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RESEARCH ARTICLE

Section: *Language and Linguistics*

The analysis of maxim violations and psychopragmatics in the speech of patients with schizophrenia in Medan, Indonesia

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ABSTRACT

This study explores maxim violation in the speech of patients with schizophrenia in Medan city, Indonesia. This violation includes maxim of relevance, maxim of quality, maxim of quantity, and maxim of manner. In addition to classifying these maxim violations, the study also examines psychopragmatic violations, including cognitive, emotional, and motivational aspects. are further examined. This study employed a qualitative approach. The subject of this study were 20 patients with schizophrenia in Medan city, Indonesia. Data were obtained by recording the patients' speech. The TEPRIBASKOG Assessment Model was used for analysis in this study. From the analysis, it can be concluded that of the 20 subjects with schizophrenia, violation of the cooperative principle occurred in the maxim of relevance, quantity, quality, and manner. Psychopragmatic violations are the reality found in linguistic phenomena that deviate significantly from the actual conditions. This impaired thinking results in violations of the maxims, cognitive disorders, and psychological disorders. Sufferers commit violations in their speech which are not the same as the speech of everyday people.

KEYWORDS: cooperative principle, maxim, psychopragmatic, schizophrenia, violation

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Introduction

A schizophrenic may talk constantly. This babbling often involves repeating the original verbal output with a few sentences added or subtracted. Initially, individuals with schizophrenia may withdraw into their own thoughts, engaging in little communication with the outside world while often engaging in extensive monologue. Verbal expression is limited, but activity in internal language (speaking in one's mind) is unlimited (Cummings, 2010; Gustianingsih, 2016; Sadock & Sadock, 2010).

The verbal and written language style of individuals with schizophrenia is often characterized by excessive use of the pronoun "I." Then they have difficulty in selecting the appropriate vocabulary. In the next stage, patients even detect that they are unintentionally using words they did not intend to. The impairment of verbal expression leads to social withdrawal, resulting in limited or rare verbal interactions. Their verbal expressions often revolve around their hallucinations (Cummings, 2010; Gustianingsih, 2016; Sadock & Sadock, 2010). Individuals with schizophrenia often exhibit compromised language structure and is at the lowest level compared to the general public, especially in the fields of semantics and pragmatics. The schizophrenic linguistic relationship exists but under inappropriate conditions when speaking to others (Salavera et al., 2010). Indeed, sometimes semantic and pragmatic relationships are very different in society. A good understanding of schizophrenics leads to effective treatment of their linguistic behavior and cognitive behavior.

Psychologically, several factors contribute to the development of schizophrenia in humans. The first factor is genetic factors, namely the existence of first-degree relatives such as parents (50% have the same genes), then second-degree relatives such as uncles and aunts (25% have the same genes). The risk of developing schizophrenia, as mentioned above is 6% and 2% respectively (Cummings, 2010). The second factor is the environment. Environmental factors are related to the onset of schizophrenia, such as the residential environment. Living in an urban or urban environment in childhood or adulthood consistently appears to increase the risk of schizophrenia two-fold. The third factor is social factors such as social isolation and immigration which have an impact on social difficulties, racial discrimination, family dysfunction, unemployment, and poor housing conditions, as well as mistreatment from the environment. The fourth factor is the use of drugs (Cummings, 2010; Gustianingsih, 2016, 2017; Sadock & Sadock, 2010).

The types of schizophrenia, based on predominant symptoms, include: a) Paranoid schizophrenia, characterized by feelings of being victimized or spied on, hallucinations, excessive religious feelings, and sometimes aggressive or hostile behavior. b) *Disorganized* type of schizophrenia, characterized by manifestly incompatible flat affect, incoherence, loose associations, and extreme disorganization of behavior. c) *Catatonic* type of schizophrenia, characterized by excessive psychomotor disturbances, extreme negativism, and echolalia. d) *Residual* Type Schizophrenia, characterized by withdrawal from society, expressionless and unfocused face. This affects health, social life, language behavior, and other negative effects (Sadock & Sadock, 2010; Videbeck, 2008).

