If nothing had any meaning, you would be right. But there is something that still has a meaning.

Albert Camus

5.1 Overview

Schizophrenia is characterized by the disorders of thought and perception (i.e. delusions and hallucinations) and loss of contact with reality. It represents a state of mind where thinking is guided by autistic logic and subjective reality. What effect such a state would have on the patient’s language has been a topic of interest both to the clinicians and non-clinicians to explore the functioning of mind, language and thought. It is the language, both gestural and spoken, that acts as a starting point to a psychiatric dialogue. It is important for linguists also as it provides a powerful instrument to understand the relation between language, mind and reality and how does the disruption of man’s relation to reality affect his language and thought. The language of schizophrenics is characterized by the disordered content and disordered form. While the disordered content includes delusional experiences, the form of schizophrenic language is characterized by tangentiality, circumstantiality, distractibility, loss of goal, derailment, illogicality, incoherence, neologism, word approximations, stilted speech, clanging, perseveration, echolalia, blocking and self-reference, poverty of content, mutism and pressure of speech. Various theoretical explanations for schizophrenic language are offered like context processing deficit (Cohen, Barch & Servan-Schreiber 1999), failure to monitor others behavior (Firth 1997), response bias hypothesis (Chapman and Chapman 1965), disattention deficit (Cromwell and Døkecki 1968), abnormal construction of meaning (Kuperberg 2008), disturbances in the right hemisphere language functions (Mitchell and Crow 2005), failure to represent hemispheric asymmetry (Crow & Done 1997, DeLisi 2001), attentional dysfunction (Schwartz 1978, Chaika 1982), failure to relate the space of speech to
the space of reality (Rosenbaum and Sonne 1986), representing monologic form of language with the disruption in dialogic competence (Jacobson & Lübbe-Grothues 1985), communication failures (Cohen 1978, Salzinger et al 1978, Firth 1997) and the disturbances in automatic spread of activation in meaning networks (Aloia, Gourvitch, et al 1998). That the language disturbances result from and reflect thought disorder is accepted by majority of researchers.

At various linguistic levels the speech of schizophrenics is marked by reduced syntactic complexity (Morice and Ingram1982, 1983), difficulty in processing nonliteral forms of discourse such as idiomatic expressions (Titone, Holzman and Levy 2002), erroneous lexical choice (Chaika 1990), word approximation (McKenna 1994, Andrewson 1979, Holzman, Shanton & Soloway 1986), catatonia associated with a voice quality called strained quality or choking voice and an extreme form of creaky voice (Spoerri 1961), a primary defect in discourse planning (Hoffman 1986), deficiency in the use of cohesive ties (Rochester and Martin 1979), comprehension deficits (Condray et al 1992, 1995, and 1996), less able to benefit from the increasing context than normals (Lawson & McGhie 1964, Levy & Maxwell 1968, Manschrek, Maher & Rosenthal 1991), slower and less accurate in classifying words or word pairs (Chen et al 1994, Clare, McKenna et al 1993, Gurd & Elevag 1997), fail to spontaneously use semantic categorization strategies (McClain 1983) and impairment in access or retrieval from the semantic system (Allen & Firth 1988, Allen et al 1993).

The present research is based on the thematic analysis of the language of schizophrenics. The term theme refers to the content of speech, the subject matter or what a person speaks about. The notion of thematic continuity indicates the relation of text elements. These relations are realized through syntactic relations, meaning relations, logical relations and contextual relations. The present analysis is focused on how themes follow in the language of schizophrenics. The language data is collected by the means of story narrations, story recall and open ended conversation with the patients. A short story represents an ideal example of a thematic paragraph. All the 42 schizophrenic patients, whose language is analyzed, are inpatients (those who are living in the hospital or used to come to the hospital for a period of a few months). All the speakers can understand and speak Hindi. The first step in the data
collection is the open ended conversation with the patients. It serves two purposes: patients are made comfortable through conversation and they can speak on any topic they like e.g. their families, their work, their education or any event of their life. Then they are requested to narrate a story which they remember. This content is chosen by patients themselves. These stories belong to the period of their life when they were well. In the next step the patients are narrated a story. All the patients are narrated the same story that they have to recall. Story is narrated to one patient at a time. The language is recorded and transcribed. The text is selected for analysis from the transcribed texts. 42 patients' texts are included in the final analysis. There are 49 reproduced stories as some patients' more than one recall is included in the analysis and 23 patients have narrated stories on their own (self narrated stories). Conversation with seven patients' is analyzed. These samples of texts are selected to discuss some specific features related to formal thought disturbances (This data is selected to discuss the disturbances. The rest of the patients communicated normally about their family, health and their work).

The questions that we seek to answer are: Are schizophrenics able to tell stories in a continuous manner? Do they show any language related disturbances? What are the junctures where the thematic continuity is disrupted? Is there any difference in the thematic continuity in the story recall and narration of stories and events initiated by the patients themselves? And all these questions are examined with reference to the internal context and the external context. The text is analyzed under four categories:

1. Continuous
2. Self-continuous
3. Discontinuous
4. Images: Relevant and Random

The main findings of the research are discussed in the next section.

