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Language and communication from the perspective of people with schizophrenia

Linguagem e comunicação na perspectiva do sujeito com esquizofrenia

Lenguaje y comunicación desde la perspectiva del sujeto con esquizofrenia

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Abstract

Introduction: schizophrenia has a set of cognitive, psychotic, affective and emotional symptoms that influence language and the communicative process. **Objective**: to reflect on the impact of linguistic-discursive manifestations of schizophrenia on communication, from the perspective of individuals with this mental disorder, in addition to describing the main manifestations present in the speech of these individuals. **Method:** cross-sectional, descriptive and qualitative study, with a non-probabilistic sampling model for convenience, carried out in a Psychosocial Service Center. Analyses of medical records and semi-structured interviews with users of the health service, diagnosed with schizophrenia, were performed. The results were subjected to descriptive statistical analysis, and the interviews were explored in a qualitative way through the "Thematic Content Analysis", after transcribing the speeches. **Results:** half of the participants reported satisfaction and communicative comfort, while the other half reported communication difficulties, associated with feelings of frustration, nervousness and fear of speaking in public. Such feelings seem to be related to the attitude of devaluation and stigma of the interlocutor regarding the speech of people with schizophrenia. The following discursive linguistic manifestations were observed: derailment and allogy. It is not possible to state that one of the linguistic-discursive manifestations observed in the participants, the allogy, is associated exclusively with the symptoms of mental disorder, since the condition of segregation and social stigma can be a determining factor in reducing the production of speech. **Conclusion:** the language symptoms characteristic of schizophrenia

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Authors' contributions:
VCF: Conceptualization of the study, methodology development, data collection, data analysis and text writing.
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impact the communication relationships of subjects diagnosed with this mental disorder.

Keywords: Schizophrenia; Schizophrenic Language; Mental Disorders; Speech, Language and Hearing Sciences

Resumo

Introdução: a esquizofrenia apresenta um conjunto de sintomas cognitivos, psicóticos, afetivos e emocionais que influenciam a linguagem e o processo comunicativo. **Objetivo:** refletir sobre o impacto das manifestações linguístico-discursivas da esquizofrenia na comunicação, a partir da perspectiva de sujeitos com esse transtorno mental, além de descrever as principais manifestações linguísticas presentes no discurso desses indivíduos. Método: estudo transversal, descritivo e qualitativo, com modelo de amostragem não probabilística por conveniência, realizado em um Centro de Atendimento Psicossocial. Realizou-se análise de prontuários e entrevista semiestruturada com usuários do serviço de saúde diagnosticados com esquizofrenia. Os resultados foram submetidos à análise estatística descritiva, sendo que as entrevistas foram exploradas de forma qualitativa por meio da "Análise Temática do Conteúdo", após transcrição das falas na íntegra. **Resultados:** metade dos participantes relatou satisfação e conforto comunicativo, enquanto a outra metade informou dificuldade de comunicação associada a sentimentos de frustração, má disposição, nervosismo e receio de falar em público. Tais sentimentos parecem estar relacionados à postura de desvalorização e estigma do interlocutor perante o discurso de pessoas com esquizofrenia. Observaram-se as seguintes manifestações linguístico-discursivas: descarrilamento e alogia. Não é possível afirmar que uma das manifestações linguístico-discursivas observadas nos participantes, a alogia, esteja associada, exclusivamente, à sintomatologia do transtorno mental, visto que a condição de segregação e estigma social pode ser um fator determinante na redução da produção do discurso. **Conclusão:** os sintomas de linguagem característicos da esquizofrenia impactam as relações de comunicação dos sujeitos diagnosticados com esse transtorno mental.

