
**CLINICAL LINGUISTICS AND ITS ROLE IN THE STUDY OF LANGUAGE
DISORDERS****Hudayberdieva Laziza Sanjarovna**

Candidate of Philological Sciences, Associate Professor

Andijan State Medical Institute Department of Foreign Languages

Annotation: This article talks about clinical linguistics and its role in the study of language disorders, the brain mechanisms of speech activity and those changes in speech processes that occur with local brain lesions.

Key words: clinical linguistics, language, communication, language disorders.

Nowadays, communication has undergone numerous changes, becoming an important skill that allows people to better comprehend each other. These changes have occurred due to the development of new sciences that had a huge contribution to the study of specific language disorders. Technological and theoretical changes have also enhanced the understanding, assessment, and treatment of communication disorders. Linguistics as a science has helped clinicians and speech-language pathologists to reconsider evaluation and treatment of language disorders by studying certain syntactic structures and their production. The emergence of clinical linguistics, as a branch of applied linguistics, played a major role in the study of language disorders.

Communication has a vital importance in people's lives. According to Matsumoto 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 communication we can work with very different others toward a common goal. Because of communication we can organize sports, leisure, and recreational activities. In human communication is defining without communication human interaction is impossible. Language and communication can reflect and individual's identity. Therefore it is something that is not persistent but is constantly changing. As outlined by Cummings the four fundamental processes of communication essential to the production of a word are: thought genesis, language encoding, motor programming and motor execution.

People have always shown a high interest in the study of human languages, especially the study of human languages, especially the study of communication and disorders related to it. Nowadays, the scientific progresses in medical diagnosis and computer technology enhanced the understanding and management of the study of communication disorders.

An important role in this respect is assigned to linguistics. Due to the advancement of linguistic and psychological theories comprehension and management of communication

impairments have changed. Linguistics have yet become the ones who investigate human language taking into account all aspects: structure, use, history and its place in society.

Linguistics as a science, considers language as a complex structure, whose analysis can be done on different levels by studying its various aspects; phonetics, semantics, grammar, pragmatics. Thus, phonetics focuses on the analysis of the phonetic level studying the articulation of sounds by the interlocutor as well as the physical characteristics of these sounds. Phonology targets the analysis of the phonological level. It deals with the study of sounds from a functional perspective, studying them as phonemes. The next level of analysis, morphology studies the way in which phonemes are grouped into syllables, which are subsequently grouped into meaningful units to generate meaningful words.

In order to investigate language disorders, it is imperative to understand the mechanisms of the language we would like to examine. The idea to use the linguistic approach in the study and evaluation of language disorders in people who suffer from a language deficiency dates back to nineteenth century.

According to Hanna K. Ulatovska, the impact of linguistics on treating a language impairment especially aphasia is an indirect one, more specifically it contributes to the comprehension of the human language and its mechanisms that led to its disturbance. Thus having a basic knowledge about the structure and function of the language is essential for the diagnosis, prognosis and treatment of language disorders [7.1].

We, as human beings create our own universe through communication. the moment when the process of communication is disrupted this universe changes triggering a pathological phenomenon that should be not only the concern of speech therapists but also the concern of linguists. As a result of the seriousness of language defects caused by neurological disorders, the subject perceives external reality in a different way.

Due to its applicability in various domains linguistics has become an interdisciplinary science. One of its branches that is keen interest in the study, evaluation and treatment of language impairments is clinical linguistics.

Clinical linguistics which dates back to the twentieth century, more exactly to 1970, is a sub-discipline off applied linguistics developed in order to study language deficiencies by the application of the theories, methods, and findings of linguistics to the study of those situations where language handicaps are diagnosed and treated. Clinical linguistics has a major role in describing, assessing and treating communication deficiencies. Also known as remedial linguistics or pathological linguistics, this branch applied linguistics has retained the term clinical linguistics because all studies have been conducted in the medical field. Moreover, no distinction should be made between the two terms, as they rely on the same philosophy and methodology.

David Crystal states that clinical linguistics is not a new way to deal with communication issues. It is a branch of applied linguistics- an attempt to use linguistics to solve problems from other areas, such as speech therapy and language teaching, but especially to treat patients' language deficiencies.

Clinical linguistics is only preoccupied with speech and language disorders. A language disorder is defined as the inability of a person to process semantic information. Such disorders are autism, language disability, specific language impairment, aphasia, schizophrenia, dysarthria. Conversely, speech disorders represent an individual's incapacity to produce normal speech. These disorders may affect articulation (movement of the tongue and lips), fluency (stuttering and cluttering) and voice (pitch, loudness and quality of the voice). The linguist is the one who along with a speech therapist and clinician, can help these people by clarifying, describing, giving a proper diagnosis, evaluating and offering treatment based on the level of deficiency and the impaired linguistic level. It is important to highlight those morphological characteristics that are deviant and to understand them before choosing the proper intervention strategies. Linguistic theories in the clinical environment can be applied on different levels, such as phonology and phonetics, grammar, semantics and pragmatics.

One of the most striking language impairments clinical linguistics deals with is aphasia. Elizabeth Ahlsen in "Introduction to Neurolinguistics" defines aphasia as 'language loss due to brain damage' this is why the disorder is not considered to be a disease but rather a syndrome. In most people, aphasia occurs as a result of stroke and can be classified into two categories. Broca's aphasia (motor or non-fluent aphasia) and Wernicke's aphasia (sensory or fluent aphasia). These two important types of aphasia were named after the physicians who first discovered and described them. In Wernicke's aphasia, the patient has a poor lexical repertoire and has difficulties in understanding either written or spoken language. On the other hand, they can easily produce speech without any dysarthria (articulatory problems). Patients diagnosed with this type of aphasia can talk fluently sometimes using paraphasias in excess. The most usual ones are phonemic, neologistic and verbal paraphasias.