5.2 Main Findings
In the previous chapter we discussed the stories reproduced and narrated by schizophrenics. The observations revealed that
Among 49 recalled stories 40 stories were thematically continuous. These 40 stories include 24 stories continuous according to the original stories, i.e. continuous according to the external context and 16 stories were self-continuous, i.e. continuous according to the internal context. But in the continuous stories there was omission of details, change in the events and characters, the extended and changed end. Some continuous narrations were marked with segments of discontinuity which indicates the disturbance to express specific content and this disturbance was reflected in the ability to form proper sentences.

The self-continuous stories were either completely self-created with the characters of the narrated story or themes from different stories were mixed. Specific events were also changed and details were filled. Few of the filled details were taken from the immediate context but most of the details were related to patients’ life experience and reflect their way of thinking.

The frequent change of themes in the stories and conversation shows that the patients have small spans of associations. The specific field of associations for a given concept, word or image is small or we may say that the world of a word is contracted.

The discontinuity of themes is caused by mixing of themes which result in a failure to represent a theme as a whole, the inability to arrange the events logically, frequent change in the themes and the inability to express themes properly which results in syntactically inadequate texts. The gaps in a text are also caused by the wrong assumption of understood information that is left unexplained. Patients leave some details which they might think to be understood by the others.

The inability to integrate information (executive functioning) and the factual errors in the content (long term memory) apart from being a memory related phenomenon may be affected by intelligence, malnutrition, emotional state and situational pressure.

The tendency towards narrating more concrete information shows the preference to follow easy path. Concrete content is easily available in the form of images rather than the abstract content which requires more effort from a person as it is not easily accessible / available in the form of mental images.

The tendency of self-reference mostly at the end shows the change of thought. It is also noted that the patients want to speak about themselves and the topics more near to their life and experiences. They fail to remember something contradictory to their beliefs.
- A strong tendency to complete a thought is also noted in the story narration. When people listen to stories, many details are not registered in the memory in the same manner as they were told. Constructive processes in memory both in the encoding and recall are established as a normal phenomenon of human memory. But instead of narrating the brief (though many patients have narrated brief stories) stories the patients fill the gaps by self-created details. The finding that patients’ speech is self continuous may be the reason of the difficulties many researchers face while working on schizophrenic language. Thus filling gaps by self-created details make their language apparently intact. Themes are mixed in such a way that it is difficult to segregate various patches representing a continuous whole.

- The findings related to self-narrated stories reveal that the patients can narrate stories and events continuously from their memory. The self-narrated stories may be stored during the early years of the patients’ lives. Most of the self-narrate stories (15/23) were continuous with 4 discontinuous stories and 1 self continuous story. The mixing of themes is not observed in these stories.

- Conversation with seven patients’ is analyzed. The texts of these patients show: A- Perseveration. C- random images. F- frequent change of themes. G- bizarre thoughts. H. N – tangentiality. and Q – disturbed sense of time and reality.

- The disturbances related to the form of language are- inability to arrange the content, mixing of themes, frequent change of themes, omission of details leading to incomprehensibility, the content expressed in random images and difficulty in narrating specific events. Other disturbances related to language which most of the researchers have found specific to schizophrenia were also observed, such as tangentiality, inability to reach at a conclusion and frequent change of themes. The form of the language also depends on the content they are talking about.

- Educational level was observed as an important factor in the story narration by the normals but with reference to schizophrenic patients no conclusion can be drawn as it was just the opposite in case of female patients.

- Between male and female patients, more linguistic deviations were observed in females but due to the discrepancy in the sample no definite conclusions can be drawn.

Thus, there may be possibilities of the following conditions
1. Both the content and expression may be appropriate.
2. Content may be bizarre but expression may be appropriate.
3. Lack of content, random expression and picking up themes from the current context whether relevant or not. For example: a patient may start speaking on tea if it is served nearby or add it to the ongoing theme or a patient may intrude the theme of bathing in the story of tortoise and hare as he watches some patients going for bath.
4. They have content but fail to express it appropriately. Disorganization in the speech may be due to the situational pressure, lack of communication and the lack of contact with the world.

But it is difficult to demarcate the disturbances in content and expression. The disturbances in the content like mixing of themes, lack of elaboration of a particular topic and lack of content all the factors affect expression.

5.3 DISCUSSION

5.3.1 External Context-Internal Context

A different language is a different vision of life.  
Federico Fellini

The results and analysis show that most of the schizophrenics’ language is thematically continuous. The continuity of themes is either according to the external context or internal context, referred as self-continuity. The term external context refers to the immediate environment where communication takes place. External context bears the effect of the factors like the roles of the interlocutors and the cultural context. Internal context refers to the cognitive world of a person or more specifically the memories, thoughts, perceptual styles, belief system and knowledge etc. The content and the form of the language are affected by both the situational and the internal context. Both the aspects of context are mutually related.

The dichotomy of external and internal emerged from the observation that the language of schizophrenics is continuous with reference to their internal context. The essence of schizophrenic language lies in its being continuous to their internal world. Language expresses our representation of reality. The concrete aspect of reality is the material reality
which also includes social and cultural reality. The other aspect of reality is the mental representation of the material reality by an individual. Each of us is a representative of a distinct reality which we live and experience. It is this we call our individuality. For a person the objective reality exists only in the way he perceives it. The reality schizophrenics live and experience is not a shared reality. They hear voices which in reality do not exist. They see things which have no physical existence. Their time may be twenty-thirty years back. The place they live may be mars or moon. They may be facing threats from the aliens and may be busy in dialogue with them. They may be special agents of God or particular political parties. The assumption that their language shows context processing deficit ignores the fact that they have a context that is different from ours. Their language is continuous from their context. Context processing deficit hypothesis defines context only as situational context. But as we have already mentioned that the center of contextual analysis should be the person, i.e. the subjective aspect of context is needed to be emphasized.

