

The functions of language and the understanding of mental disorders

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As funções da linguagem e o entendimento das desordens mentais

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Abstract: The writings of the endless paranoiac interned in a Italian psychiatric and forensic hospital give us a picture of the facts and circumstances that project them in a hyperbolic narrative dimension. As fallacious, their speech remains shiny and able to attract the attention of the interlocutor until the moment in which the delusional truth isn't revealed by obstinacy that ends to make it obvious. But, is it only this the expression of madness? And language with which it's expressed always so clear, tended persuasive, paradoxically suggestive and captivating? In its intrinsic communicative thrust is psychotic linguistic use always so demanding, caring and direct to the presence of the other? The linguistic schizophrenic characteristics seem very different from those related to paranoiac language. Numerous studies on schizophrenic language describe an expressive and cognitive universe that is away from the sense and meaning of paranoiac madness. Language, then, becomes the mirror of interpretation and psychotic experience of objective, subjective and intersubjective reality. In this paper, considering characteristics of schizophrenic schizophasia or glossolalia (schizophrenic language use) and considering paranoiac need to rhetorical language (inherently argumentative and persuasive), we'll try to bring out some differences (cognitive, linguistic, psychopathological, ontological) between psychosis schizophrenic and paranoiac.

Keywords: Schizophrenia. Paranoia. Delusion. Empathy. Language.

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Resumo: Os escritos de paranoico internado em um hospital psiquiátrico italiano nos dão uma imagem dos fatos e das circunstâncias que o projetam em uma dimensão narrativa hiperbólica. Como falacioso, seu discurso permanece brilhante e capaz de atrair a atenção do interlocutor, até o momento em que a verdade ilusória é revelada pela obstinação que termina tornando-o óbvio. Mas esta é apenas expressão de loucura? A linguagem com que é expressa nem sempre é tão clara, tendencialmente persuasiva, paradoxalmente sugestiva e atraente? Em seu intrínseco uso comunicativo é o uso linguístico psicótico sempre tão exigente, carinhoso e direta com a presença do outro? As características linguísticas esquizofrênicas parecem bem diferentes das linguagens paranoicas. Numerosos estudos sobre a linguagem esquizofrênica descrevem um universo expressivo e cognitivo longe do sentido e significado da loucura paranoica. A linguagem, então, torna-se o espelho da interpretação da experiência psicótica da realidade objetiva, subjetiva e intersubjetiva. Neste artigo, considerando as características de glossolalia ou esquisofasia esquizofrênica (uso da linguagem esquizofrênica) e considerando a necessidade do paranoico de linguagem retórica (inerentemente argumentativa e persuasiva), tentaremos traçar algumas diferenças (cognitiva, linguística, psicopatológica, ontológica) entre psicose esquizofrênica e paranoica.

Palavras-chave: Esquizofrenia. Paranoia. Ilusão. Empatia. Linguagem.

Places of madness: schizophrenia *vs* delusional disorder

Since the end of the nineteenth century schizophrenia and paranoia are in the core of debate on clinical classifications of mental disorders. Many classical studies, including those of Karl L. Kahlbaum, Emil Kraepelin, Paul Sérieux and Joseph Capgras, but also those of Ludwig Binswanger – just to name a few – emphasize psychopathological and ontological features of lucid delusion (which amplifies tendencies of paranoiac personality) significantly different from dissociative disorder of schizophrenia. (ROSSI MONTI, 2008; MACI, 2008). Current clinical psychiatry, however, has come to favor the nosological system of Eugen Bleuler (1911), with the reduction of delusional paranoiac events to those schizophrenic: ie with the condensation of cognitive and affective disorders (1912). Generally schizophrenia and paranoia are now considered along a psychotic *continuum* that goes from the disorganized pole (dominated by confusion, dissociation or alienation) to the lucid one. The framework of psychosis includes, therefore, bizarre delusional

forms of paranoid schizophrenia, and delusional lucid forms of delusional disorder: effectively, the current nosologic criteria indicate delusional disorder in nineteenth-century cases of paranoia. (WINOKUR, 1977; APA, 1994). Nevertheless, the forms delusion can take, that is, to be chaotic (bizarre, concomitant with positive formal thought disorder, and hallucinations), or to be organized (lucid, structured, even credible) suggest a certain ontological, psychopathological, and linguistic distance between the manifestations of schizophrenia and the paranoia (delusional disorder) ones.

