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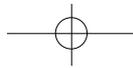
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Psychopathology and the essence of language: the interpretation of aphasia by Kurt Goldstein and Roman Jakobson¹

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This paper presents a comparative analysis of the research on aphasia carried out by the linguist Roman Jakobson and the neuropsychiatrist Kurt Goldstein. The linguistic theory of aphasia advocated by Jakobson in the 1950s and 1960s is based on clinical case studies reported by Goldstein at the beginning of the 1930s. However, Jakobson used Goldstein's clinical observations without taking into account his theoretical work on language pathology. In particular, Jakobson fed the symptoms described by Goldstein into a structuralist model, allowing him to predict different types of aphasia deductively. Goldstein, however, saw the clinical manifestations of aphasia as a particular way of being in the world. By studying the changes associated with the patient's reaction to the disease, Goldstein wanted to reach an understanding of language functioning in the normal subject. He distinguished between an instrumental use and a symbolic use of language, the latter mainly characteristic of language use in the normal subject. Only a symbolic use reveals the essence of language by showing its intimate nature, the psychic link tying the subject to the world.

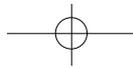
Keywords: *aphasia; detour; illness; language; present thinking; psychic link*

Introduction

The historical study of ideas and scientific theories is characterized by an impressive number of methods and analytical perspectives. It includes research

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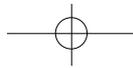
that entirely reconstructs the achievement of a single scientist, or analyses his role in the process of the creation and evolution of a discipline. Numerous studies investigate a specific problem, issue or scientific field; some recreate the scientific discourse of a certain epoch, while others propose typologies of the historic stages of a discipline. A fair number of publications focus on the social and political constellations that contribute to the emergence of a theory, to the popularity or to the decline of an author or scientific movement.

Despite these diverse approaches, many publications and textbooks suggest a notion of progress, which presupposes the belief that not only researchers have understood one another, but also that there is an accumulation of knowledge throughout the history of a science. However, my argument develops a slightly different angle. I hypothesize that in the history of science there have been very selective readings by some researchers of the work of others or even misunderstandings between them, which specifically deserve greater attention. This hypothesis does not question the grounding for a conception of cumulative knowledge, which appears to be needed for the sake of teaching, but it puts forward more complexity as shown below in an example taken from the history of aphasia.

A shared interest in language

A special issue of the *Journal de Psychologie* was published in 1933, comprising almost 500 pages entirely devoted to the problem of language. Contributors included psychologists and linguists, and also philosophers and physicians (see Friedrich, 1998). Together with the linguistic conceptions of Antoine Meillet, Albert Sechehaye and Charles Bally, for instance, we find Nikolaj Trubetzkoy's phonological propositions, Ernst Cassirer's outline of a philosophical approach to language, Karl Bühler's work on onomatopœia, and both Kurt Goldstein's and Adhémar Gelb's research on aphasia. The choice of contributions shows that the special issue was published in the context of international debate, with an important precedent in 1931: at the twelfth congress of the German Psychology Society in Hamburg, an entire day was organized on language.² As Karl Bühler (1879–1963), the Society's president, said at the opening ceremony: 'Human language seemed to us to be the most suitable topic for a common discussion between psychologists and representatives of other disciplines' (Bühler, 1932: 5).

But this interest in language did not seem to be solely motivated by a simple desire to collaborate with colleagues in medicine, philosophy and linguistics. In fact, psychologists undertook the elaboration of language conceptions themselves, a task nowadays reserved for linguists. Thus, in 1934 Bühler, famous for his publications on the psychology of thinking and child psychology, wrote a 400-page book entitled *Sprachtheorie* (Bühler, 1934/1990). A year later Walter Benjamin (1892–1940) published a long review article on the sociology of language, in which he demonstrated that contemporary studies of language phenomena were key contributors to sociological thinking (Benjamin,



1935/1980). Likewise, Kurt Goldstein (1878–1965), in his contribution to the *Journal de Psychologie* (Goldstein, 1933/1971), does not merely state that research on language disturbance might be useful for elaborating a theory of language; instead he promotes such a conception himself, which he considers relevant for the interpretation and explanation of many aspects of aphasia. This may be regarded as added proof that ‘language is a central area of concern in the twentieth century’, to quote the philosopher Charles Taylor (1985: 215).

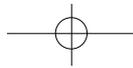
Yet the interest in language expressed in psychology, sociology and medicine in the early 1930s was not brought into these disciplines by linguists. The hegemony of linguistics over other social sciences was a later phenomenon, particularly linked to the development of French structuralism. I would like to demonstrate that there is a significant and original difference between the interest in language apparent in the early 1930s and the ‘explosive growth of the science of linguistics’ (Taylor, 1985: 215) that marked the social sciences in the 1950s and 1960s. Where did such an interest in language – as explicitly expressed by numerous French and German psychologists, philosophers and clinicians in the 1930s – originate, and what was it really focusing on? I shall attempt to answer these questions through Kurt Goldstein’s work and will specifically focus on his text ‘L’analyse de l’aphasie et l’étude de l’essence du langage’ published in the special issue of *Journal de Psychologie* (Goldstein, 1933/1971).

