Perceptions of Communicative Behaviour of Schizophrenics by Relatives in Nakuru Level Five Hospital in Nakuru County, Kenya

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Abstract— *Limited knowledge and devastating perceptions about mental illness remain a concern in various countries of the world, especially in developing countries. This lack of knowledge has been found in studies as a key cause of weird beliefs people have about mental illnesses (particularly schizophrenia). Generally, schizophrenics are widely misunderstood and stigmatized in Kenya. They are made fun of, blamed and criticized for their sickness. There is a dearth of information in the Kenyan context. This study sought to find out the cultural attributes associated with deviant language among trilingual schizophrenics in Nakuru Level Five Hospital. The study adopted a phenomenological qualitative design underpinned by the Multilingual Production Model. The main instrument of data collection was questionnaire and group focus discussion.Data were drawn from six health personnel and six relatives of the schizophrenics obtained through purposive sampling. The data were analyzed descriptively. The transcribed data were evaluated for social attributes linked to schizophrenia. The study's findings indicate that superstitions; family living condition; stressful life events and divine are some of the cultural and belief systems associated with the trigger of schizophrenia for those predisposed to the condition. This study will enlighten linguists, psychologists, relatives and kin of the patients and teachers in all institutions of learning.*

Keywords— *Belief systems, social world, spirits, superstitions, local expectations, symbols.*

I. INTRODUCTION

This study endeavored to explain how schizophrenia is manifested in Mother Tongue, Kiswahili, and English which in essence reflects the influence of culture in schizophrenic language. Anthropologists commonly use the term 'culture' to describe shared patterns of meaning that are learned within a particular social world: that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society or patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols. It has been suggested that schizophrenia is a disorder that has evolved along with the human ability to use language.

Cultural factors affect the cause and pattern of symptoms in schizophrenia. Some cultural differences are also apparent in the kind of delusions that occur in schizophrenics. Often, the delusions tend to reflect the predominant themes and values of a person's culture. Considering that Kenya is a conglomerate of tribes with an estimated 42 different communities with Bantus (67%) and Nilotes (30%) and

84.8% Christians, 11% Moslems and the rest being Buddhists, Hindu, and traditional religion, it can be expected therefore, that the people's beliefs about mental illness, particularly schizophrenia, will be a reflection of their cultural belief systems.

One of the most significant factors in how culture affects the recognition of the experiences of hallucinations rests in understanding of reality in the culture in question. Basically, hallucinations are described as 'false perceptions. This definition can seem to depend on a specific understanding of reality alien to most humans, who accept some degree of supernatural reality. An ethnographic approach to hallucination, therefore, becomes essential in understanding how members of particular societies identify and understand sensory events that would be recognized by secular observers as hallucinations and how they distinguish between unusual sensory events they regard as appropriate and those they identify as signs of illness. The richness of the ethnographic method captures meaning that experimental approaches will miss. This is important because research on hallucinations

usually involves asking people about experiences that are explainable, have no obvious source or are not shared by others. Differing views of what constitutes reality may affect how these experiences are reported. At least, these cultural issues should shape the way researchers frame both their assessment methods and their research questions.

Persons with psychosis often hallucinate many times each day. These hallucinations may be unpleasant, even horrific. In the schizophrenic spectrum, hallucinations are primarily auditory, and they are often accompanied by strange, fixed beliefs (delusions) not shared by other people. It is also true that the voice-hearing experience of persons with the psychotic disorder is varied. It has been clear for many decades that serious psychotic disorder is recognized across cultures with a similar pattern of symptom, despite increasing awareness that culture may shape content, meaning, and the severity of symptoms.

