

on phonological disorder in children). This focuses on linguistic description and comparison pre-empted investigation into the processes which lay behind the child's comprehension and production of language. Language-focused therapy was then driven by developmental norms rather than by the child's processing.

Another major shift giving rise to this book has been the recent surge of interest in extending psycholinguistic thinking to language-impaired children. This has in part been driven by psycholinguistically-based therapies with adults which strike a chord with „child“ therapists. The original impetus, however, is the recognition that if psycholinguistic questions are not posed in relation to children, this is not for want of such questions. If children have specific difficulties with language, those difficulties must arise at some point in their processing of the connections between sound and meaning.

Psycholinguistic questions about the point of breakdown in input/output processing are as pertinent to developmental as acquired disorders. However, they have appeared to be impossibly complicated by what we might term the „developmental dimension“.

In the case of language-impaired adults, it is assumed that they had full representations of the words and structures of their language prior to their stroke, and that these representations have become damaged or inaccessible following the stroke. Language-impaired children, on the other hand, are in the process of acquiring the representations of their language. We can still pose questions about which aspects of those representations they have and which they do not have, but

we cannot automatically attribute any limitation we observe to their processing impairment, as we can with adults. Why not?

First, a limitation in a child's representation may be due to their stage of development rather than their impairment. Children who are developing normally do not acquire adult representations instantaneously. Their acquisition of word and sentence structure is gradual, following patterns which are themselves the focus of psycholinguistic research. If a language-impaired child lacks certain information about words or sentences, this could be normal for their stage of language development or even for their age. If we are investigating their processing impairment, the aim is to identify constraints over and above those which occur in the course of normal development.

The second complicating factor with language-impaired children is that difficulties in processing some aspect of linguistic representations may result in difficulties further down the processing line. The most obvious illustration of this possibility is provided by deaf children acquiring spoken language. Here, the obstacle is known to occur at the earliest stage of input processing, but will affect all subsequent stages of input/output processing to some degree. This will limit the child's access to all aspects of spoken language representations. A similar situation may arise for children who have difficulties at later stages of input/output processing. A child who has difficulties in processing phonology in input and in establishing the phonological representations of words is likely to have difficulties with connecting phonological representations to meanings. Hence, a problem with word semantics could arise from a prior problem with

word phonology. Difficulties with semantics may, in turn, give rise to difficulties in connecting meanings to phonological representations in output. Hence, a problem in phonological output could arise from a prior problem with semantics.

These examples illustrate how processing difficulties may disrupt the child's development and organisation of full adult representations. But if the child's representations are different or are organised differently from the adult's, would we not expect them to break down differently? For example, if the child has a difficulty in speech processing, this might be expected to disrupt the development of phonological representations. In contrast, the adult who has already established phonological representations may preserve these in the face of speech processing difficulties.

On the other hand, the adult's established phonological General introduction
5 representations - or semantic representations for that matter - might be open to impairments which could not occur in a child who had not established such representations in the first place. This may mean that some patterns of impairment observed in an adult's representations may fail to turn up in observations of children. For example, we may encounter adults who process concrete words more effectively than abstract words, or vice versa. But we are unlikely to discover such differences in young children since their exposure to abstract vocabulary would anyway be limited. A flip side of the developmental dimension, then, is the possibility that adults may show processing impairments for which children will not be eligible.

The impact of one level on another, whether in children or adults, is increasingly the focus of therapy with both. One level may have negative repercussions on another, but the converse may also be true. A strength at one level may be exploited to strengthen another level or provide indirect access to it. For example, strength in a child's semantics might be actively used to consolidate weak phonological representations associated with semantics. An adult's strength in orthographic representations might be exploited to access or bolster phonological representations. Thus, the sort of interactions highlighted in the developmental field play an important role not only in theories about language processing and its impairment, but in generating and pursuing hypotheses about intervention. Because the researcher discussed about the language usage by the sufferer of bipolar disorder, the researcher choose language disorder to help her analysis.

2.2 Language Disorder (Language impairment)

Language disorder can be developmental (present from early childhood) or they can be acquired as the result of surgery, a stroke, an accident or old age (Field, 2003:53). In certain cases, this had a marked effect upon their ability to communicate in speech or writing. American Speech and Hearing Association (1982) states that language disorder is an ability to communicate because having some problems in communication. Such as in the "Silver Linings Playbook" movie, the main character as the sufferer of bipolar disorder have some problems when he use language to communicate with other people.

3. **Participation** – participating in group or class discussions.
4. **Social skills** – determined by the ability to engage in reciprocal interaction with others (either verbally or non-verbally), to compromise with others, and be able to recognize and follow social norms.
5. **Literacy** – reading and writing.
6. **Fluency** – the smoothness or flow with which sounds, syllables, words and phrases are produced when talking.
7. **Planning and sequencing** – the sequential multi-step task/activity performance to achieve a well-defined result.
8. **Executive functioning** - higher order reasoning and thinking skills.
9. **Sensory processing** – accurate registration, interpretation and response to sensory stimulation in the environment and one's own body.

For both types of language disorder, the main problem may be with **form** (grammar or word order), **content** (that is words and their meanings) or **use** (the ability to understand and use language appropriately). And the causes of language disorders may include hearing loss, cognitive disability, emotional disturbance, a lack of exposure to language in the environment, or brain injury. Often, the cause of a language problem in a particular people is unknown.

Although the cause of language disorder is unknown. There are, however, some conditions that are commonly associated with language disorder.

