TECHNISCHE UNIVERSITÄT
CHEMNITZ

Modena Symposium

Discursive Construction of Treatment, Healing, and Mental Health Conditions in Nigerian Total Institutions

Daniel Oluwafemi Ajayi
English Language & Linguistics
Chemnitz University of Technology
ajayidanielo84@gmail.com
daniel-oluwafemi.ajayi@s2019.tu.Chemnitz.de

Outline

1. Background of the study
2. Research aim
3. Research questions
4. Research gap and significance of the study
5. Methodology, research setting, ethical considerations, and theoretical framework
6. Brief sample analysis
    - 6.1. Objectifying the patient‘s conditions through indexically neutralizing and distance denoting deixis
    - 6.2. Disapproving the patient‘s conditions
    - 6.3. Objectifying and disapproving the patient‘s conditions
7. Conclusion

1. Introduction and context of study

1.1 Psychiatric hospitals

- alarming increase in mental health cases in Nigeria and no serious attempt to check it
- 60 million Nigerians suffering from various mental disorders (Federal Ministry of Health Nigeria, 2018 in Sahara Reporters, Punch Newspapers, etc)
- a strong link between mental health situation and economic hardship in Nigeria (Issa, 2018 cited by Nwokeoma, [2018] in Punch Newspaper)
- low government priority to mental health, outdated mental health legislation, inadequate mental health professionals and facilities (WHO-AIMS Reports, 2006: 15; Abdumalik, Kola & Gureje, 2016: 8)
- poor mental health awareness among Nigerians (Nwokeoma, 2018 in Punch Newspaper)

1.2 Nigerian prisons

- conditions in Nigerian prisons: attention given to prisoners worse than what is experienced in psychiatric hospitals
- many inmates suffer from various mental disorders
- porosity and delay in the Nigerian justice system
- constant physical and mental torture, rejection by family members (Nwaopara & Stanley, 2015: 2; Agboola, Babalola & Udofia, 2017: 10)
- most of the prisoners on awaiting trials in prisons for countless years (Orijakor et al., 2017: 1)
- most of the prisons without psychiatrists and clinical psychologists
- prisoners with high tendency for criminal acts even after release (Olagunju et al., 2018: 2)
- the big question in abeyance: to what extent are these prisons correctional?

Images of Nigerian prisons, prisoners, psychiatric patients

www.nairaland.com

www.punchng.com

Images of Nigerian prisons, prisoners, psychiatric patients

www.nairaland.com

www.bcos.tv

TECHNISCHE UNIVERSITÄT CHEMNITZ

D. Ajayi

2. Research aim

Builds on foundational works of linguistic anthropologists and sociologists on the relationship of language and madness to (Goffman, 1961; Foucault, 1973; Wilce, 2004; etc):

- examine how mental health conditions, treatment, and healing are discursively constructed in the interactions between mental health patients and mental health workers in Nigerian prisons and psychiatric hospitals
- examine the linguistic properties that characterize the construction of mental health and traumatic conditions in the interactions
- identify the contextual issues (religion, culture, stigma, rejection, Nigerian medical and justice system, etc.) that underlie these constructions

3. Research questions

a) How are mental health conditions, treatment and healing constructed by participants in the interaction?

b) What are the linguistic choices that characterize these constructions?

c) What are the contextual issues that shape these constructions?

d) What are the attitudes of participants to these conditions and what are the linguistic resources that mark out the attitudes?

4. Research gap and significance of the study

Research gap:

Little attention has been given to linguistic research on mental illness in total institutions in Nigeria.