Various disciplines have concluded that to some extent, the hallucinations associated with serious psychotic disorder are shaped by local expectation and meaning. Certainly, the content of hallucinations is influenced by local culture. In recent decades the influence of culture on symptoms profiles, cause and outcome of schizophrenic disorders has been demonstrated in systematic comparative research. Most prominent was the international collaborative research project was undertaken by the Mental Health Division of World Health Organization. These studies confirmed that the syndrome exists in very diverse ethnic and cultural groups. Pathoplastic effects i.e., illness shaping, effects of socio-cultural factors are co-determinants of form, cause and final outcome of schizophrenic disorders, appear to shape the system profiles manifested by sufferers from schizophrenia differently in developed and developing countries. Schizophrenic patients in Western developed countries showed a higher frequency of depressive symptoms, primary delusions, thought insertion and thought broadcasting, while non-Western developing countries visual and directed auditory hallucinations were more frequent (Sartorious et al. 1986; Jablensky et al. 1988).

In a special comparative study conducted in Agra, India, and Ibadan, Nigeria, important differences in the manifestations of schizophrenia were found, which led the researchers to conclude that the content of psychotic symptoms tends to identify critical problems existing in a particular culture (Katz et al. 1988). The predominance of persecutory delusions and of auditory hallucinations also non-schizophrenic disorder suggested to the African researchers that these symptoms are not necessarily indicative of schizophrenia in persons of African cultural background (Ndetei&Vadher 1984; Ndetei 1988). That the influence of ethnicity and culture on psychopathology weighs more than geographical proximity, historical relations and racial similarity, became evident in studies which demonstrated significant differences in the symptoms of schizophrenia when comparing patients in Malta and Libya, Japan and China, Korea and China (Maslowski, 1986; Fujimori et al. 1987; Kim et al. 1993). Ethnic and cultural differences are reflected in the schizophrenic symptom profiles even if the populations adhere to the same religion, as revealed in the findings of a comparative study of patients in Pakistan and Saudi Arabia (Ahmed &Naeem, 1984). In a global evaluation of the World Health Organization, the influence of culture was mentioned as an important determinant of differences in cause and outcome of schizophrenia, but the specific cultural factors could not be defined (Jablensky et al. 1992). We can confidently assert that the situation was more or less the same in the current study.

II. METHOD

Two group focus discussions were used to understand at a deeper level the topic of the current study. The first group focus discussion was with the four health personnel in the psychiatric ward and the second one with relatives of the schizophrenics (7 in number) at the same venue. The researcher asked broad questions to elicit responses and generate discussions among the participants. The researcher's goal was to generate maximum amount of discussion and opinions within the duration of discussion (70 minutes for each group focus discussion). The group focus discussion was helpful for adding meaning and understanding to the existing knowledge or getting at the 'why' and 'how' of the research topic.

Table 1.1 below highlights some important information social characteristics of relatives of the patients in the study. Majority of these relatives were aged between 29 and 68 years. It came to the fore that though many of them professed to be Christians they were still affiliated to different cultural-religious conversions.

Table 1.1: Social, Religions, Education and Age Data of Patients Caregiver Relatives

Patient	Interviewed Relatives	Age	Religion	Education
1	Sister	38	None	High School
	Mother	67	Catholic	University
2	Brother	48	Pentecostal	University
	Father	68	Pentecostal	Junior High
3	Mother	56	Anglican	University
	Brother	30	Catholic	University
4	Sister	34	Pentecostal	High School
	Spouse	39	Anglican	University
5	Father	52	Catholic	High School
	Mother	46	Catholic	High School
6	Brother	34	Anglican	University
	Sister	29	Anglican	High School

III. RESULTS AND DISCUSSION

The results indicate that superstitions; family living conditions; stressful life events and certain divine inclinations are some of the cultural belief systems associated with the trigger of schizophrenia for those predisposed to the condition.In this study, we noted that culture and language are interconnected and one has an influence over the other – a reciprocal relationship between both. Further, we observed that there is a direct relationship between culture and deviant language associated with schizophrenia. We established that different cultures display markedly different symptoms and the manifestation of schizophrenia often due to the cultural norms and socio-eccentricity of a culture. This study revealed that deviant language resulting from schizophrenia among trilinguals in Nakuru Level Five Hospital was a reflection of their cultural belief system which include1) supernatural 2) family / living condition 3) societal influences 4) stressful life events 5) religious/divine – regardless of level of education.

