

The Social Dimension of Language Impairment

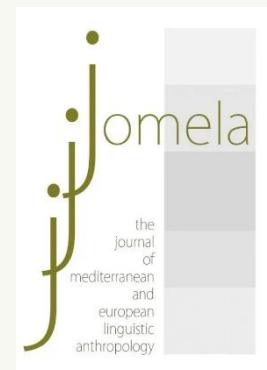
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Abstract

Most research on children with atypical language has focused on language difficulties per se, such as difficulties in syntax, vocabulary, speech production, or pragmatic competence. Whereas there is ample evidence that language difficulties lead to literacy difficulties (Stackhouse and Wells 1997), the social dimension of these difficulties very often goes overlooked and thus requires scholarly work.

However, in order to develop a comprehensive view of language impairment, one would also do well to take into consideration the range of factors related to the language-impaired individual, their home and other domestic environments, their educational experiences, and the overall social environment of the person. For example, children who exhibit traits of language impairment often experience behavioural and emotional difficulties. These difficulties may continue into adulthood and may affect university life and academic achievements (Botting et al. 2016). These difficulties have a significant impact on the relationships between the language-impaired person, their fellow students, and their teachers. Moreover, extensive research has suggested that factors such as parents' education and socio-economic status, parental attitudes, parental involvement and responsiveness all assist to influence language development in non-typically developing children (Law et al. 2019). Those who exhibit

elements of language-impairment may also experience difficulties in their recurring and hence common everyday situations. These situations and actions within these situations include money transactions or the need to complete official documents (Gur et al. 2020; Winstanley et al. 2018).

As such, this paper constitutes a critical review of social factors implicated in language impairment. The paper first attempts a review of literature, followed by and including a critical review of this literature. The paper then attempts to place this literature and its accompanying research within a current context of language impairment. Following this, the paper discusses the current state of research on language impairment through an ethnographic view. Finally, the paper concludes on current work and hence the current state of language impairment.

Overall, we conclude that educators and policy makers need to take into consideration the aforementioned factors in order to not only support language in the atypical development of the individual, but also to ensure that language-impaired people are able to experience a good quality life.

Keywords: *Linguistic Anthropology, language impairment, social factors, development, atypical language*

Introduction

Language Impairment (LI) is a neurodevelopmental disorder which is commonly seen, and which is not usually resolved in childhood but rather, continues through to adolescence and to adulthood (Botting et al. 2016b). According to the epidemiological work of Tomblin et al. (1997), in the USA, LI affects 7.4% of the English-speaking population. In the United Kingdom, an increase in the prevalence of LI in the period 2005-2011 was reported by Lindsay and Strand (2016).

LI can affect receptive language and / or expressive language, and can also manifest itself at any language level and domain, that is, in the vocabulary, the pragmatics, the semantics, the syntax, the phonetics, or the phonology of the speaking individual. Research has consistently shown that respective language difficulties are associated with literacy difficulties, so that LI individuals often have poor academic attainments (Stackhouse and Wells 1997; Snowling and Hulme 2012; Stone et al. 2014).

A number of social factors have emerged, each of which plays its own role in LI. More specifically, these factors include the home environment (parental education, socioeconomic status, parental involvement and responsiveness, parental attitudes), experiences during compulsory and further education, career development, participation in other social activities,

such as leisure activities. These factors can all exhibit either a positive or a negative impact on the LI individual's quality of life (Charman et al. 2015; Law et al. 2019; Myers et al. 2011; Tambyraja et al. 2017; Roberts et al. 2005; Carroll and Dockrell 2012; Conti-Ramsden et al. 2018).

Notwithstanding the significance of the aforementioned factors, the focus of this paper will include a discussion of behavioural, emotional, and social difficulties and how these factors are manifested in LI situations. Next, this review will briefly examine the aforementioned difficulties through the lens of another specific condition: hearing impairment (HI). The motive for focusing on HI is the fact that in the language employed by HI individuals, communication and literacy difficulties typically appear (Marschark and Spencer 2003) and can co-exist with emotional, behavioural, and social difficulties (Stevenson et al. 2015, 2017; Terlektsi et al. 2020). Although these difficulties are often unknown to the general public, they also call for a timely assessment and intervention.

Subsequently, following the distinction already made in the research literature between risk factors and protective factors (Conti-Ramsden and Durkin 2015; Charman et al. 2015), we will focus on the latter with a view to highlighting areas worthy of particular attention that could lead intervention and educational practices to achieve more positive outcomes.

