

## **REPORT**

### **VIEWING SPEECH PATHOLOGY AS ASPECT OF APPLIED LINGUISTICS**

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#### **ABSTRACT**

This article discusses the potential role of linguistics in the management of speech disorders. The article is particularly concerned with the situation in a country such as Kenya which lacks programmes or services for children with speech disorders. The article adopts a cybernetic view of speech as conceptualized in the neurolinguistic model of phonetics. In this connection a disorder is definable as a systematic deviation from the normal speech process and function. In the absence of special language programmes, as evidenced in the national educational reports, this article suggests a linguistic solution to the problem. Such a solution involves strategies whereby the linguist's theoretical knowledge and experience would be applied to develop speech pathology programmes.

#### **1.0. Introduction**

This paper is a response to what are perceived to be the limitations of the management of speech disorders within the special education sector of Kenya. The paper discusses the potential contribution of theoretical linguists in the establishment of a speech pathology programme. In this discussion, the term speech is used synonymously with spoken language.

#### **1.1. Speech Pathology**

The subject of speech pathology, of course, goes by several names, notably: language pathology, speech therapy, orthophonics, phoniatriy, logopaedics, oratology and communicology (see Perkins 1971, Crystal 1980). All these terms refer to a discipline whereby professionals are trained to investigate the manifestations, causes, treatment procedures, and preventional strategies of speech disorders.

The concerned professionals are expected to have competence in at least the following four aspects of language: an in-depth understanding of the normal speech process, speech disorders and their development, assessment procedures used to identify speech disorders, and correctional techniques that have been known to improve or eradicate speech disorders.

My preference for the term pathology should not be viewed as a reflection on my attitude towards one geographical region or another. The term merely appears more sensitive to the fact that something (in a speech disorder) is abnormal, a deviation from normal speech.

### 1.2. Normal Speech

General phonetics considers speech a process involving a chain of activities, principally: formulation, production and perception (see Catford 1988). These activities are also described as the integrative, expressive and perceptive functions of the speech generation process. A more explicit view is expressed by the neurolinguistic model of speech.

Neurolinguistics refers to the study of the functional aspects of the neural control system used in speech organization (see Espir and Rose 1976, Crystal 1987, Laver 1991). The assumption of neural control implies a cybernetic view of speech. In a cybernetic view, the brain and the peripheral articulatory musculature are unified as components of the total speech producing mechanism. In this connection the neurolinguistic model views speech as a process which integrates five functions: ideation, linguistic programming, motor regulation, myodynamic execution and monitoring.

At the ideation stage, a central underlying intention to say something is first initiated. The expression of the idea takes shape as a neurolinguistic program: definable in terms of a system of semantic, morphosyntactic and phonological rules, whereby words are selected from a lexical storage (memory). A motor regulator converts the neuro linguistic program into temporal sequences of motor commands to the appropriate speech muscles. At the myodynamic stage, the respiratory, laryngeal and articulatory organs carry out the sequence of movements designated by the motor regulator. Intertwined with these functions is a monitoring mechanism whereby errors are detected and appropriate strategies adopted for their correction.

This description anticipates normal adult speech: the speech of a native speaker who is above the age of twelve years. At this age, a native speaker will normally have intuitively acquired the pragmatics, and the principles of discourse, besides the grammatical rules (see Ingram 1976, Fletcher and Garman 1979). The neuro linguistic model of speech also anticipates normal child language, in the sense that language learning occurs systematically between the ages of one and a half (1½) to six years.

Whether one focuses on the speech of the adult or that of the child, the concept of normal speech refers to what is expected depending on the background, climate of usage and the age of the speaker. Any speech which systematically deviates from the expected characteristics is considered abnormal. In other words, the speaker probably has a speech disorder.

### 1.3. Speech Disorder

Speech is considered defective if it deviates sufficiently from the norm to fail seriously in its role of communication (see *Encyclopaedia Britannica* 1964, Anderson and Newby 1973, Illiers 1978, *Encyclopaedia Americana* 1984). This could mean that what one says is partially or completely unintelligible, or, the manner of speech is a source of effort or embarrassment to the speaker or the hearer.

A speech disorder is either developmental or acquired. The latter often occurs after the speech learning process is complete, usually as a result of damage to either a central integrative organ or to the peripheral articulatory musculature. This discussion is more specifically concerned with developmental disorders. Developmental speech disorders are often congenital defects which can be observed during the critical speech formative age of two to four years.

