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Clinical Linguistics – A Multidisciplinary Theme by Lalitha Raja. R

Clinical Linguistics – A Multidisciplinary Theme

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Introduction

Linguistics being a science, which studies the structure of languages, has its full potentiality over each and every human being's life. It is like; life without language for a human is life less. In recent years, some remarkable growth has taken place in our knowledge and management of language and speech disorders in children and adults. Medical disciplines have been working a lot for past two decades to identify, assess and to remediate these problems. Also theoretical developments in linguistics and its applications have been utilized for the study of speech and language disorders, by clinicians during past decade. This applied study of linguistics with medical discipline is useful for the diagnosis and treatment of language and speech disorders. This study is termed as clinical linguistics. According to Crystal (1986) 'Clinical Linguistics is the application of the theories, methods, and findings of linguistics (including Phonetics) to the study of those situations where all language handicaps are diagnosed and treated'.

This is otherwise also called as "Remedial Linguistics" as it is used in non- medical settings like educational and psychological context to diagnose and to remediate a problem of a student in educational and a client in psychological settings. So, clinical linguistics attempts to use the linguistics techniques to solve the problems in the domains like assessment of language and speech disorders, language teaching and



speech therapy. It also applies linguistic theories to study the language disabilities in all its forms.

Various Disorders Dealt

Clinical Linguistics deals with all types of speech and language disorders. According to etiology of each disorder it is classified into language and speech disorders.

Language Disorders

Language disorder is a disorder that is found in the development or use of the knowledge of language. It shows the breakdown in the development of language abilities on the usual developmental schedule.

The disorders that come under language disorders are Autism, Learning Disability, Mental Retardation, Specific Language Impairment, Developmental Phonological Disorders Aphasia, Schizophrenia, Dysarthria, Dyspraxia, etc.

Speech Disorders

Speech disorders are the disorders, in which the speech mechanisms like soft palate, tongue, lips, etc are the locus of delay. They can be further classified into;

Articulation disorders:

They are the disorders that occur due to the problem that arise in the movement of various structures of speech mechanism such as soft palate, tongue, lips, etc.

Fluency disorders:



The effortless and continuous speech with the rapid speed is called fluency. So if problem persists in the effort, continuity and speed, then it is said to be a fluency disorder. Stuttering and cluttering are two types of fluency disorders.

Voice disorders:

If the pitch, loudness or quality of the voice differs from that of the normal / standard voice due to abnormalities in the vocal mechanisms is said to be a disordered voice. The two types of voice disorders are phonation and resonance.

These language and speech disorders can exist together or by themselves.

Role of Linguists in Clinical linguistics:

Clinical Linguistics deals only with speech and language disorders which has only linguistic symptoms. So, apart from speech- language pathologist and Clinicians, there is a major role for a linguist to be played in the Clarifying, Describing, Diagnosing, Assessing and providing Intervention to the disorders.

Concerning clarification; the linguist has to clarify the areas of confusion found in the traditional metalanguage and classification of the disabilities. The terminologies given for each disorder are often confusing, overlapping and also misinterpreted. For example, 'Learning Disability' is now widely used as an umbrella term for the listening, reading, writing and mathematical disorders. But, Louise Cummings (2008) in his book 'Clinical Linguistics' uses this term for Mental



Retardation or handicap, where the cognitive ability will be subnormal. But this subnormal cognitive ability is not seen in the children who have listening, reading, writing and mathematical disorders. Consecutively, according to Onita Nakra (1996) and Prathiba Karanth (2003), children with learning disability have normal/above normal intellectual capability. Thus these confusions can be resolved by involving the linguists for providing systematic linguistic descriptions.

On the subject of the descriptions of disorders, there is a great need for descriptive case studies of the language of disordered people. Also normative models of language development are must to describe the delay found in child language acquisition, which can be provided only by a linguist.

Next, in the part of diagnosis and assessment there is a need to classify the linguistic behavior and to list out the deviant linguistic features of disordered population. Widely the disorders are classified in terms of medical terminologies. When medical cause is found it is easy to put them under such terms. But if a person has a language delay who does not have any medical explanation, then clinicians try to transfer their burden to speech language pathologist without any explanation. But if these disorders are classified under linguistic levels, such as phonetic, phonological, grammatical, semantic, pragmatic, etc. then it is better to list out the deviant linguistic features and understand their problems and then to go for appropriate intervention strategies.

Regarding intervention, the linguist's role is to help the clinician in planning the linguistic interventions if needed and to monitor the outcome of intervention over a period of time. It is the role a linguist to investigate the language behavior of the intervention provider, teaching



materials used, and the environment of intervention provided, as it also can modify the out come.

Concluding remarks:

So, when a patient comes to a clinic with a complaint of speech or language disorder, usual thing that happen is finding the medical/clinical cause. Usually physicians whether the cause is found or not, will divert the patients to speech-clinicians for further assessment and remediation. Here Speech-clinician/speech-language pathologist can only identify the language problem, but may not know whether psychological and sociological background persists or not for that problem. Without this knowledge the intervention provided may lower down the problem but will not eradicate it. So speech-language pathologist has to coordinately work with a psychologist and linguist for the assessment and to provide Remedial measures. If the problem is found in a school going kid then the intervention provider may be an educationist who must also be coordinated in the above said team. This holistic approach should be followed in this discipline. Otherwise the problem may be uncovered. So, as Clinical linguistics includes people from multidiscipline, it can be represented as multidisciplinary theme.

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