Palavras-chave: Esquizofrenia; Linguagem do Esquizofrênico; Transtornos Mentais; Fonoaudiologia

Resumen

Introducción: la esquizofrenia tiene un conjunto de síntomas cognitivos, psicóticos, afectivos y emocionales que influyen en el lenguaje y el proceso comunicativo. **Objetivo:** Reflexionar sobre el impacto de las manifestaciones lingüístico-discursivas de la esquizofrenia en la comunicación, desde la perspectiva de sujetos con este trastorno mental, además de describir las principales manifestaciones presentes en el discurso de estos individuos. **Método:** estudio transversal, descriptivo y cualitativo, con un modelo de muestreo no probabilístico por conveniencia, realizado en un Centro de Servicios Psicosociales. Se realizaron análisis de historias clínicas y entrevistas semiestructuradas a usuarios del servicio de salud, diagnosticados de esquizofrenia. Los resultados fueron sometidos a análisis estadístico descriptivo, y las entrevistas fueron exploradas de manera cualitativa a través del "Análisis de contenido temático", luego de transcribir los discursos en forma íntegra. **Resultados:** la mitad de los participantes reportó satisfacción y comodidad comunicativa, mientras que la otra mitad reportó dificultades de comunicación, asociadas con sentimientos de frustración, nerviosismo y miedo a hablar en público.Tales sentimientos parecen estar relacionados con la actitud de desvalorización y estigma del interlocutor con respecto al discurso de las personas con esquizofrenia. Se observaron las siguientes manifestaciones lingüísticas discursivas: descarrilamiento y alogía. No es posible afirmar que una de las manifestaciones lingüístico-discursivas observadas en los participantes, la alología, esté asociada exclusivamente a los síntomas del trastorno mental, ya que la condición de segregación y estigma social puede ser un factor determinante en la reducción de la producción del habla. **Conclusión:** los síntomas del lenguaje característicos de la esquizofrenia impactan las relaciones de comunicación de los sujetos diagnosticados con este trastorno mental.

Palabras clave: Esquizofrenia; Lenguaje del Esquizofrénico; Trastornos Mentales; Fonoaudiología

Introduction

Schizophrenia is a severe mental disorder of unclear origin and is sometimes referred to as a "syndrome" or "spectrum of schizophrenia", due to its heterogeneous nature[1,2]. This psychotic disorder is characterized by the presence of one or more of the following five symptoms: delusions, hallucinations, disorganized thinking (discourse), changes in motor behavior and blunted affect, for example, diminished emotional expression and lack of sociability. Of these, the presence of the first three, during a one-month period, is a mandatory criterion for diagnosis[2].

A study conducted in 2016 reports that schizophrenia affects approximately one percent of the world's population[3]. In Brazil, epidemiological data show that, for every 100,000 inhabitants, 77.44 underwent psychiatric hospitalizations per year between 2008 and 2019. During this period, there was an annual average of 154,009.67 hospital admissions for mental disorders, with schizophrenia being responsible for 56.25% of these admissions. The incidence is higher for men, with an increasing trend being observed in young individuals[4]. In women, in addition to the lower incidence, the age of onset is later and the response to available treatments faster[5].

The etiology of this disorder is still unknown[3], but there are reports of an association between environmental risk factors and the later onset of psychotic disorders, such as schizophrenia[6], among which we can cite the place of birth, infectious diseases, pregnancy and childbirth complications, such as hypoxia and maternal diabetes, substance abuse and stress[5]. Nevertheless, it is not yet possible to establish a causal relationship[6]. With regard to genetic factors, it is estimated that heredity plays an important role. A study indicates that if one of the parents suffers from this condition, the probability that it will be transmitted to their children is 13%, which may be higher than 20% when both are diagnosed with the disorder[3].

The semiology of schizophrenia includes a set of cognitive, positive or psychotic symptoms (which are "added on" and represent a serious distortion of reality) and affective and emotional (or negative), which directly correlate and influence the communicative process, where the presence of distortions in the form and content of language[2,7], restrictions on emotional expressions, reduced speech production and lack of interest in social relationships are common factors, interfering with fluency and in the discourse itself. When associated with this disorder, cognitive symptoms can include changes in the executive functions of memory, attention and problem solving[8,9], as well as social cognitive dysfunctions, including the theory of mind skill[10].

In summary, most of the schizophrenic symptoms arise from failures in the forms of meaning mediated by language, as this organizes the perception, production and content of discourse, forming a codependent triangle. As a result of the dysfunction of this triad, the main symptoms of schizophrenia arise, with "hallucinations" being a language perception disorder, "disorganized discourse" a production disorder, and "delusions" are configured as a content disorder, which leads to distorted and untrue meanings[11].

