TALK ABOUT TALK: 
METACOMMENTARY AND CONTEXT IN THE 
ANALYSIS OF PSYCHOTIC DISCOURSE

ABSTRACT. This paper presents an analysis of an interview with a manic patient at a time when her discourse seemed incoherent. It addresses itself to the interface between discourse and context, and argues that adequate contextualization of discourse can render incoherent speech more understandable. Appraisal of context and analysis of metacommendary — speakers' references to the ongoing talk — makes apparently incoherent discourse intelligible, and gives access to the patient's experience of her illness.

The implications of discourse analysis for psychiatric research are explored. General goals for discourse analysis in psychiatric settings are suggested, and strengths and weaknesses of the approach discussed.

I. INTRODUCTION

Psychotic patients often fail to make themselves understood. This is particularly common with schizophrenic patients, and is usually attributed to a disturbance in thinking, rather than in speech (Chaika 1982:587). The disturbance is termed 'thought disorder.' Manic speakers are also frequently difficult to understand. Harrow et al (1982:665) found hospitalized manics to be as severely thought disordered as schizophrenics; and Harvey found manic and schizophrenic patients to be similar in their frequent use of unclear references (1983:368).

This paper presents an analysis of an interview with a manic patient at an acute stage of her illness. She seemed at this time to be incoherent, with 'flight of ideas,' the rapid topic shift associated with speaking under pressure. Despite her incoherence the patient explores the discourse situation and grapples with its ambiguities. When the exchange fails to follow the course expected of psychiatric interviews, she attempts to repair the process and in doing so reveals her understanding of it and its significance for her in her psychotic state.

The aim of the paper is to explore the extent to which incoherent discourse can be made more accessible by a consideration of the context to which it is a response. The complex interface between discourse and context has frequently been neglected in studies of psychotic discourse (Rochester 1980:13). There has been a tendency to assume that what psychotic patients say is "irrelevant" (Freedman, Kaplan and Sadock 1980:440), which implies that their discourse is inappropriate to the

context. This assumption often precludes a careful examination of why patients choose to say what they do, when they do.

In ordinary conversation, frequent reference is made to both the ongoing talk and the situation in which it is occurring. Metacommentary of this kind makes explicit the relationship between discourse and its context, and is the focus of the analysis which follows.

The Study of Language in Psychiatric Settings

Rieber and Jaffe, introducing a collection of papers on psycholinguistics and mental health (Rieber 1980) suggest that the study of language and thought can lead to improved diagnosis, prognosis and treatment of mental illness, and point out that verbal interaction is an indispensable part of psychiatric history-taking and most psychotherapy (Rieber and Jaffe 1980:3—4). They also stress that “regardless of aetiology, all mental illness ultimately involves a disorder of communication” (Rieber and Jaffe 1980:7). Such disorders are of a primary kind (such as schizophrenic thought disorder or aphasia) which directly affect spoken discourse, or secondary, in the sense that spoken discourse is not disrupted but symptoms (such as an hysterical conversion) allude to that which cannot be spoken. It is for these reasons that the study of discourse is directly pertinent to evolving psychiatric practices.

Comprehensive Discourse Analysis

(a) Goals. There is increasing awareness in the social sciences of the usefulness of discourse analysis as a methodology (Cicourel 1980:1; Grimshaw 1982:15; Hahn and Kleinman 1983:324). Possible goals for the approach in psychiatric settings can be summarized as follows.

(1) Until comprehensive analysis of discourse in psychiatric settings is undertaken, attempts to compare language across syndromes, to compare pathological with normal discourse, and to make inferences about cognition are premature. A primary goal of the approach at this stage, therefore, is to establish a corpus of knowledge from which focussed hypotheses can develop.

(2) Comprehensive discourse analysis includes adequate consideration of context and audience. A major aim of research in this area is therefore to consider the role played by the listener in discourse failures traditionally attributed solely to the patient. This does not imply that “blame” for discourse failures will be relocated to the listener, but focus will move to aspects of interaction.