

Schizophrenic discourse as disturbed relating

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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 an-

tecedent 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 attunement². 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's⁴ theory of schizophrenia and Richard Bentall's¹ 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

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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 Kraepelin⁷, 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 fourth, "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 Frith⁴, for example, quotes a patient cited by Rochester & Martin⁸: "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 & McGhie⁹ "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. Bentall¹ recruits the work of Rochester & Martin⁸ 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?'". Frith⁴ 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 Frith⁴ 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 Frith⁴ 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. Bentall¹ also cautiously supports this idea, citing the findings of Sarfati & Hardy-Bayle¹⁰ 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 & Martin⁸ both Bentall¹ and Frith⁴ characterise the psychiatrist's conception of the relation between thought disorder and incoherent talk in terms of 'inference' and 'evidence'. Bentall¹ 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 *criteria* 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 meaning-

ful 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 cognition¹¹. 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 shoes¹². 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 dissociation 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 Frith⁴ and quoted above⁸:

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 Frith⁴ 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 dissociation. 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 think¹³. 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 Freud¹⁴ 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 Bion¹⁵ and Rosenfeld¹⁶ who view thought disorder as intentional mental self-mutilation, the psychoanalytical psychology of thought disorder shows remarkable consilience across different theoretical orientations Freud¹⁴, Jung¹³, Leader¹⁷, Sechehaye¹⁸, 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 pre-occupation 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 *delusional*ity 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 altar 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's³ 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.

References

- ¹ Bentall R. *Madness explained: psychosis and human nature*. London: Penguin Books Ltd 2003.
- ² Stanghellini G. *Disembodied spirits and deanimated bodies: the psychopathology of common sense*. Oxford: Oxford University Press 2004.
- ³ Bleuler E. *Dementia praecox or the group of schizophrenias*. New York: International Universities Press 1911/1950.
- ⁴ Frith C. *The cognitive neuropsychology of schizophrenia*. Hove: Erlbaum 1992.
- ⁵ Sims A. *Symptoms in the mind: an introduction to descriptive psychopathology*. London: Elsevier 2002.
- ⁶ Andreasen N. *Thought, language and communication disorders 2: diagnostic significance*. Arch Gen Psych 1979;36:1325-30.
- ⁷ Kraepelin. *Dementia praecox and paraphrenia*. Bristol: Thoemmes Press 1919/2002.
- ⁸ Rochester S, Martin JR. *Crazy talk: a study of the discourse of psychotic speakers*. New York: Plenum 1979.
- ⁹ Freeman T, Cameron J, McGhie A. *Studies on psychosis*. New York: International Universities Press 1966.
- ¹⁰ Sarfati Y, Hardy-Bayle MC. *How do people with schizophrenia explain the behaviour of others? A study of theory of mind and its relationship to thought and speech disorganization in schizophrenia*. Psychol Med 1999;29:613-20.
- ¹¹ Hobson P. *The cradle of thought*. London: Macmillan 2002.
- ¹² Heidegger M. *Being and time*. Oxford: Blackwell 1962.
- ¹³ Jung C. *The psychology of dementia praecox*. USA: Nervous and Mental Disease Publishing Company 1936.
- ¹⁴ Freud S. *Neurosis and psychosis*. In: *The Pelican Freud Library. Vol. 10: On psychopathology*. Harmondsworth: Penguin 1924/1979.
- ¹⁵ Bion W. *Attacks on linking*. Ch. 8. In: Bion W, editor. *Second thoughts*. London: Karnac 1984.
- ¹⁶ Rosenfeld. *Notes on the psychopathology of confusional states in chronic schizophrenias*. Int J Psychoanal 1950;28:304-20.
- ¹⁷ Leader D. *What is madness?* London: Penguin 2011.
- ¹⁸ Sechehaye M. *A new psychotherapy in schizophrenia*. New York: Grune & Stratton 1956.