood as direct manifestations of, and/or as compensatory responses to, the activation of the complexes. Thus, delayed reaction times, pronounced pauses and gross disorganisation signal the overwhelm of the thinking apparatus. Other symptoms, in particular tangential ('knight's move') thought and thought that conflates things with the words which represent them ('symbolic equations' in Klein; a breakdown of the 'symbolic order' in Lacan), represent a combination of disorganised overwhelm and a motivated move away from areas that provoke emotional distress – i.e. 'displacement'. Ideas that are too raw to be thought about directly thereby meet with more emotionally acceptable substitutions of the sort Freud claimed to find at work in dreams. Yet other symptoms – in particular neologisms – represent direct compensations against psychotic overwhelm: idiosyncratic, manneristic and perseverative terms serve to 'seal associative pathways' [17], providing reassuringly fixed nodes of personal and self-ratifying preoccupation that help the subject avoid interpersonally vulnerable areas of emotional overwhelm and maintain at least some degree of inner stability. It is in this compensatory and avoidant function that thought disorder and such delusion as provide a patch over the rent in the ego overlap – or, to put it otherwise, and to the extent that delusion is characterised as such by its function: that what we might recognise as the *delusionality* of thought disorder obtains.

One way to avoid taking the psychoanalytical theory seriously would be to insist that its viability rests on the extent to which complex activation and thought disorder can be independently measured and then correlated positively. The difficulty with this empiricist proposal would be that the very same conversational behaviour would surely often enough be criterial both for the emotional vulnerability and for the disordered thought, resulting in explanatory circularity. It might perhaps be possible to tease apart purely grammatical and syntactic aspects of disordered communication and correlate these with such aspects as speak to emotional disturbance. However, what pursuing this analytical procedure sacrifices on the alter of operationalisation is just what the ontological and psychoanalytical theories provide by way of phenomenological perspicuity: that what makes for distinctly schizophrenic thought disorder is conversation which, in its stumbling and frantic derailings and evasions of meaning, *itself* expresses the emotional pain of fragmented selfhood.

Conclusions

By taking the ontological approach to disordered communication suggested by the phenomenological psychiatrist we can grasp the phenomenon in its formal character. The phenomena of disturbed talk, disturbed thought and disturbed selfhood can be seen as of an ontological piece with a disturbance to such human conversation as is the ontological home of thought itself. By contrast with what the cognitivist psychologist opines, nothing in the ontological analysis suggests that it is methodologically unsafe to move away from observation of discursive behaviour to consider the form of human thought and selfhood themselves. This is because, on the one hand, conversation understood ontologically is itself the birthplace of human subjectivity and thought and so there would be no 'moving away' to be done, and on the other, we would only be imagining that we had to do with potentially unsafe inferences from the behavioural to the mental if we had, in what would itself be an unsafe moment of theorising, illegitimately divided up the phenomenon into inner and outer aspects which are then imagined to enjoy a merely external relationship to one another.

Although we can, with the advantages (over the cognitivist approach) of the phenomenological psychiatrist's ontological perspective, now understand thought disorder as essentially a disturbance of human relating – as a disturbance to that relating in which selfhood and thought are born – we are as yet without a means to grasp it empathically in its motivational character. Intuitively, however, the disturbance to subjectivity which the thought-disordered subject manifests is one we can *feel* in our interaction with them. The interaction jars and disorients us in a way which merely syntactic disturbance does not. This is where psychoanalytic psychology comes to our rescue, providing us with a way to start to do empathic justice to the situation of the thought-disordered subject. The inconsequentiality, the derailment, the deep idiosyncrasies and bizarreness, the stiltedness, the displacements and condensations of meaning, the privacy of meaning and the perseverations of schizophrenic discourse are now intelligible as, at least sometimes, a function of their speaker being, in his or her relating, on the lam from such emotional experience as both constitutes, and threatens to overwhelm, his or her selfhood.

Whether or not the schizophrenic subject's formal thought disorder is always a function of emotional, interpersonal and identity disturbance is, I suggest, an empirical mat-

ter. Clearly it will not do to refute it by superficially citing cases of merely apparently unemotional disturbed conversation. For example, when considering the patient of Rochester & Martin cited above who spoke confusingly of what might be snowflakes, relevant considerations might be: And just *why* is he suddenly talking about such apparently impersonal matters as blocks of ice, what symbolic meaning does this icy topic hold for him, and what might this talk of things pushing other things out the way mean etc. etc.? Yet even so it is not obviously to be considered a necessary truth that – in the idiom of Bleuler's [3] famous four As – disturbances in *association* of a sort that constitutes the most prototypically schizophrenic formal thought disorder are a function of a disturbance in *affect* and *ambivalence* obtaining in an *autistic* mode. This might be merely an empirical consideration – one that it will be important to attend to only when it does in fact obtain. However just because the connection is not necessary does not mean that the very being of much thought disorder – and not merely its cause – is not to be considered an intrinsically emotional matter. All clinicians who work with thought-disordered patients will be aware of those moments in which an apparent insouciance belies a latent antipathy, or be taken aback by the blitheness of their patient's dismantling of the institutions of human relating and meaning. Perhaps what makes for paradigmatic – i.e. specifically schizophrenic – thought disorder is in part a manner of relating – aloof, superior, hostile – a manner which does not simply constitute a form of participation within the human conversation but which in its assault on the foundations of such interpersonal relatedness shakes the very foundations of the ontological home of thought itself. In her autism such a patient is turning her back on others, even if other forms of autism – and therefore other forms of thought disorder – may not be antipathetically motivated. And in the idiosyncrasies of her discourse she shows no mere cognitive difficulty in grasping our conversational needs, but yet sometimes a deeper emotionally-driven baulking at human connectedness itself, a baulking rooted in the terrors that inspires. She therefore talks not to or with but at us, her world permeated by the mind-destroying terrors of relatedness, her impulse to converse wrapped up in a simultaneous impulse to forestall emotional contact.

Conflict of interests
None.

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A case study in semantic deconstruction

G. Stanghellini

"G. d'Annunzio" University, Chieti, Italy; "D. Portales" University, Santiago, Chile

"Mine is a long and sad tale!" said the Mouse, turning to Alice, and sighing.
"It *is* a long tail, certainly", said Alice, looking down with wonder at the Mouse's tail; "but why do you call it sad?" and she kept on puzzling about it while the Mouse was speaking, so that her idea of the tale was something like this":

"Fury said to
a mouse, That
he met in the
house, 'Let
us both go
to law: *I*
will prose-
cute *you*-_
Come, I'll
take no de-
nial: We
must have
the trial;
For really
this morn-
ing I've
nothing
to do'
Said the
mouse to
the cur,
'Such a
trial, dear
sir, With
no jury
or judge
would
be wast-
ing our
breath.'
'I'll be
judge.
I'll be
jury,'
Said
cun-
ning
old
Fury;
'I'll
try
the
whole
cause,
and
con-
demn
you to
death'"

Lewis Carrol [1]
Alice in Wonderland

Correspondence
G. Stanghellini, Via dei Vestini 31, 66100 Chieti Scalo, Chieti, Italy • E-mail: giostan@libero.it

Summary

I discuss a case study of 'semantic deconstruction' – a semantic deviance that occurred in a patient affected by schizophrenia. This consisted in fragmentation of sentences into single words, and of words into letters. Image-driven felt meanings were the outcome of this process of semantic deconstruction whereby sentences and words are broken down in smaller units so that their true meaning may come to light. This process deviates from ordinary semantics and paves the way to an idiosyncratic understanding of the world. I argue that the origin of this phenomenon can be traced back to a disorder of temporality, namely the failure of the constitutive temporal synthesis that may create micro-gaps of experience. This synthesis 'functions' implicitly, and therefore I refer to it with the term 'transcendental time' (TT). TT underlies and constitutes any given phenomenal experience as a unified flow. The disintegration of time-flow induces a sensitisation to details. One may become absorbed by finer and finer details, to the point that one may feel separately the physiognomies of each and every word. This implies that persons who undergo the disintegration of TT may start to notice islands of unrelated and self-referential language experience. The disintegration of TT thus implies a fragmentation of language and thought experience that is accompanied by a pictorialisation/materialisation of these fragments. These splinters of language, no longer embedded in the flowing continuity of experience, appear as images or (quasi)-physical objects floating in an objective space.

Key words

Itemisation • Language • Salience • Schizophrenia • Semantic deconstruction • Temporality

Semantic deconstruction

> *MAMMA for me meant that from the beginning we are the two of us (M), then we are alone (A), then we are together for a long time (MM), but at the end we are alone again (A).*

Some time ago, I listened to this sentence during a clinical interview.

> *When I was mad – this person went on explaining – and I heard someone speaking, or even when I myself was thinking, sometimes one word stood out of the sentence. I could nearly see them as pictures in front of me. That word became as something material, nearly a thing for me, or an image in front of me. Then I stopped listening or thinking, and letter after letter I wanted to see if the string of letters corresponded the original meaning. That was the case with 'MAMMA'. The first 'M' has two cusps, and this meant 'two'. That's the way we are born. 'A' has only one, and for this means 'oneness' or 'aloneness'. And indeed when you are a baby sometimes you're left alone. 'MM' looked like a Gothic cathedral with all those cusps. This meant to me that for a long time you are the two of us, un-separated. The last 'A' meant to me the destiny of being forlorn and the need to stand up for that.*

To my knowledge, the phenomenon here described is not included in speech and language disorders. It does not seem to share common features with more common abnormalities such as *speech disorders* (e.g., pressure of speech, logorrhoea, poverty of speech, mutism, echolalia etc.), or with the group of *aphasias* (e.g., Broca's or Wernicke's aphasias), or so-called *non-aphasic misnaming* (e.g., calling a 'wheelchair' a 'chaise longue', where the word choice seems motivated by the desire to reduce the emotional impact of things, people and places connected with the person's suffering).

At face value, we can find some analogy with formal thought disorders, and especially with so-called *semantic deviance* that can be found in people with schizophrenia. As reported by Cutting [2], persons with schizophrenia are more influenced than normal persons by phonetic and semantic elements. For instance, they show an 'inappropriate noting of phonological features of words in discourse' [2]. This means that they can be more attracted by the phonemes that make up the word in its entirety than by the standard meaning of the word itself in ordinary language. The meaning that the word has for them can depart from its use in ordinary language and correspond to the string of sounds or phonemes of which it is made.

Yet, in our case study the 'inappropriate noting' is not about *phonological*, rather about *graphic* features, i.e., relating to the visual aspects of the word or of the letters that compose it. In both cases, there is a shift away from the standard meaning of a given word – that is, from the way that word is used and understood in ordinary pragmatic contexts. In both cases, there is the search for the meaning of that word by means of an idiosyncratic deconstruction of its sub-semantical components – that is, phonemes and letters.

The nature of this shift of attention is nicely encapsulated in this sentence by Cutting [2]:

> *In essence, the most parsimonious account of their semantic deviance is that they shift away from using language which refers to anything outside the language system itself. In this way, they are a living example of the position of Derrida and Lacan on language as a closed self-referential system.*

To refer to this kind of semantic deviance, we can speak of semantic *deconstruction* since the word is split up into its components – components (like letters and phonemes) that in the ordinary use of language do not have a semantic value. Indeed, both the graphic deconstruction operated by my patient, and the phonemic one reported by Chaika are examples of the 'self-referential' search for the meaning of a word *within* the language system itself, that is, within the properties of the word as a written (graphic) or oral (phonetic) 'system'. Or, as

also noted by Freud [2]: *We eventually come to realize that is the predominance of what has to do with words over what has to do with things*.
It should also be noted that this deconstruction is operated via the *decontextualisation* of the word. Indeed, there is a double decontextualisation in our case study: the first consists in the fact that a sentence is decontextualised (*one word stood out of the sentence. That word became as something material, nearly a thing for me, or an image in front of me*). The second consists in the fact that each letter within the decontextualised word is itself decontextualised form the word itself (*letter after letter I wanted to see if the string of letters corresponded the original meaning*).
Moreover, this deviance from ordinary contexts of meanings is grasped by Cutting [2]:

> *In schizophrenia it is the pragmatic level which bears the brunt assault, the semantic level is next affected, the syntactic level hardly at all, the phonemic level not at all (…). Any deviance of the semantic and syntactical level derives either from this autonomous self-referential overdrive, or from what Lecours and Vanier-Clément (1976) referred to as 'unusual word choices… testifying the lexical wealth… adapted to the speaker's ideation (in other words, not adapted to the listener).*

In other words, what seems to be first affected in the language competence of persons with schizophrenia is not their 'lack of words' or their capacity to 'grasp the proper meaning' of a word, but their intention to use language in a way that is appropriate to circumstances.