A speech disorder can occur in any of the three principal aspects: formulation, expressive and/or receptive. Disorders have medical or linguistic descriptions but their naming is predominantly psychoanalytic, thanks to the work of Sigmund Freud (see Espir and Rose 1976). Widely researched disorders are aphasia, dysarthria, apraxia, agnosia and stuttering.

Aphasia refers to the inability to formulate or understand language, resulting from a malfunction of the central nervous system. Aphasic behaviour may be receptive or expressive. The receptive aphasic has no speech and no understanding of speech, despite being intelligent and of adequate hearing ability. The expressive aphasic cannot speak at all although he/she hears and understands speech, has good intelligence and good muscle control.

Dysarthria is a disorder affecting muscular control, resulting in either complete inability to articulate speech sounds or the production of slow, laboured and distorted speech. A dysarthric behaviour consists of abnormalities in the rate, stress, velocities of articulatory movements, articulatory placements and fundamental frequency.

Apraxia is the incapacity to produce purposeful speech, due to the inability to perform specific behaviour at will. The person knows what to say but lacks control over the muscular activities required to articulate a certain word. Apraxia is usually regarded as the converse of agnosia. Agnosia is the inability to interpret sensory stimuli which are conveyed to the brain from the special senses. A person can hear and articulate utterances perfectly but is unable to relate words to their referents.

Stuttering is characterized by spasmodic interruptions of the fluency of speech in the form of hesitations, blockings, prolongations and repetitions of sounds, syllables or whole words. Severe cases of stuttering may be accompanied by excessive muscular tension, facial contortions, and irregularities of breathing leading to erratic speech stress, rhythm, intonation and tempo.

Besides these very severe and admittedly generalized disorders, there is the more specific assortment grouped under voice defects, as exemplified in aphonia, hoarseness, nasality and lisp. These terms refer to the inability to phonate sounds in the lar-

ynx due to an organic or a psychological cause, production of whispery speech, hypernasalization due to organic causes such as cleft lip and specific substitution errors usually affecting one or more of the sibilants, respectively.

These descriptions indicate that any component of language system can be affected: semantic, morphosyntactic or phonological. Some disorders affect more than one of these components. This observation re-inforces the view that the identification of a disorder is made after a systematic comparison of deviant utterances with normal speech, in order to isolate the unique characteristics. The assessment procedures and associated tools have grave consequences for the correctional and therapeutic strategies.

Speech pathologists (e.g. Tranth 1976, Holland 1984) caution that a speech disorder does not imply generalized mental retardation or intellectual impairment. Mismanagement can however cause severe emotional and psychological stress, to the extent that potential intellectual achievement may be hindered.

Societal response can also interfere with personality development, educational achievement or professional advancement. Of special significance are the personal testimonies on the emotional and psychological stress of either coping with a speech disorder or learning to live with a person with such a defect (see Jones 1979, Silverman 1984). Such testimonies reveal that speech disorders are horrendous experiences for the affected individuals, as well as their families. The society is therefore duty bound to try to alleviate the associated stress.

Careful management of speech and other communication disorders is not just for the benefit of the individual person or family; it can be said to take care of the interest of the society at large. What can be done and how it should be done, however, mostly depends on the cultural context and the social infrastructure in place. The situation in Kenya is illustrative of the probable constraints.

## 2.0. Management of Speech Disorders in Kenya

The management of speech disorders in Kenya would best be investigated in relation to the running of the special education sector within the Ministry of Education. As the name implies, this sector is meant to deal with special educational needs (see UNESCO Report 1991, Gross 1996). The notion of a special educational need refers to any case which might require one or more of the following provisions: (1) a special or modified curriculum, (2) special means of access to the curriculum through special equipment, facilities or resources, modification of the physical environment or specialist teaching techniques, or, (3) particular attention to the social structure and emotional climate in which education takes place.

Kenya's stand on providing quality education to children with special learning needs has been reiterated in the national educational reports (see Gachathi 1976, Kamunge 1988, Koech 1999). All these documents emphasize the need for efficiency in the form of: a fully co-ordinated special education sector, qualified personnel, and adequately working tools and equipment.

