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Lexical Deviations in the Speech of Schizophrenic Patients in Cameroon

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Abstract

This study examined some Lexical deviations in the speech of some Schizophrenic patients in Cameroon. The work dealt with Schizophrenia from a Cameroonian point of view. We therefore set out to report the different Lexical lapses in the language of schizophrenic patients. The study included 09 patients in the Jamot hospital, which is found at the Mballa II neighbourhood in the Centre Region of Cameroon (Yaoundé). The place of the study was appropriate because the Jamot Hospital has a psychiatric center and the unit receives patients nationwide. We were therefore sure to have patients who came from different regions of the country and the diagnoses were of good standard because of the specialists the center has. Our data were collected principally with the use of interviews. The qualitative technique was used to analyse data. Analysis showed that patients suffered from phenomena such as neologism, repetition of utterances and rare vocabulary. The most significantly affected feature was neologism ($P<0.05$); seven out of nine patients suffered from neologism, making a total of 77% of patients affected. Other features affected were: rare vocabulary (22%) and repetition (11%). Though these patients faced great difficulties in managing their daily activities, they may however join society again and live a normal life if proper treatment and follow-up is done on a regular basis. Further research could be done on the Morphosyntax of schizophrenic patients.

Keywords: schizophrenia, lexical deviation, neologism, repetition of utterances, rare vocabulary, hallucination

1. Introduction

Mental illnesses are health conditions involving changes in emotion, thought pattern or behaviour. Mental disorder can be linked to stress and problems of functioning in the society (home, work place, community etc.). We define deviation in this study as a situation whereby a set of rules or expectations are broken in some way.

Language symptoms characteristic of both schizophrenia and other psychiatric disorders may reflect cognitive processes common to those disorders (Oltmanns et al. 1985). Andreasen 1979a, 1979b, 1982) states that schizophrenic language symptoms generally differ from those of other groups of psychiatric patients. During psychotic episodes, schizophrenic language production often becomes more disordered than manic speech and the speech of persons with schizophrenia typically contains fewer structural links to facilitate communication of meaning (Wykes & Leff 1982).

Studies of the speech of patients with schizophrenia have shown that the speech related symptoms vary considerably in frequency. Derailment, loss of goal, poverty of content, and tangentiality are the most frequently identified symptoms. These are followed by poverty of speech, pressure speech and perseveration. Some of these symptoms occur in other groups of patients, however, only poverty of content and tangentiality reliably differentiated schizophrenic patients from non-schizophrenic patients (Andreasen 1979a, 1979b).

Other language related symptoms of schizophrenia include prominent hallucinations (American Psychiatric Association 1994), especially auditory hallucination. Hallucinations are defined in DSM-V as ‘perception-like experiences that occur without an external stimulus’ (DSM-V, p. 87). Auditory hallucinations are the most common. They prototypically take the form of voices, whether familiar or unfamiliar. They do not prototypically grunt, bark or whistle, but talk, using words and sentences, and hallucinations in this sense take an auditory verbal form (AVHs).

This work shows how some linguistic and language features are affected because of psychological disorders. Eugen Bleuler was the first to come up with the term Schizophrenia in 1911. Bleuler combined the Greek word for split, “schizo” and the Greek word for mind “phrenia”. This term was used to refer to a form of dementia, which deals with a serious thought disorder which manifests itself relatively at the early stages of life (“dementia praecox”). Studies have shown that the symptoms, manifestation and detection of schizophrenia are always constant no matter the epoch and communities (Fossung, 2022).

Using the Diagnostic Statistical Manual criteria (DSM V), schizophrenia is a severe, chronic mental disorder characterized by disturbances in thought, perception and behaviour. Ample evidence suggests that gender plays a role in the incidence, susceptibility, presentation, diagnosis and severity of many psychiatric disorders (Xin et al., 2022). They opined that the incidence of schizophrenia is higher among men than women, with a ratio of nearly 1.4:1. The onset of schizophrenia in males is 3.2-4.1 years earlier than in females. The prevalence of schizophrenia was higher among men aged less than 40 years of age, with peak incidence between 20 and 29 years. With females a higher prevalence was found for those more than 40

years of age, with two incidence peaks; the first occurs at the age of 20-39 years and the second at the peri-menopause period. Schizophrenics have problems distinguishing between what is real and what is imaginary. Patients suffering from schizophrenia are sometimes slow and unresponsive, and they have complications reacting to social related matters. Clear cut causes of schizophrenia are not yet determined. Different schools of thought exist as far as the causes of schizophrenia are concerned. One school says the illness is hereditary, others say it is biological while another school says it is psychological (Fossung, 2022). Schizophrenia is a brain disease and it is known that language is found in the brain, so when a patient is affected by schizophrenia, it is obvious that some aspects of language will also be affected, but not only language will be affected; the thought content, thought form and thought process will also be affected. Schizophrenia usually happens at different ages depending on gender. It usually starts between ages 15 and 25 for males and 25 and 35 for females. The condition is rare in children but it is possible to affect them.