The basic properties of the phenomenon of semantic deconstruction

Although semantic deconstruction is not a common clinical phenomenon (or perhaps exactly for that reason), I have the feeling that it could be of some (or perhaps great) psychopathological importance. My hypothesis is that this deviance from the ordinary meaning of words is governed by one (or more) ordering principle(s), by rules that not only make this phenomenon understandably meaningful, but also explain its genesis. In this paper, my intent is to discern this ordering principle. To do so, I will proceed as follows:

- an in-depth analyses of the case study (the person's narrative about semantic deconstruction) aimed at rescuing its basic properties;
- an analysis of the more general existential context within which this person's semantic deconstruction takes place, aimed at identifying some common properties shared by this language anomaly and other anomalies in his life-world;
- an analysis of the overall 'cultural' (e.g., philosophical, linguistic etc.) background that may help to shed light on this phenomenon and look for its basic properties.

Let's start with some further remarks about the patient's own description. We can discern three basic properties in our case study. I will call them itemisation, materialisation and pictorialisation.

Itemisation

When this person hears someone speaking (or when he himself is thinking), there is a kind of breakdown of the scene as it can be ordinarily experienced.
(1) The sentence is separated from the speaker (or from the thinker), (2) words are separated from the whole sentence, (3) letters are separated from the entirety of the word they belong to. We can also reasonably assume that (4) the speaker (or thinker) is separated from the context in which he makes his utterance (or thinks).
The outcome of all this is that the letters may turn out to be the patient's unique focus of attention. In a previous article, we [3] use the terms deconstruction to address (2) and (3) and decontextualisation to address (1) and (4) of the above paragraph. All these phenomena seem to respond to the general rule that we call *itemisation*.
Itemisation is defined as the breakdown of a *Gestalt* that reduces the ensemble of an experience to a list of itemised, that is, separated, details. Each detail hangs next to the other, as if they were a collection of unrelated items. Itemisation is part of what generates the feeling of unreality.

Pictorialisation

When this person hears someone speaking (or when he himself is thinking) sentences (or thoughts) become visible images. *I could nearly see them as pictures in front of me.* Words appear in the realm of images, rather than in the realm of sounds, or in the immaterial realm of meanings. This happens when one word is stripped from the sentence it belongs to, and when a letter is stripped from the word it belongs to. Pictorialisation goes together with itemisation. The sensorial domain within which words and letters materialise is the visual domain. *'MM' looked like a Gothic cathedral with all those cusps*. In this case, pictorialisation is indistinguishable from materialisation.

Materialisation

When this person hears someone speaking (or when he himself is thinking), sentences (or thoughts) become concrete, thing-like entities. *That word became as something material, nearly a thing for me*. Words appear in the realm of things (rather than in the realm of sounds, or in the immaterial realm of meanings). This happens when one word is stripped from the sentence it belongs to, and when a letter is stripped from the word it belongs to. Materialisation goes together with itemisation.

As we will see in detail, pictorialisation and materialisation testify to the blurring of the boundaries between ontological domains that usually are experienced as separate – that is, the domain of signs, images and things [4 5].

The life-world of semantic deconstruction

I can provide only a few detailed narratives from this person about his 'existential context' or life-word. Yet the elements that I collected are very rich, since he has an outstanding linguistic competence and developed a profound insight into his previous condition. These narratives were gathered when a prolonged acute episode (lasting for several months) ended, and he was eager to tell me about his anomalous experiences and discuss their meaning with me.

Itemisation/salience

> *When I was speaking, or doing something, details popped up and distracted me. For instance, the pen on your table, or your watch, or even smaller ones like the edge of that frame, or the fall of a leaf. They had no special meaning. Or, better, some had some meaning, but only occasionally. I had to make an effort to integrate these details into my talk. Obviously, the outcome was quite incomprehensible for those who were listening (he smiles).*

Again, itemisation comes to the fore. In this narrative, he describes the itemisation of lived space and of the things contained in it. There are two features that seem to be of great importance.

First, itemisation is not equal to salience in this case. Only occasionally the detail that is stripped from the context has to him a special reference or meaning (*They had no special meaning. Or, better, some had some meaning, but only occasionally*). It is debatable whether in general itemisation is the condition of possibility for salience, or vice versa. That is, if aberrant salience is to be seen as a consequence of the phenomenon of loss of *Gestalt*, or if the other way round: some details become prominent because of what they mean to the experiencing person. In the first case, we could assume that what is primary is a breakdown of perception, namely of space perception, and what is secondary is the post hoc attribution of a special meaning to the detail that comes in the foreground. In the second case, we could suppose that the primary phenomenon is semantic (rather than perceptive) in nature.

I will not delve too deeply into this description, but only note that to this person itemisation is principally a cause of distress. The scene, fragmented into disconnected details, has no unitary significance: it simply makes no sense to him. He must exert great effort to 'normalise' this with language (*I had to make the effort to integrate these details into my talk*). This is the second feature that seems important: language is used to domesticate unfamiliar experiences. Yet the outcome of this use of language is a further experience of decontextualisation, namely of social decontextualisation (*Obviously, the outcome was quite incomprehensible for those who were listening*). His effort to domesticate aberrant experiences results in language becoming opaque, unable to communicate meaning.

Words as defences against the flood of events

> *I shored words to defend myself against the flood of events. I was flooded by so many things – so many things happened around me. I was the centre of this crossfire. I made these events into objects in order to have control over them.*

In this narrative, he gives some further details about the experience of itemisation.

The plethora of details is also an excess of *events*. This means that details were not simply snapshots that stood one next to the other without affecting him. Rather, these details *happened to him* (*I was the centre of this crossfire*). He could not but pay attention to them. The well-known phenomenon of centrality is here accompanied by a sharp distinction between two regimes of 'facts' that populate his life-world: objects and events. Details are on the side of events. Objects are simply there, events happen (*things happened around me*). He explains that his drive for finding words was a necessity to defend himself from the flood of events. Words could change these events into mere objects – that is, static entities that can be better controlled (*I made these events into objects in order to have control over them*). Words have this 'magic power':

> *By the means of symbols – writes Straus 6 – we break through the sensory horizon. Words, likewise, do not verbalize things or situations which we already had before in the same way. They first make it possible to separate the perennial structure of things from their accidental aspects and to deal with the totality which we perceive in particular perspectives only. Through their names things become graspable.*

Metamorphosis of experience/Lack of words

> *I built words that did not exist because my experiences needed something that went beyond [ordinary language]. A poet is someone who lacks words. New words were needed. Something akin to images, or music.*

Here his narrative clearly indicates that the *primum movens* or *trouble générateur* is not a semantic deficit *per se* – that is, a cognitive deficit like alogia. The problem here is *not* that he lacks words in general, or words to express what happens under ordinary circumstances. What he lacks are words to express the uncanny transformation of his experiences. What affects him is a discrepancy between language capacity and experience generated by a

profound metamorphosis of experience (*my experiences needed something that went beyond*). Itemisation and the flood of events of which he is the centre are major features of this metamorphosis.
Put into this context, the phenomenon of semantic deconstruction seems to share the same preconditions as neologism: new words, and a new use of language, are needed to re-equilibrate the disproportion between language and experience (*New words were needed*). Instead of inventing new words (neologism), he deconstructs old ones creating a lexicon in which words are *akin to images, or music*.

The background of semantic deconstruction in culture: Mimologism

I have assumed that the phenomenon of semantic deconstruction is governed by one (or more) ordering principle(s), by some rules that make this phenomenon meaningful and understandable in its genesis. In an essay entitled *Mimologiques*, Gérard Genette [7] explores the principles of what I call here semantic deconstruction, from Plato to Leibniz to the present time. I will not go into details, but merely illustrate the question that guides his inquiry:

> *Between a word and the thing it indicates is there a conventional and arbitrary relation, or else the word imitates the thing it addresses?*

Mimologism is the term Genette uses to name the mimetic relation between words (and especially names) and things. Mimologism presupposes that an ordinary word can be broken down into smaller units and that in this way its true meaning will come to light.
The question about the supposed mimetic relation between words and things may sound obsolete and futile. Nonetheless it is exactly this archaic question that re-emerges in our case study. We all know that 'the word 'dog' does not bite' – as the experts and common sense seem to assure [7]. Yet someone else might propose that '[t]he word that indicates *rain* should wet. The word that indicates *smoke* should flatter' (Greenaway, *The Pillow Book*). And, last but not least, with the greatest authority the Bible reports that '[w]ith the word of Yahweh the heaven was created' (Sal, 33, 6).
Genette explains that there are two main types of mimologisms – and correspondingly there are two kinds of practices that lead to the 'natural' meaning of a word by means of its deconstruction.
The first kind of mimologism is called *mimophonism*. At its core is the assumption that the sounds of the voice reproduce the meanings of the words. For instance, 'str' indicates force or effort, as in the words 'strong', 'strength', 'strike', 'stroke', 'string', 'stride' etc. [7].
The second is *mimographism*. As language not only materialises in sounds, but also in written signs, mimesis can occur not only phonetically but also graphically, as the imitation of the meaning of a word by the sensible form of writing. Mimographism, in its own turn, includes *phono-mimographism* and *ideo-mimographism*. Phono-mimographism focuses on the form of the phonatory apparatus during the utterance of a given phoneme and its equivalence with the graphic form of the corresponding letter. For instance, 'o' is pronounced with a round mouth [7]. Phono-mimographism means that each letter imitates a given phenomenon. For instance, 'o' symbolises the infinite circle of time and space; 'i' with its point that represents the sun represents verticality, thus fire, as well as the Self as the figure of a man in his primitive state of innocence [7]. Ideo-mimographism is the logic behind the case study presented in this paper. It is also the logic that, according to some experts, subtends hieroglyphic writing. I have discussed this issue extensively in a paper on the Kabbalah [4], pointing out some analogies between schizophrenic consciousness and this form of Jewish mysticism. In this tradition, the fragmenting methods of the Kabbalist, applied to the *Torah*, result in a radical transformation of the text by means of a deconstruction and reconfiguration of sub-narrative units. This leads to the predominance of the material, the graphic, the sensible, the thing-like and the palpable aspects of language. The becoming 'palpable' of words and letters in the experience of Kabbalists draws on the underlying connection between words and things.
A similar 'logic' can be found in Plato's dialogue *Cratylus* – suggesting the title for this paper. Cratylus' argument goes as follows: since names are similar to things, and are not simply conventional signs, then when someone knows the name, he also knows the thing it refers to. Vocal mimicry imitates the essence of each thing via the sound of each letter or syllable that composes the word. For instance, 'r' means movement, 'i' lightness, 'ph' aspiration or agitation etc. A word is *mimema phoné*, that is, it can mimic a thing through sounds. Socrates must display all his critical skills, including irony to challenge this doctrine and turn Cratylus' certainty into a doubt. He must demonstrate that things and images are not the same ('Don't you realize how images are far away from having the same properties as the objects they represent?') before he can argue that names and things are not the same too ('Don't you think that a name is something else than the thing it names?'). Apparently, Cratylus agrees when Socrates ironically suggests that 'not from names, but from things themselves we must begin if we want to look for and apprehend things'. The phrase *Cratylus effect* is intended to represent the position of the patient presented here and his deconstructive attitude towards language, one which aims to rescue the natural and original meaning of the words.
Again, one may view questions about mimologism as use-

less conjectures of an out-dated debate. Yet there is at least one reason that they are extremely important, especially in psychopathology: these theories parallel some of the perplexities that obsess people with schizophrenia. Among these perplexities are those about the baffling relations between body and soul, stemming from a sense of oneself as a disembodied spirit and/or deanimated body (in this context, the correspondence between the configuration and movement of the phonatory apparatus and the meaning of a word can be quite reassuring since it points to the unity of body and soul). Also, as a consequence of their experience of disconnection from the social milieu, the search for a 'natural language' can be seen as an antidote to this disconnection and intersubjective dis-attunement. The baffling metamorphoses of their world and self-experiences suggest another origin of this search for novel forms of expressions.
A final factor that appears to contribute to the development of mimologism is the sense of perplexity about the puzzling relation between language and representation one side, and reality on the other, and the ensuing speculations about the reality of reality, the role of common sense and ordinary language in hiding 'true' reality and in constructing a 'pseudo-reality', the need to establish a 'new' language to talk about a 'new' reality etc. These inquiries appear to promote the search for a primordial language, that is, a language that is closer to things themselves. A language that shortens the distance between words and phenomena as they are given. A language that is born from the impression that phenomena leave on the soul – 'the accord between the sounds and the effect the marvel of things produce on the soul' [7].