Significance of the study:

- ❑ contributes to research works on mental illness especially from the perspective of linguistics
- ❑ improves diagnostic and psychotherapeutic communication in mental health practice in Nigeria
- ❑ further draws attention to the challenges facing psychiatric hospitals and prisons in Nigeria
- ❑ informs and advocates workable government policies on the management of prisoners and psychiatric patients in Nigeria

5. Methodology, research setting ,ethical considerations, and theoretical framework

Methodology:

- tape-recording the interactions between mental health workers and psychiatric patients in prisons and psychiatric hospitals
- interview of mental health workers, relatives of patients and patients
- consultation of patients‘ case naotes and other materials
- observation and note-taking of gestural cues

Research setting:

south-western geopolitical zone of Nigeria (Lagos, Ogun, Osun, Oyo, Ondo and Ekiti)

Ethical considerations:

- seeking consent of participants in line with medical research in Nigeria
- using pseudonyms to conceal the identities of participants

Theoretical framework:

- ✓ Sacks, Schegloff and Jefferson‘s conversational analysis
- ✓ Levinvon‘s notion of activity types
- ✓ socio-cognitive theory

6. Brief sample analysis

6.1. Objectifying the patient's conditions through indexically neutralizing and distance denoting deixis

Excerpt 1: This excerpt is extracted from an interaction between a psychiatrist, patient and relative of patient. The patient is diagnosed with schizophrenia and heavy presence of bizarre delusional disorder. Owing to her illness, she was taken to several religious homes (churches) before the father brought her to the psychiatric hospital for medical attention. The interaction here took place in her first encounter with a psychiatrist.

1. PPR: Ehn::: Ehn::: irrational(.) Ee:::h >movements or behaviours<. And when he(.)
2. the man said he did it, when he delivered ( ), the problem is most of her
3. medicines was not used by her because when we got there(.) the medicines
4. scattered, littered up and down. And I noticed that he said I should e:::h employ
5. somebody as a sort of counselor for her and I did. I gave her the money but she
6. spent the money↑. <So::: she did not do that>.
7. PD: Ehm, since when, sir, did you notice this e:::h(.) notice ***it***. Notice all these e:::h
8. PPR: ((interrupts)) The behaviours↑
9. PD: The behaviours
10 PPR: ALL THESE BEHAVIOURS HAS GONE NOW O:: >since o:::(.) She is not
11. doing ***it***<
12.PD: [How long?] When? Okay, back then how
13.PPR: ***It*** has(.) ***it*** has(.). It should be about e:::h …

PPR: Relatives of psychiatric patient; **PD**: Psychiatric Doctor;

6.1. Objectifying the patient's conditions through indexically neutralizing and distance denoting deixis

Excerpt 2: This excerpt is also extracted from an interaction between a psychiatrist and a relative of patient who brought her to the psychiatric hospital. The excerpt is a part of the initial mental health examination to track the family and educational background of the patient.

1. PD: What is her occupation?
2. PPR: She is no:::t (.). After her school cert, she had a problem. She has a very good start. She has
3. eight credits(.) She did sciences(.) I was even thinking she would do Medicine then ◦before
4. ***those things*** happened◦. She is the most brilliant out of my children↓

PD: Psychiatric Doctor; **PPR:** Psychiatric Patient's Relative

6.1. Objectifying the patient's conditions through indexically neutralizing and distance denoting deixis

Excerpt 3: The excerpt is extracted from a first encounter of a patient with a psychiatrist. Before the patient was brought to the psychiatric hospital by his sibling, an unprofessional nurse had been consulted by his father to treat him before his death. The nurse had administered different treatments and given the patient various injections and drugs. The patient is diagnosed with schizophrenia and with a strong presence of auditory hallucination and bipolar disorder.

1. PP: MY PROBLEM is tha:::t whe:::n my dad was alive (0.3), he will notice that most
2. of the time I will be at home. Maybe sleeping. So::: whenever he:::(.) he called me
3. or discussed with me, I won't answer him.
4. PD: You didn't answer?
5. PP: Yes. I won't answer him. I won't talk to him. I will just ignore him. So:: he has
6. been feeling ***maybe*** I have problem. I have ***that mental problem***. So::
7. that's where the whole ***something*** emanate.

PP: Psychiatric Patient; **PD:** Psychiatric Doctor

6.2. Disapproving the patient's conditions

Excerpt 4: This excerpt is extracted from an interaction between a psychiatrist and the landlord of a patient who had just been discharged from the hospital. The landlord who is a pastor and his wife had been acting as the caregiver of the patient because his relatives were not available. In this interaction, the landlord is reluctant and sacred to accommodate the patient in his house again after the discharge.

