The study of psychotic and normal narratives discussed in Chapter 6 demonstrated speech disruptions peculiar to psychotics. Some occurred only in schizophrenics. Normals produced as much error, but it was different both in degree and in kind from the psychotic one. Both normals and psychotics had the same amount of misperceptions, but these were often mutually exclusive to each population. This study showed that psychotic deviation is neither normal nor creative.


Close examination of the narratives in the Ice Cream Story task discussed in this chapter revealed that Fromkin (1975) was in error when she claimed that schizophrenics make the same kinds of errors that normals do. It will be shown here that the former population differs from the latter both in degree and in kind of error. Psychotic error is very real and displays a true disintegration of linguistic ability on every level except, perhaps, the phonemic, but word retrieval, syntactic error, narrative construction, all the facets of informing and commenting indicate a far from intact linguistic ability even in the very simple task presented to the population discussed here.

More recently Allen (1985) maintains that schizophrenic speech, both SD and NSD, can be reliably discriminated from normal speech by a clinician with acumen, but that the ways it is different cannot be specified. Actually, as we have seen, it has long been known that even laypersons can discriminate schizophrenic speech from normal. It is no surprise that a clinician can do so reliably, but to say that this is only because of acumen, not from specifiable features is a strange conclusion by a scientist. It is true that people do seem to react intuitively towards language, but it is still possible to analyze the bases of intuitions by comparison between populations. True, the average clinician has not studied much linguistics, but
there are linguists of many stripes who study language objectively. As we saw in Chapter 1, the features of schizophrenic speech can be depicted. The ICS studies described here directly compare the features of schizophrenic, manic, and normal speech elicited by the task discussed in the previous chapter.


As we have just seen, the differences between normal and psychotic narrations are not necessarily caused by differences in the number of cohesive ties used by each population. Nor were they caused by differences in the length of narrations between the two populations, nor, as we shall see here, are they caused by differences in the amount of misperception by each group. Rather, as shown below, other features of the narratives were implicated. There are real differences between the two populations, psychotics and normals, and these coincide with those features of speech long known to be pathognomic of schizophrenia. One psychotic was judged normal, but he was taped at the time of discharge. Upon his initial selection his speech did show deviation but had improved by the time of his participation. Two normals were rated as schizophrenic by one judge. A third normal was rated that way by both judges. The normals erroneously judged as schizophrenic produced features in their narratives which correlated with the deviations in the psychotic group. Whether or not these normals were at risk for schizophrenia or whether their deviations could be attributed to excessive nervousness or the like could not be determined within the confines of this study. The procedures for testing were particularly nonthreatening. All subjects were even allowed to hold the tape recorder in their hands to lessen anxiety. All we can say is that there are definitely features of narration which lead to judgments of psychosis and some ostensible normals may evince these. One conclusion that can't be made, however, is that SD schizophrenics speak normally during their psychotic bouts.

It bears repeating that we must test for those skills necessary for daily speech activities. We must ensure that our explanations take into account the skills needed for normal speech production because speech readily labeled “schizophrenic” is evident in ordinary interaction. It is equally vital to employ a narrative task that can be matched to what the participant is trying to encode so that we can compare the utterance with its
target. Narration, in itself, also requires the encoding of ongoing events, which in turn demands temporal sequencing and shifting references, thus testing for a variety of speaking skills and simulating everyday speaking situations.

The narrative task employed here also carries a lighter cognitive load than did Rochester and Martin’s. Explaining the points of cartoons, retelling anecdotes, and describing unusual colors are not everyday activities and would seem to present a greater cognitive load than a mere retelling of an ordinary sequence of events. As a result, it is sometimes difficult to correlate utterances with intended meaning. As Maher et al. (1966) and Maher (1972) noted, the more unconstrained the speech activity, the more disorganized schizophrenic speech becomes.

Because of the strong constraints put on responses in the task reported on here, glossomanic chaining, for instance, in its above-shown “classic” forms did not occur, although a variant of it did. What is perhaps most surprising is that patients did utter both gibberish and agrammatisms despite the constraints on the task, and despite claims of researchers that such aphasia-like symptoms are rare in schizophrenia.

As previously explained, actively psychotic patients frequently have a short attention span so that the ICS could not be as complex as Chafe’s Pear Story. Still, some extraneous material was included because one of the characteristics of the speech of schizophrenics frequently mentioned in the psychiatric literature in their veering from the topic at hand. Given hypotheses about the nature of schizophrenic malfunctioning in attention and filtering, it was expected that the extraneous material would cause derailment. Actually, when derailment occurred, it was from the essential plot and appeared to be caused by intrusions from memory, as is shown below.

Despite its simplicity, the Ice Cream Stories tested for many language skills and attentional and logical phenomena. For instance, the viewer had to leap one important gap. The father is not actually seen giving the child money, nor does he answer her in words. When one sees her walking in to buy the ice cream, one might surmise that the father must have given some money to her. Scenes such as one showing the mother setting the table were included to see if they would cause the narrator to be deflected from the major progression of action, perhaps starting off on something relative to mealtimes or mothers or family incidents (Chaika 1982a; Lecours and Vanier-Clement 1976). However, deflection caused by these side actions did not happen.
The 124-second story proved to be well within the attention span of all participants. The opening shot, panning a shopping center, focusing on a child wearing a plaid skirt and vest with a long-sleeved jersey peering into the window of a Baskin Robbins, took 20 seconds. Later, when the child enters the ice cream store, it takes 23 seconds for her to be waited on. In terms of effects on the narrations, these seemed to be the only significant time spans.

Originally, there was to be a memory task as well, in which I asked subjects to recall what they had seen the previous week. Unfortunately, too often patients were discharged before the week was up or received ECT in the interim which wiped out their recall entirely. Consequently, although I may allude to the memory task from time to time, no attempt was made to analyze their relation to the first narrative or to run any kind of statistical measures on them.


All patients were being treated with antipsychotic medication as well as antiparkinsonian medication designed to mitigate the side effects of the former. All also were receiving lithium (Alexander, VanKammer, and Bunney 1979). The effect of these is to lessen the effects of psychosis, so that speech is made more normal. This makes even more important the very real differences found between the normal and psychotic narratives. The average stay at the hospital during the time of this study was less than 2 weeks. No participant had been institutionalized or heavily medicated for long periods. Hence our results could not be traced to social or cognitive deficits on those grounds.

Twenty-five normal volunteers matched the psychotic population as closely as possible in age, occupation, and social class. Both groups consisted of blue-collar workers and college students. As is usual between psychotic and normal groups, the normals were somewhat higher in achievement. This effect was mitigated by including normal college students with working-class parents and psychotics with college-educated parents.

As already discussed, social class is not a factor in this study. Patients were selected solely on the bases of diagnosis and observed speech dysfunction. However, we still have to contend with Bernstein's theory of restricted and elaborated codes. He assumed, and so have his followers, that working class is limited in their ability to discuss issues intellectually because they have been socialized to speak of the here and now rather than of hypothetical and abstract issues. Because both our patient
and control populations came from mixed social backgrounds, we could observe any mitigating effect of early socialization on speech performance.

