

# The role of metaphor and metonymy in the portrayal of what is currently called *schizophrenia*

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## Abstract

This paper employs cognitive linguistics to investigate the role of metaphor and metonymy in the portrayal of schizophrenia in Scandinavian psychiatric textbooks from three time periods: c. 1900, when the name of the disorder was *dementia praecox* ('prematurely out of one's mind'), c. 1950, when *schizophrenia* ('split mind') had replaced *dementia praecox*, and c. 2000. The study reveals that metaphor and metonymy play important roles in the naming and descriptions of the disorder. The change of name seems to have led to a change in metaphor use in the textbooks, with patients being described as "split" after the introduction of *schizophrenia*. The adjective *schizophrenic* makes it possible to refer to the diagnosed person by means of the diagnosis, as in "a schizophrenic". Both the connotations of *schizophrenia* and the DIAGNOSIS FOR DIAGNOSED-metonymy are likely to contribute to the stigmatisation associated with the illness and the persons suffering from it.

Die Studie untersucht mithilfe kognitionslinguistischer Methoden die Rollen von Metapher und Metonymie bei der Darstellung von Schizophrenie in skandinavischen psychiatrischen Lehrbüchern aus drei Zeiträumen: ca. 1900, als der Name der Krankheit noch *Dementia praecox* ('vorzeitige Demenz') war, ca. 1950, als *Schizophrenie* ('gespaltene Seele') den Terminus *Dementia praecox* ersetzt hatte, und ca. 2000. Die Studie zeigt, dass Metapher und Metonymie sowohl bei der Namensgebung als auch bei der Beschreibung der Krankheit wichtige Rollen spielen. Die Namensänderung scheint zu einer Änderung der Verwendung von Metaphern in den Lehrbüchern geführt zu haben, wobei Patienten nach Einführung des Begriffs 'Schizophrenie' als „gespalten“ beschrieben wurden. Das Adjektiv *schizophren* ermöglicht es, mittels der Diagnose auf die diagnostizierte Person Bezug zu nehmen, wie in „der/die Schizophrene“. Sowohl die Konnotationen der *Schizophrenie* als auch die DIAGNOSE FÜR DIAGNOSTIZIERT(E)-Metonymie dürften zur Stigmatisierung der Krankheit und der darunter leidenden Personen beitragen.

## 1. Introduction

How do we name and describe phenomena that we do not understand and are unable to observe directly? This question is of particular relevance in psychiatry, which is a medical speciality whose research object (i.e., mental disorders) is not available for direct observation. There are no specific neurobiological markers or objective measuring methods in psychiatry – not even for severe mental disorders such as schizophrenia. Psychiatry is dealing with abstract, subjective, and changeable phenomena that can only be indirectly observed and measured, via interpretation and assessment of signs or symptoms: behaviour or self-reported subjective experiences. Language is a

central tool in psychiatry. It is used for diagnosing (“the psychiatric interview”), for therapy (“talk therapy”), for evaluating treatment (medical records) as well as for defining and describing psychiatric disorders scientifically. A psychiatric diagnostic term like *schizophrenia* is a form of label (Zola 1993). It affects the diagnosed person (Lauveng 2005: 193-5), and it is difficult to remove it, as it tends to stick to the person with “superglue” (Malt et al. 2003: 51). However, little is known about the causes and developmental processes of mental disorders, and there is constant debate concerning their definition and categorisation.

One of the principles of medical nomenclature is that the names of illnesses should ideally shed light on their nature. But illnesses whose nature is still largely unknown also need names and scientific descriptions, and in such cases, metaphor and metonymy often play important and theory-building roles (Boyd 1979; Leary 1990; Temmerman 2000; Sánchez et al. 2012). The naming and renaming of a psychiatric disorder may thus affect the scientific and clinical understanding of the disorder, but also the perception and self-perception of the persons suffering from it, because categorisations and descriptions of mental disorders implicitly entail categories and descriptions of human beings.

The case of what is today called *schizophrenia* (‘state of split mind’) demonstrates these issues. The disorder is still somewhat of an enigma (Keshavan et al. 2011). It is not as yet known what causes it, how to delineate the category, and how to interpret it. Schizophrenia is also laden with strong stigmatisation as well as self-stigmatisation (Gallo 1994; Kingdon et al. 2008), and research has shown that the stigma is amplified by media’s portrayal of persons diagnosed with schizophrenia (cf. Schlier/Lincoln 2014; Magliano et al. 2011; Dubugras et al. 2011b; Anda 2013; Vahabzadeh et al. 2011 on German, Italian, Brazilian, Norwegian and U.S. newspapers respectively). Similar depictions are produced by the movie industry. Owen (2012: 655) reports that “[a] majority of characters displayed violent behavior toward themselves or others, and nearly one-third of violent characters engaged in homicidal behavior”. This unbalanced portrayal may cause society to fear and distrust persons with schizophrenia and also cause persons with schizophrenia to fear and distrust themselves (Nath 2013).

Moreover, the etymology of the term *schizophrenia* seems to have affected the public conception of the disorder (cf. Luty et al. 2006; Schomerus et al. 2007).

The association between schizophrenia and split personality is likely to combine with the media-enhanced association between schizophrenia and violence and create a public image equivalent to a Jekyll/Hyde-personality (Mannsåker 2020), and this misconception appears to be nearly as old as the scientific term itself (McNally 2007).

Furthermore, there is currently a discussion in psychiatry of whether to replace *schizophrenia* with a new and (hopefully) less stigmatised (and stigmatising) name (Lasalvia et al. 2015; George/Klijn 2013; Guloksuz/van Os 2018, 2019), but with the exception of some Asian countries where the name has been changed<sup>1</sup>, there seems to be a lack of agreement in psychiatry concerning both whether a name change is in fact (now) necessary, and if so, what the replacement name should be.

Historically seen, the term *schizophrenia* was introduced at a meeting of the German Psychiatric Association in 1908 by the Swiss psychiatrist Eugen Bleuler as a replacement name for the German psychiatrist Emil Kraepelin's term *dementia praecox* ('prematurely out of one's mind'). Bleuler stated one semantic and one morphological argument for replacing *dementia praecox* with *schizophrenia*: The term *dementia praecox* was in his view doubly misleading: "Im Interesse der Diskussion möchte ich nochmals hervorheben, daß es sich bei der *Kräpelin'schen Dementia praecox* weder um eine notwendige Dementia, noch um eine notwendige Praecocitas handelt." 'For the sake of the discussion I will once again stress that the *Kraepelinian dementia praecox* does not inevitably involve a dementia, nor a praecocitas' (1908: 436). And *dementia praecox* did not lend itself well to word formation (ibid.).

By c. 1950, the metaphoric term *schizophrenia*, accompanied by the derived<sup>2</sup> adjective *schizophrenic*, had replaced the metaphoric term *dementia praecox* in

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<sup>1</sup> According to Lasalvia et al. (2015) the following name changes have taken place in Asia in the period 2002–2012: **South-Korea**: *jungshinbunyeolbyung* ('mind-split disease') has been replaced with *johyeonbyung* ('attunement disorder'); **Japan**: *seishin-bunretsu-byo* ('mind-split-disease') has been replaced with *togo-shitcho-sho* ('integration disorder'); **Hongkong**: *jing-sheng-fen-lie-zheng* ('mind-split-disease') has been replaced with *si-jue-shi-tiao* ('dysregulation of thought and perception'); **Taiwan**: *jing-sheng-fen-lie-zheng* ('mind-split-disease') has been replaced with *sī-jué-shī-tiáo-zhèng* ('dysfunction of thought and perception').

<sup>2</sup> The derivation *schizophren* from *Schizophrenie* was most likely made by analogy with the already existing term set *Hebephrenie* – *hebephren*.

psychiatry (Noll 2011: 262). What were the consequences of the name switch and the adjectival word formation for the scientific descriptions of the diagnosis and of the diagnosed?

While there has been some research on the use of metaphors in the language of psychiatry (see for example the “MOMENT”<sup>3</sup> project) and Agdestein-Wagner (2014), relatively few have analysed the names of psychiatric diagnoses and the linguistic consequences of name changes. To my knowledge, no research has been made concerning the role of metonymy in the language of psychiatry. Noll (2011), Berrios et al. (2003) and McNally (2007, 2012, 2016) are among those who have investigated the diagnostic concepts of *dementia praecox* versus schizophrenia. Researchers carrying out this research are typically psychologists, psychiatrists, and historians of medicine, not linguists, and the research material consists of writings of leading psychiatrists in the international history of psychiatry.

Due to this gap in research, I have investigated the role of both metaphor and metonymy in the scientific naming and description of what is currently called *schizophrenia*.<sup>4</sup> I argue that in addition to being metaphoric, the terms *dementia praecox* and *schizophrenia* are also metonymic. The two terms frame the disorder – and the disordered – differently.

To find out what linguistic consequences the name change has had for the description of the phenomenon, I have examined Scandinavian psychiatric textbooks for medical students diachronically with the following two research questions:

1. Did the change of name from *dementia praecox* to *schizophrenia* lead to any changes in source domains (Lakoff/Johnson 1980) used for describing the diagnosis and the diagnosed?
2. What – if any – metonymic role(s) do the noun *schizophrenia* and the according to Bleuler much needed adjective *schizophrenic* play in the description of the diagnosis and the diagnosed?

