

# UNDERSTANDING PSYCHOTICS' SPEECH

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## A Max Wertheimer Seminar Transcript by Abraham S. Luchins and Edith H. Luchins

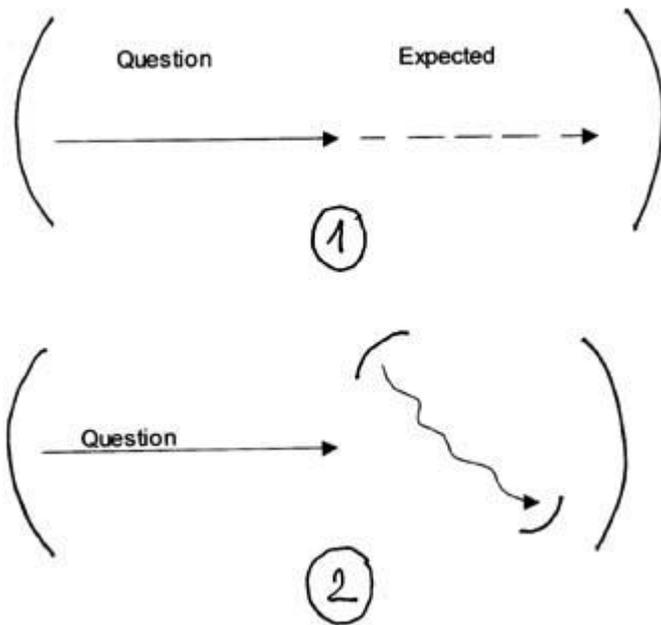
Published in: A.S. LUCHINS & E.H. LUCHINS, Revisiting Wertheimer's Seminars; Lewisburg: Bucknell University Press, 1978, Volume II, chapter 32, pp. 255-259.

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ASL = Abraham S. LUCHINS ; the psychiatrist = [Erwin LEVY](#) ; the ideas discussed in this seminar were elaborated in more detail in Erwin LEVY's article about the schizophrenic thought disorder - for full text of this article click [here](#)

A psychiatrist who had been WERTHEIMER's assistant in Germany [Erwin LEVY], started the discussion by saying that books often present statements which psychotic patients make but do not tell us much about the patients. He then described a case. When he asked a patient, How do you do? the patient did not answer. When he asked, Why don't you answer? the patient then said, I don't know in what tongue to answer. The patient's eyes were blinking, he looked hazy and dreaming; it was difficult for him to talk, he seemed to come out of a daze. During the physical examination the patient shivered and the doctor asked, Why do you shiver? He laughed and asked, Can an extrovert be an introvert? Since he had been violent that morning, the doctor asked him, Why were you so violent? He said, Because this man wears a white apron. WERTHEIMER asked the class their reactions to what the patient had said. [In ASL's class the students' comments were: the patient is preoccupied with himself, he is autistic, he is egocentric because he regards everything from his point of view and will not shift to another person's point of view, his thinking is disorganized because he has lost his mind, he has regressed to a lower level of intellectual functioning or development.]

In response to seminar members' questions, the psychiatrist said that the patient was a union worker who had become frightened by the government's investigation of his union. He was not mute; if you made a friendly face and talked to him, he would talk. WERTHEIMER noted that in such cases the topic of conversation and the structure of the situation affect the person's talking. He asked, Why do these answers seem to be nonsense? Usually, when we ask a question, we expect a certain answer, an answer that lies in a certain realm; the question orients the listener in a certain way. The question makes a gap which we expect to be closed in a certain way. As he talked he drew ... **(1)**. Instead of the expected answer we get an answer that comes from a seemingly unexpected direction, like this: ...**(2)**



