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Pragmatic investigation of the language of schizophrenics

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Abstract

Jonathan posits that there is a widespread understanding among psychiatric clinicians that language is integral to the diagnosis and treatment of many psychiatric disorders. Yet clinicians may lack a language to talk about language, which limits them to the application of linguistic intuitions in their assessment of mental illness (37). It is against this backdrop that the present study aims to investigate the language of schizophrenics from the point of view of pragmatics-language in use. One of the specific objectives is to subject clinical data to existing pragmatic principles and theories in order to ascertain the viability of such pragmatic tools. The study collects data qualitatively from two schizophrenic patients at the Jos University Teaching Hospital, after obtaining an ethical clearance and by purposive sampling, draws utterances that serve as data for the analysis. The work adopts speech act theory as its theoretical framework. The research found that since schizophrenia is highly characterized by disordered thought patterns which reflects in actual conversation, the phenomenon becomes highly problematic as intention attribution is hampered. The study concludes that, for a better understanding of the language use of schizophrenics and its implication for pragmatic studies, interlocutors must devise means by which they can share in the context of the schizophrenics and their unique worldview. This study is significant as it adopts an interdisciplinary approach to further open up the dialogue between medicine and the humanities.

Keywords: pragmatics, schizophrenics, speech act theory

Public Interest Statement

Mental health challenges are a global pandemic, the world over. Little attention has been given to the force and meaning of the language of the mentally challenged with recourse to cognitive processes involved in their language production. This study adds to existing literature by bringing together disciplines that have been historically forced apart under the general term medical-pragmatics. It demonstrates how theoretical issues in pragmatics can benefit clinical practice.

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Introduction

Recent developments reveal a rising interest in medical humanities, this is due to the fact that Interdisciplinary collaboration from multiple fields is required to advance scientific and clinical understanding of medical conditions in general and specifically, atypical language in mental health disorders, such as Schizophrenia and Mania. Medical humanities is the fusion, marriage or merging of issues and concepts in medicine with those in the humanities in a bid to foster knowledge. This is carried out in order to bring together academic disciplines that have been historically forced apart by covering up the knowledge space created. Hence, this study subjects clinical data to principles and concepts in pragmatics to explore how clinical data can benefit theories in pragmatics.

Language is what gives essence to man's overall being. It is to a large extent, a uniquely human feature that defines the human communicative existence. (Fromkin, Rodman and Hyams 3). Fine posits that 'There is a widespread understanding among psychiatric clinicians that language is integral to the diagnosis and treatment of many psychiatric disorders. Yet, clinicians may lack a language to talk about language, which limits them to the application of linguistic intuitions in their assessment of mental illness.

Today, it is widely recognised that the study of communication disorders can tell us a great deal about the nature of communication itself. The study considers cognitive pragmatics and mental health from the perspective of language use. It observes how the choices involved in language production and comprehension (cognition) by the mentally ill may be influenced by their mental health status and cognitive abilities from the time they are diagnosed to when they possibly recover.

This study examines communication by people who are clinically diagnosed as mentally unwell since such people often struggle to communicate. Thus the term "communication impairment" (Schalick et al 6) is used to describe such disability. Today, it is widely recognised that the study of communication disorders can tell us a great deal about the nature of communication itself. The study considers cognitive pragmatics and mental health from the perspective of language use. It observes how the choices involved in language production and comprehension (cognition) by the mentally ill may be influenced by their mental health status and cognitive abilities from the time they are diagnosed to when they possibly recover.

Following these, the study aims to investigate from a pragmatic point of view, the language of schizophrenics in a view to examine some principles and concepts of pragmatics as they relate with the unique cognitive frames of the schizophrenics. Some of these include Grice's communicative principle and its maxims, politeness principle, concept of intention attribution and context. These are used to test the data drawn from the subjects and it forms the basis for the discourse.

Problem Statement

From the review of literature, it is clear that existing literature in the area of language use has more often been centered on the mentally well or stable. Little formal attention has been given to the force of language produced by the mentally in relation to pragmatic studies. The study finds this problematic because the lack of attention on this group of human beings further relegates and isolates them leading to stigmatization and stereotyping that makes them unable to function in daily life even after recovering. The present study hopes to further

open up the dialogue space that exist and add to the few existing literature on the use of language by schizophrenics and its implication for pragmatic studies.