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<sup>3</sup> *MOMENT PROJECT: Metaphors of severe mental disorders* is a multidisciplinary research project using Conceptual Metaphor Theory to analyse the discourse of people with a mental health diagnosis and mental health professionals (<https://mentalhealthmetaphors.uoc.edu/>).

<sup>4</sup> The investigation is part of my doctoral thesis (Mannsåker 2017).

I chose to investigate textbooks because they are read by an expert audience, the most important group being medical students. Textbooks gather the most central and established knowledge concerning a scientific topic, including the terminology. They are thus a source of 'common ground' and set language practises within a discipline. Their authors use the terms and categorisations that have been firmly established in the discipline, thus contributing to their further entrenchment. One of their purposes is to socialise students into a scientific discipline. They provide instructions to the students on how to categorise the phenomena in question, and how to describe them. Psychiatric textbooks thus teach medical students how to talk as well as think about psychiatric phenomena and psychiatric patients. Furthermore, they also teach the students how to approach, diagnose and treat the patients. The textbooks may therefore have a significant impact on both the medical students and their future patients.

## **2. Schizophrenia**

There are large variations both diachronically and synchronically in the conception of schizophrenia. According to Parnas et al. (2009: 247), over 20 different operational definitions have been proposed for schizophrenia during the last 30 years. In the psychiatric literature schizophrenia has been described in many ways: as several different conditions, a disorder with subgroups, a group of disorders, a syndrome, several syndromes, a spectrum, as one of the poles in a psychosis-continuum with bipolar disorder as the other pole, and, more generally, as part of a continuum with normality as one pole and psychosis as the other (van Os 2009: 365), as a gestalt (Parnas 2011), as non-existing (Szasz 1976), as an illness and a way of life (Kringlen 1997: 39) and as a form of severe affective disorder (Lake 2012). The term *schizophrenia* has denoted very different phenomena and has also had very different extensions in different countries and different clinical institutions (Kendell 1975), but

recent revisions of the two diagnostic manuals DSM<sup>5</sup> and ICD<sup>6</sup> have improved the situation (Malt et al. 1993: 195).

Currently and according to ICD-11<sup>7</sup> schizophrenia is a group of mental disorders characterised by disturbances in thinking, perception, self-experience, cognition, volition, affect and behaviour (WHO 2018). There seems to be consensus in current psychiatry that the causes are multiple and complex, and that *schizophrenia* is an umbrella term for several different disorders or conditions. According to Tandon et al. (2009), a full understanding of the phenomenon requires dimensional rather than categorical thinking, which may be too complex to do in real life (Parnas et al. 2009: 36). Schizophrenia has no cardinal symptom<sup>8</sup> nor a pathognomonic symptom<sup>9</sup>. Naming this kind of phenomenon often requires both metonymy and metaphor, and in what follows I will discuss the metonymic and metaphoric aspects of the terms *dementia praecox* and *schizophrenia* respectively.

### 3. Metaphor and metonymy in the naming of *schizophrenia*

According to Langacker (1999: 198–201) “a well-chosen metonymic expression lets us mention one entity that is salient and easily coded, and thereby evoke – essentially automatically – a target that is either of lesser interest or harder to name”. According to Conceptual Metaphor Theory (Lakoff/Johnson 1980, 1999) we use metaphor as a cognitive device to conceptualise abstract, complex, and unknown phenomena by means of more concrete, simple and well-known phenomena.

Barcelona (2011: 52) defines (conceptual) metonymy as an asymmetric mapping of a source onto a target. The source and the target are conceptual domains within the same functional domain, and they are linked by a pragmatic function, thus making it possible for the source to mentally activate the target.

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<sup>5</sup> *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association.

<sup>6</sup> *International Statistical Classification of Diseases and Related Health Problems*, published by the World Health Organization.

<sup>7</sup> ICD-11 is the eleventh edition of WHO’s International Classification of Diseases.

<sup>8</sup> *Cardinal symptom*: ‘main symptom’.

<sup>9</sup> *Pathognomonic symptom*: ‘symptom specific for one disease’.

(Conceptual) metaphor is defined by Lakoff (21993) as a mapping between corresponding aspects from a target domain and a source domain. The mapping projects knowledge about aspects of the source domain on to knowledge about corresponding aspects of the target domain, thus enabling us to utilise our knowledge of the source domain to conceptualise the target domain. The source domain frames the target domain in a specific way, highlighting aspects of the target domain that correspond with aspects of the source domain while at the same time hiding aspects of the target domain that do not correspond with aspects of the source domain. Metaphor and metonymy often interact, mainly in the form of metaphoric expressions containing metonymies, or metaphor from metonymy (Goossens 2009), or metonymy-based metaphor (Deignan 2005).

#### **4. The metonymic aspect of *dementia praecox* and *schizophrenia***

The phenomenon that is currently referred to by the term *schizophrenia*, was first defined by Kraepelin as a diagnostic category in the fifth edition of his textbook *Psychiatrie* by the name of *Dementia praecox* (Kraepelin 1896). In the eighth edition Kraepelin explains the choice of name for the category:

I got the starting point of the line of thought which in 1896 led to *dementia praecox* being regarded as a distinct disease on the one hand from the overpowering impression of the states of dementia quite similar to each other which developed from the most varied initial clinical symptoms, on the other hand from the experience connected with the observations of Hecker that these peculiar dementias seemed to stand in near relation to the period of youth. As there was no clinical recognition of it, the first thing to be done for the preliminary marking off of the newly circumscribed territory, was to choose a name which could express both these points of view. The name “*dementia praecox*”, which had already been used by Morel and later by Pick (1891), seemed to me to answer this purpose sufficiently, till a profounder understanding would provide an appropriate name (Kraepelin/Barclay, [1909]1919: 3-4).

In the 1899 sixth edition of *Psychiatrie* Kraepelin included the former separate conditions *catatonia*, *hebephrenia* (which in the fifth edition corresponds to *dementia praecox*) and *dementia paranoides* in the category *dementia praecox*, because he believed that they all had the same outcome.

The term *dementia praecox* refers to the prognosis/outcome of the disorder(s), and the term may be analysed as an EFFECT FOR CAUSE-metonymy, where an effect (premature dementia) refers to the cause: the disorder(s) causing the premature dementia. Alternatively, it may be analysed as a PART FOR WHOLE-metonymy, as a disorder may be mentally represented as a conceptual domain consisting of the following elements: CAUSE(S), ONSET, SYMPTOMS, COURSE, OUTCOME, PATIENT.

*Dementia* was originally a term referring to a wide range of conditions of psychosocial deficits, but from the end of the 19<sup>th</sup> century and onwards it was reserved for an ailment associated with elderly people, hence the reason for the modifier 'praecox' (Berrios et al. 2003). *Dementia praecox* had a Scandinavian synonym, *ungdomssløvsinn*<sup>10</sup>, which literally means 'youth-blunt-mind(edness)'. *Sløvsinn* is an archaic Scandinavian term for different forms of dementia. *Ungdomssløvsinn* ('youth dementia') is based on the same EFFECT FOR CAUSE- or PART FOR WHOLE-metonymic relation as *dementia praecox*.

A few years after Kraepelin's presentation of dementia praecox, Bleuler coined and launched the replacement name *schizophrenia*. The term literally refers to what Bleuler considered a cardinal symptom of the disorder: "Ich glaube nämlich, daß die Zerreiung oder Spaltung der psychischen Funktionen ein hervorragendes Symptom der ganzen Gruppe sei [...]." 'I believe that the tearing apart or splitting of the mental functions is a distinctive symptom of the whole group' (Bleuler 1908: 436). It may be analysed in the same two ways as *dementia praecox*: as an EFFECT FOR CAUSE-metonymy where an (assumed) effect (the cardinal symptom of 'splitting of the mental functions' refers to the cause: the underlying disorder that causes the symptom, or as a PART FOR WHOLE-metonymy, where the cardinal symptom stands for the whole disorder.

Metonymy is an important tool for naming disorders, enabling one salient and/or directly observable aspect of the disorder to refer to the whole disorder.

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<sup>10</sup> More precisely, the Danish form is *ungdomssløvsind*, the Norwegian form is *ungdomssløvsinn*, and the Swedish form is *ungdomsslösinne*. The Norwegian form is used in this article.

## 5. The metaphoric aspect of *dementia praecox* and *schizophrenia*

The term *dementia praecox* consists of the two Latin words *dementia* and *praecox*. *Dementia* consists of Latin *de* 'off, from' and Latin *mens* 'mind' and the suffix *-ia*, which in medical terminology means 'condition/state', and the Latin meaning is 'state of derangement of the mind, madness, insanity' (Glare 1982). *Dementia* is derived from the Latin adjective *demens*, which means 'out of one's mind, mad, frenzied, insane' (ibid.). *Praecox* ('before time, prematurely') comes from Latin *prae* 'before' and Latin *coquere* 'to cook, ripen' (ibid.). *Dementia praecox* literary means 'state of being prematurely out of one's mind'. The terms *demented* and *dementia* are surface manifestations of the conceptual metaphor THE MIND IS A PHYSICAL ENTITY, where the mind is conceptualised as a concrete entity that can be separated from the body. The term *dementia* has negative connotations, as someone who is 'out of his mind' as no access to his mind anymore and is 'mindless'

There seems to be a dual system for the metaphoric conceptualisation of reduced mental capacity as lack of co-location between the mind and the person: Either the person is removed from his mind ('to be out of one's mind'), or the mind is removed from the person ('to lose one's mind'). The mind can thus be conceptualised as a stationary entity or a location, or as a (re)movable object.

