

## Psychiatric Dysfluency Terms, Definitions, and Examples

Taken from Andreasen, N. C. (1980). Scale for the assessment of thought, language, and communication (TLC). Unpublished manuscript, University of Iowa, Department of Psychiatry.

### 1. POVERTY OF SPEECH (LACONIC SPEECH, POVERTY OF THOUGHT)

Restriction in the amount of spontaneous speech, so that replies to questions tend to be brief, concrete, and unelaborated. Unprompted additional information is rarely provided. For example, in answer to the question, "How many children do you have?", the patient replies, "Two. A girl and a boy. The girl is thirteen and the boy ten." "Two" is all that is required to answer the question, and the rest of the reply is additional information. Replies may be monosyllabic, and some questions may be left unanswered altogether. When confronted with this speech pattern, the interviewer may find himself frequently prompting the patient in order to encourage elaboration of replies. To elicit this finding, the examiner must allow the patient adequate time to answer and to elaborate his answer.

Example: Interviewer: "Do you think there's a lot of corruption in government?" Patient: "Yeah, seem to be." Interviewer: "Do you think Haldeman and Erlichman 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 eleventh grade." Interviewer: "How old are you?" Patient: "Eighteen."

### 2. POVERTY OF CONTENT OF SPEECH (POVERTY OF THOUGHT, ALOGIA, VERBIGERATION, NEGATIVE FORMAL THOUGHT DISORDER)

Although replies are long enough so that speech is adequate in amount, it conveys little information. Language tends to be vague, often over-abstract or over-concrete, repetitive, and stereotyped. The interviewer may recognize this finding by observing that the patient has spoken at some length but has not given adequate information to answer the question. Alternatively, the patient may provide enough information, but require many words to do so, so that a lengthy reply can be summarized in a sentence or two. Sometimes the interviewer may characterize the speech as "empty philosophizing."

Exclusions: This finding differs from circumstantially in that the circumstantial patient tends to provide a wealth of detail.

Example: Interviewer: "OK. Why, why is it do you think that, people believe in God?" Patient: "Well, first of all because, he uh ly, he are the person that, is their personal savior. He walks with me and talks with me. And uh, the understanding that I have, um, a lot of peoples, they don't really uh know they own personal self. Because, uh, they ain't, they all, just don't know they own

personal self. They don't, know that he" uh, seemed like to me, a lot of em don't understand that he walks and talks with them. And uh, show them their way to go. I understand also that every man and every lady, is just not pointed in the same direction. Some are pointed different. They goes in their different ways. The way that uh, Jesus Christ wanted em to go. Me myself I am pointed in the ways of uh, knowing right from wrong and doing it. I can't do no more, or no less, than that."

### 3. PRESSURE OF SPEECH

An increase in the amount of spontaneous speech as compared to 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 which could be answered in only a few words or sentences are 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 speakers with severe pressure will talk without any social stimulation and talk even though no one is listening. When patients are receiving phenothiazines or lithium, their speech is often slowed down by medication, and then it can be judged only on the basis of amount, volume, and social appropriateness. If a quantitative measure is applied to the rate of speech, then a rate greater than 150 words/minute is usually considered rapid or pressured. This disorder may be accompanied by derailment, tangentially, or incoherence, but it is distinct from them.

### 4. DISTRACTIBLE SPEECH

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

Example: "Then I left San Francisco and moved to-Where did you get that tie? It looks like it's left over from the 50's. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba-diving?"

### 5. TANGENTIALITY

Replying to 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 replies to questions and not to transitions in spontaneous speech.-

Example: 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 the 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 Scandinavian 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 that's one thing that I would like to know and is my ancestors you know where did I originate. But I just never took the time to find out the answer to that question."

## 6. DERAILMENT (LOOSE ASSOCIATIONS, FLIGHT OF IDEAS)

A pattern of spontaneous speech in which the ideas slip off the track onto another one which is clearly but obliquely related, or onto one which is completely unrelated. Things may be said in juxtaposition which 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, and at others none will be apparent. This pattern of speech is often characterized as sounding "disjointed." 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 which was asked. This abnormality is often characterized by lack of cohesion between clauses and sentences and from unclear pronoun references.

Although less severe derailments (i.e., those in which the relationship between juxtaposed ideas is oblique) have sometimes been referred to in the past as tangentiality or as flight of ideas when in the context of mania, such distinctions are not recommended because they tend to be unreliable. Flight of ideas is a derailment which occurs rapidly in the context of pressured speech. Tangentiality has been defined herein as a different phenomenon in that it occurs as the immediate response to a question.