The emphasis on abnormal aspect and the disordered language has ignored the experiences of schizophrenics. Kuperberg (2008) writes, ‘the schizophrenia syndrome is clinically characterized by the abnormal construction of meaning during comprehension, perception, action and language production and inappropriate semantic memory processing’. Such results are based on the faulty assumption that experiences and meanings have a norm. Some meanings and experiences are assumed to be right while others which deviate from the norm are considered inappropriate. Such assumptions neglect the basic nature of human conceptual system. Concentrating on language we can say that words are commonly believed to evoke same image for every person. But words do not act in unidirectional manner. The construction of an entirely different text based on the elements of a given text does not represent something abnormal, it is only different. The notion of abnormal construction of meaning also contradicts the theories of meaning that emphasize that meaning can be constructed in alternate ways. Cognitive grammar (Langacker 1990) conceptualizes meaning as including not only the conceptual structure but compositional path of an expression and hierarchy of semantic structures. “Compositional path or the hierarchy of semantic structures refers that an entity (word / image) can be associated with any node around the periphery” (Langacker 1990: 10). Some basic assumptions of cognitive grammar are: (Langacker 1990)
1. Meaning is equated with conceptualizations. Conceptualization includes concepts, experiences and the recognition of immediate context.

2. The meaning of a word is to be understood by the entire network of the representation not with any single node.

3. Meaning of objects and events can be represented by the means of alternative images. A neglected aspect in semantic studies is the ‘manifest capacity to structure the content of a domain in alternate ways’.

4. Perspective-orientation, assumed vantage point and directionality are important aspects of image formation.

Above assumptions about meaning construction are more relevant with reference to schizophrenia as researchers attribute disturbance in schizophrenic language to disturbed semantic processing (Aloia et al 1998, Kuperberg 2008) without any strong theoretical explanation of what meaning is. We can assume that every word has a world and every person has a distinct world of words. This world or network is different in every person both in the type and quantity of content. Generally two aspects of language, individual and social, function harmoniously. And if both the aspects are different as in dreams and in imagination we are aware of the difference and easily navigate from one space to the other. But in schizophrenia, this harmony is completely or partially disrupted. The three texts below (summarized) can be discussed to clarify the notion of construction of meaning:

<table>
<thead>
<tr>
<th>Text 1 – Old man → proud of beard and sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text 2 – Old man → had a race with a child</td>
</tr>
<tr>
<td>Text 3 – Old man → a saint → bathing, worshipping → prepares food</td>
</tr>
</tbody>
</table>

The fact that the text 2 and 3 are the responses which the patients gave when they were told to reproduce text 1, lead us to conclude that the patients don’t speak according to the context of situation. But the stories being different do not represent abnormal aspect of meaning construction. The linguistic task of narrating and reproducing stories involves restructuring
and rearranging the details by briefing, simplifying and omitting. The story for the patients is about an old man. The old man can be associated with any of the images in the mind of a patient. One may associate it with a saint while the other may add the theme from the story of the rabbit and the tortoise to the story of the old man. The old man may be the person one knows, or a neighbor or a typical old man who sleeps all the time or any thing. The old man is differently conceptualized in text2 and text3 from that of the text1. The old man in text2 is having a race with the child. The patient has mixed two stories together (the story of the old man and that of the rabbit and the tortoise). Text3 has represented the old man as a saint who goes for bath and worships at a temple. The old man is associated with a different content. It is difficult for the patient to describe the story of the old man which does not exist for him. The difficulty is expressed by the patient when he says,

‘What happens with the words? A lot can happen with the words, with the words, man’s, means....conversations....things become clear....then, there are no fights with each other, things are balanced, things are balanced.’

It shows the difficulty when the patient makes effort to narrate something that has no representation for him. it is only words or empty symbols without any corresponding image.

Quoting Jackendoff, Santambrogio and Violi (1988: 14) write that ‘people have things to talk about only by the virtue of having mentally represented them and whatever is not represented is simply not available and thus cannot be referred in an utterance. What is transferred by verbal means from the speaker to hearer is an information structure which is about our own construal of external world, not about things as they are in themselves’.

Together with changing the main character there may be a change in perspective also. It may be a patient’s concern over the long beard that is rare now-a-days or the thought that the old man’s happy life was disturbed by the question of the child or the communication of between the old man and the child. Nothing is abnormal. Language is not a mechanical phenomenon. It is a constant process where every word expresses a specific design and orientation of experience. There were some stories that were completely different from the original one. The stories were based on the characters of the original story and expressed a continuous
theme though a completely different one. To understand such a thorough restructuring of the content one needs to know how the meanings and concepts are associated. If a schizophrenic narrates a story in a completely different way from what others know then how to classify it: incoherent, cognitive slippage, and poverty of content (in case if he fails to conceptualize)? If the themes schizophrenic talks about are associated and mixed with such themes which a hearer perceives irrelevant at the particular time, do we say themes are continuous or discontinuous? During the reproduction of a story, some changes may be expected. But when the entire story is changed then the question appears why this particular story why not the story as it was narrated?