The Scandinavian term *sløvsinn* is a metaphoric expression where the mind is portrayed as a physical object with the property of being blunt. The adjective *sløv* is commonly defined as 'unsharp', often illustrated with the example *sløv kniv* ('blunt knife'). Figurative senses of the word are 'weak, weakened, sluggish, lazy, indifferent'. The basic meaning of *sløv* is 'not sharp', and the word has negative connotations. It describes objects that are supposed be sharp but are not (anymore). A person who has lost her 'sharpness' and developed a 'blunt mind', could be said to have lost her functionality due to weakened motivation, attention, and emotion. The metaphor is also present in ICD-11's description of schizophrenia, where "blunted emotional expression" serves as an example of disturbances in affect (WHO 2018).

The term *schizophrenia* (German *Schizophrenie*) is a word formation containing two Greek elements: *skhizein* 'split' and *phren* 'mind', plus the suffix *-ia*.<sup>11</sup>

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<sup>11</sup> *Schizo-* is the combining form of *skhizein*. Latin *-ia* has the form *-ie* in German and *-i* in Scandinavian.

*Schizophrenia* thus literally means ‘state of split mind’, and like *sløvsinn* it is a metaphoric expression where the mind is portrayed as an object with physical properties. That something is split entails that what was once whole, is now divided in separate parts, and this will normally disrupt or ruin the functioning of the object. Bleuler’s term is one of many manifestations of what Berrios et al. (2003) call “The Splitting Metaphor”. This metaphor originated early in the 19<sup>th</sup> century as an explanatory model for deviant behaviour:

[...] the metaphor of separating, dividing, breaking, dissociation, divorcing or splitting of mental functions became popular to explain unpredictable and strange human behaviour. The metaphor was used in popular literature and folk and scientific psychology (ibid.: 119).

*Schizophrenia* and *schizophrenic* are now firmly established in many languages as colloquial metaphors for various forms of ‘inner splits’ (Joseph et al. 2015; Finzen et al. 2001; Boke et al. 2007; Magliano et al. 2011; Dubugras et al. 2011a; Park et al. 2012; Athanasopoulou/Välimäki 2014; Mannsåker 2020; Thys et al. 2013).

The terms *dementia praecox*, *schizophrenia* and *ungdomssløvsinn* are neither examples of metonymy in metaphor nor metaphor from metonymy or metonymy-based metaphor. If anything, they could perhaps be examples of Goossens’ (2009: 366) category *Metaphor within metonymy*, of which he found only one example in his research material, as *dementia praecox*, *schizophrenia* and *ungdomssløvsinn* are metaphoric expressions that are used as EFFECT FOR CAUSE- or PART FOR WHOLE-metonymies.

## 6. Method

I have investigated excerpts from various Scandinavian psychiatric textbooks to find answers to the research questions: *Did the change of name from dementia praecox to schizophrenia lead to any changes in source domains used for describing the diagnosis and the diagnosed?* and *What – if any – metonymic role(s) do the noun schizophrenia and the adjective schizophrenic play in the descriptions of the diagnosis and the diagnosed?* The first question entails an investigation of source domains related to the description of the diagnosis and the diagnosed, the second entails an investigation of the usage(s) of the terms *schizophrenia* and *schizophrenic*.

My research material consists of excerpts regarding the disorder from nine Scandinavian (i.e., Norwegian, Swedish and Danish) textbooks on psychiatry from three time periods: c. 1900, when the name of the disorder was *dementia praecox/ungdomssløvsinn*, c. 1950, when *schizophrenia* had fully replaced *dementia praecox/ungdomssløvsinn*, and the period after 2000, i.e., textbooks that are currently or recently used in Scandinavian medical schools. The textbooks are all written in a Scandinavian language by Scandinavian authors for a Scandinavian market.

The excerpts are collected from the following textbooks:

- **1900:**
  - Holm (1895: 33, 104–118, 184, 294): *Den specielle psykiatri for læger og studerende: forelæsninger holdte ved Kristiania universitet 1895 med sygehistorier, facsimiler af haandskrifter samt tegninger*
  - Friedenreich (1901/2009: 89–108): *Kortfattet, speciel Psykiatri*
  - Vogt (1905: 117–143): *Psykiatriens grundtræk*
  - The excerpts are in total 64 pages long and contain 17 414 words. Holm and Vogt are Norwegian, Friedenreich is Danish.
- **1950:**
  - Langfeldt (1951: 341–395): *Lærebok i klinisk psykiatri*
  - Smith/Strömngren (1956: 133–160): *Psykiatri*
  - Lundquist (1959: 174–184): *Psykiatri och mentalhygien*
  - The excerpts are in total 91 pages long and contain 38 017 words. Langfeldt is Norwegian, Smith/Strömngren Danish and Lundquist Swedish.
- **2000:**
  - Cullberg (2003: 267–302): *Dynamisk psykiatri*
  - Malt/Retterstøl/Dahl (2003: 193–236): *Lærebok i psykiatri*
  - Parnas/Kragh-Sørensen/Mors (2009: 247–343): *Klinisk psykiatri*
  - The excerpts are in total 171 pages long and contain 73 536 words. Cullberg is Swedish, Malt et al. Norwegian and Parnas et al. Danish.

Textbooks are often published in many editions through long periods, so to obtain different authors and textbooks for each period, I decided to have a time interval of 50 years. I chose to include textbooks from all the Scandinavian countries to increase my research material. There are few Scandinavian

textbooks from the 1900 and 1950 period.<sup>12</sup> As several of the textbooks are written by a single author, there could potentially be linguistic idiosyncrasies in the texts. The inclusion of three textbooks from each period reduces this effect. The languages and cultures of the three Scandinavian countries are in many ways very similar. The textbooks are used across the borders. Dahl, who is one of the authors of Malt et al. (2003), is also the author of one of the chapters in Parnas et al. (2009). This indicates that Scandinavian psychiatric textbooks present compatible portrayals of the psychiatric discipline. The aim of the investigation is therefore not to compare the different languages, but the different time periods. I have however compared the Scandinavian textbooks with Bleuler (1908) in respect of metonymic uses of *schizophrenia* and *schizophrenic* to find out how much the latter has influenced the former. German psychiatry had a significant impact from the 1850s onward. It was common for leading Scandinavian psychiatrists to have academic stays in Germany, and German was an important language of science in Scandinavia. Furthermore, the Scandinavian languages are closely related to German and have similar patterns of word formation and inflection.

## 7. Data analysis

I wrote the different excerpts from the nine textbooks into Excel sheets, sentence by sentence, creating search- and filterable files. The excerpts constitute a mini corpus consisting of three sub corpora (1900, 1950 and 2000) containing a total of 128 960 words. Due to the relatively small size of the corpus, it is not possible to draw firm conclusions. On the other hand, the size of the corpus enables close reading and thus a more fine-grained analysis, making it possible to discover nuances and phenomena that are more difficult to identify in larger corpora. Bleuler's 1908 article was investigated manually via close reading of a paper copy.

I have translated quotes and examples from both the textbooks and the article into English and put the translations in single quotation marks. Relevant structures are highlighted in bold and italics, both in the original quotes and in the translations.

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<sup>12</sup> I was not able to find a Swedish textbook from the 1900 period, and the Swedish textbook from the 1950 period is an elementary introduction to psychiatry.

## 8. Findings

### 8.1 Changes in source domains used for describing the diagnosis and the diagnosed

According to Lakoff (1987) a conceptual metaphor is cognitively alive if its mappings produce metaphoric expressions. If *schizophrenia* is described using Scandinavian words with the basic meaning ‘splitting’ or the like in the Scandinavian textbooks, it could indicate that “The Splitting Metaphor” is alive in the field. If the textbooks from 1950 and 2000 contain such linguistic surface manifestations of the metaphor, a comparison with the textbooks from 1900 could provide indications as to whether these metaphors first emerged after the introduction of the term *schizophrenia* in 1908 or were present to the same extent in the textbooks pre-1908. If they appear to have emerged together with *schizophrenia*, the name change could be said to have entailed a shift in choice of linguistic metaphors to describe the phenomenon, which may indicate a new metaphoric conceptualisation of the phenomenon, leading to new research questions and problem-solving strategies (Thibodeau/Boroditsky 2011; Leary 1990; Schön 1979) and a new conception of the patients, especially if linguistic metaphors related to the term *ungdomssløvsinn* are present in the corpus but more frequent in the textbooks from 1900 compared to those from 1950 and 2000.

I choose to investigate the frequency and distribution of the following Scandinavian stems<sup>13</sup>, which all appear in the corpus of excerpts and could be said to more or less relate to either the source domain BLUNTNESS (*ungdomssløvsinn*) or the source domain SPLITTING (*schizophrenia*):

- BLUNTNESS: *sløv-* (‘blunt’), *avstump-* (‘made blunt’), *-flat-* (‘flat’).
- SPLITTING: *splitt-* (‘split’), *spalt-* (‘split’), *kløyv-* (‘cleave’), *dissosi-* (‘dissoci-’), *fragment-* (‘fragment-’), *oppløys-* (‘dissolve’), *(u)samanheng-* (‘(lack of) coherence’).