The Koech Report (1999) is momentous for three reasons. It addresses the problem of speech disorder under the heading: communication disorders. It also contains an explicit statement of future challenges, and a Special Education Bill. The latter emphasizes the obligations of the various arms of the Special Education Sector, namely: the Directorate, the Inspectorate, Kenya Institute of Education (K.I.E.), Kenya Institute of Special Education (K.I.S.E), Educational Assessment and Resource Centres (E.A.R.C.s), programmes and departments within the institutions of higher learning.

The compilation of this bill indicates that all is not well with the provision of special educational needs. There are four grave reasons for concern:

Lack of financial resources leading to a slow implementation process. Hence the majority of children with special learning needs languish at home.

Inadequate research: the particular situation of children with special educational needs is not known. It is therefore not possible to quantify the number of needy cases who have no access to special education.

Lack of equipment such as basic technical and training tools, tools for proper diagnostic assessment, leading to inadequate or invalid identity of disorder, and hence, poor management of disorder.

Lack of proper training for teachers, trainers, therapists and supervisors in the special education programme.

If the situation is grave for special education in general, the prognosis is desperate for special language needs in particular. Up until 1998, the Ministry of Education did not recognize language disorder as a special learning need in its own right. Policy documents regularly cited four disabilities: hearing impairment, visual impairment, physical handicap, and mental handicap. This would mean that children with a speech disorder were slotted in any of the four recognized disabilities, depending on the manifest characteristics.

As a matter of fact, various documents indicate a disproportionately high level of programmes and enrolment for the mentally handicapped, at the lowest approximately 1/3 of the programmes or enrolment but in some cases as high as 3/5 (see appendix A). It is possible that a lot of these cases have language rather than mental impairment.

One could safely say that the situation is desperate for both children and their families. Many families, especially parents, consider a speech disorder in their child as a curse or an unbearable reflection on their social image. Such parents keep the child hidden somewhere in a backroom or backyard, or simply pretend it does not exist. On their part, parents probably behave so irresponsibly due to ignorance and a sense of helplessness.

Ignorance on the subject of speech disorders and the concomitant sense of helplessness are evident in the uncertainty surrounding the Communication Disorders Department. In 1998, K.I.E. recognized the need to deal with speech disorder as a

distinct special educational need. A co-ordinating officer was appointed and a workshop held in 1999, to consider the modalities of setting up a Communication Disorders Department. At present, the Communication Disorders Department exists in name only: no personnel (the co-ordinating officer having been deployed elsewhere), no policy documents, no enrolment, no programmes or services, no curriculum, no data bank.

The situation is summarized in the Koech Report (1999). The report frankly admits that, at the time of the inquiry Kenya did not have special services or programmes for children with communication disorders on account of the complexity of the area. It goes on to recommend that speech therapy, music, counselling sessions and the articulation of sounds, supplement the regular curriculum.

The Koech Report (1999) deserves commendation for the fact that this is the first time a commission of enquiry into the Kenyan educational system has addressed special communication (language) needs. The content could, however, have been more informative, the definition of communication disorder more explicit and the recommendations more focused or more specific. For instance: What form would the therapy take? Who would administer the therapy since Kenya, assumedly, has no speech therapists? Is a communication disorder to be equated with speech sounds?

Training in the articulation of speech sounds is wholesome, depending on the nature of disorder; delayed speech is a case in point. The counselling and music sessions are also in order, where psychological or emotional trauma is indicated. These strategies, however, will not correct or minimize disorder, where other causes are in effect. The suggested strategies therefore sidestep rather than address the problem.

It is easy to understand why so much vagueness surrounds the problem of communication (language) disorders. The personnel (be they administrators, inspectors, assessors or trainers), in the special education sector, have little theoretical or practical understanding of the speech function or, in this case, malfunction. Hence, there is little specific information they could have given the commissioners during the inquiry.

Moreover, the commissioners who are appointed to inquire into the educational system are principally 'educationists'. These are usually psychologists, economists, philosophers and sociologists versed in educational administration, but rarely scholars in language structure and language function. When such a commission is faced with specialized linguistic problems, it may find itself out of their depth.