The description of change as abnormal neglects two important things: human individuality and the nature of human cognition. The way themes are associated may be a matter of how a person thinks and conceptualizes or his individual style of perceiving the world. If the old man evokes the image of a saint and a religious man from a village, the patient will tell about that old man only not the one which a narrator knows. If old man is associated with a man who has problem at his shop and his house the patient will narrate the story of the old man which they have in their mind. The search for disturbances has often led to results not supported by the theories of meaning and cognition.

But to say that words are not unidirectional entities and can be associated with any image prominent to a person makes successful communication an impossible process. For successful communication to take place it is essential that the speaker and the hearer must share the same reality and conceptualize spoken words according to the context of situation. The main characteristic that differentiates schizophrenics from the rest of population is their loss of contact with reality. The reality that exists for them is their subjective reality. Communication is difficult for schizophrenics. The things they talk about may be incomprehensible initially but once we know about their life and had regular conversation with them it is not difficult to understand what they are talking about. Apart from the content, the way they connect themes reflect particular style of thinking of a patient. We can take two examples here. The patient (F) extended the story with the following themes:
Restlessness

↓

No relief (even after getting the beard cut)

↓

Rationalization → beard as God's gift,

Beard has some meaning,

Saints and other personalities used to have beard

↓

Confusion

↓

Forgetting

While the choice of the term 'no relief' is motivated by the present state of the patient, rationalization reflects a general tendency to ponder over the events and justify them. He is not just actively reproducing the story but trying to justify everything. The extension of the story may be related to the way human beings engage in dialogue. As it is already said the act of reproducing a story is not a mechanical process, people narrate stories actively by arranging and rearranging them in a way that fits their cognitive schema. It is the human individuality that is revealed in the text above rather than an iota of schizophrenic thinking.

The other text is from the patient 'C'. The text appears like slices of different images put together. The three paragraphs given below are selected from a detailed conversation but a pattern of themes can be clearly seen in all the three.

Life has become a story what stories to read? (I) have read only one story, Haar Ki Jeet ....rober Kharag Singh ...took perhaps a horse of a mahatma...returned at 12'o clock night....high school in 73 then Intermediate, then CPMT, I would be at doctor's place...Sonia Gandhi is in Delhi at 10 Janpath, will be enjoying sun, may have switched off the heater. Atalji would be writing poetry.

I am brahm. I am brahm, I am brahm... I am brahm. I am brahm, soul is brahm, soul, god, society. India's philosophy. soul. god. Vedas. Stitha Pragya, become quiet. Peace, soul,
god... peace, a line in ECG, a straight line, ECT consciousness is lost... for two three hours no feeling of hunger, no sleep, no sense of bitterness, ECT is punishment.

Mental patients, thought block, Priyanka, prime minister of India. He is the great doctor (pointing up for God), good doctors are rare, good people very few, some doctors, some... some in acting.

In the first paragraph the patient starts with the story narration, but he has his own story to tell so he turned from the story to his own life but after the short self-reference, he moves from doctors to political leaders. In the next paragraph it is the spiritual content that the patient has started with. From the word 'peace' he is led to ECG and from the ECG to ECT. The third text has two main themes: mental patients and politics.

The themes of the text are tabulated below:

<table>
<thead>
<tr>
<th>Table 5.1 Themes in the text of ‘C’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Para 1: Story → self reference → political personalities</td>
</tr>
<tr>
<td>Para 2: Spiritual content → peace → ECG → ECT</td>
</tr>
<tr>
<td>Para 3: Mental patients, thought block, Priyanka, good doctors → good people</td>
</tr>
</tbody>
</table>

In the first two paragraphs one theme gives way to the other. Themes follow self continuity. But the third paragraph presents isolated themes related to different meaning fields. But even these may be related according to the internal context of the patient. The content in his speech mainly consists of three themes: the disorder (and related topics like the hospital and doctors), spiritual content and current politics (and also food!). There is no other content he talks about. One theme in his speech appears to be unrelated to the other. But it is the way he speaks on all these topics regularly. For the patient his themes are continuous but not for the listener. Often he does not speak complete sentences. For example, ‘Mental patients, thought block, Priyanka, prime minister of India’ represent three larger spaces of thought. The content is reduced and appears in the form of incomplete sentences as if one theme is completed in two words and then he moves to the other theme. But the themes are few and recurring and after a few sessions it is easy to comprehend his language. The difficulty in
communication is caused by the frequent change of themes and the patient’s frequent navigation between two points of time i.e. past and present and that the themes from the past and the present follow each other in an unexpected manner.

The notion of ‘autistic associations’ (Bleuler 1911) reflects schizophrenics’ conceptualization of world in an individualistic manner which has meaning for them not shared by others. The concept of ‘looseness of association’ (Bleuler 1911) is based on the criteria of logic and shared context. The examples of illogical text can be found in everyday newspapers and in other everyday communications or we can say that the criterion of logic is not sufficient as a basis to explain the language disturbances of schizophrenics. And to answer everything by the lack of shared context is equally difficult. If context is individualized by everyone it may be different for everyone. Hermann Hesse (1919)\(^1\) writes that we can understand each other but whenever we want to express this understanding we can express only ourselves.

The difficulties in communication with schizophrenics can not be explained only by linguistic mistakes. Actually the problem is not with the language. For example the patient ‘c’ has narrated a story continuously but a listener feels that something is missing in the story. The text of the story is given below:

There was king \(X\). He was very famous. When he had misfortune he put a necklace, an ornament, on a hanger, the hanger swallowed, he was at friends’ house...so it swallowed. He ran from there (thinking) that I will be blamed for it. Then he caught fowls, baked them, baked fowls flew away, fried fish went into the water, then, then he ...he...had good times... (not clear) then the hanger was spitting out the necklace, when he had good days.

