



CLINICAL LINGUISTICS THE NEW LINGUISTIC ORIENTATION AND ITS CONNECTION TO VARIOUS DISORDERS SPEECH

Nawar Basil

Department of English, College of Art, Al-Hadba University College, Mosul, Nineveh, Iraq
Nawar92b92nb@gmail.com

Article history:	Abstract:
<p>Received: 11th June 2022 Accepted: 11th July 2022 Published: 24th August 2022</p>	<p>Within the science of linguistic studies has shown a growing area of investigations within the discipline of linguistics but the specialty of Clinical linguistics has received very no systematic attention, this paper aims to correct this by handling and investigating this new branch which is the clinical linguistics, the paper will concern with the survey of how and why clinical linguistics emerged ,how this subfield developed up to the present days , the role the linguist played in this field and how he dealt with various speech disorder , how clinical linguistics can be a huge help to language pathologists and doctors., the interwoven relationship between clinical linguistic and speech pathology including both <i>speech</i> and <i>language</i> disorders with their branches including (Autism ,Aphasia, Schizophrenia, Stammering, Stuttering, etc.).</p>

Keywords: Clinical linguistics, Autism, Aphasia, Schizophrenia

INTRODUCTION

Language and communication play an important role in people's life, and they represent a lot of their identity. Language, as a flawless communication skill that allows people to express and comprehend each other vitally, according to Matsumoto (2010) communication is the fundamental process by which humans live as social animals because of communication we can come together to build families, social networks, and professional associations .because of communications we can work with very different others towards a common goal"

Linguistics has seen a number of changes in recent years as a science that investigates the structure of language, some of this extraordinary progress has occurred in our understanding and treatment of language and speech impairments in children and adults.

For the past two decades, medical disciplines have been working hard to identify, analyze, and correct these issues. Clinicians have also used theoretical advances in linguistics and their applications to research speech and language impairments throughout the last decade. This combined linguistics and medical study is beneficial in the identification and treatment of language and speech impairments. Clinical linguistics is the name given to this research. Raja (2010:p.195).

CLINICAL LINGUISTIC

All the way back to the classical Greeks. However, when linguistics is more narrowly defined, its roots can be found mostly in the twentieth century, in the 1970s, the phrase "clinical linguistics" began to spread. David Crystal's book (Crystal, 1981), which laid out the

foundations of the new field, used the term as the title of one of his most influential works. The study of communication disabilities as they are encountered in clinical settings, according to Crystal, is what this term refers to (p. 1). He compares the "applied" nature of his method to "the approach of many neurologists, for example, who investigate clinical language data in order to gain insights about linguistic processes" in a conference article from the previous year (Crystal, 1980)

in order to examine language deficits by using linguistics' ideas, practices, and discoveries (including phonetics) to examine how language impairments are identified and addressed (Crystal David, 1986:pp.34-42). A significant part of identifying, evaluating, and treating communication problems is played by clinical linguistics. Because all research has been done in the medical profession, this branch of applied linguistics sometimes goes by the names remedial linguistics or pathological linguistics.

According to Ball and Kent (1987:P.2), the discipline either applies linguistic/phonetic analytic approaches to clinical difficulties or demonstrates how clinical data contribute to theoretical linguistics/phonetic issues. Additionally, with increased convergence between fields like linguistics, cognitive neuroscience, genetics, and psychiatry in recent years, it has become increasingly clear that clinical linguistics is inherently multidisciplinary. As a result, communication disorders are now perhaps best understood as the result of complex interactions at many different levels. A recent definition of clinical linguistics by Perkins and Howard (2011:P.112) captures this viewpoint as follows: "the study of communication disorders, with specific

emphasis on their linguistic elements, while not ignoring how they interact with other domains."

Clinical linguistics' development (past, present and future trends)

Roman Jakobson's seminal book *Kindersprache, Aphasie und allgemeine Lautgesetze* represents one of the earliest significant attempts to apply linguistic theory to the study of speech and language pathology (Jakobson, 1941). He showed that allegedly abnormal sound patterns followed the same laws as those found in typical language systems and in diachronic language change by applying a structuralism approach to the investigation of language use in child language acquisition and that found in adults with acquired aphasia. Clinical linguistics continues to be guided by this emphasis on the innately rule-governed nature of abnormal speech and language. After being published *English as Child in Language, Aphasia, and Phonological Universals* in 1968, Jakobson's book only gained widespread recognition in the Anglophone world. (Perkins, 2011:p.923).

Moving on, today the sheer amount of knowledge available has inexorably produced a generation of specialists, as opposed to the 1970s when a single person's work, like that of David Crystal, was able to target the manifestation of a variety of communication disorders at every linguistic level. Although it still has significant heuristic value, Crystal's early distinction between a "linguistic model" (the description of communication disorders in exclusively linguistic terms) and a "medical model" (the underlying "medical" causes of the disorders) nevertheless presents a somewhat fragmentary and dissociative view. It is no longer sufficient to concentrate on the purely linguistic features of a specific impairment while keeping its putative medical etiology at a distance, given the flood of pertinent new insights from fields like genetics, brain imaging, psychiatry, cognitive neuroscience, neurobiology and sociology. Instead, finding the points at which these many information streams converge in order to achieve a more comprehensive understanding is the current and future challenge for clinical linguistics. (Perkins, 2011:p.926).

Language and Speech disorders

Clinical linguistics addresses all varieties of speech and language impairments. Each disorder is categorized as either a language disorder or a speech disorder based on its cause. (Raja, 2010: pp.196-197).

Language Disorder Is a condition that affects how a person learns or uses language. It demonstrates how the typical developing timeline for language skills has broken down.

Aphasia: A disorder known as aphasia is brought on by injury to the parts of the brain that control language. These areas are often found on the left side of the brain in most persons.