This observation does not mean to water down the Koech Commission. In most areas, the commission was both exhaustive and incisive. These merits notwithstanding, the reality cannot be escaped: speech/language disorder is an extremely specialized educational need, requiring specialist linguistic knowledge, understanding and intuition. The report's frank admission that communication disorders is *a complex area presently without services or programmes* can be considered *a direct challenge to the linguists. Will the linguists rise to the challenge? Would the linguists have anything to offer in the special language education in terms of speech pathology?*

### 3.1. Linguistics and Speech Pathology

Some texts on speech/language pathology include an introductory section on language structure or general phonetics. Conversely, certain texts on general phonetics, language acquisition/learning or psycholinguistics, wind up with a chapter on speech/language disorder (see Luchsinger and Arnold 1965, Villiers 1978, Ball 1988, Laver 1991). These tendencies point to a logical development of thought: from a consideration of what is normal to that which is abnormal or, conversely, viewing the abnormal in the light of the normal. This development should be reflected in linguistic programmes.

With an exception of one or two institutions, the public and private universities in Kenya offer linguistics programmes in English, Kiswahili and/or French, depending on the available language departments (see appendix B, C). The existence of these programmes indicates that Kenyan universities are host to both trained and training linguists.

Going by the curriculum offered in the universities, we could say that a linguist is a scholar who has theoretical and practical understanding, as well as research experience, of the following subjects: (1) the theory of linguistic analysis and description, (2) different aspects of language structure and function, (3) phonetics as it pertains to speech perception and production, (4) the interdisciplinary nature of linguistics, (6) formulation of modules and programmes for linguistic teaching and training.

It is true that linguistic studies in Kenya have a predilection for theoretical descriptions rather than concrete data analysis and application. We can still assume that, with the above theoretical knowledge, a scholar could manage systematic research in order to perform or learn to perform the following tasks: (1) identify a disorder in speech, (2) determine what aspect of speech is defective, (3) hypothesize on a possible cause (either alone or in collaboration with professionals from other disciplines), (4) prescribe potentially effective correctional and support procedures, (5) develop a disorder profile, training modules and exercises that focus on specific units, elements or functions of the language structure, (6) formulate a proposal for the launching of a speech pathology programme, complete with resource facilities.

These assumptions can be interpreted to mean that linguists have the potential experience to initiate a speech pathology programme, affiliated to a linguistics department. The degree of success would depend on two factors: the sense of commitment in the linguists themselves and the affiliate department, as well as co-operation from various institutions and organizations (particularly: the university administration, the Ministry of Education, international organizations and donor agencies) not to mention the Kenyan society at large.

The linguists, with the support of their departments, would need commitment in certain purposeful and essential projects:

- the furtherance, by whatever avenues that are available to them, of their basic linguistic experience to include content and skills relating to speech pathology;
- the organization of conferences involving a broad spectrum of professionals who are interested in language function, in order to collate information and views relating to speech pathology;
- the development of programmes and materials for the assessment, identification, correction/remediation of speech disorders;
- the establishment of a speech pathology resource centre and journal;
- the publication of resource materials;
- the encouragement and orientation of training linguists to specialize in speech pathology.

This may sound like a very ambitious project. In reality it is not. The available literature indicates that speech pathology departments are well established in regions like North America, the United Kingdom and most countries of Europe (see Crystal 1980, Beech et al. 1993). From these regions, materials on assessment, identification, correction/remediation of speech disorders are available in our libraries and on the internet. We could either adopt these materials as models, adapt them to suit the language of instruction, or develop totally different tools. The important thing is to make our linguistic knowledge count for something in solving a concrete societal problem. The solution to the problem, however, has wider implications.

### 3.2. Implications for a Speech Pathology Programme

The linguists and their departments may not go far without the blessing and support of the relevant university administration. Often, the bureaucratic process is a stumbling block to change in the academic programmes. The process would however, be expedited if the executive administration can be convinced of the academic and societal significance of the programme. The job of the linguist in this matter is to formulate a persuasive and watertight proposal for a speech pathology programme.

Success can be further enhanced by a positive attitude from the Ministry of Education. The Ministry of Education should be ready to sponsor or organize the sponsorship of willing special education personnel and language teachers, for degrees or diplomas in speech pathology. It should also be willing to hire the qualified speech pathologists on consultancy basis, or at least involve them in workshops and projects related to the implementation process.

Various strategies of implementation would be required and these in turn would require substantial financial resources. The Ministry of Education in Kenya might be either unwilling or unable to stretch its educational budget for a sub-section of its

population. International organizations, particularly UNICEF and UNESCO, could be persuaded to solicit funding. It is worth noting and appreciating the fact that these organizations, with the collaboration of development agencies such as DANIDA and SIDA, have sponsored major special educational projects all over Africa (see UNESCO Report 1988, Ross 1988). All they demand is efficiency and productivity.