Supernatural Causes

Results from our analysis did show that knowing a respondent was with schizophrenia was associated with recognizing hallucinations and delusions as signs of schizophrenia which culminated to deviant language. Some of the supernatural causes noted from respondents and mentioned by their relatives (sister, brother, husbands wife etc) included: a) envy b) bad/evil eye c) witchcraft and sorcery d) spirits e) the Devil.

Envy

In the course of this study, the term envy acquired a broader semantic, meaning the same as greed, hate, rancor or malignity. There was a perception that envy was the cause of schizophrenia. For instance, the relative of Mogaka* (one of the respondent) stated that the patient found it difficult to relate with anybody at home. The patient had delusions about people dispossessing what he had (shoes, clothes, foods etc.) As a result the patient developed poverty of speech which had made them to seek medical help for him.

Bad/Evil Eye

In our study, the most typical way through which envy is seen to cause evil is the bad/evil eye. Evidence from this study shows that the association between looking and envying is common to several cultures also bearing in mind that 'envy' comes from Latin '*invidia*' ('*in*,' into; '*videre'*, look) to envy is 'to look into something'. In one example, a relative to Mogaka* said that the patient persistently had delusion that people with bad/ evil eyes wanted his possessions since they start by looking with bad eyes what he has before wishing to dispossess him at last.

Sorcery and Witchcraft

We found out from our study that sorcery is differenced from bad/evil eye because the person who wants to do evil to another makes use of his or her special power and knowledge or hires a sorcerer (also called **murogi**(Gikuyu), **mundumulosi**(Luhya) among other ethnic names). The term 'witch' in this study was observed as being a synonym 'for sorcerer', but it is also understood as someone with intrinsic evil powers who 'eats' people (steals their vital organs) cunningly. Occasionally, the respondent Nafula*, deviated from answering some questions and in a circumlocution expressed her disdain for witchdoctors for persistently bewitching her.

Spirits

From findings in this study, we can ascertain the belief that spirits are afloat and plays a role in schizophrenia which results to deviant language. These spirits wander in the earth and can speak to people and provide a protective force or attract negative forces.

For instance, in a heightened non- verbal reference, the respondent (Otis*) presents background information or assume more knowledge on the part of the interviewer than is realistic. The interviewer was forced to prompt him for additional information in order to contextualize the referent. The referent (JaKombewa – a man from Kombewa) was a paternal uncle (now deceased) of the patient. According to information from a relative of the schizophrenic, the uncle and the respondent had had a serious disagreement over a debt that the respondent had refused to pay and this had culminated to the respondent falling sick.

The Devil

To some extent in this study, there was reference to the Devil or to Satan whom by way of possession could take one to behavioral changes or whom could plot a series of misfortunes – among these, the disease (schizophrenia) – leading to a deviant language. Some relatives opined that sometimes their relative lost track of the thread of discourse and in the hallucinations stated that the patient heard the voice of God (which was a good experience). The voice told one to ignore the mean or demonic voices (Satan) which are associated with terrible inflictions that make people to be sick.

Stressful Life Events

From this study we observed that people prone to schizophrenia when subjected to a stressful or emotional life event might trigger a psychotic episode. Some of these stressful life events noted included: 1) demise of someone close, 2) subjection to abuse or harassment, 3) homelessness, 4) loneliness and isolation, 5) financial problems, and 6) dismissal from work

Demise of Someone Close

Death, according to the findings in this study, has serious effects on the bereaved (family members, relatives, friends and even acquaintances). It appeared that it is a separation that many members found difficult to accept whether unexpected, for instance in an eventuality of an accident or expected like in the case of suffering from a terminal ailment. For some patients, the death of someone related closely to them triggered off the psychotic episode.

