

2.1 Psycholinguistics

The former, micro linguistics, focuses on the structure of language e.g., phonology, morphology, syntax, semantic, and pragmatic. The later, macro linguistics, focuses on the relation of language with other studies e.g., sociology, psychology, neurology, etc. From this combination of studies some new inter-discipliners are appeared, such as sociolinguistics; studies the relation between language and society i.e. how social factors influence the structure and use of language, neurolinguistics is the study of language processing and language

Scovel (1998: 4) defined psycholinguistics as the study of the normal and abnormal use of language and speech to gain a better understanding of how human mind functions. In his book *psycholinguistics* (1998) he examined research questions on psycholinguistics in four sub-fields: (1) how are language and speech acquired? (2) How are language and speech produced? (3) How are language and speech comprehended? And finally, (4) how are language and speech lost?

From some definitions above, it can be concluded that psycholinguistics is a relatively new subject of linguistics due to the fact that it involves not only language study but psychological aspects as well. Study of the mental processes involved in the comprehension, production, and acquisition of language. Traditional areas of research include language production, language comprehension, language acquisition, and language disorders.

In a world of psychiatry, thought disorder is a term used to explain a pattern of disordered language use. It explains a continually disturbance to conscious thought and this is classified by its effects on speech and writing. Eugene Bleuer, the person who named schizophrenia held that its defining the characteristic of the thinking process.

In schizophrenia, Bleuer (1911) regarded schizophrenia as a disorder of the associations between thoughts, characterized by the process of consideration, displacement and faulty of symbols. In consideration, two ideas with something in common are blended into one false concept, while in displacement one idea is used for an associated idea. And in the faulty use of symbol involves using the concrete aspects of the symbol instead of the symbolic meaning.

Schizophrenia is a serious mental illness that have an affects a person's thoughts, behaviour, moods, and ability to work and relate to others. Many people with schizophrenia hear or see things that are not really there, have strange beliefs

Thompson (2007:33) says that schizophrenia can affect severe condition in an individual's life, such as difficulty in managing money, self-injury, impaired learning or memory, and disapproval in everything he or she dislike. In this case, the sufferer with schizophrenia will have episodes of acute psychotic symptoms, especially having the disturbances in mood, thinking, and behavior. The psychotic symptoms may affect the sufferer in losing contact with the reality. Thompson (2007:33) explains further that the psychotic symptoms are primarily characterized by hallucinations, delusions, and disorganized thought patterns. These explanations are as follows.

Schizophrenia often interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others. Schizophrenia is not caused by bad parenting or personal weakness.

The people who have a schizophrenia disease or called schizophrenic, they can speak continuous without can be understood by other people. The language

The people who have a schizophrenia disease are isolating their mind and less communication with the outside world, but the activity in internal world (speaking in their mind) so crowded. Therefore, schizophrenia verbal expression disturbance in this step, have inability to speak with a public.

2.6 Schizophrenia Speech

Those 18 types of schizophrenic speech are: poverty of speech, poverty of content of speech, pressure of speech, distractible speech, tangentiality, derailment, incoherence, illogicality, clanging, neologism, word approximations, circumstantiality, loss of goal, perseveration, echolalia, blocking, stilted speech, and self-reference. And for addition, the researcher use the theory of Ginsberg

about types of schizophrenic speech. The types of schizophrenic speech between Andreasen and Ginsberg theory is almost the same, but there are some different of both, such as : flight of ideas and irrelevant answer.

a) Poverty of speech

Poverty of speech is a delimitation in the amount of spontaneous speech, so that replies to questions tend to be brief, concrete and unelaborated. Unprompted additional information is rarely provided. Replies may be monosyllabic, and some questions may be left unanswered altogether. When confronted with this speech pattern, the interviewer may find him/herself frequently prompting the patient to encourage elaboration of replies.

Example from Andreassen (1979: 1318):

Interviewer : “Do you think there’s a lot of corruption in government?”

Patient : “Yeah, seem to be”.

Interviewer : Do you think Haldeman and Ehrlichman and Mitchell have been fairly treated?"

Patient : “I don’t know”.

Interviewer : “Were you working at all before you came to the hospital?”

Patient : “No”.

Interviewer : “What kind of jobs have you had in the past?”

Patient : “Oh, some Janitor jobs, painting”.

Interviewer : “What kind of work do you do?”

Patient : “I don’t. I don’t like any kind of work. That’s silly.”

Interviewer : “How far did you go in school?”

Patient : “I’m still in 11th grade.”