Individuals with schizophrenia often struggle to understand the pragmatic functions of speech. They cannot understand the function of speech context, formal or informal situations. The treatment of this speech and cognitive disease is always handled late. It often happens that it is already in a chronic state, so the handling is very long. Society must be more observant in dealing with mental health problems so that there is no misunderstanding in coping with schizophrenia Champagne-Lavau & Stip (2010), line with Titone (2010), which he wrote in "Language Communication and Schizophrenia." The interpersonal and intrapersonal communication of people with schizophrenia is permanently disrupted and shunned by society because of the deviant speech of these sufferers.

The symptoms of schizophrenia are divided into two main categories: positive symptoms, which are clearly visible, and negative symptoms, which are less visible. (Cummings, 2010; Sadock & Sadock, 2010; Videbeck, 2008). Positive symptoms, such as appearing a) *Hallucinations* are false sensory perceptions or experiences that do not correspond to reality. b) *Delusions* are false beliefs maintained by sufferers and have no basis following the actual reality that many people understand. c) *Echopraxia* is the imitation of the movements and gestures of other people observed by sufferers and used as examples of life for sufferers. d) *In sufferers, a*

flight of ideas and thoughts floats and continuously switches from one topic to another quickly. e) *Perseveration*, the opposite of flight of ideas, i.e., continuously talking about one topic or idea and refusing to change the topic. f) *Loose association*, i.e., fragmented and poor thoughts or ideas. g) *Referent ideation*, i.e., the false impression that external messages have special meaning for the individual. h) *Ambivalence*, i.e., maintaining Negative symptoms include a) *Apathy*, characterized by a lack of interest in other people, activities, and essential events, b) *Alogia*, which is the tendency to speak very little and meaninglessly, c) *Non-expression*, defined as the absence of facial expressions indicating emotion or mood, d) *Anhedonia*, characterized by a lack of pleasure or enjoyment in life, activities, or relationships, and e) Absence of desire, ambition, or drive to act or perform tasks.

Form of speech:

Researcher: *Apakah Bapak merasa bahagia di tempat ini?*
("Are you happy in this place?")

Mr. S: *Tempat hantu, putih semua, anak perempuan itu, laki-laki itu juga menucuk aku pake jarumnya. Jarumnya panjang sakit sekali.*

("Ghost place, all white, that girl, that boy also poked me with the needle. The long needle hurt like crazy.")

Context of speech:

The speech was delivered to a schizophrenic patient with the initials S in a treatment room with a hospital nurse. At that time, the patient sat stunned and stared blankly.

The data above indicates that schizophrenic patient S can produce assertive Indonesian speech. This speech exemplifies the development of Indonesian illocutionary speech acts proposed by Searle. When viewed from the meaning of the speech delivered, assertive speech has the sense of conveying, informing, stating something, admitting, showing, mentioning, speculating, and so on. When viewed from the question delivered, the question implies an answer about the feelings of schizophrenia patients living in a mental hospital where schizophrenia-1 patients are treated. The expected response, if the patient feels happy, would be "*Saya bahagia karena sudah dirawat di rumah sakit ini, jasa para dokter atau perawat sangat baik untuk saya*" ("I am happy because I have been treated in this hospital, and the services of the doctors or nurses are very good for me"), but if the patient is unhappy, the answer might be "*Tidak bahagia saya.*" ("I am unhappy"). The suffering patient perceives that the hospital as a haunted house; the woman known for wearing white, many people know as a hospital nurse, but S calls her a ghost who is always dressed in white, and a doctor who is always dressed in white is also considered a ghost. The job of a doctor is to cure patients from illness, and the nurse's job is to inject and put hanging needles on patients. As a schizophrenic patient, he has violated the maxim of relevance by answering "*Tempat hantu, putih semua, anak perempuan itu, laki-laki itu juga menucuk aku pake jarumnya. Jarumnya panjang sakit sekali.*" ("The place of ghosts, all white, the girl, the man, and poking me with the needle, the long needle hurts a lot").

In conversation, participants are expected to cooperate with one another to produce effective and efficient communication. According to Grice (1975:45), for communication between participants to run smoothly, the participants must fulfill the rules she calls the principle of cooperation. Grice states, "Make your conversational contribution such as required, at the stage at which it occurs, by the accepted purpose and direction of the exchange in which you are engaged." The Cooperative Principle consists of four maxims: the Maxim of Quality, the Maxim of Quantity, the Maxim of Relevance, and the Maxim of Manner.

