

Aphasia in Erbil

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1.1 Introduction

This research deals with ‘**Aphasia in Erbil**’. During my long experience in teaching English in many secondary schools for boys and girls in Erbil, I have come across some patients of **aphasia**. People of different ages suffer from different types of **aphasia**, and wish to get recovery from it.

Some light has been thrown on **aphasia**: its definition, types, differences with tongue slips, cases, causes, treatment and conclusions.

1.2 Definition of Aphasia (dysphasia) (speech disorders)

As mentioned by Bloomfield (1933: 34-37), **aphasia** is the disturbances in the manner of making speech responses and in responding to speech.

Hornby et al. (1963:39) define **aphasia** as “loss of ability to use speech or to understand speech as the result of disease or injury affecting the brain.”

Falk (1978: 346-347) defines **aphasia** as linguistic disorders caused by brain damage as a result of accidents, such as a fall, a bullet wound, or physical malfunctions.

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As stated by Crystal (1992:23, 2003:458), **aphasia** is a language disorder resulting from brain damage, which affects a person's ability to produce or understand grammatical and semantic structures. The study of **aphasia** is known as **aphasiology**.

Yule (1996:167) defines **aphasia** as “an impairment of language function due to localized cerebral (brain) damage which leads to difficulty in understanding and/or producing linguistic forms”. So, **aphasia** refers to some problems with language production and comprehension which are the result of more serious disorders in the brain function.

As mentioned by Trask (1999: 146), **aphasia** is disordered language resulting from brain damage. It literally means ‘absence of speech’ or ‘without speech’.

Fromkin et al. (2007: 537) define **aphasia** as “language loss or disorders following brain damage.” So, it is language dysfunction as a result of brain damage. It is a neurological term for any language disorder caused by brain damage resulting from disease or trauma.

It can be concluded that **aphasia** is a person's inability to produce language grammatically and semantically due to the brain damage, great fear, or some psychological factors. **Aphasia** is the general term for serious speech disorders.

1.3 Types of Aphasia

According to the views of different psycholinguists, **aphasia** may have different classifications:

1.3.1 Bloomfield (1933:34-37) recognizes four types of **aphasia**:

Type 1 reacts well to other people's speech. In milder cases, the patient uses words for the proper objects, but mispronounces or confuses his words. In extreme cases, the patient may say little more than Yes and No. In more serious cases, the sufferer, when asked his name, answers Honus for Thomas, and hend for second.

Type 2 reacts well to simple speech. The patient pronounces appropriate words and short phrases, but not in the conventional constructions. He may speak an unintelligible jargon, though each word is correct. Grammatical habits of speech, unlike lexical ones, are disturbed in these patients. For instance, if asked 'Have you played any game?', the patient may answer: 'Played games...yes...played one...evening time...field.'

Type 3 reacts with difficulty to the names of objects. The patient has the problem of finding the right words, particularly the names of things. His pronunciation and arrangement are good, but he uses ingenious circumlocutions for the words he may not find. The words lost are often the names of concrete objects. For example, the patient may say what you cut with for scissors, and people who are dead for black.

Type 4 does not respond correctly to the speech of others. The patient has no problem in uttering single words, but he cannot make connected speech. For instance, 'Nurses' clothes ...oh...white.'

In short, speech is a very complex activity. Many injuries to the nervous system interfere with speech. Different injuries may cause different types of **aphasia**. Brain injuries can result in inabilities not only in speaking, but also in reading and writing.

1.3.2 Segalowitz (1983:7) recognizes three types of **aphasia**:

1. Broca's aphasics produce short, effortful, dysprosodic utterances that are made up largely of substantive (open-class) words, chiefly nouns, verbs, and adjectives. The patients' utterances are grammatically simple and often lacking the closed-class of grammatical morphemes that are required for generating well-structured sentences.
2. Wernicke's aphasics speak fluently and prosodically, but frequently utter incorrect word-like segments that may be phonemically or semantically related to the target or entirely unrecognizable. Comprehension is impaired.
3. Anomic aphasia is characterized by difficulty in naming objects, and in finding correct substantive words in spontaneous speech. Comprehension is relatively good and speech is fluent though marked by word-finding pauses.