Aphasia typically develops unexpectedly, frequently after a stroke or head injury, but it can also take time to appear as the result of a brain tumor or a slowly progressing neurological condition. Reading, writing, speaking, and understanding language are all hampered by the disease. Speech issues caused by

brain injury like dysarthria or apraxia of speech may coexist with aphasia. Aphasia typically affects people in their middle years or later, but anyone can develop it, even very young children. Aphasia typically affects people in their middle years or later, but anyone can develop it, even very young children. (<https://www.nidcd.nih.gov/sites/default/files/Documents/health/voice/Aphasia.pdf>, p.1).

Schizophrenia: Schizophrenia is a severe mental illness in which reality is perceived by sufferers strangely. Schizophrenia may include hallucinations, delusions, and severely irrational thinking and behavior, which can make it difficult to go about daily activities and be incapacitating. Schizophrenia patients require ongoing care. Early intervention may help keep symptoms under control before major issues arise and may enhance the prognosis in the long run. (<https://www.mayoclinic.org/diseases-conditions/schizophrenia/symptoms-causes/syc-20354443>, p.1)

Dysarthria, it is speech impairment brought on by aging or brain alterations. In a kid or adult could it result in: slurred, nasal, or breathy speech /harsh, straining voice/ extremely loud or silent speech/ issues speaking in a consistent cadence yet hesitating a lot/ monotonous or gurgle speaking and trouble moving the tongue and lips. (<https://www.nhs.uk/conditions/dysarthria/> p.1)

Dyspraxia, commonly referred to as developmental co-ordination disorder (DCD), is a disability that impairs physical coordination. It makes a youngster do less well than is typical for their age in daily activities and make awkward movements. Is known to affect boys three to four times more frequently than girls, and the disorder occasionally runs in families. (<https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/> p.1).

Other developmental phonological disorders are included in the category of language disorders, as are autism, learning disabilities, mental retardation, specific language impairment, and developmental phonological disorders.

On the other hand **Speech disorders** are conditions where the speech mechanisms—such as the soft palate, tongue, lips, etc.—are delayed. They can also be divided into;

Articulation disorders where problems that develop as a result of issues with the tongue, lips, soft palate, and other speech mechanism tissues moving improperly.

Fluency disorders is the ability to speak quickly and continuously. Therefore, if a problem remains in the effort, continuity, and speed, it is considered to be a fluency disorder. There are two different categories of fluency disorders: *cluttering* and *stuttering*.

Voice disorders are defined as when the pitch, loudness, or quality of the voice changes from the normal or standard voice due to anomalies in the vocal processes. *Phonation* and *resonance* are the two categories of voice problems, which can coexist or exist separately.

Linguists' role

Clinical linguists and speech-language pathologists employ a variety of instruments and techniques to evaluate, identify, and treat language impairments. Standardized and norm-referenced assessments, communication checklists and profiles (some given by clinicians, others by parents, teachers, and caregivers), and qualitative techniques like conversation analysis and discourse analysis are among them. Finally, discussions about the nosology of language problems can benefit from the insights of clinical linguists. But in order to do so, they need to be aware of where language problems fit within widely accepted classification schemes, including the American Psychiatric Association's 2013 Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classification system. (Cummings, 2017: p.1)

According to Raja (2010: p.197) A linguist must play a significant part in defining, describing, diagnosing, evaluating, and treating diseases. To be more specific, the linguist must define the regions of "confusion identified in the standard metalanguage and classification of the impairments. Each disorder's terminology is frequently unclear, redundant, and misunderstood. For instance, the phrase "learning disability" is now frequently used to describe impairments affecting math, reading, writing, and listening.

In accordance with Onita Nakra (1996) and Prathiba Karanth (2003), children with learning disabilities have normal or above-average intellectual capacity. Because linguists can provide systematic linguistic descriptions, these misunderstandings can be cleared up by involving them. (Pp.17-29).

From a descriptive point of view there is a huge need for case studies that describe the language of people with disorders from a descriptive perspective. In order to explain the delay in child language acquisition, normative models of language development must be used, and only linguists can supply them. (Raja, 2010: p.198)

The next step in the diagnosis and assessment process is to categorize linguistic behavior and list out the deviant linguistic characteristics of the disordered population. A lot of the time, diseases are categorized using medical jargon. It is simple to classify them under such parameters when a medical cause is discovered. But if a person has a language delay without a medical cause, physicians will try to shift the responsibility to a speech-language pathologist without providing a reason. However, if these abnormalities are categorized at language levels such as phonetic, phonological, grammatical, semantic, pragmatic, etc., then it is preferable to list out the aberrant linguistic elements, analyze their issues, and then implement suitable intervention measures. And when it comes to intervention, the linguist's job is to support the clinician in arranging language interventions, if necessary, and to track the results over time. A linguist's responsibility is to evaluate the intervention provider's linguistic behavior, the educational materials

used, and the intervention environment because these factors can affect the outcome. (Ibid).

CONCLUSION

In order to evaluate language disorders while taking the affected levels into consideration, clinical linguistics can be a huge help to language pathologists and doctors. As the first step in the healing process, it can be primarily utilized to diagnose the patient. Researchers can assess the patient, see what linguistic level is impacted, and treat them as necessary by using various linguistic measurements and specialized exams. As a result, the assessment and provision of corrective interventions require coordination between a speech-language pathologist, a psychologist, and a linguist. If a school-age child has a problem, an educator may give the intervention; this individual must work with the aforementioned team in a coordinated fashion. In this profession, it is important to use a comprehensive approach. Absent that, the issue might be found. The field of clinical linguistics can be thought of as having a multidisciplinary theme because it employs individuals from several fields.

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