The work is justified as it moves from the domain of the mentally well to that of the mentally unwell. Although little has been done on the language of the mentally ill in general, the approach has more often than not, been centred on children with the aim of providing interventions for retarded children suffering from certain mental ailments. This research work is significant as it approaches the study of the language of the mentally challenged from the perspective of acquired mental disorders at teenage and adulthood and monitors the patients through treatment. This is in order to ascertain the effects of the mental condition on cognitive processes, utterance formation and the challenges of meaning attribution. In doing so, the study also questions current views regarding the pragmatic concepts of intention and reference, which have not taken the unique challenges of the mentally ill into consideration.

Schizophrenia Defined

Schizophrenia is a psychotic disorder and psychotic disorders cause detachment from reality such as delusions, hallucinations, and disorganised thinking and speech. The most notable example is schizophrenia, although other classes of disorders can be associated with detachment from reality at times. Bipolar and related disorders include disorders with alternating episodes of mania (periods of excessive activity, energy and excitement) and depression. The concept of the disorder Schizophrenia has evolved since ideas about the disorder crystallized towards the end of the 19th century. Important landmarks as cited in Cameron are; Emil Kraepelin's 1893 work where he separated affective psychoses such as mania from non-affective psychoses. He gave the term 'dementia praecox' to clinical conditions resembling the main forms of schizophrenia.

Eugene Blueler coined the term 'schizophrenia' splitting of the mind. Here, he places more emphasis on thought disorder and negative symptoms than positive symptoms. From 1970 to the present; the main international classification systems, ICD-10 and DSM-IV have further clarified the diagnostic criteria. The main distinction between the two is that the later specifies a six-month duration of symptoms and places emphasis on social or occupational dysfunction (105).

In Davidson's definition, schizophrenia as a psychosis is characterised by delusions, hallucinations and lack of insight. Acute schizophrenia may present with disturbed behaviour marked delusions, hallucinations and disordered thinking or with insidious social withdrawal and other so-called negative symptoms and less obvious delusions and hallucinations (247).

He adds that schizophrenia usually presents with an acute episode and progresses to a chronic state. Acute schizophrenia should be suspected in any individual with bizarre behaviour accompanied by delusions and hallucinations. Patients who present with both symptoms of bipolar disorder and schizophrenia may be given a diagnosis of schizoaffective disorder.

Schizophrenia, a severe psychological disorder is characterised by highly disordered thought processes. Heinrich as cited in Santrock identifies that 'individuals with schizophrenia may show odd communication, inappropriate emotion, abnormal behaviour and social withdrawal' (548). This mental disorder involves the split of an individual's personality from reality, not the co-existence of several personalities within one individual. Santrock buttresses this by tracing the word schizophrenia to a Latin root, schizo meaning 'split' and 'phrenia'

meaning mind signifying that the individual's mind is split from reality and that personality disintegrates (548). Nevertheless, schizophrenia is not the same as multiple personality which is sometimes called split personality.

Methodology

The research is qualitative as it collects data from two schizophrenic patients of the Jos University Teaching Hospital having obtained ethical clearance from the ethics committee of the hospital and consent from the caregivers of the selected patients. The researchers also took online courses on medical humanities (medicine and the arts) on www.futurelearn.org and www.citilearn as prerequisites for ethical clearance and to give the needed grounding to carry out the research. Data were collected from a schizophrenic patient at the Jos university teaching hospital. The researchers were involved in co-participant talks/interviews with the subject, co-supervisor and the care-givers in order to elicit data for analysis. An audio tape-recorder was used to record the interviews which were transcribed and then analysed. For the analysis, Grice's pragmatic principle and maxims as well as the concepts of intention and context were used to test the data. Edward Jane's principle of computational tractability is also adopted as model of analysis since similar entities are encoded in predictably similar ways. The study draws data by purposive sampling method.