Accordingly, it is necessary to consider that the aforementioned symptoms can impair the effective communication of the person diagnosed with schizophrenia, since they result in ways of thinking and expression that lose objectivity and imply disturbances in intersubjective and social relationships[12], being also associated with difficulties in occupational functioning and life satisfaction[13,14]. This loss is one of the factors that interfere with the social reintegration of subjects with psychotic disorders, thus making it difficult for them to live together in society[15].

Rehabilitation of these aspects, i.e., functional recovery in schizophrenia, does not only involve the remission of symptoms, but also the achievement of autonomy and the active and productive insertion of subjects in their communities, possible through appropriate psychosocial treatment[16].

In this context, speech therapy emerges as a powerful instrument of socialization, in accordance with the precepts of the psychiatric reform, collaborating with listening and care, seeking to promote the functionality of the discourse of subjects with schizophrenia by valuing their potentialities and reducing the impact of the psychotic disorder on their interactions, contributing to the quality of life of people in mental distress[17,18].

Accordingly, the study of the discourse with these subjects can be essential for the development of language-based therapeutic approaches[19]. The need to assess the impact of the linguistic-discursive manifestations of schizophrenia on the

life experiences of these individuals should be also highlighted, since, despite being considered a central feature of this disorder, we know little about this aspect[13].

In light of the foregoing, this study sought to reflect on the impact of linguistic-discursive manifestations of schizophrenia on communication, from the perspective of subjects with this mental disorder, in addition to describing the main linguistic manifestations present in the discourse of these individuals.

Methodology

The research was approved by the Ethics Committee under nº 3.608.612 and follows the norms of Resolution nº 466, dated December 12, 2012, of the National Health Council. The participants who agreed to participate, after the explanation of the objectives and methods in accessible language, signed the Free and Informed Consent Form (FICF).

This is a cross-sectional, descriptive and qualitative study, with a non-probabilistic convenience sampling model, conducted in a Psychosocial Care Center (CAPS II), between the months of September 2019 and March 2020.

With a view to characterizing the population of users diagnosed with schizophrenia, we collected data from the medical records available at the health service with the aid of a sociodemographic form that included the following information: diagnosis (ICD-10), gender, age, color, schooling, comorbidity, treatment regimen, which is classified as intensive (daily follow-up), semi-intensive (up to 12 days a month) and non-intensive (up to three days a month), frequency of care (classified as regular or irregular)[20] and occupation.

In order to contemplate the objectives of this study, we performed a semi-structured interview with some users of the CAPS II. Individuals diagnosed with schizophrenia, according to medical records, aged over 18 years, assiduity to treatment and autonomy to consent to participate in the research through the FICF form were included in the research. Individuals who presented language impairment not associated with mental disorder were considered as exclusion criteria.

Participants who met the inclusion criteria were invited to participate in the semi-structured interview. These meetings took place in a CAPS II room, during breaks from the therapeutic workshops, with an estimated time of ten minutes, and were audio-recorded and stored for further analysis. The interviews were conducted from a guiding script designed by the authors, based on the reading of the instrument published by Lucio, Perilo, Vicente and Friche[21], as follows:

- Describe your mode of communication: difficulties and facilities;
- Talk about how you deal with the difficulty of communicating what you think (in the case of the presence of difficulty);
- Talk about how your language and communication affects your relationship with your friends and family members.

Demographic and clinical data for the characterization of the population composed a database, from the typing of information in Microsoft Excel software, and were submitted to descriptive statistical analysis through absolute frequency measurements, average and percentage values. In turn, the interviews were qualitatively explored through the "Thematic Content Analysis", after transcribing the speeches in full and in regular spelling.

The "Thematic Content Analysis" methodology is divided into three stages: pre-analysis, material exploration and treatment of the obtained results (interpretation)[21]. After the transcription and organization of the interviews in text form, we made successive readings to relate the initial hypotheses and the emerging hypotheses; then, the studied universe was delimited, respecting the qualitative validity criteria (exhaustiveness, homogeneity, exclusivity, objectivity and adequacy)[22].