Itemisation: the common property shared by abnormal language and experience

There is a clear analogy between the itemisation of language and of the life-world.
The breakdown of sentences into words, and of words into letters, parallels the breakdown of lived situations into fragments of the life-world. This disintegration of the life-world wounds the person with its splinters, forcing him to defend himself. The person builds a shield of words to protect himself. These words are not used in their ordinary meaning, but undergo a deconstruction that apparently makes them more suitable for protection. The question here is the following: is there a common *logic* beyond this analogy?
In Peter Handke's [8] short novel *The Goalie's Anxiety at the Penalty Kick*, a story about the construction worker Joseph Bloch who one day for no apparent reason thinks that he is fired and then sets out on a bizarre and devastating journey, we find a detailed description of a phenomenon that may help clarify this issue. Central to the experience of the world as depleted and fractured is the breakdown of spatial *Gestalt*, as it is captured, for instance, in this episode in Bloch's odyssey: "[h]e sat down on the bed: just now that chair had been to his right, and now it was to his left. Was the picture reversed? He looked at it from left to right, then from right to left. He repeated the look from left to right; this look seemed to him like reading. He saw a "wardrobe," "then" "a" "wastebasket," "then" "a" "drape" (p. 124 [117]). This is a clear example of itemisation of lived space, and of the life-world in general.
A phenomenon analogous to itemisation is described by Erwin Straus [6 9] and Victor von Gebsattel [10] in their essays about the world of the obsessive. They argue that obsessives collide with the powers of dis-formation (*Enstaltung*) [10]. They are threatened and disgusted by physiognomy of decay, whose central characteristic is the separation of parts or details from the integrity of the whole, or the *aneidos* – literally the un-form:

> *Curls on a head look lovely and attractive, but the same hair found in the soup is disgusting; perhaps we should like to cut one of these curls as a souvenir, but we should be disgusted to collect the hair left in a comb. Saliva spit out is disgusting, an expression of our contempt, but on fresh lips and tongue the saliva is not disgusting. Separation from the integrity of the living organism indicates a transition to death; it signifies decay, the process of decomposition, then again the dead* [9].

Straus' and v. Gebsattel's concept of 'separation from integrity', describing the physiognomy of the obsessive 'counterworld', has at least one point in common with itemization: in both there is a breakdown of the overall *Gestalt* of experience. Things fall apart in both cases. Yet, whereas disgust is the central emotion for the obsessive, perplexity – a paralysing mixture of anguish, hope, despair and suspicion – is the emotion that accompanies the experience of itemisation. In the world of the obsessive, separation from integrity indicates death, whereas in the world of the perplexed itemisation indicates the strange, unfamiliar and uncanny. Reality is suspended between meaninglessness and the imminent revelation of a new meaningfulness. Everything feels ominous; reality has undergone some inexplicable and ineffable change. The world is pervaded by a kind of latent meaningfulness: it has lost its habitual familiarity, and has not yet acquired a new kind of significance.
Going back to Handke's description, there are three features that are most relevant to us here.
1) The scene, fragmented into disconnected details, has no unitary significance: it simply makes no sense. The scene is fractured into snapshots apparently unrelated to each other. Each snapshot hangs next to the other, as if they were a collection of photographs lacking a three-dimensional arrangement. Itemisation is part of what generates the feeling of unreality. Since meaningfulness requires the unification of details, the whole scene appears insignificant and motivationally flat.

2) The fragmentation of lived space is paralleled by a fragmentation of language. Language too is itemised. Each individual word stands isolated from the ones that precede and follow it. They seem to float in an empty space, unrelated to each other. Can this phenomenon be assimilated to what we earlier described as the *materialisation* of words?
3) What is most relevant for us is that in what follows *words are substituted by images*. The word 'chair' is substituted by a hieroglyph for chair, and the same happens for 'table', 'wastebasket' etc. The itemisation of lived space is paralleled by an itemisation of language, whereby a sentence is fragmented into single words. And, at a later step, each word becomes an image – what we called *pictorialisation* - blurring the distinction between things (the flesh-and-blood table), signs (the word 'table') and images (the representation of a table).
The question is: Given that the changes in *experience* and in *language* share a common ordering principle – namely, itemisation – may these two orders of abnormalities be regarded as manifesting a common underlying disturbance?

Itemisation and disordered temporality

In this paragraph I will discuss the following hypothesis: *At the heart of the phenomenon of itemisation there is a disorder of temporalisation*.
Temporality is a long-standing theme of phenomenological psychopathology and of phenomenological philosophy, as temporality constitutes the bedrock of any experience. We must distinguish two levels of analysis of temporality: the phenomenal and the trans-phenomenal one. On the first level we find the abnormalities of time experience described above. We refer to this feature of temporality with the term 'phenomenal' or 'lived' time. The second level 'functions' implicitly and is un-experienced. We refer to it with the term 'transcendental time' (TT). TT underlies and constitutes any given phenomenal experience; it is for this reason we speak of 'transcendental' temporality.
TT has a threefold intentional structure: primal impressions are articulated with the retention of the just-elapsed and the protention or anticipation of the just-about-to-occur. The feeling we have of ourselves as unitary subjects of experience remaining permanent through time is due to the integrity of TT. If we have the feeling of our mental life as a streaming self-awareness, this is a consequence of the continuity of TT as the innermost structure of our acts of perception. Thanks to the unified, pre-reflexive (that is, implicit and tacit) operation of primal impression, protention and retention underlying our experience of the present, our consciousness is internally related to itself and self-affecting. Consciousness (and self-consciousness) and temporality are equiprimordial and co-determined, and phenomenologically co-given in the constitutive flux of consciousness. The integrity of TT is the condition of possibility of the identity through time of an object of perception as well as of the person who perceives it. Our experience of the permanence in time of a given object whose aspects cannot exist simultaneously but only appear across time (e.g., a melody, or a tridimensional object seen from different perspectives) would be impossible if our consciousness were only aware of what is given in a punctual 'now'. We can perceive something as a unitary and identical object because our consciousness is not caught in the 'now', but the now-moment has a 'width' that extends toward the recollection of past and the expectation of the future. Conscious experience at any moment stretches from the here-and-now backwards to the past and towards the future. This function provides consciousness of the temporal horizon of the present object. This pre-reflective temporal structure of our experience based on TT was already noticed by Husserl who called this implicit function of the mind 'passive synthesis'. No succession or duration, no temporal-flux or spatiotemporal-perspective, no perception of anything with temporal extension, no coherence of experience in general, is possible without the temporal synthesis of primal presentational, retentional and protentional intentions [11]. If our perception restricted to what happens right now, we would merely experience isolated, unrelated, punctual conscious states [12].
Based on the temporal structure provided and constituted by TT, we experience lived time as fast or slow, continuous or discontinuous, future- or past-directed etc. The characteristics of time experience (i.e., phenomenal time) are simply one of the phenomenal consequences of the integrity or of the disruption of the TT.
Our case study does not give us any information about the way this person experiences time. Nevertheless, we know that persons with schizophrenia are affected by abnormal time experiences. At the phenomenal level, these include four subcategories [13]:
Disruption of time flow: Patients live time as fragmented. Past, present and future are experienced as disarticulated. The intentional unification of consciousness is disrupted. The present moment has no reference to either past or future. The external world appears as a series of snapshots. Typical sentence: 'World like a series of photographs'.
Déjà vu/vécu: Patients experience places, people and situations as already seen and the news as already heard. This abnormal time experience entails a disarticulation of time structure as the past is no more distinguishable from the present moment. The already-happened prevails. Typical sentence: 'When I heard news I felt I had heard it before'.
Premonitions about oneself: Patients feel that something is going to happen to them or that they are going to do something. This abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into

the present moment. The about-to-happen prevails. Typical sentence: 'I felt something good was going happen to me'. *Premonitions about the external world*: Patients feel that something is going to happen in the external world. As in the previous subcategory, this abnormal time experience entails a disarticulation of time structure as the immediate future intrudes into the present moment. The about-to-happen prevails. Typical sentence: 'Something is going on, as if some drama unfolding'.

We can derive from this study that the general structure of temporality in persons with schizophrenia is characterised by a *disarticulation* of the threefold intentional structure of TT (primal impressions articulated with the retention of the just-elapsed and the anticipation of the just-about-to-occur). The disarticulation of TT implies severe abnormalities in world-, self- and body-experience.

As we observed in the previous paragraphs, one phenomenon characteristic of schizophrenia is a breakdown of spatial *Gestalt* resulting in an itemisation of the surrounding world: the whole scene is no longer perceived as a meaningful ensemble, and we observe the appearance of fragmented details unrelated to each other and to ourselves. The itemisation of lived space can be seen as the consequence of the disruption or itemisation of TT. In the domain of lived space, we do not experience partial views or mere isolated snapshots, or two-dimensional figures or representations, because each item of our perception is constantly integrated into a time-flow which connects the present moment's 'adumbration' with retention (what we already know or have just perceived of that, or a similar, object) and protention (what we expect or imagine it to be). If this time-flow breaks down, the itemisation of space experience occurs. The fragmentation of TT entails the disintegration of spatial perspectives, making things appear as unreal and without any relevance to the person, that is, without practical meaning (a house, for example, is there for people to inhabit, a mere scenario is not). Also, to the patient with schizophrenia the surrounding world loses its perspectival character: the perceptual distinction between foreground and background vanishes, while things appear as smooth, ungraspable objects, or as mere geometric shapes.

As with the itemisation of space, things will appear as mere objects (unrelated to one's body) and events merely as a collection of snapshots or representations (quasi-indiscernible from mental images). The integrity of TT is needed in order to perceive something as concrete, three-dimensional 'utensils' (something to be used), not merely as a 'stage trapping', or a representation of a real thing.

We can suppose that the itemisation of TT has similar effects on one's experience of language. William James [14] was one of the first to notice that time awareness determines one's perception of spoken language:

> *In hashish-intoxication there is a curious decrease in the apparent time-perspective. We utter a sentence, and ere the end is reached the beginning seems already to date from indefinitely long ago (vol. 1, p. 639).*

The disintegration of time-flow and time-perspective induces a sensitisation to details. One may become absorbed by finer and finer details, to the point that one may feel 'separately' the 'physiognomies of each and every word' [15]. Lived temporality in these states is characterised by the 'elongation of felt duration (p. 251), but the underpinning temporal pattern in these states is the itemisation of TT. This makes possible 'the phenomenon of an extending sense of duration within the expanding moment' (p. 252). Each moment is felt as timeless and eternal. During these expanded now's, more details become available within shorter and shorter time periods. In these states (which Hunt names 'presentational'), 'expressive patterns can appear as such in ultrarapid expressions of incipient felt meanings' (p. 251). These expressive patterns include 'brief flashes of concretely depictive content' as well as 'the various gradiated luminosity of mystical experience' (p. 251).

All this seems to provide a coherent link between the itemization of TT and the pictorialisation and materialization of words and letters described in our case study. The pathogenic trajectory goes as follows:

Disarticulation of TT => (disruption of phenomenal time flowing) => itemisation of language experience => pictorialisation/materialisation of words/letters

This phenomenon was already described by Henry Ey [16] in the realm of thought. Yet he did not explicitly extend his ideas in the realm of language experience, and did not explain its connection with abnormal temporality and its shared properties with the life-world in which it is embedded. Ey spoke of the transformation of **"**the 'moral' space of someone's pure subjective intentionality into monstrous 'physical' forms" [16]. This means that the space in which thought takes place (the 'moral' space) undergoes a transformation into a physical space. Within this concrete space, thoughts take on the material form of thing-like objects ("monstrous 'physical' forms"). Thinking takes on 'the density and the texture that are exactly the features of those objects in the physical world […]. The thought becomes the object' [16]. A similar argument was developed by Fuchs [17] who explained that 'unforeseen fragments of thoughts "may 'appear in consciousness as erratic blocks'". The disintegration of TT implies materialisation of thought experience through the intermediate step of the fragmentation of time-flow.

Conclusions

My analysis is in many ways preliminary. Being idiographic, it lacks sufficient empirical support. Being phe-

nomenological in nature, it needs to be bridged to neurobiological data. Nevertheless, I will try to draw from it some tentative conclusions.

The object of this study is a kind of semantic deviance that I named 'semantic deconstruction'. Image-driven felt meanings are the outcome of this process whereby sentences and words are broken down in smaller, normally sub-semantic units so that their true meaning may come to light. This process deviates from ordinary semantics and paves the way to an idiosyncratic understanding of the world. Also of importance, semantic deconstruction is paralleled by an analogous fragmentation or itemisation of self- and world-experience. This psychopathological phenomenon shares common properties with comparable phenomena to be found in mystical practices like Kabbalah, or in philosophical theories like the one endorsed by Cratylus in the homonymous Platonic dialogue [18].

A failure of the constitutive temporal synthesis, namely transcendental temporality (TT), creating micro-gaps of experience, is supposed to be the origin of this phenomenon. This implies that persons who undergo the disintegration of TT may start to notice islands of unrelated and self-referential language experience. The disintegration of TT thus implies a fragmentation of language and thought experience that is accompanied by a pictorialisation/materialisation of these fragments. These splinters of language – including single words or letters – no longer embedded in the continuity of flow/pulsation of experience, appear as being images or (quasi)-physical objects floating in an objective space. Image-driven felt meanings are the outcome of this process of semantic deconstruction, whereby sentences and words are broken down into smaller units so that their true meaning may come to light. This process deviates from ordinary semantics and paves the way to an idiosyncratic understanding of the world.