Bernstein's theory of differential narrative adequacy rests upon a theory of socialization such that, if it were valid, parental status should be as important as earned achievement, especially for nonachieving children of educated parents. One could argue that those who rise from the working class do so because they somehow learn on their own what Bernstein calls the elaborated code (Bernstein 1971). However, it is difficult to claim the reverse, the scions of the middle class sink, as it were, because they, despite their socialization, only learned a restricted code, for Bernstein's claim is that the latter is different in kind from the former, not just in degree and that this is a product of different communicative styles of families who come from different social classes (Chaika 1982b, 1989 for further arguments against Bernstein's theories). In any event, the data presented here correlated with diagnosis of psychosis versus normality, not with social class. There was no effect traceable to social class, but there certainly was one related to illness or lack of it.

The three normals judged psychotic by both raters were all college educated. Their narratives showed definite correlates with the psychotic ones. Rochester and Martin (1979) likened increased use of exophora by schizophrenics to Bernstein's theory of restricted code amongst the working classes. No evidence emerged that differential social class membership affects reference.


Intentionality is always an integral part both of speech production and of meaning itself (Searle 1983. (p. 3). He defines intentionality as directedness, and shows that meaning is comprised of “... Intentional content that goes with the form of externalization” (Searle, pp. 28–29). Thus normal comprehension demands that we derive Intentionality as well as truth value (Chaika 1982b, p. 71, 1989; Goody 1978). If speech is so deviant that we cannot do so, then we fault the speaker. If the speaker does not encode so that his or her Intentionality (or truth value) can be derived, and, if further, the speaker cannot explain when asked, we fault the speaker, not the hearer. Hence, we consider the opaque or deviant speech of psychotics as evidence of a person's being “out of his/her mind.” Similarly, as Searle (1983 (p. 43) shows with visual perceptions,
when people see things that are not objectively there, we say "... it is the visual experience and not the world which is at fault."

Searle (1983, p. 147) introduces another component to meaning, one especially valuable in this discussion: the Background. He defines this as "... capacities and social practices." Hence, Background includes "... skills, preintentional assumptions and presuppositions, practices and habits" (Searle 1983, p. 154). Under this view, a breakdown in surface performance is a failure of "... preintentional capacities that underlie the intentional states in question" (Searle 1983, p. 155). To treat that which arises from faulty Background as if it were "... a sort of Intentionality, it immediately becomes problematic" (Searle 1983, p. 159).

What this means here is that we assume that narratives which are deviant arise from impaired skills in narration, not from a separate language or an attempt to hide taboo desires or an attempt to convey what it means to be schizophrenic or the like. This applies to deviation in what is reported or in the way that it is reported. This is the simplest explanation that fits the facts; therefore, in accordance with the application of Occam's razor, it is the one adopted in the explanations below.

We have already seen that there are five reasons for believing that the participants in this study understood the task, were cooperating in it, and intended to fulfill it. The following passages from SD narratives show this. Even those whose narratives were not accurate took as their point of departure the sequence shown. Moreover, when they digressed from this, they related stories similar to that on the screen, and kept returning the events (boldface) actually shown them, as in

1A. What do you want me to say? I say my brother Gene. He says he said I buy the things I wanted. I saw a little girl who wanted ice cream. Today you have to pay for it. Today she paid for it...

This starts out with an irrelevant comment about her brother, but quickly reverts to the business of the video. Actually, since this was about somebody wanting something, even the bit about her brother Gene saying that she should buy what she wanted can be seen to have been triggered by the video.

Second, where someone hallucinated or misperceived action, he or she indicated an effort to integrate it into the story. In 2A, for instance, when the patient says, "I don't know what... that was about," he indicates that he cannot fit what he perceives into the story. The description
of the cars was also accurate, although he misperceived that the girl was moving a counter and was looking in a trash can:

2A. I saw a little girl who was moving a counter for some reason and I don’t know what the heck that was about. She was pressing against it okay. In the beginning I saw a white car with a red vinyl top and then this little girl was lookin’ in the store was lookin’ in the trashcan or something and then she turned around and she went on she talked to her mother and her father and neither one of them was listening to her...

Here, note also the “okay” as indicating that although he didn’t “know what the heck that was about” he was going forth with the narrative anyway. Interestingly, the following week, on recall, the same patient said

2B. ... I remember seein’ the little girl I don’ know if her head was in a trash, she was lookin’ in the trash or she was lookin’ in the window to a store...

He did not mention moving a counter, but he had obviously recalled his misperception about the trashcan. In both narratives, the patient proceeded to recount the events clearly triggered by the videotape, although lexical selection was clearly deviant, a matter discussed below. The first mention of trash either omitted can or or used a instead of the the. Since trash belongs to the category of mass nouns,¹ therefore cannot be used with a.

Third, several made overt comments about their ability to speak or to remember something on the tape. For instance, one apologized:

3... she just cunna’s cunna get anything home so she’s hafta go out on her and get it. okay. I’m sorry. I’m sorry. I’m sorry about my speech. I stutter a lot though. That’s about it.

Another indicated that he had a “memory lapse.” This also shows an effort to recount what was shown:

4. ... and I noticed a little girl looking into the window and I guess he walked back into the store and then a [kif] thing switched where the girl was at home and I dunno asked her mother for something and she had a kni- got a little memory lapse there. Then it switched again and her father came in...

Self-corrections also indicated the patient’s attempts to recount the
story, thus to cooperate in the task as did expressing happiness that the
girl got her ice cream, both shown in:

5. . . . so then she went and she went to the candy store by herself or
ice cream shop and bought a double-decker ice cream cone. That
actually brought me happiness to see that little girl with a mind of her
own. Okay.

Even the most deviant narratives signalled endings formally, marking
the narrative as an entity. The “That’s about it” in 3 above is one
example, as is the “Okay” in 5. Normals often ended their narratives the
same way.


The parallel between visual scanning and narration made by Chafe
(1980) was borne out in this study. His claim is that the narrative itself
progresses in a fashion similar to the way the eye searches a scene. As we
have already seen, there is a correlation between schizophrenic dysfunc­
tion in visual tracking (Holzman et al. 1978; Holzman 1978) with dysfunc­
tions in their free speech. Chaika (1982a) showed that both the sacades
and the spiky-type movement are analogous to schizophrenic utterances.
The sacades show lack of focusing ability, a deficit in tracking, what
Holzman terms a failure to turn on the system. The spiky type move­
ment represents perseverations along associative pathways. The entire
narrative from which 1A above comes illustrates these remarks:

1B. What do you want me to say? I saw my brother Gene. He says
he said I buy the things that I wanted. I saw a little girl who wanted
ice cream. Today you have to pay for it but today she paid for it. I
want Gene to come visit me soon at 1:30 and I saw a little girl with
the baby and her father’s gonna be home and and oh yeah and
[hehe] my mother loves me [aw hehe] I don’t know what I want to
say. Can I stop now?