The story tells about a king. When the king had misfortune everything was happening against him and the things were in his favor at the turn of his fate. The patient has narrated the story very briefly. The story narration appears incomplete if all the events are not elaborated with the background information. But it may be inadequate to conclude that the patient lacks communicative competence.

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\(^1\) Quoted from the Hindi translation of Demiyan by Mahesh Dutt (1998) p. 8. New Delhi: Radhakrishan Prakashan
The important thing is to find out the probable reason of incomprehensibility of their language. We need to understand language with reference to their knowledge domain or cognitive domain. We can assume that schizophrenics language reflect the lack of knowledge updatedness. Lack of updated knowledge reflects the lack of social updatedness. Their mental spaces have become closed systems. It is not that they don’t speak according to the context but that they don’t live according to the context. They speak what they live. Language is a part of our life affected by both the man’s inner world and outer world. But when the harmony of inner and outer world is disturbed, the language will bear the effect of this discordance.

5.3.2 Monologues vs. Dialogue

Coherence thus emerges not in the text, but in the two collaborating minds.

Talmy Givón (2005)

In Jacobson’s paper on Hölderlin the difference between the poet’s ability to write poems and communication with others was pointed out. It is the poet’s monologic competence that is unaffected by the disorder but ‘the dialogic competence is more or less destroyed’. The poet’s poetry is referred as monologue. Poetry carries meanings that are specific to a poet. It gives a poet scope to express whatever he wants to say and the symbols can be used with specific meanings. But the communication (dialogue) with others gives no such scope. The content of the speech has to be modulated according to the situation and the listener. In poems, the poet’s imagination and thinking is free to express itself without any consideration of completeness of sentences or the comprehensibility of the listener. The poet can imagine the other and he can imagine the situation. The imaginary other and the imaginary situations are created by the poet himself. There may not be any unexpected comments or replies by the imaginary interlocutors.

Communication and dialogue is a two way process: from the speaker to the hearer. It is not only the words one needs to take care of during the communication. It involves understanding the other mind and the situation common to both. The dialogic competence is
affected by emotional turmoil, alienated life, experiencing uncommon thoughts and perceptions. During communication, there may be many things left unspoken to be inferred by face expressions, emotional overtones, mood and the situation. There are many things in the communication and dialogue that are left unspoken because they are taken as understood. For example, it was found that schizophrenics fail to use deictic terms properly (Rosenbaum and Sonne 1986). These researchers conclude that it is the enunciation structure that is disturbed in the language of schizophrenics. But most of the time during communication the lack of clarity of references is filled by the shared context and text. The example (Y) is already discussed in the last chapter. In the underlined text vagueness of pronouns can be noted. The references for ‘he, one, he, and his’ are not clear in the story text given below:

The tortoise and the hare were friends.... The tortoise...not friends .... the tortoise, the hare felt proud on himself, on his speed that no one can run fast like me. The tortoise said, ‘I can run with you’... he laughed then they bet... and in running one excelled... then he slept in the bushes, the tortoise kept on walking slowly and continuously; he fell asleep, he finished his race, then the rabbit left.

Who laughed? Who excelled? In ‘he slept’ we know that ‘he’ refers to the rabbit as the next sentence says that tortoise kept on walking. Again it is not mentioned who slept, who finished his race but these are clear by the last statement ‘the rabbit left’. But the content being a well known fable there is hardly any difficulty caused by the vagueness of referential terms. In the conversational story telling these things are not considered much by a speaker. And if the content is shared by the interlocutors no questions are put up by the hearer for clarification of the content. It is the shared context by which things are understood even if complete information is not given in the speech.

The absence of shared context makes dialogue difficult with schizophrenics. Schizophrenics live a reality which cuts them from the mainframe of life. The disorder is related to the problem of existence, a condition grown out of the disconnection from reality. There is dialogue, but it is with the imaginary others. They constantly experience voices, voices that direct them, voices that comment on them and argue with them. They are always busy in
dialogue and experiences which researchers claim to be the result of some unusual form of communication between two hemispheres (Gal in 1974). But there may be times when the patients have no delusions and hallucinations, no more voices, images or thoughts are experienced. These are the characteristic of the active phase of the disorder that is short lived in the form of psychotic episodes. What about the times when the patients are not in the active phase of the disorder? There may be gap in their awareness about the surroundings and the emotional turmoil caused by the disorder result in the lack of interest in the surroundings. The two aspects of competence - monologic and dialogic are also related to the human individuality. Everyone may not necessarily be competent at both the levels. It may be fallacious to claim the lack of dialogue to psychosis. But the change from the one to the other may be a reason for concern.

5.3.3 Society, Culture and the Language of Schizophrenics

"Every mental disorder wears social clothes: what a society lives by, mentally disordered people live by too, only their world is perverse, bizarre and a caricature. Up until 12 April 1961, the day when Yuri Gagarin was launched into space and orbited the Earth for the first time ever, doctors hardly encountered any form of delirium with a space story underlying it. Patients with this kind of delirium began appearing after the start of space flights."