Behavioral, Emotional, and Social Difficulties

Contrary to the systematic research and dissemination of evidence-based information on LI and concomitant literacy difficulties, less is known about the respective research findings. This discrepancy exposes a co-occurrence of language difficulties with behavioural, emotional, and social difficulties (St Clair et al. 2011; Bakopoulou and Dockrell 2016; Charman et al. 2015; Snowling et al. 2006; Botting et al. 2016a, 2016b). Before examining these research findings, it would be important to first clarify and discuss each of these terms. Behavioral difficulties relate to conduct and the externalizing of difficulties (attentional difficulties, a higher level of hyperactivity, oppositional behaviour, and so forth). Emotional difficulties relate to internalizing difficulties (anxiety and depression). Social difficulties relate to social withdrawal, shyness, difficulties with peer relations, risk of victimization.

Two points in relation to the association between LI and behavioural, emotional, and social difficulties (BESD) are at this point worthy of a mention. First, research has shown that the development of BESD may be differentially related to different aspects of language performance, such as receptive, expressive, or pragmatic ability (St Clair et al. 2011; Snowling et al. 2006). Second, as Snowling et al. (2006) argue, the connection between LI and BESD is rather complicated, as some forms of LI appear to carry greater risk of developing a psychosocial difficulty.

Evidence on the developmental trajectory of BESD and its relationship with language skills (receptive, expressive, pragmatic ability, and so forth) emerges from the longitudinal study of St Clair et al. (2011). Participants in this study were individuals with specific language impairment (SLI) and who were followed from the age of seven up to the age of 16. The researchers found that overall behavioural and emotional difficulties decreased from childhood to adolescence. Whereas behavioural difficulties reached normative levels, emotional difficulties remained above population norms. On the contrary, social difficulties increased over time. Here, by 16 years of age, 40% of the SLI participants experienced peer difficulties. According to the researchers, this increase could partly be attributed to the language difficulties manifested by the participants in their study, particularly at the pragmatic level. As they conclude,

pragmatic skills, such as the ability to make inferences in conversation, understand the perspective of others and appreciate humor ... are more likely to impact on how adolescents 'tune in' with peers during social interaction.

(St Clair et al. 2011, p. 195)

Bakopoulou and Dockrell (2016) investigated the roles of social cognition and prosocial behaviour¹ in socio-emotional functioning in primary school children with SLI. Social cognition was assessed via the following tasks: 1) labelling and identifying the four basic emotions (happiness, sadness, anger, fear), 2) inferring the causes of emotions, and 3) conflict resolution ability. Assessment of socio-emotional functioning included conduct problems, hyperactivity, emotional symptoms, and peer relationship problems. Assessment of these difficulties relied on behavioural descriptors (e.g., 'Being considerate of other people's feelings'), and aimed at yielding a total difficulties score. By contrast, prosocial behaviour was investigated separately via another scale that assessed positive adaptive behaviours and resources in children. The results indicated that SLI children performed lower than children matched on chronological age and language age on all three measures of social cognition. They also exhibited difficulty identifying the basic emotions of sadness, anger, and fear. Similar to the other two groups, they made the fewest errors on the 'happy condition.' As regards to the most frequent conflict resolution strategies used by children with SLI, these included obtaining assistance from an adult, not acting in any way and thus avoiding any action, being submissive or physically aggressive, using significantly less reconciliation and language-based strategies (e.g. clarification requests, and so forth) in comparison to the other two groups. With respect to their socio-emotional functioning, teachers' ratings displayed elevated difficulties across all subscales. Further, as the authors report, an association was found between lower levels of prosocial behaviour and peer difficulties. Based on these findings, the researchers moved to

conclude that in the case of SLI children, language difficulties in combination with emotional understanding difficulties seemingly lead to poor conflict resolution abilities.

In a similar vein, Botting et al. (2016b) report significant and interesting data on the ways in which transitions in educational and employment circumstances can impact on the developmental trajectory of anxiety and depression. The authors compared LI children attending and studying in a language unit with age-matched individuals in childhood (age 7), adolescence (age 16-17) and adulthood (age 24). They found that in the age-matched group, anxiety and depression symptoms remained stable from adolescence to adulthood. In the LI group, anxiety symptoms were also stable longitudinally, although somewhat higher. On the contrary, the results from the depression measurements in this group showed a curve across time. More specifically, depression symptoms lessened at age 17, but then rose again at the age of 24. Further, contrary to verbal and nonverbal skills, all of which were not significant predictors, school and employment transition variables were significantly associated with change in depression symptoms over time. These findings led the authors to the conclusion that

the pressures of compulsory education are alleviated by more choice-driven college attendance or work experience, only to rise again as employment difficulties become more apparent in adulthood

(Botting et al. 2016b, p: 9)

Hence, it appears that options in further education, employment opportunities, and support services, exhibit and embody their own impact on emotional health in LI individuals.

