THE JOURNAL OF COMMUNICATIVE ENGLISH

VOLUME 14 ISSN 07951949 MARCH 2017

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Published by the English Language Unit, Department of Educational Foundations and General Studies, University of Agriculture, P.M.B. 2073, Makurdi

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VOLUME 14 ISSN: 07951949 MARCH 2017

The journal is published by the English Language Unit, Department of Educational Foundations and General Studies, University of Agriculture, P.M.B 2373, Makurdi.

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Speech Pathology: Its Implications for Language Learning

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The thrust of this paper was to stress the fact that language and its acquisition are fundamental to human existence. But through Neurolinguistics, studies have variously shown that some children, and in some cases adults, have complications producing certain speech sounds or having problems with voice features. These problems can be characterized by difficulties in the flow or rhythm of speech that are referred to as speech pathology. These speech problems can be the way sounds are articulated (phonological disorder) or difficulties with the volume, pitch or the quality of the sound so produced. People with speech disorders do have problems using some speech sounds which can also be a sign of delay, thus causing some communication breakdown. Based on this, it was concluded that clinical assistance by way of preventing, assessing, diagnosing, and treating speech, language, social-communication, cognitive communication, and swallowing disorders in children and adults were suggested.

Introduction

Friederici (2011) contends that language acquisition is the process by which human beings, especially children acquire the ability to receive, perceive and comprehend the utterance made by people of the same language community, as well as the ability to produce and use learned language to communicate with them too. Language acquisition is considered as one of the quintessential traits of human species, and the neurobiological basis of language processing has been identified to support particular language functions. In a similar instance, Dai et al (2014) agree that the identification of the biological and neurobiological bases of language acquisition confirms what Chomsky (1964) claims as the innate language acquisition device (LAD). Knowledge of the locus of language in the brain and the LAD has not revealed to us anything about the mechanism of language processing in the mind. Dai et al posit further that just as soil supports the growth of plants, the biological and neurobiological bases serve as the fertile soil for the growth of the plans of language.

In order to understand the mechanisms of children's acquisition and development of language, we have to resort to children's acquisition and development of other areas of knowledge and experience as a whole. According to Halliday (1999/2008), "language evolves in the human species in two complementary functions: construing experience and enacting social process". Halliday claims that our experience is the "ideation base," and language serves to construe this ideation base. He stresses that the categories and regulations of our experience is not given to us by nature to be reflected in our language, but are actively construed by language, with lexico-grammar as the driving force. Similarly, Tomasello (2003) also opines that the human species is "biologically prepared" for the prodigious task in ways that individuals of other species are not, but this preparation cannot be too specific, as human children must be flexible enough to learn not only all of the different words and conventional experiences of any language but also all the different types of abstract constructional patterns that these languages have grammatised historically.

Lending voice to Tomasello (2003), Dehbozorgi (2012) contends that language learning has a pivotal role in helping human to express his opinions. The language process, affective variables and other different factors such as attitude, motivation andanxiety, among others are very important. However, Alkaisi et al (2016) assert that easy language acquisition in some cases is marred by speech pathology otherwise referred to as speech disorder.On the other hand, Jolayemi (1999) argue that over the centuries, there has been a great debate by philosophers, psychologists, linguists and psycholinguists on the nature of the mind and its role in the acquisition of knowledge, generally, and language specifically. There is a consensus of opinions in a theory which proposes that the acquisition of

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knowledge is the function of the mind or reason (Rationalism), and that the mind is not a mere tabula rasa (empty slate) as claimed by some philosophers. The theorist claims that the mind has an innate faculty (Nativism) that enables it to acquire knowledge.Jolayemi states further that notable philosophers of this theory are Plato and Descarates. In lending support to the innateness of the rationalist, Chomsky (1972) proposes, however, that there are ideas inherent in the mind specifically for language acquisition which are separate from those for general knowledge acquisition, say, for instance, Mathematics or Physics. He assumes that this is possible because of an in-born capacity in the section of the brain (Mentalist) that operates with the aids of what he refers to as "Language Acquisition Device (LAD)", which does enable a child to perceive and produce novel utterances.