Since the sixteenth century a multitude of alienated populated the so-called 'crazy hospitals'. Besides the mentally ill and the 'idiots', among those hospitalized were also beggars, vagabonds, derelicts, outcasts, heretics, drunkards, libertines, unfaithful women who for family reasons or social control were segregated into these places. (FOUCAULT, 1972). As is well known, the long history of mental asylums had a role on the social perception of mental illness, and had an psychological and psychopathological impact on confined subjects who often ended up to spend the whole of life. (ROSCIONI, 2003).

Incoherent and incomprehensible language, glossolalia, confabulating himself attitude, are just some of terms whereby schizophrenic word (belonging to the subject abandoned in mental hospital) is reflected in the "songs of his imprisonment", and in the mask of internment. (PIRO, 1992). After decades of illness and psychiatric hospitalization, patient is already on the threshold of autistic twilight. That is a condition of cognitive impairment that is also expressed in forms of mutism or monologue (with an imaginary interlocutor) with which the person testifies to the alienation of any communicative and relational intention. Therefore language of internalised schizophrenic finish to waive the common meanings, and to neglecting pragmatic aspects and forms of dialogic exchange (FOUCAULT, 1954). However, overcoming the practice of internment and new clinical protocols (psychotherapeutic and pharmacological) allowed to be less some sensational manifestations of schizophrenic symptoms: especially glossolalic expressive forms or the catatonic behaviors.

In contrast, paranoiac subjects during long periods of internment in psychiatric and forensic hospitals don't have the same tendency to glossolalia typical of schizophrenic condition. Rather, the internment ends to accentuate even more the paranoiac virulent vein, vindicatory,

and mania of lawsuit. In fact, hospitalization makes these subjects more and more convinced about their judgments of reality and truth, and increasingly oriented to denounce their alleged persecutors. Paranoiac, therefore, requires constant attention and listening of the others, especially seen in his institutional roles. (BUCCA, 2013).

Glossolalia and other characteristics of schizophrenic language

Past clinical observations (generally coming from mental hospitals), with particular regard to linguistic schizophrenic productions, suggested a kind of psychopathology of the word. Schizophrenic discourse in fact may have semantic elements, more or less consistent, difficult to understand (CUTTING, 1999). This is due to linguistic use of neologisms, of paralogisms or apparent *lapsus linguae* that ultimately characterize schizophrenic production: verbal, writing or in reading (PIRO, 1992). Especially paralogisms (literal or verbal paraphasias) are terms that in these circumstances arbitrarily assume sound, referent or meaning of others already used currently. (SIMS, 1995).

In schizophrenia, it has been noticed a repertoire of expressive modes that can contract up to take the form of similar phrases to the word-sentences of child language. Were observed utterances that are concentrated in new-formations of words or phrases condensed with each other. This can lead to disjoint the syntagmatics linearity of sentence or to deplete the content of speech (agrammatism) to confer to utterances schizophrenics telegraphic style. (PIRO, 1967).

A large number of experimental studies seem to demonstrate how schizophrenic language's disorders are in close relationship both with delusional modality than with positive formal thought disorder: it would be that loss of associative nexus of ideas to determine forms of inconsistent, illogical, tangential, derailing language (BLEULER, 1911; ANDREASEN, 1979; ANDREASEN; GROVE, 1986). Other investigations have called into question the relationship between disorganized thinking, verbal incoherence, speech incomprehensible and memory deficits in the short and long term, in addition to those of semantic memory and executive functions: similar alterations would be appreciable also in test evaluation of memories and narrative language (MORITZ et al., 2001; KUPERBERG, 2010; HOFFMAN et al., 2011).

Studies with use of event-related potentials (ERPs) seem to confirm problems of semantic memory (alteration of wave N400) and verbal comprehension (alteration of wave P600) of schizophrenic subjects. In particular, changes were seen in amplitude and latency wave P300 at the level of cortical temporal, frontal and parietal areas in the left hemisphere, particularly in conjunction with memory deficits of auditory sensory stimuli (KUPERBERG et al., 2009; SITNIKOVA et al., 2010; DITMAN et al., 2011).