A reading that is neither disciplinary, nor interdisciplinary

Goldstein’s text and several other articles in the 1933 special issue were re-edited by Jean-Claude Pariente in his publication *Essais sur le langage* (1969). Pariente’s approach in the introduction is somewhat ambivalent. On the one hand, he suggests using the original texts to reconstruct the field of linguistic thought at that particular time by ‘highlighting the notions with respect to which the problems set by language in 1933 are defined’ (Pariente, 1969: 12). On the other hand, he identifies a link between the texts reflecting, in his view,

the autonomy of the science of language and at the same time the extent to which its object is irreducible to all other principles. [...] Knowledge of linguistic data should not be sought outside the data themselves: thus both race and natural sounds are divested of any explanatory value, and so, on an individual level, are physiological and psychological data. (Pariente, 1969: 13)

Consequently, he proposes an interpretive framework that is directly borrowed from 1960s linguistics. As he introduces Goldstein’s text, Pariente immediately refers the reader to the work of Roman Jakobson (1896–1982), for example, who, Pariente believes, showed how linguists may use the thoughts of researchers from other fields to elaborate a theory of language. In fact, by the

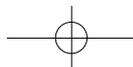


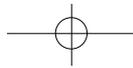
late 1930s Jakobson was already interested in language disturbances from a strictly linguistic point of view (see Jakobson, 1940–42/1972), but it was not until the period 1953 to 1963 that he published a series of articles in which he proposes a linguistic interpretation of aphasia which is largely based on Goldstein's clinical descriptions (see Jakobson, 1955/1971, 1963/1971, 1966/1971). Jakobson has two objectives: (1) to test, using clinical cases, a conception of language based on de Saussure's heritage; (2) to offer clinicians linguistic models that allow them to describe and classify aphasic phenomena better.

Reactions to Jakobson's work have been varied. In their textbook on aphasia, Roch Lecours and Lhermitte (1979: 46) consider that Jakobson is the one who granted 'neurolinguistic research the growth seen today'. In their view, Jakobson also proposes one of the first linguistic theories of aphasia. Yet, as illustrated by their chapter on aphasia classification, they follow quite a classic approach: they present Jakobson's contribution as they do Goldstein's, chronologically, as a suggestion (among others), to be integrated in the neurolinguistic classification they developed themselves. Other readings, like Forest's (1993: 292), more strongly in favour of Jakobson, argue that his classification completes the history of aphasia, because it develops the whole programme put forward by the earliest investigators.

Several voices play down the productiveness of linguistic research for the study of aphasic anomalies and note that they have contributed much to their description but not to their explanation.³ Other authors mention the limits of current knowledge on the nature of aphasia and the need for new research in the area of language. For instance, Sabouraud (1995: 64) claims 'we must accept that forms of aphasia cannot be defined without first recognizing what language is made of'. By reading current interpretations we can highlight a common trait: they almost always emerge within well-established disciplines or 'interdisciplines', with two significant consequences. First, because arguments are based on a well-circumscribed definition of their object and on a stabilized vocabulary, either in neuropsychology, psycholinguistics or clinical psychology, the way in which precursors are taken into account is more or less predetermined: ideas that cannot be grasped within the current disciplinary conceptual framework are simply not considered. Second, the issue of collaboration between fields of research in aphasia is once more very timely, and debate is reopened. But the issue of collaboration is often expressed from the perspective of a single discipline and with only itself in mind, as shown by Guibert's (2004: 115) formulation of the problem:

[. . .] what are the conditions, for clinicians, of a contribution of language sciences to the understanding of language impairments? What are the conditions, for linguists, of a clinical contribution to the elaboration of a scientific explanation of language?





In this study I hope to return to the history of aphasia at a moment when disciplines were not yet completely established, when the development of a conception of language was the object of a shared interest and was thus a common reference point, a kind of 'epistemological condition for the founding of the human sciences'. To develop this hypothesis, I will provide a comparison: Jakobson's reading of Goldstein's clinical materials based on a linguistic theory of language will be compared with the conception of language on which Goldstein bases his interpretation of the same clinical cases. Jakobson acts as if it were possible and necessary to complete Goldstein's clinical study with a theory of language, which implicitly suggests the absence of such a theory in Goldstein's writing. The current text aims to show that there exists a conception of language in Goldstein's research and that it is different from the one Jakobson proposes.

