



PSYCHOLINGUISTICS

LECTURE 07

LANGUAGE DISORDER

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- **Language disorder** is a communication **disorder** in which a person has persistent difficulties in learning and using various forms of **language** (i.e., spoken, written, sign **language**).
- Language disorder can effect one's ability to communicate via language.
- Children may develop language disorder due to conditions that affect brain development before, or after birth. While in adult language or speech disorder may develop due to injuries to the brain or tumors in brain.

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- It may be a genetic or sometimes cause by certain diseases or injuries to the brain. Patients with language disorder may have trouble in productive (speaking & writing) or receptive (listening & reading) communication skills. Such patients will not be like normal speakers/listeners.
- language disorder is an universal issue found almost everywhere around the world.
- In 2016 the National Institute on Deafness and Other Communication Disorders reported that 7.7% of American children have been diagnosed with a speech or swallowing disorder. That comes out to nearly one in 12 children, and gets even bigger if you factor in adults.

LANGUAGE DISORDER VS SPEECH DISORDER

- Speech and language disorder can be differentiated as follow:
- **Language disorder** refers to difficulties in over all language that may include the rules about the meaning of words, how words are made and how are they put together (grammatical rules).
- A person with language disorder may have problems in expressing his ideas.

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- Language disorders are characterized as either receptive or expressive.
- A person with receptive language disorder has difficulty in listening and understanding. While a person with expressive disorder has difficulty using language.

Receptive disorder affects a persons' ability to understand what he or she hears.

TYPES OF LANGUAGE DISORDER

There are three types for language disorder

- **Expressive language disorder:** People suffering with expressive language disorder have trouble getting their message across when they talk. They often struggle to put words together into sentences that make sense.
- **Receptive language disorder:** People suffering with receptive language disorder struggle to get the meaning of what others are saying. Because of this, they often respond in ways that don't make sense.
- **Mixed receptive-expressive language issues:** Some people suffer with both using and understanding language.

SPEECH DISORDER

- **Speech disorder** is a type of language disorder that refers to difficulties in verbal communication of a speaker. A speaker with speech disorder may have difficulties in one or more than one of the following:

fluency

articulation

voice

- **Fluency** refers to the flow of speech. A person with speech disorder may have their speech disrupted by sounds, syllables, or words that are repeated, prolonged and avoided.

Stuttering is an example of this.

ARTICULATION AND VOICE

- **Articulation** refers to the way a person produces sounds. A person with speech disorder may have troubles in producing sounds correctly.

Voice

- **Voice** refers to the sound a person produces. A person with a speech disorder may use a voice that is louder or softer than normal.

CATEGORIES OF LANGUAGE DISORDER

- **Apraxia of Speech (AOS)**

- Apraxia of Speech (AOS) happens when the neural pathway between the brain and a person's speech function (speech muscles) is lost or obscured. The person knows what they want to say – they can even write what they want to say on paper – however the brain is unable to send the correct messages so that speech muscles can articulate what they want to say, even though the speech muscles themselves work just fine.

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- There are different levels of severity of AOS, ranging from mostly functional, to speech that is incoherent. And right now we know for certain it can be caused by brain damage, such as in an adult who has a stroke. This is called Acquired AOS.
- However, the scientific and medical community has been unable to detect brain damage – or even differences – in children who are born with this disorder, making the causes of Childhood AOS somewhat of a mystery. There is often a correlation present, with close family members suffering from learning or communication disorders, suggesting there may be a genetic link.

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- Mild cases might be harder to diagnose, especially in children where multiple unknown speech disorders may be present. Symptoms of mild forms of AOS are shared by a range of different speech disorders, and include mispronunciation of words and irregularities in tone, rhythm, or emphasis (prosody).
- Severe cases are more easily diagnosed, with symptoms including inability to articulate words, groping for sound positions, off-target movements that distort sounds, and inconsistency in pronunciation.

STUTTERING – STAMMERING

- A speech disorder with one or more of the following characteristics and which leads to non-fluent speech:
 - 1) abnormal repetition of segments of speech (sounds, syllables, words).
 - For example:
 - *d-d-d-don't*
 - *I've gota-gota-gota-cold.*
 - 2) abnormal lengthening of sounds. For example:
 - *I ffffffffeel cold.*

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- Stuttering only becomes a problem when it has an impact on daily activities, or when it causes concern to parents or the child suffering from it. In some people, a stutter is triggered by certain events like talking on the phone.
- The causes of stuttering are mostly a mystery. There is a correlation with family history indicating a genetic link. Another theory is that a stutter is a form of involuntary or semi-voluntary tic. Most studies of stuttering agree there are many factors involved.