Buyanov

Discussing the social roots of mental disorders Buyanov (1989) discussed the works of Pavel P. Malinovsky, a Russian psychiatrist who wrote ‘the first text book on psychiatry in Russian and the world’s first fiction on mental disorders’ (Buyanov 1989: 47) and German Psychiatrist Richard von Krafft-Ebing (1840-1902). Malinowsky’s Doctor’s Notes, published in 1846 is recognized among some of ‘the best fiction on a medical theme’. Both the writers pointed out the role of society and upbringing in the emergence of mental disorders. Malinovsky’s other book Mental Disorder Described as It Is Seen in Physician’s Practice was published in 1855. Assuming social environment as the root of mental disorders, Malinovsky writes, ‘where everybody is preoccupied with outward appearance and pays little attention to the elimination of vice; where everyone lives only for oneself, and thinks only of oneself...; where egoism muffles everything; where artificial passion drowns the voice of
nature, and thousands of children are victims of their parents' vain sexuality' (ibid). So it is from the environment one should start understanding the nature of disorders where it first takes shape. Krafft-Ebing also expressed the similar views. Buyanov writes, 'von Krafft-Ebing was pessimistic about the present and the future of humanity. He believed that the development of science and technology had not brought contentment and happiness. On the contrary, it had made people nervous, immoral, physically unfit, easily exhaustible, whining and incapable of being sincerely and profoundly happy' (pp.52). These thoughts were expressed 120 years ago. Buyanov adds ‘If the German psychiatrist had had the chance to see it all (the development and destruction in the late 19th and the whole 20th century), I think he would have closed his eyes in horror’.

Why the works discussed above are important to read today? The emphasis of psychiatrists today is more on the biology and chemical imbalances. Neuroscientists are working on the hypothesis that psychosis results from the structural and chemical deficiencies in the human brain. The external factors like society and family environment remain ignored. The biological explanations fail to do any justice to explain the complex phenomena like schizophrenia. Buyanov writes. ‘Argentine philosopher Mario Bunge believed that some modern physicists were so totally engaged in their calculations and measurements that they were no longer interested in what they really calculated and measured. Laboratory technology is improving with every passing year. But laboratory data usually plays an auxiliary role’ (p.40). Biologically based researches create a pessimistic environment by claiming everything due to the human chemistry and biology. It reduces the chances of creative efforts in the direction of self improvement by changing the way our families and other institutions function. With the new emerging field of neurolinguistics and the increasing interest to find out the biological basis of language, researchers are offering neurological explanations for the language of psychosis also. That the essence and existence of language is more social than biological is known very well. What we speak and the way we speak is shaped by our being in the particular culture and society. It is not only the code that our environment gives us but the content is also determined by it.

People speak what they live. We hardly make any conscious effort during everyday communication on what to speak and how to speak except some specific occasions. But
when a person's thoughts, emotions and behavior, everything is in a state of disarray, is it only some chemicals to blame if he fails to speak full sentences, if he fails to speak in a focused and organized manner and for the failure to communicate? The disturbances in the language of schizophrenics reflect their disturbed life. The language that shows the blocking of content, perseveration of themes, poverty of content and the failure to reach systematically at a conclusion reflects the life that is blocked, the experiences that are struck at some point in time, their confusion to distinguish real from the unreal and self from the other, and loss of contact with the reality. Every word has a world but if the experiences are contracted words will lose their world. It is the active life that keeps words and images alive, but a man who is gradually turning into a live corpse can not possess a vibrant language.

In the present study the themes that patients talk about range from their ambitions, their family relations, their work and the political and spiritual themes to their delusional thoughts. The things schizophrenics talk about are taken from their experiences. We may find delusions related to incarnation and political personalities. The things they talk about are related to their life experiences. Tangentiality, circumstantiality, derailment and incoherence are not only the characteristics of language but a sign of disturbed experiences which are beyond the capabilities of the person to put in order again. The discontinuity of language reflects the disordered world of experiences. The symptoms like poverty of content of speech and poverty of speech are an outcome of poverty of experiences. Such patients hardly have any social life. The words they speak are few with no language only images. The mental atrophy results from a prolonged alienation. After hearing the story a patient (m) says:

*In the story, the beard, don’t let me go home, there are boys...abusing...and rice is in the milk.*

The patient fails to express a continuous theme with the words. The utterance is a group of random images with different themes. *The beard and the boys* in the above text can be assumed to be taken from the narrated story, and *don’t let me go home, abusing...and rice is in the milk* can be parts of the patient's internal context. Many explanations can be given for the patient’s inability to recall the story like dysfunction of memory and attention but such random images show that language gradually dies in the life of people who hardly have any
social life. Continuity in the language reflects continuity of experiences and images. When man’s social life is nearly zero, the themes he has will gradually die. If such patients hear something new they are not able to represent and express things in a continuous manner. The language is replaced by fragments and patches of images, hence no continuity in expression. There are no sentences, no continuously expressive texts only random images: some from the present and some from the past. The effect of the environment can also be observed in the choice of words. A patient (M) when narrating the story of the hare and the tortoise says,

The hare says I am more valuable than you. Both said, let us have a race, the one who wins, will be considered valuable.

In the morning when he was mentally retarded, when sleep was retarded he got his beard cut.

(M2) The old man had a long beard and him, used to sleep then he felt inferiority. ....