The psychiatrist said that we are really confronted with responses to two situations: the patient is somewhere else as well as in a doctor-patient situation; his answer is a resultant of these two situations. Someone interrupted to say that there is no way of proving that this is so; the patient is speaking from his private point of view, we can never understand it. All we know is that from the point of view of our social standards the patient is talking nonsense. The psychiatrist said that it is not senseless speech if we look for situations in which it won't be so senseless. WERTHEIMER interrupted to ask, What do you mean that it is correct for a patient to answer, All right, to the first question, How do you do? A student said that it is an answer, just like any other answer. Why pass moral judgment on it? WERTHEIMER pointed out that a question is the starting of a thing in a certain direction. The question is not completed as long as there is no closure for it in the direction intended by the questioner. It's like a melody which needs to be finished. When a question is not answered it's like an unfinished sentence. Someone pointed out that in some social situations we do not complete the question properly and in others we do not even attempt to do it. When we are asked, How are you? we say, Fine, thank you, or we glance at the person and walk on. The psychiatrist agreed that the content of a question is like an unfinished sentence. He referred back to his case. We assume that the patient is in the same situation as the doctor; therefore we expect that he should finish the sentence in a certain way. Someone interrupted to point out that according to George MEADE this is what happens when normal people communicate but the patient may not want to communicate. The doctor's role calls for communication, but the patients role calls for autism. WERTHEIMER said, If the patient is mad at the doctor he might take the question to mean that the doctor is a fresh person. The nerve of him to ask me how I feel when he sees that I'm in pain. [ASL's student pointed out that there are life situations in which a person may feel that he is being made fun of or that people are being mean to him if they ask him questions when he is in misery. Someone told a story of a supervisor who brought up a worker on charges over some petty matter that was not related to his job. The next morning the supervisor greeted the worker with the social greeting, How do you feel? Because the worker was angry at him, he did not answer. The supervisor later on used this as an example of the worker's immaturity and recommended that he be fired. The student wondered whether mental patients are also misjudged like this worker.]

The psychiatrist said that the patient answered the second question that he asked, Why don't you answer? WERTHEIMER asked the class, Why was the second question answered but not the first one? Someone said that maybe the patient actually did not answer the question; it only seemed that he did. WERTHEIMER conjectured, Maybe the second sentence opened something in the patient's field, the first did not. The psychiatrist remarked that the relation of the doctor to the patient calls for an answer to the first question. Someone noted that perhaps the patient had been committed to the hospital against his will and did not want any treatment. The psychiatrist replied that the patient had come to the hospital to be cured. Why did he not answer the question? WERTHEIMER suggested that maybe he was not interested or did not want to be bothered with questions. The psychiatrist replied that to the patient the question meant a different thing from what it ordinarily meant in the patient-doctor relation; it meant, here are the fellows bothering me again. The patient was living in a dream world and people were pulling him out of it. He did not answer the first question but when the doctor persisted in questioning him, he made a statement. He did not answer the first time because anyone could see that he was not feeling well; he wouldn't be in the hospital if he felt well; the doctor knew it too, it showed no concern for him. In the second question there was an expression of concern about something that was happening to him; therefore, he tried to answer. The patient was not concerned with the doctor but with himself. He wanted attention; when he got it he responded. When a student remarked that patients as well as normal people act because they derive pleasure from it, WERTHEIMER conjectured that maybe the satisfaction was not in his ego. Maybe the patient liked the doctor; he wanted the doctor to feel good, so he answered. Someone argued that the answer was illogical; it was not the expected completion of the sentence. The psychiatrist said that it was not a logical mistake, the patient was thinking. If you watched the patient while he talked, you could find this out. [ASL asked his class for their impression of this exchange between two people. Jim asked Jack, How do you feel? When Jack did not answer he asked, Why don't you answer? Jack said, I do not know in what tongue to speak. A few students said that Jack was a patient but many said that the conversation made sense. When ASL told them that Jack was a patient and Jim was a psychiatrist most of them still said that it was a sensible conversation. In another class the psychiatrist's description of the psychiatric interview was given and the results were not so clear-cut. The patient's not answering the questions as well as his answering them were seen as symptoms of mental illness. When the psychiatrist's interpretation was given, not one student disagreed that the answer to the second question was sensible.]

The psychiatrist went on to discuss the patient's answer to the question, Why were you so violent? WERTHEIMER asked the class what they thought of the patient's answer, Because this man wears a white apron. The answer made no sense to most students. Someone conjectured that the patient had been excited because of a white apron. The psychiatrist said that the patient did not want to step out of his world but was being pulled out, so the next best thing was to say it. It served as an answer but its content did not fit the gap of the question. Someone said that it is a formal, logical answer even though the contents do not fit. It is like saying  $2+2=4$  and drop dead. WERTHEIMER said, This is a logical sentence but in life we do not think of connectives as they are used in formal logic. We expect them to relate things in a sensible way. Are there situations where such formal answers are all right even though the contents do not fit? Sometimes a person greets another with, How do you feel? and gets an answer, Good morning, or Nice day. In social life we sometimes give answers which do not fit the specific question but the answer is socially acceptable. A visitor said that in some situations a fit answer may not be required or permissible; for example, when a woman asks, How do you like my new dress? A question and its answer is not an isolated structure but has a certain place and function in a social situation. He went on to say that since the patient had answered the question in order to get rid of the bothering questioner, it

