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Qualitative characteristics of lexical disorders in hearing-impaired children

SUMMARY

The foundation of a reliably conducted speech therapy diagnosis is exact analysis of linguistic behaviors. Lexical disorders caused by hearing loss are often interpreted too superficially in speech therapy practice, which can be evidenced in the opinions expressed by speech therapists. A routine and fragmentary assessment of the lexicon of a hearing-impaired child results in errors in the programmed therapy. Linguistic analysis of lexical disorders is the foundation of correct speech therapy diagnosis. The article presents the characteristics of lexical disorders in children with hearing loss. The identified types of orders are documented with examples each time.

Keywords: hearing-impaired child, lexical disorders, surdologopedic diagnosis.

THE OUTLINE OF PROBLEMS

Hearing impairment affects the process of word acquisition in a highly individualized way. This means that the characteristics of lexical difficulties in children with a similar hearing impairment may differ fundamentally. With regard to speech disorders in hearing-impaired children, the term “limited vocabulary” is commonly used. Despite its genuineness, it provides only general information about quantitative deficits. Lexical disorders caused by hearing impairments are not exclusively quantitative. Heard-of-hearing or deaf children find it difficult on the one hand to acquire the correct form of the words learned, and on the other – their semantic content. The character of difficulties associated with the develop-

ment of the lexical-semantic subsystem differs in individual cases of hearing loss. In light of theory and practice, individualization is the only chance of a thoroughly conducted process of surdologopedic diagnosis. This requires that the surdologopedist should have both specialist knowledge and practical skills in audiology (interpretation of the results of audiological tests) and in linguistics (carrying out linguistic analyses). The requirement of individualization in working with a hard-of-hearing patient means giving up the use of imprecise terms which may classify phenomena with different characteristics into one group. Conventional and too superficial diagnostic management should be defined as harmful because it does not correspond with the actual needs of hard-of-hearing children and contributes to producing delays in their language development.

THE GOAL OF THE ARTICLE

The principal goal of the present article is to present the qualitative characteristics of lexical disorders in hearing-impaired children. The immediate motivation for studying this problem was the practice of excessive overgeneralizations in assessing lexical difficulties in hearing-impaired children, which is largely consequent upon the use of imprecise terminology. Superficial ways of describing lexical disorders induced by limitations of auditory perceptions are encountered frequently enough in speech therapy practice to have a significant effect on the appearance of irregularities in the therapy process.

QUALITATIVE ANALYSIS OF LEXICAL DISORDERS

The introduction of qualitative characteristics of lexical disorders also means the necessity of evaluating which kind of deviation from the lexical norm may show dynamic development and which is evidence of its pathology. The search for developmental dynamisms in the speech of hearing-impaired children, and not only for deficits is a tendency which has been distinctly visible in surdologopedics in recent years (cf. survey of studies: Krakowiak 2012a). The adoption of this perspective in describing speech disorders in the hearing-impaired child shows that it is necessary to carry out a detailed analysis of observable linguistic difficulties as the foundation for preparing programs of surdologopedic therapy. A speech therapy diagnosis as the final stage of the diagnostic process (cf. stages of diagnosis, Grabias 2012) is not only a register of the child's linguistic behaviors taking into account the dichotomous division into normal linguistic behaviors and those deviating from the norm, but it also contains conclusions drawn from the qualitative analysis of the recorded linguistic and communicative deficiencies. Speech therapy diagnosis oriented towards assessing the lexical level therefore

requires a clear distinction between difficulties with the form of words, i.e. remembering and reproducing it, and difficulties with the incorrectly developed semantic level. This kind of thinking is consistent with the popular (cf. inter alia. Markowski 2008) conception of linguistic errors, propagated for many years in language culture publications: “Lexical errors consist in the use of words with the wrong meaning (...) or in a distorted form” (Pisarek 1986, 146). This type of thinking also directly refers to linguistic theories on semantic changes and their forms occurring in the language (cf. Ullmann’s classification, cited after: Guirard 1976); and the presentation of it, cf. Grabias 1982). With regard to speech disorders in cases of various deficits there are reliable and detailed qualitative analyses of the lexis taking into consideration the division into distortions of word forms and the kinds of semantic changes that occur (e.g. in Alzheimer-type dementia, cf. Domagała 2005; 2008). In surdologopedics, lexical difficulties were analyzed and interpreted as one of the forms of disorders in paradigmatic relations. The types distinguished are: predicative substitutions, substitutions through contiguity in the semantic field and through formal contiguity, and substitutions consisting in the use of hypernyms (Cieszyńska 1993). The fact that linguistic analyses of the lexical-semantic level of the language in hearing-impaired children are not too widely applied is one of the causes of delays in the development of surdologopedic diagnosis in the descriptive aspect, of which ample evidence can be found in speech therapy assessments.