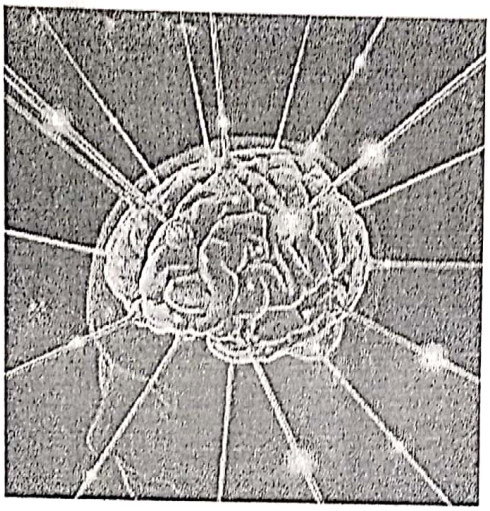

Fig. 1: A simplified version of LAD functions

Many experiments were carried out to support the notion above using some higher primates. The Kelloggs (1933) raised a female chimpanzee called Gul with their son Donald specifically to use language. Attempts were made in 1951 to teach language to Vicky, another chimpanzee. Similarly, the Gardners (1969; 1975) for six years communicated with their experimental chimpanzee in American Sign Language. All these experiments did not yield any considerable amount of success, thus lending support to the fact that there is an innate capacity in the mind which facilitates language acquisition but which animals do not possess. It should be noted though, that all rationalists believe that some amount of exposure is needed for knowledge acquisition, but if the capacity to acquire it is not in the brain, then no knowledge will be acquired as evidenced in the experiments with the chimps that were exposed to language in vain. This is so because they, the chimps, do not have the in-born capacity for it.

Another observable argument claims that there are no such things as innateness mind or reason because they do not fall into the realm of matter (Materialism). Thus they should not be considered as aiding the acquisition of knowledge because they cannot be subjected to scientific investigation through observable data (Empiricism). These theorists also claim that knowledge acquisition (including language) is behaviour of "stimulus-response-reinforcement" operations (Behaviourism), having being exposed to appropriate and adequate environment (Environmentalism). In supporting the above submission, Skinner (1957) claims that imitation plays a key role in the acquisition of language.Skinner therefore rejects the mentalistic view about the brain being the sole precursor for language acquisition.

Language and brain, (Neurolinguistics), Steinberg (1982) submits that of all parts of human body, the brain can be said to be the most important. This is because it serves as the grid for the coordination of all the other parts of the body.Physically, the brain looks like a boxer's gloves containing some soft gray-white matter scientifically called "cortex" referred to as the cerebrum and divided into hemispheres. One is on the right side and the other on the left. Both are linked by corpus callosum. There are several fibres that connect the various parts of the brain with the central nervous system.

This device enables the brain to have contact with, and control all parts of the body.The functions of the brain are complex as they are numerous. Each section is responsible for the control of one part of the body or the other. Specifically, Brown (1972), Lyons (1981) and Jolayemi (1999) contend that neurological research, operation and treatments have proved that the left part of the brain controls the actions of the right side of the body, and the right hemisphere controls the actions of the left side of the body. Brown just posits further that it has been established that in most human beings, the left part of the brain is responsible for the largest part of language acquisition, learning and use. Thus, the left side of the brain controls the linguistic behaviours,while the right side is responsible for paralinguistic behaviours. In his own contribution, Lyons (1981) affirms that the term "Lateralisation"has come to be used to describe the process whereby a particular hemisphere of the brain controls certain functions of the body.Lateralisation starts about the age of two when a child begins the acquisition of language and ends between the age of five and the beginning of puberty; this indicates maturational process in nature.It develops as the child grows.

Equally, Jolayemi (1999) affirms that lateralisation process of the brain takes place only in man (human beings), animals are not of the development and that is why they are not capable of using language. Jolayemi posits further that the development of lateralisation improves the critical age of language acquisition which falls between 21/2 to 6 years when it is easiest to acquire a language. As a child moves from his 6th year, it becomes more and more difficult to acquire language. This is why a kid transferred from one speech community to another speech community along with his parents learns the language of the new environment much faster than his parents, (these are all the functions of the brain).