The list of stems includes loan stems and loan word formations with a more concrete basic meaning in Scandinavian. I have included the stems *fragment-* and *oppløys-*, which connote a more extensive break-up than splitting, thus possibly being more in tune with the connotations of *Zerreiung* (‘the tearing

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<sup>13</sup> For the sake of word economy only the Norwegian (nynorsk) versions of the stems are presented here.

apart'), as used by Bleuler (1908: 436). The stem (u)*samanheng-*, which connotes a looser former connection between the now separated parts, is also included. The stem *flat-* is included to compare the frequency and distribution of the BLUNT-metaphors, which have negative connotations, with the more neutral FLAT-metaphors, which are often used to describe a lack of emotional expression in psychiatry.

I did not include the stems *dementia* and *praecox*, as the linguistic manifestations of the conceptual metaphor by which *dementia* is motivated normally would be multiword expressions and clauses and thus more difficult to search for in the corpus. Also, the literal meaning of *dementia* is not mentioned in the textbooks. The opposite is true for *schizophrenia*. In all the textbooks from the 1950 and 2000 the literal meaning of the term *schizophrenia* is in fact explicitly presented. This may be a pedagogic strategy for creating or strengthening the reader's metaphoric associations and images, so that the abstract and complex phenomena presented in the text become more understandable. It may also indicate that the authors themselves at least partly base their understanding of schizophrenia on "The Splitting Metaphor". It is a point worth noting that none of the authors problematize or criticise the metaphor on which the term *schizophrenia* is based. As a result, the association between schizophrenia and 'mental splitting' is established in the textbooks.

To investigate the frequency and distribution of the chosen stems I searched for each of them in the corpus of excerpts and based on the textual context of each token I decided if the token was relevant or not. All instances of *overflatisk* ('superficial') are for example irrelevant for the stem *-flat-*, as they do not describe the disorder or the patient.

The results of the search and exclusion process are listed in Table 1 in number of instances (N) and the frequency relative to the total number of words in each of the sub corpora (in per mille).

Stem	1900 sub corpus		1950 sub corpus		2000 sub corpus	
	N	%	N	%	N	%
<i>sløv-</i>	31	1,78	21	0,55	6	0,08
<i>avstump-</i>	1	0,06	17	0,45	2	0,03
<i>-flat-</i>	0	0,00	6	0,16	14	0,19
<b>In total:</b>	32	1,84	44	1,16	22	0,30
<i>splitt-</i>	0	0,00	5	0,13	11	0,15
<i>spalt-</i>	0	0,00	22	0,58	4	0,05
<i>kløyv-</i>	0	0,00	1	0,03	2	0,03
<b>In total:</b>	0	0,00	28	0,74	17	0,23
<i>dissosi-</i>	2	0,11	1	0,03	9	0,12
<i>fragment-</i>	0	0,00	0	0,00	5	0,07
<i>oppløys-</i>	1	0,06	8	0,21	16	0,22
<i>(u)samanheng-</i>	16	0,92	10	0,26	34	0,46
<b>In total:</b>	19	1,09	19	0,50	64	0,87

**Table 1:** Metaphoric stems associated with BLUNTNES and SPLITTING

Table 1 shows that Scandinavian stems related to BLUNTNES and SPLITTING are in fact used to describe the diagnosis and the diagnosed. The metaphoric terms *ungdomssløvsinn* and *schizophrenia* are surrounded by metaphoric expressions motivated by the same conceptual metaphor. The conceptual metaphors are cognitively alive. The transition from *dementia praecox* to *schizophrenia* that occurred from 1908 to c. 1950 appears to have entailed a transition from bluntness-metaphors to splitting-metaphors in the textbooks. The use of *sløv-* has diminished markedly since 1900, while the numbers for *avstump-* and *-flat-* are more inconclusive. The authors generally use *sløv-* to describe the state of

dementia and the overall demeanour of the patient and *avstump-* and *-flat-* to describe the patient's (apparent) lack of emotion.

The most notable of the findings is that the stems *splitt-*, *spalt-*, *kløyv-* and *fragment-* are not found in the 1900 textbooks at all, and that they are indeed found in both the 1950 and the 2000 textbooks. In other words, Scandinavian expressions connected to the source domain SPLITTING are used in the textbooks to describe the diagnosis and the diagnosed. They are however exclusively used after Bleuler's introduction of the concept of "die Zerreiung oder Spaltung der psychischen Funktionen" ('the tearing apart or splitting of the mental functions') as a cardinal symptom of the disorder along with the terms *Schizophrenie* and *schizophren*. The change of (metaphoric) name for the disorder seems to have caused a change in the metaphoric descriptions of the disorder.

The relatively small numbers do not provide basis for firm conclusions. Nevertheless, the investigation provides indications of language use, and at the very least it answers the question of whether a stem was used at all in at least one textbook in one of the three periods. According to Cameron et al. (2010: 129) the size of a set of related linguistic metaphors is not always proportional to the set's importance. It is the discourse function of the related metaphors that decides how powerful they are.

In this regard it is noteworthy that none of the 1900 textbooks, but all the 1950 textbooks use the Scandinavian stems *split-*, *spalt-* and/or *kløyv-* to define the diagnostic category:

- (1) Ordet schizofreni betyder *splittrat* sinne eller *klyvning* av sj lslivet och utg r en beteckning p  de viktigaste symtomen vid ifr gavarande sjukdom. 'The word schizophrenia means *split* mind or *cleaving* of the mental life<sup>14</sup> and constitute a designation of the most important symptoms of the disorder in question' (Lundquist 1959: 175).
- (2) Skizofreni betyder "*spaltning* af sindet". Betegnelsen rammer v sentlige sider af symptomatologien, for s  vidt som patienterne ofte frembyder tegn p  personlighedss*spaltning* og p  m rkelige former for *splittelse* af f lelseslivet og tankegangen; de fleste enkeltfunktioner er intakte, men integrationen svigter. 'Schizophrenia means *splitting* of the mind. The designation hits important aspects of the symptomatology, as the patients often display signs of *splitting* of the personality and of peculiar forms of *splitting* of the emotional

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<sup>14</sup> The literal translation of *sj lslivet* is 'the soul life' cf. German *Seelenleben*.

life and the reasoning; most of the individual functions are intact, but the integration fails' (Smith/Strömngren 1956: 133).

- (3) Det som nå er det mest karakteristiske for det schizofrene tilstandsbillede ved siden av de enkelte grunnforstyrrelser på tenkings, følelses og viljeslivets område er den *spalting* av personligheten – depersonalisasjonen – som samtidig er til stede og som foranlediget Bleuler til å betegne lidelsen som schizofreni, hvilket oversatt betyr *spaltet* sinn. 'What is now the most characteristic of the schizophrenic state<sup>15</sup> apart from the individual basic disturbances of the faculties of thinking, emotion and volition is the *splitting* of the personality – the depersonalisation – that is concurrently present and that caused Bleuler to designate the disorder as schizophrenia, which translates to *split* mind' (Langfeldt 1951: 363-4).

As examples 1-3 show, the stems are used to describe both the diagnosis and the diagnosed, and the authors do not distance themselves from the metaphoric expressions by using quotation marks or the like.

There seems to be a shift in the usage of the stem *sløv-* from the 1900 to the 1950 and 2000 sub corpora. Generally, the stem is used for describing a chronic end state:

- (4) Den sørgelige Udgang af alle ikke helbredede Sindssygdomme, som ogsaa af mange organiske Hjernelidelser, er Dementsen, *Sløvsindet*, ☺: Dissociationen, Opløsningen af Personligheden. 'The sad outcome of all uncured mental disorders, like that of many organic brain disorders, is the dementia, the *blunt*-mind(edness), ☺:<sup>16</sup> the dissociation, the dissolvment of the personality' (Friedenreich 1901: 103).
- (5) Drejer det sig om helt *sløve*, såkaldte "udbrændte" skizofrene, har behandlingen ikke store chancer. 'In cases of completely *blunt* [*sløv-AGR*], so-called "burned out" schizophrenics, the treatment does not stand much chance' (Smith/Strömngren 1956: 153).

But in the 1950 and 2000 sub corpora the authors sometimes use the stem for describing temporary or seeming states, thus signalling a less pessimistic view:

- (6) Visse plutselige oppklaringer hos schizofrene pasienter som en tilsynelatende skulle tro var helt *sløvet*, taler også for at den schizofrene "demens" iallfall i flere tilfeller er av reversibel natur. 'Certain sudden clearances in schizophrenic patients who one would

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<sup>15</sup> The noun *tilstandsbilde* is a compound of *tilstand* 'state' and *bilde* 'image'.

<sup>16</sup> ☺: = 'that is'.

think were completely *blunted* [*sløv*-PTCP], also indicate that the schizophrenic “dementia” at least in several cases is of a reversible nature’ (Langfeldt 1951: 359).

- (7) Man må hele tiden ha for øye at den schizofrene pasients menneskelige verdighet må respekteres selv om han frembyr aldri så akutte symptomer, eller skulle synes aldri så *sløvet*. ‘One must always keep in mind that the schizophrenic patient’s human dignity must be respected, regardless of the acuteness of the symptoms he displays, or how *blunted* [*sløv*-PTCP] he seems’ (Malt et al. 2003: 212).