According to current DSM-5 criteria, a diagnosis of schizophrenia requires the presence of at least one of the following three positive symptoms (DSM-5 295.90, p. 99): Hallucination, Delusions and Disorganized speech.

According to Laws et al. 1999, there are some evidence that patients with schizophrenia have impaired access to word meanings that they often prefer denotative to connotative meanings of words and they show less inclination to select metaphorical interpretations of ambiguous adjectives, even when such interpretations are appropriate.

We set out in this study to bring forth some Lexical deviations in the speech of Paranoid Schizophrenic patients in Cameroon. We intend to report different lexical disorders related to the language of our patients.

From observation and experience, we noticed that in Africa and in Cameroon in particular, people have the tendency of associating mental illness to witch craft (which is not completely false). There is negligence in detecting the onset of illnesses until it is late and the situation becomes critical. Some people do not even know that mental illnesses cause language or linguistic damages.

In this paper we focus mainly on lexical deviations caused by paranoid schizophrenia. Signs of schizophrenia differ from patient to patient. Lexical deviation is defined in this work as a situation whereby words depart from their normal standard. It is a situation in which words are created or invented. The art of coining new words is known as neologism. Lexical deviations may also involve the repetition of utterances and the use of rare vocabulary.

1.1 Objective of the Study

The paper aims at exploring the lexical deviations patients suffer from due to paranoid schizophrenia. It is hoped that the findings of this work will help readers to understand the different lexical deviations faced by schizophrenic patients.

1.2 Scope of the Study

The present study is focused on the phenomenon of lexical deviations in the language of paranoid schizophrenic patients.

1.3 Research Question

This paper is concerned with finding answers to the question: what are the lexical deviations found in the speech of Paranoid Schizophrenic patients?

2. Literature Review

Sadoon (2010) published a paper on 'Grammartical Deviations in O'Neill's Hairy Ape'. The study investigated O'Neill's way of handling dramatic language in Hairy Ape and how the use of his grammar deviates from standard norms of play writing. The aim of the study was to analyse the types of grammatical deviation in O'Neill's work. It is worth noting that deviation has a significant effect on hearers and readers. According to Short (1969) a piece of writing is faulty when it becomes noticeable or perceptually prominent. The study found out that the writer used language that was deviated from literary convention or everyday language. O'Neill employed different types of linguistic deviations to achieve his goals. Deviation is a term used to describe spelling and pronunciation of a word or a sentence structure which does not conform to a norm (Richards & Platt, 1985).

There exist several kinds of linguistic deviation and we shall look at a few of them here. The first kind of deviation that comes to mind is lexical deviation. A common example of lexical deviation involves the creation of new words known as Neologism (Short, 1969). Leech (1969) states that an instance of coining or inventing words is nonce-formation. Bauer (1983:45) defined a nonce-formation as a new word or complex word coined by a speaker or writer on the spur of the moment over some immediate need. Crystal (1987) defines nonce-formation on the other hand as a linguistic form which a speaker consciously invents or accidentally uses on a single occasion, several factors could account for their uses. The second form of lexical deviation entails the convention of a word from one grammatical class to another. The transformation of a grammatical class to another is known as functional conversion. For example: *My heart in hiding stirred for a bird- the achieve of, the mastery of the thing* (Hopkins, The Windhove), (Short, 1969). We can see that Hopkins uses the verb (achieve) as a noun, despite the fact that English already has a noun, achievement derived from the verb achieve. Achieve is a noun here because of (1) the preceding article, (2) the (of) apparently beginning a post modifying prepositional phrase, and (3) the grammatical parallel with mastery. The third form of lexical deviation involves the use of affixation and compounding. Affixation is the addition of a prefix or suffix to an already existing item while compounding is the joining together of two or more items to make a single compound item (Leech, 1969).

Apart from lexical deviations, there also exist semantic deviation. Semantic deviation can be termed as non-sense or absurdity (Leech 1969: 48). Leech considered semantic deviation in terms of tropes, with irregularities in content. He classified semantic deviation into three categories: Semantic Oddity, Transference of Meaning and Honest Deception. Semantic Oddity deals with semantic bizarreness of expression. Transference of Meaning is classified into four

types by Leech. The four types include Figurative language, Synecdoche, Metonymy, Metaphor and Simile (ibid.). Honest Deception is classified into three tropes namely Hyperbole (exaggeration), Litotes (understatement) and Irony.

Another type of deviation is Grammatical deviation. One important aspect of grammatical deviation is the case of ungrammaticality such as "*I does not like him*" (Leech, 1969: 45). Grammatical deviation is characteristics of the social classes of people.

