

LANGUAGE IN MENTAL RETARDATION, SCHIZOPHRENIA AND HEARING- IMPAIRED (DEAFNESS)

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ABSTRACT

This article depicts the situation and mode of language in different cases. Mental Retardation is considerably subaverage general intellectual functioning existing concomitantly with deficits in adaptive behaviour and manifested during the developmental period. Schizophrenia is a multifaceted disorder whose etiology and specific characteristic for symptomology has not yet been fully established. Deafness is a receptive disorder in which the patient's auditory apparatus becomes dysfunctional and causes severe linguistic handicap.

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INTRODUCTION

The present study discusses language in mental retardation, Schizophrenia and deafness. Mental Retardation is intellectual disability characterized by below average intelligence or mental ability and a lack of skills indispensable for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly. A person is considered intellectually disabled if he or she has an Intelligence Quotient (IQ) of less than 70 to 75.

Schizophrenia is a mental illness in which a person becomes unable to link thought, emotion and behaviour, leading to withdrawal from reality and personal relationships (1).

Deafness is partial or complete hearing loss.

Discussion

Language in Mental Retardation

Mental Retardation applies to children with metabolic disorders like histidinemia, genetic disorders like Down's syndrome or Mongolism and to various brain damage children such as encephalopathy. The language of mentally retarded people reveal that the delay in the onset of babbling, appearance of first word depends upon the child's Intelligence Quotient (IQ), the more delayed the onset of speech. The retarded subjects make very slow growth in the areas of utterance length development of morphological inflections. It is observed that a retarded person is generally less able to generalize to new contexts and instances (2).

Cromer (1974) observes that normal children acquire the ability to comprehend the complex sentences at

around 9-10 years of age whereas the retardates acquire this ability at about 14-16 years although the strategies of comprehension differ. The normal child would know position of agent in a (English) passive sentence whereas a retarded still considers the first noun as the agent (3-4).

Some of the most common signs of Mental Retardation are Talking late or having trouble with talking. Speech Language Pathologists can very well take care of the Mentally Retarded persons through training (5).

Language in Schizophrenia

'Schizophrenia' was labeled by the Belgian psychiatrist Benedict Morel in 1860 as a syndrome, and introduced by the term 'Dementia Praecox' to describe an insidious, progressive personality decompensation. Schizophrenia is characterized by detachment from reality and it basically involve a malfunctioning of the perceptual processes which include inaccurate perception, impaired judgement, comprehension deficiency and self perception, and are characterized by indefinite ego boundaries, distorted body imagery, implying vague, fluid percepts and undifferentiated sexuality and physical omissions.

The language related to schizophrenia has reflections of a more basic thought. Deviations in language behaviour are found that are invariable features of Schizophrenic behaviour. There is disturbance in the use of language. Schizophrenic languages have a greater tendency to repeat words, phrase or other verbal units within small intervals than normal individuals. The responses of schizophrenic patients differ significantly from those of normal individuals.

Schizophrenics have more auditory misperception of stimulus words than normals. According to Benjamin and Watt (1968), there are two important kinds of confusion in the language of schizophrenics, firstly between concrete and abstract meanings and secondly between dominant and weak meanings (6-7).

Language disturbances in Schizophrenia may be best conceptualized as arising from an imbalance of activity across two streams of processing, one drawing upon semantic relationships with semantic memory and the other involving the use of combinatorial mechanisms to build propositional meaning. A Schizophrenic person has difficulty in recognizing the homonyms (8).

Language in the Hearing- Impaired (Deafness)

The deaf children lack verbal language and have a more limited educational practice. The deaf perceive the world through skilled and practiced eyes and language is at their fingertips. The main classification of hearing loss is based on where the interference lies in the auditory pathway (9).

Conductive deafness: It arises when there is interference with the transmission of sound to the inner ear.

Sensorineural deafness: It arises when the source of deafness (interference) lies within the inner ear or along the auditory nerve to the brain.

The other forms of hearing impaired are:

Tinnitus: A range of noises in the ear that can occur in the acute, debilitating form. It is a symptom of an underlying condition, such as age related hearing loss, ear injury or a circulatory system disorder. Tinnitus symptoms include the following type of noises in one's years, i.e. hissing, clicking, roaring, buzzing, etc. Preventive step is to take care of one's cardiovascular health.

Fluctuating: It is the hearing loss related to persistent middle ear infections.

Central or Cortical Deafness: There is loss of hearing sensitivity due to damage of the auditory nerve in the brain stem or in the hearing centres of cortex.

A deaf or hearing child born to deaf parents learn a sign language as a mother tongue producing a level of manual awareness and sophistication that is different from the deaf children of hearing parents who have learned to sign (10).

CONCLUSION

The Mentally Retarded person should be treated as a normal human being. The person should be involved in different activities of his or her interest with positivity and confidence. One should try to cherish and enjoy the little things in life. It is highly important to forgive oneself for things one has done in the past and move further in positive direction. This article invites the researchers to seriously think about new practical aspects and dimensions that may direct to new approaches for investigating of the young user's interaction behaviour development.

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