Moreover, three of the six instances of the stem *sløv*- in the 2000 material are found in a section explaining the origin of Kraepelin’s dementia praecox concept, not the current view of the diagnosis. This indicates that the diagnosed persons are not regarded as genuinely and/or permanently blunted/demented in the 1950 and 2000 textbooks, as opposed to the 1900 textbooks.

The stem *-flat-* seems to have replaced *avstump-* in the 2000 textbooks, *-flat-* being more neutral. *Avstumpet* is defined in a Norwegian dictionary as ‘blunt [*sløv*], emotionless’, examples including “avstumpet samvittighet” ‘blunted consciousness’.<sup>17</sup>

Several of the instances of the stems *split-* and *spalt-* describe the patients’ personality in the 1950 material, in constructions such as “den schizofrene *spaltning* av personligheten” ‘the schizophrenic *splitting* of the personality’ (Langfeldt 1951: 342, 348) or “personlighetss*spaltning*” ‘personality *splitting*’ (Smith/Strömngren 1956: 133). In the 2000 material, the stems do not describe the patients’ personality, but in some instances, the patients’ minds or the patients’ selves: “ops*plitning* af selvet” ‘*splitting* up of the self’ (Parnas et al. 2009: 265), “inre *splittring*” ‘inner *splitting*’ (Cullberg 2003: 290).

The perhaps most striking stem is *oppløys-* (‘dissolv-’), which is used once in the 1900 material, eight times in the 1950 material and sixteen times in the 2000 material. The stem has quite dramatic connotations, as something that dissolves, is disintegrated, and often transforms into another form. Often it is the patient or his personality that is described as “dissolved”, but occasionally it is the perception, the thinking or the ‘I-boundary’ of the schizophrenic person. Some

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[https://ordbok.uib.no/perl/ordbok.cgi?OPP=avstumpa&ant\\_bokmaal=5&ant\\_nynorsk=5&begge=+&ordbok= begge](https://ordbok.uib.no/perl/ordbok.cgi?OPP=avstumpa&ant_bokmaal=5&ant_nynorsk=5&begge=+&ordbok= begge) (17.03.2021).

of the instances of the stem in the 2000 material seem to be first-hand accounts of schizophrenia, expressing subjective symptoms: “følelse af indre disintegration og *opløsning*” ‘feeling of inner disintegration and *dissolvement*’ (Parnas et al. 2009: 264), “oplevelse af kropslig *opløsning*” ‘experience of bodily *dissolvement*’ (ibid.), “patienten oplever en *opløsning* af egen person” ‘the patient experiences a *dissolvement* of his own person’ (ibid.: 266), “han føler at han går i *opløsning* eller er i ferd med å *spaltes*” ‘he [the patient] feels that he is *dissolving* or being *split*’ (Malt et al. 2003: 205), “frykt for mental *opløsning*” ‘fear of mental *dissolvement*’ (ibid.: 224).

So-called self-disturbance is common in schizophrenia (Nelson et al. 2012). The subjective experience of being an autonomous entity, i.e., an individual (Latin *individuum* ‘indivisible’) can be lost. Elyn Saks, a professor in both law and psychiatry who herself has schizophrenia, writes: “In any case, whatever schizophrenia is, it’s not ‘split personality’, although the two are often confused by the public; the schizophrenic mind is not split, but shattered” (2007: 303).

This raises the question of whether the authors’ use of these metaphors is inspired by the patients’ use of such metaphors or vice versa? Or perhaps there is a reciprocal influence? The metaphor of dissolvement may possibly be an apt description of a subjective experience that is common in schizophrenia. It is nevertheless questionable for a textbook author to use such metaphors without hedging or signalling.

## 8.2 What metonymic role(s) do *schizophrenia/schizophrenic* play in the descriptions of the diagnosis and the diagnosed?

In his 1911 monograph on schizophrenia Bleuler implicitly argued that *Schizophrenie* is better suited for word formation than *Dementia praecox*<sup>18</sup>:

Leider konnten wir uns der unangenehmen Aufgabe nicht entziehen, einen neuen Namen für die Krankheitsgruppe [Dementia praecox] zu schmieden. Der bisherige ist zu unhandlich. Man kann damit nur die Krankheit benennen, nicht aber die Kranken, und man kann kein Adjektivum bilden, das die der Krankheit zukommenden Eigenschaften bezeichnen könnte, wenn auch ein verzweifelter Kollege bereits „präcoxe Symptome“ hat drucken lassen. ‘Unfortunately, we cannot avoid the unpleasant task of coining a new name for the group

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<sup>18</sup> The Scandinavian term *ungdomssløvsinn* is equally unfit for word formation.

of disorders [dementia praecox]. The present one is too cumbersome. It can only refer to the disorder, not the disordered, and one cannot from the term derive an adjective in order to designate the characteristics that accompany the disorder, even if a despaired colleague already has published „praecox symptoms“ in print (1911/2014: 4).

Bleuler stressed the scientific need for a derived adjective in both 1908 and 1911. And after introducing the noun *Schizophrenie* on the first page of his 1908 article, he starts without further notice to use the adjective *schizophren* a few pages later.

To investigate the usage of Bleuler's two new terms, I searched for all the instances of the noun and the derived adjective in his article and in the sub corpora. In Bleuler's article the adjective actually outnumbered the noun, whereas the opposite is the case in the 1950 and 2000 sub corpora. Table 2 displays both the distribution of the noun versus the adjective (in numbers and per cent) and the frequency relative to the total number of words in the article and in each of the sub corpora (in per mille).

	Bleuler (1908)			1950 sub corpus			2000 sub corpus		
	N	%	‰	N	%	‰	N	%	‰
<i>Adjective</i>	38	64,4	3,5	263	37,0	6,9	381	37,9	5,2
<i>Noun</i>	21	35,6	1,9	447	63,0	11,8	625	62,1	8,5
<b>In total:</b>	59	100,0	5,3	710	100,0	18,7	1006	100,0	13,7

**Table 2:** Distribution of the adjective (*schizophrenic*) versus the noun (*schizophrenia*)

The adjective is used c. half as often as the noun in the textbooks. It is far more frequent in the textbook sub corpora than in the article. Both Bleuler's new noun and the derived adjective thus seem to be considered useful by the authors.

For further investigation, I did a close reading of the context of each of the instances of the adjective: 57 in Bleuler's article, 710 in the 1950 textbooks and 1006 in the 2000 textbooks (cf. Table 2). I found that the adjective serves the following three functions in the article as well as in the sub corpora:

- Characterising or classifying persons diagnosed with schizophrenia. The most frequent combination of the adjective + a person-referring noun in the textbooks is *schizophrenic patient(s)*.

- Referring to someone diagnosed with schizophrenia. In this form of use the adjective functions as a noun. This is a type of SALIENT ATTRIBUTE FOR PERSON-metonymy. More precisely it is a DIAGNOSIS FOR DIAGNOSED-metonymy. One example from the textbooks is “den familien *den schizofrene* er vokset opp i” ‘the family in which *the schizophrenic* has grown up’ (Malt et al. 2003: 203). This function is probably what Bleuler (1911/2014: 4) had in mind when pointing out that “[m]an kann damit [with *Dementia praecox*] nur die Krankheit benennen, nicht aber die Kranken” ‘with *dementia praecox* one can only refer to the disorder, not the disordered’.
- Classifying aspects of schizophrenia in the form of so-called metonymic compressions. This is a type of metonymy where for example cause-effect relationships are compressed into an attribute of one of the entities involved. The most frequent adjective-noun combination of this type in the textbooks is *schizophrenic symptom(s)*. This is a metonymic compression because it is the person with schizophrenia who has the attribute ‘schizophrenic’, not her symptoms. This function is probably what Bleuler (ibid.) had in mind when speaking about an adjective “das die der Krankheit zukommenden Eigenschaften bezeichnen könnte” ‘that can designate the characteristics accompanying the disorder’. It could also be said to constitute the opposite of the person-referring function of the adjective, as compressed constructions enable exclusion of reference to the person, as in “tidligere histologiske funn i **schizofrene hjerner**” ‘previous histological [‘pathological’] findings in **schizophrenic[-AGR] brains**’ (Langfeldt 1951: 349).

The frequency and distribution of the three functions is presented in Table 3.

	Bleuler (1908)			1950 sub corpus			2000 sub corpus		
	N	%	‰	N	%	‰	N	%	‰
<b>Characterising persons</b>	1	2,6	0,1	45	17,1	1,2	112	29,4	1,5
<b>Referring to persons</b>	13	34,2	1,2	114	43,3	3,0	142	37,3	1,9
<b>Metonymic compressions</b>	24	63,2	2,2	104	39,5	2,7	127	33,3	1,7
<b>In total:</b>	38	100,0	3,5	263	100,0	6,9	381	100,0	5,1

**Table 3:** Distribution of the three functions of the adjective *schizophrenic*

Although *schizophrenic* in its basic sense is an adjective referring to a human attribute, the literal use of the adjective is markedly less frequent than the other two types. In the article the use of metonymic compressions is more frequent than the person-referring use, whereas the opposite is true for the sub corpora. The non-metonymic/literal characterising function is however relatively more frequent in the 2000 textbooks than in the article and the 1950 textbooks.