The last type of deviation we shall look at is Morphological deviation. The basic definition of a morpheme is that it is the smallest linguistic unit within a word that can carry a meaning. Phrases, clauses and sentences consist of words. Morphemes are a building block for words. Blackboard for instance, consists of two morphemes (black and board). The two morphemes can as well stand on their as free morphemes. Deviations can occur at the morphological level by adding a prefix or suffix to a word that should not normally be added.

2.1 Glossolalic Schizophasia

According to Cénac (1925), certain psychotics will on certain occasions spew endless neologistic utterances. Bobon (1947) reported that such patients may resort to several different '*tongues'*.

Glossolalic schizophasia occurs in the form of asemantic although prosodically invested perseverative monologues in which (a) the tonic accent of the speaker's mother tongue can be replaced by another and (b) the speaker's regional accent can be attenuated. In the productions of the monolingual *glossolalist*, phonemes are those of the mother tongue but their relative frequency is grossly modified. The overall impression is that of a phonologically, lexically, and syntactically impoverished 'foreign' language (Lecours, 1982).

Our work is just a continuation of other works that have been carried out in this domain. Though the study of schizophrenia is new, especially in Africa, there are issues that are related to the previous studies carried out. Previous studies brought forth aspects such as lexical deviation, semantic deviation, grammatical deviation and morphological deviation. Our study focuses mainly on Lexical deviation and we deal with aspects such as neologism, and especially repetition and rare vocabulary which are not treated in previous works.

2.2 Theoritical Framework

2.2.1 Behaviourism

Skinner (1965) and his followers believed that a child acquires language as it is exposed to adult speech. As the child listens to adult speak, he/she imitates the exact utterances of the adults. The child is often motivated by the desire to elicit a certain reaction from the adult. If the child's imitation is correct, the adult rewards the child by reacting to the desires of the child. For example, a child could be motivated by the desire to be fed, to be made comfortable or to receive confirmation of a certain fact. The adult can react then by giving the child food, making the child comfortable or answering the child's question. In some situations, the reaction of the adult would be negative such as refusing to give the child food, saying no to the child's response, correcting what the child has said. Adult reaction of this type constitutes what skinner called

"The Reward". If the reward is positive, such as answering "yes" to the child's question, providing what the child requested or appreciating the correctness of the child's utterance, then the child realizes that what he said is correct and appropriate and therefore, internalizes rewards from the adult by repeating the actor utterance. That utterance eventually becomes part of the child's linguistic repertoire. This manner of learning became known as the "Stimulus-Response Paradigm" in which a child receives a stimulus for example hunger, discomfort and so says anything in reaction to that stimulus. With constant repetition and use of new expressions, the child gradually acquires the entire language of the community.

It is clear that there are certain linguistic aspects which are copied from others. Our patients are not exempted from the act of imitating certain behavioural patterns. For example, there are certain gestures and ways of pronouncing that some patients copied from the doctor and other people in their environment. This goes to support the fact that there are certain language behaviours that are imitated or copied from others.

2.2.2 Mentalism

Mentalism spearheaded by Chomsky (1968) comes as a reaction against the tenets of behaviorism. To the mentalist, a child is born with a "biological pre-disposition to acquire language". The biological pre-disposition is technically called: - the Language Acquisition Device (LAD).

According to the mentalists, the LAD is hard-wired from birth with general and universal information about language. When the child is exposed to any language, the LAD is activated. That is to say, as soon as the child listen's to adult speech, the language part of the brain is activated and the child can react to universal properties of language such as intonation. As the child continues to listen to adult speech, he/she begins to develop parameters of the language in question. That is he/she begins to form specific rules that account for the child's listening to. With time, the child is able to speak pretty much like adults.

Although both behaviorism and mentalism believe in exposure to language as a prerequisite to acquisition, the theories differ significantly. While behaviorism believes in repetition, mentalism favour creativity. If children were to learn by simple repetition we will not be able to explain how children come to use sentences which they have never heard before.

Moreover, the fact that the child language is characterized by errors such as "*daddy runned out*" cannot be explained if we believe that children learn language by imitation. In addition to this, behaviorists believe that reward plays a major role in acquisition. We however know that the time parents spend with children is too limited to allow them reward every utterance of the child. Therefore, if a child were to depend on rewards from parents in order to internalize a segment of speech, then the child will learn very little.

While some people believe in behaviorism and others, Mentalism, some think both theories are flawed. Despite all the arguments, we think that both behaviorism and mentalism play a great role in the language of individuals. Though we side more with the mentalists, we cannot refute the fact that behaviorism also plays a role in language processes.

2.3 Conceptual Framework

2.3.1 Lexical and Grammatical Errors

According to Kovac 2011, speech errors are deviations from the speaker's communicative intention and are an important source of information for understanding the complex mechanisms of language production. Speech production is made up of four successive activities which include: i) conceptualization (planning what one has to say), ii) formulation, which includes grammatical, lexical and phonological encoding, iii) articulation, this phase represents overt speech and iv) self-monitoring, this stage involves verification of the correctness or appropriateness of the produced utterances (Kormos, 2006).