Interviewer : How old are you?

Patient : “Eighteen.”

b) Poverty of content of speech

In poverty of content of speech, although replies are long enough so that speech is adequate in amount, it conveys little information. Language tends to be

Example from Andreassen (1979: 1318):

Patient : “Ah one hell of an odd thing to say perhaps in these particular circumstances, I happen to be quite pleased with who I am and many of problems that I have and have been working on I have are difficult for me to handle or to work on because I am not aware of them as problems which upset me personally. I have to get my feelers way out to see how it is and where that what I may be or seem to be is distressing, too painful or uncomfortable to people who make a difference to me emotionally and personally or possibly on an economic or professional level. And I am I think becoming more aware that perhaps on an analogy the matter of some who understand or enjoy loud rages of anger, the same thing can be true for other people, and I have to kind of try to learn to see when that’s true and what I can do about it.”

Pressure of speech is an increase in the amount of spontaneous speech as compared with what is considered ordinary or socially customary. The patient talks rapidly and is difficult to interrupt. Some sentences may be left uncompleted because of eagerness to get on to a new idea. Simple questions that could be answered in only a few words or sentences will be answered at great length, so

that the answer takes minutes rather than seconds, and indeed may not stop at all if the speaker is not interrupted. Even when interrupted, the speaker often continues to talk. Speech tends to be loud and emphatic. Sometimes speaker with severe pressure will talk without any social stimulation, and talk even though no one is listening. If a quantitative measure is applied to the rate of speech, then a rate greater than 150 words per minute is usually considered rapid or pressured.

d) Distractible speech

In distractible speech, during the course of a discussion or interview, the patient repeatedly stops talking in the middle of a sentence or idea and changes the subject in response to a nearby stimulus, such as an object in a desk, the interviewer's clothing or appearance, etc.

Example from Andreassen (1979: 1318):

Patient may say: “Then I left San Francisco and moved to... Where did you get that tie?” it looks like it’s left over from ‘50s. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba diving?”

e) Tangentiality

In tangentiality, patient replies a question in an oblique, tangential or even irrelevant manner. The reply may be related to the question in some distant way. Or the reply may be unrelated and seem totally irrelevant. In the past, tangentiality has been used as roughly equivalent to loose associations or derailment. The concept of tangentiality has been partially redefined so that it refers only to questions and not to transition in spontaneous speech.

Example from Andreassen (1979: 1319):

Interviewer : “What city are you from?”

Patient : “Well that’s a hard question to answer because my parents. . . . I was born in Iowa, but I know that I’m white instead of black so apparently I came from North somewhere and I don’t know where, you know, I really don’t know where my ancestors came from. So I don’t know whether I’m Irish or French or Scandinavia or I don’t I don’t believe I’m Polish but I think I’m I think I might be German or Welsh. I’m not but that’s all speculation and that’s one thing that I would like to know and is my ancestors you know where where did I originate. But I just never took the time to find out the answer to that question.”

f) Derailment

Derailment is a pattern of spontaneous speech in which the ideas slip off the track on to another one that is clearly but obliquely related, or on to one that is completely unrelated. Things may be said in juxtaposition that lack a meaningful relationship, or the patient may shift idiosyncratically from one frame of reference to another. At times there may be a vague connection between the ideas; at others, none will be apparent. Perhaps, the commonest manifestation of this disorder is a slow, steady slippage, with no single derailment being particularly severe, so that the speaker gets farther and farther off the track with each derailment, without showing any awareness that his reply no longer has any connection with the question that was asked.

Derailment differs from circumstantiality in that each new subject is only obliquely related or even unrelated to the previous one and is not a further illustration or amplification of the same idea or subject. It may lead to loss of goal, but the speaker may also realize that he has gotten off the track and return to his original subject, and this should also be considered derailment.

Example from Andreassen (1979: 1319):

Interviewer : What did you think of the whole Watergate affair?"