Patients diagnosed with Broca's aphasia have difficulties in speaking fluently, but in most cases, they understand what they are told. The most common form of Broca's aphasia is agrammatism. Numerous studies have been conducted by researchers on different aspects of aphasia. Thus, subjects like verb retrieval, verb production, naming of verbs and nouns were approached, but there are still mysteries that need to be solved.

If in the past patients were based on the neurological model (neuro-anatomical location of the lesion) it was later recognized that the linguistic features of this impairment are of greater importance in the evaluation and treatment of aphasia.

Clinical linguistics can be a great aid for language pathologists and physicians to investigate aphasia as a language disorder taking into account the levels that are affected. Primarily, it can be used in diagnosing the patients as the first step in the healing process. With

the use of different linguistic measures, special texts, researchers can evaluate the patient, observe the affected linguistic level and treat them accordingly.

In fact, clinical linguistics is the branch of linguistics that applies linguistic concepts and theories to the study of language disorders. As the name suggests, clinical linguistics is a dual-facing discipline. Although the conceptual roots of this field are in linguistics, its domain of application is the vast array of clinical disorders that may compromise the use and understanding of language. Both dimensions of clinical linguistics can be addressed through an examination of specific linguistic deficits in individuals with neuro-developmental disorders, craniofacial anomalies, adult-onset neurological impairments, psychiatric disorders, and neuro-degenerative disorders. Clinical linguists are interested in the full range of linguistics deficits in these conditions, including phonetic deficits of children with cleft lip and palate, morpho-syntactic errors in children with specific language impairment, and pragmatic language impairments in adults with schizophrenia.

Like many applied disciplines in linguistics, clinical linguistics sits at the intersection of a number of areas. The relationship of clinical linguistics to the study of communication disorders and to speech-language pathology language therapy are two particularly important points of interactions. Speech-language pathology is the area of clinical practice that assesses and treats children and adults with communication disorders. All language disorders restrict an individual's ability to communicate freely with others in a range of contexts and settings. So language disorders are first and foremost communication disorders. To understand language disorders, it is useful to think of them in terms of points of breakdown on a communication cycle that tracks the progress of a linguistic utterance from its conception in the utterance from its conception in the mind of a speaker to its comprehension by a hearer. This cycle permits the introduction of a number of important distinctions in language pathology, such as the distinction between a developmental and an acquired language disorder. The cycle is also a useful model with which to conceptualize a range of communication disorders, which include hearing, voice, and fluency disorders, are also relevant to clinical linguistics.

Clinical linguistics draws on the conceptual resources of the full range of linguistic discipline to describe and explain language disorders. These disciplines include phonetics, phonology, morphology, syntax, semantics, pragmatics and discourse. Each of these linguistic disciplines contributes concepts and theories that can shed light on the nature of language disorder. A wide range of tools and approaches are used by clinical linguists and speech-language pathologists to assess, diagnose, and treat language disorders. They include the use of standardized and norm-referenced tests, communication checklists and profiles which are administered by clinicians, others by parents, teachers and caregivers, and qualitative methods such as conversation analysis and discourse analysis. Finally clinical linguists can contribute to debates about the nosology of language disorders. In order to do so, however, they must have an understanding of the place of language disorders in internationally recognized classification systems such as the "Diagnostic and statistical manual of mental disorders" of the American Psychiatric association.

Practitioners of clinical linguistics typically work in speech-language pathology departments or linguistics departments. They conduct research with the aims of improving the assessment, treatment and analysis of disordered speech and language and offering insights of to formal linguistic theories. While the majority of clinical linguistics journals still focuses only on English linguistics, there is an emerging movement toward comparative clinical linguistics across multiple languages.

REFERENCES:

1. Howard, S.J. (1993). Articulatory constraints on a phonological system: A case study of cleft palate speech. *ClinicalLinguistics&Phonetics*, 7, 299-317
2. Goodglass, H., Kaplan, E., & Barresi, B. (2001). *Boston Diagnostic Aphasia Examination* (3rd ed.), Baltimore, MD: Lippincott Williams & Wilkins.
3. Honbolygó, F., Csépe, V., Fekesházy, A., Emri, M., Márián, T., Sárközy, G., & Kálmánchey, R. (2006). Converging evidences on language impairment in LandauKleffner syndrome revealed by behavioral and brain activity measures: A case study. *Clinical Neurophysiology*, 117, 295-305.
4. Howard, S.J. (1993). Articulatory constraints on a phonological system: A case study of cleft palate speech. *Clinical Linguistics & Phonetics*, 7, 299-317.
5. Marshall, J., Pring, T., Chiat, S., & Robson, J. (2001). When ottoman is easier than chair: An inverse frequency effect in jargon aphasia. *Cortex*, 37, 33-53.
6. Moore, M.E. (2001). Third person pronoun errors by children with and without language impairment. *Journal of Communication Disorders*, 34, 207-228
7. Redmond, S. M., & Rice, M. L. (2001). Detection of irregular verb violations by children with and without SLI. *Journal of Speech, Language, and Hearing Research*, 44, 655-669.
8. Robson, J., Pring, T., Marshall, J., & Chiat, S. (2003). Phoneme frequency effects in jargon aphasia: A phonological investigation of nonword errors. *Brain and Language*, 85, 109-124.