According to a study published by Subekti, 2018, there are two subcategories of lexical errors. These subcategories include: a) idioms, collocations, functional and content words, errors of derivational morphology and b) unintentional use of L1 lexemes. He concluded in his study that it can be assumed that in L2 speakers many idioms and collocations are not fully automated, as such, they are not stored as complete lexical entries. It is assumed that the mechanisms by which the L2 speakers produce these phrases are similar to those by which new words are created (Kormos, 1998), as a result these errors are classified as lexical errors, which do not occur at the stage of lemma activation, but in the process of lexical encoding.

Levelt 1989, stated that opposite to lexical errors that arise as a result of incorrect lexical approach, grammatical errors occur as a result of problems in grammatical encoding. It is not easy to differentiate between lexical and grammatical errors because the processes of lexical access and grammatical encoding are closely related. For example, prepositions are in some instances classified as lexical, meanwhile in some cases they are considered grammatical.

In the process of second language acquisition, making errors is common, especially in grammatical errors as it is regarded as a part of learning a second language or foreign language. Fries (1945) claimed that foreign or second language learners' errors can be predicted on the basis of the differences between the learners' native and the second languages. Lado (1981) states again that students who come into contact with a foreign language will find some features of it quite easy and others very difficult. Elements that are similar to the learner's language are easy while elements that are different from their language will be difficult. According to James (1998) Grammatical Error involves error in the combination of words into large units like phrases, clauses and sentences. It also includes errors at morphological and syntactical levels. Morphological error deals with failure to align with the rule in supplying any part of word classes: noun, verb and adverb. Syntactical errors affect texts larger than word. They include phrase, clause, sentence and paragraphs (James, 1998). Syntactical error include phrase structure error, clause error and sentence error.

Although it is difficult to differentiate between lexical and grammatical errors as it has been established above, this study was able to identify clear lexical deviations that are not related to grammatical errors. The patients of this current study do not have syntactical errors; the linguistic element they suffer from is lexical.

3. Methodology

This research is a qualitative research. One major characteristic of qualitative research is that the researchers are a key instrument. The researchers may use an instrument for collecting data, but they are the ones who actually gather information (Creswell, 2009). The research also employs descriptive method. The data is collected qualitatively but it is often analyzed quantitatively using frequencies, percentages, averages or other statistical analyses to determine relationships (Nassaji, 2015). This study was done in the Jamot hospital, situated at the Mballa II neighbourhood in the Centre Region of Cameroon (Yaoundé). This hospital has a Psychiatric unit which receives patients nationwide, as such, the Jamot hospital is a reference center for the treatment of mental patients in Cameroon. We used the purposive sampling technique in this work. The choice of working with schizophrenic patients was guided by the fact that most Cameroonians were not aware that different types of mental illnesses exist and that there are linguistic repercussions in the lives of individuals attained of mental disorders. While taking active part in consultations and in the diagnoses process with medical personnel, we were able to shortlist the different types of mental disorders that the patients were suffering from. Patients with schizophrenia presented a great degree of linguistic irregularities, which prompted us to work with them. Interviews were used to collect data. As mentioned above, we used a qualitative technique in analysing data with the mathematical formula $X=\sum$ actual score/totalscore×100. We worked with 09 schizophrenic patients who came from different parts of Cameroon.

4. Results, Analysis and Discussion

In this section of the work, we will present the results and discussion that emanate from our analyses.

4.1 General Presentation of Patients

Table 1. General Presentation of patients

Feature / Patients	Age	Sex	Qualification	Birth rank	Family status	Profession	Pathology	LO1
M1	29 yrs	Male	BACC	2/4	Single	Bricklayer	Schizophrenia	French
M2	29 yrs	Male	BACC	5/5	Single	None	Schizophrenia	French
M3	24 yrs	Female	BEPC	9/10	Single	None	Schizophrenia	French
M4	25 yrs	Male	CEP	4/5	Single	None	Schizophrenia	French
M5	43 yrs	Male	CEP	8/10	Single	None	Schizophrenia	French
M6	34 yrs	Male	BACC	2/5	Single	None	Schizophrenia	French
M7	37 yrs	Female	O/L	4/5	Single	None	Schizophrenia	English
M8	20 yrs	Male	BEPC	5/7	Single	None	Schizophrenia	French
M9	36 yrs	Male	BACC	5/9	Single	None	Schizophrenia	French

Table 1 shows the general presentation of all our patients. Following statistics from the DSM-V criteria as seen in the introduction, we can notice from the table that the age range of our patients were from 20 to 43; which actually ties with the statistics of the DSM.

We can also notice that males are more affected than females. Seven out of our nine patients were males while just two are females. This goes to confirm the fact that men are more vulnerable to the illness than women.