Violation of the cooperative principle is a fascinating subject to research, considering that people often neglect and abandon individuals with schizophrenia (Panuntun, 2012). What speech is contained, and what speech deviates from the language of schizophrenics? This deviation is almost undetectable by the general public and families, even though it also causes the general public to stay away from these sufferers (Bleuler, 1950). The speech produced by this schizophrenic patient indicates a violation of conversational maxims in Indonesian.

Although it is very contrary to the speech production of regular people, this patient still needs people who care about and love him. From the speech uttered by this patient, it can be slowly but surely known that he wants an environment that can be friendly to him. He needs friends who used to be in his life. The great belief in recovery and high attention from the researcher that this patient can interact and be accepted by his environment.

In a conscious state and able to think well, a schizophrenia sufferer can speak good language, such as “*Sekarang aku sakit, dulu pernah aku sehat, bersenang-senang bersama teman-teman, aku terbuang, tak ada yang menemaniku*” (“Now I’m sick, once I was healthy, having fun with my friends, I’m wasted, no one accompanies me”), suddenly the sufferer said “*Tasmu besar dan cantik, jam mu bagus, kau artis ya? Jangan macam-macam kau ya!*” (“Your bag is big and beautiful, your watch is nice, are you an artist? Don’t mess around, okay!”).

Judging from the speech uttered by the patient, it appears that their thoughts are unstable and constantly changing. At times he looks healthy and speaks very well; at other times, he seems violent and cruel and speaks out of topic. asking for food suddenly, threatening people, suddenly saying the bag and watch the researcher was wearing were nice, and asking the researcher whether the researcher was an artist. From these utterances, it can be seen that the sufferer’s thought patterns are unstable but can still be fostered well. Despite their condition, patients still desire attention, love, and compassionate interaction rather than being avoided or treated with hostility.

According to Capone et al. (2013), “Psychopragmatics” refers to the study of an individual’s psychological concepts by analyzing their inclination to use language and express their thoughts and emotions to convey significance to their interlocutor. According to Revita (2019), psychopragmatic speech refers to situations where a psychological characteristic triggers subsequent verbal expression. The statement above is consistent with the argument by Rohmadi (2016) that speech acts demonstrate pragmatic efficacy in terms of psychological expression and the pursuit of goals in various contexts. Therefore, an individual’s psychological state significantly impacts the communicative behaviors that the individual exhibits. The phenomenon above concerns how individuals engage with one another (Schinka & Velicer, 2003). According to Edwards (2004), the psychopragmatic approach is closely associated with analyzing diverse speech acts and their psychological context. From an initial perspective, the importance of lexicons within a language represents only one aspect of its manifestation. The speaker’s identity, manner of articulation, perspective-shaping factors, the timing of utterance, and location of discourse are all additional factors that act as intermediaries of the speaker’s cognitive, affective, and behavioral processes. A psychopragmatic approach can facilitate the identification of the correlation between the panic and anxiety displayed by a speaker in an outbreak scenario, which a psychologist and the potential transmission through the panic and anxiety of other speakers influence—the possibility of panic and anxiety in individuals who, through interpersonal communication, can be explored. Moreover, Therefore, this study attempts to explore the violation of cooperative principles in Indonesian speech by patients with schizophrenia in Medan City. As a provincial capital, this city has dealt with schizophrenia patients from the point of psychology and neurology, but from the linguistic point of view, which in this case relates to psycho-pragmatics, has never been done. This study aims to contribute to linguistic, behavioral, and psychocognitive management through research on violations of the principle of cooperation and psychopragmatics in the Indonesian language.

Method

This study employed a qualitative approach. The subjects of this study were 20 patients with with schizophrenia in Medan city, Indonesia. Data were obtained by recording the patients’ utterances. The TEPRIBASKOG Assessment Model was used in this study. The research subjects were selected under the predetermined research criteria. After identifying the research subjects, data were obtained through interviews, recordings, notes, and listening to conversations. The researcher then analyzed the violations of the cooperative principle and psychopragmatic disorders. The subjects were chosen from four psychiatric hospitals in Medan City, namely Simalingkar B Mental Hospital, Adam Malik Hospital, Haji General Hospital Medan, and Dr. Pirngadi Regional General Hospital Medan.