Subsequently, we performed an exploratory data analysis, grouping them into two thematic categories of analysis, predefined from the interview script, namely: (i) "Self-perception of the language of the subject with schizophrenia" and (ii) "Language and social relationship". Finally, the treatment of the results was performed with the interpretation of the statements, interrelating them with the theory initially presented and raising new theoretical dimensions[22].

Results

The following results are related to: (A) Profile of the CAPS II health service users and the four interviewed subjects, (B) Impact of language and communication from the perspective of subjects

with schizophrenia, (C) Main linguistic-discursive manifestations of schizophrenia in the interviewed subjects.

A) Profile of the CAPS II health service users and the four interviewed subjects

We analyzed 254 medical records of CAPS II users, of which 106 (41.7%) had a medical diagnosis of schizophrenia, this being the most frequent diagnosis among service users, followed by Bipolar Affective Disorder, 38 (14.9%), and depressive episodes, 36 (14.1%).

According to the findings presented in Table 1, there was a predominance of men, aged from 20 to 76 years (42.9) and most were black men.

Table 1. Sociodemographic characterization of the sample of CAPS II users with schizophrenia diagnosis

Variables	N	%
Age group		
20-35 years	26	24.5
36-50 years	37	34.9
51-65 years	35	33.0
Over 65 years	7	6.6
NF	**1**	**0.9**
Gender		
Female	43	40.5
Male	63	59.4
Color		
White	11	29.2
Black	39	36.7
Brown	31	29.2
NF	25	23.5
Years of schooling		
Less than 9	26	24,5
9-11	17	16.0
12	23	21.6
More than 12	9	8.49
NF	31	29.2
Occupation		
Unemployed	42	39.6
Employed /Self-employed	9	8.4
Retired	10	9.4
Student	2	1.8
NF	43	40.5

Caption: N = number of subjects, NF = Not found.

The clinical data present in the medical records indicate that 52 (49%) individuals were diagnosed with the "paranoid schizophrenia" subtype, according to the ICD - 10, in a semi-intensive treatment regimen (up to 12 days of follow-up at the CAPS during the month), as shown in Table 2.

Table 2. Clinical characterization of the sample of CAPS II users with schizophrenia diagnosis

Variables	N	%
Diagnosis		
F20	28	26.4
F20.0	52	49.0
F20.1	6	5.6
F20.3	3	2.8
F20.5	14	13.2
F20.9	2	1.8
Frequency		
Regular	23	21.6
Irregular	54	50.9
NF	29	27.3
Comorbidities		
None	5	4.6
Other mental disorder	19	17.7
Syphilis	1	0.9
Diabetes	3	2.8
SAH	1	0.9
NF	78	72.8
Treatment regimen		
Intensive	9	8.4
Semi-intensive	36	33.9
Non-intensive	24	22.6
NF	36	33.9

Caption: N = number of subjects, SAH = Systemic Arterial Hypertension, NF = Not found.

At least 9 (8.4%) of the total number of individuals diagnosed with schizophrenia were in intensive care treatment regimen, i.e., in daily follow-up at the health service. Thus, the presence of users in the health service, on the days chosen for data collection, defined the final sample.

Accordingly, in order to perform the interviews, we approached five users indicated by the service team. Of these, one refused to participate in the study. The four research participants are men, diagnosed with schizophrenia (F20.0, ICD-10), aged from 24 to 57 years (= 37.0), and the clinical and demographic profile of these users is characterized in the Table 3.

Table 3. Characterization of the interviewed users

Variables	Subject 1	Subject 2	Subject 3	Subject 4
Diagnosis	F20.0	F20.0	F20.0	F20.0
Schooling	NF	IHE	IES	NF
Occupation	NF	Unemployed	Unemployed	NF
Treatment regimen	Intensive	Intensive	NF	NF
Service time	32 years	2 years	7 years	2 years
Linguistic-discursive manifestations	PS	NS	NS	NS

Caption: N = number of subjects, NF = Not found; IHE = incomplete higher education; IES = Incomplete elementary school; PS = Characteristics of positive symptoms; NS = Characteristics of negative symptoms.

