

# Speech strategies in the discourse of psychotic patients

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Linguistic studies in the field of psychiatry are few and mainly concentrate on aphasic speech and what some call "mind disorders". It is true that the possibility offered by psychiatric institutions to work on a ward is very often difficult to get and many patients are, for the least, not very cooperative or unable to take part in a scientific research program.

However, in the last few years, things have become easier and the use of quantitative linguistics has proved beneficial and begins to be part of the evaluation of patients on admission. This is the case, for example, in L'Hôpital Sainte Anne, in Paris.

This paper aims at showing that some linguistic markers are valuable indications both for the diagnosis, the understanding of the illness, and the prevention of possible relapses.

Very often, the work on "psychotic speech" concentrates on the different semantic fields the patient deals with. Our hypothesis is that knowing that a certain person claims he/she is Jesus or the Virgin Mary is of no real avail to the analysis. This is why we decided to concentrate on markers like determinants, negations, repetitions, phatic forms and so on, to get a deeper understanding of the specificity of this kind of discourse.

The corpus used is an oral one which includes altogether some 300 000 words. The patients who cooperated and volunteered in this study were either schizophrenic patients or manic-depressive ones, both depressive and elated. I also had a control group including "normal" people, who had no past or present psychiatric history, which I tried to pair with my two other groups for age, sex, education, and social background. The interviews of the patients were standardised, all recorded and transcribed by myself, then fed to the computer, using a very limited coding of some categories to avoid ambiguity. For example, "**her** dress" was left as such, whereas "I can see **her**" was fed to the computer in the form "I can see **\*her**", to make

it easier when sorting out the different grammatical categories I wanted to study. Concordances were then obtained thanks to the software "The Concorde", by David Rand (Montreal University).

Choosing to put aside, at least at this stage, what is actually said to concentrate on the way it is said, allowed me to point out that linguistic markers, which most of the time escape the conscious use of the speaker (especially in oral speech) was deliberate. I assumed that the way patients expressed their ideas or delusions would be more meaningful, in some ways, than what they expressed. The main categories I chose to select are as follows:

– *the determinants*, which are markers which can show how the patient both sees the world he lives in, and the way he is able to share it with another speaker. For a finer analysis, I had to split this large category in sub-classes, like "constrained" determinants, which are included in a fixed form like "Once upon **a** time" and escape the conscious of the speaker between for exempts **a** and **the** or **this**.

I discovered this grammatical category was, in most cases, a very good index of communication as some patients very cleverly distort what seems a communicative process by using determinants without giving the hearer the least possibility to find out which substantives are possible referents.

– *personal pronouns* because, here again, they are a good index of the coherence of the speech in a situation of communication between two persons. Here again, the presence of an obvious referent is the sign that the speaker includes his/her hearer in the relationship and gives him/her clues to identify people, things or places he/she is talking about.

– *phatic forms*, which are meant to maintain a contact with one's hearer, and a way of letting him know that the communicative process is still consciously going on. Together with these phatic forms, I included the study of the systematic repetition of words, and the presence of unfinished sentences, because the close study of the concordances led me to discover that these different forms usually occur in the same speech sequence.

A detailed study of these sequences, including this time the semantic value of the words, led us to discover these clusters of phatic forms, repetitions and unfinished sentences occur when the patient is about to speak of a very personal experience, probably yet too painful to be uttered in a more structured and understandable form. These "knots" of dis-structured sequences are of prime importance to try and have a hint of the problems the patient is still unable to face and discuss.

Finally, an extensive study of the negative forms was performed both on a grammatical and semantic level. Here again, a number of sub-groups was

designed to separate the negations or negative statements applying to the world of the speaker or to the outside world and people. In another paper, I showed that the use of negative forms is very often an indication of depressive features, even though this depression is not felt and expressed by the patient, or even visible to the nursing staff. My personal opinion, shared by others, is that schizophrenic patients are very often deeply depressed, though this feature is rarely taken into account because the other symptoms of the illness are too overwhelming.

On the whole, it appears that concentrating on what is **not** said rather than on the semantic message itself is a more pregnant approach, as far as the condition of a psychotic patient can be evaluated on admission and during the course of the treatment. Unable not to communicate psychotic patients use the tricks of language to give an illusion of communication while avoiding the topics their inner self can't face at this stage of the illness.

Surprisingly enough, language is nevertheless the only outlet left to them to express their suffering and ask for help, even though their dilemma is that they can't put it into a straightforward meaningful form for the hearer. They both crave for a true communication and fear it more than anything else.

This kind of studies reveals to be a valuable indication for the doctors, who can then control more accurately the swing of moods of the manic patients, and the depressive features both of the schizophrenic and manic patients.