Aphasia as linguistic problem: Jakobson's reading

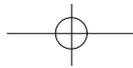
The twofold character of language and the two types of aphasia

Jakobson (1956/1971: 239) justifies his interest in language pathologies as follows:

If aphasia is a language disturbance, as the term itself suggests, then any description and classification of aphasic syndromes must begin with the question of what aspects of language are impaired in the various species of such a disorder.

He even once explains: 'no exact diagnosis can be made without a competent linguistic examination of what in the patient's language is impaired' (Jakobson, 1955/1971: 234). Jakobson (1963/1971, 1966/1971) regrets that the indispensable participation of linguists in the study of language impairments has not yet occurred and quickly suggests the reason for such a delay. He argues that it is due to the fact that a structural analysis of language has only just been developed and that it is the only kind which can provide efficient and relevant concepts, instruments and methods for studying aphasia. Jakobson repeatedly describes as progress the possibility of treating language impairments using purely linguistic criteria. Whereas other recognized authors in the area of aphasia, such as Goldstein, could only refer to 'basic linguistic literature' (Jakobson, 1955/1971: 231), more recent research had led, in his view, to the foundation of a modern science of language, enabling new knowledge in the field of aphasia.

The linguistic analysis that Jakobson applies to language pathologies is based on the idea of the twofold character of language, according to which each verbal behaviour implies two distinct operations: the selection and combination of linguistic units. The two operations are, in Jakobson's view, fundamental and underlie all verbal behaviour. However numerous terms are used in linguistic literature to characterize these two operations. De Saussure



(1916) – the reference for all authors who defend this idea – talks of the ‘paradigmatic axis’ and ‘syntagmatic axis’ of language to situate both operations in relation to space and time. The term ‘paradigm’ easily brings to mind the simultaneity of different competing words from a ‘lexical storehouse’ existing in a vertical mode outside time, words among which the speaker makes a choice. According to Jakobson the constituents of the paradigmatic axis are in a *substitution* relationship with one another due to the similarity of some of their aspects. Whereas syntagms are on a horizontal or temporal axis, along which words are subjected one after the other to *combination*, following certain rules in terms of their position in the sentence and in terms of their necessary transformation (conjugation, declension). Jakobson emphasizes the notions of ‘contiguity’ and ‘context’ to describe the latter axis. Basing himself on this model of language, Jakobson deduces that there are two types of aphasia: ‘similarity disorders’, which involve altered selection, and ‘contiguity disorders’, in which combination is altered. To determine which symptoms go with which type, Jakobson consults Goldstein’s clinical materials, which appear to validate the expected deficiencies.

With regard to substitution impairments, Jakobson first refers to descriptions of motor aphasia and also of affection of internal speech. Goldstein (1933/1971: 301) describes the difficulties some patients encounter when confronted with words they usually know only within verb groups. In such situations they become incapable of finding the first word to start a sentence, of reading words one-by-one or of choosing a word in a more or less voluntary way. Grammatically it is the same disorder that explains why ‘words with an inherent reference to the context, like pronouns and pronominal adverbs, and words serving merely to construct the context, such as connectives and auxiliaries, are particularly prone to survive’ (Jakobson, 1956/1971: 246). These difficulties appear to be compensated by the least affected language operation:

It could be predicted that under these conditions any semantic grouping would be guided by spatial or temporal contiguity rather than by similarity. Actually Goldstein’s tests justify such an expectation: a female patient of this type, when asked to list a few names of animals, arranged them in the same order in which she had seen them in the zoo; similarly, despite instructions to arrange certain objects according to colour, size, and shape, she classified them on the basis of their spatial contiguity as home things, office materials, etc. (p. 249)

Jakobson promptly concludes that ‘when the selective capacity is strongly impaired and the gift for combination at least partly preserved, then *contiguity* determines the patient’s whole verbal behaviour, and we may designate this type of aphasia *similarity disorder*.’ (p. 250; original italics)

The second type of aphasia is consequently the result of the alteration of the other major language ability: the combination of linguistic units, the



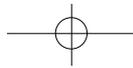
construction of sentences and texts. In the history of aphasia the phenomena that illustrate this type of disorder, such as agrammatism, have always particularly interested clinicians. This type of aphasia is characterized by symptoms that include the loss of the ability to organize words into sentences ('word heap' without any grammatical link), the disappearance of pronouns and articles, the abolition of flexion, or a so-called 'telegraphic style'. Jakobson discusses at length Goldstein's descriptions of cases revealing these types of symptoms.

Jakobson completes his discussion of the two major types of aphasia with an unexpected reference to two rhetorical figures: metaphor and metonymy (see Jakobson, 1956/1971: 254–9, 1963/1971: 296–7). This reference to tropes is found in all his aphasia publications, and not only aims to show that they are affected in different ways in both types of language disorders but also wants to compare these disorders with characteristics of normal human speech. The ability to produce metaphors, i.e., linguistic images that are based on the similarity of two objects or concepts, presupposes an analogical substitution and is thus missing in substitution disorders. In contrast, metonymy represents a semantic relationship of a causal, spatial or temporal nature that is well preserved in this type of aphasia. Jakobson even claims that the metaphor-metonymy opposition is in fact the meta-relation, in other words the most condensed expression of the two axes of language,⁴ characterizing the axes as products derived from this opposition.