LEXICAL DISORDERS IN HEARING-IMPAIRED CHILDREN

Among lexical disorders in hearing-impaired children there are disorders pertaining to the form of words (distortions of word structures) and disorders concerning their semantic level. The following is their characteristics:

Distortions of the word structure

Distortions to the form of language signs are a separate problem related to lexical disorders. According to J. T. Kania’s classification (1982), distortions of word structures, or disorders of syntagmatic relations within one word, occur as a result of quantitative changes: reductions and broadening of the word structure (e.g. *uczki* ‘kluczyki [keys]’) and qualitative changes – assimilations and dissimilations (e.g. *zera* ‘zegar [clock]’), and also through changes in the linear order of phonemes and syllables in a word – metatheses (*ranty* ‘narty [skis]’). The remaining syntagmatic disorders distinguished by Kania are combined disorders (co-occurrence of more than one syntagmatic distortion in the same word) and non-systemic ones (distortions arisen under the influence of other phonetically

similar words – lexical assimilations and contaminations occurring due to context or situation).¹

In practice, there are some problems with distinguishing between combined and non-systemic distortions. In the case of complex combined distortions it is necessary to carry out a detailed linguistic analysis of a word, which requires specific knowledge and skills. The resemblance between the distorted word and its model is negligible in combined changes (e.g. *rowinka* ‘chorągiewka [flag]’), which is why this type of disorder can be classified as non-systemic. Due to different mechanisms of the emergence of combined disorders and non-systemic associative disorders, they have to be clearly differentiated. The recurrence of each of the foregoing disorders in the speech of the hearing-impaired child (it is obviously not a question of cases of single linguistic phenomena, which are of little diagnostic value) requires the application of different techniques and exercises in the remedial work). To oversimplify the problem a little, if the hard-of-hearing child, when looking at an aquarium, calls it *akturator* (a non-systemic disorder, with possible contamination), then s/he has a different problem than the child calling the “*bluzka* [blouse]” *brus* (*i mam jeszcze inny brus, i krótki rękaw brus* [and I have another *brus* [blouse], and a short-sleeved *brus*]) – reduction of the word structure through syllable reduction).

Another question that needs to be settled regarding the distortions of word structures is the problem of distinguishing them from neologisms. Many specialists use the term “neologism” in the sense of “a new word”, the word “new” being understood as “departing in any way from normative realization”. For that reason, a certain group of syntagmatic, especially combined, disorders are regarded as neologisms. The pronunciation of the word ‘*malpka* [little monkey]’ as *palpka* as a result of the assimilation process, or the word ‘*krzeselko* [little chair]’ as *siesielo* with simplifications of consonantal clusters and substitutions, are examples of violations of the *principle of combining units in larger structures* (Kania 2001, 2), or syntagmatic disorders sometimes occurring only once, i.e. not realized constantly in such a form. It is wrong to regard such realizations as neologisms, whose appearance in the child’s speech shows linguistic creativity, and only when their occurrence is long-lasting, they are corrected as part of speech therapy treatment.

In the case of hearing-impaired children it is especially important to focus attention on whether the reduction in the number of syllables occurs as a result of the distorted word structure, e.g. ‘*parasol* [umbrella]’ – *paros*. This is a question of identification of syntagmatic disorders that respect or do not respect the number of syllables in words. This observation is a source of information about the child’s actual auditory capabilities, thus making it possible to more precisely select exer-

¹ For more information on disorders in the word structure in hearing-impaired children together with examples see E. Muzyka-Furtak (2012). For that reason the present article contains only their general characteristics.

cises in auditory education. If final syllables are reduced in the child's utterances, this means that the reception of the final parts of words, including inflectional endings, is beyond the child's auditory capabilities, which in turn may restrict or even block the development of the utterance grammar.

Lexical-semantic disorders

In language culture, semantic errors are counted as vocabulary (word) mistakes. A semantic error is to use words with the wrong meaning (neosemantization) or to confuse the meanings of phonetically and morphologically similar words and their incorrect, interchangeable use (cf. A. Markowski, 2008).