Note that the first question is entirely appropriate as a narrative
opener. However, the story line is intertwined with her memories and
desires. She “sees” her brother Gene and even gives a sentence to expand
on her mention of him. Except for the fact that the video had nothing
whatsoever to do with Gene, the opening statements are appropriate for
a narrative. It can be seen that the sentences about the brother were
triggered by the video and were a parallel encoding to the tale about the girl wanting to buy ice cream. This is analogous to what Holzman found in visual sacades. The story is not tracked from start to finish.

In the next sentence, the narrator jumps back to the video story proper. Since this does deal with buying which entails paying, she veers off the narrative track to the cliche, today you have to pay for it, then changes the pronoun to one appropriate to the story, but today she paid for it. Note the slight mismatch of meaning and the story. Today you have to pay for it implies that yesterday you didn't which is patently untrue. In its sense as a cliche, this refers to moral issues, not money.

This patient gives other verbal sacades. She first follows her inner story about Gene, then jumps to the video story, then jerks back to Gene, then jumps to a girl with a baby, then the father who is going to be home then her mother who loves her.

Another patient encoded a visual pun. He noticed a similarity in stance between two actions and attributed it to the wrong one despite the fact that the context itself did not lend itself to this alternate interpretation. This occurred in the statement “I saw a little girl who was moving a counter for some reason and I don't know what the heck that was about.” The girl’s stance, leaning forward against the ice cream case as she is waiting to be served, is similar to that when one is moving a heavy object. Such similarities in body positions are not usually noticed when the circumstances eliciting them are so very different. Nothing else in the video lent itself to a theory of “moving a counter,” and one doesn’t usually even think of moving counters, and one especially would not think that a child would be moving the counter. Still, the narrator gave the wrong interpretation to this stance. We can only be reminded of the wild puns that schizophrenics fall victim to, such as the punning of wise, whys, noble, and no-bill, connections that most others would not notice.

The opening scene, 20 seconds long, started with almost random shots of a parking lot: people walking by, cars pulling in. Because of this, there was a verbal parallel to the visual process upon first seeing a scene and not having a frame to put it in. Not knowing what is going to be relevant, the person tries to note everything that is going on until he or she figures out a frame for the unfolding scenario. Once this frame is constructed for normals, only matters relevant to the story line get mentioned. Because all participants, normal and psychotic, were recounting the story immediately after seeing it, they didn’t all get the correct frame at first. Those who displayed this searching behavior spoke as if their initial narration
was wholly unedited, so that they verbally recounted the visual scanning upon first seeing a scene. Many of both populations started by describing the cars and the people in the opening scene. Note the similarity of the normal opener in 6A to the psychotic one in 6B.

6A. First I saw a parking lot with a lot of cars and I noticed an ice cream shop I think it was a Baskin Robbins store. A woman walked by and another gentleman came from the opposite direction and he walked past the screen and then I noticed a little girl standing outside looking into the ice cream shop...

6B. Okay. There's a lady who was walking toward the car and I forget it she was wa—she walked by the car is what it was and they went past the car and a man walked by a store a Baskin and Robbins sign it was the scene before so wa let's see then one once they went past the man zooming in they they zoomed in on a girl...

There is no substantive difference between these narrations up to this point. The psychotic rendering is more detailed than any normal one was, but still, up to this point, 6B above is well within the bounds of normal.

The differences between populations occurred right after these initial scannings. Once normals zeroed in on the girl staring in the window, they related only those points of action that furthered the plot, typically that the child went home, asked her mother for ice cream, the mother refused her because it was too near suppertime, the father came home, the child asked him for ice cream, the child went back to the ice cream shop and ordered ice cream which she received.

This “zeroing-in” tactic, also a finding in Chafe (1980), is easily seen in the degree of detail in description of characters first seen, such as noting that “a man with a three-piece suit minus the jacket walked by” or that a woman with a shopping bag also walked by. However, such matters were never again mentioned once the narrator got his or her bearings. This was true of normals and psychotics. Not one person mentioned the clothing of either parent, although each was on film far longer than the casual passersby at the outset. Similarly, many carefully described the opening parking-lot scenario but the kitchen, which was important to the plot, received only one mention and that, by a psychotic, commented on color: “There were cur-blue curtains. It was kinda brown the room they’re in.”

This scanning was not the only initial tactic. Some immediately focused
on the girl. Again, the two populations made substantially similar openings. For instance, compare the normal

6C. It began with a girl staring through a window at a Baskin Robbins store

to the psychotic

6D. I seen a little girl looking in the window and she want some ice cream...


After the openers just illustrated, differences between the two populations quickly became evident. Once normals got their bearings, so to speak, they usually followed a strict temporal ordering in narration. They gave the impression of play-by-play description. First this happened, then that, and that, and so on to the conclusion. For example, the following is an exceptionally detailed opening scene by a normal who seemed to have a bit of a problem knowing what to zero in on. His narrative was the most detailed one evoked.

7A. When it first came on a car drove by and then we were looking at the Baskin-Robbins store and another car... As we closed in towards the store the [pause] picture started and stopped, stopped and started² and we saw a man walk by and then came into a little girl no it was a lady walked by then we came in to a little girl standing by a window in a plaid dress and a white, it appeared to be a white, long sleeved shirt. Then we went to a home and it was the same little girl asking her mother if she could have something and then her mother said no, it was too close to supper. Later, she went up to her father who had just walked in the door and asked him if she could have some ice cream which is I guess what she asked her mother and we didn’t hear her father’s answer but then we return to Baskin-Robbins and she walked into the door and ordered some kind of ice it looked like raspberry and um the man she waited for the ice cream cone at this time her shirt appeared yellow. [heh] and the man gave her the ice cream cone, she paid for it and left.

In contrast, psychotics often failed to create an orderly progression. For instance, the following is a psychotic rendering with a detailed
opening. Despite the fact that it is longer than 7A, it does not provide as much detail.

7B. All right. The first thing we see is an ice cream ayuh it could’ve been a shopping center with two cars parked in front or drives up in front and waits get the impression that someone goes [aⁿ] out of the car and walks in front and sees in the window of the same one of these shopping center stores a little girl waiting for some ice cream or something or other because she goes home to her house asks her father for ice cream he says well what the heck give it to her [noowee] Sh-sh- she’s a little daughter so he gets her the coins and she goes up ice cream stand and stands in line³ and gets a giant sized cone and she uh is so happy with her ice cream a simple pleasure but that’s what kids are like these days always have but th- it means that [shinchuer] her parents that she’s [shuh] so proud of she goes out leaves the ice cream 'n eats it and on the way 'n we don't know what happens [smae] the fact. You can interpolate and say that she ate the ice cream and brought it home and said thank you daddy or thank you mummy but she still is her destination is not known in a few minutes and you say that’s just one pen memory in the brain? How does that how does that able to reach that conclusion.

