

*Language in Psychiatry: a handbook of clinical practice*  
**Jonathan Fine (2006)**

*Reviewed by Caroline Henderson-Brooks*

## Introduction

There is a widespread understanding among psychiatric clinicians that language is integral to the diagnosis and treatment of many psychiatric disorders. Yet clinicians may lack a language to talk about language, which limits them to the application of linguistic intuitions in their assessment of mental illness. Jonathan Fine's book is a most welcome engagement of linguistics with psychiatry, providing a systematic linguistic approach to language in the diagnosis of psychiatric disorders. It emerges from Fine's considerable linguistic contribution to the field, including publications about anxiety disorder, Attention Deficit Hyperactivity Disorder, schizophrenia, and is based on data collected from multiple settings since 1970.

The book comprises 10 chapters. Chapters 1-3 establish the case for a functional linguistic approach to psychiatry and introduce the principles of the linguistic tool, chiefly Systemic Functional Linguistics (SFL). Chapters 4-9 provide linguistic descriptions for a variety of psychiatric disorders which have language phenomena in their diagnostic criteria. Chapter 10 concludes with a discussion of conceptual problems and research issues.

The book is well laid out and includes summary tables throughout the chapters. The appendices provide a ready reference with a glossary of linguistic terms and summaries of the language features of the psychiatric disorders discussed in Chapters 4-9.

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Chapter 1 introduces the relationship between psychiatry and linguistics. Fine's approach is registerial, where language is a meaning making resource, in particular, meanings that are created in the social. This enables him to address the social meanings which might be at risk in psychiatric illness and to consider how an individual's linguistic resources compare to the wider speech community resources. To be able to notice the unexpected, it is important to have a systematic view of what is expected.

Fine does not describe 'normality' and 'abnormality' but atypicalities of meanings, which must be considered in real contexts, where 'speakers are first noticed to be unusual or pathological and it is through language in other contexts that diagnosis and treatment are mainly effected' (p27). However, Fine does not directly discuss the particular context of psychiatric discourse nor how mental health clinicians access data from other contexts. This issue recurs throughout the book and perhaps warrants its own discussion at the beginning.

Chapter 2 presents a clear explanation of SFL and the general systems of meanings available to speakers. No prior knowledge of linguistics is assumed and the reader is referred to other SFL texts for specific treatments of the lexicogrammar, for example, Halliday (2004). Fine proceeds through structural meanings (culture, genre, situation, register) to meanings in language through metafunctions, which combine to realise syndromes. Appraisal is addressed through the interpersonal metafunction as degrees of commitment.

Fine writes with the clinical reader in mind. Linguistic selections within the metafunctions are based on relevance to the task at hand and brief illustrations reinforce the relevance to the psychiatric reader, for example, nominal groups are explained and illustrated by the example that depressed people may give less information in the nominal groups. Fine addresses potential confusions about linguistic technical terms which also have everyday and psychiatric meanings, for example 'ideational'.

Chapter 3 re-addresses the general linguistic system of meaning making introduced in Chapter 2 and considers how these meanings are disrupted clinically. Potential atypicalities of meanings at different stratal levels are introduced and then Fine suggests it is a locus of features that together create the impression of the disorder. The chapter raises awareness of differences across cultures and genres and how individuals need to learn new social processes to achieve their social objectives. This may have been an appropriate place to foreground the 'foreign' culture of a psychiatric admission.

Chapters 4 through 9 address specific categories of disorders, which have been selected because they have language as an important characterising feature in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders IV) categorisation. The functional linguistic concepts established in the

previous chapters are now related to the diagnostic criteria already familiar to the clinician.

Chapter 4 presents communication disorders, that is, disorders in communication itself, rather than communication difficulties which exemplify other disorders. Expressive language disorders, mixed expressive language disorders, phonological disorders and stuttering are considered in turn. With each disorder clinical features are overviewed and then language features are discussed. This sets the pattern that is followed in all the disorder chapters. This chapter is the most carefully exemplified chapter, reflecting Fine's research interests.

Fine stresses the importance of gathering language data from contexts external to the standardised tests used in the diagnosis of communication disorders, addressing an issue that may be overlooked by practitioners. Childhood communication disorders are perhaps the most amenable to this data collection, with access to school reports and other carers' reports more easily obtainable than contextual data for adult psychiatric disorders.

