

NEGATORS IN THE SPEECH OF  
DEPRESSED PATIENTS

DEAR SIR,

In 'Depression, defence mechanisms in speech', Hinchliffe *et al.* (*Brit. J. Psychiat.*, 118, 471-2) showed that depressed patients made significant use of negators compared to non-depressed patients. From this analysis of spontaneous speech they inferred the existence of a denial defence mechanism. Reacting to this psychodynamic bent Silverman in 'Negators in speech and unconscious denial: a "refutation"' (*Brit. J. Psychiat.*, 121, 311-14) tried to explain away Hinchliffe's results.

This he tried to do in two ways. First, he wanted to account for the significant use of negators by depressed patients in free speech—a finding which was first documented by Weintraub and Aaronson in 1964—merely through 'linguistic theory'. Second, he questioned the inference from the use of negators to the existence of an unconscious denial defence mechanism. According to him,

'... words associated with *normal* moods might well be expected *a priori* to be commoner than those expressing depression, i.e. their opposites, and it is probably simpler to *negate* a common word than to search for an antonym with a lower word frequency. Moreover, "word searching" is often impaired in depression.'

By supplying alternative statements touching on the symptoms of depression—one of which contained a negator—Silverman aimed to 'test this general hypothesis'.

However, the underlying reasoning and the clarity of the hypothesis are seriously in doubt. It is one thing to conjecture that words associated with normal moods are more common than those expressing depression. It is an entirely different matter to accept it on *a priori* grounds, as Silverman does. Words associated with normal moods might well be used as often as those associated with depressed moods. Thus, without empirically substantiating this vague claim, the basis of Silverman's refutation is hollow.

As for the experimentation, one would expect a refutation to use the same basic measures as the findings to be refuted. But Silverman prefers to use the Wakefield Self-Assessment Depression Inventory, instead of keeping to the Zung Scale, as used by Hinchliffe. Some of the sentences he used—only 12 in all—do not even logically relate to the kind of word-searching phenomenon he is trying to infer. For example, 'I don't sleep as well as usual' *v.* 'I sleep more poorly than usual', and 'I don't have as much

appetite as usual' *v.* 'I have less of an appetite than usual'. Here he is not offering his subjects alternatives between words and their opposites. And where the alternative sentences do contain opposites, e.g. 'I feel sadder than usual' *v.* 'I don't feel as happy as usual' and so on, can one claim that 'sad' is used less often than 'happy' in 'normal moods'? So basic are these points to research, and so trivial the experiment, that one wonders what Silverman was even testing, let alone refuting. Is it then surprising that he found no preference for sentences containing negatives by the depressed patients?

Part of the problem is that Silverman works within an over-constricted theoretical framework. What passes for 'linguistic theory' in his behaviourist scheme of things is only a simplistic version of a possible linguistic theory. To posit a 'word searching' phenomenon as against a denial defence mechanism as mutually exclusive is unnecessary and unjustified. Word searching is not necessarily to do with the frequency of word use. It is quite feasible that word searching is also determined by cognitive, emotional and motivational factors.

Silverman's second criticism now assumes less importance. It is quite invalid to infer from the significant use of negators to a denial defence mechanism in the psychodynamic sense. But not because one cannot infer from an empirical framework to a Freudian framework, as Silverman claims, but because Hinchliffe and his co-workers did not show the presence of anxiety or threat in their experiment. Nevertheless, their basic finding supporting Weintraub and Aaronson's initial work about the significant use of negators still stands.

Their finding would be best interpreted in terms of a cognitive framework. In line with the growing recognition of the cognitive determinants of behaviour, it is conceivable that the significant use of negators represents a cognitive construct system processing information in a negative form. This ties up with Beck's work showing the negative themes in the cognition of depressed patients (*Depression—Clinical, Experimental and Theoretical Aspects*, 1967). If this is so, there is much scope for further research in this area—using the method of recording verbal samples (cf. Beck, p. 240). But to impose artificial and trivial conditions would prevent one finding the kind of results one would be looking for.

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