Two reasons can be suggested to clarify Jakobson's approach. Introducing the twofold character of language (substitution operations on the paradigmatic axis / combination operations on the syntagmatic axis) in another equally bipolar structure (metonymy/metaphor) is used by Jakobson to broaden the scope of linguistics of language towards semiotics on the one hand and discourse linguistics on the other. These happened to be two very modern tendencies at that time, particularly in French linguistics. Nevertheless, this theoretical extension is of interest in the present context in view of the consequences it will have for the interpretation of aphasia.

A positive conception of pathology

Let us remember that contrasts such as language/speech or synchrony/diachrony are at the basis of de Saussure's project. They are the premises of his thought and remain the foundation of all structural thinking. They indicate the discovery of the universal structures that underlie speech as the central object of modern linguistics. This view was used by neo-structuralists in social science research. The fact that universal structures are almost all bipolar in nature is reflected in semiotic systems: pictorial art, cinema and literary theory, where a clear opposition between prose (which works using metonymy) and poetry (based on metaphor) is apparent. By situating his interpretations of aphasia within neo-structuralist semiotics, Jakobson proposes a theoretical model that has a very powerful predictive ability. The



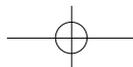
bipolarity of all linguistic and semiotic behaviour has the advantage that, on the basis of the existence of one component, we can predict the existence of the other, or, in the case of aphasia, the reinforcement and prevalence of one component can be interpreted as the result of the deterioration of the other. As this development is virtually contained in the bipolar scheme, the need for any activity other than the one already predicted is excluded. Further, each kind of aphasia fits within a table elaborated using a combination of symptoms (see Jakobson, 1963/1971, 1966/1971). We see that this bipolar model is well articulated within a purely symptomatological framework, based on a nosological classification thus approved not by physiology but by the science of language.

In this model there is no reason to be interested in the function that language has for the patient because function is identified with a balanced functioning along both language axes, a balance that in the case of aphasia may be more or less impaired or compensated. It is obvious that once we deduct one type of aphasia from such a theoretical model, the issue is no longer the way in which the patient uses language but the search for symptoms, which correspond to a certain classification of the disorder.

This way of discounting the person affected by aphasia is compensated by Jakobson's further extension of the conception of language. The need to complete the analysis of language as a formal structure by an analysis of verbal speech was not dealt with by de Saussure, but it was one of the main preoccupations of linguistics, especially in France in the 1950s and 1960s. Jakobson integrates this interest for discourse – the implementation of language components in genuine individual speech – in his thinking, via the metaphor-metonymy opposition. He states that 'the development of a discourse may take place along two different semantic lines' (Jakobson, 1956/1971: 254), either via metaphorical processes or via metonymic processes. He cites a psychological test in which children are given a word and asked to describe the first verbal reaction that comes to mind when they hear it. The test proves that children react either with synonyms and metaphors, or with metonymies. The two processes available to the speaker can thus be carried out in different ways. Some individuals favour metaphorical operations in their verbal behaviour, others metonymical operations, so that 'an individual exhibits his personal style, his verbal predilections and preferences' (p. 255).

This reference to discourse allows Jakobson to introduce the 'speaking subject' into his discussion of aphasia. Yet we must point out that the subject of discourse is the 'normal speaking subject'. This is highlighted several times:

While each of these two types of aphasia tends toward unipolarity, normal verbal behaviour is bipolar. But any individual use of language, any verbal style, any trend in verbal art displays a clear predilection either for the metonymical or for the metaphorical device. (Jakobson, 1955/1971: 238)





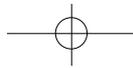
In daily speech, as well as in dreams or even in writing, a competition between both models may take place, yet a certain preference for one over the other may be observed in all language actions, in some cases even a very marked predominance for one over the other. Therefore language disorders may be played down; they appear to be a case among others, albeit clearly a specific case since patients affected by aphasia suffer from the unipolarity of their verbal behaviour in contrast with the poet who, reassured by a chosen literary canon, consciously decides to work with metaphors. Certainly, in this case, we observe a kind of ‘normalization of pathology’ in Jakobson’s interest for the speaking subject. It appears that the subject of aphasia is a ‘concrete’ abstraction, a particular case that can be derived from normal speakers who also ‘deviate’ somewhat from the linguist’s model.