Theoretical Framework

The theoretical framework for analysis is J.L Austin's speech Acts theory which establishes that we use language to do things. This framework is chosen so as to further demonstrate that despite the impaired cognitive frames of the schizophrenics, evident in disordered and distorted thought patterns, the language they produce is able to evoke an action. It is able to elicit certain action which may include deeper insights into the state of the mental health condition and therapeutic decisions

The concept of Speech Acts was largely originated by the Oxford philosopher, J. L. Austin. Simply put, the central tenet of Speech Act Theory is that the uttering of a sentence is, or is part of an action within the framework of social institutions and conventions. Widdowson succinctly captures this thus 'Speech act theory (SA) deals with conventions of use at a level of philosophical abstraction and focuses on the conditions that have to be met for utterances to count as particular acts of communication' (54). Speech acts are actions performed by making an utterance. In saying something, we actually perform another. It came as a result of John Austin's posthumous work *How to Do Things with Words*. According to Babatunde:

The Speech Act Theory, first proposed by Austin, is an attempt to bridge the gap between the philosophical and the sociological approaches to semantics. Its main tenet is a consideration of the social and linguistic contexts of language use (4).

Speech acts are a vocalised public display of a speaker's intentions. Once the intention of a speaker is not vocalised, there is no speech act performed. So, for an action to be performed by an utterance and be regarded as a speech act, it must first be made verbal. By this, utterances made in films having been uttered and listened to, provide appropriate speech acts for analysis. According to Capone:

A speech act, though, is not merely the expression of a thought. It is the vocalisation of a certain representation of the world (external or internal) aimed at making official the display of an intention to change a state of things and at changing things by the public display of that intention. A speech act is a public utterance; it cannot be a silent thought, and its effects are obtained in virtue of its being a public thought. (1)

Many linguistic theories take their premises in some narrow-minded assumptions about the human language: that it is only a combination of sound and meaning or it is only about correct use of grammar. They do not pay attention to language as an activity which is capable of producing speech acts. Searle as quoted in Mey says:

The unit of linguistic communication is not, as has generally been supposed, the symbol, word or sentence...but rather the production of the symbol or word or sentence in the performance of the speech act (93).

Speech Act Theory is the theory of meaning that holds that the meaning of linguistic expressions can be explained in terms of the rules governing their use in performing various speech acts (e.g., admonishing, asserting, commanding, exclaiming, promising, questioning, requesting, warning). In contrast to theories that maintain that linguistic expressions have meaning in virtue of their contribution to the truth conditions of sentences where they occur, it explains linguistic meaning in terms of the use of words and sentences in the performance of speech acts. Some exponents claim that the meaning of a word is nothing but its contribution to the nature of the speech acts that can be performed by using it. A speech act is quintessentially pragmatic because it is created when a Speaker S makes an utterance U to Hearer in context C and must be interpreted as an aspect of social interaction.

Data Presentation

Brief Background and Physical Observation of Patient

The patient is a twenty-six years old female from Mangu Local Government of plateau state. She has three children out of wedlock and is a secondary school dropout who helps her mother in selling locally brewed alcohol. She has a sister (19 years old) who happens to be her care-giver. She was observed to be speaking to herself in low tones and sometimes aloud. She speaks out of context and claims to be hearing voices that tell her what to do, she says that it is the voice of Christ and he directs her to go and talk to prostitutes to go to school. She believes that one Mr. Carter is responsible for the death of her father and is seeking redress although her sister claims otherwise (father is not dead). She has difficulty sleeping and accuses everyone at every occasion. Maintains the belief that her enemies are jealous of her and set out to make her mad. She is highly argumentative, insists that she went to a certain school unknown to her sibling and want to register and continue her education so that she can seek admission to higher institution. She hopes to open a provision store and raise money to go to school. Patient is seen doing to be doing her 5 years old child's assignments saying that it is for the future. She was able to identify images from the book but wrote some incoherent writings as the names of the objects. She responds by saying 'it is because I am not in my

senses' when asked why. Sometimes, she would deliberately not talk to someone. Insists that she sees and talks to the holy spirit. She maintains eye contact always, is confident and exhibits a high level of loosening of association and words salad especially in her spoken and written expressions. She also code-mixes English, hausa and mwaghavul in some instance.

RT: Nanbet right? I got to know your name from the ward earlier and when we were outside, we were already talking right?

Patient: Yes, my name is Nanbet Ezekiel and I grown up in mangun, born and brought up in Mangun, let me say, is it local government or something like that. With Mr. Carter and Mrs. Rahila, they use to serve at Ecwa church in Mangu. So along the line I later grown up I know my real biological mother at Mangu but before I live in Mangu, I have stopped in JSS 3 going to SS1. When I came back, we talked about it, my mother say I should give her some time to hustle money to pay my school fees by them, she is together with our father who stay at Bunan Gida, Mr Ezekiel Lunguslungu heis a referee of footballer. So I started my JSS 1 along Gindiri road opposite Hauwa Memorial Secondary School, our uniform is pure white and white, I can paint, I can write and read but after his death, some of our enemies invoke me with the spirit of madness.

