

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 pre-determines 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-affectation, 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.

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