Chapter 5 considers pervasive developmental disorders which are defined by impairment in reciprocal social interaction skills, impairment in communication skills and stereotyped behaviours and interests. In particular Autistic disorder and Asperger's disorder are discussed. Again, Fine makes the lack of achievement of social goals explicit. He argues for a social based theory of limited meaning making as a way to understanding and describing these disorders, in contrast to descriptions of 'intrapsychic state'.

Chapter 6 considers the language features of Attention Deficit Hyperactivity Disorder (ADHD). It takes three middle order categories, inattention, hyperactivity and impulsivity and shows that while language is not causal in the disorder it is critical in the diagnosis and monitoring of people with the disorder. The chapter is well exemplified with real language data.

Chapter 7 explores psychotic disorders through an examination of Schizophrenia. Fine follows SFL tradition, for example Rochester and Martin (1979), to investigate a thought disorder as its language manifestation. Fine uses limited linguistic examples and reworks his primary example to show how different meanings are made.

Chapter 8 considers mood disorders in two sections: depressive episodes and manic episodes. Fine provides linguistic realisations for three general areas; affect as it is expressed in the interpersonal metafunction, change of topics (ideational) and acoustics of language. He also demonstrates how a combination of these areas can signal other clinical descriptors, such as irritability.

Chapter 9 considers four general groups of personality disorder; Schizotypal disorder, histrionic personality disorder, dependent personality disorder and obsessive compulsive disorder. Disorders which involve self are difficult to study

and self can be considered not linguistically accessible. Fine does important conceptual work to show that clinical descriptors, namely, cognition, affect and impulse control, can be described by their linguistic realisations, showing that inner experience can be shown explicitly in the social meanings people make.

This chapter lacks extended language examples that are present in the earlier chapters and which would have been useful in demonstrating how patterns are built up. Fine claims that in personality disorders 'a speaker will talk about the same people, places, things and events despite changes in context' (p. 263) but does not address how external language data is assessed for these patients, which is ethically more difficult to obtain perhaps than for school children settings. Thus, it is not surprising that Fine's illustrations are from clinical interviews.

Chapter 10 returns to the broader issues of conceptualising psychiatric categories in terms of language. It reiterates the themes established in the book, emphasising the bi-directionality of the linguistic psychiatric relationship while recognising the limitations of the research and the need to treat a set of defining language features for psychiatric disorders cautiously. The chapter considers potential extensions to the work and suggests that there is still much to be done.

The book is a valuable contribution by a linguist to a field where language plays an integral role in the diagnosis of mental illness. Fine never directly critiques the lack of overt realisation statements for psychiatric categories but his carefully argued book engages psychiatrists at the point of direct relevance to their diagnostic categories, providing them with a language to describe features of atypical language so integral to their work. He raises awareness of how more abstract categories can be realised and the limitations of standardised tests. Yet the book does not describe the context of diagnosis in detail, nor suggest how wider language data is obtained from other contexts, even while emphasising the need for a more extensive engagement with wider contexts than the clinical setting. This is a challenge to all linguists working with psychiatric settings and in general register development.

Fine consistently links his language description to his primary target audience, explaining the benefits of linguistic descriptions in terms of the precision that linguistic concepts bring. The main argument is threaded through the book and it therefore requires a complete reading of the early chapters before arriving at the disorder of interest. Thus this book is not to be dipped into: it requires a commitment to understanding linguistics and may deter readers who want a simplistic linguistic gloss to psychiatric language. However, for those who put in the effort the rewards are a rich understanding of the relation between psychiatric diagnostic categories and their linguistic realisation. The book, with

the addition of more examples and class exercises, would make an excellent basis for a course in linguistics as part of psychiatric training.

The book may also be useful to a wider audience, including teachers and motivated family members, as they in particular have the opportunity to observe the patient in contexts external to the health setting and are thus major providers of linguistic data. It is also useful for linguists, for its own interest and because it discusses relevant issues for the interaction of functional linguistics with other disciplines.

The scope of Fine's work to achieve this level of linguistic engagement is praiseworthy. As Fine concurs, it is a big task and there is much more to be achieved in the relation between linguistics and psychiatry. His book provides a point of engagement for further research and a practical and theoretical model for engaging with more categories of the DSM IV and with the more subtle language distinctions across internal categories of mild, moderate and severe.

### About the author

Caroline Henderson-Brooks is a research academic in the Centre for Language in Social Life at Macquarie University. Her doctoral thesis investigated the complex tale of self in psychotherapy for patients with borderline personality disorder. Currently she is working in an NHMRC funded project in collaboration with Conversational Model psychiatrists. The project describes the discourse correlates of the Conversational Model of Psychotherapy.

### Book reviewed

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