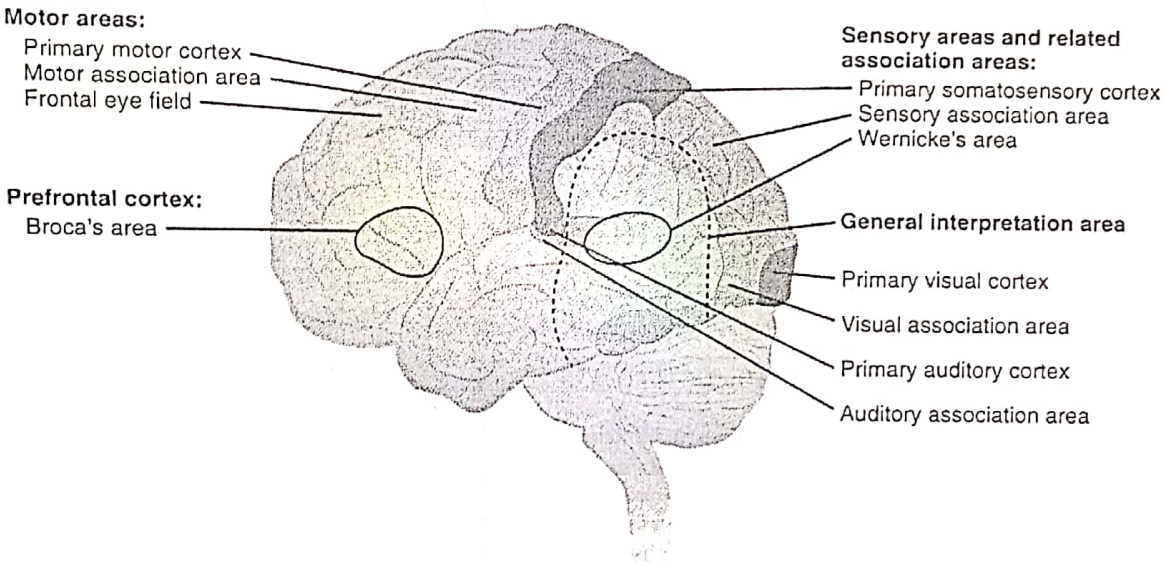

Fig.2. Complementary specialization of cerebral hemisphere

Inversely, damage to the cerebral lobes has been discovered to result into various speech disorders. Speech disorders refer to problems in communication and related areas such as oral and psychomotoric functions. These delays and disorders range from simple sound substitutions to the inability to understand and use language or use oral motoric (motor mechanism) for functional speech and feeding. Some children with speech impairment have difficulties in understanding language, in using or both using and understanding language. Many children have specific problems that do not seriously affect their language functioning. This implies that a child may not have problems related to language form and, or function but may have verbal expressions which are objectionable to listeners. The objectionable behaviour of speech is subtle. Alkaisi et al (2016) submits that the problem of objectionable behaviour of speech calls for important behavioural changes. This may include specific articulation defects such as substituting a /w/ for a /r/ and vice versa, voice disorders including

breathiness, nasality and hesitation in speech production otherwise referred to as stuttering. Bello et al (2012) also contend that some children do have other problems such as insertion, omission, repetition, reversal and mispronunciation. Similarly, while discussing the site of the brain that causes aphasia (a speech disorder),Oxbury (1984) establishes that:

> more than 90 percent of normal right-handed people
> havelanguage function represented in the left
> cerebralhemisphere. Left hemisphere damage
> but not the right May make them to aphasic.
> Similarly, the left hemisphere is dominant in
> about 70 percent of normal handers...12 .

Penfield and Roberts (1959) assert that when an electrical current is applied a brain area (lobe) involved in speech, one of the two things occurred: the patient either has a trouble talking or utters a vowel-cry. However, no patient ever produced an intelligible word as a result of electrical stimulation. In support of the above assertion, Akmajian et al (1999)opine that the problem would perhaps, be easier to resolve if agreement exists on which areas of the brain are especially responsible for language. But the location is agreed on only in outline, the details remain very controversial. Akmajian et al argue further that in the majority of human beings, language is located in the left half of the brain, and within this, the production of speech is controlled mainly by the forward portions of the brain in an area traditionally known as Broca's area, a name given after a French neurologist Paul Broca, who in 1961 wrote a paper in which he claimed that a patient with damage to frontal area was only able to produce the word "tan", though he was able to comprehend speech. For speech comprehension Broca states further, as such, is located towards the back of the brain's left side in an area called Wernicke's area.