### 8.3 Metonymic and non-metonymic use of the adjective *schizophrenic*

The literal use of the adjective is by no means uncontroversial. In the 1990s a linguistic strategy called *person first* [or *people first*] *language* was formulated. This strategy is practised for example by the UN in their 2006 convention for people with disabilities (Granello/Gibbs 2016). A central actor in this development was the American Psychological Association (APA), who in 1992 published a list of linguistic guidelines for what they call “Nonhandicapping language”<sup>19</sup>. One of the principles stated in the guidelines is that adjectives should be replaced with nouns: *a schizophrenic person* → *a person with schizophrenia*; *he is schizophrenic* → *he has schizophrenia*. The rationale behind this principle is that if the condition is mentioned first, the perception of the person is negatively coloured in advance, and the condition is given too much focus.

<sup>19</sup> <https://apastyle.apa.org/6th-edition-resources/nonhandicapping-language> (12.02.2022). Revised: <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability>.

Although the idea of *person first* language has existed for decades, the practise is far from fully implemented. Granello/Gibbs (2016) found that recommended and advised-against constructions are used interchangeably in both the media and in academic literature, even in texts discussing stigma and the negative consequences of “labels”. As Table 3 shows, the 2000 sub corpus contains a considerable number of instances of these controversial constructions, albeit relatively fewer than the 1950 sub corpus.

As mentioned above, person-referring use of the adjective *schizophrenic* reflects a DIAGNOSIS FOR DIAGNOSED-metonymy, where a person is referred to by means of an adjective derived from the name of his psychiatric diagnosis. The diagnosis functions as what Langacker (1999) calls a *reference point* to the diagnosed person. Langacker (1999: 199) sees metonymy as a type of reference point construction. He mentions the example “*The {vasectomy/herniated disk} in room 304 needs a sleeping pill.* [one nurse to another in a hospital]” and comments that the example

[...] illustrates the skewing of salience relationships that specific circumstances often induce. In a hospital setting, nurses may well know virtually nothing about their individual patients except the nature of their malady or medical procedure; this is what they are primarily responsible for dealing with. Consequently, when they have to mention a particular patient (whose name they may not even recall), the malady or procedure suggests itself as an obvious reference point (ibid.: 200).

For psychiatrists a person’s psychiatric diagnosis is of course very salient and important; it is – in Langacker’s words – what they are primarily responsible for dealing with. But unlike Langacker’s examples of diagnoses, a vasectomy and a herniated disk, mental disorders are often chronic and very stigmatised. Psychiatry differs from somatic medicine in important ways. Having a herniated disk does not cause people to see you differently or fear you, but being diagnosed as having a mental disorder may have these consequences. As the psychiatrist Nancy Andreasen writes in the text “What is psychiatry”: “Because our minds create our humanity and our sense of self, our speciality cares for illnesses that affect the core of our existence” (Andreasen 1997: 592). While the various parts of our bodies have clearly defined functions, the mind has not, and therefore people with severe mental disorders are often regarded as completely dysfunctional rather than partially dysfunctional (Lauveng 2005;

Rustand 2007). To perceive the person as equivalent with her illness or diagnosis seems to be a way of thinking that still exists to some extent in mental health care, and this way of thinking affects the patients. Person-referring use of adjectives such as *a schizophrenic* depicts the person as nothing more than a wandering diagnosis.

In expressions like *a schizophrenic* the person and the diagnosis have merged into a single entity, whereas expressions like *a person with schizophrenia* contain separate references to the person and the diagnosis, thus separating the diagnosis from the person.

It is worth noting that person-referring use of adjectives relating to psychiatric diagnoses is in fact absent from the 1900 sub corpus, except for one instance of *the manic* in Friedenreich (1901/2009). Based on my findings for *schizophrenic* I investigated the use of the adjectives *hebephrenic*, *catatonic*, *paranoid*, *hysterical* and *melancholic* in the same way in the three sub corpora. These adjectives occur relatively often in the textbooks and denote attributes belonging to the domain of dementia praecox/schizophrenia or a more encompassing domain where dementia praecox/schizophrenia is an element. None of these adjectives are used in a person-referring way in the 1900 sub corpus, although they are just as linguistically suitable for such use as *schizophrenic* and are indeed used in this way in the 1950 and 2000 sub corpora. Person-referring use of adjectives specifically related to a diagnosis seem to have appeared in the textbooks after the release of Bleuler's 1908 article, where the person-referring use of *schizophrenic* constituted c. 1/3 of the instances of the adjective.

#### **8.4 Metonymic use of the noun schizophrenia**

Another difference between Langacker's (1999: 199) and my examples, is that *vasectomy* and *disk* are nouns, and *schizophrenic* is an adjective. The noun *schizophrenia* is rarely used metonymically to refer to persons in the sub corpora, and most of the instances of this function are found in the 1950 sub corpus. While the adjective used as a noun always refers to a person, the noun *schizophrenia* primarily refers to the disorder, and it scarcely ever refers to the person alone. What is more often the case, is that the abstract and uncountable noun *schizophrenia* through what Bierwiazzonek (2013: 117-118) calls *minor conversions*, i.e., "ordinary conceptual metonymies based on a shift in construal"

(ibid.: 117), has become concrete and countable and seems to refer to both the disorder and the person.

Three instances of person-referring use are found in Bleuler's article:

- (8) Durch zwei Doktorandinnen [...] habe ich die während 8 Jahren im Burghölzli aufgenommenen 647 *Schizophrenien* in bezug auf die Prognose durcharbeiten lassen. 'With the help of two female Ph.D. students I have during the last eight years at Burghölzli been able to work through the 647 admitted *schizophrenias* regarding the prognosis' (Bleuler 1908: 437).
- (9) Wir bekommen nur einen sehr beschränkten Teil aller *Schizophrenien* in unseren Anstalten zur Beobachtung [...]. 'We only receive a very limited portion of all *schizophrenias* into our institutions for observation' (ibid.: 461).
- (10) Dafür werden ganz leichte *Schizophrenien* durch eine interkurrente Zornaufwallung, einen Zuchthausknall, eine manische Erregung, einen Selbstmordversuch, einen pathologischen [sic] Rausch in die Anstalt gebracht. 'On the other hand, fairly light *schizophrenias* are sent to the institution because of an intercurrent fit of rage, a prison psychosis, a manic excitement, a suicide attempt, a pathological intoxication' (ibid.).

In the 1950 sub corpus there are four examples:

- (11) [...] et stort materiale lobotomerte *schizofrenier* [...] 'a large material of lobotomized *schizophrenias*' (Langfeldt 1951: 395).
- (12) [...] de tilfeller av "*schizofreni*" som ble helt restituert etter operasjonen [...] 'those cases of "*schizophrenia*" [relative pronoun]<sup>20</sup> were fully recovered after the surgery' (ibid.).
- (13) Journaler over *schizofrenier*. 'Medical records of *schizophrenias*' (Smith/Strömngren 1956: 155).
- (14) På grunn av lidelsens kroniske natur og nødvendigheten av forpleining i anstalt for et flertall av tilfellene, utgjør *schizofreniene* overalt et flertall av asylenes klientel. 'Because of the chronic nature of the disorder and the necessity of asylum care for a majority of the cases, *the schizophrenias* everywhere constitute a majority of the clientele of the asylums' (Langfeldt 1951: 345).

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<sup>20</sup> In Norwegian, the relative pronoun is *som* both for personal and non-personal antecedents. It is not possible for me to know for certain if Langfeldt would have used 'who' or 'that' in English.

In 11–14 the noun *schizophrenia* is clearly referring to persons diagnosed with schizophrenia because it is persons who are lobotomised, persons who may recover after surgery, persons who have medical records and persons who are admitted to and receive care in institutions and constitute a part of their clientele.

The noun *schizophrenia* is however mostly used literally in the textbooks, i.e., to refer to the diagnosis/disorder, cf. the expressions in italic in 15–16:

- (15) *Skizofrenien* er den i social henseende vigtigste *sindssygdom*. '*Schizophrenia* is the socially most important *mental disorder*' (Smith/Strömngren 1956: 133).
- (16) *Diagnosen skizofreni* er en *klinisk diagnose*, og der findes ingen robuste, specifikke (potensielt diagnostiske) biologiske markører for *sygdommen*. '*The diagnosis schizophrenia* is a *clinical diagnosis*, and there are no robust specific (potentially diagnostic) biological markers for *the disorder*' (Parnas et al. 2009: 247).

But in some instances, it is unclear if the noun primarily refers to the disorder as an abstract phenomenon or to concrete manifestations of it, or to the person(s) with schizophrenia. According to Croft (2003) metonymy can often be viewed as the highlighting of a domain in a domain matrix. Several domains in the matrix may be highlighted at once by different contextual triggers. He illustrates this phenomenon by the example "I cut out this article on the environment", where the noun *article* refers to both OBJECT and CONTENT, triggered by *cut out* and *on the environment* respectively. The same seems to be the case for some of the instances of *schizophrenia* in both the article and the sub corpora. In 17–18 the noun seems to simultaneously refer to the disorder and a case of the disorder or the patient (contextual triggers are in italic):

- (17) I omkring 10 % av tilfellene av **schizofreni** har *stoffmisbruk* gått forut for *sykdommens debut* [...]. '*In c. 10 % of the cases of schizophrenia drug abuse* has preceded *the onset of the disorder*' (Malt et al. 2003: 203).
- (18) *Behandlingen af skizofreni* er i een henseende en utaknemmelig opgave, for så vidt som man ikke kan gøre sig håb om fuldstændig at *helbrede disse patienter*. '*The treatment of schizophrenia* is in one way a thankless task, as one cannot hope to fully *heal these patients*' (Smith/Strömngren 1956: 150).

