

‘Audible Thoughts’ and ‘Speech Defect’ in Schizophrenia
A Note on Reading and Translating Bleuler
*Traduttori traditori*¹

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Although English-speaking psychiatrists routinely state that ‘hearing voices’ and ‘thought disorder’ are two of the cardinal characteristics of schizophrenia (Kaplan & Sadock, 1985; Kerr & Snaith, 1986; Slater & Roth, 1969), neither of these terms appears in anything resembling its German equivalent in Eugen Bleuler’s (1911) original text. Since it was Bleuler who coined the term ‘schizophrenia’ and defined ‘it’ as a disease, I believe we ought to take note of the differences between what he wrote and what those who rely solely on the English translation of his work believe that he wrote.

Regarding the importance of auditory hallucinations in schizophrenia, Bleuler observed:

“Where . . . auditory hallucinations continually dominate the clinical picture, one can practically always conclude that one is dealing with schizophrenia. The phenomenon of thoughts being heard (*Gedankenlautwerden*) occurs only very rarely in other psychoses” (p. 150).

The translator’s insertion of the German word here indicates that he recognised that the connotations of the term *Gedankenlautwerden* – *Denken* (thinking), *laut* (audible), and *werden* (becoming) – differ significantly from the connotations of the phrase ‘hearing voices’. Bleuler described the patient who claimed that he was hearing non-existent voices as a person whose “thinking has become audible”, the phrase *Gedankenlautwerden* implying a hypothetical metamorphosis of thoughts into voices. Whereas English-speaking psychiatrists describe such a person as ‘hearing voices’, the phrase implying that he indeed hears voices (other than his own ‘inner voices’).

Focusing on the nuances of German and English throws more light on the subject before us. The German language possesses a term, *Selbstgespräch* – *Selbst* is self and *Gespräch* is conversation – which means talking to oneself or

self-conversation. Probably because there is no such word in English,² and perhaps because we do not recognise the phenomenon as an ordinary activity, *Cassell’s German–English dictionary* mistranslates *Selbstgespräch* as ‘monologue, soliloquy’, activities that *Selbstgespräch* is emphatically not. Although our language has no word such as *Selbstgespräch*, we can say that a person is ‘thinking aloud’ (or is ‘thinking out loud’). These phrases describe a person who is vocalising his thoughts (talking to himself aloud), so that others can hear him, albeit he is not addressing them. Of course, all children think-talk this way. It is part of our socialisation to learn that as adults we must think silently (speak with our ‘inner voice’) and that when we talk – that is, speak audibly – we must address persons other than ourselves.³ This is the cardinal rule so-called psychotics violate.

Neither the term *Selbstgespräch* nor the term ‘thinking aloud’ implies that the subject disowns his thought/voice. Thus, when a sane (non-psychotic) person attributes his thoughts or feelings to others, we say he is ‘projecting’, a term that explicitly invalidates his claim. But when an insane (schizophrenic) person attributes his inner speech to others, we say he is ‘hearing voices’, a term that implicitly validates his misperception (or perhaps mendacity). To be sure, a person may sincerely believe that he ‘hears voices’, just as he may sincerely believe that he is Jesus (or some other error or falsehood). But just as his assertion that he is Jesus does not mean that he is the Saviour, his assertion that he hears voices does not mean that he hears voices.

Let me now briefly consider the term ‘thought disorder’, which, it seems to me, is an Anglo-American invention. For example, Eliot Slater and Martin Roth, the authors of *Mayer-Gross Clinical Psychiatry*, write:

2. *Webster’s* lists more than 500 entries for terms with the prefix ‘self’, beginning with self-abandonment and ending with self-willed. However, ‘self-conversation’ is not among them.

3. Audible prayer is, of course, an exception.

1. Italian adage: “Translators are traitors”.

“When we refer to schizophrenic thought disorder, we mean an *abnormality of the thought process* . . . ; *Thought disorder is rarely absent* [in schizophrenia]; The presence of *thought disorder* . . . is a diagnostic sign of the first order.”

Notwithstanding such references in English psychiatric works, this term does not appear in anything resembling its German equivalent in Bleuler's original text. Under the heading, ‘The Definition of the Disease’, Bleuler stated: “The disease is characterised by a specific type of alteration of thinking, feeling, and relation to the external world which appears nowhere else in this particular fashion” (p. 150). For “alteration of thinking, feeling” the original German text has: “*Alteration des Denkens und Fühlens*” (p. 123). Thought is a noun, thinking is a gerund (verbal noun); the former implies an entity or thing, the latter, an activity or process. What is the activity entailed in thinking? According to Plato, it is talking to oneself. In the *Theaetetus*, he wrote:

Socrates: . . . And do you accept my description of the process of thinking?

Theaetetus: How do you describe it?