Speech pathology also referred to as speech-language pathology (SLP) and speech and language therapy (SLT) is the study of disorders that affect a person's speech, language, cognition, or voice disorders (Wikipedia Encyclopedia, 1996). As well, Hartmann and Stork (1973) point out that speech pathology is the study of defects and disturbances that may impede communication effectiveness of a speech. Similarly, Fry (1978)in Alkaisi et al (2016)adds that the common speech language disorders include inability to understand what others say, an inability to produce sounds correctly, stuttering and voice disorder. On the other hand, Renzi et al (1966) in Alkaisi et al (2016) also define speech disorder as the inability to perform voluntary movements with the muscles of the larynx, pharynx, tongue and the cheeks, although automatic movement of the same muscles are preserved.

Literature Review of Causes and Types of Speech Pathology

A. Aphasia: Itis in general the impairment of the ability to use language, particular grammar and vocabulary, usually caused by some form of damage to the brain, sometimes accompanied by other forms of impairment, consisting of types such as Broca and Wernicke's aphasias (Cook, 1997) in Alkaisi et al (2016). Cook goes on that aphasia may co-occur with other speech disorders such as dysarthria or apraxia of speech which results from brain damage. Usually, aphasias are results of damage to the language centres of the brain like Broca's area. These areas are always situated in the left in the left hemisphere, and in most people, this is where the production and comprehension of language is found. However, in a very small number of people, language ability is found in the right hemisphere. Damage to these areas according toAkmajian et al (1999) can be caused by stroke, traumatic brain or other head injury. Aphasia may also develop slowly, as in the case of head tumor. Depending on the area and the extent of the damage, someone suffering from aphasia may be able to speak but not write and vice versa, he may understand more complex sentences that he or she can any of a wide variety of other deficiencies in reading, writing and comprehension.

B. Common Types of Aphasia: Akmajian et al (1999) submit that aphasiologists have no uniform criteria for classifying types of aphasia, the consequence of which is considerable terminological diversity. Widely accepted are Broca's aphasia, Wernicke's aphasia, conditioned aphasia and anomia aphasia. In support of the above, Jolayemi (1999) also, in addition to the various aphasias listed by Akmajian et al, adds pure-word deafness, global or mixed aphasia, transicortical sensory aphasia, childhood aphasia, alexia and agraphia aphasia. Akmajian et al claim that Broca's aphasia is a type of aphasia characterized

by loss of ability to produce, but not comprehended speech associated with injury to Broca's area in the front left hemisphere of the brain (left frontal lobe).

Generally, individuals frequently speak in short, meaningful phrases that are produced with great effort,Broca's is thus characterized as a non-fluent aphasia. Affected people often omit small words such as "is", "are", "the", "and", etc. for example, a person with Boca's aphasia may say (walk dog) (instead of I will take the dog for a walk or you take the dog for a walk or the dog walk out of the), depending the circumstances (Wikipedia Encyclopedia, 1996). On the other hand, Alkaisi (2016) and Cook (1997) affirm that individuals with Wernicke's aphasia usually have great difficulty understanding speech and are therefore often unaware of their mistakes. These individuals usually do not notice speakers' weaknesses because their brain injury is not near the parts of the brain that control movement i.e. the posterior upper temporal lobe. Cook also identifies anomic aphasia as the partial or total loss of the ability to recall the names of persons or things. The sufferer may have difficulties naming certain words e.g. (difficulty in naming verbs and not nouns) or by their semantic category e.g. (difficulty in naming words relating to photography), etc.