Several studies have instead focused attention on the role of somatosensory activation, on anticipation processes and motor control of the action, and on the role of auditory hallucinations in relationship to comprehension and production schizophrenic language (FRIGH, 2004; 2005). Investigations carried out with the aid of functional magnetic resonance imaging (fMRI) have shown abnormal activity of temporal and parietal brain areas in the left hemisphere, particularly the back of the middle temporal gyrus. This would be considered in conjunction with presence of auditory hallucinations and dissociation of linguistic representations, both lexical and semantic. (WIBLE, 2008). So, it appears that subjects with auditory hallucinations would have serious problems in recognition of lexical, syntactic or semantic errors. (STEPHANE et al., 2007).

Even the difficulties in the sphere of pragmatic skills and theory of mind (ToM) have an impact in understanding of language, especially in figurative one. So the metaphor, irony or proverbs lose their evocative power for take only a strict literal reference (GAVILAN; GARCÍA-ALBEA, 2011; BRÛNE, 2003; CORCORAN et al., 1995). Not to mention that there aren't other diagnostic tools for schizophrenia except for symptom evaluation through observation of behavior and especially psychiatric interview. It isn't surprising, therefore, a proliferation of indexes and rating scales of schizophrenic thought and language. (LIDDLE et al., 2002; ELVEVAG et al., 2007).

Nevertheless, focus of linguistic phenomena of schizophrenia isn't found at level of the syntactic structure of sentences but concerns instead a deeper level, that touching meaning and significance of the delusional experience which then it's reflected in meaning of peculiar words. By the depletion of meanings it's possible to understand the dispersion of reach communicative utterances: examples of schizophrenic systematic abstraction. That is continued rebound of denotative, and connotative

meaning (of words or expressions) to more general categories. This involves a kind of metalinguistic game full of ambiguous, allusive, indeterminate words, from which the fluctuation of semantic halo originate that leads to dispersion of public meaning of schizophrenic discourse. (PIRO, 1992).

Last level of this process is the closure of communication, and semantic dissolution of sentences. At this point, linguistic productions appear incomprehensible: glossolalia is the result of dissociative expressions and verbal stereotypies. With various forms of glossolalia, appear so-called schizophrenic 'languages'. That is, set of core linguistic incomprehensible but structured both syntactically than semantically such as to constitute authentic languages linked to a referential use (delusional and hallucinatory) absolutely private. (PIRO, 1967; PENNISI, 1998).

Even the study of glossolalic forms has deep roots, when they were considered meaningless language games or even examples of esoteric cult of the word. It's enough to remember Eugenio Tanzi and his definition of *logolatria* that expresses the symbolic ancestral value of 'delusional liturgical formulas'. Or to think to so-called philological interpretation with which it was noted ludic use of phonological or morphological elements that lead to semantic dispersion and even psychotic opacity of the meaning of words or utterances. (PFERSDORFF, 1935). In short, whole range of linguistic schizophrenic peculiarities characterized by inconsistency, incomprehensibility, word-salad, long been known as schizophasia. (KRAEPELIN, 1909).

The glossolalia of schizophrenics subjects is revealed with dissociative splitting of the Self, when an imaginary Self 'speaks' (whispers, insults, threats) and an Self *in substantia* listens, it undergoes, it answers. In these circumstances, dissociative mode of delusion and hallucinations lead to linguistic unintelligible productions. Nevertheless, schizophrenic unintelligible words, like other forms of glossolalia, seemed linguistic productions (voice, sound, rhythm) with no referential meaning. A sort of 'sense of escape' from the voice, even if phonological structure may appear preserved. In such cases it would be fictitious vocal productions in which it's not the relationship between of the voice, meaning and its referent. According to some researchers, language games, the assonance, schizophrenic glossolalia don't seem to crystallize in oral and textual structures, or in the practices and contexts of a language. Because, despite

the efforts of understanding, they can hardly be deciphered. Glossolalia, therefore, wouldn't convey meanings to the passage of meaning of the sentences from language to language, but become functional only to rationalistic mechanism that gives shape to delusional imaginary.