1.3.3 According to Yule (1996:167-169), **aphasia** can be classified into:

1. Broca's aphasia (Motor aphasia):

It is a language disorder which results in difficulties in speech production. It is characterized by:

- a. substantially reduced amount of speech
- b. distorted articulation

- c. slow, effortful speech
- d. often consisting of lexical morphemes (e.g. nouns and verbs)
- e. frequent deletion of functional morphemes (e.g. articles, prepositions, inflections)

That is why it is agrammatic, since the grammatical markers are missing.

For instance: **I rice and eat and drink tea dinner.**

- f. comprehension is much better than production

2. Wernicke's aphasia (Sensory aphasia):

It is a language disorder which results in difficulties in speech comprehension. It is characterized by:

- a. producing very fluent speech which is often difficult to make sense of
- b. finding correct words with difficulty (That is why it is called **anomia**)
- c. using circumlocutions (e.g. Q: What is ink for ? A: To do with a pen)
- d. using general terms even for specific requests of information (e.g. I can't talk all of the things I do)

3. Conduction aphasia:

It is a language disorder which results from damage to the accurate fasciculus. It is characterized by:

- a. having no articulation problems
- b. fluent speech, but with disrupted rhythm due to pauses and hesitations
- c. good comprehension of spoken words

d. repeating words spoken by another may create difficulties (e.g. vaysse and fosh as repetitions of base and wash)

1.3.4 According to Jackendoff (2002:206,392), **aphasia** can be classified into:

1. Broca's aphasics whose semantics is preserved, but whose syntax is impaired.
2. Wernicke's aphasics whose syntax is passable, but whose semantic integration is disrupted.
3. Conduction aphasics whose repetition and digit span skills are impaired, but who speak fairly normally. Their comprehension is not impaired except with complex sentences.

1.3.5 Bauer et al. (2006:242-250) classify **aphasia** as follows:

1. Broca's aphasics produce non-fluent speech, lacking grammatical(function)words, like articles (**a, an, the**), prepositions (**in, on, by**), and grammatical endings (**-s, -ed, -ing**). These patients may find the words for the things they want to talk about, but find it difficult to use the words in well-formed sentences. Their speech is agrammatic (i.e. lacking grammar). That is why Aitchison (1992: 131) calls it **Agrammatism** (i.e. without grammar). Regarding comprehension, the patients can understand every day conversations very well, but may find more complex utterances difficult to work out.
2. Wernicke's aphasics produce a stream of fluent speech, largely lacking content words. The patients use their fluency to paraphrase, as a means to get around problems

with word-finding, like **some food that's not good for you** for **cookies**. They also produce many nonsense words (neologisms). They also have problems with language comprehension. They are usually unaware of what they have themselves said.

3. Anomia: It literally means 'without naming ability'. It is the loss of the ability to name things. Anomic patients can recognize the objects they have to name, but they cannot say the right words for them. They either say nothing at all when asked to name an object, or they give a wrong word. If they give a wrong word, it is often related in meaning, such as **dog** for **cat** and **chair** for **table**. However, **anomia** may be temporary, resulting from a short -term problem with blood flow through part of the brain, and with full recovery possible.

1.3.6 According to Fromkin et al. (2007: 39-43), **aphasia** may be classified into:

1. Broca's aphasia (Agrammatic aphasia) (Agrammatism):

This kind is caused by lesions in the front part of the brain called **Broca's area**.

Broca's aphasia is characterized by labored speech and word-finding difficulties. But it is primarily a disorder that affects a person's ability to form sentences with syntax rules. Language is agrammatic, lacking function words (e.g. articles, pronouns, prepositions, auxiliary verbs, inflections **-ed** and **-s**). The speech is without grammar. Patients also have difficulty in understanding complex sentences.

For example:

Doctor: **Have you ever left the hospital?**

Patient: **Yes...Monday...uh...no...Friday...wife...car...drive...rest...and radio.**

2. Wernicke's aphasia (Jargon aphasia):

This kind is caused by lesions in the back part of the brain called **Wernicke's area**.

Wernicke's aphasia is characterized by fluent speech with good intonation, as well as adhering to the syntax rules. But the language is semantically incoherent. It is also characterized by difficulty in naming objects and in choosing words in natural speech. Many lexical errors (word substitutions) are made, producing jargon and nonsense words.

For example: A patient described a fork as 'a need for a schedule'.