Generally, Broca's aphasia is primarily a defect in the phonological component of the language, while Wernicke's aphasia affects the semantic and syntactical components of language. The lateral sulcus separating the Boca's and Wernicke's areas may represent a neuroatomical boundary separating the phonological from syntactic and semantic components at the cortical level. Boca's and Wernicke'sareas are connected sub-cortically by a bundle of nerve fibres called the arcuate fasciculus. This may serve as a transmission line carrying signals received in the auditory reception cortex to the auditory association cortex for sound/speech interpretation and subsequently, to the speech production cortex for verbalization (Akmajian et al 1999).

i. Stuttering (disfluency), according to Trask (1996), refers to unintentional reception of segments or syllables in speech, especially word initial consonants, either from a speech defect or from the strong emotion such as "G-G-G-Good morning sir". Crystal (1985), Espir and Rose (1976) and Trask (1999) surmise that stuttering is difficult to summarize because it involves several kinds of non-fluency that vary considerably from speaker to speaker. Espir and Rose submit that:

i. the most widely recognized symptom is the abnormal amount of repletion of sounds, syllables, words or phrases such as "S-S-S-S-See him co-co-coming now".
ii. sometimessounds are abnormally lengthened e.g. "ssssssee him" where the initial scan lasts several sonorants.
iii. extrawords are introduced at points of difficulties such as "o-ok", "oh!", "gosh", etc.
iv. wordsand phrases may be left unfinished.
v. sufferers often tend to avoid words or sentences that contain the sounds that they find difficult, and replace them with circumlocutions. For example, a stutterer who has difficulty in pronouncing "p" words will replace "policeman" with the "officer of the law".
vi. they always exhibit abnormal intonation and speed of speech, but they are generally non-stutterer when they are singing. Factors that can improve stuttering are speaking in unison, modifying the voice by singing, whispering, acting or using different pitch, repetition of a particular stanza of rhymes, etc.

ii. Dysarthria, according to Playfair (1993), is the difficulty of speech that is due to allusion in the nervous system in the muscles concerned. In this case, speech is distorted, weak, slurred and explosive.

iii. Aphonia, another speech defect is, according to Trask (1996),the totalloss of the ability to use the vocal fold in order to produce phonation. Similarly, Roach (2002) points out that aphonia (dysphonia) is a general term used for disorders of voice; (the word voice here refers to the in which the vocal folds vibrates). Dysphonia is a result from infection of the larynx (laryngitis), from a growth on the vocal folds e.g. (a polyp), from over use (hoarseness) or from surgery.

iv. Apraxia, as asserted by Crystal (1985) is a severe difficulty in controlling voluntary movement of the limbs or vocal organs. In particular, there may be an inability to sequences of sounds (articulatory apraxia) or gestures.

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v. Dyslexia, as seen by Playfair (1993), is the impaired ability to carry out three "Rs" of reading, writing and a(rithmetic) accordingly. This generally is a cognital condition resulting from both lesions. When this becomes sever, known as deep dyslexia, sufferers are unable to read new words, poor in arithmetic, as well as being able to make semantic errors such as reading "forest" as "trees". There are also other severe types of difficulties including function words e.g. using "for" as "and", "he" as "she", etc. But words with concrete (opposite to abstract) meanings are easier to read. There are also visual difficulties such as reading "signals" as "singles". In another development, people of this impairment seem dependent upon using grapheme phoneme conversational rules such as a whole word spelling is impaired but not entirely lost e.g. spelling "yacht" as "yhatch", "rhyme" as "hryme", thus showing some visual recalls (Crystal, 1985:274).

vi. Voice Disorders, according to Good (1973:188), are non-technical term applied to any irregularity in the vocal production of the speech otherwise known as detective phonation. Voice handicaps are generally classified into orders of phonation (vibration of the vocal folds); and disorders of resonance (the vocal tract) is thought of as a continuous tube with different dimensions at different places along its length. Similarly, Roach (2002:65) affirms that the first type manifests itself mainly as abnormal qualities of pitch and loudness such as very monotonous, high-pitched or weak voice; and in a range of brevity, husky and hoarse effects that are labeled dysphonia. The second type is best shown from the many abnormal nasal resonance which can affect the voice; some excessively nasalized; some with reduced nasality (blocked nose).
In his own contribution, Hibbert (1997) asserts that the majority of voice disorders however, have non-physical "functional" cause. For example, emotional stress can itself be sufficient for people to "lose their voice", resulting in a range of psychological conditions which require lengthy and sympathetic diagnosis and therapy if they are to be resolved. However, factors of this kind may also have some physical consequences. Nodules and ulcers are results of "vocal abuse" and may lead to chronic dysphonia. The reasons for the "voice abuse" are functional, arising out of the life style of the speakers; in particular, it is very common for nodules to form in those who live by their voice such as singers, teachers, bus mates, military/paramilitary commandants, hawkers, as well as those who are regularly faced with vocally demanding tasks.

