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### CLINICAL PRAGMATICS: LANGUAGE ACQUISITION IN DEAF CHILDREN ON MULTIMODALITY

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**Keywords:Language Acquisition, Deaf Children, Clinical Pragmatics.**

#### **ABSTRACT**

This research aims to explain language acquisition deaf children on multimodality. Deaf children cannot learn language or acquire language skills or speak in a normal way. It is possible to acquire the first language of a deaf child with total communication. Total communication is the most effective communication system because other than using a form of communication orally, reading, writing, reading utterances, also equipped with a form of sign. Signs are like natural language for deaf, although the form is different in some areas, there is an Indonesian sign system which is standardized. Acquiring the language of deaf children is understanding speech through reading media speech. Reading utterances is an element or basis of the inner language system. The inner deaf child consists of words as appearing in motion and style as a substitute for the sounds of the language in the form of vowels, consonants, and intonations in children hearing. This research was conducted using a qualitative-descriptive type with a case study approach. The data of this research are expressions of language acquisition of children with hearing impairments in understanding multimodality in English and corpus linguistics. The location of this research was carried out in Bandung, elementary students at SLB C Sukapura.

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#### **INTRODUCTION**

Linguistics as a scientific study that makes language the object of its study, has become one of the branches of science that has empirical characteristics. It is called empirical because the data studied and analyzed by linguistics is a lingual fact that can be observed in the field and the truth can be trusted. The

imbalance of language which is the object of linguistic study is obtained from the results of descriptive analysis of linguistic phenomena that occur in speakers of a particular language. The language that is the object of linguistic studies is language that is natural and what it is; not made up to fulfill the social functions of the speakers; language is also an interesting and dynamic object of study (Mantiri&Handayani, 2018). Language itself can be implemented as a vital and most important means in the communication process (Firdaus, 2018).

Language becomes a core function for humans in relation to communication, in the personal and individual domains, in addition to the function of memory, perception, cognition, and emotions. Any damage that occurs to certain parts of the human brain will interfere with a person's language competence. There are at least four pathologies caused by damage to the part of the brain that causes interference with a person's language skills, namely aphasia, agnosia, apraxia, and dysarthria (Sastra, 2011: 42).

Pragmatic research is growing currently leads to the field of studyneuro-pragmatics known as the term clinical pragmatics (clinical pragmatics). Cummings (2009: 6) defines clinical pragmatics as a study of how to use someone's language in communicating in chaos pragmatics. Pragmatic chaos related to cognitive factors and linguistics. One of the clinical aspects which reflects the interests of the clinical experts in the field of pragmatics are classification of developmental disorders language. The ideas of Austin (1962) and Grice (1981) on language use contextual experiencing development towards clinical pragmatics. Clinical experts conduct research on an ongoing basis, by doing an assessment (assessment) and training (treatment) to children who experience obstacles language. For example, performance normal child's language indicates that their communicating patterns are like patternscommunicating with autistic children (Cummings,2009: 11).

Clinical pragmatics refers to the descriptionand classification of damage to competencepragmatics, and givetheoretical explanation of pragmatic variation,linguistics, cognitive, and neurology, as well as how to do assessment and treatmentagainst them. Ability andpragmatic inability is the impact of complex interactionsbetween semiotic, cognitive, and systemsensorimotor. Clinical pragmatics appearsdue to developments in the field of psychology,neurology and pragmatics.The appeal of clinical pragmatics studiessimilar to pragmatic studies ongenerally. The results of the thoughts of philosophers,H.P Grice, J.L Austin, and J. Searle (1979)is a critical reaction to viewsgeneral language expressedby most philosophers at the start20th century. The proof, Austin refusedopinion that the sentence is always declarativeused to describe aevent. It says this as a descriptive fallacy.Declarative sentence, as arguedby Austin, apparently notjust describe something but alsostates performative action. Austin(1962: 81) says that performative speech(1) does not describe orreport something, not also decidesomething is right or wrong, and (2)sentences are a partof an act, and not justsay something.The view that language can be usedto do something giving birthbranch of linguistics, namely pragmatics.

Its main concern is use language in everyday communication situations, for example submitting requests, expression of promise, and description events or specific purposes. Grice

(in Cole & Cole, 1981: 102) did revolutionary analysis of utterances that have implications certain. He stated there was a difference between utterances and things that are convention implies it. For example, the saying "Some students pass test" implies that not all students pass the test. This is specificity, although there is consistency logic, between the utterances "Several students pass the test" and "All students pass the test". As the conventional implicature, Grice introduces the category implicature that affects development pragmatics. Knowledge regarding this conventional implicature is one of its pragmatic phenomena will be investigated extensively in clinical literature.