One does not need to belabour the significance of local or international support and co-operation. Such support and co-operation hinges on the performance of the linguist in the area of speech pathology. The performance in turn hinges on the general attitude and orientation towards the subject: can the current orientation of the linguist see speech pathology as an area of applied linguistics?

Let the trained linguists mould speech pathology into a truly applied study of linguistics and it will pay dividends. The implied benefits are not unilateral. There is a growing conviction that theoretical linguistics is bound to benefit from an in-depth analysis of speech disorders (see Ball 1988). This means that promoting the discipline of speech pathology will, in a sense, advance theoretical linguistics.

It is, however, important to proceed with caution. The conception of speech pathology as an area of applied linguistics does not mean to exclude other disciplines. In addressing problems relating to normal speech, theoretical linguistics often seeks answers in other spheres of knowledge. An interdisciplinary approach is all the more important while dealing with abnormal language behaviour. The linguist therefore should not just welcome, but also seek views of other behavioral scientists.

This problem is, therefore, not for the linguist alone. Disciplines concerned with the language function should learn to appreciate the relevance and significance of linguistic knowledge. Note that the Kenya Institute of Education (K.I.E) has, for several years, been trying to initiate a Communication Disorders Department without success. Even in the face of failure, it never occurred to it that success probably lies in involving scholars with specialist linguistic knowledge.

The success of a speech pathology programme would be significant for the society at large, and particularly for families where a member suffers from a speech disorder. With the availability of efficient programmes and services, parents could be prevailed upon to send the affected children to school and not hide them away. Entrepreneurs would take advantage of the qualified personnel to open schools for speech training and therapy. These are much needed services into the millennium.

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## APPENDIX A

## ENROLLMENT IN SPECIAL EDUCATION PROGRAMMES

Disability	Programme		Enrolment		Total	Percentage	Average Children in Programme	Classes	Class Average	Teachers	Ratio
	Units	School	Boys	Girls							
Hearing Impaired	37	32	1575	1749	3324	23	48	275	12	455	1:7
Visually Impaired	38	8	1032	738	1770	12	38	345	5	400	1:4
Physically Handicapped	42	17	1324	846	2170	15	37	184	12	310	1:7
Mentally Handicapped	258	25	3146	2114	5260	36	19	552	10	775	1:7
Behaviorally Handicapped	8	11	1573	433	2006	14	106	ND	ID	ND	ID
Multiply Handicapped	2	1	44	34	78	0.5	26	17	5	23	1:3
<b>TOTAL</b>	<b>385 +</b>	<b>94</b>	<b>8694</b>	<b>5914</b>	<b>14600</b>	<b>100</b>	<b>30</b>	<b>1449</b>	<b>10</b>	<b>1962</b>	<b>1:7</b>

ND – NO DATA

ID – INSUFFICIENT DATA

## APPENDIX B

**LINGUISTICS AND AFRICAN LANGUAGES**  
**NAIROBI UNIVERSITY CALENDAR 1997-2000**

## Courses Titles

**First Year**

## Semester I

- CLL 101 The Nature and Function of Language  
 CLF 101 The Language Situation in Africa and Kenya

## Semester II

- CLL 102 Introduction to Phonetics and Phonology  
 CLF 102 Introduction to Historical Comparative Linguistics

**Second Year**

## Semester I

- CLL 201 Introduction to Morphology  
 CLF 201 Classification of African Languages

## Semester II

- CLL 202 Introduction to Syntax  
 CLF 202 The Structure of African Languages

**Third Year**

## Semester I

- Core for 4.3.2.2; 4.3.2.1; 4.3.1.1;  
 CLL 301 Introduction to Semantics  
 CLF 301 Introduction to Bantu Language Studies  
 CLF 303 Introduction to Nilotic Language Studies

## Core 4.3.1.1.

- CLF 305 Practical Language Issues in Africa

## Elective for 4.3.1.1; 4.3.2.2; 4.3.2.1

- CLL 303 Introduction to Sociolinguistics  
 CLL 305 Introduction to Pragmatics  
 CLF 307 Introduction to Afro-Asiatic Language Studies  
 CLF 309 Introduction to Sign Language

## Semester II

- Core for 4.3.2.2; 4.3.2.1; 4.3.1.1;  
 CLL 302 Traditionalist Linguistics  
 CLF 302 The Structure of Bantu Languages