DYSARTHRIA

- Dysarthria is a symptom of nerve or muscle damage. It manifests itself as slurred (unclear) speech, slowed speech, limited tongue, jaw, or lip movement, abnormal rhythm and pitch when speaking, changes in voice quality, difficulty in articulating, labored speech, and other related symptoms.
- It is caused by muscle damage, or nerve damage to the muscles involved in the process of speaking such as the diaphragm, lips, tongue, and vocal chords.

LISPING

- Lipping can be recognized by anyone and is very common. It is a speech fault in which /s/ is pronounced as /th/.
- SLPs are also important in distinguishing between the five different types of lisps. Most laypersons can usually pick out the most common type, the interdental/dentalised lisp. This is when a speaker makes a “th” sound when trying to make the “s” sound. It is caused by the tongue reaching past or touching the front teeth.

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- Experts recommend professional SLP intervention if a child has reached the age of four and still has an interdental/dentalised lisp. SLP intervention is recommended as soon as possible for all other types of lisps. Treatment includes pronunciation and articulation coaching, re-teaching how a sound or word is supposed to be pronounced, practice in front of a mirror, and speech-muscle strengthening that can be as simple as drinking out of a straw.

SPASMODIC DYSPHONIA

- Spasmodic Dysphonia (SD) is a chronic long-term disorder that affects the voice. It is characterized by a spasming of the vocal chords when a person attempts to speak and results in a voice that can be described as shaky, hoarse, groaning, tight, or jittery. It can cause the emphasis of speech to vary considerably.
- SLPs will most often encounter this disorder in adults, with the first symptoms usually occurring between the ages of 30 and 50. It can be caused by a range of things mostly related to aging, such as nervous system changes and muscle tone disorders.

CLUTTERING

- A fluency disorder, cluttering is characterized by a person's speech being too rapid, too jerky, or both. To qualify as cluttering, the person's speech must also have excessive amounts of "well," "um," "like," "hmm," or "so," (speech disfluencies), an excessive exclusion or collapsing of syllables, or abnormal syllable stresses or rhythms.
- The first symptoms of this disorder appear in childhood. Like other fluency disorders, SLPs can have a huge impact on improving or eliminating cluttering. Intervention is most effective early on in life, however adults can also benefit from working with an SLP.

MUTENESS – SELECTIVE MUTISM

There are different kinds of mutism

- **Selective mutism** is when a person does not speak in some or most situations, however that person is physically capable of speaking. It most often occurs in children, and is commonly exemplified by a child speaking at home but not at school.
- **Selective mutism** is related to psychology. It appears in children who are very shy, who have an anxiety disorder, or who are going through a period of social withdrawal or isolation. These psychological factors have their own origins and should be dealt with through counseling or another type of psychological intervention.
- **Diagnosing selective mutism** involves a team of professionals including SLPs, pediatricians, psychologists, and psychiatrists. SLPs play an important role in this process because there are speech language disorders that can have the same effect as selective muteness – stuttering, aphasia, apraxia of speech, or dysarthria – and it's important to eliminate these as possibilities.

SPEECH DELAY – ALALIA

- A speech delay, known to professionals as Alalia, refers to the phenomenon when a child is not making normal attempts to verbally communicate. There can be a number of factors causing this to happen, and that's why it's critical for a speech language pathologist to be involved.
- There are many potential reasons why a child would not be using age-appropriate communication. These can range anywhere from the child being a “late bloomer” – the child just takes a bit longer than average to speak – to the child having brain damage. Approaching a child with a speech delay starts by distinguishing among the two main categories an SLP will evaluate: speech and language.

SPEECH PATHOLOGY

- The study of abnormalities in the development and use of language in children and adults (such as stuttering and aphasia). Speech pathology includes the diagnosis of such disorders and the development of techniques (including clinical techniques) to treat them.
- Speech therapists are sometimes called **speech pathologists** or **speech-language**