Finally, as another interesting factor with significant social implications, unrecognized developmental language disorders (DLD) can be associated with risky or offending behaviour longitudinally in adolescence or adulthood (Lount et al. 2017; Wistanley et al. 2018). Conversely, Wistanley et al. (2018) conducted a study with young adults who had a history of identified developmental language disorders. In one way, the results of this study indicate that early identification and intervention can reduce engagement with risky behaviour (in the case of the present study, this related to substance and alcohol use) as well as offending-related behaviour. According to the researchers, this was largely owing to the higher levels of support received early in language units which, among other benefits, contribute to the training of children on effective strategies.

Yet, another important finding was the fact that, although aggression did not result in rule-breaking behaviours, aggression scores were higher in the DLD group in comparison to the age-matched peers. The researchers attributed this finding to elevated levels of negative feelings in the first group, and to difficulty in using effective language strategies for conflict resolution. Interestingly, one of their conclusions was the fact that

it is possible that young people who cannot rely on language skills for positive socialization may turn to delinquent behaviour to gain social status when language demands exceed their abilities

(Wistanley et al. 2018: 265)

This conclusion has significant implications for anyone involved in language support for this population.

Methodical Framework

This paper presents a brief critical review of some social factors that are implicated in language impairment (LI).² It should be clarified that this review paper is addressed to educators, policy makers, families or friends of LI individuals, and other non-experts, who while possibly not having heard of LI per se, know very little about the social dimension of this phenomenon. The choice for targeting this specific readership stems from our observation of the fact that a lack of this kind of knowledge contributes to the lowered capability of people in dealing effectively and globally with the needs of LI individuals. Indeed, as Botting et al. (2016b) put it, “individuals with LI do not have any outward sign of their difficulties and can fall between stools in terms of access to support” (Botting et al. 2016b, p. 10). The lack of a broad spectrum of continuing support services for LI individuals has also been pinpointed elsewhere in the literature (e.g., St Clair et al. 2011).

The Case of Hearing Impairment

This section evidences that HI individuals typically face language and communication difficulties, and are also likely to develop emotional, behavioural, and social difficulties. Language delay has been characterized as the hallmark of deafness (Musselman 2000). Another characteristic of deafness which renders it such a special condition is communication difficulty.

There are various factors impacting on communication and language difficulties in HI: The degree of hearing loss (mild, moderate, severe, profound), the onset of hearing loss (prelingual, postlingual), the type of hearing loss according to the part of ear being affected (sensorineural, conductive), and so forth. Another extremely important factor contributing to the language and communication difficulties of HI children is the fact that 90% of the children are born to hearing parents (Singleton and Tittle 2000). This suggests that during the early years of development that are highly critical for a child’s emotional and language development, the HI child cannot significantly have unobstructed interaction with their hearing parents. Undoubtedly, without effective support and intervention, this can only have adverse repercussions. Finally, a use of sign language has also been linked with language and communication ability in the deaf literature (Marschark and Spencer 2003).

Of particular relevance to the current review paper are previous studies focusing on the behavioural, emotional, and social difficulties of HI individuals. In a systematic review and metaanalysis of previous studies in this field, Stevenson et al. (2015) reached the conclusion that HI children and adolescents face more peer problems than do the hearing individuals. Interestingly, the researchers argue that in the case of HI, language difficulties are specifically linked to emotional, behavioural, and social difficulties in two ways:

The first is via a failure to effectively understand or communicate information about needs and wants with others. The second is via deficits in emotional and behavioural regulation that are, in part, dependent on language processing

(Stevenson et al. 2015, p. 492)

The authors conclude that language difficulties are likely to play a mediator role between the hearing impairment and the social isolation.

In another empirical study, Stevenson et al. (2017) report on evidence for an association between poor receptive language ability and high emotional and behavioural difficulties. More specifically, their data suggests that HI adolescents with poor receptive language ability are at significant risk at developing and experiencing emotional and behavioural difficulties.

Finally, using semi-structured interviews, Terlektsi et al. (2020) investigated peer relationships and quality of friendship in HI adolescents aged 13 to 19. Overall, participants reported positive peer relationships, peer acceptance, and experience with supportive teaching staff. Significantly, all these experiences improved as age increased.

The researchers were also able to pinpoint certain positive and negative characteristics of friendships among HI individuals (e.g., common interests, intimacy, identification with the Deaf world vs. conflicts, lack of interaction, mistrust, and so forth). Factors that influence peer relationships and friendships specifically with respect to HI were assistive audiological equipment, speech difficulties, preferred communication type (sign language vs. spoken language), embracement of Deaf culture and Deaf identity, as well as others. Finally, two more interesting findings in this study were the fact that the deaf participants reported that they found it easier to make new friends in their school setting (compared to other social settings), where their hearing loss was known, and on social media, where their hearing loss could not be seen.