A more exact description of lexical-semantic disorders can be made only by reference to semantics and to its classifications of semantic changes. The foundation for these classifications was already provided by Ferdinand de Saussure (1961), who described semantic changes in language from the semiological standpoint, pointing to the shifts in relationships between the signifiant and the signifié of the sign as their origin. The authors of semantic theories adopted and developed the understanding of semantic changes that semantic analysis proposes new criteria for classification and new terminology, thereby showing the features of the semantic process: on the one hand, the bipolarity of the signifiant and the signifié, and on the other hand, the psycho-associative nature of their relationships of dual type: similarity and contiguity (Guiraud 1986, 45). One of the classifications of semantic changes is the classification created by S. Ullmann. Its usefulness in empirical investigations is indisputable. It was used by S. Grabias to describe sociolectal neosemantisms (Grabias 1994) and expressive semantic neologisms (Grabias 1982), but also to describe the lexis in persons with Alzheimer-type dementia (Domagała 2005) and semantic neologisms in schizophasia (Woźniak 2000) and aphasia (Panasiuk 2005).

When applied to the characteristics of lexical disorders caused by hearing impairments, Ullmann's classification is extremely useful because it provides the ways of interpretation of the semantic changes observed.

S. Ullmann distinguished the following types of semantic changes (cited after: Guiraud, 1976, 50).

- I. Name transfers :
 - a. due to similarity of senses;
 - b. due to contiguity of senses.
- II. Sense transfers :
 - a. due to similarity of names;
 - b. due to contiguity of names .
- III. Composite changes.

Transfer of names. It comprises semantic errors consisting in the name transfer as a result of similarity or contiguity of meanings of different units. Name transfers in the speech of hearing-impaired children occur via the operation of several mechanisms:

- **Name transfers resulting from the substance similarity of referents (physical and/or functional similarity).** Children identify the meanings of words whose referents are characterized by physical similarity and/or they perform a similar function. The semantic range of the word the child knows is extended so that it could also apply to other referents whose names the child does not know. In this way the gaps existing in the lexis are filled.

- Examples: *pajak* [spider] ('komar'[mosquito]); *opaska* [band] ('krawa-t'[a tie]); *struś* [ostrich]('paw'[peacock]); *rzodkiewka* [radish] ('burak'[beetroot]), *samolot* [plane] ('rakieta'[rocket]), *skarbnik* [treasurer] ('kasjer'[cashier]), *czapka* [cap] ('kapelusz'[hat]), *balon* [balloon] ('spadochron'[parachute]).

- **Name transfers resulting from contiguity of senses (contiguity of meanings).** A source of disorders in the lexical-semantic level of the language of hearing-impaired children is also name transfers between referents co-occurring in time and space.

- Examples: *nici* [threads] (*igła* [needle]), *poczta* [mail] (*listonosz* [postman]), *fotograf* [photographer] ('aparatus'[camera]), *uszy* [ears] (*rogi* [horns]), *brama* [gate] (*plot* [fence]), *woda* [water] ('rzeka'[river]), *światło* [light] ('żyrandol'[chandelier]).

- Note: This group includes pseudo-synesthesias, in which the form of an object is associated with its color or smell, etc. via contiguity (cf. Guiraud 1986, 53). Following this direction of interpretation, lexical-semantic disorders induced by name transfers via semantic contiguity might well include such realizations in which - apply another terminology - the interchangeable use of different parts of speech takes place. This type of disorders additionally shows the occurrence of problems with grammar: differentiation of parts speech.

- Examples: *czerwony* [red] ('ketchup'), *brązowe* [brown] ('musztarda'[mustard]), *żółtego* [yellow] ('makaron'[pasta]), and also: *wyleje* [will pour out] ('czajnik [kettle]'), *zamykaj* [close/lock] ('klucz [key]').

Transfer of meanings. Lexical-semantic disorders in the cases of hearing impairments also arise as a result of transfer of meanings between formally similar words or those formally and semantically similar at the same time.

- **Transfer of meanings due to similarity of names.** There are examples here of formal associations, also termed paronymy (Cf. Grabias 1982). Difficulties occurring in hearing-impaired children originate from the formal similarity of semantically different lexical units. As a result, the meaning of one word changes influenced by another word, which formally resembles the former.