Pragmatic disorder is related to language deficits, namely the lack of mastery of the language system and its use. Children with language disorders are accustomed to communication contexts that require the use of indirect speech acts. The first speaker fails to use the act of indirect requests in certain situations, because he has to consider certain aspects of politeness and social background in the conversation. On the other hand, the second speaker does not experience obstacles in expressing language, especially in the syntactic and semantic fields, but he cannot formulate certain speech acts. Thus, pragmatic disorder only occurs in speakers with intact language skills, namely second speakers.

Language pathologists, educators or teachers, cognitive and neurologists, linguists, psychologists and psychiatrists are people who have an interest in seeing how language pragmatics is affected by brain damage or other problems affecting adolescent or adult development. The discussion of clinical pragmatics requires knowledge of neuroanatomy and neuroimaging techniques, cognition, psychology, language acquisition and processing, brain damage, and other related matters. Clinical pragmatics is a linguistic phenomenon in adults and children who experience clinical barriers, for example mentally retarded people (such as Down's Syndrome / William's Syndrome, Asperger's Syndrome), Parkinson, Alzheimer, schizophrenia and hearing loss (hearing loss).

The cause of hearing loss is mostly congenital, which occurs due to heredity or the presence of toxins from the time of birth or other causes. While deafness that occurs due to something is caused by various kinds of toxins or specific ear infections, for example, otitis media (Carrow-Woolfolk and Lynch, 1982: 371). The main cause of hereditary congenital hearing loss is a toxin that attacks the mother during the early months of pregnancy. Toxins that commonly attack are rubella and cytomegalovirus (Northern and Downs, 1978: 86), and other causes, such as syphilis, toxemia and diabetes.

The clinical evaluation of hearing should be carried out as early as possible from the beginning of the child's birth to anticipate the high risk of hearing loss. These high risk factors are (1) a family history of hearing loss, (2) rubella virus that attacks pregnant women, (3) fatal infections, (4) damage or deformity of ears, nose and throat, (5) births. infants weighing less than 1500

grams, (6) serum bilirubin more than 20 milligrams per 100 millimeters, and (7) potency of congenital cytomegalovirus (Lloyd and Dahle, 1976: 12–22). Children born with normal hearing may lose their hearing during childhood due to various diseases, such as measles or chickenpox, mumps disease, meningitis (inflammation of the lining of the brain or spine), encephalitis (inflammation of the brain) and other infections due to drug use. ototoxic drugs that cause serious hearing loss. In addition, hearing loss is also caused by ear infections (acute, chronic or serious otitis media). The limit of hearing loss is not limited to very severe hearing loss, but also covers all levels of hearing loss from mild, moderate, severe to very severe.

According to Moores (1978: 173–194) there are two groups of definitions of hearing impairment. First, a person is said to be deaf when he loses the ability to hear at a level of 70 dB Iso or more, so he cannot understand other people's speech through his hearing either with or without hearing aids. Second, someone is said to be less hearing if hearing loss at 35 dBI so he has difficulty understanding the speech of others through his hearing either without or with hearing aids.

## **METHODS**

The research method used for this research is descriptive qualitative research. (Moleong, 2012) views qualitative research as a process of research and explorationsocial problems. By usingthis method, the focus of the study will be easier to explore andchanges in the sound changes that occur when a child with hearing impairment makes it easier to pronounce wordsresearched. This research is also descriptive in nature, namely explaining the picture of sound changessegmental deaf child when producing modalities in English. Approach thatused in this research is a case study.

Primary data sources were obtained from special school students ranging from elementary, junior high and high school students. Data sourcesecondary was obtained from the English linguistic corpus through the COCA concordance program(Corpus of Contemporary American English)

Researchers used two data collection procedures, namely observation and word pronunciation tests. Testpronunciation of words is used to determine the realization of symptoms of variations in speech such as changeor adding a sound to the modality. According to Moleong (2012) an interview is a conversationwith a specific purpose. This conversation process is in an effort to obtain information by asking questionsanswer directly. Observation is a technique of collecting data by observingbehavior immediately when speaking (Djajasudarma&Citraesmana, 2016: 2). The observationsused is proficient or participant engaged observation. This proficient method has basic techniquesin the form of fishing techniques or stimulation given by researchers to participants to bring upthe expected linguistic symptoms (Mahsun, 2013). As for supporting matters in obtaining dataConsonant phoneme articulation utterances, the researcher collected data through the methodrecord and record. This method is used to help researchers collect data in the form ofutterances from participants which later the recorded data will be transcribed in the formwritings which are then analyzed.