1.4 Causes of aphasia

The causes of **aphasia** may be summarized as follows:

1. Terror and shock:

Some patients have **aphasia** as a result of great fear and shocks, as in Cases 3, 5 and 6.

2. Psychological factors:

Many patients get **aphasia** due to some psychological factors, as imitating those who have already got **aphasia**. For instance, Cases 1 and 2.

3. Heredity:

Heredity may play a role in getting **aphasia** although there is no scientific proof to support this point of view. For example, Cases 7 and 8.

4. Defect in vocal folds (cords):

Some people have speech disorders by nature. They are born with language disorders. There may be some defects in the structure of their vocal folds or in their throats.

5. Damage and harm to the brain:

This is the most important reason for getting **aphasia**. Damage and harm to the brain, particularly to Broca's area and Wernicke's area, may result in all types of **aphasia**. Car accidents, colliding with telephone and electric posts, falling down on the head, beatings on the head, being wounded by bullets or shells, and strong strokes of a hand or a stone may lead to damage and harm to the brain. The blood vessels in the brain become blocked or burst, causing damage to nearby cells. Thus impairment in a person's ability to use language occurs. For instance, Cases 4, 6, 8, 9, and 10.

6. Putting heavy things on the heads, as in Case 7.

Heavy things may be harmful to the internal structure of the head.

1.5 Linguistic Characterization of Aphasia Syndromes

Fromkin et al. (2007: 39-43) summarize the linguistic characterization of **aphasia** syndromes as follows:

1. Many aphasics do not show entire language loss. Various language aspects are selectively impaired. The type of impairment is related to the location of the brain damage.
2. The research on **aphasia** patients has provided enough information about language organization in the brain.

3. Damage to different brain parts causes different linguistic impairments (e.g. syntactic versus semantic).
4. The word substitutions produced by **aphasia** patients show how words are organized in the mental lexicon. The substituted words may be similar to the intended words in sound (e.g. **pool** for **tool**), or may be similar in meaning (e.g. **table** for **chair**). Such speech errors often occur with Wernicke's **aphasia**.
5. Many word substitutions are made by aphasics who become dyslexic after brain damage. They are called **acquired dyslexics** since they were normal readers before their brain lesions. But **developmental dyslexics** have difficulty in learning to read. **Acquired dyslexia** often accompanies **agrammatism**. In **acquired dyslexia**, patients can write, but they cannot read back what they have written.
6. The language difficulties suffered by aphasics have to do with the language faculty.
7. Deaf patients with lesions in Broca's area show language deficits like those found in hearing patients, namely **dysfluent** and agrammatic sign production; yet, those with lesions in Wernicke's area have fluent but semantically incoherent sign language which is filled with made – up signs.
8. Historically, the loss of speech often occurs simultaneously with paralysis of the left side of the body.
9. The study of **aphasia** shows the relationship between brain and language. It has led to important scientific advances in localizing language in the brain.

10. The study of **aphasia** reveals that language is lateralized to the left hemisphere.

1.6 Differences between Aphasia and Tongue Slips

Aphasia is a language disorder caused by the brain damage, tumor, or some psychological factors that lead to a person's inability to speak, read, or write language.

Tongue slips, as stated by Yule(1996:166-167), are speech errors which often result in tangled expressions, such as make a long shory stort (for make a long story short), or word reversals, such as the door to open the key (for the key to open the door).

Tongue slips, as cited by Hornby (2001:1213), are small language mistakes made for being careless or not paying attention. They are errors of articulation.

Other examples of tongue slips are: a sound being carried over from one word to the next, as in black boxes for black boxes, or a sound used in one word in anticipation of its occurrence in the next word, as in noman numeral for Roman numeral.

Johnson, H. and Johnson, K. (1999:260) provide more examples of tongue slips: bake my bike for take my bike, and fats and kodor for Katz and Fodor.

As stated by Aitchison (1992:129-131), **tongue slips** have two main types:

1. Selection errors:

They are cases in which the speaker selects the wrong word. The word choice is incorrect.

Selection errors involve lexical items which are rather similar in meaning (e.g. oranges for lemons), or rather similar in sound (rhythm) (e.g. confusion for conclusion), or rather similar both in meaning and sound (e.g. component for compartment).