vii. Cleft Palate, Trask (1996) contends that it a congenital permanent opening between the roof of the mouth and the nasal cavity, and as a result, sufferer's speech is characterised by strong and persistent nasalisation. Clef palate has very serious effects because the defect affects not only the development of speech, but also the ability of a child to eat. Studies by Crystal (1985:267) show that the palate has an extremely important role during speech production, because when we talk, it regulates and prevents air from blowing out of the nose instead of the mouth. Similarly, cleft palate and stuttering are patently production defects, but in both cases, problems of reception case can be found: a significant proportion of cleft palate children have an additional hearing loss; and stutters may be so involved in the problem of fluency control and their ability to listen and comprehend may as well deteriorate (Ibid).

viii. Cognition Problem,as viewed by Good (1973:113) is the process of knowing, in particular, the process of knowing on perception or memory. Good contends that a person may have difficulty with orientation, memory or retention/recall, knowledge, organisation of thoughts, or slowed thought processing. In lending voice to the above contention, Hipchen (2005:2) opines that difficulty with aspects of cognition affects one'sability to communicate.Hipchen also posits that cognition refers to thinking, and it includes an awareness of one's surroundings, sustained attention to tasks, memory, reasoning, problem-solving and execution of activities such as goal-setting, planning, initiating, self-esteem, self-evaluation and flexibility of thinking.

In a similar development, Jackson (2002:3) is of the view that cognitive difficulties are most common in persons who have traumatic brain injury, but these problems vary depending on the location and severity of the injury to the brain. Also people with this defect have problem of processing new ideas or information very slow, they are loners, any messages passed on to them may have to be broken down into smaller pieces if understanding of the message is to be attained; also the addresser may have to repeat the incoming messages to make sure that he/she has processed the crucial information, as such, communication pattern may have to slow down the rate and pace of speechin order to help the person process his or her thoughts. Recent memory is usually affected, thus making the new learning difficult,

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but long-time-memory (LTM) for events and things that occurred before injury is generally unaffected (Ibid).

Application of Clinical Linguistics

Hartmann and Stork (1973:38) and Finch (2000:196) opine that it is the investigation of speech disorders, i.e. the study of speech disorders (aphasiology). They further point out that "clinical linguistics refers to the use of special techniques from the fieldof medicine and linguistics to study and treat speech defects and language disorders". Such defectsmay be due to physical disability from birth or accident or illness or psychological disturbances. Based on this the linguistic sciences can help by providing theoretical models, analytical techniques and descriptive data about language (use of rhymes, minimal pairs, etc.) as a whole, the interrelatedness between speech and writing, articulation and classification of speech sounds, grammatical and semantic relations, among several other linguistic endeavours. In the same vein, Vashney (1992:11-12) adds that a linguist's observation in this regard includes simple listening, phonics, phonetic transcription and the use of many instruments such as oscillograph, laryngoscope, breathing flask, pitch meter, soundspectograph, speech stretcher, among other devices. Further still, Vashney affirms that records and cassettes made in these ways constitute various kinds of objective remedy for some pathological defects.

Conclusion

This study has revealed that language as a phenomenon is very sacrosanct to human existence, and it starts with individual at birth through what is known as language acquisition device (LAD). However, this LAD, the natural endowment of man is marred in some occasions by problem which is referred to as speech-language pathology (SLP). This problem as revealed is when a person has difficulty in producing speech sounds correctly or fluently (such as stuttering), or has problems with his or her voice or resonance. Language problems occur when a person has trouble understanding others (receptive language), or shearing thoughts, ideas, and feelings (expressive language). The study showed that language disorders may be spoken or writtenor both in some cases, and may involve the form (phonology, morphology and syntax), content (semantics) and/or use (pragmatics)of language in functional and socially appropriate ways. The study as well considered swallowing disorders (dysphagia) which make feeding and swallowing difficult (cleft palate) which may follow an illness, surgery, stroke or injury. Based on this, clinical assistance was highlighted by way of preventing, assessing, diagnosing, and treating speech, language, social-communication, cognitive communication, and swallowing disorders in children and adults.

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