In conclusion, the relationship between the fragmentation of language and of experience is not one of mere analogy. Also, although semantic deconstruction is apparently driven by the need to find a new semantics to express the deep metamorphosis of self- and world experience, semantic deconstruction does not merely mimic the itemisation of the life-world. In our case study, semantic deconstruction is described by the patient as a quasi-voluntary phenomenon. Yet its condition of possibility is situated at the involuntary level of the disintegration of the constitutive structure of all lived experience – the unifying, transcendental, unexperienced synthesis of primal impression, protention and retention. Language and experience disintegration are phenomenologically co-given as both undergo the same destiny of itemisation, driven by a profound disintegration of TT.

Conflict of interests
None.

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The fracture between object and word

A. Correale

Health Department in Rome, RMB

Summary

I explore the relationship between language and experience in the genesis of delusions, adopting a bottom-up perspective according to which a fragmentation of experience is the preparatory field of the emergence of delusions. Delusions are prepared by a 'hallucinatory' state – a change in experience whereby some perceptions detach from the flow of the other perceptions because of their exceeding intensity and sensory power. The detail detaching from the whole elicits an intense emotion that is not fully conscious and may be perceived as a confused state of mind in which attraction and repulsion intermingle in a perplexing way. The hallucinatory object is too powerful, and the emotion it elicits is so overwhelming that no language can express it. In the preparatory field of delusion, sensoriality dominates over language. Delusion is the organisation of this fragmented sensoriality. The patient will have to insert hyper-sensorial details within a frame capable of making it intelligible. Yet these fragments of perception, charged with contradictory emotions, become estranged, mysterious and non-existent, or rather existent in a world apart that is incompatible with the ordinary world. Therapy of delusions is then a matter of deconstructing delusion into its individual building blocks, looking at the linguistic potential of each individual block.

Key words

Delusion • Emotions • Hallucinatory • Language • Psychosis

Introduction

Delusion is such a powerful and pervading trait that it can shadow nearly all the other aspects of psychosis. It appears, in fact, unbeatable and non-modifiable, immediately conveying to the observer its quality of strangeness, the perception of something coming from a parallel and alien world, totally inconsistent with common sense.

Like a stone for the radiologist or a disease-specific marker for the clinician, a delusional event is the clear sign that relieves the therapist from diagnostic uncertainty: the patient is no doubt psychotic.

Moreover, delusion is somewhat persistent and long-lasting, fundamentally self-sufficient as if granting some sort of dark but irreversible fulfilment. When meeting with delusion the patient feels a sort of relief and welcomes it as contributing not only order within disorder, but also pleasure, like a pulsional discharge in which libidic and destructive aspects get irreversibly entangled, resulting in obscure delusional satisfaction [1 2].

In addition, delusion appears totally unquestionable. Every therapist is familiar with the dilemma of choosing whether to immediately face the delusion, partially accept it, or adopt a tangential approach.

In any case, delusion has a nearly religious quality: it is often felt by the patient like a revelation, an enlightenment, sometimes as a message directly coming from the deity. Despite its distressful nature, the mysteriousness of its origin, seemingly so sacred and universal, confers delusion itself the significance of a privileged role the deity has assigned the patient in reward for some special merit, or a promotion from squalid anonymity to superomistic heroism [3].

In addition to strangeness, unquestionability and religiousness, a less apparent (and therefore more dangerous) component of delusion is the deceptive nature of some of the patient's obscure perceptions, such as in hypochondriac delusions in which the false perception, no matter how indistinct, of a badly damaged body develops into firm belief [1].

The underlying assumption that one's body is made of inorganic matter or wood, or rubber, or else ridiculously shaped, passive, flabby, is so penetrating to be more easily recognised by its effects than directly identified as an experience.

I have chosen to start my paper with these remarks because I want to highlight how easily the clinician is led to regard delusion as an alien structure, a mental parasite, or an outgrowth similar to a tumour, to be eradicated through targeted surgery to prevent further invasion of the healthy part of the mind. The specific traits of delusion, its strangeness, undefined nature, unquestionability and powerful penetrance can hardly elicit a different attitude [4].

The development of delusions

That being stated, I would like to focus on a somewhat different approach, taking into consideration other aspects of delusion. I will start by posing two central questions to which I would like to explore possible answers.

First question: how does delusion develop? Which psychic

Correspondence
A. Correale, Health Department in Rome, RMB, via Cavalier d'Arpino 26, 00198 Rome, Italy • E-mail: cav.darpino@mclink.it, ancorr1@libero.it

elements have combined to result in such a tightly impenetrable and omni-comprehensive structure? And when has this happened?
As previously remarked, the patient often feels delusion as an enlightenment, a sudden flash of discovery, but this is in fact prepared by a number of sporadic but recurrent fragments of perceptions that slowly, through many different narrow paths, make their way to converge into the imposing synthesis we name delusion. They consist in moments of depersonalisation, transient feelings of unreality, automatic actions, the feeling of one's body as a stranger, mechanic or unreal and empty. In addition, prior to the outburst of delusion, hallucinatory sensory experiences have occurred, characterised by hyper-clarity, exceeding sensory intensity, decontextualisation, like a detail detaching itself from the whole and acquiring autonomous life.
Through which process hallucinatory sensory experiences, depersonalising moments, feelings of unreality are slowly brought together to give birth to a powerful and seemingly highly organised structure resistant to any questioning, that transforms disorder into order, uncertainty into satisfaction and makes anxiety and terror nearly pleasant?
We know that from its very start psychoanalysis has interpreted the preparation to delusion as a catastrophic rupture of the apparatus of thought containment and synthesis, of mental elements. Freud himself spoke of reality disinvestment threatening to develop into loss of contact with reality [5]; Bion later spoke of a catastrophic change [6], as a rupture of the apparatus that allows thoughts to be thought, and Winnicott [7] described primary agonies as the experience of a catastrophe that has already occurred but fails to be remembered.
In this view, delusion would represent an attempt to rebuild a different kind of container, strange and alien but nonetheless functioning, to re-establish the synthesis or continuity that the catastrophic rupture has destroyed.
In this perspective, the emersion of powerfully sensory and concrete mental elements would be consequent to catastrophic fragmentation, and this would account for the strange and illogical nature of delusion.
This is certainly a clearly defined view, but not easily reconciled with clinical experience showing that the outburst of delusion is preceded by a variety of preliminary symptoms which, though not indicative of an actual catastrophic change, are essentially hallucinatory, depersonalising and automatic. These symptoms are experienced by the future psychotic patient during her/his entire life and it is highly presumable that they were relevant in the early stages of life, first in the relation with her/his mother and then with other primary subjects [8]. The problem is therefore the following: truly enough, when the catastrophic change takes place, delusion represents an attempt to overcome a condition of unbearable fragmentation, so concrete and hypersensorial, but when the catastrophe is more in the background, as meant by Winnicott, or even never occurred, how is delusion generated?
Could it possibly result from an attempt to organise a sensoriality of such intensity and penetrance that it cannot be expressed in words, or might delusion itself represent an experimental field of communication for experiences that cannot be translated into language?
This is the point I would like to discuss here, and this is why in the title I introduce delusion as a form of hypersensoriality.

Truth in delusions

The second point deals with a crucial and debated question, still open and relevant not only on theoretical ground but also in clinical practice: is there any element of truth in delusion? Does the delusional patient seek refuge in a totally alien world out of a sort of psychic self-centrism, nearly a kind of perversion? Or rather is there, in delusion, an effort to communicate something real which hyper-sensorialilty has utterly deformed to be by no means credible?
After all, at first sight, delusion appears as something absolute, allowing no questioning; it is out of time and out of ordinary space; communication follows fantastic paths, e.g. transoceanic, interstellar, in any case magical, while time is static, motionless: perhaps these very traits make delusion unapproachable, as if driven by a high though mysterious logic. But when closely inspected, delusion reveals a wealth of meaningful components.
First of all, the patient's tale invariably refers to specific elements, single objects, body parts, sensory perceptions: in short, delusion is undoubtedly a rigid self-referring structure, but it is composed of particulars, of single relevant details.
Why has the patient chosen that single specific detail? If a body part, i.e. mouth or eyes, appears in the delusion, what does this suggest about the specific patient's experience of her/his own mouth or eyes? Are these body parts witnessing something relevant in the patient's history, which should not be overlooked? What does delusion communicate, in relational terms?
We all know very well, after years of family therapies, also psychoanalytical, how the maternal figure predominates in psychosis, being at one time idealised and felt as upsetting. But of course the peculiarity of psychosis is elsewhere. The peculiarity of psychosis is in the way in which the tale is told, in the particular type of symbolisation used by the patient.
For instance, the story of the patient's relation with her/his mother is not narrated as such, none of the innumerable possible patterns of narration seems suitable to the patient, who will rather start by reporting some particular sensory details, which the therapist will identify as typical of the maternal relation, while the patient has lost sight of this, as though the tale had taken autonomy from the facts it should tell.

A male patient might report that he fears the cannibal witch, hidden in every woman, while stating that his own mother is an angel. Only the therapist will understand and find the way to tactfully and prudently let the patient realise he is deceiving himself.
The two issues, delusion as organisation of sensoriality and as expression of something true, but profoundly modified in the process of telling, will be addressed in the following paragraphs.

The hallucinatory

Clinical experience very clearly demonstrates the importance and frequency of the hallucinatory phenomenon in the psychotic mind. When closely inspected this phenomenon will be apparent, not only in the current time, but also as a massive and penetrating component of the patient's past, strongly suggesting that it has been particularly relevant in the first phases of the infant's relationship with her/his mother.
In a previous article entitled *The hallucinatory and psychosis* [9], I have tried to describe as accurately as possible what I mean by the term 'hallucinatory', and in what respect it has to be attentively distinguished from hallucination proper. By the term 'hallucinatory', I mean a specific trait of some perceptions, that qualitatively detach from the flow of the other perceptions, because of their exceeding intensity and sensory power.
These perceptions, being too elaborate, too dense, too delimited and focal, do fall within the frame of reality, being neither invented nor imagined, but gain autonomy from the unity of the overall picture as though endowed with partially autonomous life. In other terms, one could say that the detail detaches from the whole to develop its own life.
Thus, looking at a face, a wrinkle around the eyes, or a rebel tuft of hair, or spiky moustaches or a tooth more yellow than the others may appear as particularly prominent. But the process does not stop here, the detail detaching from the whole elicits an intense emotion, either disgust and rejection, dislike or else attraction, seduction and excitement. This emotion is not fully conscious and may perhaps be perceived as a confused state of mind in which attraction and repulsion intermingle in a contradictory and highly disorienting way.
The outcome of this particular situation can be described as a feeling of perplexity and doubt, like an enigma: what is this I am looking at? Is it what I think it is, or something else? Why does that eye wrinkle appear in my mother, whom I know for sure as an angel and an heroic or anyway wonderful being so devoted to me and my family, and raises in me doubts and questions?
We cannot rule out the possibility that in many experiences of depersonalisation the experience of strangeness or unreality starts with an enigmatic perception, a mysterious detail, a doubt that makes the whole picture uncertain in the absence of any tool to evaluate more precisely [10].
What are the characteristics of hallucinatory perception? By which means do such perceptions, detaching from the rest, gain such priority in the observer's mind as to totally absorb her/his attention? A first aspect deals with the figure-background relation: in the hallucinatory perception this is altered so that the figure becomes totally predominant. The background becomes hazy, fading away or discordant with the figure, resulting in the perception of a shape lacking a container, as if having a kind of autonomous life, as mentioned above [11]. The outcome of this phenomenon, which the patient feels as strange and worrying, is that the shape becomes wobbly and like floating on its own, against a vanishing background. The very popular and much quoted smile of Alice's Cheshire cat is an appropriate representation of this.
A second aspect deals with the lack of a definite light source. The detail perceived as hallucinatory lacks an oriented illumination, e.g. from a window or a lamp, or a fire: it appears in a cold, neutral light having no direction, no life of its own, just homogeneously diffused in the apparent absence of a source [11].
A third aspect, connected to the latter, deals with the lack of a view point. The hallucinatory detail lacks a definite location, from which somebody could see it from a different place. It appears in a wide horizontal space without any perspective, or reference point, so to say an absolute rather than relative spatiality.
The lack of a light source and the lack of a view point endow hallucinatory perception with an "absolute" character. By this term I mean something deprived of any position in time and space, but rather existing in a still world, lacking reference coordinates.
These data, which I have briefly recalled, help us to understand why the hallucinatory represents an alien world, unrelated to the rules of the ordinary world, hence enigmatic and mysterious. In a way, this bears resemblance to the theme of the sacred, if by this term we mean something completely different, not following any rule of actual life and appearing as the expression of a different dimension of existence [12].
We should now consider the following questions: 1) How does the subject react to this kind of experience? and 2) Which psychoanalytical explanation can help us to account for such an impressing phenomenon as what we might define "decontextualisation of the detail"?
1) The subject faced with such enigmatic experiences almost invariably feels bewildered and somewhat paralysed. The flow of thought stops and the mind concentrates on that single particular detail, as if interrogating it.
In many instances, when a psychotic patient suddenly looses attention this is due to the appearance of a hallucinatory detail into her/his perception field, which monopolises the attention taking it away from the general picture.