2. Assemblage errors:

They are cases in which the speaker selects the right word, but the utterance is wrongly assembled. For instance: Dinner is served at Pepsi for Pepsi is served at dinner.

However, Aitchison (1992:131) cites the following differences between **speech disorders (aphasia)** and **tongue slips**:

1. Tongue slips, unlike speech disorders, are part of normal speech.
2. Tongue slips are made by everybody. Speech disorders are made by aphasia patients whose brains are damaged.
3. Tongue slips, unlike speech disorders, can be corrected in time.
4. Tongue slips may be caused by carelessness or slips of the brain.

Speech disorders are caused by damage to the brain.

1.7 Cases of Aphasia

Personal interviews are carried out by the researcher with some patients of **aphasia**. The following cases are recorded:

1.7.1 Case 1:

Name of patient : Kh. A. D.

Place and date of birth: Koisinjaq -1933

Occupation : Retired official--also poet

The patient has had **aphasia** since childhood. His speech involves many interruptions. His language is not continuous. He repeats some words twice or thrice. For example, once he said ‘**agar-agar-agar** (if = نةطتر)’ three times.

The cause of his **aphasia** was his discomfort and bad treatment at home. His seven mothers-in-law treated him badly.

His case is psychological. In 1990, he travelled to Sweden, where he was cured by psychological specialists, who gave him pieces of advice and directions for producing continuous speech. But when he returned to Iraq, his **aphasia** came back.

1.7.2 Case 2:

Name of patient : D. A. H.

Place and date of birth : Koisinjaq – 1955

Occupation : Refugee in Holland

The patient suffers from fluent **aphasia** since early childhood.

He cannot speak fluently although his sentences are complete, containing Subject, Verb, Object, and Complement.

The cause of his **aphasias** was imitating. At first, his language was quite natural. As his father told me, he got **aphasia** because of imitating an **aphasia** patient.

His case is also psychological.

He would say: نه من نه من جوم جوم که راجي

instead of: نه من جوم له که راجي

which means: I went to the grave

1.7.3 Case 3:

Name of patient : T. T. M.

Place and date of birth: Erbil -1957

Occupation : Preparatory English Teacher

The patient suffers from fluent **aphasia**. His language is all right grammatically and semantically, but he cannot speak continuously and fluently. Sometimes he repeats some sounds and words many times. But in singing, he sings naturally without any interruption.

The cause of his speech disorder, as he himself told me, was great fear and shock. Once, he was walking in a street when an older boy cried very loudly '**Hoy Hoy هوي هوي**'. From that time, he was very frightened and got language disorders.

His case is again psychological.

1.7.4 Case 4:

Name of patient : H. J.

Place and date of birth : Shaqlawa – 1961

Occupation : Taxi – driver

The patient suffers from **agrammatism**. He speaks with difficulty. His language is often ungrammatical. He pronounces verbs with difficulty.

The cause of his dysphasia was a car accident in which the harm was to his Broca's area.

His case is the brain damage.

He would say: نان ممنخنخوا ردوبا و ده رجوم له مالي باشي

Instead of:

نان مڅوارو وباش يده رجوم له مالي

Which means:

I had my breakfast and then left home.

1.7.5 Case 5:

Name of patient : B. S. A.

Place and date of birth: Kandinawa – 1963

Occupation : Musician and Calligrapher

The patient has fluent **aphasia** and **alexia (dyslexia)**, as stated by Catts and Kamhi (1999: 64), is a language disorder in which phonological difficulties disrupt word decoding and other aspects of written language). When he is at ease and in comfort, he speaks and sings naturally. When he is in anger and anxiety, he cannot speak fluently.

The cause of his language disorder was terror and shock. Since early childhood, his father always frightened him and punished him even for small mistakes.

His case is psychological. He would say in Kurdish:

دی دی به سسه بتلا دادا سسترانا ببیزم

Instead of:

دی به سه بتلا داسترانا بیزم

Which means: That is enough, let me sing a song.

1.7.6 Case 6:

Name of patient : A. M. M.

Place and date of birth: Soran -1967

Occupation : Shop – keeper

The patient suffers from **agrammatism** .His sentence constituents are not well – connected. His utterances are ill – formed and not clear. His speech disorder increases in anger and discomfort, but decreases at ease and in comfort. In singing, his language is natural. But when he takes pickles, his **aphasia** becomes more complicated.

