

# Dialect and Standard Language in ASD: The case of Cypriot Greek and Standard Modern Greek

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**Research Aim:** to investigate language features in ASD Cypriot Greek speakers and examine how they may influence what sounds as Standard Modern Greek (SMG) and not Cypriot Greek (CG).

## Objectives

- to identify the patterns of SMG in children verbal communication
- To identify the patterns of CG in children verbal communication
- To identify significant differences in the use of the two that may imply prevalence of one over the other
- To investigate parents and educators views and observations on the use of SMG and CG by the children

## Background

- Much discussion regarding language development in ASD and the heterogeneous nature thereof.
- Great number of studies examine the social communicative abilities of children with ASD and is currently argued that communication impairments cannot be interpreted solely on the basis of social and conceptual difficulties, but also on other language characteristics (Dodd, Ocampo & Kennedy, 2011).
- No research study that focuses on language development of children with ASD in populations who speak dialects of any language (Shilberg et al, 2001).

## Methodology

- Participants: children with ASD aged 6-10.
- Data collection involved recording of:
  - Phase 1: children's verbal language (expression) in spontaneous conversation among parents and children—30 minutes recording on daily routine for 5 consecutive days
  - Phase 2: 20 minutes semi-structured conversations of children alone with the researchers, stimulated by the use of a picture.
  - Questionnaires to parents and educators
- Data analysis: software PRAAT (Boersma & Weenink, 2011)
  - phonological segmental language features,
  - morpho-syntactic characteristics,
  - semantics, and
  - lexicon, all looking into Cyprus dialectal language features.

## Results/Conclusions

### Questionnaires and prior to recordings results:

- Educators and parents observed that children with AS (or unclear relevant diagnosis) mainly do not use CG, raising the question whether this can be a differentiating attribute between AS and HFA in Greek/Cypriot children.

### Children Language analysis results:

- It appears that contrary to initial expectations, at a first glance children diagnosed possibly with AS exhibited more usage of (mainly mesolectal) CG than children non-AS; (fig. 1)
- Children diagnosed possibly with AS exhibited less usage of SMG than children non-AS.
- This was true for Phase 1, but not for Phase 2, at which AS used more SMG and less CG compared to non-AS. (fig. 1)
- Generally, from Phase 1 to Phase 2, almost all children exhibited an increase in using mesolectal CG and a decrease in using SMG; this was true for both non-AS and for AS, even though for the latter the differences between the two phases were less pronounced (fig. 2-5)