I can mention several examples of this. A psychotic male patient found it impossible to talk to women because some details of their body, in particular their breasts, trapped his attention in a spasmodic and paralysing way. To defend himself from this he used a technique, which he defined as voyeuristic: he would use coarse humour, focusing the conversation on nearly pornographic themes, so that the girl would invariably feel disgusted and retract. In the long run, this patient developed an erotic delusion, according to which all girls were irresistibly attracted by his extraordinary impressive virility.
Another patient reported that he could not read, since at the second or third line a word would detach from the text and started hammering in his brain, flashing like a shop's neon light. It is easily understood how hard any human situation becomes, when the hallucinatory blocks one's thought and captures one's attention in such a paralysing way.
2) Coming to our second question, we all know the psychoanalytic explanation proposed by Bion: a very powerful projective identification would infiltrate the object making it hallucinatory [13]. Another way to explain the phenomenon deals with the ability to conceptualise, in turn linked to the ability to symbolise. The hallucinatory object is too real, too intense, too powerful and the emotion it elicits is so overwhelming that no language can express it. Sensoriality dominates over language, which is unable to translate its meaning into any form of verbal communication. Thus, the patient will have to insert this hyper-real hyper-sensoriality within a frame capable of making it intelligible and "human". This is where delusion is born.
Delusion is an attempt to symbolise, to find a tale telling what is impossible to tell, to find a frame capable of containing something continuously shifting out of frame. How can one communicate what is so powerful as to escape verbal communication? One needs a story with such bizarre and unusual characteristics as to link and accommodate facts into a logic that appears possible though not recognisable as such by others. The psychotic mind exceedingly and frantically symbolises, but does this using, instead of a narrative logic, a paradoxical logic, which must explain the unexplainable. It uses the building blocks (the hallucinatory perceptions) to shape a building no way resembling the starting project, often developing into something totally unpredictable. Let's think of Schreber [14], who, in order to justify his desire to feel like a woman, got to the point of conceiving a gigantic metaphysical system. Delusion is thus made of hallucinatory building blocks arranged in an impressive defensive structure. The specificity of the psychosis is perhaps in these two traits: the tendency to hyper-sensoriality and the tendency to insert this mode into big delirious constructions, capable of giving a meaning to it. The delirious mode then often gains autonomous life and supports itself through a kind of a self-sufficient automatism.
I would like to very briefly introduce two distinctions. The hallucinatory should not be confused with the screen memory [15]. In the latter, a specific desire is transferred to a detail and fixes it in hyper-clarity. But this phenomenon, the yellow flowers in Freud's attraction for his cousin's beauty, has no enigmatic feature, its scope seems to just fix a memory transferring it to a different particular. No enigma here, just a process of fixation. Moreover, the screen memory does not monopolise attention and does not block the ability to think, but rather results in curiosity and nearly a feeling of pleasure and nostalgia.
Psychotic hallucinatory should also be distinguished from traumatic hallucinatory, so well described by the Botellas [16], as for psychic figurability. In this case, the fragments of the traumatic scene gain autonomous power and appear invasive and persistent: the handle of the analyst's door, a coat-hanger, the light of the car that ran over me, the bush into which the bomb that wounded me fell. But in post-traumatic depersonalisation described by the Botellas and so well known to researchers studying borderline disorder, there is no enigma, no need for explanations. Trauma activates images but does not suggest explanations, in any case not of the universal or cosmic kind: it is in connection with the evil of life or with our wishes or faults, but bears no reference to any sublime or hidden reality.
I would like to add one more concept before moving to the next paragraph. Very often the hallucinatory deals with the body and is experienced as a hypochondriac doubt. This may occur primarily, when the body informs that something strange is happening inside and secondarily as a somatic state accompanying a hallucinatory experience [17]. But no psychotic is free from the hypochondriac dimension, a mysterious sensation that something is missing, or of housing some source of inorganic or non-biological material. Often delusion results from an attempt to explain this lack of vitality of the body, both as perception of the external world and as a fault of the subject. Once again, deconstructing delusion down to its single constituents can show how it might have developed.
But now we have to ask a crucial question. Within which primary relationship does such a pattern develop? No doubt in psychosis there is a basic biological component favouring this type of development, but it is just as true that some basic relational configurations can be found with astounding frequency in psychotic experience.

The theme of the excess

In her fundamental book from many years ago *The violence of interpretation*, Piera Aulagnier [18] states with great clarity and strength that psychotics, from the beginning of their life, suffer from excess. Let's try understand what this might mean.
I would like to approach this theme of the excess from two points of view. First, i would like to try and better define

what this term means, as it is evocative, but at the same time vague or even generic. Second, I would like to describe the passages, the phases, in other words the path, through which the excess becomes hallucinatory and then, in the case of dramatic and catastrophic experiences, actual delusion.

I will start saying that with 'excess', I mean a particularly powerful emotion, an emotion that cannot be verbalised and that therefore tends to be discharged in a different form (acting, somatisation), and also an exceptionally powerful sensorial input, that presents itself as irreducible from the relational context in which it happened.

To summarise in one formula what said so far, I could say that the excess is an emotion or a perception that is in contrast with the relational form in which it happens and that therefore creates a contrast, a contradiction, a fracture in the mental and somatic world of the subject.

When it comes to the emotion, clinical experience shows very often a particularly high emotional sensitivity of the future psychotic.

Criticism, a negative comment, excitement, an outburst, all determines a fear of inability to contain. This fear can be experienced as loneliness, as loss of contact, as lack of protection, but it surely is connected with the loss or the non-creation of a language container for the emotional experience.

We know that there will never be a linguistic container that will be all-encompassing and part of the emotion will always remain an excess. But in the psychotic, this part remains as a frightening question mark, as a contradictory point and a sign that something doesn't add up.

Also, the emotion is always on the border between two movements. On one hand, there is the desiring impulse, the violent and passionate affection towards the reference figure. On the other, there is a space of opposing movement, an anti-desire, that tends towards blocking the desire itself [18].

This second component is more powerful, the more the relationship is rigid and the more it lacks a third- party dimension, introduced by certain figures. The result of this difficult synthesis is the appearance, in the framework of the form of the relationship, of moments of swerve, of difference, a break, almost an enigma that claims space in a framework, that we would like to be clear and harmonic.

I think that the specificity of psychosis is the fact that this emotion that is contradictory and difficult to bear becomes an object sensorially overcharged.

The sensory detail, in other words, becomes the container for an emotion that is unspeakable and pervasive, and that finds a maybe temporary, localisation in the individual hallucinatory object. Here we can recall the Bionian theme of the excessive projective identification as a matrix for the hallucinatory [13]. The hallucinatory object is, so to speak, violated by the power of the projection and it becomes overcharged with terrifying and paralising meanings.

However, this explanation needs an integration. On one hand, the process is similar to an evacuation. The emotion does not get expelled, but it rather finds a vector, like a localisation, and the choice of the vector is not indifferent to the reconstruction of the process. Secondly, we need to take into account the theme of the forclusion, the fact that the sensorial datum moves outside of the linguistic weave [19].

The term 'forclusion' is known to have been coined by Lacan to extend and reinterpret the Freudian term 'rejection' (*Verwerfung*).

Rejection was introduced by Freud into the much debated issue of the meaning and usage of negation, meant not just as negative assertion, but as refusal to admit the existence of something in a definite context.

Here, far from engaging in such complex and ongoing debate, I would like to highlight a particular aspect of the term forclusion, i.e., the concept that by forclusion the object becomes dramatically detached from its verbal definition. The object is denied admittance to the mutually intersubjective linguistic world, becomes estranged, mysterious and non-existent, or rather existent in a different context, in a world apart, remote and incompatible with the ordinary world, and hence impossible to share.

In this respect, hallucinations and psychosis deeply affect verbal expression. Adherence to reality is lost from language and reality, deprived of the shielding function of language, transforms itself into a mysterious certainty, somehow sacred and terrifying, absolute and irreducible.

In other words it is not just a simple evacuation, but a desperate attempt at using the object as language, in front of an excessive violence of the emotion and its tendency to look for a sensorial container.

I believe that this is a point where psychoanalysis and neuroscience could possibly meet: the tendency, surely facilitated by biological factors, to show emotion through the use of hyper-real or hyper-concrete hallucinatory elements, that paralise mental activity, but at the same time become a possible vector of experience.

I want to state again that the hallucinatory can concern both a datum form the outside world or, more sneakily, a datum of the body, with the creation of hypochondriac experiences of the psychotic kind.

The mechanism we have described must anyway be located within a relationship, often characterised by elements of rigidity. The psychotic wants to safeguard the maternal figure at all costs and then, in succession, the other members of the family. However, he does this through a rigid and unchangeable idealisation, which has its basis on parental figures that are devoted and passionate, but that also have traits of intolerance and scarce fluidity. The result is that, as we saw, within an idealised relationship, foreign elements appear, alien sensorial experiences, such as mysterious and bizarre figures that sneak into the bedroom.

Many moments of paralysis, of hyper-concentration on in-

dividual facts, of viscosity, of distraction, can be explained as efforts from the psychotic patient to somehow place an alien experience in a known and familiar context. The disinvestment Freud [5] talked about could be interpreted as a retreat from the external reality to focus on these alien sensorial data, whose presence poses to the psychotic a question without an answer.

If this phenomenon meets experiences of important relational ruptures (the catastrophic change, the primitive anxiety), delusion can be the only way to give order again to a familiar world that has become messy.

Therefore, there is a turning towards the sacred, the magical and, more simply, to prosecutions and the bad will of the enemies, to explain what cannot be explained. The difficulty is that often the starting point gets out of sight. The moment when the hallucinatory appears, in turn expressing an important relational difficulty, is inaccessible for two reasons.

First, the emotion does not stay attached to the object. This is a very old theme in psychoanalysis, dear to Freud, who thought that the object is the most variable part of the drive [20]. The emotion (or the affection, if we prefer to call it this way) shifted from the initial object to a different one and the psychotic, and often also the people taking care of them, becomes convinced that the reason behind the emotion is not the original one, but the one that took its place. Also, more or less fantastic constructions can alter the frame.

Secondly, the sensorial footprint (what Lacan would call the significant) [21] does not coincide with the object in its entirety. Some sensorial details are more suitable than others to become containers of the emotion and often we see episodes of shifting of the emotion from one sensorial sign (the footprint) to another. We could say that the work to be done on delusion is to give it relativity, when it becomes a self centred and almost perverted object, but also to start a patient work of reconstruction of its origins or of parts of its building blocks, that are its hallucinatory data. The utility of the approach that I have succinctly tried to present is exactly this.

In the therapy of psychotics, it is a matter of building first a basis of trust, of possible narrative, of openness to meaning, of curiosity, of doubt. This is a long phase, but one that is necessary to create a transfert that is conducive to the discoveries, possibly shocking, that will be encountered.

Slowly it is then a matter of deconstructing delusion into its individual building blocks, looking at the linguistic potential of each individual block, as Freud suggested should be done for the interpretation of dreams: not the whole of the dream, but the sum of its components [22].

Finally, the inclusion of the blocks within a relational framework, where it is possible, without fear, to start and see some flaws, some dis-harmonic element, some possible criticism of the idealised figures. These are slow, laborious processes, but it is possible to think that this work on the origin of the delusion can provide the psychotic with some ability to control her/his delirious ideas, that the mere fight against the autoerotic and self-centering components of the delusion cannot alone provide.

Conflict of interests

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Semantic processing and semantic experience in people with schizophrenia: a bridge between phenomenological psychopathology and neuroscience?

M. Ballerini

Mental Health Department, Azienda Sanitaria di Firenze, Florence, Italy

Summary

I describe and discuss two kinds of language anomalies in people with schizophrenia: impairments of Semantic Processing (SP), the neural activities underpinning the construction of meanings, and Semantic Experience (SE) the way one lives and manages meanings. The first level includes abnormal language lateralisation models and anomalies of Semantic Memory (SM). SM-based models shed light on three main domains: 1) heightened automatic spread of activation within the SM, 2) inability to build-up and to maintain a meaningful, coherent context of reference as a consequence of impairment of working memory and executive function, 3) impairment of the fine balance between SM-based and syntactically-driven combinatorial processing. Anomalies of SE include the tendency (or proneness) to override the extensional limits of semantic fields as imposed by socially shared constraints of meaning (semantic drift). Language looses its public validity and displays an over-reliance to transcendence, the possibility of every meaning to transcend its commonsense value. The ecological validity of SP models, role of neurocognition, segregation of SP and SE in specific psychopathological domains and diagnostic validity are discussed and contradictory findings underscored. In the final section, I speculate on common properties shared by SP and SE findings as two sides of the same coin, such that SP findings reflect a sub-personal (pre-phenomenal or neural) level (i.e. SM impairment), while SE findings reflect a personal (phenomenal or experiential) level (i.e. the hyper-trascendence of meanings).