Besides the neologisms, the boldfaced segments are narrating completely impossible temporal sequences. In the second sequence, the action has been flip-flopped. She would have had to take the ice cream home and then eat it. The first sequence involves mutually exclusive occurrences. If the ice cream is eaten it can’t be left, and if it is left then it can’t be eaten if the girl goes out. Notice that the individual items in each phrase are linguistically correct. They just have not been organized correctly into the narrative. Additionally, for all its verbiage, this telling omits the entire scene of the child asking the mother for ice cream, but it does contain matters absolutely undervivable from the video, such as the girl's being proud of her parents. With all its length it shows far less detail of what had transpired than did short normal narratives, like:

8A. I saw a little girl looking into an ice cream store and she went home and asked her mother if she could have some ice cream and her mother said no because it was too close to supper and then she asked her father and her father gave her the money and she went back to the ice cream store and bought some ice cream.
Comparing this with a short narrative from a psychotic, we still see a similar disparity in reporting of detail and the actual events encoded, as in 8B. A little girl wanted things and her mother said no and her father came home and she asked for some ice cream and then she went back to the store and then she ordered some ice cream and the man said thank you.

In 8B, there is no introduction at all. It says that the girl wanted “things” which is not an accurate encoding of the desired commodity. No reason is given for the mother’s refusal. Although the patient did say that the girl went back to the store, nowhere previously did it say that she had been at a store. There is also a strange gap between the girl’s ordering ice cream and the man’s thank you. No little gaps like this occur in normal narratives. In those, the “thank you” might not be mentioned, but the girl’s receiving the ice cream was.

Actually, 8B was very accurate and even detailed for a psychotic narrative. Consider the paucity of:

8C. Well I saw a young lady peekin’ in a win- no lookin’ through the window an’ ‘uh other men passing by and then she went in there an’ she bought some ice cream for herself. Um I really don’t know what else to say um because that’s all I saw.

Although the germ of the story is there, that the young lady bought ice cream, all the other detail is missing. The significance of the men, and what in there refers to are never explained. There’s no plot or purpose to this.

8D. All about ice cream ’n I coulda really went for a cone.... I saw a parked car near an ice cream parlor ’n a little girl wantin’ ice cream her mother refused her but her father gave her the money for it. And she bought the ice cream ’n she was gonna neat it.

Often the poverty of the narrative in terms of what is included and the order of presentation is matched by other disintegrated speech:

9A. A little girl, she’s uh she’s on her own. She’s so [weh] she gets her [ausoh uh uh ow] after she ask her own father if she can go out for ice ice cream and he says eh answers her [shi] dunno and get ice cream for herself ice cream for herself and [ess] pass by [sh wu] and so it all happened [eh] that they’re all happy.... She just cunna’s
cunna get anything home so she's hafta go out on her and get it.
Okay. I'm sorry, I'm sorry. I'm sorry about my speech. [me: your
speech is fine]. I stutter a lot though.
9B. Well I saw it divided up into three segments. First segment was
outdoors. It involved automobiles and a small child and it was kind
of disturbing because to me because I don't like the noises of cars.
The camera was quite shaky um that was sort of disturbing but that's
usually happens with videotape um kinda worried me to see the girl
leaning her head against the glass that's kinda disturbing um only
because I identify with that glass that's kinda disturbing um only
because I identify with that that um the second segment was filmed in
almost an orange very warm sort of color.
9C. What I saw? Uh, a car waiting in front of an ice cream shop a car
drove by a girl looking through a window into an ice cream shop uh
mmm a man a lady walkin' by with groceries [uhnu] when she switched
into a family's house the girl talking to her mother her mother her
father came through the door there were cur- blue curtains 'n it was kinda brown the room they're in uh ask
girl if she don't have ice cream 'n the girl went and bought ice cream.

These psychotic narratives supply detail not germane to the plot and
omit essential ones. The color of the curtains had no relevance to the
story nor did an orange tone in the second segment. The repetitions
about feeling disturbed, the shakiness of the camera, none of these were
made relevant. Even though one narrator said that she identified with
"that," ostensibly with the girl looking in the window, we are not told
why she identifies with that, what import it had.

Some psychotic narratives did manifest detailed tracking, as in

10A. Okay. There's a lady who was ah walking towards a car and uh,
I forget it she walked by the car is what it was okay and then uh it
zoomed in past the car 'n they went past the car a man walked by a
store a Baskin-Robbins sign it was the scene before [laughs] so wa-
le's see. Then once they went past the man they zoomed in on a girl
and the girl looking in a window so wa-from there they were on that
for a while then they switched to the family scene where ah the
lady... I guess the girl was asking the mother for ah some money
for ice cream 'n I guess she didn't give her any 'n her father came in
[shavaw] they switched to the front door they switched to the front door
the girl ran up and asked for some money. I guess he gave in 'n
[laughing] he gave her some money. So wa she ran down to the ice cream store and bought a double scoop of chocolate ice cream.

The difference between this and the normal narratives above, is that the greatest detail occurs at the outset with extraneous matters. Fully half of this is concerned with the lady, the man, and the cars. Even so, it does not encode the opening sequence so that a hearer can form a picture of what happened. It was impossible for anybody not to walk by or towards a car in the crowded parking lot portrayed. Neither walked to any particular car, nor were they shown getting out of cars. We simply see them walking separately. This is encoded as if the focus was on the pedestrians and it wasn’t. For instance, notice that the patient says that “once they went past the man they zoomed in on a girl.” This sounds as if these actions were related and they weren’t. After all opening detail, we are not told what kind of window the girl is looking in, the phrase “switched to the family scene” is a vague encoding. The patient does mention that the girl requested ice cream from the mother, but she is said only to ask her father for money without specifying what for. This is recognizably psychotic, but there is no bizarre imagery; it does pretty much say what was on the video; it is grammatical. It is the narration itself that is perceived as abnormal.

In contrast, in all narratives judged normal regardless of length, the narrator typically tracks the events. Even if undirected visual scanning occurs at the outset, once the participant gets his or her bearing so to speak, the events are encoded as they happened with no crucial part of the story being left out, crucial in the sense of what motivated subsequent action. One normal narrator adjudged psychotic by both raters failed to mention that the girl asked the mother for the ice cream and failed to maintain temporal ordering:

10B. A young girl getting ice cream at a ice cream parlor. Let’s see what are the—and there was a scene with her and her parents. She asked her father if he would give her some money to get the ice cream and before that she was hanging around outside the ice cream parlor. Okay, let’s see. How about she had a yellow shirt on. Whatever. A sort of jumpsuit.

10C was judged psychotic by one of the raters. In part, this may have been because of his faulty tracking:

10C. What I saw was [uh] a young girl looking through uh an ice
cream parlor window I saw her go home to her parents, I guess they were her parents, I saw her go home and ask what I assume to be her parents if she could have an ice cream. I saw her get rejected by one. I saw one give in and gave her money to go get an ice cream cone. She went down she bought it and left.

He starts out correctly saying that first she looked in the window, then she went home to her parents. Then he backtracked and said he guessed they were her parents, and then said he assumed they were. He was the only normal who perseverated on a point. This kind of overprecision is otherwise seen only in psychotics. Like the previous narrator erroneously judged as psychotic, this one collapses the request to "a scene with her and her parents." Notice that neither of these encodes error. "Asking parents" certainly would be an acceptable paraphrase of a child's asking first one parent and then the other, but in this task, hearers apparently expect certain kinds of orderly encoding of events. As we shall see with misperceptions, it is not truth per se that causes speech to be judged normal or abnormal, but structure.