Protective Factors in LI

In view of the above, one can understand that when contemplating on LI, it is important to consider not only the language difficulties per se but also several other factors that are associated with LI. These factors can be categorized into risk factors (biological, cognitive,

environmental, as well as others), and into protective factors (Conti-Ramsden and Durkin 2015). We embrace the standpoint of Conti-Ramsden and Durkin (2015), who argue that protective factors could form the foundations for resilience and for more positive development in LI children, and that relevant research findings could highlight clinical, educational, and public health resources that would be worth investing on.

In the final part of this review paper, our discussion focuses on four protective factors: Sociability, prosociality, social support, and self-efficacy. According to Conti-Ramsden and Durkin (2015), sociability and prosociality can act as protective factors that could ameliorate the developmental course of LI. As they explain, because prosociality involves positive behaviours such as emotional adjustment and psychosocial resilience, it counteracts negative experiences such as bullying and anti-social behaviour. The researchers conclude that prosociality confers developmental protection for LI children, and they suggest that it is important for intervention studies to target social and prosocial skills in LI children, as is already the case with children with autism spectrum disorders.

Further evidence on prosociality can be found in Toseeb et al. (2017), who investigated its developmental trajectory in relation to friendship difficulties and community integration. Here, LI children recruited from language units across England were tested at ages 11, 16 and 24. The results of this longitudinal study led the researchers to two main conclusions: First, contrary to other areas of weakness, prosociality could actually be a distinctive feature and an area of relative strength in LI. Second, longitudinally prosociality could be a protective factor in social functioning for LI adolescents and adults, given the associations found with community integration and friendship difficulties. As they suggest, “harnessing and further developing prosocial tendencies may lead to better social outcomes for young people with LI” (Toseeb et al. 2017, p. 156).

Two more protective factors highlighted by Botting et al. (2016a) are, social support and self-efficacy. As the authors clarify, the former reflects an environmental resource whereas the latter reflects an internal resource. The results of this study corroborate previous evidence on the higher levels of emotional health problems (anxiety and depression) in 24-year-old LI individuals compared with their age-matched peers. This study further adds other vital information, including the fact that self-efficacy, unlike social support, emerges as a primary predictor of emotional health, where it also mediates the relationship between language ability and emotional health. Moreover, LI adults appear to have lower self-efficacy and appear to seek support mainly from their family and their friends or peers. These results led the researchers to the conclusion that lower self-efficacy may be partly owing to the increased everyday challenges which arise from impoverished language use. As they remark, language difficulties coupled with the fact that language and communication support services are usually available only until late adolescence place the LI adults in a difficult position.

Conclusion

The point that is central to this review paper is the fact that language difficulties are often accompanied by other emotional, behavioural, and social difficulties, together with other categories and factors. We suggest that it is important for professionals working with LI individuals and for people living with these LI individuals to become increasingly aware of this link (Snowling et al. 2006). Timely support and intervention aimed at tackling difficulties at all these levels is bound to be more effective and less costly. Incorporating protective factors can form the foundations for even more effective intervention programs concurrently and longitudinally. For example, in Greece, students in primary and secondary education are given the opportunity to participate in extra-curricular activities related to the environment, to cultural education, or to health education

From our experience of working with HI students and with students with autism and mental retardation, there are many potential benefits from participation in such activities. One of these is the boost in self-efficacy. Raising awareness in the strengths and interests of LI individuals is bound to counterbalance some of their weaknesses and the concomitant difficulties.

One final argument we wish to make is the fact that recently, LI individuals and their families have found themselves in an extremely difficult position, mainly due to the COVID-19 pandemic (Ashbury et al. 2021), but also due to escalating social problems worldwide (e.g. climate change, wildfires, heat waves, population displacement due to war or natural disasters, together with other factors). In view of what has been discussed in this review paper, it has become clear that LI individuals have been in an even more vulnerable position. Given these extremely rare and extreme circumstances, we suggest that societies need to look into this demographic and to thus consider how best to alleviate the many new challenges that have arisen and that hence affect these communities.

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Endnotes

- ¹ Jensen et al. (2014) define prosocial behaviour as a voluntary behaviour that benefits others and that can already be seen in early infancy. As they explain, prosociality involves three mechanisms: motivational (ability to care about the welfare of others), emotional (empathy) and normative (ability to understand, adhere to and enforce social norms). The aforementioned three mechanisms pave the way for two forms of social alignment: alignment with the other individuals (interpersonally) and with the group (impersonally).
- ² The term language impairment is adopted here, although other terms (e.g. specific language impairment, developmental language disorders) are also mentioned in the literature. In the present paper other terms are used only when previous studies using them are discussed.