Result and Discussion

Violation of the Maxim of Relevance

The Maxim of relevance indicates that speech must be based on the question and answer and the linguistic facts generally understood by people. This maxim also shows a good cooperative relationship between the speaker and the speech partner, who should be able to provide relevant contributions about something being spoken. Speaking without providing relevant contributions about something that is being spoken means speaking without providing relevant contributions, and this is considered not to comply with the correct rules and under the facts of language. This is also said to violate the principle of cooperation (Grice, 1975). *I expect my partner's contribution to be appropriate to the needs required at each stage of the transaction; if I were selling electronics, I would not expect to be given a ballpoint pen or napkins, even though the contribution of these items might be appropriate for the next stage* (Grice, 1975).

Grice's opinion indicates a violation of the maxim of relevance. The utterance must be able to describe clearly according to the question given. It is said that electronic goods have a relationship with ballpoints to record the shape and function of the electronics and napkins to clean the electronic devices. It is possible but not directly to the question given the following process. Yes, the relationship is going through stages that are not parallel. The utterance below is a form of violation of the maxim of relevance of Indonesian in the language of schizophrenia sufferers.

Researcher: *"Berapakah anak yang Bapak miliki? Apakah Bapak rindu pada mereka?"*
(*"How many children do you have? Do you miss them?"*)

Schizophrenic-9: *"Aku tidak mau pulang, aku ini apalah. Aku dipukul aja sejak lama."*
(*"I don't want to go home, what am I? I've been beaten for a long time."*)

Judging from the speech of the schizophrenic-9, it violates the maxim of relevance. Why? The researcher asked how many children he had; the answer should have been one, two, three, four, or five people. It's a shame that Schizophrenic-9 answers that he doesn't want to go home; who is he? He is a figure who has always been beaten for a long time. No one asked about the return of schizophrenic-9 to the house. The questions only indicate the child's ownership and whether the father misses his child. What is the father's child like? The symptoms of schizophrenia that he experienced were Anhedonia with the Residual type. Anhedonia is never happy, has low self-esteem, is constantly cornering, and is not confident. The Residual type is an expressionless, flat face, and does not care about others, but occasionally wants to get angry.

Violation of the Maxim of Quantity

In the maxim of quantity, a speaker is expected to provide information that is actually needed from the interlocutor. An utterance that does not contain information required by the interlocutor can be said to violate the maxim of quantity in Grice's Cooperative Principle. On the other hand, if the speech contains excessive information, it can be said to violate the maxim of quantity.

(9) Form of speech:

Researcher: *"Berapa kali Adek mandi satu hari?"*
(*"How many times do you shower a day?"*)

Mr. Schizophrenic-14: *"Aku nggak mandi, aku makan telur banyak, he...he..."*
(*"I didn't take a shower, I ate a lot of eggs, he...he..."*)

Context of speech:

The speech was delivered by the researcher to schizophrenic-14 in the treatment room with a nurse. At that

time, the sufferer was sitting pensive.

For example, in the utterance “*Aku nggak mandi, aku makan telur banyak, he...he...*” “I don’t take a shower. I eat a lot of eggs, he...he...” for the question ‘how many,’ which expects an answer once, twice, or three times a day. The answer is very excessive and not needed for the question ‘how many’ and “I eat a lot of eggs” is also not the correct answer. Clearly, schizophrenic-10 has violated the maxim of quantity.

Violation of Maxim of Quality

In relation to theory, a speaker is expected to convey something real and follow the actual facts. The facts must be supported and based on clear evidence.

Form of speech:

Researcher: “*Apakah ibu suka tinggal di sini?*”
 (“Do you like living here?”)

Mrs. Schizophrenic-15: “*Tinggal di tempat terkutuk, muka orangnya kayak singa, itu orang gila itu.*”
 (“Living in a cursed place, his face looks like a lion, that’s the crazy person.”)

Mrs. Schizophrenic-15: “*Hah, aku bilang sama kau terkutuk, awas kau ya kulempar kau singa.*”
 (“Hah, I tell you cursed one, watch out I’ll throw a lion at you.”)

Context of speech:

The utterance was delivered by the researcher to schizophrenic-15 (a 57-year-old woman) in an open room with a nurse. At that time, the patient was sitting frozen with a blank stare.