B) Language and communication from the perspective of subjects with schizophrenia

i) Self-perception of the language of the subject with schizophrenia

This category addresses the perception of people with schizophrenia about their own speech, considering its facilities and difficulties.

Language difficulties were reported by the interviewed individuals, associated with feelings of frustration, annoyance (Subject 3) and nervousness (Subject 4). Nonetheless, there was also a report of satisfaction and communicative comfort (Subjects 1 and 2).

We should also highlight the concern with the "social prejudice" factor related to the speech, and the characterization of the CAPS as a safe environment, where communicative well-being is established (Subject 4).

> "I have good communication, good Portuguese, that's why people understand me." (S1)

> "Yes!" (when asked if satisfied with his communication and language) (S2)

> "I have difficulty (in communicating). I've already tried it several times… They don't understand my talk. It even bothers me. (...) I get annoyed. It's very common." (S3)

> "I have (communication difficulty). (...) I feel nervous to speak in public. (...) It depends on the audience I'm going to speak to. Here at CAPS it's a good place to talk about anything because it's a place of treatment, right? Then there is no prejudice here. But when you go out there to speak in public, you have to know your words very well so as not to be misunderstood or offend others." (S4)

ii) Language and social relationship

This category addressed the impact of linguistic-discursive manifestations on the social life experience of these subjects and how the interlocutor's attitude affects the communication process. The "discourse understanding" was analyzed, in the family context and in the relationship with friends and other interlocutors, in everyday situations.

In the analyzed speeches, we addressed the difficulty of understanding the discourse by the family (Subject 4), as well as the comprehension of this item by friends and family members (Subjects 1, 2 and 3).

It was also mentioned the discomfort in relation to the behavior of some interlocutors, which leads to incomprehension of the message, either by trying to infer the individual's speech (Subject 3) or by the attitude of "superiority" (Subject 4).

> "I feel comfortable with people who are my friends. What is also important is that we all have to have communication. Without communication, there is no expression, and without expression there is no communication. (...) Everybody is a human being. You have to understand." (S1)

> "They can" (about discourse understanding by family and friends) (S2)

> "They can. They can understand." (about discourse understanding by family and friends) (S3)

> "It bothers me trying to talk to the person and the person is ignorant, she doesn't listen to me fairly. Even more deliberate. It makes me a little angry." (S3)

> "Just today I explained about the remedy (...) She said 'why was I sleeping?' Then I said it was because of the drug, a lot of the effect of the drug, 'I'm feeling sleepy', and then she said something else there, wanting to undo what I was saying (...) that I was spending the night without sleep. What does that mean? I meant that I was sleeping a lot because of the effect of the drug. That's what I meant. Not the other way around." (S3)

> "My family doesn't (they have difficulty understanding). My friends do (...) We think that the person will help us some way, being our buddy, but she may have other interests. You don't know what's going on in his head." (S4)

> "Sometimes (interlocutors do not understand the discourse). I think people are very presumptuous (...) Human relationships are very complex. Every person is unique. It's hard to understand each other. It takes time to live together." (S4)

C) Main linguistic-discursive manifestations of schizophrenia in the interviewed subjects

The objective of this topic is to illustrate the main linguistic-discursive manifestations of schizophrenia associated with (i) positive symptoms and (ii) negative symptoms of this mental disorder.

i) Linguistic-discursive manifestations related to positive symptoms

In the speech excerpts of Subject 1, it is possible to observe the "derailment", a characteristic manifestation of the "formal alteration of thought", one of the positive symptoms of schizophrenia. We noted that the discourse/thought begins with the purpose of answering the question, but moves away from the initial theme and develops from secondary associations.

When asked if it was easy to communicate with the family, the interviewed answered:

> Subject 1: "Yep, It's everything ok! It's either with my wife or with my kids. There are six children and seven grandchildren I have. My greatest happiness is my wife. (...) So what I can say to you is that, at the moment, I have a lot of communication with people and I always have an audition, that is, a spiritual vision, I am a medium, a Kardecist. We founded in (name of the city), my mother, founded the spiritist center (...).So it's my mother who raised me from two months of birth. At that time, my real mother who is now 91 years old (...) could not breastfeed me, so she gave it to (name of mother who raised him), (name of Subject 1). At that time, we used to go to the river to say our prayers. I was going with the basket. I put the basket in the water, and then I caught piabas and traíras (Brazilian fish species)."