All other normals said that the girl wanted ice cream, asked her mother for some, was refused, asked her father, and then went back to the store to buy her ice cream. The only point of difference in this tracking of events was whether or not the narrator mentioned that the father must have given the child money. Apart from the two exceptions mentioned above, if normals evinced a gap it was that they simply didn't mention if the father gave her the money. For instance:

10D. I saw [uh] a young girl enter the kitchen ask her mother if she could have an ice cream cone and the mother says no it's too close to your dinner and she walked out of the room and a moment later her father walked in from work an' she says to her father, "Can I have an ice cream cone?" and the next sequence showed her walkin' into an ice cream parlor an' buying the ice cream cone and walkin' out.
10E. ... her father walked in from work and' she says to her father, "Can I have an ice cream cone?" an' the next sequence showed her walkin' into the ice cream parlor ...  
10F. ... she asked her father who she bumped into? As he walked through the door same question he didn't answer [ah ne] it all it does show her go walking into the ice cream stand ...

These gaps are exact renderings of the video in which the child asks for ice cream, but the father's response is not given. Six normals encoded
the gap, but since it was a factual tracking of the video, none were judged psychotic.

Another apparent exception to temporal ordering in a normal seems to have been a slip of the tongue. One subject said, “He [her father] stuck his hand in his pocket and then the film ended,” but then proceeded to describe the girl going back to the store and buying the ice cream. Apparently, what this subject was encoding was that the scene in which the father is seen putting his hand towards his pants pocket is abruptly cut off. She did not mean that the narrative was through. She was rated normal by both judges and her narrative conformed to the normal ones in every other way.


Both normals and psychotics produced glitches which interrupted the flow in the narratives. Fromkin’s (1975) assertion that schizophrenic error is not different from normal error was not borne out as there were three categories of glitching produced only by psychotics, and one produced only by normals. Both populations started a word, broke off, and then restarted as in

START-RESTART

11A. f-f-for
11B. she we-went
11C. the way the way they did that either.

but only normals started a phrase, broke it off to insert a prior event or a comment on their word choice and then resumed the phrase as in (underlining shows interrupted phrase and its pickup. Boldface is interruption):

COMMENT-CORRECTION

12A. and then she — her father came home from work, whatever — she asked her father for money.
12B. and a white — it appeared to be white — long-sleeved shirt
12C. so when her father came home — or the man who came in the door I thought it was her father — came in the door.

In contrast, if psychotics broke off in the middle of a phrase, they never picked it up, creating strange syntactic gapping.
Both populations evinced false starts but only the psychotic ones were unrelated to the ultimate selection of words as in

12D. he ch- told where to go

Some of the neologizing and gibberish below could also be counted as evidence of such unrelated false starting. In contrast, normal false starts could be seen to be self-correction, as in

12E. she-we saw
12F. it looked like a chocolate su- a chocolate ice cream cone

The first involved a correct pronoun change, and in the second, the speaker apparently started to say *sundae*, but corrected it to the proper word *cone*. The perceptual error of calling the ice cream chocolate was one made by many normals, none of whom corrected it.

Only psychotics produced words which rhymed with the apparent target, as in

13A. he twitched through the door.
13B. that’s all I can stew

The *twitch* was probably intended to be *switched* as it was a reference to the camera action and the *stew* was apparently a misretrieval for *do* as it ended the narrative.


Neologizing and gibberish occurred in psychotic narratives, although one normal also produced a short stretch of gibberish. Given the constraints on the task this was not wholly expected. Actually, there were no neologisms comprised of recognizable morphemes, such as *puterience* or *plausity*. All of the examples here could as easily be called neologisms or gibberish. What occurred is a stretch that sounded like a short word in an otherwise comprehensible passage or two or three syllable stretches. We have already seen some of these like *kif* in 4 above. This is unusual in that there were few other such errors in that narrative. Typically, non-words like [a"soh uh uh oʊ], [shi], [ess], [sh wu] [cunna’s cunna] were produced by patients who displayed other lexical problems as in

14A. a little girl taking a *dit* asking for ice cream from her mother her says says that it’s too close to dinnertime so she goes to her father an’ asked if she can have then goes to the ice cream *place* and orders a double scoop of *something* which I didn’t understand just taking
efu taking control away from her mother asking mm asking her father fsh if her father said no she should've gone to her mother.

Besides the obvious neologizing, dit, efu, and fsh, we see nonaccurate lexical choice or circumlocution as in speaking of the ice cream place, rather than parlor or shop, and something which I didn't understand instead of a cover term like "ice cream." (See sec 10 for syntax error.) The patient above who said [shinchuer] and [smæ] showed other not quite normal lexical choices such as "she's a little daughter."

There was even one normal lapse into gibberish

14B. So therefore she etuh she ed she listened.

Even though this normal produced these apparent neologisms in her two false starts, she recouped almost immediately finishing the construction she had stumbled on. In all other respects her narrative was normal. It encoded the events correctly. Given her recouping here, this is more like the COMMENT-CORRECTION of normals seen above. She starts out with an error but is able to go back to the target utterance despite the interruption. There is still control.


There were three other problems with lexical choice. The first involved selection of words that rhymed with the apparent target word, but bore no semantic similarity with it, as in 13A—B above. The second was inexact wording, using a HYponym, the general classification under which the word falls, rather than the exact word for the meaning. The third consisted of selecting several words to add up to a target word. These typically overinflated what was intended.

The use of hyponyms is illustrated by subjects who said that the girl wanted things or something rather than saying she wanted ice cream fell into this category. The one normal who did this, in A above, recouped later on in the narrative, indicating that he realized his error, by saying she asked her father for ice cream "which is I guess what she asked her mother." In contrast, vague wording by psychotics did not get corrected. Notice the misencodings of

15A. What I saw. Uh a car waiting in front of an ice cream shop a car drove by a girl looking through a window into an ice cream shop uh mmm a man ... a lady walking by with groceries [uh’n nu] when she switched into a family's house the girl talking to her mother her
mother setting dishes her father came through the door there were cur- blue curtains 'n it was kinda brown the room they're in uh ask girl if she din't have ice cream 'n the girl went and bought ice cream.

Notice the inexact wording. The scene changed to “a family’s house.” It is usually assumed that families reside in houses so that one doesn’t qualify by specifying that. The opposite occurrence, a house occupied by persons other than a family, is the one that has to be specified, even with today’s current changes in family life. This improper specification is matched by the fact that the narrator uses the indefinite article a rather than the specific her in introducing the house. This is as much a syntactic error as a lexical one as the grammar of English requires that a marker of old information, such as a personal pronoun or the, introduce an item or location belonging to some one who has been introduced. Then, the narrator encodes the girl’s request to her mother as “talking to her mother.” Nowhere is it mentioned what she is talking about. Another patient made an analogous error:

15B. He says well what the heck give it to her [nooee] sh-she's a little daughter.