The data above clearly indicates that schizophrenic patients can produce Indonesian *commissive speech*, but the commissive speech is harmful. When viewed from the meaning of the speech delivered, commissive speech has the sense of *promising, swearing, threatening, stating ability, and so on*. If we look at the question asked, the question implies an answer about the feelings of schizophrenia sufferers living in mental hospitals where schizophrenia-15 is treated. The answer that should be produced is “*Saya suka karena sudah dirawat di rumah sakit ini, jasa para dokter atau perawat sangat baik untuk saya.*” (if the feeling is happy). But if it’s unhappy, the direct answer is *tidak suka saya*. (“I don’t like”). The hospital was understood by sufferers as a house of rubbish; they ate rubbish, and female nurses who wore white clothes were also understood as crazy and would be beaten. A nurse who always looks after the patients in the cell, always feeds, gives injections, places hanging needles on the patients, and orders the patients to bathe and eat regularly.

This patient’s speech disorders indicate severe cognitive impairment. The patient perceives the hospital situation as *tinggal di tempat terkutuk, muka orangnya kayak singa, itu orang gila itu. Hah aku bilang sama kau terkutuk, awas kau ya kulempar kau singa*. (Living in a cursed place, the person’s face is like a lion. That’s a crazy person. Hah, I tell you, cursed one, watch out, I’ll throw a lion at you.) The answers of Schizophrenic-15 patients were very irrelevant, did not answer directly to the actual question so that people could interpret various things, and were excessive and unfocused. And provided information that was very contradictory to the researcher’s question.

In the same situation, the woman (schizophrenic-15) said, “*Hah aku bilang sama kau terkutuk, awas kau ya kulempar kau singa* (Hah, I tell you cursed one, watch out I’ll throw a lion at you).” For a moment, the researcher thought hard about what he had said. The patient was very disappointed. The patient didn’t like staying in the hospital, and she saw everyone’s faces as if they were lions. She hated everyone, so she wanted to throw everyone away. She didn’t like anyone in the hospital. Her husband had left her when he found out that his wife was mentally ill and was taken to a mental hospital. This sufferer liked to throw things at other people without any reason. When asked why she wanted to throw things at people, the sufferer answered that everyone always cursed her and mocked her for being useless, like someone who had been left by her husband, who had

remarried. The sufferer always received insults from her husband while living with him. *“Aku tidak suka lagi dengan dirimu, kau singa betina yang tukang marah, pergi jauh-jauh.”* “I don’t like you anymore, you angry lioness. Go away.” This information was obtained from a doctor’s note at the hospital. The patient suffered greatly physically and mentally due to the abuse and curses from her husband. This schizophrenic-15 also abused others precisely as her husband did to her. Everyone, including nurses, other patients, and researchers, was also considered crazy and like lions. The age of schizophrenic-15 was 55 years, had two adult children and one grandchild.

The violation of the Quality maxim produced by schizophrenic-15 indicates a disturbance in the perception of the surrounding environment. Although it is very contrary to the production of normal speech, this woman still needs people who care and love her. From the speech produced by this sufferer, it can be slowly but surely known that this sufferer wants an environment that can be friendly to her. She needs friends who used to be in her life. schizophrenic-15 also hopes that her husband will behave well someday so that the sufferer will also treat her surroundings positively.

Violation of the Maxim of Manner

The maxim of manner requires the speaker to speak directly, clearly, and without being vague. People who speak without considering these things can be said to violate Grice’s Cooperative Principle because they do not comply with the manner maxim. The speech below is a form of arrangement of the manner maxim because B abbreviates a word to avoid pronouncing taboo words and maintain politeness.

Form of speech:

A: *“Barusan kamu dari mana?”*

(“Where have you been?”)

B: *“Dari belakang, habis B.A.B.”*

(“From the back, I just pooped (B.A.B.)”)

The following are violations of the maxim of manner in the speech of schizophrenics below:

Form of speech:

Researcher: *“Apakah ibu suka pada ibu N itu?”*

(“Do you like Mrs. N?”)

Mrs. Schizophrenic-17: *“Itu bodat...melompat-lompat aja kerja dia. Tapi jangan bilang sama dia, mau kuterjang aja dia, aku marah sama dia.”*

(“That monkey... she just jumps around. But don’t tell her, I’ll just lunge at her, I’m angry with her.”)