Only one patient had a profession (M1) and he is actually the only one who had something doing. The rest of them did not have any job prior to their illness. The lack of jobs or idleness can lead to a lot of thoughts and frustrations. With the societal and family problems that people face, they easily fall into depression and resort to alcohol and drug use. These thoughts and abuse of substance can lead to a mental incident.

All nine of our patients suffered from schizophrenia. A majority took drugs or had some issues

that led to their illness. The patients either have French or English as their First Official Language.

The table also shows that none of the patients was married, though a majority of them actually had the right age to be married. The lack of marriage also means lack of emotional comfort. This to an extent was also the cause of their illness; some were emotionally frustrated.

Education wise, we noticed that the least patient had a First School Leaving Certificate, while some attended university though they never graduated.

As far as the families of the patients are concerned, we noticed that the patients were very much loved by their families especially their mothers and sisters. Most of the people taking care of the patients were either mothers or sisters. The only patient who was taken care of by the brother was (M1). The families of these patients did the best they could to take care of them. Just hospitalizing them is a lot of sacrifice because it requires a lot of time and money. Some did their best to provide the patients with three square meals and to provide their medication.

Some families believed the illness of their children was as a result of witchcraft, as such, most of them first had recourse to native doctors before going to the hospital, when they had no positive results from the native doctors. Most background checks were gotten from the parents of the patients and some of their friends.

4.1.1 Evaluation of Lexical Performances

Table 2 gives a synthesis of the lexical deviations of our patients. From the table, we can clearly see that the lexis of these patients is somewhat much intact.

Table 2. Synoptic Presentation of Lexical Deviations

Patient / Feature	M1	M2	M3	M4	M5	M6	M7	M8	M9	**TOTAL**
Neologism	3	3	2	2	3	2	1	0	0	**16**
Repetition	2	0	0	0	0	0	0	0	0	**02**
Rare Vocabulary	1	2	0	0	0	3	0	0	0	**06**
Vocabulary lost	0	0	0	0	0	0	0	0	0	**00**
Limited Vocabulary	0	0	0	0	0	0	0	0	0	**00**
Wrong use of vocabulary	0	0	0	0	0	0	0	0	0	**00**
TOTAL	**06**	**05**	**02**	**02**	**03**	**05**	**01**	**00**	**00**	**24**

Table 2 indicates the various levels at which patients were affected. The figure (3) shows the highest degree of affection, (2) shows an average level of affection, (1) indicates a mild affection and (0) shows that there is no affection at all.

4.1.2 Explanations

From table 2 it can be noticed that:

Firstly, we can see that the lexical aspects of the patients' language are not very affected. The aspects of the patients' lexicon which are affected are neologism and rare vocabulary.

As far as neologism is concerned, seven out of our nine patients were affected by this deviation, making a total of about 77% of patients affected. With this feature we noticed that the patients were fond of coining new words; they overuse neologism. It is important to note that the patients were able to attribute meanings to some of the words they create, but some of them are used without any meaning. Neologism occurs because of the background and beliefs of the patients. Patient M1's words were based more on spirituality. He believed a lot in witchcraft and as such created words such as « petit Jesus », « el Carpel », while M6 used to practice martial arts. This greatly affected his language. Everything he said and the words he created were connected to karate. M3 did history, so he used words related to history like '*country kingdom*'. He always talked about issues concerning the creation of a kingdom, building an army or having a lot of powers.

Another feature which is more or less affected is rare vocabulary. Two patients were involved here, making 22% of patients affected. With rare vocabulary, these patients used terms that others would not normally use. They practically use terms that only they would be able to understand. As it can be seen in figure 1 below, repetition was another feature which affected only one patient, making 11% of the lot.

There was a significant difference in the percentages of patients affected by the different deviations.

It is worth noting here that other lexical features were well handled by the patients.

According to the table above, it can be noticed that neologism had a total of twenty eight occurrences; rare vocabulary had ten while repetition had four. This table simply helps to confirm the statistics and percentages we have given in our discussions.

Figure 1 also gives a great idea of the analysis. It can be deduced that neologism was most affected while rare vocabulary and repetition follow suit.

The other features such as vocabulary lost; limited vocabulary and wrong vocabulary were not affected.

4.2 Discussion

Here we shall talk properly about the different lexical deviations in accordance to the analysis we have seen above.