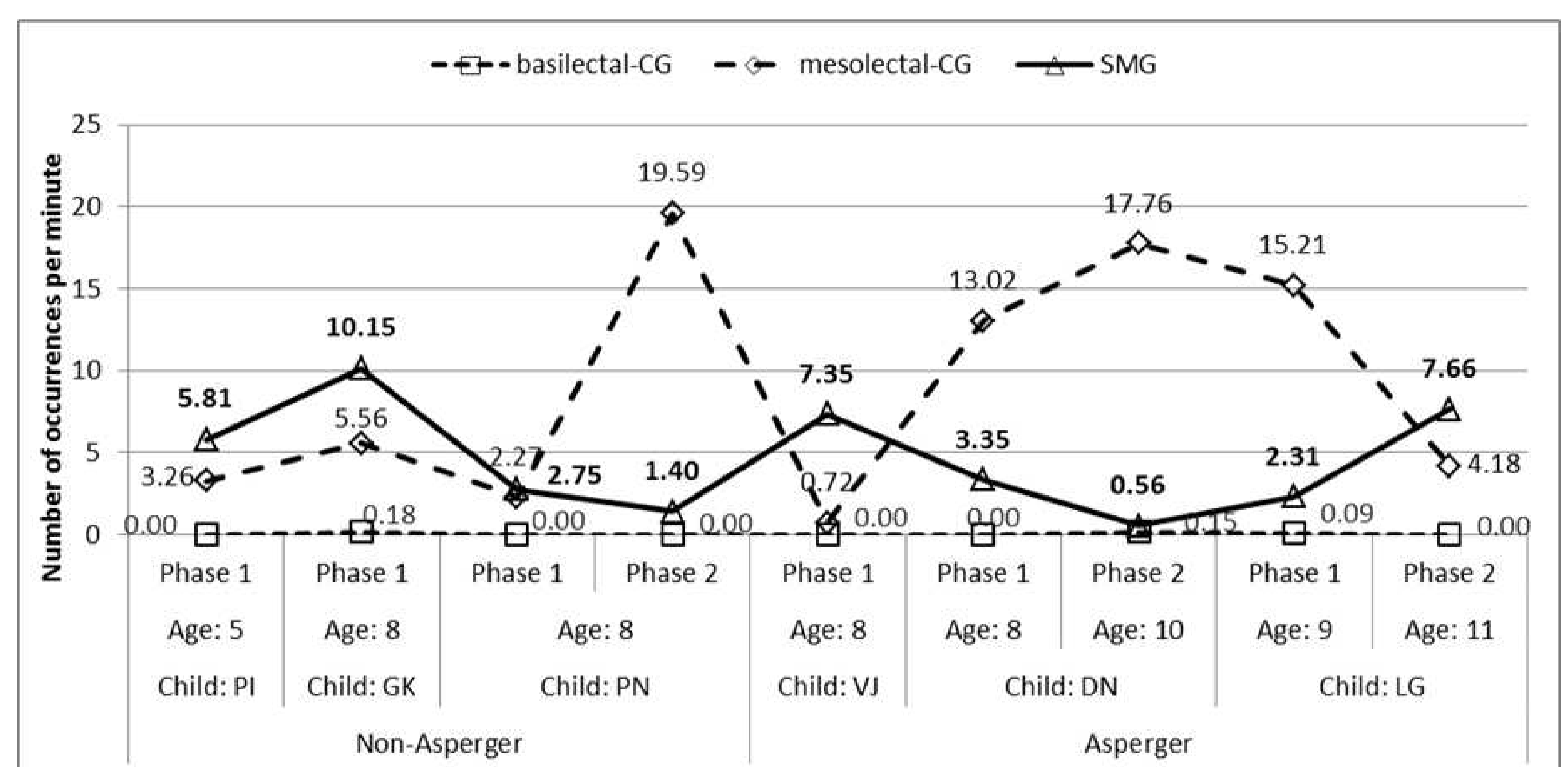


Figure 2: Results for dialect usage as a function of Asperger diagnosis, Child, Age, and experimental Phase.