showed that he still had human feelings and wanted to be sociable. Someone pointed out that the answer was like the comments made by children in the dual monologues of egocentric speech. Patients' speech is not sociable; they are sick because they have lost their social feelings and have regressed to a biological state of being. WERTHEIMER said that some patients show a great sensitivity and more social feelings than normal people. He objected to the idea that patients regress to lower stages of functioning. Someone whispered that WERTHEIMER had never seen the back ward of a hospital; the patients there are like animals. ASL who had read little about psychopathology defended WERTHEIMER by saying that John DEWEY had once said that if you treat people like animals they become animals. The psychiatrist told the class that once when he was questioning a patient, the boy repeated everything that he said. He was not making fun of him but was communicating in a way that some people carry on ordinary conversation; people chat to be socially connected with others. We also find such vocal behavior in animals. After a pause for comments, the psychiatrist said that in this instance he wanted to get answers to certain questions required by the patient-doctor relation. The boy wanted to be polite but he refused to talk about his hallucinations. Someone said that this again illustrated that the language and speech of patients make sense if we realize that it is a way of making contact with the social situation in which they are and at the same time remaining in their worlds; they make contact on their own terms. WERTHEIMER objected to the thesis that patients are egocentric. In response to a question, WERTHEIMER said that children and naive people are sometimes better at answering questions; they are open and frank. Our education destroys our ability to answer questions directly. The discussion then shifted to examples of the ways in which people use speech to hide their thoughts, give misinformation, and speak to impress rather than to give information.

The psychiatrist read a mental patient's speech from BLEULER's text in which a patient sets out to talk about Epaminondas. He pointed out that the patient is not making random mistakes, the statements are directed by some positive quality; if you can find it, you will be able to predict what he says next. WERTHEIMER interrupted the reading to ask the students to predict what the patient would say next but no one did so. Then the psychiatrist said that the patient wants to talk about big, important events and he fills the gaps with historical facts. The patient talks about a situation which permits him to do it. He begins with what appear to be sensible statements; but he has a tendency, a vector, to say something about blood and knives. Slowly he gives in to this vector but always tries to come back; in the end he comes to a situation from which he is pushed directly into the vector to talk about great things involving violence and force. Someone said that the speech is a word salad and is due to a break up of his association patterns. WERTHEIMER said that it does not solve the problem to say that there is a lack of or a break up of ordinary associations in his speech. We need to study to find out why it is this way. Someone remarked that it is like starting a discussion with a housewife in the street that ends up in her kitchen. It is illogical. WERTHEIMER told him that we need to discover the vectors that cause such speech and not just to say that it is illogical and bizarre. He diagrammed the speech on the blackboard. The session ended with objections to the use of the concept of vector; a student maintained that the word drive sufficed. WERTHEIMER advocated its use because vector is more general than drive. He referred to the patient's speech saying that the content of the speech is determined by situational factors, field conditions, and not only by ego drives. The direction of the vector is also determined by the field, but in the drive concept there is the assumption that it is brought about by the satisfaction of an egotistic need or meaning. After a pause, he added that a drive can also be a vector.

A visitor stopped WERTHEIMER at the door and objected to his use of vectors. In physics the use of vectors in equations corresponds to properties of certain physical structures and gives information about these structures. Psychologists do not write such equations; they may tell us how things

work but they do not develop theories that have the predictive power of theories in physics. He went on to say that this is also true of theories in biology; there is no theoretical biology akin to theoretical physics. There is mathematical physics but no mathematical biology. When ASL mentioned biometrics and psychophysics, the visitor said that neither of them is like mathematical physics. It is wrong to put into the same class the statistics used by biologists and psychologists with the mathematics used by physicists. We talk about evolution as if it were a theory similar to theories in physics but it is not. WERTHEIMER agreed and said that his use of concepts from physics is not an attempt to reduce psychological phenomena to physics or to explain them by mathematical concepts which are used in physics but to start a search for other approaches. He added that there is a need to develop new mathematical and logical tools to deal with social and psychological phenomena.