

The generation of psychosis: a pragmatic approach

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Summary The paper discusses the role of speech in the generation of psychosis. The traditional phenomenological approach describes schizophrenic speech as desocialized, autistic and destructive. Based on 'Speech Act Theory', we argue that patients in an acute psychotic state assign maximal illocutionary force to their utterances and mark these speech acts as felicitous. We hypothesize that the pragmatic approach can serve a special role in bilingual patients, the mother tongue being more pronounced in the generation of the psychosis. This view gains support from clinical experience and case studies and can be used as a treatment strategy for bilingual patients. © 2002 Harcourt Publishers Ltd

INTRODUCTION

Research into psychotic speech has a 100-year history (1,2). The traditional phenomenological approach describes psychotic speech as desocialized, autistic and destructive (3).

Application of a linguistic approach to psychotic speech disturbances viewed as a variant of aphatic speech was unsuccessful, even though the approach proved its efficiency in analyzing aphatic disorders (4).

The pragmatic 'Speech Acts Theory' based on the pioneering work of Austin (5) and Searle (6) claims, roughly, that any utterance conveys information about facts. In addition to this act **of** saying something (locutionary act), any utterance is the performance of an act **in** saying something (illocutionary act). The illocutionary act has force, conveyed through a certain tone, attitude, feeling, motive or intention. Thus, in speech acts the speaker's intention is realized via an utterance. The constative component of an utterance can be judged in logical categories of true or false, while the illocutionary component

realized through an utterance may only be felicitous or infelicitous.

In a speech act, the speaker's intention may be expressed explicitly or implicitly. Thus, the intention of a speaker is arguably the same in: (a) 'It's cold in the room' and; (b) 'Why don't you close the window?'. In other words, the speaker wants the listener to close the window, but the intention is less overt in utterance (a) than in utterance (b). The explicitness of the speaker's intention in an utterance reflects its illocutionary force; the greater its explicitness, the greater its illocutionary force. The illocutionary force reaches its maximum in the so-called performative utterances or performatives. In performatives, the denotation of the speech act (mainly conveyed by the verb) names its intention. In other words, performatives are actions made through speech. For instance, the utterance, 'I hereby pronounce you man and wife', enounced in the context of the wedding ceremony is what turns two individuals into a married couple. In order for a speech act to be felicitous, it has to meet the 'felicity conditions' of the pragmatic reality. Thus, among other things, the conditions of the felicitous wedding formula must be met, the minister must be authorized to perform the marriage ceremony, and the couple to be married has to be present at the ceremony.

In our opinion, much of the recent psychiatric literature using the terminology of the 'Speech Act Theory' is

Received 8 August 2000

Accepted 21 February 2001

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faulty, in that its conceptual frame is limited to the above-presented, purely descriptive level. For instance, Chaika (7) argues that the obvious fact of desocialization of psychotic patients results in 'infrequency of illocution in peculiarly schizophrenic speech'.

Ghaemi (8) employs the terminology of the illocutionary approach to describe psychotherapeutic tools for influencing the patient's will. For him, performative language is central to such psychotherapeutic work (e.g. 'I hope you can...', 'You certainly seemed to handle that well'). Even analytic neutrality, when experienced as nonjudgmental acceptance, can be performative, sending out the message, 'Who you are is okay'. Evidently, what Ghaemi interprets as 'performative statements' possesses a certain degree of illocutionary force. However, such statements do not constitute Austin's performatives proper. Thus, the utterance, 'I hope you can ...' conveys the intention of the speaker, but the act of expressing one's belief does not necessarily create the state of one having that belief.

DISCUSSION

All previous studies in this area focus on disturbance of speech as a fundamental indication of psychotic states. While accepting this notion, we postulate that speech not only mirrors or indicates psychosis, thus serving the diagnostic framework, but that it also plays a central role in the generation of psychosis. Basing ourselves on 'Speech Act Theory', we hypothesize that psychotic speech, apart from representing desocialization and serving as a diagnostic tool, contributes to the generation of psychosis.

We argue that a patient in an acute psychotic state assigns unique features to his/her utterances:

1. The illocutionary force of any utterance is maximized to the fullest extent possible
2. Speech acts are marked as felicitous, regardless of the pragmatic reality (as perceived by the psychiatrist).

Speech production in the acute psychotic state resembles the communication between a hypnotist and his recipient. The recipient treats any utterance made by the hypnotist as an order. In other words, he/she assigns maximal illocutionary force to it. In addition, the recipient acknowledges felicity in all of the hypnotist's utterances. Due to the change in the pragmatic value of the perceived speech induced in the client, he/she follows the hypnotist's orders: watches clouds in an imaginary sky, smells non-existing flowers, or crawls along the ground like a baby.

We conceptualize the psychotic patient as combining within him/herself the qualities or features of both the hypnotist and the recipient. The patient produces both the 'orders' (the utterances that he/she acknowledges as

felicitous performatives), and obeys them. This mechanism of 'auto-generation' of psychosis allows the patient to 'slide' into a new reality. Consequently, the patient accepts this new reality as natural and consistent. In view of this substitution of reality, the patient's utterances cannot be judged as true or false, but only as felicitous or infelicitous.

The discrepancy between the patient's reality and the 'objective' (physician's) reality, reflected in speech, is central in the diagnosis of the psychotic situation indexed as 'peculiar' or 'bizarre'. We assume a certain parallelism between the level of acuteness of the psychotic state and the extent to which features such as 'maximization of illocutionary force', and 'marking all speech acts as felicitous', are manifested in psychotic speech.

Psychotic speech in the acute state is characterized by its placement in the here and now context, namely, first-person utterances in the present tense. The same grammatical form of first-person/present-tense verbs is one of the main features of performatives. The patient's ability to take temporal distance from the present state may reflect improvement in his/her psychotic state and a strengthening of his/her reality testing.

A direct derivation of our explanation of the generation of psychosis based on the illocutionary approach is its application to the understanding and treatment of (uncoordinated) bilingual patients in the acute psychotic state. The patient's first language is seen as playing a prominent role in the generation of the psychosis and the second language is viewed rather as a manifestation of the patient's psychotic state. The measurable unit in this bilingual situation will be the illocutionary force of speech acts produced in the first and second languages, respectively. In a specific therapeutic situation of acute psychotic state, the induced switch to the second language may help to reduce the maximized illocutionary force of the patient's utterances and, hence, impede the generation of psychosis.

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