- Examples: *osioł* [donkey] ('orzeł [eagle]'); *kanapa* [sofa] ('klamka' [door handle]); *gwóźdź* [nail] ('głos' [voice]); *łopata, na łopata* [spade, on the spade] ('płot', 'na płocie' [fence, on the fence]); *strój* [suit] ('nastrój' [mood], 'gdzie jest mój nastrój na wuef?' [where is my gym suit]); *stolik* [small table] ('słoik' [jar]).

- **Transfer of meanings due to similarity of names and senses (Formal-semantic similarity).** These are examples of name transfers due to similarity of not only the forms but also meanings of lexical units associated with one another. Examples of this kind are also counted as paronyms (Grabias 1982). Because of the fact that words in formal-semantic relationships also encompass derivative words, this group will contain many derivational constructions (Muzyka-Furtak 2013).

- Examples: *czajnik* [kettle] ('grzejnik' [heater]); *sierpień* [August] ('grzebień' [comb]); *sprzątaczką* [cleaning lady] ('praczką' [washerwoman]), *wyschnie* [will dry up] ('wystygnie' [will cool off]), *lodówka* [refrigerator] ('lodowisko [ice rink]'), *kwiaciarnia* [flower shop] ('kwiecień' [April]).

A different phenomenon often eluding diagnosis (since it is not recognized by therapists) is one of transferring names with the accompanying distortion of the word structure e.g. *temperatur* ('temperówka' [pencil sharpener]). These types of examples tend to be classified as non-systemic changes (in J. T. Kania's terminology). However, the first interpretation comes closer to the actual situation: hearing-impaired children identify the meanings of units whose word forms are similar, but they are unable to exactly recall their structure (incomplete hearing patterns, limitations of auditory memory).

Use of general instead of specific names

A phenomenon characteristic of lexical disorders in hearing-impaired children is to use general names instead of specific ones, e.g. *zabawki* [toys] (to name building blocks), *ptak* [bird] (to name a parrot), *mięsko* [meat] (to describe many kinds of charcuterie), but also: *robi* [s/he is doing] ('wycina' [cutting out]).²

Periphrases

The use of general instead of specific names is closely related to the next way of coping with limitations of vocabulary by hard-of-hearing children, i.e. the use of periphrastic expressions. Many periphrases generated by hearing-impaired children are produced with the participation of general names and pronouns. Discerning the differences between referents described by the same name, children try to add specific attributes to it, thereby creating descriptive structures such as: *Lubię mięsko i jeszcze takie inne mięsko. Lubię mięsko czerwonego, ale nie lubię*

² A similar phenomenon was pointed out by J. Cieszyńska (1993) when writing about substitutions consisting in the use of hypernyms..

białego. [I like meat and another kind of meat. I like red meat but I don't like white meat]

A condition for periphrases to occur is the achievement of a certain level of linguistic competence (enabling construction of utterances) with the simultaneous occurrence of significant limitations of the lexicon. In other words, children use periphrases when they try to name their experiences with their available vocabulary. They then create utterances resembling definitions, e.g. *tym się bomby kiedyś puszczało* [it was used to drop bombs ('armata'[cannon]), *tym się trawę się suchą... spala się później* [it is used to ... dry grass, to burn it later ('grabie'[rake]), *takie małe czerwonego* [those little red ones] ('wiśnie' [cherries]), *do fiatki podlewaś* [to water flowers] ('konewka'[watering can]). This process is activated even with semantic changes, e.g. *sierpień* [August]('grzebień' [comb]) – *sierpień do trawa* [August for grass]('grabie'[rake]), *sierpień do włosów* [August for hair] ('grzebień'[comb]).

Derivational "errors"³

Derivational errors are classified as lexical errors. They arise as a result of building word-formation constructions inconsistently with the Polish derivational patterns, the use of wrong derivational morphemes, or the selection of wrong derivational bases (Markowski 2008).

Surdologopedics tends to disregard the assessment of word formation skills. This phenomenon is highly incomprehensible because vocabulary limitations in hearing-impaired children largely stem from problems with the acquisition of derivational rules of word formation. Polish belongs to languages characterized by an extremely great abundance of derivational processes. Derivative words are an integral and substantial part of the Polish lexicon. Between the knowledge of derivational rules and the degree of acquisition of language competence there is, therefore, a close correlation": "training of the skill of interpreting derivational formations and then the ability to actively use the knowledge of the rules of forming derivatives are the most important manifestations of the development of linguistic competence at the lexical level" (Pastuchowa 2007, 23).