Strictly speaking, all girls are little daughters, but usually, when someone mentions a little daughter they precede it by a possessive, such as saying that Betty is “Max’s little daughter” or that the girl over there is “my little daughter.” Other than that, one might say of someone else’s child, “she’s like a little daughter to me,” but the plain unvarnished “she’s a little daughter” is not usual.8

Some psychotic lexical choices are reminiscent of mild anomic aphasia.9 For instance, when the child pays for her ice cream, one patient encoded this as

15C. The cash register man handled the financial matters.

Calling a clerk a “cash register man,” although readily understandable, spreads the semantic features adhering to clerk over too many words. Using such a roundabout phrasing implies that the “cash register man” is not a normal clerk. In this instance, such special implications were not appropriate. The clerk behind the counter who dipped the ice cream was in every respect an ordinary young male clerk. Similarly, handling financial matters refers to transactions far more glorious and important than ringing up the sale of an ice cream cone.
Another patient, C.T., couched the act of the father's giving the child money thusly:

15D. He says “well, what the heck give it to her [nooee] she's a little daughter so he gets her the coins . . .”

To speak of getting the coins implies that one is fetching some coins of great value or those in a coin collection. The father gives her change or money.

C.T., the patient who uttered both 15B and 15D above also created several neologisms indicating that he had a general problem in lexical retrieval. He frequently used literary words, such as saying

15E. You can interpolate and say that she ate the ice cream and brought it home and said thank you daddy thank you daddy or thank you mummy but she still is her destination is not known in a few minutes.

In such a narrative, one would expect “I'm not sure she went home.” both the word destination and the passive voice is not known are the wrong register for the situation. Although this patient spoke copiously, his speech was larded with such inappropriate phrasings. A straightforward misencoding occurred as he was setting the scene

15F. All right. The first thing we see is an ice cream [ayuh] it could've been a shopping center with two cars parked in front car drives up in front and waits get the impression that someone goes out of the car and walks in front and sees in the window of the same one of these shopping center stores a little girl waiting for some ice cream or something or other . . .

The girl is looking in the window, but she is not in the window. Notice also the inappropriate reference to the “same one of these shopping center stores.” He has not singled out which store that is. The same one can only refer back to a previously mentioned item. This is clearly a circumlocution, again evidence of his difficulties in lexical selection.

An analysis of these wordings as being evidence of a linguistic deficit is reinforced by his frequent neologizing and his grossly misordered sequences. It was also C.T. who said

15G. . . . that's what kids are like these days always have but th- it means that [shinchuer] her parents that she's so proud of she goes out leaves the ice cream 'n eats it on the way 'n we don't know what happens [smē] the fact . . .

However we wish to term it, the undeniable fact that emerged from this study was that psychotic speakers do show genuine disruption in syntax. Because, as we have seen, the borders of language tend to be fuzzy, certain errors can be assigned either to the lexicon or to the syntactic system. Those mentioned above dealing with choice of indefinite or definite noun determiner are cases in point. If a patient uses an *a* in lieu of a correct *the* or *my*, it is true that he or she selected the wrong word, but it is equally true that he or she failed to use the proper syntactic marking for indicating definite versus indefinite mention.

Apart from these fuzzier matters, however, psychotic narratives showed agrammatisms, hard instances of agrammatism. For instance, let us reprise from C.T.'s narrative:

- ... that's what kids are like these days always **have** but th- it
- ... she still is her destination is not known in a few minutes.

In the first of these, C.T. has not completed the construction started with *have*. There is no prior phrase to which this is anaphoric reference. Similarly, in the second the *is* requires an adjective, noun or verb to complete it. Again this is not anaphoric reference. There is no hesitation or backtracking in either of these to indicate that the speaker has started to say something and then has changed his mind. The patient simply starts the construction and changes to a different one with no warning or later correction.

This kind of error, what I call *syntactic gapping* occurred only in psychotic patients. This is another category of error not produced by normals, again proving that Fromkin is in error in her claim that schizophrenics evince the same errors as normals. Not surprisingly, the gapping occurred in patients who evinced other linguistic disabilities like neologizing, imprecise lexical retrieval, and misordering of temporal events. Other examples are

- he was blamed for and I don't think that was fair the way they did that either
- what are the and uh there was a scene
- and asks if she can **have** then goes to the ice cream place.
- Another car **pulls** and then a little girl is peeking... .

It must be emphasized that errors like these were not only exclusive to psychotics, but the sentences in which they occurred were said as if
nothing had been omitted. There was no break in intonation or stress, but a vital word to a syntactic construction was never uttered. In contrast to this kind of gapping there exist devices for starting a syntactic construction, then before completion abandoning it and starting anew. We see the difference in the reprise of:

I saw a movie with a girl and she wanted ice cream and it wasn't really ice cream she wanted, it was uh she ordered frozen grape ice, a double order, and her mother said no and her father said no and it seemed like she defied them and went for it anyhow.

The speaker started to say "it was.." This could have been the comment on the previous sentence, as in "it wasn't really ice cream she wanted, it was grape ice." He indicates that he is breaking off to rephrase the sentence by the \textit{uh} followed by a pause. Then he restarted with another whole sentence which fit the context including the observation that she didn't want ice cream. In contrast, in the gapping above, there were no pauses to indicate a rephrasing and what follows is not a new phrasing. It just continues as if the prior constructions were complete.

Both normals and psychotics evinced a less disruptive kind of syntactic error.

16 ... he charged it for her
17... it's too close for dinnertime
18. ... two three minutes for get waited on (see 20 below)
19. There was and when she got home there was too near suppertime.

The first of these, from a normal, was simple reversal of words. It should have been "he charged her for it." The next two both substitute for for to. This is not so surprising as it might appear at first blush. \textit{For—to} together constitute the infinitive after some verbs,\textsuperscript{10} as in "I would love for you to come." In 16 and 17 the \textit{for} is not grammatically correct, but it is easy to see that this is a typical slip-of-the-tongue error of substituting one word in a set for another. 16 was said by a normal and 17 by a psychotic. The last, 19, was said by a psychotic. Both \textit{it} and \textit{there} can function as dummy subjects as in "it's raining out" and "there are napkins on the table." Unlike \textit{for} and \textit{to}, however, they never occur in the same construction. Complex syntactic rules determine which can be used in a given instance.

Some patients displayed common errors in pronoun selection of the kind prevalent in slips of the tongue.\textsuperscript{11} However, when this occurred in
psychotic narrative, it typically persevered over a stretch of several references. The underlining shows the wavering between pronoun choices.

20. I seen a little girl looking in the window 'n ah say wan' some ice cream but didn’t have money to get it so she asked her mother 'n her mother said not now because it's too near suppertime uh the kid was put down so he goes to the father 'n the father ch-told where to go 'n gave him the money so she could buy ice cream. While she was in the ice cream parlor she was sittin' there waitin' for somebody to get—musta waited two three minutes for get waited on a place like that should have it all the time soon as she comes in the door. Then finally she got the ice cream. She was happy 'n that's the way it is.