The cause of his **aphasia** was a shock when he was seven years old. His forehead collided with a telephone – post.

His case is the brain damage in the forehead.

He would say:

ليسيجي ئيستا نه من زخريم

Instead of:

ئيسا نه من زخريم ليسيجي

Which means:

I have just comeback from the market.

1.7.7 Case 7:

Name of patient : B. Y. A.

Place and date of birth: Rawandooz – 1980

Occupation : Worker

The patient has severe language disorder. When he was thirteen, his case was simple. Now he is twenty – seven and his case is more complicated. Probably he will feel the defect more when he gets older. In difficult situations, he feels

ashamed owing to this imperfection. He strongly wishes to recover from his speech disorder which is full of broken elements of utterances. When he discusses others, his **aphasia** increases. When he is alone and quiet, he is much better. He is natural when he speaks with women. He speaks with difficulty when he is with men. He avoids discussions in meetings to avoid confusion and embarrassment. He cannot pronounce some sounds, like **p** and **d**, easily. He cannot speak on mobiles at ease and fluently. He cannot speak normally when he puts heavy things on his head. He tends to speak Sulaimani Dialect which is easier than other dialects. For example, instead of saying ‘**bbi** **بيبي**’, he likes to say ‘**abe** **أبي**’. He has no problems in singing. His parents and sisters are normal in speaking. He has five brothers: two of them have the same **aphasia**, but three of them are sound.

The cause of such **dysphasia** may be heredity. The characteristics of the patient’s grandfather or grandmother might have passed on to the offspring.

His case can be heredity.

1.7.8 Case 8:

Name of patient : H. O. A.

Place and date of birth: Erbil – 1983

Occupation : Preparatory Student

The patient suffers from severe fluent **aphasia**, **anomia**, **alexia (dyslexia)**. She is incapable of speaking fluently, naming things, and reading. Her speech involves quite a lot of interruptions. She is better when she is careless and unaware. Her upper and lower jaws move very quickly when she tries to

speak. In anger and discomfort, she even strikes her legs with her hands in speaking. She is better in happiness than in sadness. She makes more mistakes when she is careful and aware. She pronounces some sounds (e.g. s and m م – س) with difficulty. She cannot pronounce (t ت in ماموستا), therefore she uses (استاذ) instead. She cannot say (السلام عليكم) and therefore she often waves her hands.

The causes of her case may be: first, heredity, for her father and two of her brothers have also **aphasia**; and second, damage to Wernicke’s area, for she fell down on her head from the house roof when she was nine years old.

Her case can be: heredity as well as brain damage.

1.7.9 Case 9:

Name of patient : Y. A. A.

Place and date of birth: Erbil – 2000

Occupation : Primary Pupil

The patient suffers from simple speech disorder. Her speech production involves few interruptions. When she weeps or when someone beats her, her **aphasia** increases.

The cause of her case, as her mother told me, was the beatings she got on her head during her childhood.

The case may be the brain damage caused by the mother’s beatings on her head.

She would say: ئه ئه من ده ده ده روم له للمه كته به ي

Instead of:

(ئه من ده روم له مه كته بي)

which means:

I want to go to school.

1.7.10 Case 10:

Name of patient : Z. M. A.

Place and date of birth: Parpitan Village in Erbil – 1966

Occupation : Retired Soldier

The patient has violent **aphasia**. He was natural in speaking in his childhood. He joined the Iraqi armed forces in the war between Iraq and Iran. He was wounded in Wernicke's area in 1986. He lost his ability to speak, read, and write. So, he began to suffer from **aphasia** (speech production), **alexia**, **agraphia**, and **agrammatism**. In 1988, he had a surgical operation. After that, he began to speak with great difficulty. He got severe **aphasia** from which he still suffers.

The patient, now, speaks with many interruptions. He repeats the same sounds and words many times. For example, he says (لُو لُو لُو لُو نازاني) and (ماما ماما ماما ماما ماما ماما). The units of his utterances are not connected. His utterances are produced ungrammatically, and are not well – understood semantically.

The cause of his language disorder is the damage and harm to the patient's brain (Wernicke's area) caused by the bullets in the war.

The case can be the most severe one. It is the brain damage.