However, the levels of understanding and sense of schizophasia constitute a point in the field of psychopathology particularly discussed. (FORREST, 1976; BORGNA, 1984; 2009). In fact, beyond the lack of transparency of linguistic signs, their apparent incomprehensibility or the fact that they seem simple word games (rhymes phonetic) a series of classic work has demonstrated the ability to find sense also in psychotic language. Even the same meaning ascribed by the patient to encode its delusional representation. After all, these subjects are able to move voluntarily and simultaneously from one register to another, from a formal, incomprehensible, self-referential language to explicit expressions in current use. This ends up, in fact, to characterize as 'language' schizophrenic glossolalias. (SULLIVAN, 1944; PIRO, 1992).

To the base this particular use of language it's obviously delusional dissociative weight that magnetize perceptual heterogeneous fragments to contaminate and to increase improperly the chaotic flow of information to the point of confusing the state of consciousness and the ordinary course of thought. (SASS; PARNAS, 2003). So, loosening of associative links and the tendency to 'flight of ideas' favor "overinclusion" of redundant, divorced or destructuring conceptual elements that determine the distortion of the representative, symbolic and expressive contents of schizophrenic discourse and resolve, therefore, in forms of glossolalia. (CAMERON, 1944; FRITH, 1979).

Empathy and paranoid rhetoric

After years of internment in a psychiatric hospital or during the acute phases of the symptoms, in schizophrenic manifestations meaning of linguistic constructions remains latent, obscure, ambiguous. Facts, circumstances, references, relevancy are lost in vagueness of a speech that ends to lose common and shared semantic value to privilege instead external and glossolalic aspects of the voice. Devoid of any communicative intention, the word risks becoming only lament, litany, linguistic artifice. At the same time it doesn't seem to have much relevance to the schizophrenic subject's presence and reference to another different by himself. In such cases the relational involvement of patient appears to

be very decreased due to delusional and hallucinatory experiences, dissociative experiences of the Self, and autistic withdrawal. (LAING, 1959; PARNAS; SASS, 2011).

The paranoid subjects, however, don't manifest same glossolalic phenomena observed in schizophrenia. On the contrary, they point everything on the effectiveness of their speech. Use of paranoid language plays everything on rational construction of the judgment of reality, on clear evidence of judgment of truth, insistent on 'ability' to intrigue and to convince the other. Evidently it's in relation to another cognitive and psychopathological aspect that argumentative, persuasive, rhetorical and claimed uses characterize the paranoid language. Are different uses of language, then, that delineate the expression of schizophrenia and of paranoia. On these points, in fact, some substantial differences are observable (psychopathological, cognitive, ontological, and linguistic) in quality, in direction of meaning, in object and in subject of sentences. (BUCCA, 2009; 2012).

In a passage from *First Letter to the Corinthians*, evoking the way to turn to God, St. Paul refers to the "gift of tongues" distinguishing it from the prophetic preaching. Talk 'with the gift of tongues' according to the apostle mean to utter mysterious words generally for divine inspiration. The speaker, in these cases, may apply only to those who seem to be able to listen and to understand: precisely or to God or to himself. Different, however, it's nature of the prophetic words, because they are directed to everyone for "their edification, exhortation and comfort". Use of an incomprehensible language (such as that produced when talking 'with the gift of tongues') therefore requires the ability to interpret or by the person who puts it in act or by the others. For this reason use of clear language how prophetic one would be the "sign" more suitable to pass the word of God among "those who believe" (CEI 2008, 14).^{2, 3, 22}

Talking 'with the gift of tongues' of which St. Paul says (that is, with only articulation, or with only the movement of the tongue) greatly resembles to schizophrenic incomprehensible language. In glossolalic expressions (literary or schizophrenic) in fact sense of the sentences sometimes is closely related to the voice, that is articulatory movement from which it takes shape the word. In addition to incomprehensible meaning typical to glossolalias, we must also consider the way in which schizophrenics aren't intended to refer to a different one by himself,

but only to another (imaginary) in himself. While in paranoid rhetoric, hoping to catch and to co-opt others to their own beliefs, they certainly have recourse to a language similar to prophetic one.