Again this passage shows how difficult it is to discuss a level of syntax separately from one of semantics and lexical choice. The incorrect pronoun usage can be viewed as opposite speech which we think of as a problem of lexical choice. Another example of undeniably opposite speech in 20 occurs when the speaker said the girl was sitting there. She was actually standing there. The boldfaced segments highlight other deviations here: a syntactic error, and another improper lexical choice. Unless one is specifically giving directions, usually in response to a question, telling another where to go usually means you have been refused roundly.

One patient with speech disintegrated to the point of gibberish also produced word salads. Underlined words indicate faulty pronoun reference, another semantic-syntactic category:

21. Okay. I was watchin a film of a little girl and um s bring back memories of things that happened to uh people around me that affected me durin' the time when I was livin' in that area and uh she jus' went to the store for candy bar and by the time ooh of course her brother who was supposed to be watchin' wasn't payin' much attention he was blamed for and I didn' think that was fair the way the way they did that either so that's why I'm kinda like askin' yah could we just get together and try to you know work it out all together for one big party or something ezz it hey if it we'd all in which is in not they've been here so why you jis now discoverin' it. You know they they've been men will try to use you every time for everything he wants so ain't no need and you tryin' to get upset for't that's all that's all.
This, of course, fails on every level. The narrative tracking is off. Personal memories intrude on the narrative. Very little of what was seen in the film ever gets encoded. There is syntactic gapping (he was blamed for and I didn't think . . .), gibberish, word salad. Generally, narratives deviant enough to manifest severe syntactic and lexical retrieval problems are those which manifest about every other evidence of disintegrated discourse abilities.


One unexpected finding was that normals do about the same amount of misperceiving as do psychotics. The differences lie both in the order of scanning the memory which seems to underlie narrative production, and the kinds of misperceptions which each group had. This last was partially a result of the first.

The misperceptions of the two populations were almost mutually exclusive. Misperceptions by normals arose out of their summing up the action in order to get a smooth, logical progression of activity, all subordinated to what was apparently seen as the central theme: the girl’s desiring and then getting ice cream. Hence, many normals, but not psychotics, reported that the father as well as the mother refused the child. The story could be told either way. Normals ignored the mother’s affectionate and kind refusal. Rather, it became converted to a flat, even unpleasant, denial of the girl’s request. It was this scene that caused one normal to say that the child was “rejected by one [parent].” Another reported the mother as giving an abrupt “nope.” What is essential for the overall story line is that the mother refused the request, or else there was no reason for the girl to ask her father. Therefore, normals not only said that the mother refused, but they grossly misrepresented the character of the refusal. One normal even misinterpreted the father’s putting his hand in his pocket as a specific gesture:

22 . . . she asked her mother if she could have some ice cream and the mother said not it’s too near supper so then the girl’s father, I assume it was came home and she asked the father the same question and he sa— . . . He didn’t actually say but he gave the gestures for no and the next scene was the little girl went to an ice cream store and she ordered a double grape ice and the man gave it to her
and she paid the man and he said “Thank you come again,” and she left the store.

Similarly, it made no difference to the story exactly what flavor ice cream the girl gets, so normals did not seem to process the clearly enunciated “double grape ice” in the videostory. So far as the central storyline goes, it makes no difference if the mother is preparing dinner rather than setting the table. Consequently, a normal misperceived this sequence as well.

Two normals misperceived the white cases barely visible through the window which the child was looking into in the opening scene. One termed the store a deli, and the other thought it was a laundromat. Although the cases do look like those in delicatessen’s or laundry equipment, it was surprising given the entire videostory that they did not perceive that she was looking at ice cream cases, especially given the normals’ penchant for fitting the facts to the perceived story. However, even these errors did not mar the storyline. Neither of these misperceptions caused a rating of psychotic. In sum, normals do misperceive even in such a short and simple task as this was, but their misperceptions fit into the gist of what they assume the story to be about. It is as if normals first figure what the point of the story is, and then fit facts in to suit.

Psychotic misperceptions, although no more frequent than normals, are far more disparate. Sometimes in what appear to be psychotic misperceptions, we are not sure if the patient is hallucinating, accidentally accessing chance associations to the target utterances, or simply is suffering from difficulties in lexical retrieving. For instance, in 2A, the manic narrator says that the girl is looking in a trashcan, a statement repeated the next week on recall. There is no way to know if he was actually hallucinating this, but it seems unlikely because he says, “This little girl was looking in the store was looking in a trashcan or something.” The “or something” indicates that he was not discussing a hallucinatory trashcan, but that he could not recall what she was actually looking into or that he had not registered that information or couldn’t think of the correct word. This usage of “or something” is frequently used to indicate that a word just selected is not quite on target. Alternatively, the word *trashcan* might have been a syntagmatic association. The phrasal verb *looking in* can be completed by *trashcan*, although it does seem quite
farfetched. Although one can look into a trashcan, looking into windows and stores is far more likely.

The patient who reported the father’s question as asking the girl if she had ice cream, was a clear misperception. The girl did the asking and she didn’t ask if anyone had any. She asked for ice cream directly.

Another misperception of dialogue seems responsible for

23. Ummm. First one car pulls up near an ice cream parlor. Another car pulls ’n then a little girl is peeking in a ice cream parlor ’n’ then later after that the little girl is at home and she asked her mother she wants to eat supper and her mother says it’s too early. Then her father walks in and she says, “Hello Daddy”12 an’ the next thing she goes back to the ice cream parlor an gets the ice cream and walks out and meet her friends waitin’ for her.

The misperception of what the girl asked is especially blatant since it does not cohere with any of the action at the ice cream parlor. In contrast to the normal misperceptions, this did not fit in with any overall action. Indeed, the misperception disrupts the story.

When a psychotic encodes the child’s request to her parents as “She talked to her mother and father,” we do not know if he actually saw the child conversing with, but not requesting anything from, her parents. Whereas requesting is a form of talking, still talking is not a usual synonym for it. It is as if the patient hit upon a hyponym under which requesting or asking is categorized, but did not quite get to his goal. Similarly, some psychotics spoke of the “candy store” rather than the ice cream store. Interestingly, in Rhode Island, one does not buy ice cream at a candy store. One purchases it from a dairy, creamery, ice cream parlor, supermarket, variety store, or spa. Only gourmet candy is bought at a candy store. Every one of the subjects who substituted candy store for ice cream parlor came from Rhode Island, as did all but one who said the girl was going for a candy bar instead of an ice cream cone, and she seems to have been speaking of a hallucinatory girl with a baby. Whether those who spoke of a candy store and candy bars misperceived or simply made lexical errors could not be determined.


In sum, although both normals and psychotics were astonishingly prone to errors even in such a simple task, this study verified that there
are distinct differences in the kinds of errors each produces. Only psychotics manifested syntactic gapping. They alone generated word salads and made slips of the tongue based upon words rhyming with their targets. With only one exception, it was they who produced neologizing and only they uttered false starts with elements unlike those that followed. They alone produced narratives with events misordered, cause and effect reversed, and interpolations of personal memories and conjectures not germane to the film.