Form of speech:

The utterance was delivered by the researcher to schizophrenic-17 (a 50-year-old woman) in an open room with a nurse. At that time, the patient was sitting stunned and had a blank stare. This patient often said impolite things. Her speech was harsh and dirty. It was clear that she had violated the maxim of manner.

The utterance (10) above clearly violates the maxim of manner because the schizophrenic-17 speaks impolitely, and is not customary to speak rudely, dirty, and unfriendly between speech partners in a universal linguistic manner, as stated by Grice, 1975. The question “Do you like Mrs. N?” should be answered in a universal linguistic manner, with a yes or no answer. That’s just the way to answer the “what” question. “That monkey... she just jumps around” it is very unusual to be conveyed between humans. Next is the phrase But don’t tell her, I’ll just lunge at her. I’m angry with her.” Which is not usually conveyed to fellow humans and is very rude, dirty, and very impolite.

Psychopragmatic Violation in Schizophrenia Patients in Medan City

The reality found here is a linguistic phenomenon far from the actual condition. This phenomenon is found in a condition called schizophrenia. Schizophrenia is a functional form caused by the main factor, namely impaired thought processes. Their minds are disturbed by many things. This impaired thinking results in violations of Indonesian speech maxims, cognitive disorders, and psychological disorders. These sufferers commit violations in their speech and are not the same as the speech of everyday people. Like the speech produced by people with schizophrenia at a mental hospital in the city of Medan, this can be seen from the speech “*Aku sudah bertahun-tahun dengan penderitaan ini. Kau pikir aku suka sama kau, dia , dia, tuh dia-dia lagi yang aku tengok. Aku benci kau, kupukul aja kau supaya kau tidak tanya-tanya aku.*” (“I’ve been suffering from this for years. You think I like you, him, she, that’s the one I’m looking at. I hate you, I’ll just hit you so you don’t ask me questions.”). Speech (13) and : “*Aku mau ke Siantar, lewat Tebing, lewat Medan, lewat Parapat lagi, sampelah aku di Rumah sakit ini. Aku tidak suka di sini, aku mau kawin. Ah... aku benci dia...benci dia . Ditinggalnya aku, tidak jadi kawin.* (Screaming for no reason). (“I want to go to Siantar, via Tebing, via Medan, via Parapat again, and then I end up in this hospital. I don’t like it here. I want to get married. Ah... I hate him... I hate him. He left me, we didn’t get married.”). The speech (14) above implies a severe psychopragmatic disorder.

In terms of type, schizophrenic-13 is included in the disorganized type of Schizophrenia, characterized by flat affect that is not in line with reality, incoherence, loose associations, and extreme behavioral disorganization. Researchers asked pervasive things to schizophrenics-13 and were very logical about *How long have you been in that hospital*. The pragmatic context in the utterance is informal and in a very calm situation of schizophrenic-13. The utterance of schizophrenic-13 is completely incoherent to the researcher’s question. “*Aku sudah bertahun-tahun dengan penderitaan ini. Kau pikir aku suka sama kau, dia , dia, tuh dia-dia lagi yang aku tengok. Aku benci kau, kupukul aja kau supaya kau tidak tanya-tanya aku.*” (“I’ve been suffering from this for years. You think I like you, him, she, that’s the one I’m looking at. I hate you, I’ll just hit you so you don’t ask me questions.”)

Psychologically, schizophrenic-13 experiences severe cognitive disorders, and this sufferer cannot control his speech correctly. The sufferer’s perception is also disturbed, so the meaning of the speech delivered is also disturbed. schizophrenic-13 also experiences severe emotional disorders, proven in a calm state and a fairly relaxed context, schizophrenic-13’s speech is very extreme.

Likewise, with schizofrenia-14, this patient also violated the maxim of relevance. The researcher still asked about how long he had stayed in the hospital, and the question was not directed at him, but he answered as if his answer was correct. The violation shown was very illogical. “*Aku mau ke Siantar, lewat Tebing, lewat Medan , lewat Parapat lagi, sampelah aku di Rumah sakit ini. Aku tidak suka di sini, aku mau kawin. Ah... aku benci dia...benci dia . Ditinggalnya aku, tidak jadi kawin.* (Screaming for no reason). (“I want to go to Siantar, via Tebing, via Medan, via Parapat again, and then I end up in this hospital. I don’t like it here. I want to get married. Ah... I hate him... I hate him. He left me, we didn’t get married.”)