Goldstein’s data, after being integrated into Jakobson’s language model, begin to make sense. This interpretation of facts described in clinical protocols – often long and indigestible – is one of Jakobson’s remarkable contributions to the debate on aphasia. His project for establishing a specific order in language disorders is embedded in the theoretical research model still used in order to conceptualize complex realities.⁵ However, an important problem remains to be solved: as soon as the facts studied by Goldstein are fed into a structural model of language, they address nothing but language and its functioning. Yet Goldstein’s (1933/1971: 282–3) core analysis is neither language, nor its functioning, but the ‘total personality of an individual’ living with a language disorder. Jakobson acts as if Goldstein were only describing the characteristic symptoms of different aphasia types, whereas Goldstein first and foremost is trying to understand how a patient affected by a language disorder can use language to respond to situations in the world, in spite of his impairment which prevents him from reacting in a normal way. Goldstein focuses his interest on subjects acting or reacting with language as a way of being in the world, characterized by the deterioration of language.

Aphasia as a way of being in the world: Goldstein’s reading

An individual conception of illness and the detour concept

In the historical literature on aphasia, as well as in neurolinguistic textbooks, Goldstein has been described as favouring an organismic and holistic point of view⁶ or, as others have said, of a *globalized* conception of aphasia (see Roch Lecours and Lhermitte, 1979: 43). Goldstein, who trained with Carl Wernicke (1848–1905), started to develop this perspective very early, criticizing the localization approach of his master, which had grown from the idea that each clinical form of aphasic disorder must correspond to a localized lesion, precisely circumscribed in the cortex. Together with Adhémar Gelb (1887–1936), a close collaborator at the Institut für die Erforschung der



Folgeerscheinungen von Hirnverletzungen in Frankfurt, Goldstein completed and published many studies on aphasia. The two scientists developed basic principles to guide their analyses of various pathological phenomena. Confronted with aphasic patients, they not only paid attention to changes in language behaviour, but also addressed the personality change experienced by the patient: 'That requires a detailed analysis of each specific phenomenon in relation to the entire personality of the patient and the particular momentary situation' (Goldstein, 1933/1971: 285). By considering each individual in his entirety, Goldstein started looking into reactions developed by aphasic individuals when confronted with this new pathological situation, reactions aimed at preserving or recreating possibilities of action.

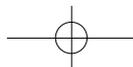
Gelb (1933/1969) argues that it is the analysis of the environment in which a patient can still act without conflict that provides most information on behaviour changes. Goldstein mentions two different ways of reacting when confronted with pathology: (1) the creation of a changed environment, narrowed in order to avoid failure situations and anxiety⁷ that could paralyse a patient's actions; (2) the use of detours that allow access to a desired situation by a very different way than that used by normal subjects. Whereas in Jakobson we observe a kind of normalization of pathology, detour analysis is a favourite Goldstein topic for the investigation of human pathologies. Such studies show us:

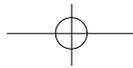
to which extent these reactions are impaired; in fact, only such studies can reveal the change which occurred in the patient, since we can show, using carefully chosen experiments, that these reactions no longer fit certain normal requirements. (Goldstein, 1933/1971: 285)

However, Goldstein is not interested in the detours used by patients to achieve a remainder of normal behaviour, since this would imply he was neither taking the patient nor the pathology seriously.⁸ Instead he analyses in depth the means mobilized by patients to act despite their illness, because these inform us about normal function that is lacking. From this perspective, Goldstein addresses language disorders, and in particular amnesic aphasia, to reveal the normal functioning of language.

The main clinical trait of amnesic aphasia is missing words, expressed by short sentences spoken in replacement of these words, so that speech often loses coherence because of the frequent use of circumlocutions. Patients are unable to recall the words they want to pronounce intentionally and/or after seeing objects. The repetition of heard words, text reading and oral and written comprehension are normal in most cases. What does an aphasic person do to find words despite the disorder? Below I briefly report three examples discussed by Goldstein (1927/1971).⁹

- (1) *Literal paraphrasing* is discussed by Goldstein for its detour function, as it helps complete a task that has become impossible because of amnesic





aphasia. It is characterized by the preservation of general word structure – length and rhythm – but certain letters are left out and others introduced wrongly or in the wrong place. In such cases we often observe the use of imperfect replacement products, deviated and erroneous replacements, which take the place of the desired word. But Goldstein considers that the characteristic trait is that the detour is based on a *sensory memory of the word*. Thus, Goldstein (1933/1971: 312) observes:

The patient functions rather as we do when we learn a foreign language and we do not immediately find a word. We try to reconstruct it from our memories, in an optical, acoustic or motor manner. The patient proceeds in exactly the same way.