The word मुल्यवान (Mulyavān) means expensive, valuable or important. Instead of being fast, the rabbit is referred as mulyavān. The importance and status of a person in the society depends on his financial status. If a person is rich financially he is important hence mulyavān. The hare is superior so it is mulyavān not fast. The phrase mentally retarded is used to express the restlessness of the old man that clearly reflects the effect of the patient’s present mental state. In the next (M2) recall the content is changed according to what the patient has recalled initially. The clause he felt inferiority is motivated by the earlier expression that the old man was mentally retarded. Thus it is not only the choice of the words that reflects the patient’s life; the content is further changed by expressions that were used by the patient initially. The stored information is changed by certain themes added by the patient at the first recall. The added themes act like tags which connect the new content to the currently existing schema and make it easier for the patient to remember it and when the information is dug out during the recall the tags act like reference points.
Many patients have mixed themes to the narrated story during the reproduction. The most recurring theme is related to their being in the hospital and their will to be free from the place. Some texts are given below:

*Don’t let me go home* (m),

*Then he thought how I come out* (g1)

*So the old man was alright. He had a good reputation* (B1)

*So tell me how to come out... it is like this in our village... I am thrown away, thrown away from the village, because of it.* (W)

*There, in the net, they were captivated. I had visited them yesterday... here in Agra... my mind was fresh.* (A)

*He went to admit in the God’s house* (k)

The texts (A, k) are from the self-narrated stories by the patients, the rest are from the reproduced stories. While reproducing and narrating stories the patients used to mix themes that were not the parts of the original story. The mixed content is related to their life, taken either from the immediate context or from their experience. The patients mix and speak on those themes that are easily available to them to complete a thought. The themes *to be free and to go home* are so strong that they replace other content. The themes people talk about, speak about their life. The themes may be discontinuous from the parameter of communicative context but they show the continuity of internal context. The patients want to talk about their life, they have many questions to find answers for, they are constantly in a state of confusion; all these things make the external things and communication irrelevant for them. They no more seem interested in what the others are talking about. But the patients like (B) show a tendency to talk about certain themes like food, bathing, worshiping and fail to take the part in communication. Even when narrating the story of the hare and the tortoise he sends the tortoise at a river for bath:

*Tortoise kept walking, slowly, leisurely, reached at his place, reached at the river to have a bath*

The story of the old man was also started with the old man bathing and washing. What can be the reason for such content? It may be the contraction of life around a few events and
experiences but we still need to find out the reason for such a condition when the flexibility of cognitive world to take in new experiences is nearly ended.

The study of schizophrenic language by psychologists and linguists fail to give an overall understanding of the language and experiences of schizophrenics. During the literature review the question that often recur in mind, ‘are these studies really concerned with language?’ The reason for this dismal state is the distance kept between the life and the language. A remarkable portrayal of schizophrenia and language is provided by Diary of a Madman (Nikolai Gogol, 1835) and Madman’s Notes (Lu-Xun 1918). These great writers have been successful in portraying schizophrenia only because they aimed to describe the world of madmen. The concept of disorder that takes in cosideration the life of a man affected by various systems successfully depicts the psychology of man. But if we explain the disorder emanating from within the man (as biochemical theories are doing now-a-days) it will be difficult to find anything that can contribute to the understanding of the disorder and to the betterment of the lives of those shattered souls.

Our academic definitions favouring rigorous experimental research have lost the hold on the essence of things which some writers have achieved with their depiction touching every aspect of life. As in the story ‘Love for Life’ Jack London (1907) has described the strange behavior of its protagonist who after many days of hunger and struggle is saved on a boat. He started putting edible things in his clothes, under his bed and in the pillow cover. He used to visit the kitchen and store again and again to check whether they have things to eat. He use to feel that other men on the boat are eating too much without caring for the futuer stock. It was not something that we can say abnormal. It was the effect of his experience of the days he spent without any food and when he even drank the blood of a sick wolf to keep himself alive. The horrible experience of those days was reflected in his fear for food that should be saved for the future. It was so extreme that he started hiding food stuff in his clothes. Thus all the behaviors have their roots in the past experiences and social environment. And our language exists only because we have social life. The analysis of language demands an understanding of life. A person whose life is blocked at a point in time can not be imagined to speak and express himself fluently. Language is a part of human individuality and human
individuality is shaped by experiences that are related to a specific time and space. The fragmentation of the relations of human individuality to time and space are reflected in language.

5.4 Concluding Remarks

Language plays an important role in the formation of man's experiences through its being a powerful symbolic tool representing the societies, cultures and various discourses therein and is equally affected by the men's inner and outer world. Schizophrenia presents a condition where the unity of man's inner and outer world is disrupted. What would be the effect of such a situation when thought is characterized by looseness of associations, illogicality, concreteness, autism and the affective imbalances ruin the social life of man?

The continuity of language prima facie may give an impression of temporal order and sequence which can be fairly assessed with structural properties of speech. But the real continuity is related to the continuity of meaning. The thematic continuity is realized by following relations:

1. Syntactic relations
2. Meaning relations
3. Logical relations
4. Contextual relations

The themes that follow each other in speech may belong to the same space of meaning, related space, changed space (individualized relations, remote relation) or no relation. Thus thematic continuity depends on both the external and internal context. Doctors, disorder and hospital represent the example of the same space of meaning. Comfort, sleeping and the lack of interference represent the example of related space. Restlessness, inferiority, fear of thieves and mentally retarded; peace and ECG; doctors and politicians (power relations); hospital and heaven represents some examples of relations based on individual perceptions of some patients.