It is a one-to-one relation between a case of schizophrenia and the person who has schizophrenia. Having schizophrenia is not the same as having a cold; one does not get well from schizophrenia and then later contract a new case of

schizophrenia. And schizophrenia only manifests itself in the form of concrete cases. A case of schizophrenia is in this respect equivalent to a person with schizophrenia – on the one hand a manifestation of the disorder, on the other a unique person with a unique case of the disorder:

- (19) Der Begriff “*abnormer Charakter*” ist aber ein großer Topf, in dem *die verschiedensten Abweichungen vom Normalen* Platz haben – namentlich auch *latente, chronisch verlaufende Schizophrenien*, welche letztere natürlich die Gesamtprognose beeinflussen können. ‘The concept of “*abnormal character*” is very heterogenous, containing *all sorts of deviations from the normal* – even *latent, chronic courses of schizophrenias*, the last of which may influence the overall prognosis’ (Bleuler 1908: 439).
- (20) [...] ebenso wirkt der Alkohol nur indirekt deletär, indem er auch *leichte Schizophrenien* auf seine verschiedenen Weisen *in der Gesellschaft unmöglich macht* ‘likewise, alcohol only has an indirect harmful effect, in that it in its various ways renders even *light schizophrenias impossible in society*’ (ibid.: 452).
- (21) I over halvparten av *tilfellene av schizofreni* vil vi finne at *pasientene* som barn har vært innadvendte, ofte oppfattet som nervøse eller følsomme. ‘In more than half of *the cases of schizophrenia* we will find that *the patients* as children have been introverted, often perceived as nervous or sensitive’ (Malt et al. 2003: 204).

Sometimes the context clearly highlights one of the aspects:

- (22) [...] at de tilfeller av *schizofreni* som reagerte gunstig på lobektomiene, for det meste var pasienter hos hvem det kunne påvises affektive tilblandinger og exogen genese ‘that those cases of *schizophrenia* [relative pronoun] reacted favourably on the lobectomies were mostly patients where affective elements and exogenous genesis could be found’ (Langfeldt 1951: 395).
- (23) [...] i tilfeller av *schizofreni* som har vart i årevis [...] ‘in cases of *schizophrenia* [relative pronoun] has lasted for years and years’ (Langfeldt 1951: 395).

The noun *schizophrenia* can thus have ambiguous or double reference. This kind of vagueness, where more than one interpretation is possible, is not unusual in cases of metonymic meaning extensions based on conceptual contiguity according to Halverson (2012). The contiguity relations between the person and the disorder are strong, and therefore the boundary between them can easily

disappear, cognitively as well as linguistically. The same is true for expressions referring to treatment – you can (linguistically) treat the patient or the disorder:

(24) behandling av **schizofreni** ‘treatment of **schizophrenia**’ (Malt et al. 2003: 212);

(25) behandling av **pasienten** ‘treatment of **the patient**’ (ibid.: 214).

And you can (linguistically) diagnose the patient or the disorder:

(26) Visse selvmutilerende *patienter* lider af anhedoni og dårlig impuls kontrol og *diagnostiseres* fejlagtig som borderline. ‘Certain self-mutilating *patients* suffer from anhedonia and lack of impulse control and *are diagnosed* as borderline’ (Parnas et al. 2009: 300).

(27) *En psykose* kan saktens være *diagnostisert* som en reaktiv psykose innledningsvis, og ende opp som en schizofren lidelse, uten at man kan si at den opprinnelige diagnosen var feil. ‘A *psychosis* may well be *diagnosed* as a reactive psychosis initially and end up as a schizophrenic disorder, one can however not claim that the initial diagnosis was wrong’ (ibid.: 212).

Metonymic person-referring use of *schizophrenia* is marginal in the textbooks compared to metonymic person-referring use of *schizophrenic*, perhaps because the former is ambiguous in terms of reference, while the latter is not. It could also be the case that person-referring use of the noun is perceived as (even) more problematic than person-referring use of the adjective, as the latter construction is easy to ameliorate by inserting a person-referring noun such as ‘patient’ or ‘person’ or the like after the adjective. The adjective denotes an attribute of the person, whereas the noun denotes an entity other than the person. To refer to the person by means of the actual name of the disorder is more marked than referring to the person by means of the name of a salient attribute.

## 8.5 The adjective *schizophrenic* in metonymic compressions

Metonymic compressions involving the adjective *schizophrenic* are widespread in both Bleuler’s article and the sub corpora. The adjective is used attributively to modify a wide range of nouns that have the following in common: a) they do not refer to persons with schizophrenia and b) they can be said to refer to elements or sub elements in a domain of schizophrenia that includes both aspects of the disorder and aspects of the person suffering from the disorder. Bleuler (1908) uses the adjective attributively in 25 of 26 instances, and only one of the 25 instances participates in a construction referring to a person, namely

“die latent **schizophrene**, aber bis dahin ganz arbeitsfähige **Witwe**” ‘the latent **schizophrenic**, but until then quite employable **widow**’ (Bleuler 1908: 455). The other 24 instances are used in metonymic compressions, as listed in Table 4.

<b>Noun</b>	<b>N</b>	<b>Element</b>
<i>Symptom</i> ‘symptom’	8	Symptom
<i>Assoziationsstörung</i> ‘disturbance of associations’	2	Symptom
<i>Zeichen</i> ‘sign’	1	Symptom
<i>Blödsinn</i> ‘imbecility’	2	State
<i>Demenz</i> ‘dementia’	1	State
<i>Anfall</i> ‘fit’	1	Course
<i>Prozeß</i> ‘process’	3	Course
<i>Krankheitsprozeß</i> ‘disease process’	2	Course
<i>Hirnprozeß</i> ‘brain process’	1	Course
<i>Psyche</i> ‘psyche’	2	Psyche
<i>Gedankengang</i> ‘way of thinking’	1	Mental functions

**Table 4:** Frequency of nouns denoting elements in the domain of schizophrenia and participating in metonymic compressions with the adjective *schizophren* in Bleuler’s 1908 article

Table 5 displays the frequency and distribution of all the instances of the nouns that are used in metonymic compressions in the 1950 and 2000 sub corpora. The noun types are sorted in categories based on which schizophrenia-related element or aspect they refer to. The categories 1a-c consist of aspects of the disorder and 2a-c consist of aspects of the person.

		1950		2000	
		N	%	N	%
1a.	Disorder	19	18,3	32	25,2
1b.	Symptom	27	26,0	46	36,2
1bi.	Attributes of symptom or state related to schizophrenia	2	1,9	2	1,6
1bii.	The products of the schizophrenic person <sup>21</sup>	5	4,8	0	0
1c.	Course	19	18,3	22	17,3
2a.	Family	2	1,9	2	1,6
2b.	State	8	7,7	17	13,4
2c.	Psyche/Body	16	15,4	2	1,6
2ci.	Mental functions	6	5,8	4	3,1
	<b>In total:</b>	<b>104</b>	<b>100,0</b>	<b>127</b>	<b>100,0</b>

**Table 5:** Frequency and distribution of nouns denoting elements in the domain of schizophrenia and participating in metonymic compressions with the adjective *schizophrenic* in the 1950 and 2000 sub corpora

In 28–36 I provide each of the categories in Table 5 with an example from the textbooks, translated into English by me. I have formulated a tentative paraphrase after each example.

- (28) **Disorder:** ‘schizophrenic borderline conditions’, i.e., ‘conditions that resembles schizophrenia but do not meet all the criteria for schizophrenia’
- (29) **Symptom:** ‘schizophrenic symptom’, i.e., ‘symptom associated with and considered to be caused by schizophrenia’

<sup>21</sup> Different forms of observable behaviour may be considered symptoms of the disorder. I have therefore chosen to place the ‘products’ of the person under SYMPTOM, as for example letters, drawings and paintings may be affected by the disorder and/or be interpreted as signs of one of the symptoms of the disorder, namely delusions and disorganisation in the form of thought. These ‘products’ are mentioned in psychiatric textbooks by virtue of being regarded as tangible indications of the mental state of the ‘producer(s)’.

- (30) **Attributes of symptom or state:** 'language and thought disturbances of schizophrenic nature', i.e., 'language and thought disturbances associated with and considered to be caused by schizophrenia'
- (31) **Products:** 'schizophrenic letters', i.e., 'letters that in form and content reflect or indicate a type of thought disturbances associated with and considered to be caused by schizophrenia'
- (32) **Course:** 'the schizophrenic process', i.e., 'the gradual change (deterioration) of mental state and level of functioning associated with and considered to be caused by schizophrenia'
- (33) **Family:** 'the schizophrenic family', i.e., 'a family where one member has schizophrenia'
- (34) **State:** 'a schizophrenic state', i.e., 'a state associated with and considered to be caused by schizophrenia'
- (35) **Psyche/Body:** 'schizophrenic inheritance', i.e., 'inherited genetic disposition for schizophrenia'
- (36) **Mental functions:** 'schizophrenic world', i.e., 'the world view of a person who apparently has lost contact with reality, presumedly because of schizophrenia'

To put my findings in Table 4 in perspective, I investigated the adjectives *psychotic*, *hebephrenic*, *catatonic*, *paranoid* in the same way. Since these adjectives are older than *schizophrenic*, I have included the 1900 sub corpus as well as the 1950 and 2000 sub corpora in the investigation, thus making it possible to see if metonymic compressions were used in the textbooks before Bleuler introduced the adjective *schizophrenic* in 1908. The distribution of metonymic attributive use (compressions) versus non-metonymic attributive use (characterising/classifying persons) in the entire corpus is 180:23 for *psychotic*, 53:7 for *hebephrenic*, 153:13 for *catatonic* and 154:9 for *paranoid*. The construction is widespread in all three sub corpora and its function is to classify various phenomena:

Som bestanddele af de typiske sygdomstilfælde indgaar: 1. **Det hebefrene sløvsind**. 2. **Den katatone villiesforstyrrelse**. 3. **De paranoide vrangtanker** og 4. Neurastheniforme, resp. 5. Melankoliforme initialstadier. 'Components of the typical cases of the disorder are: 1. **The hebephrenic dementia**. 2. **The catatonic disturbance of volition**. 3. **The paranoid delusions** and 4. neurastheniform, resp. 5. melancholiform initial stages (Vogt 1905: 119).