RT: Really?

Pat: Yes Ma

RT: You know those enemies?

Pat: No ma, I don't know them, it was my mother that took me to herbalist and when the invoke me with the madness, I was pregnant, now I have give birth to the child. Her name is Meshel.

RT: How old is she?

Pat: She is getting to 9 years now

RT: Wow! So how do you plan to deal with those enemies?

Pat: I go through prayers, with fasting and prayers ma.

RT: Is your sister here aware?

Pat: She is aware that I am mad. She is aware that I am mad. She knows but she don't stay with us, she stay with Mr. Lecturer, Mr. Zugumben at FCE Pankshin but they are in Lapak there but I stay with my mother in Jackom right now as I am talking to you. So I am trying to settle down to go back to school so that I can write my WAEC and NECO.

RT: Oh I saw you writing some things. Is that the reason?

Pat: I'm just cracking my brain so that I will not be weak and low in my education

RT: So how well are you doing with the revision?

Pat: Oh, I'm just trying (you can see)

RT: Your writing is fine

Pat: Thank you ma

RT: So, you can read as well? Not that much Ma but I'm trying through bible, some through novel.

RT: Oh, you real novels too? Tell me about that. I'm interested because I have literature

Pat: I can't because, I've not back into my senses

RT: Oh really?

Pat: But gradually, like this one (Show me some writings) I'm the one that write them

Prof: What do you write about?

Pat: About relationship

Prof: Ok, any other thing?

Pat: (flipping through pages)

RT: So you write basically about relationships only

Pat: I'm sorry ma, these are some of the things I write, my account number and everything

RT: So these are some of the things you write?

Pat: Yes, I've been trying to know where I hide them because at times if I'm travelling I walk with them, I make use of them into my bag so that in case of incasity if I have shortest of money, I can make use of my, not my ATM card, my this thing... to withdraw money into the bank - I bank with diamond.

RT: Ok you bank with diamond and these are your account details

Pat: Yes ma

RT: So why do you write about relationships? Is there any special reason?

Pat: This life that you are seeing the person that you think is close to you will be the one to bring you down. Because I love my father so much, because I grown up with him when I was age of 15 to 16 i came to know my father, that is any real biological father before he sled

RT: Your sister here did not grow up with the same man?

Pat: Yes she didn't grow up with us that is why she is Christian way and her friend and her children though they do come to school with her daughter so my mother now gave my junior sister to her so any time she needs help, my sister will be helping her. Her children they are in school, Gindiri by then. I'm meaning the friend of my mother. My sister grown up with her, Mrs. Yani. She is a lecturer in FEC Pankshin.

RT: Ok. You said you have a child, is it a male or female?

Pat: A female

RT: How old?

Pat: She's nine years and half

RT: Tell me about her

Pat: She? Her father is, we met in a night club sha, you see if I don't tell you the truth, God will ask me why. I know his parents and his younger ones. His name is Henry, I'm using his name for her Henry but the name of his club is Mozita

RT: His club?

Pat: Yes, where he do work

Together: Ok he works in a night club

Pat: Yes

RT: Is that all about him? So what's your relationship like with him

Pat: Him, I don't want to see any man now cos I'm in pain of my father's death and how they do the burial was so poor to me

RT: How did they do it?

Pat: I don't like the way they do it. Is like you are now you have a friends then after your death the place is a kind of bothering so empty as if you don't have friends in the Nollywood

RT: In the nollywood?

Pat: Yes, in the nollywood means, are you not a worker? What do they use to call you

people if I may ask?

RT: Ok, is that the name you refers to us?

Pat: I don't know maybe you make me to understand much better

RT: I was thinking that when you say Nollywood you would be meaning people in the film industry. Those ones that act movies, Nigerian movies

Pat: I thought right now you are recording what we are saying

RT: Yes

Pat: It is like a movie

RT: Is that how you see it?