In the present research the language of the patients have shown five categories of thematic continuity:

1. Continuous theme
2. Self-continuous theme
3. Discontinuous theme
4. Relevant images
5. Random images

The main finding of the present research points towards the relation of language to the man's inner world. A person speaks what he lives. The language of schizophrenics (those who are called to have formal thought disorder in the psychiatric terminology) is continuous from their internal context. Overall 32 percent (16/49) of patients' language is continuous from their point of view. It was observed that most of the patients talk in a thematically continuous manner when they talk about events related to their life. Most of the self-narrated stories (15/23) were continuous which indicate the effect of the particular linguistic content on the continuity-discontinuity of speech.

Meaning relations of schizophrenics show the lack of shared reality. But the meaning space of every individual is specific. A word will have different associative network for everyone. The story recall by the patients where stories were completely changed or other content was mixed with the given stories shows a strong tendency to complete a thought; missing elements are filled with the help of the content that is congruent with the experience of a patient or with easily available content. Communication can take place only when the speaker and the hearer share the same reality. The life space of schizophrenics is not shared with others which hinder the process of communication. It was observed that the patients intrude the themes not related with the current text but even then they make their language apparently continuous. The tendency to fill the gaps by self-reference and by easily available themes may be a major reason for the difficulty of researchers to find out the main reason of incomprehensibility. Comprehensibility of texts is not depended on the continuity of themes. Discontinuous texts are marked with the intrusion of themes in the text that do not match the overall theme (or the text as a whole is constituted of more than one theme where one theme has no relation to the other) and the lack of arrangement of the content.

We can say that the language of schizophrenics is affected by both the internal and external factors. Specific characteristics affected by particular contextual factors may be outline as:
- **Mixing of Themes**
  - Attention and memory related factor (internal context),
  - Individual’s cognition and meaning networks (internal context)
  - Availability of content (internal context, external context)

- **Frequent Change of themes**
  - Distraction (external context)
  - Small span of meaning networks, some content prominent for them (internal context)

- **Lack of Arrangement**
  - Syntactic and pragmatic → affected by external factors → situational pressure, roles of the interlocutors, Lack of communication
  - Emotional state of the patient (internal context)

- **Poverty of content**
  - Lack of contact with reality (internal context, external context)
  - Lack of interest (internal context)

The factor that affects all these conditions may be the lack of knowledge updatedness of the patients. The gap does not exist in the language. It is in the level of social updatedness. Schizophrenia represents a state where the mind has become a closed system. Reality for them is only their subjective reality. The life that is cut off from the mainstream of social life can not be expected to have a lively language. Thus the study of language is complete when it is studied with the reference to the internal and external context i.e. human cognition and social life.

### 5.5 Future Projections

One never notices what has been done; one can only see what remains to be done.  

*Marie Curie*

In the present research the study of language was focused on the thematic analysis of speech of schizophrenics. The research explored the thematic relations in the text and the stories
narrated by the patients. At the end there are more questions left than answers. The first question is related to the reliability of the procedures of analysis and the results to which thematic analysis is always susceptible. The evaluation even after all the precaution has been taken bears the effect of the evaluator’s thinking. To make the results more reliable the text can be given to the specialists from diverse fields such as linguists, literary analysts, philosophers and psychologists for their opinion on the text continuity. It may be asked whether they perceive the text to be continuous or discontinuous thematically. In this way the results of the present research can be refined and more reliable procedures of analysis can emerge for thematic analysis. We need further exploration to study the factors which may affect the continuity / discontinuity of language. We noted the effect of education on the narration by normal subjects, but the same was not observed in the female patients. There can be many other possible combinations of factors which might have affected the narration for which systematic studies can be conducted.

Another area of further explorations could be the relation of thematic continuity/discontinuity with the human language and thought and its implication in psychopathology both for diagnosis and the treatment procedures of schizophrenia and other disorders. In what ways the studies on linguistic analysis can be helpful in psychiatric setting? The procedures of linguistic analysis can be helpful both for a more refined diagnosis and treatment procedure. Many linguistic tasks based on dialogue can provide a basis for treatment procedure, as through gradual dialogue, a person starts peeping into his mind through his own and the other person’s words. Whether it may be applicable in the psychiatric procedures, we hope that by such analysis the intricacies of thought disorder may be understood. With the linguistic analysis and understanding of both the internal context and external context, the design of the therapy would be more individual centric and effective.

The important area to which the present research can be extended is the study of thought disorder. As we have observed that the patients’ speech is self-continuous and to be self-continuous is not a criterion of abnormality or disorder. If a patient’s life is restricted to his subjective reality, is it the mark of disordered thought? There are many aspects that we found to be related to the individual’s style of thinking and speech, and then what is the exact
nature of thought disorder? To define the abnormality of a process and experience we need a
definition of normality. What is the nature of normal thought processing which differentiates
forms of thinking as disordered or abnormal? The recent theories of meaning have given
importance to the subjective factors in meaning construction. These theories might be helpful
in determining the exact nature of thought disorder. Cognitive linguistics has developed in
the last two decades with the theoretical aspects as well as applicability to various fields. It
could equally be useful in the understanding of schizophrenia and bringing these persons in
the mainstream of life from their lost corners. But the most important thing that one should
keep in mind is the freedom from all the definition of abnormalities while working on human
behavior. The search for deficits will fail to provide any meaningful understanding
concerning the language, thinking and schizophrenia.