An essential problem pertaining to the characteristics of word-formation by hearing-impaired children stems from the too broad understanding of the term "neologism". To recognize every new word as neologism, in whose structure any

³ The term "error" is used to refer to language forms different from those used by adults (cf. Milewski 2005), and in accordance with the interpretation proposed by M. Smoczyńska (1997, 48): To each child "errors" are therefore a natural way from the prelingual period do complete, "error-free" competence acquired in adulthood. Word-formation "errors" contain both those showing "the child's incorrect linguistic functioning" and those being the "evidence of the child wisely and creatively processing what s/he recorded from the speech of the environment" (Smoczyńska 1997, 47).

changes appear that depart from the normative realization, is an obvious interpretation error that results in the wrong orientation of treatment. In particular, it is necessary to distinguish between distortions to the word structure – especially the combined ones which significantly break up the form of words – and examples showing difficulties in the use of derivational rules and means. Therefore, realizations of the type exemplified below are not derivational neologisms but syntagmatic disorders: *przeźniczek* (‘przecinek [comma’), *uczki* (‘kluczyki’ [keys]), *goraliki* (‘koraliki [beads]), *igyn* (‘indyk’ [turkey]), or *skafetki* (‘skarpetki’ [socks]) and *uki* (‘ogórki’ [cucumbers]). The appearance of this type of disorders does not require the inclusion of word-formation exercises in the therapeutic work programs but rather auditory and kinesthetic/kinetic exercises.

When assessing the word-formation skills in hearing-impaired children, attention should be paid whether the new-formed words are produced in accordance with the word-formation patterns existing in Polish, or whether they deviate from them. The division into systemic (potential) neologisms and non-systemic ones, found in relevant literature, can be helpful here.

Systemic (potential) neologisms are determined by the word-formation system of Polish, which means that they are “structurally possible”: they duplicate the established patterns of word formation (Puzynina 1966, 332). In other words, they are based on word-formation patterns existing in the language (Buttler 1968; Grabias 1982). These are new words formed in accordance with the accepted rules but are not stabilized in the lexical norm (they do not exist in the lexis of the language). Their real meaning does not go beyond the meaning of constituent morphemes, i.e. it equals structural meaning. This means that such derivatives can be understood without the context in which they were used, because their meaning can be decoded based on the knowledge of the language alone (Jadacka 2005). Some neologisms formed by hearing-impaired children realize the word-formation patterns typical of Polish, or these neologisms are potential (or at least seemingly potential) in character.

The following can be distinguished among potential derivational neologisms formed by hearing-impaired children:

- **Neologisms formed by means of wrong (categorical) derivational morphemes.** These are new words with derivational morphemes typical of a word-formation category: “structurally impeccable words” “previously not encountered although correctly formed” (Buttler 1968, 52). Although they depart from the language norm, the receiver understands them.

Examples: diminutives – *butek*, *buteczek*, *butka* [little shoe], female personal names – *biegarka*, *kuchniaczka* [female runner, female cook] names of doers of actions – *biegarz*, *kuchniacz*, *fotografarz*. [runner, cook, photographer].

- **Neologisms formed from wrong derivational bases.** These comprise derivative words formed from derivational bases individually selected by the child (non-normative choice of a word as the base for the derivative formed), but produced by adding a derivational morpheme characteristic of a word-formation category.⁴

- Examples: *gotujka* ('kucharka'[female cook]), *opalaczka* ('plażowiczka'[female sunbather]), *budowianka* ('układanka'[jigsaw puzzle]), *woźniaczka* ('woźna'[female janitor]), *dywanek* ('wycieraczka'[doormat]).

Non-systemic neologisms are the opposite of potential ones. They are also referred to as individualisms or occasional words (cf. Chruścińska 1978; Grabias 1981). These are new words not formed in accordance with the word-formation patterns of Polish. They comprise neologisms not motivated by any existing word, so-called absolute neologisms, formations with untypical derivational bases or with isolated elements functioning as derivational morphemes, as well as phonetic or morphological distortions of word structure or disintegrations of word structures ignoring morphological boundaries (Grabias 1981). They are sometimes called situational because they can be a one-off, spontaneous reaction to a stimulus (cf. Buttler 1962).

Among the non-systemic word formations created by hearing-impaired children the following can be distinguished.

- **Neologisms formed with wrong (non-categorial) derivational morphemes.** These are derivatives formed with accidental derivational morphemes (not typical of a word-formation category), consequently, their meaning is incomprehensible.