Pat: I see it like that, yes that's the reason I'm telling you the truth, maybe if they want to estigate I can send you to the house where they impregnated me you know that did not happen in a hotel in his family house where his mother does lives and his younger ones. At times if I see some strangers I don't care because I know how men they are. I'm not a jealous lover

RT: Tell me about that

Pat: You are my senior you know about that more

RT: Hahaha what makes you think so? We learn from one another. I could learn something from you.

Pa: I'm scared of their habit

Prof: What's wrong with their habit

Pat: Its not that good sir

Prof: What is not good about it

Pat: Of course like me I'm the one that buy my baby dress, feed her and he don't care to see even if I call his number, at times the way he talks to me is as rudely as if I'm not a human being. I feed her and pay her school fees, he don't care to see us, he is a Igbo guy but you know what? For me now I want to deny telling him that the baby is his own because if he truly do love me from Kano to Jos is not that too far. For the love of your family, I guess he'll be the one to look for me but If now I deny him the child is there any problem about that? It is question, answer me because sometimes they give us a problem into our family. Like now if she is going to school I most look for money and give my mum so that she'll be taking good care of the child as she is going to school. I cannot leave her without school.

RT: That's right

Pat: While he is going around with girls but he don't know how is his daughter. He told me that if I know that pregnancy is his, I should not terminate if but I do that but I did not see any change in him

RT: But now the baby is about ten years already. You can't deny that the baby is his own

Pat: Do you think he is coming to see us? That is the truth

RT: Even if he is not coming to see you, that does not mean he is not the biological father of the child. If you deny now, what do you think he'll make of it?

Pat: I will change a name that her name is Mishell J. Christ. The one that gave me the womb to give birth. You know there are some women that do not have the womb of giving birth.

RT: So her surname will become Christ?

Pat: Yes cos he is the one that gave me, I didn't go through herbalist for the pregnancy.

Analysis of Data

The patient as seen in the extract above presents symptoms which include;

1. Neologism- pathological coining of new words
2. Circumstantiality-over inclusion of details
3. Words salad- incoherent mixture of words and phrases
4. Flight of ideas- shifting of words and one topic from one subject to another in a completely unrelated way
5. Looseness of association- shifting of a topic from one subject to another in a somewhat related way

These symptoms are indicative of the impaired cognitive frames of the patient. As a result of neurochemical imbalances in the brain, certain actions in terms of thought, perception and psychomotor activities are carried out using language. She involuntarily moves from one topic to another in response to a simple invitation to introduce herself. Providing more than the required details in her introduction, faults Grice's maxim of quantity which says that interlocutors must provide only necessary and sufficient information. This reveals a high level of circumstantiality, for instance, describing the school she attended and the colour of the school uniforms, providing the different addresses of her supposed biological father and mother and other details as seen, amount to too much information.

The patient also violates the maxim of quality by providing information that is believed to be false by her caregiver whom she acknowledges to be her biological sister. She claims that her father is dead and it is his demise and the way he was buried that affected her that much. *'Hmmm, I don't want to see any man now cos I'm in pain of my fathers death and how they do the burial was so poor to me'*. She insists that 'her enemies' invoked her with the spirit of madness even when that cannot be proven *'I can write and read but after his death, some of our enemies invoke me with the spirit of madness'* and also holds the belief that she has a special God-given name unknown to her family which was personally handed over to her by God. She claims to be able to see and hear God when others cannot. She also claims that all men are wicked following her experience with the father of her children. These beliefs are not verifiable as no one else can see or hear that voice she refers to as God who tells her what to do and what not to do. Her sister also insists that their father is not dead, he is very much alive contrary to what the patient claims. This reveals a high level of delusion which is also seen in the exchange below:

Me: How did they do it?

Nam: *I don't like the way they do it. Is like you are now you have a friends then after your death the place is a kind of bothering so empty as if you don't have friends in the Nollywood*

Me: In the nollywood?

Nan: *Yes, in the nollywood means, are you not a worker? What do they use to call you people if I may ask?*

Me: Ok, is that the name you refer to us?

Nan: I don't know maybe you make me to understand much better

Me: I was thinking that when you say Nollywood you would be meaning people in the film industry. Those ones that act movies, Nigerian movies

Nan: *I thought right now you are recording what we are saying*

Me: *Yes*

Nan: *It is like a movie*

Here, the patient sees everything that is being done, like a movie. She puts on her best character, maintains eye contact, tries to speak 'good English' because to her, it is a movie. The writings she claims to be doing in preparation for the exams she hopes to sit for are only a combination of illegible and incoherent words strung together. Technically, they are referred to as words salad. She consistently uses a word '*estigate*' even though it does not exist in the English vocabulary. Severally in the data above, communicative maxims of quality, quantity and relevance are overtly violated. Politeness principle is upheld as the patient is observed to be non-violent, non-vulgar and courteous. She is respectful and willing to be treated and reunited with her family.