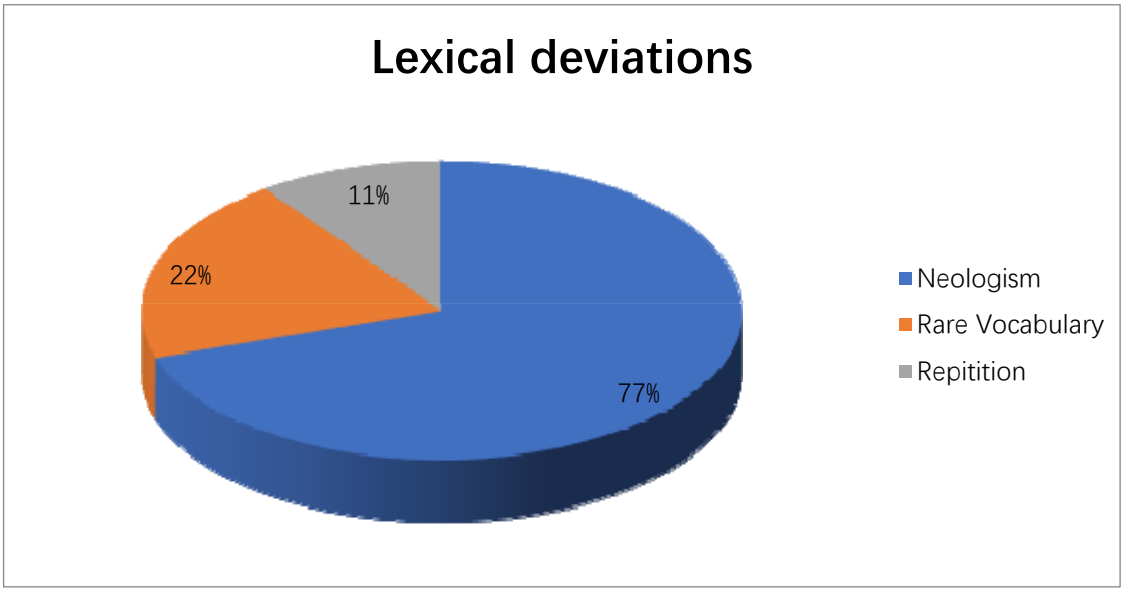

Figure 1. Graphic representation of lexical performances

4.2.1 Neologism (M1, M2, M3, M4, M6, M7)

According to the Harrap's dictionary, neologism is the act of inventing a word or phrase. Some words which are newly coined are at times possible but inexistent. The creation of new words does not only affect mental patients as there are some normal language users who coin new words or phrases at times. What makes an issue with mental patients is the fact that they over use these words and phrases. What is peculiar here is that schizophrenic patients have a high rate of creating new words. The patients do attribute meanings to some of these words while others have no meaning at all.

The environment of these patients play an important role as far as the creation of these words is concerned. Those who have been to prison tend to use prison related words and vulgar language.

Also, some of the patients create new words when they are faced with a language problem. When there is blockage or shortage of words, the patients simply create new words to replace the missing words from their mental lexicon.

Excerpt

Examiner: You mentioned ***telekinesis***, what does that mean?

Patient: That is telekinesis.

"Telekinesis is the study of the future"

Patient: Have you ever heard of Jurassic?

"Jurassic has to do with the rotating nature of life.

Examiner: Why do you want to study atoms that do not exist?

Patient: Have you heard of dark circles? This is where we study the property of life, in the ring. If I'm not mistaken the ring must be in Europe, it's in Europe the ring. But how hot is it here like this? "**Cerne** is where the properties of life are studied."

Patient: Have you ever heard of **wol house**? It's a big house with a basement where we come to hide our heritage in this basement before going to war. Because war is eminent, war will be eminent. ''Wol house is an underground house where things are kept when people go to war'

Examiner: Were you talking about sex?

Patient: But how, they called me ***Option-X*** in prison, ***Option*** was my own name. Ask all the **cellulists**, all these **ngata man**, they will tell you. Because there were the bags that I **wove**, that I **wove**. Very nice bags. This is where I gave shape to these bags. I called..., that is to say I baptized the shape of these bags Op**tion X**, like **XXL**.

According to the patient:

- "**Option-X** is his trade mark"
- ''Cellulists is a name for fellow inmates"
- ''Ngata man is another name for inmates'

Examiner: Can you give an example of coded language?

Patient: Popi 1.

"Popi 1 is a coded language."

Patient: Astral travel "journey to the future."

Patient: Yes the analog system (Analogical system), digital system (Numerical system) and cantic system (Cantic system).

Cantic system; "Discussions through eye movements."

Chasical "Doctors."

The lady: It means the load.

With the excerpts seen above, we noticed that the background of the patient had a lot of influence on their language (the words they use). This patient is an ex-convict. When he talks of "ngata man", "celluliste", "popi1" etc, he is referring to or thinking of the former life he had when he was in jail. We can therefore understand that his past life has some influence in what he is living in the present.

Other words and their meaning:

Aricole cures malaria. (Aricole treats malaria)

Zopazie treats headaches

Azito (Medicine used to treat diarrhea)

Azitu (Medicine used to treat AIDS)

The kinie (Medicine used to fight against alcohol)

La tô (Medicin used to treat wounds)

La zur (Medicine used to treat pain)

These other set of words, from ***aricole to la zur*** are coined by a patient who spent a lot of time with native doctors and used to take a lot of traditional medicines. This made him to coin many words related to medicine or which to him have some scientific origin.