Key words

Schizophrenia • Language • Semantic processing • Semantic experience • Neurocognition • Phenomenological psychopathology • Neurophenomenology

1. Introduction

During evolution humans developed the capacity to represent experience in *linguistic constructs* and the ability to operate a flexible manipulation of them [1]. Language is traditionally considered the emergent *behavioural side* of thought, as well as the medium of thinking. Although a "one-to-one" relationship between speech and thought is questionable (consider e.g. visual imagery or logic-mathematical thought) [2], it is nonetheless clear that we use linguistic constructs (*inner speech)* whatever activity we are engaged in, not only when we are in a *reflective stance*.

Since the early twentieth century, language impairments have been reported in people with schizophrenia [3 4] by assuming that they reflect an underlying *thought disorder*. Today, descriptive psychopathology relates language disorders to *Formal Thought Disorders (FTD)*, distinguishing *positive FTD* (loosing associations, neologism, tangentiality) from *negative FTD* (poverty of speech). A growing number of studies has been devoted to *speech production* while *speech comprehension* has been studied to a lesser extent [5]; a set of standardised assessment tools [6-8] have been developed to assess patients' speech production considering the behavioural side of thought disorder; on the contrary, single items of the BSABS (C.1.7) and the SPI-A (C-4) regard the phenomenon of comprehension [9 10] (Table I).

In language both production and comprehension reside on the same *linguistic constructs*, both involving the (internal) *representation of meaning* [11], that is – broadly defined – *semantics* [12]. The term *semantics* "has generally been used as an umbrella" [2] covering different levels of language organization: words, sentences (where the representation of meaning is integrated with syntactical structure) and discourse (where the boundary with *pragmatics* – the social contextualisation of language as communication device – is vaguely defined). *Semantic* and *syntactic* levels are thought to be processed in parallel – not sequential – "streams" provided with closely interacting processes [13-15].

In the next two sections, I will discuss the emergent findings from the field of neuroscience (*Semantic Processing*) and phenomenology (*Semantic Experience*). Each section includes an introduction aimed to delineate basic concepts concerning the neurobiology of semantic processing and the experience of representation of meaning under normal conditions and emerging findings in the area

Correspondence
M. Ballerini, Mental Health Department, Azienda Sanitaria di Firenze, Florence, Italy • E-mail: baller@virgilio.it

TABLE I.
Standardised tools to assess speech production in patients with schizophrenia. Only single items of the BSABS (C.1.7) and the SPI-A (C-4) regard the phenomenon of comprehension. In the CLANG scale, the factor *semantic disorder* intertwines semantic, syntactic and pragmatic features.

TLC	Scale for Assessment of Thought, Language and Communication	Andreasen [6]
CLANG	Clinical Language Disorder Rating Scale	Chen et al. [7]
TALD	Thought and Language Disorder	Kircher et al. [8]
BSABS	Bonner Skala fur die Beurteilung von Basissymptomen	Gross and Huber [9]
SPI-A	Schizophrenia Proneness Instrument, Adult Version	Schultze-Lutter et al. [10]

of schizophrenia. In the last section, I will tentatively look for *matching constructs* bridging phenomenological with neurobiological data. My final remarks will be *no more than tentative*, due to, on the one hand the paucity of studies, without large-scale investigations (phenomenology); on the other hand, *the working-through character* of the findings often charged by persistent *shadow-zones* or contradictory results (neuroscience).

2. Neuroscience: semantic processing

Semantic processing (SP) is the large set of neural activities underpinning the construction of linguistic meanings [12 16 17]. In the last decades, an increasing number of studies employing several laboratory paradigms has produced a growing amount of findings that demonstrate, despite some inconsistencies, a substantial up-grading of language models, including their distortions in pathology. Anomalies of SP in people with schizophrenia have been attributed to impairment of *Semantic Memory* (SM) or, alternatively, to anomalous *Lateralization of Language Functions* (LLF). The emergent literature may appear, at least partially, obscure to non-experts since it relies on complex experimental laboratory variables and neurophysiological assumptions. In this section, I will discuss the theoretical models concerning the anomalies of SM and the disturbances of LLF; each section will be preceded by a brief summary of the basic concepts concerning the language functions herein considered.

2.1 What is SM?

SM is the large database containing all the knowledge about the world acquired throughout one's life. Its content is *long-term*, *formally generalised* (extracted from the experience that produced it) and *declarative* since it is expressible in propositional terms [18 19].
SM is absolutely indispensable to almost all our activities. The neural basis of SM has been investigated in fMRI studies (for a review, see [20]).

Neurobiology of SM

The neurological underpinnings of SM [18] include: a) *modality specific* (motor and sensory) cortical areas (demonstrating that SM is – at least partially – embodied); b) *supramodal convergence areas*, such as the temporal lobe and the inferior parietal regions (where representations become "more abstract" [18]); SM also involves the inferior, rostral and dorsomedial areas of the frontal cortex (*selection, combinatorial* and *retrieval* routines), as well as the posterior cingulate and precuneus cortex (where it may be integrated with *episodic memory* (hippocampus), providing the latter with *temporal organisation*) [18].
In SM, each representation constitutes a node or a hub within a network of associative connections with other hubs (related concepts) [21]. An incoming (meaningful) input (a word, or a concept) activates the corresponding node as well as the *related constructs* through associative links (e.g., *nurse-hospital-doctor*). The activation decreases as a function of reduced relatedness [11 12 18 21]. SM probably contains the same information in the two hemispheres but with very different arrangements [12]: in the left (dominant) hemisphere, semantic fields are tightly, finely and strictly connected; in the right hemisphere, semantic fields are wide, with remote associations. The two hemispheres display differences in the cytoarchitectonic structure of semantic regions (i.e. in the right – non dominant – hemisphere the pyramidal neurons display a wider number of dendritic branches and synaptic connections) [12].

How is SM studied?

SM has been extensively investigated in several laboratory paradigms [12 18-20], employing linguistic stimuli as single words, pairs of words (real words vs. meaningless strips of letters; related and unrelated pairs of words; conventional vs. novel metaphors, the latter taken from modern poetry), sentences, discourse (with congruous or incongruous arrangement of clauses). Other studies employ pictures or picture–word coupling (related or unrelated).
The responses measured in these studies include behaviour-

al indexes (recognition accuracy or time reaction), neuro-physiological markers and neuro-imaging data [12 18-20 22].
Among neuro-physiological markers, event related potentials (ERP) are perhaps the most studied. An ERP is widespread bio-electrical activity recorded from the scalp in response to specific stimuli (i.e. related or unrelated word pairs). In SM studies, the most relevant ERP component is the N400 (a negative waveform occurring 400 msec after the stimulus) indicating a *perceived semantic incongruity* between the two stimuli (e.g. *bread-tiger*) [19 23].
Some authors, as in a study on schizophrenia, prefer to rely on instrumental results such as ERP components, expression of automatic or "implicit" processes; behavioural responses, such as a semantic task, are considered to be more sensitive to controlled or "explicit" cognitive strategies; also, schizophrenia patients tend to be slow or inaccurate in behavioural tasks [24]. ERPs display good temporal resolution as they record neural activities online, but have poor spatial resolution, exactly the reverse pattern of fMRI results [24].

What is the priming effect?

The *priming effect* (PE) [25] is the recognition of a target word (e.g. *tiger*), which is facilitated if it is preceded by a related concept (i.e. *stripes*). PE is very useful to study the associative networks between diverse (related or unrelated) *semantic fields*; a major determinant in these studies is represented by the *time interval*, usually termed as SOA (Stimulus Onset Asymmetry) between the two stimuli. A short SOA (≤ 400 msec) activates *more automatic processing*, while longer SOAs (> 400 mSec) activate *more strategic, explicit, cognitively charged processing* [11 23 25].

2.2 SP in people with schizophrenia: SM-based models

The three [5 22] most influential models concerning SM impairment in schizophrenia are: a) *heightened automatic spread of activation within the* SM; b) inability to build-up and to maintain a meaningful, coherent *context of reference*; 3) impairment of the *fine balance between SM-based and syntactically-driven combinatorial processing*.

Heightened automatic spread of activation within the SM

A very influential model [26] depicts schizophrenia patients as suffering from a *heightened automatic spread of activation within the* SM. This is an abnormal proliferation of relationships between *semantic fields,* which leads to a sort of *hyper-activation* of connective links between weakly related or unrelated words and concepts.
Schizophrenia patients do not display enhanced SM: a meta-analysis documented [27] impairment in *semantic fluency tasks* where probands were asked to produce words belonging to specific categories. Also, patients do not suffer from a sort of *semantic dementia*: they were less accurate than controls in organising words according to semantic categories [28] and in recalling previously-stored lists of words, failing to use semantic strategies. The patients' performance improved if the time task was prolonged or external help was provided [29 30].
Patients *perceive remote or unrelated concepts as semantically related*. Their transcripts (with randomly omitted words) were judged to be more unpredictable than those produced by normal controls [31]. In *semantic fluency tasks*, patients produced bizarre semantic associations [32].
As documented by a meta-analysis [25], in semantic decision tasks (where the proband has to recognise the semantic relatedness between two words), patients with positive FTD exhibited hypersensitivity to PE. This finding was significant, with short SOAs indicating an impairment of automatic processing. Similarly, in ERP studies, patients with schizophrenia displayed a reduction of N400 component (semantic hyper-priming) when exposed to a pair of distant words (i.e. moderately or indirectly related words) [5 19 23]. This was more evident when short SOAs were used, activating more automatic associative processes; the ERP semantic hyper-priming is reduced with longer SOAs [23 24] or when patients are requested to make a behavioural decision (e.g. matching the semantic relatedness between two stimuli) [5 24 33].
On the contrary, other studies, employing behavioural responses (semantic decision tasks) and neuro-physiological data (N400), displayed reduced or negative PE both at short SOAs and at longer SOAs [34-36] suggesting the latter is an impairment of *semantic explicit strategies* (see next section).
All these findings were related to *SM disorganisation* with impairment of normal connections between related semantic fields [24 37]. These results have been regarded as the cause of *loosing associations* and *positive* FTD. Anomalies of semantic ERP were also occasionally described in patients with severe *Positive Symptoms* [35 38], or *Negative Symptoms* [39 40] (for discussion, see section 4).

Inability to build-up and maintain a meaningful, coherent context of reference

Anomalies of SP have been attributed to an inability to build-up and maintain a meaningful, coherent *context of reference* between word pairs or sentences [41]. Negative PE between word pairs has been considered the consequence of such a disturbance [37].
This inability has been referred to as an impairment in working memory (WM) and executive functioning (EF) [5 23 42 43]. The impairment of WM and EF may operate in several ways [23]: 1) inability to maintain "on line" the correct context of reference of meanings, especially in

the face of multiple sources of information; 2) inability to inhibit irrelevant words that do not match the context of reference. If these mechanisms do not work, the number of words that should be, and are not, inhibited overrides patients' reduced capacities [23].

Impairment of the fine balance between SM-based and syntactically-driven combinatorial processing

An integrative model has been recently purposed by Kuperberg and coworkers. The ability to correctly represent linguistic meaning *within the frame of discourse* is related to a fine integration of semantic-syntactic mechanisms necessary to obtain appropriate logical, causal, temporal connections, as well as consistent semantic matches [11 22 24]. Conventional models of *language processing* have established a *two step-sequential* mechanism: syntactic parsing plus semantic analysis, the latter performed when the syntactical structure has been already determined [22 24].

It is assumed that simple *blocks of semantic-syntactical associations* are stored in SM, ready-to-hand in many everyday transactions [13 15 24]. When one is faced with complex, ambiguous, or contradictory communication, a more sophisticated level of analysis is required, called the *combinatorial integrative* parsing of discourse [22 24].

Consider two examples [44 45] from laboratory paradigms, both without coherent meaning: "the guests played bridge because the river has many rocks"; "at breakfast the egg would eat …" (for review, see [24]). In the first case, the *homograph* (a word with two or more meanings) *bridge* has been used in its *subordinate meaning* (a card game), while the subsequent word *river* is connected to its *dominant meaning*. In the laboratory, when confronted with the term *river* normal people produced an N400 (perceived semantic incongruity). This is not the case with people with schizophrenia who seem to rely on *semantic association* between 'bridge' and 'river' irrespective of the context. In the second case, non-patients do not to produce a N400 (*transitory semantic illusion*) in response to the term *eat*, but they produce a late P600, reflecting a supervening need for *combinatorial-integrative parsing* (semantic-syntactic integration) of the sentence. People with schizophrenia do not produce this effect: they seem to rely on semantic associations between the words 'breakfast', 'egg' and 'eat' [44 45].