The use of *schizophrenic* thus fits into a pattern in psychiatric textbooks where attributively used adjectives related to states and diagnoses are mainly used in metonymic compressions.

Specific language communities or genres often develop their own sets of metaphors and metonymies. According to Littlemore et al. (2010) metonymy makes communication more effective by functioning as short cuts within the discourse community, while at the same time posing problems for outsiders. Littlemore et al. discuss the example “loose nappy”, an idiosyncratic metonymic compression used in a day nursery. The expression does not refer to a loose-fitting nappy, it describes the state of the bowels of the baby whose nappy needs changing. In the same way as *schizophrenic symptoms* are not ‘schizophrenic’, the adjective *loose* does not refer to a property of the nappy. It takes sufficient inside knowledge to know what these expressions mean.

Could metonymic compressions like *schizophrenic symptoms* in addition to functioning as short cuts also function as resorts when one tries to conceptualise and describe complex and enigmatic phenomena such as schizophrenia? By using the adjective *schizophrenic* in compressions, the addresser leaves the responsibility of identifying the relation between the adjective and the noun to the addressee. The metonymic compressions in the textbook corpora are not surrounded by any explanatory paraphrases or elaborations. Bleuler himself frequently uses *schizophren* in metonymic compressions (cf. Table 3), and he does not attempt to paraphrase, explain, or clarify these expressions. Paraphrasing the compressions entails trying to formulate the relation between the adjective and the noun. But this is still just an oversimplification of complex connections and causal mechanisms. The explanatory value of the paraphrase is not materially different from that of the compression, since the terms *schizophrenic* and *schizophrenia* both refer to complex phenomena that are not yet sufficiently known or understood. Metonymic compressions consisting of the adjective *schizophrenic* + a noun that is related to the domain of schizophrenia have existed for as long as the terms *schizophrenic* and *schizophrenia* have existed, and the construction seems to be very productive. Moreover, this construction is not unique for the adjective *schizophrenia* in the textbooks. Metonymic compressions are probably widespread in all forms of scientific language. They are economic and, more importantly, they enable exclusion of reference to

agents and causal relations, entities that are often unknown or difficult to describe precisely.

## 9. Conclusion

Metaphor and metonymy play several roles in the naming and description of the disorder and the disordered. Both *dementia praecox* ('prematurely out of one's mind'), *ungdomssløvsinn* ('youth-blunt-mind(edness)') and *schizophrenia* ('split mind') are metaphors, but they are also metonymies, as one (assumed) aspect of the disorder is used to name the whole disorder: outcome for *dementia praecox* and *ungdomssløvsinn* and cardinal symptom for *schizophrenia*.

The terms *dementia praecox*, *ungdomssløvsinn* and *schizophrenia* are all based on metaphors where the mind is conceptualised as a physical object with physical properties: lack of co-localisation in the case of *dementia*, lack of desired sharpness in the case of *sløvsinn* and lack of unity in the case of *schizophrenia*. These metaphors are all implicit negative assessments: *co-location*, *sharpness* and *unity* have positive connotations and their opposites thus have negative connotations.

The change of name from *dementia praecox/ungdomssløvsinn* to *schizophrenia* seems to have caused a change in the metaphor use in the textbook corpus – before the introduction of the term *schizophrenia*, none of the textbooks describe the disorder or the patients with the word 'split' or synonymous expressions, but after the name change such descriptions are being used. This indicates that it was not just the name of the disorder that changed, but also the scientific conceptualisation of the disorder. Bleuler's metaphoric term has also impacted laypeople's conceptualisation of the disorder, as well their lexicon: A common misconception of schizophrenia is that it is equivalent to 'split personality', and *schizophrenia* and *schizophrenic* are now established as colloquial metaphors for inconsistency and contradiction in many languages.

The adjective *schizophrenic* is used metonymically far more often than it is used literally, and there are two types of metonymical use. The first type is nounal use of the adjective to refer to the diagnosed person, as in 'schizophrenics' or 'a/the schizophrenic'. This is a SALIENT ATTRIBUTE FOR PERSON-metonymy, or, more precisely, a DIAGNOSIS FOR DIAGNOSED-metonymy, where the person and the diagnosis linguistically (and perhaps also conceptually) have merged into a single entity and the person is depicted as a wandering diagnosis. The second

type of metonymic use of the adjective is metonymic compressions such as 'schizophrenic symptoms' (i.e., symptoms associated with and considered to be caused by schizophrenia). This kind of construction enables the exclusion of reference to the person suffering from (the symptoms of) schizophrenia. It may also serve as a convenient resort for conceptualising and describing complex and enigmatic phenomena such as schizophrenia because it also enables the exclusion of reference to agents and causal relations.

The noun *schizophrenia* is hardly ever used metonymically to refer solely to persons, but occasionally it seems to refer both to the person and the disorder. This is not surprising, as the contiguity relations between the disorder on the one hand and a case of the disorder and a person with the disorder on the other hand are strong, and the boundary between them can thus easily disappear, cognitively as well as linguistically.

Both the 'split personality'-connotations of the metaphoric term *schizophrenia* and the DIAGNOSIS FOR DIAGNOSED-metonymy are likely to contribute to the stigmatisation and self-stigmatisation associated with the disorder and the persons suffering from it. On the other hand, excessive use of metonymic compressions without reference to the person(s) with schizophrenia may lead to a reductionist and technical depiction that underplay the fact that schizophrenia is a disorder that causes considerable and often incapacitating symptoms for the persons afflicted with it.

There is an ongoing discussion in psychiatry as to whether to replace *schizophrenia* with a new name. Lasalvia et al. (2015) list the names proposed in the literature, and the suggestions are either eponyms: *Kraepelin-Bleuler Disease* and *Bleuler's disease* or multiword expressions: *Neuro-Emotional Integration Disorder (NEID)*, *Salience Dysregulation Syndrome*, *Youth onset CONative, COgnitive and Reality Distortion syndrome (CONCORD)*, *Dysfunctional Perception Syndrome (DPS)*, *Psychosis Susceptibility Syndrome (PSS)*. Lasalvia et al. (ibid.) recommend choosing an eponym, because it is neutral as far as connotations are concerned, thus preventing misinterpretations and misconceptions. The same argument, one should remember, was in fact made by Kraepelin in 1909: "[...] a name that as far as possible said nothing would be preferable [...]" (Kraepelin/Barclay 1909/1911: 4).

According to Noll (2011) the attraction of Bleuler's schizophrenia (which in many ways is an antithesis of "a name that as far as possible say nothing") was

that of therapeutic hope: “psychological processes that were split could, theoretically, be reunited” (ibid.: 239), whereas Kraepelin’s *dementia praecox* offered no therapeutic hope. The hope Noll refers to, resides in the metaphoric entailments of *schizophrenia*, but the term also has more sinister connotations, and it is the latter that seem to dominate society’s conception of the disorder and the persons suffering from it. Moreover, to literally name a mental disorder characterized by delusions, hallucinations, and disturbances in self-experience ‘split mind’ hardly seems therapeutic or reassuring. As Lauveng (2005: 138) puts it: “[...] diagnoser innebærer kategorisering av mennesker, og det vil alltid være annerledes enn å kategorisere ting som mynter eller frimerker. Mennesker vet hva som skjer, og de blir påvirket av det, på godt og vondt.” “[...] diagnoses entail categorisation of *human beings*, and this will always be different to categorising things like coins or stamps. Human beings know what is happening, and they are affected by it, for better or worse.’

The names currently proposed as replacements for *schizophrenia* have one thing in common: It is not possible to derive an adjective from any of them. Several studies have found that in colloquial use the adjective *schizophrenic* is far more frequently used metaphorically than the noun *schizophrenia* (Chopra/Dood 2007; Magliano et al. 2011; Joseph et al. 2015; Mannsåker 2020), cf. Sontag (1979), who claims that when an illness becomes a metaphor, it becomes adjectival. Based on my examination of the usage of *schizophrenic* and semantically related adjectives in the textbooks, I am tempted to claim that when a psychiatric disorder or state becomes adjectival, it becomes a metonymy in scientific language (and possibly a metaphor in colloquial language). If *schizophrenia* should be replaced with one of the proposed terms, it will be interesting to see how one manages without an accompanying adjective, and, furthermore, to see what metaphoric expressions the new name is accompanied by.

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