1.8 Treatment of Aphasia

Up to now no medical treatment or drugs exist for treating **aphasia**. Only these pieces of advice and directions should be followed:

1. Terror and shocks should be avoided.
2. Psychological factors that cause **aphasia** have to be avoided.
3. Imitating **aphasia** patients must not be tried.
4. Defects in the vocal folds or in the throat should be treated by specialists in diseases of the throat. Sometimes surgical operations and drugs may be helpful. The specialists' directions must be applied.
5. Avoiding damage and harm to the brain. Car accidents, colliding with telephone and electric posts, falling down on heads, beating children on their heads, bullets, and shells should be avoided.
6. Practising continuous and natural speech to overcome **aphasia**.
7. Speakers have to be careless and unaware when they produce language. In speech production, language disorders should not be thought of.
8. **Aphasia** patients must not worry about their inability to speak naturally. They must try to forget all kinds of **aphasia**.
9. Putting heavy things on the heads should be avoided.
10. **Aphasia** patients should be encouraged to produce language without fear and shame.
11. Today brain imaging and recording technologies, such as computed tomography (CT) scans, can reveal the damage in the living brain. This may help in finding medical solutions or drugs for the remedy of **aphasia** in the future.

1.9 Conclusions

The following conclusions may be drawn from the research:

1. Many patients of **aphasia** have got their speech disorders since early childhood.
2. Almost all patients of **aphasia** sing naturally and without interruptions. Singing is a sign of happiness and relief. The singer's nerves are at ease. Therefore, the patient forgets his speech disorders and sings ordinarily. Probably it is a miracle of God.
3. Fear, anger, discomfort, anxiety, sorrow, tiredness of nerves, excitement, fatigue, and worry are helpers for increasing degrees of **aphasia**. On the contrary, happiness, comfort, rest of mind, and carelessness are supporters for decreasing degrees of **aphasia**.
4. All patients of **aphasia** wish to get rid of it. They feel ashamed of producing disordered language.
5. Luckily, some people still speak continuously and fluently despite the fact that they have had damage and harm to their brains. Probably the wounds in their heads are not deep. Perhaps it is also a miracle of God. An example is a friend's case when he was wounded in his head in 1995, and still speaks quite naturally and fluently.
6. Regarding students who suffer from **aphasia**, the degrees of their language disorders raise as they face their teachers or in times of examinations. This may be due to the fear of getting marks.
7. Some patients of **aphasia** can be treated psychologically. Psychological specialists can provide **aphasia** patients

with useful directions that help them in getting rid of such speech disorders, as in Case 1.

8. **Aphasia** is frequently found in men more than in women. This conclusion is supported by the fact that from the ten cases mentioned in (1.5), only two cases (**Cases 8 and 9**) concern women.
9. **Aphasia** is often found in wounded soldiers due to the head wounds during wars.
10. Difficulties in speaking are sometimes accompanied by difficulties in writing. Impairment of auditory comprehension may also be accompanied by difficulties in reading.
11. By depending on the personal interviews the researcher implemented with throat specialists⁽¹⁾, no medicine has been found yet as an effective and successful remedy for treating language disorders.
12. Finally, language is lateralized to the left hemisphere. If the right brain is damaged or removed, language is unimpaired, but cognitive disorders may result.

(1) The throat specialists were: Dr. Gilbert Toma (from Baghdad), Dr. Farooq Malham (from Mosul), and Dr. Arsalan Sham (from Erbil).

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Personal interviews carried out by the researcher with some patients of **aphasia** mentioned in (1.5).

الحُبْسَة في أربيل

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الملخـص

يُعنى هذا البحث بدراسة الحُبْسَة في أربيل، حيث تمّ تسليط الأضواء على كل جوانب الموضوع بصورة مفصلة سواءً كانت نفسية أم لغوية. خلال خبرة الباحث الطويلة في مجال تدريس اللغة الإنكليزية في مختلف المدارس الثانوية للبنين والبنات في أربيل، لاحظ وجود الناس من مختلف الأعمار وهم يعانون من (الحُبْسَة) ويتمنون الشفاء منها. يتناول البحث جميع جوانب (الحُبْسَة): تعريفها من قبل اللغويين، أنواعها، اختلافاتها مع (زلات اللسان)، حالاتها، أسبابها، وعلاجها. ويضم البحث النتائج التي تمّ التوصل إليها.

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