An fMRI study demonstrated that patients with schizophrenia have a reversed pattern of cortical activation: when responding to semantic-related stimuli, schizophrenia patients display hyper-activation of infero-frontal and temporal cortices; the inefficacy of lexico-semantic retrieval and selection (infero-frontal cortex) leads to hyperactivation of temporal structure [14].

Similarly, in another fMRI study the same research group indicated that schizophrenia patients experience a dissociation between frontal and temporal lexico-semantic integrative processes [46], which has been confirmed by other studies using a different semantic fMRI paradigm [47]. Another fMRI study, employing semantic indirect priming (two associated words predicting a target word), demonstrated hyperactivation of temporal regions in patients, suggesting enhanced activity in cortical semantic structures [48].

In language comprehension, the two "streams" of processing, that is, the *semantic memory-based* and the *combinatorial-integrative syntax driven*, need to be *fine-balanced* [11 22 24]. People with schizophrenia seem to rely excessively on semantic associations. These patients are able to match the incoming linguistic stimuli with the stored constructs [37], but when confronted with more complex or ambiguous parses of language they are unable to inhibit their over-reliance on semantic associations. The authors concluded that the *fine balance between semantic memory-based and syntactically-driven combinatorial processing is disrupted in schizophrenia, and that such a disruption can lead to errors in the build-up of higher-order meaning under some circumstances* [24].

2.3 What is the LLF?

Lateralisation of brain functions (and conversely, asymmetries in neuro-anatomy) are widespread in many species. They represent an evolution-driven advantage in performing many tasks. Human language has been considered for many decades strictly lateralised in the left (dominant) hemisphere. Today, the classical nineteenth century model (the Wernicke–Broca model) is considered no more valid. Language processing involves both hemispheres and possibly sub-cortical structures [16 17]. Nonetheless, the two hemispheres do not need to be considered functionally (and anatomically) equivalent: there is growing evidence for hemispheric specialisation, that is, the segregation of specific language functions in the right or left hemisphere [12 49].

The Four Quadrants model

In the model proposed by Crow [49-51], the brain torque is subdivided by two axes (antero-posterior and latero-lateralis) in *four linguistic chambers*: left dorso-lateral pre-frontal cortex (speech production), left hetero-modal associative occipito-temporo-parietal cortex (phonemic comprehension), right hetero-modal associative occipito-temporo-parietal cortex (meanings representation) and right dorso-lateral pre-frontal cortex (planning concepts and intensions); while the left – dominant – hemisphere is prevalently dedicated to motor and sensory phonological features of language, the right is devoted to more conceptual features. While the left (dominant) hemisphere contains a set of primary lexico-semantic modules neces-

sary to speech production and comprehension, the right hemisphere is considered a "secondary lexicon or lexico-semantic store" where the "separation of a motor from a sensory component gives rise to distinction between meanings on the one hand and thoughts and intentions on the other" [50]. In the left (dominant) hemisphere, the connections between linguistic neural representations or "engrams" are restricted to linear or serial forms of processing, while in the right hemisphere they are wider and provided with "in parallel" associative links, consenting more complex or "alternative" elaboration of meanings [51]. The four chambers are connected by one-way pathways: the direction is biased toward the right at the posterior level (representation of meanings) and biased toward the left at the anterior level (speech production, where thoughts and intentions – at least partially elaborated in the right hemisphere – become speech) [50]. The correct functioning of the entire system requires absolute hemispheric segregation of *linguistic routines*: if not, the road is open to overt pathology [49-51].

Bilateral activation integration and selection model

Another very influential theory of SP is the BAIS model (Bilateral Activation Integration and Selection) [12]. The model has been developed via fMRI and neurophysiological studies. In laboratory paradigms, it is possible to rely on only one hemisphere by addressing semantic stimuli in one visual hemi-field.
SP occurs in both hemispheres in *parallel streams*, distinct but complementary and highly interactive: in the left (dominant) hemisphere, *semantic fields* are tightly, finely and strictly connected, while in the right hemisphere they are widely connected, with remote associations; the left hemisphere is activated by strong categorical information (dominant meanings, literal associations, contextually-relevant information), effective for quick comprehension and speech production; the right hemisphere seems to be engaged by distant, non-conventional categorisation (subordinate meanings, unusual or distant semantic associations, apparently irrelevant information, abstract concepts), displaying an advantage in detecting context inconsistencies, deriving themes, drawing inferences, repairing grammatical errors, producing figurative language and comprehending novel metaphors and jokes [12]. When faced with a semantic stimulus (a word, or discourse), the semantic networks are activated. The diverse semantic fields are then computed and integrated by their overlapping zones. Finally, the best-matching semantic field is chosen, while all others are inhibited. The brain regions involved in these sequential processing are, respectively, the posterior temporal cortex, anterior temporal and frontal infero-lateral cortex [12]. SP may be viewed as the product of this "hemispheric negotiation" [52]. It is still unclear what regions operate as the *selector,* able both to address the "stream" in one direction and to switch off processing. The right hemisphere may be activated when left hemisphere processing is inconclusive [12]. Some authors have suggested that the left (dominant) hemisphere plays "a gate-keeper role" by preventing unconventional semantic processing from becoming excessive [53].

2.4 SP in people with schizophrenia: lateralization-based models

In a seminal paper [49], Crow argued that schizophrenia is the price *Homo Sapiens* pays for the acquisition of verbal language. While the model is still under debate, there is still a growing amount of evidence concerning anomalous LLF in people with schizophrenia.

Crow's model

Crow has proposed that anomalous lateralisation impedes the normal hemispheric segregation of diverse language functions. He suggests that psychotic symptoms are the result of this anomalous lateralisation, as well as a possible reversal in the direction that these pathways typically flow. For example, auditory verbal hallucinations are viewed as products of reversed direction in the posterior pathway [50 51] – inner speech becomes objectified in perceptive-like (auditory) phenomena. In Crow's model, anomalies of language account for all classic psychotic (first-rank) symptoms [49-51] and possibly for incoherent speech phenomena [50].

Experimental evidence concerning anomalous LLF in schizophrenia

Several studies have demonstrated anomalous LLF in people with schizophrenia, ranging from neuro-anatomical [54] to functional levels, as documented by fMRI investigations [55 56]; despite some inconsistencies [57], a correlation between the severity of psychotic symptoms and defective lateralisation has been found [56 58 59]. A meta-analysis confirmed a correlation between defective language lateralisation and auditory hallucinations, although with small effect-size [60]. Anomalies of language lateralisation have been documented in patients with relevant negative symptoms [61], first episode patients [59], un-medicated patients during acute episode [58] and in relatives [62 63], suggesting that they may represent a vulnerability marker for schizophrenia.

BAIS based evidence

Two studies [52 64] have challenged the BAIS model in people with schizophrenia. In one study [64], schizophrenia patients exhibited a reverse pattern of brain activation during a semantic task (conventional vs. unconventional

metaphors). In another study [52], the ERP magneto-EEG was recorded during a semantic task test (literal related or meaningless word pairs, conventional or unconventional metaphors). Patients were more able than controls to identify novel metaphors, but performed worse on all other tasks. Also, patients did not display the M350 waveform (similar to N400 reflecting perceived semantic incongruity) for either unrelated words pairs or unconventional metaphors. In conclusion, patients with schizophrenia (with positive FTD) seemed to rely on automatic – *coarse* – (right hemisphere-based) SP independent of the type of semantic stimuli [52 64]. Given the small number of patients, the results are preliminary.

3. Phenomenology: *semantic experience*

From a phenomenological perspective, *semantic experience* (SE) may be considered the way we live and manage *meanings*, the building blocks of all knowledge. In other words, SE is the subjective, first-person experience *of meaning*. In this section, after recalling the notions of 'meaning' as developed by social phenomenology, I will briefly summarise the (few) psychopathological studies regarding SE in people with schizophrenia.

3.1 Meanings and language

Man is an *animal symbolicum* [65] and his core property is the ability to *conceptualise* reality. Facts, events and objects are typified through *meaningful constructs* (MC). Every kind of knowledge is grounded on MC, including *common sense* (CS) – *knowledge,* taken-for-granted and shared intuitively by all the individuals of a given socio-cultural context, as well as the most sophisticated forms of *scientific knowledge* – whose evolved symbolism is shared only by experts and adepts [65].
Language is the principal means through which we *typify* experiences. It is the way we give sense to our actual experience, the way we retrieve past experiences and build up predictions. In learning our *native language*, we acquire a large stock of knowledge [66]. We use this knowledge to take account of our experiences and to communicate with others [67].

Meanings and the (socially-shared) interpretative procedures

The social world is articulated in the *everyday life-world* (the world which we all first and foremost inhabit) and in specific *districts of meaning* (e.g., the world of art, science, work, specific disciplines, or groups of adepts etc.). These are essentially *interpretative orders* – an incredible *database of meanings, categorisations, standards, rules, principles, causalities* etc. – that the individuals of a given social context share intuitively and spontaneously [65 66].
CS (including the standards of specific disciplines, activities and restricted groups of people) is not only the database of knowledge at everyone's disposal; it is also the set of *interpretative procedures* (IP) or *account practices* [68] that allow us to experience different phenomena in the world as solid realities whose meaning is taken for granted. Garfinkel [68] introduced the term *indicality* to point out a fundamental property of socially-shared IP: every meaning is contextually grounded but the context (the frame of reference of each meaning) is nothing more than a sum of MC ("accounts") assembled according their semantic values or properties. In our engagement with the world, we intuitively use *already-assembled* or ready-to-hand *frames of reference* (assembled contexts) to represent meaning [68]. The socially-shared IP represent a facet of the more complex CS experience; other facets include the *system of values*, *social attunement, self-experience* and, finally, *lived space* [69 70]. CS is the grounding element and the condition of possibility of social life. Normally transparent, it is the root of our sense of reality. The boundaries of our perception of reality are traced by the *interpretative order* provided by CS [71]: each deviance brings bewilderment, disapproval, embarrassment, or fear [68].

The ambiguity of meanings

Commenting on the Schutz's notion of MC (typifications), Natanson [72] observed three main properties that may be extended to the notion of *interpretative procedures*. These include: (1) *abstraction*, since each MC is not confined to the experience that produces it; (2) *anonymity* since each MC is at everyone's disposal; (3) *transcendence*, since each MC may go *further*, may be manipulated, updated, acquiring new meaning [71]; every meaning also displays an *intrinsic ambiguity* – it is an "open horizon" in the fact that it permits the possibility of *natural evolution* (new significations) or personal manipulation [65 73].
Meanings are *never forever*: they are signs of time, as they evolve continuously.
Man is also *a set of solitude and sociality* [74]: each of us is permeated by an immediate feeling of individuality [73], rooted in his personal life-history and in his unique arrangement of habits, interests, values, cognitive and affective styles. Nonetheless, each *personal world* is situated within the *extensional constraints* established by CS [68].
The construction of meaning also involves a *dialectal tension* between the *social matrix* and the subjective pole of interpretation. Each of us assembles the *frames of reference* (context) of meanings in a personal way. Every meaning displays a socially-driven *central core* and a personal *peripheral fringe* [64]: we are anchored to the social matrix of meanings, but we also commonly reside in the peripheral fringe.

As far is possible to penetrate in the peripheral fringe of meanings?

There is a continuum between *ordinariness* (the center), *originality* (close to the boundaries) and *bizarreness* (beyond the boundaries). The socially-shared IP, that is, the cognitive style of everyday life-world also called *natural attitude,* and *the cognitive styles of specific disciplines* draw the limits within the sense of reality (objectivity) is preserved. Beyond these limits, *meanings* are immediately felt as original, strange, uncanny, bizarre. IP circumscribe the *semantic fields* and act as a constraint [68]. Everything that goes beyond these boundaries is felt as a *derailment*. Beyond these *extensional limits* we find only peculiar, odd, uncanny and, at the extreme of this continuum, bizarre assemblages of meanings and semantic attitudes.

3.2 SE in people with schizophrenia

There is a paucity of psychopathological studies regarding SE in people with schizophrenia. Most rely on only a few patient samples or even single cases.