In addition to experiencing violations of the maxim of relevance, schizophrenics also experience severe cognitive impairment. Physically, the question “*Perjalanan ke Siantar tidak pernah melewati Parapat, berapa kali Bapak makan sehari?*” (“The trip to Siantar never passes through Parapat, how many times do you eat a day?”) answered with “*Cari kutu, makan kutu, berdarah dan manis.*” (“Looking for fleas, eating fleas, bloody and sweet.”) This speech is very incoherent and illogical. Severe expressive speech disorder. Expressing angry speech, criticizing “*Rambutnya yag bau, banyak kutunya, tidak suka makan rambut, benci...benci ..dia*” (“His smelly hair, lots of lice, don’t like eating hair, hates... hates... him”) and screaming for no reason.

Judging from the type of schizophrenia experienced by schizophrenic-14, it is included in the *catatonic type of schizophrenia*. It is characterized by real psychomotor disorders, either in the form of no movement or excessive motor activity, extreme negativism, mutism, echolalia, such as the following utterance “*Tapi...tapi... tidak suka aku makan rambutnya, bau rambutnya banyak kutunya. Ah... aku benci dia...benci dia,*” (“But... but...I don’t like eating his hair, his hair smells and has lots of lice. Ah... I hate him...hate him,). At the same time, they also experience *residual schizophrenia* type, characterized by withdrawal from society, flat affect,

and loose associations. This is marked in addition to very flat and expressionless speech and screaming for no reason. So schizophrenic-15 experiences severe expressive speech disorders and severe psychopragmatic disorders as well.

Schizophrenic-15 also experienced severe commissive speech disorders and psychopragmatic disorders. schizophrenic-15 is very different from other schizophrenics. This sufferer can only say the same thing, which is not logical either. So it can be said that schizophrenic-15 can be identified as a Perseveration type of schizophrenia, which is continuously discussing one topic or idea and refusing to change the topic. This is illustrated in the following speech. "*Aku janji mau nagih hutang dia, dia pasti menyesal dengan aku.*" ("I promise to collect his debt, he will definitely regret it to me.").

Judging from the speech delivered by schizophrenic-15, it is depicted that the speech is rigid, commissive, unable to switch to another topic even though the researcher has provoked. In the brain of schizophrenic-15 there is only a relationship with "debt" and "regret with herself". Schizophrenic-15 also experiences severe cognitive and emotional disorders. She doesn't talk much but likes to walk around.

Schizophrenia is a functional condition caused by the main factor, namely the disturbance of the thought process. Their thoughts are disturbed due to many things. The thought disorder results in language disorders, speech disorders, cognitive disorders, and mental disorders. These sufferers make deviations in compulsive speech and are not the same as the speech of everyday people. Like the speech produced by schizophrenia sufferers, different versions of the language disorders are carried out and imply severe psychopragmatic disorders and require serious treatment. The following is represented again in the speech (15) and schizophrenic-16; "*Tempat sampah, makannya sampah, itu orang gila itu juga mengancam aku, dibilangnya aku saraf, saraf apa, dia itu yang gila. Tengoklah dia nanti kupukul dia.*" ("Trash can, that's why it's trash, that crazy person also threatened me, he said I was crazy, what's crazy, he's the one who's crazy. Look at him and I'll hit him.") and speech: "*Hus ...diam kau ya, jangan bilang sama dia, rahasia.*" ("Hush...shut up, don't tell him, it's a secret.) Suddenly, he threatened the researcher, "*Kau juga samakan orang gila juga, mau kujambak kau ya*" ("You also call me crazy, do you want me to pull your hair?").

It is clear that this patient can produce Indonesian commissive speech, but his commissive speech is harmful. When viewed from the meaning of the speech delivered, commissive speech means promising, swearing, threatening, stating ability, and so on. If we look at the question asked, the question implies an answer about the feelings of schizophrenia sufferers living in a mental hospital where schizophrenics-16 are treated. The answer that should be produced is "*Saya suka karena sudah dirawat di rumah sakit ini, jasa para dokter atau perawat sangat baik untuk saya.*" (if the feeling is happy). But if it's unhappy, the direct answer is *tidak suka saya*. ("I don't like"). The sufferers understood the hospital as a house of rubbish, eating rubbish. Female nurses who wore white clothes were also understood as crazy and would be beaten. A nurse who always looks after the patients in the cell, feeds, gives injections, places hanging needles on the patients, and instructs the patients to shower and eat regularly.