- (2) Another way of finding a word is *verbal paraphrasing*. The patient produces another word from the same sphere of meaning without it being a synonym. Thus a patient asked to say ‘God’ might say ‘church’ or another might say ‘turtle’ for ‘crocodile’, etc. According to Goldstein, patients refer to *verbal knowledge* (here: lexical knowledge) acquired during their life. Goldstein (1933/1971: 340) cites other examples for this extremely important strategy in amnesic aphasia:

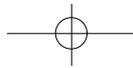
A patient, for example, cannot find the word ‘forget-me-not’ or ‘blue’, but the object awakens in him the memory of a nursery rhyme ‘*Blau blüht ein Blümelein, es heisst Vergissmeinnicht*’ [‘Blue blossoms a small flower, it is called forget-me-not’], and immediately he says ‘forget-me-not’ and ‘blue’. He did not use these words with their usual meaning, they have presented themselves to him as external verbal knowledge [...].

- (3) A third strategy used by patients presents slightly different characteristics and refers to the reality experienced by patients. Goldstein describes the case of a woman who could not name the objects in her kitchen. Yet by appropriate conversation, one could make her to walk around her kitchen in her memory and suddenly she would be able to list the various objects in her kitchen. Thus the words have been directly evoked by the imagined presence of the objects. It is as if she could read the words on the objects when walking through her kitchen.

Externality between words and the world

In these three examples of strategies, words are recalled by detours, through sensory and motor memories, references to learned verbal knowledge, or the imagined presence of the objects to which the word corresponds. These three ways of finding words have a common characteristic that Goldstein immediately highlights: the patient solves the problem in a completely external way. What does he mean by ‘external’? At least two other ways can be found in Goldstein’s thinking.



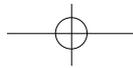


When a patient tries to call to mind – by trial and error – the sensory or motor memories of a word, he somehow detaches himself from the world to let the word ‘come’ into his head. The same thing is observed when referring to verbal knowledge: a patient cannot find the word ‘doormat’ but then remembers an expression often heard and stored in his verbal memory, ‘don’t stumble on the doormat’, and the word ‘comes back’. The procedure used by the patient is very similar to the one described later in psychological research on evocative memory. But what do ‘evoke’, ‘evocative memory’ and ‘recollection’ mean? Vermersch (1990: 230) describes it as follows: ‘it is, for a subject, to be more present in a past situation than in the present one. Subjectively, it is what happens when a subject rediscovers the images, sounds, and sensations of a past experience [. . .].’¹⁰ In Goldstein’s texts (1933/1971: 314–15) the same characteristics are described. The subject who seeks words somehow leaves the world of objects and subjects around him, his stare is directed differently, the rhythm of his speech slows down, normal mechanisms are replaced by detours, the rapid and complete course of language is altered and suddenly words appear. This articulation between a slowed-down verbal process and the emerging of words emphasizes the subject’s external relation to the world in that situation.

In fact the relationship is external in character, not only between the world and the subject, but also between words and the world. This is well expressed in the use that the patient makes of verbal knowledge to find missing words. This ability informs us, says Goldstein, about the extraordinary richness, the extraordinary independence of language with regard to the world, which even allows us to reach conclusions on the world that are purely verbal. He cites an example:

On the table there is a red book. The patient distinguishes a square via a motor pathway. If we place the book in such a way that he can now see white pages, he says ‘white’ and distinguishes a certain shape. He then says, ‘Red square, white, thick, on the table, that could be a book.’ (Goldstein, 1933/1971: 343)

For Goldstein this example proves that, for this patient, language is the only way of knowing things and finding his way in the world. He seems only to know the world through his verbal knowledge. This externality between words and the world is therefore based on an extremely important mechanism, which is produced by the aphasic person to escape a distressing situation. The patient is confronted with an object from the external world and, lacking a word to name it, makes a detour and inserts his verbal knowledge between himself and the world. Instead of *producing* knowledge of the world by using words, he refers to his verbal knowledge to *rediscover* knowledge of the world. Goldstein (1933/1971: 335) characterizes this way of using language as instrumental because the value of words only consists in ‘the effective and external possibilities they offer us’.



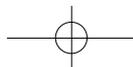
From his analysis of the instrumental use observed in patients, Goldstein comes to two conclusions with regard to the normal expectations of language that the patient can no longer achieve. First, the language of a normal subject is characterized by a rapid and complete flow of words. Goldstein (1933/1971: 311–12, 318–19) also considers the development integrity of the various language processes. The ‘natural discourse flow’ is disturbed in aphasic patients, who are obliged to carry out deliberate word retrieval. ‘Deliberate’ means, in this context, that patients try to recall lost words through an internal or external situation specifically conceived with this in mind. As the examples show well, the implementation of word recall procedures by patients slows down the process of speech, the patient leaves the present situation and moves into the past of memories and verbal knowledge. Language loses spontaneity or, in Goldstein’s words, the speaker no longer has ‘natural intuition’ towards language, as characterizes normal speakers. Second, while word evocation process has become ‘deliberate’ in the patient, the thought process that normally accompanies each language activity is no longer certifiable:

The patient certainly *speaks without thinking first*. He does not speak via thought, as Hochheimer says, it is an action brought on by involuntary words. The speech is not meaningless, it holds a lot of knowledge and usually leads to some kind of solution to the problem, but such language does not imply simultaneous mental work, it contains intelligent arguments that do not come from present thinking. (Goldstein, 1933/1971: 342–3; original italics)

The way in which aphasic individuals carry out the verbal conclusions described above bears witness to a use of language which bypasses mental work. But what is this mental work, involved in language and carried out at the moment of speaking, this ‘present thinking’ that the patient no longer is able to do?