When asked how long ago the event described above occurred, he answered:

> "Many years ago! Then my mother fried the fish, with angu (mush), meat produced in the countryside, which was pretty good (…) Thus, my mother always said 'hey, (name of the Subject 1), you have a mission on Earth. It just depends on you', but, at that time, I didn't believe in my own mediumship. (...) I have psychographic mediumship. What is the Earth? The Earth is a place where we all need to be simple and humble people to have a positive result for the (…) spiritual. Therefore, all of this here is fleeting. We are passing through."

When asked if family members or friends found it easy or difficult to understand his discourse, he answered:

> "Yes. Everyone is a human being. You have to understand. The human being incarnated in the material realm has a very important disease that will direct all people on Earth, which is materialism. People are very materialistic and forget to pray to Jesus."

ii) Linguistic-discursive manifestations related to negative symptoms

In the speech excerpts from the interviews of Subjects 2, 3 and 4, we noted characteristic manifestations of the negative symptoms of schizophrenia, i.e., those related to blunted affect.

In the speech of Subject 2, we noticed a reduced production of speech (alogy) throughout the interview, with short answers, restricted to "yes" or "no". This same behavior was observed at the beginning of the interview with Subject 4, being later overcome during the dialogue.

When asked about the presence of difficulty in communicating what they think, they answered:

> "No." (S2)

> "I have." (S4)

Subsequently, when Subject 4 was asked how he deals with these challenges, there was no answer.

This same participant also reported difficulty in social interactions by means of his discourse, being possibly associated with "lack of sociability", one of the main negative symptoms of schizophrenia.

> "I feel nervous to speak in public" (S4)

Discussion

This study sought to reflect on the impact of linguistic-discursive manifestations of schizophrenia on communication, from the perspective of subjects with this mental disorder, in addition to describing the main linguistic manifestations present in the speech of these individuals. The results showed reports of satisfaction and communicative comfort and indicated the difficulty of communication and language in half of the interviewed individuals. Such difficulties lead to feelings of frustration, annoyance (bad mood), nervousness and fear of public speaking, which seem to be possibly related to the interlocutor's behavior towards the discourse of the subject with schizophrenia, which is a reflection of social stigma that accompanies this mental disorder.

In the present study, the findings regarding the demographic and clinical characterization of this population showed the prevalence in the schizophrenia diagnosis, with a predominance of classification F20.0 (ICD-10) and higher occur-

rence in men, as reported in recent epidemiological studies[4, 23,24].

The age group presented among individuals with schizophrenia in this study is compatible with the pertinent literature[25]. In this context, it is worth underlining that the first symptoms of this disorder generally appear in early adulthood and reach a peak of prevalence in the 40s, with a subsequent decline in the elderly population[1]. Similarly, about 69% of the CAPS II users with schizophrenia were between 25 and 54 years old and only 6% were over 65 years old.

These findings are justified, since the global average life expectancy for people with schizophrenia is 65 years, being up to two decades lower than expected for subjects who do not have this disorder[1]. The high mortality in this population occurs mainly due to suicide, comorbidities, smoking-related diseases, difficulty in adhering to treatment, among other factors[1].

In this sense, we noticed that schizophrenia affects the individual in his/her most productive phase, negatively impacting several spheres of life[23]. With regard to this aspect, we observed educational and occupational losses in the population of this study, since schooling was concentrated in the early years of elementary school and at least 40% of the subjects were unemployed or had no permanent source of income, as shown by other authors[17,26,27].

The findings regarding self-perception of language in the studied population showed that half of the interviewed recognized themselves as good communicators. Reports of satisfaction and communicative comfort were more incisively present in the discourse of Subject 1, as observed in the following excerpt: *"I have good communication, good Portuguese, that's why people understand me."* (S1).