Data were analyzed using analysis from (Cummings, 2017). There are 5 steps to the analysis these, namely clarification, description, diagnosis, assessment and intervention, meanwhile analyzing corpus data starting from metadata, textual markup, and annotations. Text markers include signs used in writing text. Annotations provide information regarding linguistic features in the form of word classes such as modality. The software that will be used is word pattern finder software called Wordsmith Tools Version 8.0. This software can identify word patterns in text using its three main features, viz concord, word list, and key list. The research location in Bandung was elementary students at SLB C Sukapura, Jalan Perumahan Bumi Asri No. 3, Sukapura, Kiaracondong, Bandung City, West Java – Indonesia.

## **LITERATURE REVIEW**

### ***Language Acquisition***

Adams (2015) said that in language acquisition, the most basic theory is hypothesis conscience (Innateness hypothesis) which states that language acquisition is highly supported the LAD (Language Acquisition Device) or language acquisition tool. Chomsky, as The pioneer of the LAD view of nativism was that children were born making it possible acquire language (both mother tongue and other languages). The period of acquiring children's language the deaf are as impassable as children who can hear. If a healthy child is capable connecting experiences and language symbols through hearing, in children with hearing impairment not. This is due to hearing dysfunction. Deaf child gets the language more focused through the function of sight (Bosco, 2017).

### ***Clinical Pragmatics***

According to (Cummings, 2010) clinical pragmatics is the study of how to use language someone in communication who experiences pragmatic chaos. Clinical pragmatic study emphasizes on language assessment techniques for language impaired persons. In connection with this, clinicians try to relate it to the concept of language use as a communication tool by testing how a client uses language skills in communication. The assessment results show that the experts' clinical assessment of various factors of language skills. One of them is a factor context (Cummings, 2015). Measuring a person's language skills can be measured through language and language proficiency. Language proficiency refers to mastery of rules linguistic rules, starting from phonology, morphology, syntax, and semantics. As for finesse language refers to proficiency in speaking, writing, reading, and listening. Measure mastery of language in children with hearing impairment can use language proficiency parameters and language above and also in terms of preparing the assessment can use an approach with the language and language proficiency instrument (Loukusa, 2017).

### ***Multimodality***

Multimodal is a term used to refer to the way people communicate using different modes at the same time (Kress & van Leeuwen, 1996), which is defined as usage several semiotic modes in design products, or semiotic events simultaneously, and in a certain way these modes are combined for strengthen, complement, or exist in a certain arrangement (Kress and van Leeuwen, 2001).

Multimodal can too said as a technical term aim to show that in the process of use, humans use a variety of semiotics (Ledema, 2003). Meanwhile, Chen (2010) interpreted multimodal as all sources of verbal and visual semiotics can be used to realize type and level of dialogic involvement in a textbook. In context text analysis, multimodal is understood as an analysis that combines the tools and steps of linguistic analysis, for example systemic functional linguistics (SFL) or functional grammar with analytical tools to understand image, if the text being analyzed use two modes, verbal and picture.

Multimodality means "a combination of different semiotic modes, for example, language and music. Multimodality is also said to be the grammar of visual communication by designers. Multimodality is a rule and principle of analysis that helps readers understand things such as the placement of elements in the picture, frame, salience, color saturation, and overall image display" (Liu, 2013). Multimodality is said to be an interdisciplinary approach that views communication and also representation. A multimodal approach provides concepts, methods, and frameworks for collecting and analyzing visual, aural, and other aspects of interaction (Bezemer, 2008). Multimodality is related to semiotics. It is said closely because according to Iedema (2003) Multimodality or multimodality can also be said as "a technical term aimed at showing that the meaning that we have done so far utilizes various semiotics". While Liu (2009) defines multimodality as "rules and principles of analysis that help readers understand things such as the placement of elements in images, frames, salience, color saturation, and overall image appearance." Multimodality is said to be an interdisciplinary approach that views communication and also representation. A multimodal approach provides concepts, methods, and frameworks for collecting and analyzing visual, aural, and other aspects of interaction in data (Bezemer, 2012). O'Grady in Nugraha (2020:102) said that syntax is the system of rules and categories that underlies sentence formation in human language.

## **RESULTS AND DISCUSSION**

The process of mastering children's language cannot be separated from the role of parents who respond to everything strife that his son. People with a speech hearing disability have difficulty in the ability to develop thinking because they experience obstacles in mastery

language so that the ability to manifest into language symbols is not disturbed. A person can speak must be supported by a good hearing function, because of acquisition language is formed through the process of imitating and listening. Language is obtained through the activity of imitating language elements starting to form, the child will try express itself through words as the beginning of expressive language skills. With words another, the potential for self-actualization and the ability to realize its social function is hampered by problems language skills and not because of a deaf disability. Due to communication and language disorders raises more complex problems, among others, in the aspects of the conceptual, cognitive, emotional and social, difficulty learning vocational skills.