Mental work is apparent according to Goldstein in the normal use of language, a use that he also calls ‘representative’ or ‘symbolic’. Words used by aphasic patients ‘are only linked to personality by a wholly external relation-ship. They do not enlighten us, they are only an instrument of action’. Instead, words used in a representative manner are ‘linked to objects by a sense link.’ (Goldstein, 1933/1971: 335). This sense must not be mixed up with the *meaning* that each word carries and which is found in dictionaries. Another of Goldstein’s comments provides us with a clue to grasp this sense more fully:

As soon as man uses language to establish a living relation with himself and his peers, language is no longer an instrument, no longer a means, it is a manifestation, a revelation of our intimate being and the psychic link that unites us with the world and fellow beings. (Goldstein, 1933/1971: 344)¹¹



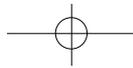
For Goldstein, the ability to stare down at the world and its link with oneself seems to be simultaneously the result and the condition of a normal use of language. If language always represents the world as the link uniting one with the world, as Goldstein says, each linguistic activity must be accompanied by present thinking (mental work) to produce this specific representation of the world. Thus, the semantic link between the word and the world is rather an abstraction made by the linguist analysing the products of language or an abstraction that takes place under pathological conditions when speech slows down or stops. In the real flow of speech there is always an interference between this semantic link and the intimate link of the subject with the world, the latter being produced in the present thinking that accompanies each linguistic production.

In terms of language this present thinking is theorized by Goldstein (1933/1971: 309–10) through the notion of ‘word-concept’ (*Wortbegriff*) which is ‘a determined viewpoint of whatever is being experienced, a certain language attitude we choose in the presence of a word, a sentence, etc.’. There exists, according to Goldstein (1932: 155) a ‘specifically linguistic experience’ (*Erlebnis des spezifisch Sprachlichen*), a perception of the way in which a word is expressed in its language form and this perception allows us to consider words as ‘attached to the subject’.¹² At the end of ‘The analysis of aphasia and study of the essence of language’, Goldstein makes a comparison which seems strange to contemporary readers, more used to sober rationalism. While speaking subjects repeatedly reveal the link that unites them to the world, the world is never deprived of soul for the speaking subject. We always create a meaningful link towards the objects of the world when we speak of them, and thus we perceive them as animated, endowed with a soul. Such being in the world, represented by the subject through language, a being in a world ‘which is never bereft of soul’ (Goldstein, 1933/1971: 344) is thus affirmed by Goldstein as the state of normal psychism and the condition of normal language functioning.

Conclusion: a knowledge principle for social sciences

From the point of view of a psychopathology research, the comparison of Jakobson’s and Goldstein’s approaches allows us to appreciate the key importance of the latter’s works, which in my opinion is linked to the following, apparently non-modern concept: the *essence of language*. Goldstein uses it in the title of his 1933 text and clarifies it in the first paragraph. He sees the concept as a:

knowledge principle from which we can grasp the activities of organisms that we represent as depending on this principle. The ‘essence’ is only revealed to us in operations and it is after such operations that we construct an image of it. (Goldstein, 1933/1971: 291; original italics)



Goldstein thus undertakes the analysis of a subject's language behaviour from a very specific point of view, i.e., aiming to produce a representation of the intimate link holding the subject together with the world. This does not mean that the study of language ought to recreate this representation, which is always individual, intimate and idiosyncratic, but such research aims to describe and grasp the language operations that might allow us to do so. Consequently, 'specifically linguistic aspects' are the object of the research on language because they bear witness to language as the essence of operations. We can never construct such knowledge of language in a generic model since it must be produced on the basis of completed linguistic operations and is never independent of the knowledge of the latter. This is precisely the basis of the following difficulty mentioned by Goldstein (1933/1971: 291): 'We do not hide the great methodological difficulty that descriptions of operations and of the essence of language both condition and support one another'. Goldstein actually talks about descriptions, but does not attempt to give an explanation.¹³

The difference between Goldstein's approach and that of Jakobson, as well as much of modern linguistics, is surprising. Jakobson's project was to deduce from a theoretical model of language the symptoms that would prove the existence of language impairments of a predicted type. Yet Jakobson does not try to describe linguistic operations but to highlight them in certain well-stabilized ways. According to his model, the change that future research might bring is, at most, further aphasia classification proposals, which become increasingly complex in order to represent the largest number of clinical cases. This would ultimately allow the identification within each patient of a specific mode of normal language functioning.