We should highlight that Subject 1, unlike the other interviewed users, was undergoing intensive psychosocial intervention in treatment regimen since the foundation of this service, which is configured in solid therapeutic bonds and considerable clinical evolution. Accordingly, this factor may be associated with the absence of communicative suffering and the decrease in the severity of language symptoms, as discussed by other authors[28].

Still on the perception of subjects in relation to their own communication, the other interviewed users reported suffering in this process. Feelings such as frustration, annoyance (bad mood), nervousness and fear when speaking in public stood out, as seen in the following excerpts: *"I have difficulty (in communicating). I've already tried it several times… They don't understand my speech. (...) I get annoyed."* (S3), *"(...) when you go out there to speak in public, you have to know your words very well so as not to be misunderstood or offend others."* (S4).

The feelings reported by the participants in this study seem to be related to the interlocutor's attitude, whether due to the lack of understanding or even the incorrect interpretation of the discourse of the subject with schizophrenia. Similar to this finding, another research also discusses that the existence of difficulty in making friends in this population may be associated with the discourse of these individuals, described by a person with schizophrenia as "topics and ideas that do not please"[29].

As for the social dimension in the family and friendship context, the interviewees in this study reported both the understanding of the discourse by these groups, as well as the opposite. Similarly, the literature addresses the lack of interest and attention to what is said by the person with schizophrenia, whether by people close to him/her or not[29]. In this context, the non-understanding of the discourse associated with the other symptoms of the psychotic disorder can lead to the devaluation and segregation of the subject, as observed in reports of individuals diagnosed with the same disorder in the literature[29].

Regarding the interlocutor's behavior, the interviewees in this research highlighted some negative points, such as the attempt to infer or deduce the content of the discourse; however, without paying attention to what is actually being said, as exemplified in the excerpt transcribed from Subject 3. On that occasion, the individual is misinterpreted when informing that the effect of the medication he is using causes sleepiness, but the interlocutor concludes that Subject 3 had not slept for several nights. About this episode, he reports: "*She said something else there, wanting to undo what I was saying (...) that I was spending the night without sleep. What does that mean? I meant that I was sleeping a lot because of the effect of the drug. That's what I meant. Not the other way around*."

Still on the interlocutor's behavior with regard to receiving the message, the interviewees mentioned discomfort with the so-called "ignorance" or

aggressiveness of this person or with the attitude of "presumptuousness" or assumption of superiority, which can contribute to the inefficiency of communication. This aspect is observed in the speeches of Subjects 3 and 4, when they say: *"It bothers me to try to talk to the person and the person is ignorant, they don't listen to me fairly*." (S3) and *"Sometimes (interlocutors do not understand the discourse). I think people are very presumptuous"* (S4).

In this scenario, the "social prejudice" factor was addressed by one of the interviewees, being related to the fear of speaking in public. The experience of prejudice and stigma that accompanies the schizophrenia diagnosis is also addressed in the literature, highlighting the discrimination produced in the family nuclei[29]. Faced with this problem, the CAPS was characterized by the participants of this study as a safe and welcoming environment, where communicative well-being is established, as observed in the following speech of Subject 4: "*Here at CAPS it's a good place to talk about anything because it's a place of treatment, right? Then there is no prejudice here.*" Similarly, previous studies have also highlighted the satisfaction of users with the CAPS, especially regarding the competence of professionals, welcoming and help received in the service[26].

As for the presence of linguistic manifestations in the discourse of the interviewed individuals, the analysis of the speech excerpts of Subject 1 enables us to exemplify one of the manifestations related to positive symptoms, since the most observed characteristic was "derailment", i.e., the trend of the line of thought to move away from the initial idea and develop by means of secondary associations[11,28]. In this sense, thoughts are subordinated to a general idea, but they are not directed by a unifying objective; with the result that the individual either moves away from the initial topic of conversation or vaguely adheres to it, without, however, showing awareness that his/her answer no longer has a direct connection to the question that was asked[28].