Patient : “You know I didn’t tune in on that, I felt so bad about it. I said, boy, I’m not going to know what’s going on in this. But it seemed to get so murky, and everybody’s reports were so negative. Huh, I thought, I don’t want any part of this, and I was I don’t care who was in on it, and all I could figure out was Artie had something to do with it. Artie was trying to flush the bathroom toilet of the White House or something. She was trying to do something fairly simple. The tour guests stuck or something. She got blamed because of the water overflowed, went down in the basement, down, to the kitchen. They had a, they were going to have to repaint and restore the White House room, the enormous living room. And then it was at this reunion they were having. And it’s just such a mess and I just thought, well, I’m just going to pretend like I don’t even know what’s going on. So I came downstairs and ‘cause I pretended like I didn’t know what was going on, I slipped on the floor of the kitchen, cracking my toe, when I was teaching some kids how to do some double dives.”

g) Incoherence

This type of language disorder is relatively rare. When it occurs, it tends to be severe or extreme, and mild forms are quite uncommon. It may sound quite similar to a Wernicke's aphasia or jargon aphasia; in these cases, the disorder should only be called incoherence (thereby implying a psychiatric disorder as opposed to a neurological disorder) when history and laboratory data exclude the possibility of a known organic etiology and formal testing for aphasia gives negative results.

Incoherence often is accompanied by derailment. It differs from derailment in that the abnormality occurs at the level of sentence, within which words or phrases are joined incoherently. The abnormality in derailment involves unclear or confusing connections between larger units, such as sentence or ideas.

“I’m not trying to make noise. I’m trying to make sense. If you can make sense out of nonsense, well, have fun. I’m trying to make sense out of sense. I’m not making sense (cents) anymore. I have to make dollars.

j) Neologism

Neologisms are new word formations. A neologism is defined here as a completely new word or phrase whose derivation cannot be understood. Sometimes the term ‘neologism’ has also been used to mean a word that has been incorrectly built up but with origins that are understandable as due to a misuse of the accepted methods of word formation. For purposes of clarity, these should be referred to as word approximations.

Example from Andreassen (1979: 1320):

*Patient may say: "I got so angry I picked up a dish and threw it at the gashinker".
"So I sort of bawked the whole thing up".*

k) Word approximations

Word approximations are old words that are used in a new and unconventional way, or new words that are developed by conventional rules of word formation. Often the meaning will be evident even though the usage seems peculiar or bizarre (i.e., gloves referred to as ‘hand shoes’, a ballpoint pen referred to a ‘paper skate’, etc). Sometimes the word approximation may be based on the use of stock words, so that the patient uses one or several words repeatedly in ways that give them a new meaning (i.e., a watch may be called a ‘time vessel’, the stomach a ‘food vessel’, a television set a ‘news vessel’, etc).

Example from Andreassen (1979: 1320):

Patient may say: "Southeast Asia, well, that's like Middle Asia now". "His boss was a seeover".

1) Circumstantiality

Circumstantiality is a pattern of speech that is very indirect and delayed in reaching its goal idea. In the process of explaining something, the speaker brings in many tedious details and sometimes makes parenthetical remarks. Circumstantial replies or statements may last for many minutes if the speaker is not interrupted and urged to get to the point. Interviewers will often recognize circumstantiality on the basis of needing to interrupt the speaker to complete the process of history taking within an allotted time.

Although it may coexist with instances of poverty of content of speech or loss of goal, it differs from poverty of content of speech in containing excessive amplifying or illustrative detail and from loss of goal in that the goal is eventually reached if the person is allowed to talk long enough. It differs from derailment in that the details presented are closely related to some particular idea or goal and in that the particular goal or idea must by definition eventually be reached.

An example of circumstantiality is that when patient asked about the age of his mother at death, the speaker responds by talking at length about accidents and how too many people die in accidents, then eventually says how the mother's age was at death.

m) Loss of goal

Loss of goal refers to failure to follow a chain of thought through to its natural conclusion. This is usually manifested in speech that begins with a particular subject wanders away from the subject and never returns to it. The patient may or may not be aware that he has lost his goal. This often occurs in

association with derailment. e.g. "Why does my computer keep crashing?", "Well, you live in a stucco house, so the pair of scissors needs to be in another drawer."

n) Perseveration

Perseveration refers to persistent repetition of words, ideas or subjects, so that once a patient begins a particular subject or uses a particular word, he continually returns to it in the process of speaking (McKenna, 2005: 24). This may also involve repeatedly giving the same answer to different questions.

Example from Andreassen (1979: 1320):

Interviewer : “Tell me what you are like, what kind of person you are.”

Patient : “I’m from Marshalltown, Iowa. That’s 60 miles northwest, northeast of Des Moines, Iowa. And I’m married at the present time. I’m 36 years old. My wife is 35. She lives in Garwin, Iowa. That’s 15 miles southeast of Marshalltown, Iowa. I’m getting a divorce at the present time. And I am at presently in a mental institution in Iowa City, Iowa, which is a hundred miles southeast of Marshalltown, Iowa”.

o) Echolalia

Echolalia is a pattern of speech in which the patient echoes words or phrases of the interviewer. Typical echolalia tends to be repetitive and persistent. The echo is often uttered with a mocking, mumbling or staccato intonation. Echolalia is relatively uncommon in adults, but more frequent in children.