## Core for 4.3.1.1. but Electives for 4.3.2.2. and 4.3.2.1.

- CLL 304 Advanced Historical Comparative Linguistics  
 CLL 306 Research Methods in Linguistics

## Electives for 4.3.2.2; 4.3.2.1 and 4.3.1.1.

- CLL 308 Language and Society  
 CLF 310 The Structure of Afro-Asiatic Languages  
 CLF 312 Sign Language and Grammar

**Fourth Year**

## Semester I

- Electives for 4.3.2.2; 4.3.2.1. and 4.3.1.1.  
 CLL 401 Introduction to Generative Transformational Theory  
 CLF 401 The Structure of Nilotic Languages

## Core for 4.3.1.1; 4.3.2.1 but Electives for 4.3.2.2.

- CLL 403 Advanced Phonology  
 CLL 405 Introduction to Psycholinguistics  
 CLF 403 Phonetics and Phonological Characteristics of African Languages

## Electives for 4.3.1.1; 4.3.2.2; 4.3.2.1.

- CLF 405 A Study of a Kenyan Language  
 CLF 407 Sign Language Translation Skills

## Semester II

- Core for 4.3.2.2; 4.3.2.1; 4.3.1.1.  
 CLL 402 Advanced Linguistic Theory (Syntax)  
 CLF 402 Research Paper on African Languages

## Core for 4.3.1.1; 4.3.2.1. but Electives for 4.3.2.2.

- CLL 404 Lexicography  
 CLF 406 Advanced Study of a Kenyan Language  
 CLF 402 Morphological and Syntactic Characteristics of African Languages

## Electives for 4.3.2.2; 4.3.2.1; 4.3.1.1.

- CLF 408 Issues of Language Management and Development in Africa  
 CLF 410 Advanced Sign Language Translation Theory and Practice

## APPENDIX C

**LINGUISTICS AND ENGLISH**

NAIROBI UNIVERSITY CALENDAR 1997-2000

## Courses Titles

**First Year**

## Semester I

CLL 101 The Nature and Function of Language

CLE 101 The History and Varieties of English

## Semester II

CLL 102 Introduction to Phonetics and Phonology

CLE 102 English Usage in Kenya

**Second Year**

## Semester I

CLL 201 Introduction to Morphology

CLE 201 Modern English Phonetics and Phonology

## Semester II

CLL 202 Introduction to Syntax

CLE 202 Modern English Morphology

**Third Year**

## Semester I

Core for 4.3.2.2; 4.3.2.1; 4.3.1.1.

CLL 301 Introduction to Semantics

CLE 301 Modern English Syntax

Core for 4.3.1.1. but Elective for 4.3.2.2. and 4.3.2.1.

CLL 303 Introduction to Sociolinguistics

CLE 305 Practical Language issues in Africa

CLL 307 Introduction to Pragmatics

CLF 102 Introduction to Historical Comparative Linguistics

## Semester II

Core for 4.3.2.2; 4.3.2.1; 4.3.1.1.

CLL 302 Traditionalist Linguistics (Syntax)

CLE 303 Advanced Phonetics and Phonology of English

Core for 4.3.1.1. but Electives for 4.3.2.2. and 4.3.2.1.

CLL 304 Advanced Historical Comparative Linguistics

CLE 306 Research Methods in Linguistics

CLE 304 Stylistics

CLE 306 Error Analysis

**Fourth Year**

## Semester I

Core for 4.3.2.2; 4.3.2.1; 4.3.1.1.

CLL 401 Introduction to Generative Transformational Theory

CLE 401 Advanced English Structure

Core for 4.3.1.1. and 4.3.2.1. but Elective for 4.3.2.2.

CLL 403 Advanced Phonology

CLL 405 Introduction to Psycholinguistics

CLE 403 English for Specific Purposes

CLE 405 Discourse Analysis

## Semester II

Core for 4.3.2.2; 4.3.2.1; 4.3.1.1.

CLL 402 Advanced Linguistics Theory (Syntax)

CLE 402 Research Paper in English

Core for 4.3.1.1 and 4.3.2.1. but Elective for 4.3.2.2.

CLL 404 Lexicography

CLL 406 Advanced Semantics

CLE 404 Translation Theory and Practice

CLE 406 Analysis of English within a Modern/Current Theory