As exemplified in the first excerpt of the transcript of Subject 1, we noted that the discourse/thought begins with the purpose of answering the question, but moves away from the initial theme. With this, the interviewee begins his speech addressing his relationship with his family, but ends up referring to childhood memories of fishing. Nevertheless, despite presenting an organization that deviates from what is expected of an ideal topical structure, it is possible to observe a strong connection between the addressed topics, in opposition to what is stated by some studies[2,11,28]. As seen in the first excerpt of the transcript, the themes of "communication - hearing - spiritual vision - mediumship - mother - river - *piabas* and *traíras* (fishes)" are connected by the central theme of "family", whether related to the family that the subject formed as an adult, addressed at the beginning of his discourse or to his childhood experiences with family members.

In the discourse production process, we observed that the selection of ideas occurs according to the theme suggested by the researcher's questioning; however, it lacks some linguistic elaboration, which generates frequent changes of topic, which contribute to a peculiar speech, as described in a previous study[30]. This can be observed in the third excerpt, when asked how long ago the described event (fishing in the river) occurred. The topic of the question is addressed and quickly directed to another, that of mediumship. Even so, the discourse is functional, understandable and powerful, within its molds and possibilities[30].

The other linguistic-discursive manifestations associated with the formal alteration of thought, these being "tangentiallity" and "incoherence", were not observed in the speech excerpts analyzed in this study. It is important to underline that such classificatory concepts, described in medical manuals, need to be critically analyzed, since they sometimes exclude the coexistence of pathology and normality[30].

Although the aforementioned manifestations are commonly present, they do not appear universally, invariably or homogeneously in individuals with schizophrenia[28,30]. It is necessary to keep in mind the multiplicity of each discourse and its singular pattern of functioning, which does not require the stigmatizing label of "incoherent", because it carries within itself a type of coherence different from what we understand as "normal"[30].

In the discourse of Subjects 2, 3 and 4, we observed characteristics that may be associated with the negative symptoms of schizophrenia, in particular "alogy" and "lack of sociability". The first characteristic refers to the diminished production of discourse, or even the uninformative, excessively concrete and abstract discourse. The second characteristic concerns the lack of interest in social

interactions, although this may be a reflection of limited opportunities for socialization[2].

In this sense, we identified, especially in Subject 2, the reduced production of speech throughout the interview, with short answers, restricted to "yes" or "no". This same pattern was observed at the beginning of the interview with Subject 3, being later overcome during the dialogue. In addition, difficulties related to social interaction were mentioned by the interviewees, for example, the discomfort of speaking in public and the fear of being misunderstood.

Nevertheless, it is important to highlight that the reduction in speech production observed in this research may be a consequence of the lack of bond between the interviewees and the researcher, which may have made it impossible to establish the communicative comfort necessary to develop the dialogue. Similarly, reports of social discomfort cannot be associated exclusively with the symptomatology of the mental disorder, but also and mainly with the social stigma suffered by this population.

Therefore, we infer that it is not possible to carry out the study of the discourse of these subjects without considering the social context in which the dialogic process is established and the fact that these individuals are inserted in a society that labels as "crazy" what differs from the established pattern and that marginalizes the manifestations of language that escape from its concept of "normality", as discussed in a study carried out in 2019[30].

Regarding this aspect, the speech of one of the study participants summarizes the need to recognize the uniqueness of the subjects, inserted in social interaction processes, mediated by language. For him, the "(...) *Human relationships are very complex. Every person is unique. It's hard to understand each other. It takes time to live together."* (S4).

As limitations of this research, we point out the absence of important variables, such as comorbidities, occupation and education, as well as information about the assistance provided to service users, in many of the analyzed records. In addition, for logistical reasons, we also highlight the impossibility of creating a bond with the interviewed subjects, which can represent an obstacle in the attempt to elucidate the various particularities of the relationship of these individuals with language. Accordingly, we suggest the development of other qualitative studies with this population, in order to fill the gaps presented here.

Conclusion

This study showed that the linguistic-discursive manifestations associated with the symptoms of schizophrenia impact the communication relationships of subjects diagnosed with this mental disorder. These findings restate the relevance of speech therapy activities in the context of psychosocial care and, in particular, with people with schizophrenia, in order to promote a communicative well-being by valuing their potentialities, considering their singularities and reducing the impact of the mental disorder and the social stigma that accompanies it.

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