Example: Interviewer: "Did you enjoy doing that?" Patient: "Um-hm. Oh hey well I, I oh I really enjoyed some communities I tried it, and the next day when I'd be going out you know, um I took control like uh, I put, um, bleach on my hair in, in California. My roommate was from Chicago and she was going to the junior college. And we lived in the Y.W.C.A. so she wanted to put it, um, peroxide on my hair, and she did, and I got up and looked at the mirror and tears came to my eyes. Now do you understand it, I was fully aware of what was going on but why couldn't I why why the tears? I can't understand that, can you?" Interviewer: "No." Patient: "Have you experienced anything like it?" Interviewer: "You just must be an emotional person that's all." Patient: "Well, not very much I mean, what if

I were dead? It's funeral age. Well I um? Now I had my toenails, uh operated on. They're uh, um got infected and I wasn't able to do it but they wouldn't let me at my tools. Well."

## 7. INCOHERENCE (WORD SALAD, JARGON APHASIA, SCHIZOPHASIA, PARAGRAMMATISM)

A pattern of speech which is essentially incomprehensible at times. The incoherence is due to several different mechanisms, which may sometimes all occur simultaneously. Sometimes portions of coherent sentences may be observed in the midst of a sentence which is incoherent as a whole. Sometimes the disturbance appears to be at a semantic level, so that words are substituted in a phrase or sentence so that the meaning seems to be distorted or destroyed; the word choice may seem totally random or may appear to have some oblique connection with the context. Sometimes "cementing words" (coordinating and subordinating conjunctions such as "and," "although"; adjectival pronouns such as "the," "a," and "an") are deleted.

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

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, and 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 is negative.

Exclusions: Mildly ungrammatical constructions which occur when a person is searching for the right word, phrase, or idea should not be rated as incoherence. (For example, "My father, he, for a long time, well he just started...he joined the church and became a, I say he's a Christian now because he used to lie and run around a lot.") Idiomatic usages characteristic of particular regional or ethnic background<sup>5</sup>, lack of education, or low intelligence should also not be rated as incoherence. ("He ain't got no family." "That there was no good." "The lawn needs mowed." "He took the tools down cellar.")

Examples: Interviewer: "Why do you think people believe in God?" Patient: "Um, because making a do in life. Isn't none of that stuff about evolution guiding isn't true anymore now. It all happened a long time ago. It happened in eons and eons and stuff they wouldn't believe in him. The time that Jesus Christ people believe in their thing people believed in, Jehovah God that they didn't believe in Jesus Christ that much."

Interviewer: "Um, what do you think about current political issues like the energy crisis?"

Patient: "They're destroying too many cattle and oil just to make soap. If we need soap when you can jump into a pool of water, and then when you go to buy your gasoline, m my folks always thought they should, get pop but the best thing to get, is motor oil, and, money. May may as well go there and, trade in some, pop caps and, uh, tires, and tractors to grup, car garages, so they can pull cars away from wrecks, is what I believed in. So I didn't go there to get no more pop when my folks said it. I just went there to get a ice-cream cone, and some pop, in cans, or we can go

over there to get a cigarette. And it was the largest thing you do t to get cigarettes 'cause then you could trade off, what you owned, and go for something new, it w it was sentimental , and that's the only thing I needed was something sentimental , and there wasn't anything else more sentimental than that, except for knick-knacks and most knick-knacks, these cost thirty or forty dollars to get, a good billfold, or a little stand to put on your desk." Interviewer: "How do you think President Carter's doing?" Patient: "Far as I'm concerned he's probably doing all right as an individual but, he's making too many mistakes, uh not intentional , he just uh w searching for the right loopholes, when he claims a, response."

## 8. ILLOGICALITY

A pattern of speech in which conclusions are reached which do not follow logically. This may take the form of *non-sequiturs* (i.e., it does not follow), in which the patient makes a logical inference between two clauses which is unwarranted or illogical- It may take the form of faulty inductive inferences. It may also take the form of reaching conclusions based on faulty premises without any actual delusional thinking.

Exclusions: Illogicality may either lead to or result from delusional beliefs. When illogical thinking occurs within the context of a delusional system, it should be subsumed under the concept of delusions and not considered a separate phenomenon representing a different type of thinking disorder. illogical thinking which is clearly due to cultural or religious values or to intellectual deficit should also be excluded.

Example: "Parents are the people that raise you. Any thing that raises you can be a parent. Parents can be anything, material, vegetable, or

mineral , that has taught you something Parents would be the world of things that are alive, that are there. Rocks, a person can look at a rock and learn something from it, so that would be a parent."

## 9. CLANGING

A pattern of speech in which sounds rather than meaningful relationships appear to govern word choice, so that the intelligibility of the speech is impaired and redundant words are introduced. In addition to rhyming relationships, this pattern of speech may also include punning associations, so that a word similar in sound brings in a new thought.

Example: "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."

## 10. NEOLOGISMS

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 which has been incorrectly built up but with origins which 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 (q.v.). Neologisms are quite uncommon.