It is important to mention that the words which follow below have no meaning attributed to them.

Investicular

Kon

Lisbanteke 'bastard'

gward

arclender

Bacman

gaican

Arboge

Vehenat

Blackawich

Pulvie

angroculture

Demobate

batcam

Taekwondo

liquido

Kizanie

Chenord

Mondolio

Tukido

Bodil

Anyoiding

From the analysis of this study, it was noticed that neologism was the most used feature as far as lexical analysis is concerned. Seven out of the nine patients are involved with this phenomenon.

It can be noticed that these patients create a lot of new words. The patients can actually attribute meaning to some of the words while they have no explanation for the use or creation of others.

These words go a great deal to tell us about the mindset of the patients. The patients are influenced by their past life. They dwell a lot on their past experiences. Most of what they say is related to something that had happened to them at some point in the past. That is the reason why they invent words that are related to what they did or what had affected them. Their thoughts are clouded with their pains and sufferings.

Some of the words come as a result of hallucination. When they start having auditory hallucination, they start responding to what they hear and it becomes complicated for any person around to follow up what they are saying. By auditory hallucination we mean that the patients hear what others do not hear or what does not really exist. Due to these voices not apparent to others, our patients start talking and inventing new words and phrases. It was common to see patients laughing and talking to themselves and when asked who they were talking to, they responded that there was a superior force controlling them.

Note should be taken that most of the words come from the past experiences of patients. When a patient like M1 says ‘option x or ngata man’, he is just trying to attribute the experiences he had in prison to his present situation.

In all, most of the words created by patients are meaningless and typically very difficult to comprehend.

4.2.2 Repetition of Utterances

Repetition has to do with the repeated use of the same word or word pattern as a rhetorical device. The repetition made by patients lead to verboseness. The repeated utterances tend to make no sense. It is worth noting that repetition is not a very common phenomenon. Repetition is necessary in some circumstances, but our patients do not use them for emphasis reasons. They generally use them when they are tired or when they run short of words.

Excerpt

Patient: It is insufficient, the name is insufficient, it is an insufficient nickname.

Examiner: You spoke of five yourself.

Patient: Hey, okay, okay, okay. Yes, that's the middle, after the middle we fall here, we fall here, we fall here, and we fall here there.

Examiner: What forest are you talking about?

Patient: Everything can be taken away from you except the earth, everything can be taken away from you except the earth, everything can be taken away from you except the earth, everything can be taken away from you except the earth, everything can be taken away from you except the earth, everything can be taken away take away from you except the earth, everything can be taken away from you except the earth, everything can be taken away from you except the earth.

Examiner: Why are you not going to school?

Patient: Ah, yes, yes, yes that's true, that's true. Precisely I wanted to go and settle at the University of Ngoa-ekele spending all the time studying, studying, studying, studying, studying, studying, studying, studying, studying, studying to catch up because there are certain notions in physics that I have always liked to have such as electricity, mechanics, atomic physics, and the rest are the other sciences to explore such as politics, economics, law.

Examiner: What did he discover?

Patient: Sir Isaac Newton, Sir Isaac Newton, Sir Isaac Newton, Sir Isaac Newton, Sir Isaac Newton, Sir Isaac Newton, it is quite true that since I have been writing my…, if I always write certain things my family has been able to learn, has gone backwards, which causes me to lose my memory all the time. When it charges it washes, when it charges it washes.

Only one patient, M1 suffered from this feature. He was fond of repeating words and phrases. Repetition is his own way of showing emphasis. When he talked about something which was important to him, he simply repeated his utterances.

Also, when the patient forgets something, he starts repeating words or phrases to help him recall what he was actually saying. Repetition occurs again when the patient is tired. Once he gets tired, he starts repeating words and this can be really boring and tiring.

There was no way to stop the patient because any interruption would have meant an end to our interactions.

Generally, it is rare to find people repeat words or sentences. Schizophrenics too are not very affected by the phenomenon. This can explain the reason why only one of our patients is attained by this feature, so therefore, schizophrenia is not a probable cause.

4.2.3 Rare Vocabulary

Rare vocabulary occurs when someone says what others will generally not say. This is caused by the person's environment and level of education.

Excerpt

Examiner: Which system is it?

Patient: CIA, FBI, have you ever heard of CIA, FBI?

Examiner: CIA, FBI?

Patient: Yes, in this way of image we trust no one, it's a system of death, CIA, CIA, CIA,

system of death beware.

Examiner: Who gives you the orders?

Patient: These are the invisible forces, these are the invisible forces. What I want now is to learn to live with them because no one is my enemy, be it the devil, Lucifer, Satan, big Jesus, little Jesus.

Examiner: How do you consider yourself?