This patient's speech disorders indicate severe cognitive impairment. As a schizophrenic, I understand the hospital situation as a trash house full of rubbish, eating rubbish, and being disgusting. A place for crazy people, even a nurse who always cared for him, looked after him, and fed him, was still considered trash and crazy and would be beaten. Schizophrenic-6 is very irrelevant; he did not answer the actual question directly. and gave information that was very contradictory to the researcher's question. In the same state schizophrenic-16) said, "*hus ...diam kau ya, jangan bilang sama dia, rahasia, kau juga samakan orang gila juga mau kujambak kau ya*" ("Hush...shut up, don't tell him, it's a secret. You also call me crazy, do you want me to pull your hair?"). For a moment, the researcher thought hard about what he meant by that. The patient became very disappointed. The patient did not want to eat anything because all she saw was dirty and very disgusting garbage. She did not like anyone in the hospital. Her husband had left him when he found out that his wife was mentally ill and was taken to a mental hospital. This patient liked to beat other people for no reason. If asked why she wanted to beat people, The patient answered that everyone always hurt and mocked her, who was useless like garbage. The patient always got insults from her husband "*pergi kau dari hadapanku, kau gila, kau tak berguna, kau*

layaknya sampah, pergi jauh-jauh.” (“Get away from me, you’re crazy, you’re useless, you’re like trash, go far away..”) This information was obtained from a doctor’s note at the hospital. The patient suffered greatly physically and mentally due to the abuse and curses from her husband. This schizophrenic-16 also abused others precisely as her husband did to her. All nurses, other patients, and researchers were also considered crazy and useless trash. The age of schizophrenic-16 has reached 57 years, has two adult children and one grandchild. The illocutionary speech disorder produced by the schizophrenic patient schizophrenic-16 indicates a disturbance in perception of the surrounding environment. Although very contrary to the production of everyday speech, schizophrenic16 still needs people who care about her and love him. From the speech produced by this patient, it can be seen slowly but surely that this patient wants an environment that can be friendly to her. She needs friends who used to be in her life. schizophrenic-16 also hopes that her husband will behave well someday so that the patient will also treat his environment positively. The behavior of Paranoid Schizophrenia with symptoms of Echopaxia turns out to have different variations of language disorders and negative behavior. Heavy pressure from the patient’s environment can cause severe schizophrenia in the patient. The patient is unable to accept violence and heavy pressure from the people around her.

What about the case of a 17-year-old schizophrenic who experienced severe schizophrenia due to strong desires, passions, and aspirations to become a successful businessman, have a lot of money, have quite a lot of assets, and be able to build a five-story house, but did not achieve it. The following are commissive speech disorders that occur in schizophrenic-17 as follows: “*Aku bersumpah pasti bisa seperti dia, dulu pernah aku jadi jualan mendapat untung yang banyak, aku seorang pengusaha seperti Abu Rizal Bakrie punya lumpur yang banyak, ha...ha...*” (“I swear I can definitely be like him, I used to be in sales and made a lot of profit, I’m a businessman like Abu Rizal Bakrie, I have a lot of mud, ha...ha...”) and suddenly said something else which was full of extreme and tragic: “*Aku janji padamu akan mengambil harta darimu, kau tahu kau juga banyak uang, kaca matamu itu, kau itu orang kaya seperti Abu Rizal Bakrie itukan..aku sanggup membangun rumahku bertingkat lima. Aku janji itu.*” (“I promise you I will take your wealth from you, you know you also have a lot of money, your glasses, you are a rich person like Abu Rizal Bakrie... I can afford to build my five-story house. I promise you that).

Conclusion and Suggestion

This research also hopes to improve the language, psychology, and cognitive management of schizophrenia patients in Medan city maximally. This research also boosts special handling from linguists for linguistic management, psychiatric experts, or psychiatric experts for psychological therapy. The Medan city government needs to be aware of the comprehensive treatment of schizophrenia patients in order to help them communicate well.

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