Examples: "I got so angry I Picked up a dish and threw it at the geshinker. So I sort of bawked the whole thing up."

## 11. WORD APPROXIMATIONS (PARAPHASIA, METONYMS)

Old words which are used in a new and unconventional way, or new words which are developed by conventional rules of word formation. Often the meaning will be evident even though the usage seems peculiar or bizarre (i.e., a ballpoint pen referred to as "paperskate," etc.). Sometimes the word approximations 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.).

Exclusions: Semantic and phonemic paraphasias should be included in this category only if the results of formal testing for aphasia are negative. Sometimes incoherent speech may seem to be based on possible semantic paraphasias in the absence of positive results on formal aphasia testing. Such cases should be considered to represent incoherence if the substitutions occur frequently, and the category of word approximations should be restricted to cases where semantic substitutions occur relatively infrequently. Words used metaphorically should not be considered as word approximations (e.g., "I'm just a pin cushion or an ashtray to the rest of the world.").

Examples: "Southeast Asia, well, that's like Middle Asia now., "His boss was a seeover.11

## 12. CIRCUMSTANTIALITY

A pattern of speech which 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 in order to complete the process of history-taking within an allotted time. When not called circumstantial, these people are often referred to as "longwinded .

Exclusions: Although it may co-exist 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.

### 13. LOSS OF GOAL

Failure to follow a chain of thought through to its natural conclusion. This is usually manifested in speech which 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.

### 14. PERSEVERATION

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.

Exclusions: This differs from "stock words" in that the repeated words are used in ways appropriate to their usual meaning. Some words or phrases are commonly used as pause-fillers, such as "you know" or "like"; these should not be considered perseverations.

Examples: "I think I 'I I put on my hat, my hat, my hat, my hat." Interviewer: "Tell me what you are like, what kind of person you are." Patient: "I'm from, Marshalltown, Iowa. That's sixty miles northwest, northeast of Des Moines, Iowa. And I'm married at the present time, I'm thirty-six years old. My wife is thirty-five. She lives in Garwin, Iowa. That's fifteen 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."

### 15. ECHOLALIA

A pattern of speech in which the patient echoes the 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.

Exclusions: Some people habitually echo questions, apparently to clarify the question and formulate their answer. This is usually indicated by rewording the question or repeating the last several words (i.e., from "What did you wear yesterday?" to "What did I wear yesterday?" or "Wear yesterday?").

Example: The doctor says to the patient, "I'd like to talk with you for a few minutes." The patient responds with a staccato intonation, "Talk with you for a few minutes.").

## 16. BLOCKING

Interruption of a train of speech before a thought or idea has been completed. After a period of silence-which may last from a few seconds to minutes, the person indicates that (s)he cannot recall what he had been saying or meant to say. Blocking should only be judged to be present either if a person voluntarily describes losing his thought or if upon questioning by the interviewer the person indicates that that was his reason for pausing.

## 17. STILTED SPEECH

Speech which has an excessively stilted or formal quality. It may seem rather quaint or outdated, or it may appear pompous, distant, or over-polite. The stilted quality is usually achieved through the use of particular word choices (multisyllabic when monosyllabic alternatives are available and equally appropriate), extremely polite phraseology ("Excuse me, madam, may I request a conference in your office at your convenience?"), or stiff and formal syntax ("Whereas the attorney comported himself in-decorously, the physician behaved as is customary for a born gentleman.").

## 18. SELF-REFERENCE

A disorder in which the patient repeatedly refers the subject under discussion back to himself when someone else is talking and also refers apparently neutral subjects to himself when he himself is talking. This finding usually cannot be evaluated on the basis of a psychiatric interview, since the subject is then asked to talk about himself. It may be observed during the tests of the sensorium or informal conversation about neutral subjects and should be rated only in that context.

Example: Interviewer: "What time is it?" Patient: "Seven o'clock. That's my problem. I never know what time it is. Maybe I should try to keep better track of the time."

## 19. PAR.APHASIA, PHONEMIC

Recognizable mispronunciation of a word because sounds or syllables have slipped out of sequence. Severe forms occur in aphasia, but milder forms may occur as "slips of the tongue" in everyday speech. The speaker usually recognizes his error and may attempt to correct it.

Example: "I sipped on the lice and broke my arm while running to catch the bus."

## 20. PARAPHASIA, SEMANTIC

Substitution of an inappropriate word when trying to say something specific. The speaker may or may not recognize his error and attempt to correct it. This typically occurs in both Broca's and Wernicke's aphasia. It may be difficult to distinguish from incoherence since incoherence may also be due to semantic substitutions which distort or obscure meaning; when this differential decision must be made, it is suggested that formal testing for aphasia be completed; *if* the testing is positive, then the semantic substitutions may be considered due to semantic paraphasia, and if negative to incoherence.

Example: "I slipped on the coat, on the i-i-ice I mean, and broke my book."