Unlike the delusional schizophrenic, for delusional paranoid presence and reference to a different one by himself is therefore essential. Delusional experience touches personal meaning and valence that takes inter-subjective and objective reality: it also refers to concrete existential experiences of which the morbid idea speaks in first person. Also the functions of empathy, and skills in the 'theory of mind', therefore, are crucial in denoting emotional, cognitive and social aspects of paranoid subjects. In fact, they are directly called into question by the act to recognize each other and his own experience. Empathy, in particular, creating essential conditions for entering into a relationship with each other, opens up the possibility of participation in the experience of the other and thus appears to play a role as well in cases of understanding and sharing of lucid paranoid delusion. (BUCCA, 2012).

To evaluate the role of functions such as empathy, 'theory of mind' and the possibility of sharing delusion lucid, in our study we examined 8 subjects which delusion of jealousy and persecution (had been admitted to a psychiatric and forensic hospital with a diagnosis of delusional disorder), and on a control group of about 90 university students (varied by gender, age and family circumstances). The survey methodology used it was implemented using general quantification instruments such as structured debate (used with paranoid patients through a *cineforum* and a series of psychiatric interviews done at intervals of one year) and a closed multiple-choice questionnaire (administered to university students): these clearly were done without informing the two groups of subjects of the purpose of the study (blinded trial). The statements of paranoid jealousy were evaluated through the usual techniques of clinical psychiatric evaluation. The answers to the questionnaire proposed to the control group were measured with Statistical Package for Social Science (SPSS) software for statistical analysis. The debate and questionnaire – with their specific methods of administration and analysis – were adapted to the different characteristics of the two groups of subjects and to the contexts under consideration, and dealt with both the characters and the story of jealousy represented. The majority of paranoid jealous subjects (6 of 8) came to *understand*, *participate* in the delirious experience and *share* the judgment on the alleged betrayal

(observed during the experimental cinematic representation), so as to justify the ideation of morbid jealousy and aggressive behaviour of the protagonist of the film they had seen. Obviously, students in the control group, who had also previously reported experiencing intense feelings of jealousy and even being able to justify aggressive conduct, after having watched the film, operated a different *interpretation of reality*, judging the idea and feelings of betrayal of the male protagonist as obviously insane, and the female protagonist's behaviour as absolutely innocent. (BUCCA, 2009; 2012).

From emphatic thrust towards each other, from disposition to projection and to identify in a other experience, from ability to make use of a 'theory of mind', from importance attributed to pragmatic aspects of language, it appears the importance of presence of another and with it also ontological distance between schizophrenia and paranoia. Enclosed in his autistic dissociative experience, to delusional bizarre-schizophrenic subject little matter of the other. The delusional lucid-paranoiac, conversely, expect very much the judgment of the other to the point wanting to adapt it to his. (BUCCA, 2011; SASS, 2007).

The delusional dissociative mode is quite different from psychopathological lucid idea, just as its translatability and its linguistic need. Psychopathological core of schizophrenia and paranoia are condensed, therefore, in the form of semantic adaptation and, above all, in pragmatic aspect assumed by expressive functions. In such cases we can see the distance between various psychopathological, ontological, and linguistic forms of madness: dissociative glossolalic production against intransigent rhetoric need (schizophrenia *versus* paranoia). The reasons that distinguish the constructions and delusional meanings reveal themselves in expressive uses and in the language of the patient.

Conclusions

Language denotes some of its internal limits to level of semantic structure, that is on meaning of the sentences. These limits become evident in the reference to judgments of reality, to truth conditions, to shared beliefs, and therefore in the sense and meaning which may take the words. Meaning of propositions is established in social and cultural context, and in public shared use: namely in forms of life where, for various reasons, linguistic, expressive, and relational strategies fail, both those of schizophrenia and those of paranoia.

Schizophrenia with its unlikely, extravagant, eclectic, imaginative manifestations, is psychotic form most diagnosed and most studied. While paranoia (last, rare, archaic, romantic remains of madness) is certainly the most elusive, boring, annoying, repetitive, insidious form of psychopathology, and however nearest to the everyday ways of being. Studies on language and its psychopathological dislocations (especially the gap between the 'language' of schizophrenia and the language of paranoia) seem to confirm that paranoia is much closer to ordinary mentality, much more than corporeity of schizophrenia manifestations may be.

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Submetido em 25 de fevereiro de 2014.
Aprovado em 30 de março de 2014.