There is also, a threat to the positive face of the patient that was initiated by her response '*I don't like their habit*'. Ordinarily, because it is an ugly past, it is expected that she will like to cover some details and save herself the shame of having a baby out of wedlock to an irresponsible man but she goes on and on explaining why she hates men and suffers threats to her positive face. She says...

'Of course like me I'm the one that buy my baby dress, feed her and he don't care to see even if I call his number, at times the way he talks to me is as rudely as if I'm not a human being. I feed her and pay her school fees, he don't care to see us, he is a Igbo guy but you know what? For me now I want to deny telling him that the baby is his own because if he truly do love me from Kano to Jos is not that too far. For the love of your family, I guess he'll be the one to look for me but If now I deny him the child is there any problem about that? It is question, answer me because sometimes they give us a problem into our family. Like now if she is going to school I most look for money and give my mum so that she'll be taking good care of the child as she is going to school. I cannot leave her without school'

Intention attribution is undoubtedly at the center of pragmatic studies but it becomes really difficult to attribute correct intentions to the utterances of schizophrenics. For instance, because of the impaired cognitive process leading to circumstantiality, looseney of ideas, flight of ideas among others, we are unable to fully comprehend why the patient claims that her father is dead even when he is not. How she is able to hear God and think that her daughter's identity can be changed to bear Christ as her surname since he gave her the womb to carry the baby. Going by the Gricean approach, one of the tenets of intention attribution is that 'intention is domicile in the mind of the speaker'. Now, this is not the case here because the intrinsic intention is superseded by the communicative intention. Searle has written that 'Our beliefs have intrinsic intentionality while our utterances convey derived intentionality' (18). In the light of this, if intention attribution is done based on the philosophical perspective, sociological-interactional perspective or Gricean perspective in isolation, meaning of the utterances of schizophrenics will be lost. All three approaches must be considered for a holistic meaning making process.

It is worth mention also that context varies greatly when it has to do with the language of schizophrenics. They see things and hear sounds that ordinary people do not as such, they attempt to re-create reality to suit their pre-conceived worldview. This challenge as it concerns context, has dire implications for pragmatic theoreticians and pragmaticists.

Discussion of Findings

From the analysis of data, it is evident that schizophrenics have a preconceived worldview that others do not share and by this it becomes challenging trying to attribute correct intention to their utterances. Even if interlocutors share the same physical and emotional context with the schizophrenics, their cognitive states certainly differ because of the impaired cognitive frames and that makes meaning attribution through shared context unrealizable. The study also found that following the application of three pragmatic approaches namely; gricean approach, cognitive-philosophical approach and sociological-interactional approach in isolation to attribute meaning to the utterances of schizophrenics will not hold true. As such, the work calls for a reassessment of these pragmatic concepts to include the unique mental health condition of the schizophrenics. Furthermore, deriving the correct illocution from a locutionary act leading to an appropriate perlocution is challenging since the mental states of the patient differs from that of others.

Conclusion

This study concludes that as against perceiving the concept of intention from an isolated point of view, it is important to re-think the implications of certain pragmatic concepts such as intention and context as it pertains to the unique mental condition of the mentally ill. The study promotes a multi-faceted and an interdependent approach to intention attribution to minimise the risk of misunderstanding in discourse. It also moves away from merely rehashing issues in language from the domain of the mentally well to the mentally unwell and treats their linguistic choices not as mere symptoms of their conditions but as bases for pragmatic analysis to foster knowledge. This is because in the words of Mey, only an integrated model that unifies the linguistic, cognitive and social aspects of communication has considerable hope to be able to account for what is universal and what is culture specific in human verbal communication.

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Conflicts of Interest: The author declares no conflict of interest.

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About the author

The author is a PhD candidate and a lecturer with the Department of English, University of Jos. Her research interest includes Pragma-medical studies, Discourse Analysis and Semantic studies. She has published in many learned journals nationally and internally. Presently, she is the departmental project coordinator in her institution.

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