Only psychotics created unusual, almost literary circumlocutions as in "he gets her the coins" and "the cash register man handled the financial matters." Unfortunately, these were their only felicities. The other features peculiar to psychotic narratives were disruptive, not creative. Psychotic speech was not indicative of exceptional creativity as posited by Forrest (1976) and Lecours and Vanier-Clement (1976). So infelicitous were all the other features of psychotic narrating that the few unusual circumlocutions seem to have been accidental, a result of a general difficulty in getting the correct word for the situation. These fortuitous circumlocutions were overshadowed by opaque unbeautiful meaninglessness of the rest.

In sum, it was found that psychotics produced error at almost every level of speech: word formation, sentence production, and narrative production. With the exception of cohesive ties, their errors and those of normals were almost entirely mutually exclusive. Their speech was characterized by a general deficit in ability to order and to organize. There were individual differences among the patients in the levels of speech that were affected as well as in the severity of disruption, but the general pattern was the same for all. Those normal narratives judged psychotic shared one or more of these features, although no normal failed to complete the telling of the events of the narratives. Normals always were able to recoup.

Normals organize their narratives far more tightly than do psychotics, utilizing temporal order and attempting to reproduce the details of what they have seen. Although they do display linguistic errors, their target is easily retrieved by hearers. Not surprisingly, normals are both capable of self-correction and likely to indulge in it. Where they err in reporting events, they do so because they produce a coherent whole, so that they fit the facts to what they perceive to be the central issues in the story. They also suppress personal associations to events depicted. They did not comment on the outcome of the story nor did they “remember” personal
events. Interestingly, several normals at the end of the taping commented that they used to play one parent off against the other as did the girl in the film, but none told me this as part of their narrative.

In contrast, psychotics were often unable to repress internal stimuli, such as the patient who introduced the narrative with "All about ice cream 'n I coulda really went for a cone." Shortly thereafter the patient said "neat" for eat. Another correctly said the girl got a cone of double grape ice and then interpolated, "my favorite flavor." Only psychotics commented that they were happy that she got her ice cream or even that she was happy. Only psychotics mentioned that certain things disturbed them or got them angry. C.T., to use his own word, interpolated all kinds of comments about what kids are like these days, the girl's pride in her parents, and her probable "thank you's" to "mummy and daddy."

Typically, the more such extraneous matters intruded, the more disrupted the entire narrative was. C.T.'s was the one with the bizarre temporal misorderings as well as neologisms and other disruptions in lexical retrieval. In the most disrupted narratives, personal memories blended with the events on the screen, as in the narrative that spoke of "memories of things that happened to uh people around me that affected me durin' the time when I was livin' in that area and uh she jus' went..." Where the area was; who "she" was, indeed, the entire leaping from one event to another with lapses into word salad and neologizing show a total lack of organization and of repression of matters extraneous to the matter at hand. Because of their inability to filter out stimuli not relevant to the task at hand and to organize, psychotic misperception, unlike that of normals, does not form a coherent narrative.

Their deviations were not what Lecours and Vanier-Clement call "plus deviations." They were almost all "minus deviations" hindering comprehension and/or failing to encode the story. Because in a variety of ways they showed that they were trying to narrate it, one can conclude that they were not always able to say what they meant. This argues for disrupted speaking skills. This disruption includes hard instances of agrammatism. Moreover, such instances were not at all difficult to find even in a short task given to short-term patients.

We can characterize a general dysfunction caused by a generalized lowering of constraints in speech activities. It is possible, indeed it does happen, that in some psychotics, at least some of the time, the lowering of constraints can be controlled enough to produce artistic endeavors like the wildly creative poetry of a patient reported on in Hallowell and
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Smith (1983), for instance. In one of those, the patient describes his terror as being like a plummeting toward acid and spikes, cobra spears, and tiger-hunting forks, and he says that he is impaled upon a dozen blades. As vivid and really wild as some of his imagery is, it is all in control, all subordinated to his description of his feelings. Furthermore, this poem is appropriately rhymed and was written down by the patient, correctly spelled and lined up as poetry on the page. However, this certainly is not the usual psychotic speech. As we have seen in the Ice Cream Stories, the problem is that the productions are not subordinated to form or to a coherent meaning. They are not controlled, and control is the essence of art and of ordinary communication.

Many theories advanced for the oddities of schizophrenic speech have discussed its strange associational character, including this mix of memories with other verbal output. Terms like "filtering defects," "faulty pigeonholing," "attentional deficits," and "weakening of constructs" have all been used both as explanation of the cause of such language and as a description of it. All of these terms seem to be referring to the same phenomena. This study indicates that schizophrenic and manic narration is marred by intrusions from personal memory, such that it seems to be suffering from "faulty filtering" mechanisms. It should be stressed, however, that other terms might be—and have been—used to label the same phenomena. In short, the Ice Cream Stories support the model of disrupted speech with the analogous disruption in visual tracking as discovered by Holzman.

Notes

1Mass nouns are those which cannot be counted. That is, one cannot say "one trash," "two trashes." Also, if one puts some in front of a mass noun, the noun remains singular, as in "some trash." With count nouns, if one puts some in front of them, they become plural, as in "some apples."
2He was referring to the rather jerky camera action at the outset of the video. It literally did stop and start.
3There is no line
4This was a neologism
5There was no switch to the front door. The father clearly entered by the kitchen door clearly visible in the room.
6This subject was exceptionally nervous when recounting the narrative. He gripped the tape recorder tightly, was flushed, and appeared unsure of himself. Since he had volunteered for the project, his behavior was inexplicable. Normal
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participants were not asked if they had schizophrenic or otherwise mentally ill family members, but studies have shown that people genetically at risk for schizophrenia do show abnormalities in speech similar to schizophrenics. Whether or not this person is at risk I do not know. As we saw in the last chapter, Rochester and Martin also found that they got some highly deviant passages from normals.

7 She actually walked up to the father and made body contact with him as she makes the request.

8 A similar phrase is fine, however, as when one says “she’s a little sister” or “she’s a little lady” when explaining someone’s role behavior.

9 Notice that I am not claiming that the patient does have anomic aphasia; only that his or her wording is like that.

10 This is a matter of dialect as well. Some dialects use both the for and the to where others would be more likely just to use the to. I would be more likely to say, “I’d love you to go.” Either encoding seems to be equally socially correct and all English speakers at some times at least would use both for and to.

11 We have to exclude here the confusion between the gender marking on English pronouns by native speakers of languages like Chinese and Filipino. Because these languages use one pronoun for all genders in the singular, speakers often confuse he, his, she, and her. Lest the English speaking reader feel superior, I must point out that English shows no gender marking in the plural.

12 The patient’s voice dropped and she adopted a very seductive tone and elongated the words “hello Daddy.”

13 This is not a claim that psychotics are the only population who ever produce these. In more open-ended situations, more exciting or fatiguing ones, or amongst other impaired populations, we might find these as well. In this situation, one which required narration of a relatively simple and short (124 second) videostory, only psychotics omitted head words of constructions.