Examples: *kuracz* ('mała kura [little hen]'), *butyrzysta* ('mały but [small shoe]'), *kawek* ('miejsce, gdzie się pije kawę [place where coffee is drunk]'), *ciastkacz* ('miejsce, gdzie się je ciastka'[place where cakes are eaten]).

- **Neologisms formed from wrong derivational bases.** These are formations produced by adding a derivational morpheme not typical of a category to the derivational base selected without conforming to the norm.

Examples: *poruszanin* ('wiatrak [windmill]), *chlebka* ('piekarnia' [bakery]), *sportowa* ('lodowisko' [ice rink]), *sklepacz* ('księgarnia' [bookshop]).

- **Neologisms formed from not typical derivational bases.** They comprise "derivative words formed from derivational bases that do not normally produce derivatives of a specific kind (...) or are not derivationally extended at all" (But-

⁴ M.Chmura-Klekotowa (1971) calls such neologisms conceptual, seeing them as reflecting the way of ordering the world differently from that established in the language. They are commonly found in the early stages of the hard-of-hearing child's speech but they are also observable in the speech of hearing children even during the first years of school education (Muzyka-Furtak 2011).

tlar 1968, 183) These are created by children with a very low level of word-formation skills.

Examples: *dużaczka* ('człowiek, który pije dużo kawy [man who drinks a lot of coffee]'), *miejscka* ('miejsce, gdzie ludzie kupują ciastka [place where people buy cakes bought]'), *bardzocz* ('człowiek, który jest bardzo grubby [man who is very fat]'), *człowiekacz* ('człowiek, który jest bardzo stary [man who is very old]').

The analysis of the attempts to form derivational constructions by hearing-impaired children shows the action procedures available to them, which should be used in designing programs of surdologopedic work (cf. more on the subject: Muzyka-Furtak 2009).⁵ The qualitative description of disorders observable at the word-formation level, which is carried out taking into consideration the proposed division into systemic (potential) and non-systemic phenomena, provides an opportunity for a more precise description of lexical disorders in children affected by hearing impairments.

Identification of different parts of speech

This type of disorders directly points to connections and interrelationships between the acquisition of the lexical and syntactic subsystems in the course of speech development.⁶ Problems with language acquisition in the cases of hearing impairments very often manifest as failure to differentiate even basic parts of speech. Common substitutions within particular parts of speech are: noun for verb, e.g. *góry* [mountains] ('wspina się' [is climbing]), *walka* [fight] ('biją się' [are fighting]), *pistolet* [pistol] ('strzela' [is shooting]), *sport* ('ćwiczy' [is exercising]), verb for noun, e.g. *szyje* [is sewing] (*igła* [needle]), *świeci* [is shining] (*żyrandol chandelier*), *układasz* [arranging] ('kocki' blocks); less often recorded are adjective for verb substitutions, e.g. *zły* [angry] ('kłóci się' [is quarreling]), adjective for noun, e.g. *brązowe* [brown] ('kotlet' [chop, fillet]).

RECAPITULATION

The degree of hearing loss does not definitively determine the achieved level of linguistic competence. It is important therefore to specify the actual au-

⁵ The mechanism for development of the foundations of word-formation in the linguistic development of hard-of-hearing children shows similarities with the mechanism for acquisition of derivative words by normally developing children (cf. study results, Haman 2013).

⁶ Syntactic information influences the process of learning new words ("syntactic bootstrapping") because it helps the child recognize some of their semantic elements (Bloom 2007). However, it is not a unilateral condition because on the one hand grammatical knowledge facilitates the development of vocabulary, and on the other hand, lexical development shapes the process of acquisition of grammar rules (Dionne et al. 2003).

ditory capabilities of a child with a hearing defect, and the actual level of his/her acquired linguistic skills (cf. speech-therapy classification of hearing impairments, Krakowiak 2012b). The assessment of the vocabulary of hearing-impaired children should therefore be based on the results of linguistic analyses carried out by the surdologopedist, enabling insight into the qualitative characteristics of occurring lexical disorders (concerning word forms, the semantic level, and word-formation). The condition for a reliably carried out speech-therapy diagnosis is its comprehensiveness and accuracy. The assessment of individual aspects determining the acquisition of lexical skills by hearing-impaired children, and identification of the types of occurring lexical disorders together with the use of accurate terminology are necessary elements of surdologopedic diagnosis that is to satisfy both conditions: being comprehensive and accurate.

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