Socrates: As a discourse that the mind carries on with itself about any subject it is considering . . . when the mind is thinking, it is simply talking to itself . . . So I should describe thinking as discourse, and judgment as a statement pronounced, not aloud to someone else, but silently to oneself (Hamilton & Cairns, 1973).

This self-evident, yet neglected, idea was rediscovered by Immanuel Kant (1964). He stated: “*Denken ist Reden mit sich selbst.*” (“Thinking is talking to oneself.”) As I noted, the German language possesses the term *Selbstgespräch* to describe this phenomenon, a fact that may have made it easier for German-speaking than for English-speaking thinkers to recognise the essential ubiquity (normality) of this activity.

If we view thinking as talking to oneself, then we might say that the schizophrenic displays the consequences of disordered self-conversations. But how can a self-conversation – that the self deems to be satisfactory – be considered ‘disordered’? It cannot be. It can, however, be considered self-deceptive, making the person who engages in it the ‘victim’ of his own self-deceptions.

Because ordinary medical maladies are not diagnosed by making inferences from the way the patient speaks, Bleuler was unhappy that inferences from the subject's speech pattern play such a decisive role in the diagnosis of schizophrenia. He wrote:

“I consider it to be a serious defect that we are forced to deduce most of the anomalies from the oral and written productions of the patients” (p. 39).

Actually, what Bleuler calls a ‘defect’ is a valuable clue to the nature of the phenomenon before us, namely, that the observer infers the schizophrenic's ‘abnormal’ self-conversation from his ‘abnormal’ conversation with others, especially psychiatrists.

What is the nature of this abnormality? “According to our present point of view”, wrote Bleuler, “the distortions of speech in schizophrenia are not to be differentiated from those which occur in dreams” (p. 150). Instead of the phrase “distortions of speech” the German text has: “*die Sprachfehler*” (p. 123). Although Joseph Zinkin's translation of *Dementia Praecox or the Group of Schizophrenias* is generally very good, at this point it could have been improved by articulating the differences between the German and English texts. *Sprache* is speech, *Fehler* is fault. *Cassell's* translates *Sprachfehler* as speech defect, grammatical mistake. In the context of schizophrenia, a better translation of *Sprachfehler* would be faulty speech, or faulty speaking.

What counts as faulty speech depends on the criteria of correct speech. I do not deny that many so-called schizophrenic patients have identifiable speech patterns that may be called ‘deviant’. People who speak with an accent that identifies them as natives of Brooklyn or Dallas, Hungary or Scotland also have speech patterns that deviate from the standard speech pattern of the American or British broadcasting industry. The point is that speech defects – whether lisping, stuttering, or wrongly accented diction – are the manifestations of the speaker's incorrect use of the muscles of his mouth and tongue, not of his disordered thinking or diseased brain.

I should mention here a recent article by Philip Thomas (1995) who – albeit he too erroneously attributes the idea of thought disorder to Bleuler – correctly notes that “we fail adequately to distinguish between thought and speech”. Thomas's goal, however, is to integrate “psychopathology and linguistics”, whereas mine is to suggest the possibility that we do not understand schizophrenic discourse because, as self-conversation, it is a speech act intended to be understood by the speaker, not the listener.⁴

4. Sexual self-stimulation (masturbation), unlike copulation, is a sex act intended to involve and be enjoyed by the self only, not someone else (as well). Similarly, semantic self-stimulation (schizophrenese) is a speech act intended to involve and be understood by the self only, not someone else (as well).

These considerations bring us back to Bleuler's remark that "the distortions of speech in schizophrenia are not to be differentiated from those which occur in dreams". The difference is that when the schizophrenic patient is in the presence of a psychiatrist, he is assumed to be addressing another person; whereas when a person dreams, he is, by definition, speaking to himself only. One cannot have a distortion of speech of a *Sprachfehler* in one's dream. No dreamer lisps, stutters, or speaks with an accent.

The terms *Selbstgespräch* and *Sprachfehler* imply that the schizophrenic's self-conversation and faulty speech are variants of ordinary, normal acts that are not as radically different from normal speech as modern psychiatrists maintain. This impression is supported by careful reading of the entirety of Bleuler's great work and, albeit indirectly, by two remarkable passages. In the first, Bleuler compared schizophrenic thinking to medieval thinking:

"The patterns of medieval thought afford many points of comparison with schizophrenia. During that period, too, thought processes had autistically turned away from reality . . . Homo Dei in the image of mortals could just as well have been the brainchild of a modern schizophrenic" (p. 438).

In the second passage – the final paragraph in the book – Bleuler pleaded for the schizophrenic's right to kill himself:

"I am even taking this opportunity to state clearly that our present-day social system demands great, and entirely inappropriate cruelty from the psychiatrist in this respect. People are being forced to continue to live a life that has become unbearable for them for *valid reasons* . . . even if a few more [patients] killed themselves – does this reason justify the fact that we *torture* hundreds of patients and *aggravate* their disease?" (pp. 488–489, emphasis added).

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