Goldstein's approach is very different. Instead of developing, or basing himself on, a language model, he argues in favour of studying the essence of language; this does not enable – as he says himself – definitive knowledge, as this 'is only possible when basing one's ideas on certain metaphysical hypotheses'. Yet such research is sufficient to 'achieve such results as to make intelligible the behaviour of organisms in various possible situations' (Goldstein, 1933/1971: 291). Goldstein does not give up the possibility of making both normal language and impaired language behaviour intelligible, but he claims that it is not possible to do so based on a model of language, be it structural, linguistic, neurolinguistic, psychological or clinical.

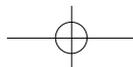
Does Goldstein's method suffice when research is situated within an established scientific field? By taking this question into account, I can attempt to answer the opening question: why was there so much interest in language in the 1920s and 1930s? Goldstein claims that it is the use of language by individuals, which most clearly reveals that spontaneity and productivity are the 'deepest essence of man', a productivity that then means that all knowledge of human beings is provisional. Goldstein shared with many other researchers the project of grounding a social science in full

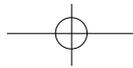


conformity with this postulate. If such a project has not lost its attractiveness, in particular in the area of neuropsychiatric pathologies, it would confirm my opinion that scientific development is not purely linear.

Notes

1. This article was first published in French as: Psychopathologie et essence du langage: l'aphasie interprétée par Kurt Goldstein et Roman Jakobson. *Psychiatrie, Sciences humaines, Neurosciences*, 5, 22–36 (2004).
2. Parts of Goldstein's article in the *Journal de Psychologie* are similar to his Hamburg congress presentation (Goldstein, 1932).
3. Villard and Nespoulous (1989: 27) write: 'We recognize that formal linguistic theory provides essential tools for the structural description of pathological language. But things do not look quite so good if we try to characterize or even explain the genesis of aphasic behaviour in linguistic terms of structural deficits [...]'; see also Dubois (1977: 36).
4. Jakobson (1955/1971: 232) writes: 'The two opposite tropes, metaphor and metonymy, present the most condensed expression of two basic modes of relation: the internal relation of similarity (and contrast) underlies the metaphor; the external relation of contiguity (and remoteness) determines the metonymy.'
5. Jakobson's model was tested and made more complex in later studies; see Dubois (1977).
6. Howard and Hatfield (1987: 45) refer to Goldstein as 'the epitome of holistic and organismic aphasiology'. Goldstein, in his publication *La structure de l'organisme. Introduction à la biologie à partir de la pathologie humaine* (1933/1995), develops his idea, summarized by Gurwitsch (1940: 245) as follows: 'Any vital expression must be brought back to the entire organism, it must be considered an expression of that organism, its concrete current state, the general tendencies which dominate it'. For Goldstein's life and works, see Simmel, 1968.
7. The concept of anxiety plays a central role in Goldstein's conception (1959/1971: 5–9).
8. Goldstein (1933/1971: 289) is very firm: 'Attitudes which remain in the patient *never appear that way in the normal subject*, even at earlier ontogenetic stages' (original italics).
9. Goldstein was already interested in this type of aphasia in 1905; see also Goldstein (1927).
10. Vermersch situates evocative memory towards episodic memory (itself linked to personal experience, events which have been experienced in a precise time and place by a person) rather than in the area of semantic or generic memory; see, for example, Tulving, 1983.
11. For Walter Benjamin (1935/1980: 480), it is this non-instrumental understanding of language, developed by Goldstein, which is at the basis of a modern sociology of language.
12. See more details on 'specifically linguistic aspects' in Friedrich, 2005. Jakobson (1958/1971) develops some thoughts on Goldstein's word-concept by highlighting the fact that there exists in our verbal behaviour 'various degrees of switching off the *signans*' (p. 269). There are situations in which the word-concept is radically freed from the sensory and motor phenomena of *signans* (particularly noticeable in language disturbances), and it then appears as a 'disembodied 'word-concept' (*Wortbegriff*)' (p. 269). Nonetheless, and in this Jakobson agrees with Goldstein, 'a zero *signans* and the rules of its relation to the verbal environment remain' (p. 270).
13. The desire to explain is not absent from Goldstein's work (1941, 1948) – see, for example, his proposition for explaining aphasic phenomena by distinguishing between an

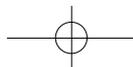




abstract (categorical) attitude and a concrete attitude of subjects, with a preference for concrete attitudes in pathological cases. This explanation model gave rise to Goldstein's reputation in psychopathology, but has also been considered inaccurate. I do not dwell on this because the conception of language proposed by Goldstein can be reconstructed precisely without referring to the model.

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