Subjection to Abuse or Harassment

It emerged from this study that when some people are subjected to situations that make them feel less human (for instance, being abused – physically or mentally), there is a tendency for those predisposed to schizophrenia to offset the psychotic episodes. The excerpt below illustrates this:

Loneliness and Isolation

From the study's finding, it emerged that respondents who were devoid of socialization (by choice or design) experienced hallucinations and delusions if they were vulnerable to schizophrenia. One relative asserted that the curtailment of studies by a father made the schizophrenic to become lonely and isolated which ultimately triggered the schizophrenic episodes.

Homelessness

It emerged from this study that some respondents who were rendered homeless due to one reason or another triggered off psychotic episodes if they are predisposed to schizophrenia. A sister to one patient who had his house burnt to the ground by arsonist had tried to console him and alleviate his fears and had volunteered to accommodate him and his family until he got an alternative place to settle but that did not subside his sense of loss of his home. The loss was so great that it had resulted to psychotic episodes to the patient.

Financial Problems

The problem arising from lack of finances was also noted to trigger psychotic episodes in respondents' predisposed to schizophrenia in the current study. This situation could arise if an individual is used to a certain income and gotten used to it but the finances do not seem to support his/her lifestyle (whether for basic needs or wants) resulting to some pressure which will ultimately lead to the disease.

Dismissal from Work

It emerged from the current study that work (whether employed or self-employed) is an important feature in structuring: personal and social identity: family and social bonds: ways of making money, and thereby accessing a number of essential and non-essential goods; services and activities; daily routines; level of activities; physical and mental wellbeing; self-confidence and self-esteem; a sense of self-worth provided by a feeling of contributing to society or the common good. We acknowledged that work plays a positive role as a source of wellbeing and societal integration. It is not surprisingly then that in the eventuality of one being out of work can lead to some sense of 'an overwhelming deprivation' that could easily trigger psychotic episodes for those vulnerable to schizophrenia.

Family Living Conditions

It emerged from this study that a family can be construed as an institution which like all other human institutions undergoes constant changes. Sometimes a family undergoes periods of change, that is, a period of transition from one type to another creating a period of confusion. This confusion might lead to disorganization and disintegration. We noted that some of the challenges that exist in some dysfunctional families include: poor communication or absent of communication at all among the members; no open and honest communication with one another; general mistrust of one another; potentiality of domestic violence, and poor balance of work and family. One or a combination of these challenges can take a toll in a family member to an extent of triggering psychotic episodes that yields to deviant language if they are predisposed to schizophrenia.

Table 1.2 below summarizes the cultural factors attributed to deviant language in schizophrenics.

Table 1.1: Cultural Factors Attributed to Schizophrenic Language by Subjects' Relatives

Cultural Factors	Observations
Supernatural (attributed to some forces beyond scientific understanding or the law of nature). These included: - Envy - Evil eye - Sorcery and witchcraft - Spirits - The Devil/Satan	- Feeling of greed, hate, rancor or malignity. - The most typical way through which which envy causes evil eye. - Use of special power or knowledge to do evil to others. - Spirits that wander in the earth and can speak to people or attract negative forces. - By way of possession could take one To behavioral changes (what wouldn't be properly a disease), or Whom could plot a series of misfortunes – among these the disease
Stressful Life Events These include: - Demise of a loved one. - Loneliness and isolation. - Homelessness - Financial problems - Dismissal from work	- The death of someone too close. - Lack of human company. - Losing a home. - Lacking money to facilitate life. - unexpected dismissal from work
Family living conditions	Changes or transitions that the family faces e.g. divorces, separations etc.

IV. CONCLUSION AND RECOMMENDATIONS

It was evident that cultural undertones are inherent as manifested in hallucinations and delusions that is the norm with schizophrenics. Culture is a major element in as far as deciphering the symptoms and subsequent trigger of schizophrenic episodes in those prone to the condition. Since this study focused on Nakuru Level Five Hospital it is recommended that further studies be carried out in other hospitals which offer psychiatric in-patient services. At the same time, a study involving a large number of trilingual

schizophrenics in the same institution might give more information on the cultural attributes associated with the deviant language of schizophrenics.

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