Pioneering contributions

The Italian psychiatrist Sergio Piro was a forerunner in this field, documenting in patients the tendency to endorse the *semantic halo* of linguistic constructs instead of the usual *dominant meanings* [75]. Lacan, in a psychoanalytic context, evidenced a subversion of the symbolic register of meanings [76]. Schwartz, Wiggins and Spitzer described in schizophrenia an apparently automatic expansion of the *horizon of meanings*, where people are absorbed in semantic associations departing from commonly shared categorisation procedures [77]. During the prodromal stage of schizophrenia, words may appear void, meaningless, unfamiliar, lacking their usual references; patients collapse into an abyss of doubt, reality does not match the way is commonly represented. Patients, losing the strength of CS experience, suffer the collapse of their sense of reality [78].

The semantic drift

In more recent years, Stanghellini and I depicted the anomalies of SE in people with schizophrenia as a *semantic drift:* patients appear to be detached from the (socially-shared) *frame of reference of meanings* as a consequence of the impairment of CS experience [69].

Some patients seem to be engaged in the search for a private (idiosyncratic) language and for *new meanings* [79]. They sometimes look for the right words to conceptualise their ineffable experiences [80-82]. Other times, patients' hyper-reflective stance may be reflected in their attitude toward language and words [82] resulting in obsessive-like ruminations about the semantic potentials of specific words. Sass and Pienkos [82] recalled that de-contextualisation of language may occur *within* the referential frame of language itself: patients may be captivated by some anomalous salience of certain words, sometimes residing in the phonemic properties. Other times, they may attribute odd, uncanny, strange powers or properties to words, as in the magicians' world. Patients may be interested in the graphic features of the words (Stanghellini, this issue), often in *exotic* languages, using diverse typefaces (e.g., Hebrew, Veda). They manipulate words and types transcending their linguistic value but investing in them peculiar properties. Words are decontextualised from their *significant reference*: words may become semi-independent objects, losing their inter-subjective value [83].

Finally, in a recent contribution [70] I outlined patients' narratives (reflective of their *semantic attitude*), as lacking both *internal coherence* [84] (i.e. consistency and logical connections), and *external coherence* [85], since they overwhelm any pattern of social shared knowledge, symbolism, standards, values, or frames of action.

In schizophrenia patients, the *referential frames* of meaning tend to vanish; m*eanings* become *de-contextualised* from the socially shared network of signs and symbols and from their common sense *semantic fields*. Italian anthropologist and psychopathologist De Martino argued that psychosis is characterised by a dramatic detachment from the inter-subjectively valid *cultural background* that is shared by all individuals of a given socio-cultural context [86].

De-contextualisation of meanings is a *central value* in patients with schizophrenia. They may feel unable to take for granted the objective character of reality. They may deliberately (and sometimes disdainfully) refuse CS assumptions, including the (implicit) rules, standards and causalities, intuitively shared by all the people of a given socio-cultural context. The shared constructs and symbols are felt by patients as threats to their individuality ['antagonomia', [69 70 83 87-90]]. In 'idionomia' [69 70 88 90 91], there is the absolute exaltation of one's personal rules, principles and world-view, which are all detached from the CS world. Patients may be engaged in personal studies and endless reading, ruminating philosophical, religious or sociological assumptions, but subverting the established tenets and the methodology of these disciplines.

Patients may be fascinated or absorbed by the inexplicable complexity of the nature of existence: they may be moved by *what is beyond*, including the mere appearance (what is taken-for-granted or the *natural attitude toward the world),* the standards of specific disciplines, the *ordinary semantic fields*, the frames of reference (assembled contexts) of meaning and any socially-shared interpretative procedures. It is notable that patients seem to be engaged in a sort of continuous, moment-by-moment idiosyncratic re-assemblage of referential contexts, with the effect of producing a peculiar proliferation of meanings devoid of any accomplished arrangement.

Schizophrenia and the hyper-transcendence of meanings

The *semantic attitude* of people with schizophrenia displays a tendency (or a proneness) *to override the extensional limits* of *semantic fields* as imposed by CS *constraints of meaning*. Patients lose themselves beyond the peripheral fringe of *meanings* without being able to come back, to limit their enlarged perspective, or to bring back *this enlargement* to the correct (semantic-syntactic) frames of *meaning*. Meanings, and conversely language, lose their *anonymity*, their *public validity,* that is their intersubjective value. Meanings may appear sententious, philosophical or abstract, but they represent a grotesque distortion of *abstraction* since they rely dramatically on the (abnormal) experience that produced them. Finally, patients display an *over-reliance on the transcendence of meanings*: *hyper-transcendence* involves the assembled contexts, the IP and, consequently, the resulting meanings. Lacking the grounding effect of CS, patients may contribute to an uncontrolled solipsistic polysemy of the world. Abnormal semantic attitude in people with schizophrenia is a consequence of the impairment of CS experience [69 70]. Patients' *semantic attitude*, intertwined with the peculiar arrangement of values, may substantiate the typical feature of bizarreness that characterises schizophrenia [69 70 88]. Patients' statements may appear assumptions of reality when they are concrete, "distorted metaphors" [83 92] constitutive of a strange, *solipsistic private world* erected upon new meanings and causalities, completely divergent from social shared symbolism [69 83 88].

4. Concluding *critical* remarks

In this section, I will discuss some critical issues regarding anomalies of SP and SE in people with schizophrenia.

Do contradictory findings undermine theoretical models?

Contradictory findings can be found in studies regarding both physiology as pathology pathology of brain linguistic functionality, e.g. the right-hemisphere advantage for novel metaphors, the neural localisation of *supra-modal areas* within the SM and the precise staging of SP, including its anatomy [93-95]. The significance of the hyper/hypo priming effect, the role of cognitive processes, clinical correlates and the diagnostic validity of the above reported models have also been challenged (see below). Laboratory models are *working-through models*, which are necessary to structure available findings and to direct future research. Yet we need extensive investigations, large samples of patients (in most laboratory studies the samples are very small) and standardised methodology to obtain comparable results.

Are laboratory findings ecologically valid?

The ecological validity of laboratory findings is obviously questionable, but at the moment technology does not permit *on-line (real-world)* studies. Laboratory paradigms aim to isolate *objective* sub-personal variables while available phenomenological studies aim to investigate the experiential first-personal level. Laboratory models need to be integrated with phenomenological data. Also, they may serve as "points of reference" or "constraints" to *refine* the phenomenological theoretical models.

Are the above-mentioned SP anomalies limited to patients with positive FTD, or do they characterise schizophrenia as a whole?

SM anomalies are well-documented in patients with positive FTD [5 11 25 27]. There are few reports regarding their presence in patients with relevant positive symptoms [35 38] and negative symptomatology [39 40]. One study in first-episode patients found correlations between negative symptoms, on one hand, and semantic retrieval disturbances and cortical (parietal) anomalies, on the other [40]. Alternatively, it has been hypothesised that [24]: a) different stages of SP may be altered in patients with diverse symptomatology, i.e. the *activation stage* in patients with positive FTD and the *selection stage* in patients with positive symptomatology; b) the impairment may be of a different intensity with a diverse arrangement of symptoms. Anomalous language lateralisation seems to characterise schizophrenia as a whole and particularly patients with prominent positive symptoms [49-51 54-56 58-60].
SM and lateralisation models may not be mutually exclusive, since abnormalities in these functions may contribute independently to overt symptomatology and possibly to diverse psychopathological domains. It is important to recall that BAIS-based models [52 64] seem to integrate disorders of SM with abnormal lateralisation.

Is SP independent from basic neurocognition?

Anomalies of SP are more evident in patients with positive FTD where neurocognitive impairment is more severe [96]. Impairments in sustained attention, WM and EF have been invoked as major determinants of SP impairment [43]. It is still under debate whether there are components of WM specifically dedicated to SP [5 50]. It has been debated whether SM impairment involves the *storage* or the *retrieval stage* [27]. In every case patients displayed disorganised and not degraded SM [2 36].
One study using a semantic paradigm (related, weakly related or unrelated sentences), documented semantic

ERP anomalies, but no difference with respect to normal controls in response accuracy in patients: the authors hypothesised a late cognitive repairing mechanism [97]. On the contrary, other studies [44 45] using incongruent sentences as stimuli (see above, section 2.2c) showed bioelectric (ERP) anomalies associated with poor response accuracy: patients were judged to be unable to maintain meaning coherence within the frame of discourse. Also, studies with explicit semantic tasks, seen in patients with reduced or negative PE [33-36] suggests impairments of cognitive semantic strategies (for review see [24]). In patients with schizophrenia, the relationship between SP and cognition has to be more precisely ascertained.

Do anomalies of SM possess diagnostic validity?

There are some encouraging results concerning the diagnostic specificity of N400 in people with schizophrenia compared with affective disorder patients [98 99]; nonetheless, a recent study [100] documented N400 disturbances in a sample of psychotic patients without respect to nosographical diagnosis. Anomalies normalise in remitted patients [100]. The relatives of schizophrenia patients do not display these anomalies [101], hence SM neuro-physiological anomalies may be a biomarker of full-blown illness, but not an endophenotype or a marker of schizophrenia vulnerability.

Is decreased language lateralisation a specific characteristic of schizophrenia?

Crow's model suggests that anomalous language lateralization may be the root of psychotic symptoms in schizophrenia [49-51]. Yet psychotic symptoms are not characteristic of schizophrenia [102]. Abnormal language lateralisation has been documented in relatives and high risk population resulting a candidate trait marker and an endophenotype [61 62]. Nevertheless, diagnostic specificity is lacking: disturbances have been documented in non-schizophrenia psychotic patients, suggesting a *psychosis liability marker* [103 104]. Language lateralisation has been assessed with diverse fMRI techniques; in neuroimaging, results are dramatically prone to technical variables. We need to ascertain if different patterns of anomalies are at play in different psychotic diseases.

Do phenomenological results possess diagnostic specificity?

Schizophrenia patients display anomalies of SE, a kind of *semantic drift*, intertwined with their peculiar arrangement of values and other features of so-called 'bizarreness' [69 70 88]. These anomalies of SE in people with schizophrenia seem to be absolutely divergent from the language anomalies described in bipolar patients [83 105], as patients with bipolar disorder are *intolerant of semantic ambiguity* and over-reliant on commonsense assumptions. Extensive studies assessing SE among comparative populations are lacking.

5. Is it possible to bridge the gap between phenomenology and neuroscience?

The heightened automatic spread of activation within the SM or, alternatively, the dependence on coarse (right hemisphere based) SP in people with schizophrenia could be matched with their peculiar SE, that is, their tendency (or proneness) to override the extensional limits of semantic fields imposed by CS constraints of meaning (i.e., over-reliance on transcendence of meaning). We may hypothesise that SM anomalies and SE disorganisation represent two sides of the same coin, the former reflecting the sub-personal level (pre-phenomenal or neural) and the latter reflecting the personal (phenomenal or experiential) level.

Some authors have speculated on the experiential consequence of SM disorganisation. Patients may be over-reliant on apparently irrelevant environmental stimuli that may be felt as meaningful [35], opening the door to *abnormal salience*. Moreover, patients may "jump too quickly to remote conclusions, with limited control over the meanings they form" [52]. Patients are captivated by the *ambiguity* of language; they are *hyper-tolerant* of the *intrinsic ambiguity of meanings* [83]. They may perceive remote or unrelated concepts as significantly semantically related. They lose themselves beyond the peripheral fringe of semantic fields unrelated to the socially shared constraints of meaning. As a result, patients appear to display a *proneness to override the extensional limits* of *semantic fields* imposed by social shared *constraints of meaning*. As suggested by one patient, 'I open too many windows to be able to adequately manage with all of them'. Persons with schizophrenia may be unable to 'close' these 'windows' once they are open.

Alternatively, we may also hypothesise that abnormal lateralisation impedes the ability to switch off the activation of *coarse (right hemisphere-based) SP*. Sass and Parnas have suggested that *diminished self-affection* (the impairment of basic-self, the pre-reflective fundament of subjectivity) may be the root of thought disorder by depriving patients of the "lived point of orientation" [80] and inducing a "proliferation of meta-perspectives" that patients are unable to manage. As a consequence, thinking looses coherence and pragmatic efficacy. Patient narratives may lack both internal (lexico-syntactic) and external (socio-cultural grounded) coherency. These anomalies may be regarded as the experiential consequences of the imbalance of fine syntactic-semantic integrative processes. Language is no longer able to conceptualise actual experience according to culturally-shared standards, hence it looses its pragmat-

ic value [106]. Language loses its *anonymity* and appears to be distorted in a grotesque taint of *abstraction*.
The phenomenon of 'hyper-transcendence' may emphasise words as such, transforming them into semi-independent objects [82]. They become decontextualised and de-situated not only with respect to ordinary semantic fields (including the biographical arrangement of memories), but also to the intrinsic character of symbols. They *materialise* into something real and concrete (Stanghellini, this issue), opening the door of hallucinatory experience [83]. Can this be linked to the abnormal segregation of language functions as described in Crow's model? This may be another intriguing hypothesis. In all of these cases, language is no longer a means of sharing a world [83], becoming the basis of a new *solipsistic* world.

Conflict of interests
None.

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