Language disorders also cause acceptance problems for parents and society impact on the wrong perspective and treatment. The immediate impact of hearing impairment is obstruction of verbal / oral communication, both expressively (speaking) and receptively (understanding talk of other people), making it difficult to communicate with the environment where people hear the usual use verbal language as a means of communication. Barriers to communication, it also resulted in obstacles in the process of education and learning for deaf children. However thus deaf children have the potential to learn to speak and speak language.

Deaf children cannot learn language or acquire language skills or speak in a normal way. It is possible to acquire the first language of a deaf child with total communication. Total communication is the most effective communication system because other than using a form of communication orally or what is called orally, by reading, writing, reading utterances, also equipped with a form of sign. Signs are like natural language for deaf, although the form is different in some areas, there is an Indonesian sign system which is standardized. Acquiring the language of deaf children is understanding speech through reading media speech. Reading utterances is an element or basis of the inner language system. The inner deaf child consists of words as appearing in motion and style as a substitute for the sounds of the language in the form of vowels, consonants, and intonations in children hearing. Just as a child hears, in children with hearing impairment, expressive language (speech) skills can only be prosecuted after it occurs receptive language development. Experience or situation with parents (mother) is first requirement. It can be said that a large number of language input is a requirement before deaf children are required to express themselves through talking. This presumably will it becomes clear that to solve the problems that may arise for people with Deaf or hearing impairment is the provision of capable special services develop language acquisition and language skills in accordance with the conditions.

Deaf people have good relationships in terms of verbal / oral communication, either in Talking in understanding the speech of others. Deafness will be resulting in inhibition of child development, be it the level of intelligence, speech, emotion, social, as well as his personality, it is necessary to have verbal communication education and learning media supporting training from an early age. In developing language and speaking skills deaf children need special services to minimize the impact caused by deafness experienced.

In developing language skills in children with hearing impairment, we need to understand acquisition of language that occurs in children who hear and also occurs in children who are deaf. The acquisition of the language of children who hear from the existence of a shared experience or situation between the baby and its mother or someone else that has deep meaning the immediate environment. Through these experiences, children 'learn' to connect experiences and symbol of language obtained by hearing. This process is the basis of development inner language. After that, the child begins to understand the relationship between language symbols with objects or events that they experience so that children's receptive language is formed. With words

otherwise the child understands the speech environment (auditory receptive language). After auditory receptive language 'Somewhat' is formed, the child begins to express himself through words as the beginning of language skills auditoria talk expressive, although in its development towards speech appears.

That ability all develops through hearing (auditory). After the child enters school age, the audience plays deeply language development through reading (visual receptive language) and writing (language visual expressive).

## CONCLUSION

A child with hearing impairment is classified as a child with hearing loss into deafness (deaf) and hearing loss (hard of hearing). Deafness has an impact on the development of language and speech, especially for children who are deaf from birth (pre-language). Their language and speech development becomes hampered, so that it also affects them delay in developing its potential. The condition of a person's inability to hearing something, either totally or partly, we can call deaf. Period the language acquisition of a deaf child is as impassable as a child who can hear. If healthy children are able to relate experiences and language symbols through hearing, to children the deaf don't. This is due to the function of the hearing. So, deaf child get his language focused more through his visual function. However, it didn't closepossible by maximizing his hearing function, for students with hearing impairmentshear. Acquiring the language of children with hearing impairment is understanding speech through speech reading mediaand total communication. Speech reading is a valuable tool in an exercise programcommunication for children with hearing impairment if they meet requirements such as language skillscertain, knowledge of the topic being discussed and other technical requirements such as dealingfaces at a distance not too far from the other person, sufficient lighting and so on.In the communication process to capture these expressions through listening, reading speech,and read cues. So, the components of total communication are speech, gestures, finger spelling, listening,read speech, and read cues.

Thus, there are three alternatives, namely: signs, reading, and reading speech. Speech reading media is the right choice compared to gestures and reading. With current hearing technology advances, the rest of the hearing can be optimized for stimulate deaf children in acquiring language. When reading utterances becomes the basis development of the inner language of the deaf child, we can train the deaf child to connect the experience he gets with the lips and the expression of the speaker. For children who don't hear enough who use hearing aids, can associate it with the sound symbol of language (auditory symbol). After that, the deaf child begins to understand the relationship between language symbols (visual & auditory) with everyday objects or events, so that receptive language is formed visual / auditory. Just as children hear, new expressive language skills (speech) can developed after having receptive language skills. Furthermore, children with hearing impairment can develop visual receptive language skills (reading) and visual expressive language (writing). Such is the behavior of verbal language that can occur in deaf children.



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