Example from Andreassen (1979: 1321):

Doctor say to the patient: "I'd like to talk with you for a few minutes".

*The patient may responds with a staccato intonation:
“Talk with you for a few minutes”.*

p) Blocking

Blocking refers to interruption of a train of speech before a thought or idea has been completed. After a period of silence lasting from a few seconds to

t) Irrelevant answer

2.7 Schizophrenia Symptoms

a. **Delusions** : these are false beliefs that a person holds on to, despite the fact that there is strong evidence that the beliefs are wrong. People with delusions often believe that a person or group of people is watching them and wants to hurt them, believing other people can read their minds, or beliefs that they have special powers or abilities.

b. Hallucinations : many people with schizophrenia experience auditory hallucinations (hearing voices or noises that are not real). One person with schizophrenia said that having auditory hallucinations is like listening to headphones with the high level and not being able to turn it down in order to carry on conversations with people, read, watch television, or even sleep.

c. Disorganized or catatonic behavior : Disorganized behavior people with schizophrenia may do an odd thing that are inappropriate, such as swearing in a public place. And mostly, they have hard time taking care of their basic needs, such as bathing, dressing properly, and eating regularly.

d. **Disorganized speech** : The individual speaks in ways that are hard to understand. For the example, the sentences might not makes sense, or topic of conversation changes with little or no connection between sentences. Many people suffered a schizophrenia have loose associations. This means that they leap from one idea to another even though the two ideas are not connected in any logical way.

John Forbes Nash is one of the famous people with schizophrenia. He was born in June 13th, 1928. He is an American mathematician who works in game theory, differential geometry, and partial differential equations, serving as a Senior Research Mathematician at Princeton University.

Nash is also the subject of the Hollywood movie, A Beautiful Mind, which was nominated for eight Oscars, and the movie tells the true story based on the biography of the same name about him.

2.9 Related Studies

[illegible]

violation of cooperative principle and degree of relevance when Toni Blank speak to other (3) to describe cohesion and coherence of schizophrenic, especially Toni Blank.

The data of the research was taken from Toni Blank shows and live interview between the researcher and Toni Blank. Toni Blank shows in a video made by X-Code Yogyakarta Film, consists of dialogue between Toni Blank and the interviewer which is uploaded in *youtube*. And the data of this research are utterances and answers from Toni Blank.

The result of the study are (1) the characteristics of language of Toni Blank including: incoherence, Neologism, Blocking, repetition, code-mixing, deixis, and pragmatic deficit, (2) Toni Blank tends to violate all of the cooperative principle and have a very low degree of relevance, (3) Toni Blank still have the ability to use cohesion tool effectively.

The second related study is a thesis entitled *Schizophrenia on The Main Character Of The Shutter Island Film Based on Sigmund Freud's Psychoanalysis Theory*(2015) written by Gofur from State Islamic University Syarif Hidayatullah Jakarta. It is used a qualitative research which attempt to explain about mental disorder especially the main character occurred in the movie of *Shutter Island*. The aim of this study are (1) to describe of schizophrenia on the main character that portrayed in the *Shutter Island* film, and (2) to know the main character's schizophrenia problem seen from Freud's psychoanalysis theory.

The data of the research was taken from shutter island movie. The data of this research are the script and scenes description that is the main character

through a form of monologue, dialogue, and scenes. Also interpreting the data with the theory of psychoanalysis of Sigmund Freud.

Another research done by Choiria (2011) also analyzed the comprehension disorder of the schizophrenic character in *The Soloist* movie. This study shows that Nathaniel Anthony Ayer as the main character in that movie used eight types of language comprehension disorder of schizophrenic character in *the Soloist* movie. Besides, the researcher also found three contexts causing the comprehension disorder of schizophrenic character in *the Soloist* movie. Those are delusion, hallucination, and disorganized speech.

This research is totally different from these previous researches. This is because this research has its own distinctive focus and methodology. In fact, the researcher tries to observe the kind of language comprehension disturbance or language disorder more deeply and show the context causing a comprehension disturbance of a schizophrenic by using Andreasen explanation about the types of comprehension disturbance or schizophrenia speech. Thus, this research is deeper to analyze the phenomenon of schizophrenia.