1. PPR: But I know that if you observe him and see him to be okay(.) because he's been
2. staying there for two years without them having any problem with him.
3. PD: Hm
4. PPR: So I can believe that with this ***medical whatever*** now
5. PD: Hm:::
6. PPR: Everything will be okay with prayer and everything. They(.) we also(.) we will
7. be going there.

6.3. Objectifying and disapproving the patient's conditions

Excerpt 5: (*See* Excerpt 1 for details)

1. PD: What is the problem?
2. PPR: E:::hm, the problem is that moo:::, <I put her in somebody's
3. care to help> to help me deliver her↓ He is a pastor↑ ◦And after
4. he delivers◦ Ah::: I was informed that it is better I take her to
5. psychiatric hospital which I accepted because I am a lecturer at
6. Federal Poly Ado. The case came through ***something being***
7. ***given her***. ◦***Wizardry something***◦. >So after that, pastor has
8. delivered her<

PD: Psychiatric Doctor; **PPR:** Psychiatric Patient's Relative

7. Conclusion

- a discursive examination of the interactions between mental health workers and people in these institutions (prisons and psychiatric hospitals) is a pre-requisite to the understanding of their conditions (mental and physical, institutional and non-institutional, etc.) and the contexts (psycho-social, religious, socio-cultural, etc) surrounding the conditions. This understanding can be incorporated to develop a context-sensitive diagnostic and therapeutic manuals suitable for interaction with mental patients in Nigerian total institutions.

- important for revealing various socio-cultural identities of mental illness, its treatment and healing; how these identities are negotiated or constructed in the interactions; and the extent to which they agree with what is obtainable in modern psychiatry practice especially in these institutions. The knowledge of these is useful to psychiatrists and mental health workers in interacting with patients in Nigerian total institutions.

References

Abdumalik, J., Kola, L., and Gureje, O. (2016). Mental health system governance in Nigeria: challenges, opportunities and strategies for improvement. *Global Mental Health*. 3, 1-11.

Agboola, A., Babalola, E. and Udofia (2017). Psychopathology among offenders in a Nigeria prison. *International Journal of Clinical Psychiatry*, 5(1): 10-15.

Foucault, M. (1973). *Madness and civilization: a history of insanity in the age of reason*. New York: Vintage, 1-159

Goffman, E. (1961). *Asylums: essays on the social situation of mental health patients and other inmates*. New York: Doubleday Anchor, 1-386

Ministry of Health, WHO. (2006). *WHO-AIMS Reports on mental health system in Nigeria*. Ibadan, 1-36

Nwaopara, U. and Stanley, P. (2015). Prevalence of depression in Port Harcourt prison. *Journal of psychiatry*. (18)6, 1-8

Nwokeoma, J. (2018). Of the 60 million mentally-ill Nigerians. *Punch Newspaper*, November 22, 2018. https://punchng.com/of-the-60-million-mentally-ill-nigerians/

Olagunju, A.T. et al (2018). Mental health services in Nigerian prisons: lessons from a four year review and the literature. *International Journal of Law and Psychiatry*, 79-85.

Orijakor, C.T. et al (2017). Prolonged incarceration and prisoners' wellbeing: livid experiences of awaiting trial/pre-trial/remand prisoners in Nigeria. *International Journal of Qualitative Studies on Health and Well-Being*. (12), 1-16.

Sahara Reporters, November 13, 2018. 30% Of Nigerians Suffer Mental Illness. http://saharareporters.com/2018/11/13/30-nigerians-suffer-mental-illness-%E2%80%93-fg

Wilce, J.M. (2004). Language and Madness. In *A Companion of Linguistic Anthropology*. Ed. Alessandro Duranti. Oxford: Blackwell, 414-430

TECHNISCHE UNIVERSITÄT
CHEMNITZ

Modena Symposium

Discursive Construction of Treatment, Healing, and Mental Health Conditions in Nigerian Total Institutions

Daniel Oluwafemi Ajayi
English Language & Linguistics
Chemnitz University of Technology
ajayidanielo84@gmail.com
daniel-oluwafemi.ajayi@s2019.tu.Chemnitz.de