Patient: Good listener, please listen a little; they take me for a madman, others among them take me for the devil, that I am the devil. It is then that I wonder who is the devil, who is big Jesus, who is little Jesus, who is Lucifer, who is Beelzebub, who is Satan? So those are the questions. It's confusing me, it's confusing my head.

Examiner: What did you manage to do?

Patient: I have succeeded in my life by making a kingdom country. It's not, it's not small. I no longer ask, I already receive. Learning a country is learning a technology, it is not small.

Examiner: How do you view Jesus?

Patient: I have a high level, I have a high level, I have a high level of thinking. I left the existence of **lobi**, it allowed me to think. So you are consulting someone heavy, you are consulting someone heavy.

Examiner: How do you know it works?

Patient: I have confidence in myself, you are welcome. I am **el Capel**, angel Lucifer. So God and I have a close relationship. We are in regular contact. Do you know the story with the angel Lucifer who was expelled from heaven, makes them understand not that he makes them understand. He was there.

Examiner: What is hidden?

Patient: I have no problem with taekwondo and nambodo losing my balance. So taekwondo must be upright. If it's the maigeri you put the maigari, so there is the maigeri in taekwondo and we hide that. Maigeri is May, May, May. It means that war is no longer the **chernal** of the mother, the chernal is the **chenord** but May, May **enamels**.

Emaille means brushing your teeth to get out everything that is in your stomach when you sit down your first technique. Everything you produce in technique can necessarily have a higher area and you have to hold on to. By the trainings it is necessary to hold forever to have only one additional point and how to make it.

Examiner: Do you have the bachelor's degree?

Patient: Good, if you want me to enter a bachelor's degree, but I prefer the sciences of mathematics, but as I did a training in French-speaking law, I did not do English law. I did French law and Anglophone law eh… Kizanie, kizanie, kizanie, kizanie, kizanie of the faculty, kizanie, kizanie, kizanie of friendship. I did French law by the ten commandments of Moses,

love your neighbours as yourself. I learned the law.

Three patients, (M1, M2, M6) use rare vocabulary. Rare vocabulary here means the use of language/words that other people do not use. Rare vocabulary renders the language of the patients incomprehensible.

Rare vocabulary mostly has to do with spiritual, religious or historical events. The patients make a lot reference to Christ and Lucifer.

The reason why they use this type of vocabulary is because some of them blame their sickness, troubles and failures to Satan and then they believe that Jesus Christ is the person who will safe them. Almost all our patients are Christians and as such, they in one way or the other make reference to Christ or their religion. These patients use words or sentences that others do not use. This type of vocabulary is not easy to understand like “little Jesus”, country kingdom”, astral body, the love of God is double-edged etc.

It is clear that as far as schizophrenic patients are concerned, morphosyntax is more affected than lexis. Even though it is worth noting that phenomena such as declarative and affirmative utterances are considered by us to be positive rather than negative.

We saw that all our patients were able to make clear declarative and affirmative sentences.

With lexical analysis, we saw that the most affected feature is neologism. We noticed that patients just said and created words with some having no meaning even from “their own world”. They use words and say things which narrate their past lives and experiences. But it is worth noting that the speech of these patients is very rich and worth studying.

In conclusion, we can clearly see that the lexical features of schizophrenic patients are quite intact. The feature that has a lot of deviations is neologism. Neologism is the act or instance of coining or uttering a new word. Though the new words created by our patients may make no sense to others, the patients do attribute meanings to some or if not most of their coined words. It is also worth noting that the words are well constructed. They follow the norms of words formation. If the patients were to leave the hospital completely healed and if they are given the possibility to follow some of the projects they have in mind, we think it might be possible for them to apply some of the words they have coined to their products.

We also realized that the patients do make some repetitions. Repetitions generally occur when they are tired or when they are distracted. Repetition is a phenomenon that is not peculiar to schizophrenics as it can also affect normal people. The difference lies in the fact that the condition is more common with schizophrenics because of the reasons mentioned above.

So therefore, we can clearly end this chapter by affirming that the lexicon of schizophrenic patients is remain intact as they are able to communicate well. They use words properly and are able to construct good sentences. They are also able to engage in long discussions.

5. Conclusion

This study was based on the Lexical Deviations in the Speech of Schizophrenic Patients in Cameroon. Our findings showed that males are more affected than females and the onset of the

disease appear earlier in men than in women. The patients do not suffer from grammatical errors and their sentences have a good clausal structure. The linguistic element that is affected is in the lexical order. The most affected feature is Neologism; seven out of nine patients suffer from neologism. Other features that are affected are Rare Vocabulary and Repetition. Repetition renders communication with the patients boring and Rare Vocabulary renders their language incomprehensible.

The environment and society has a role to play in the language of the patients. Most of their speeches are influenced by the past life they had lived or by the environment in which they lived prior to their sickness.

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