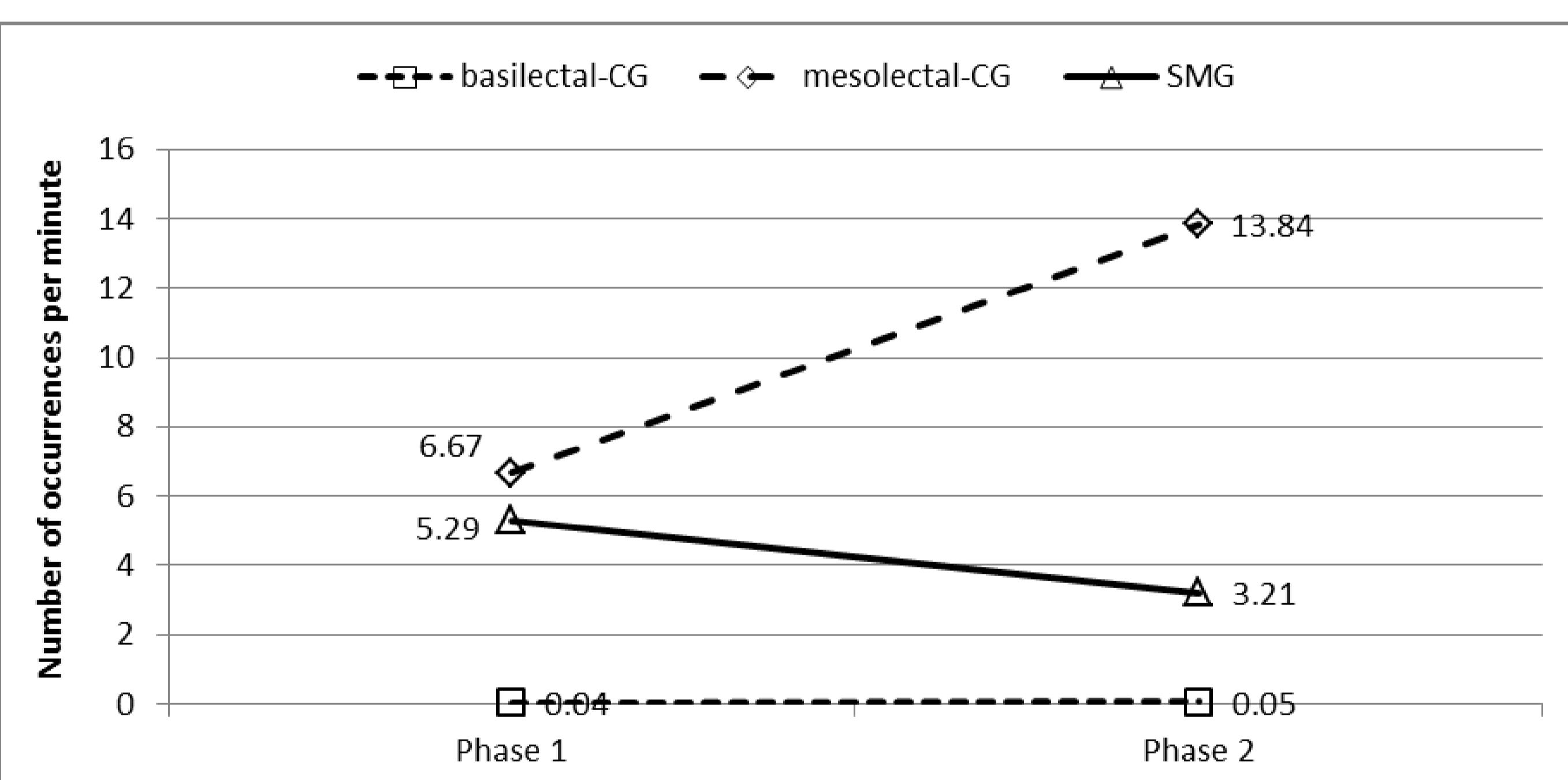


Figure 2: General results for dialect used as a function of experimental Phase.

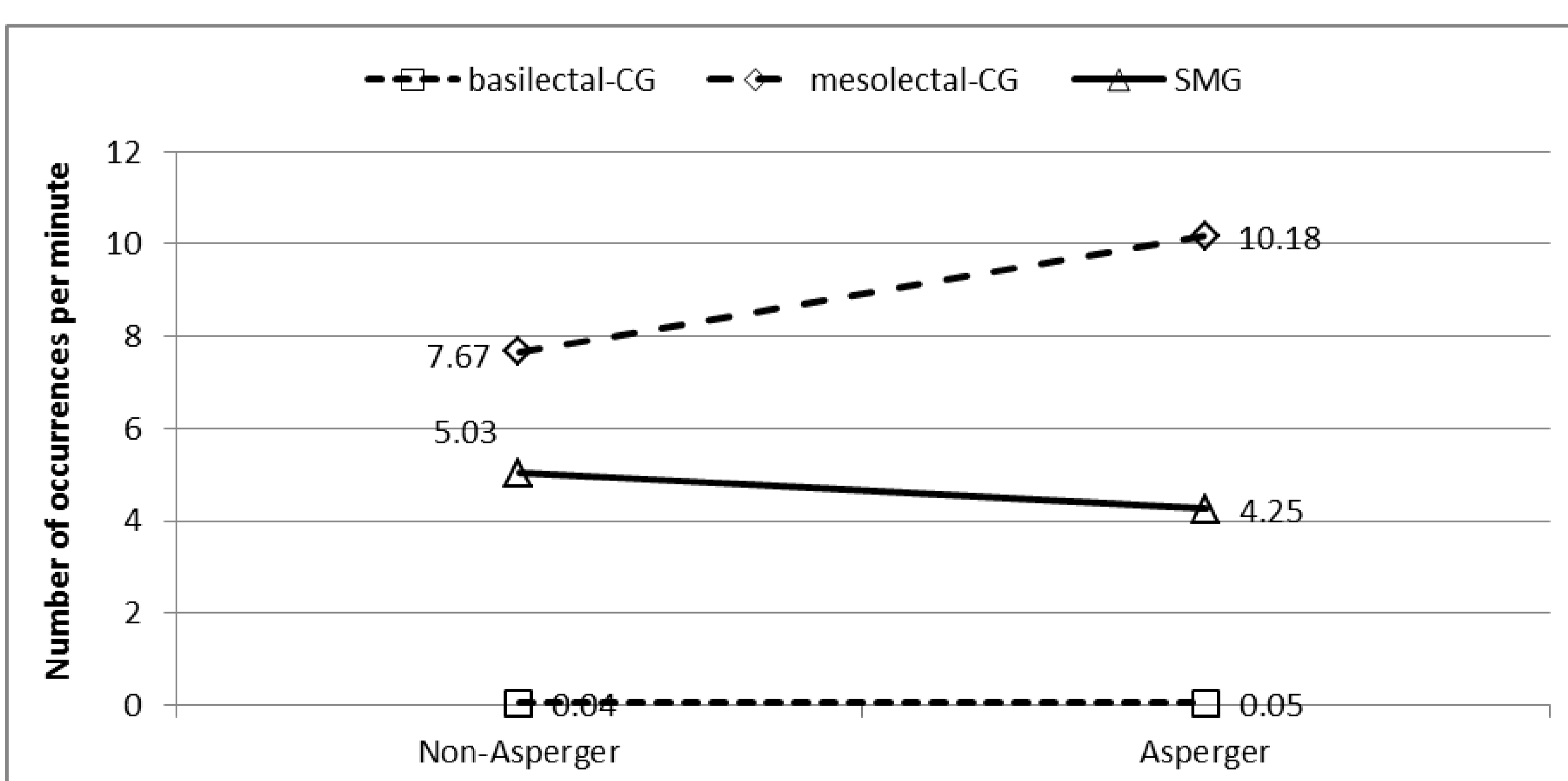


Figure 3: General results for dialect used as a function of possible Asperger diagnosis

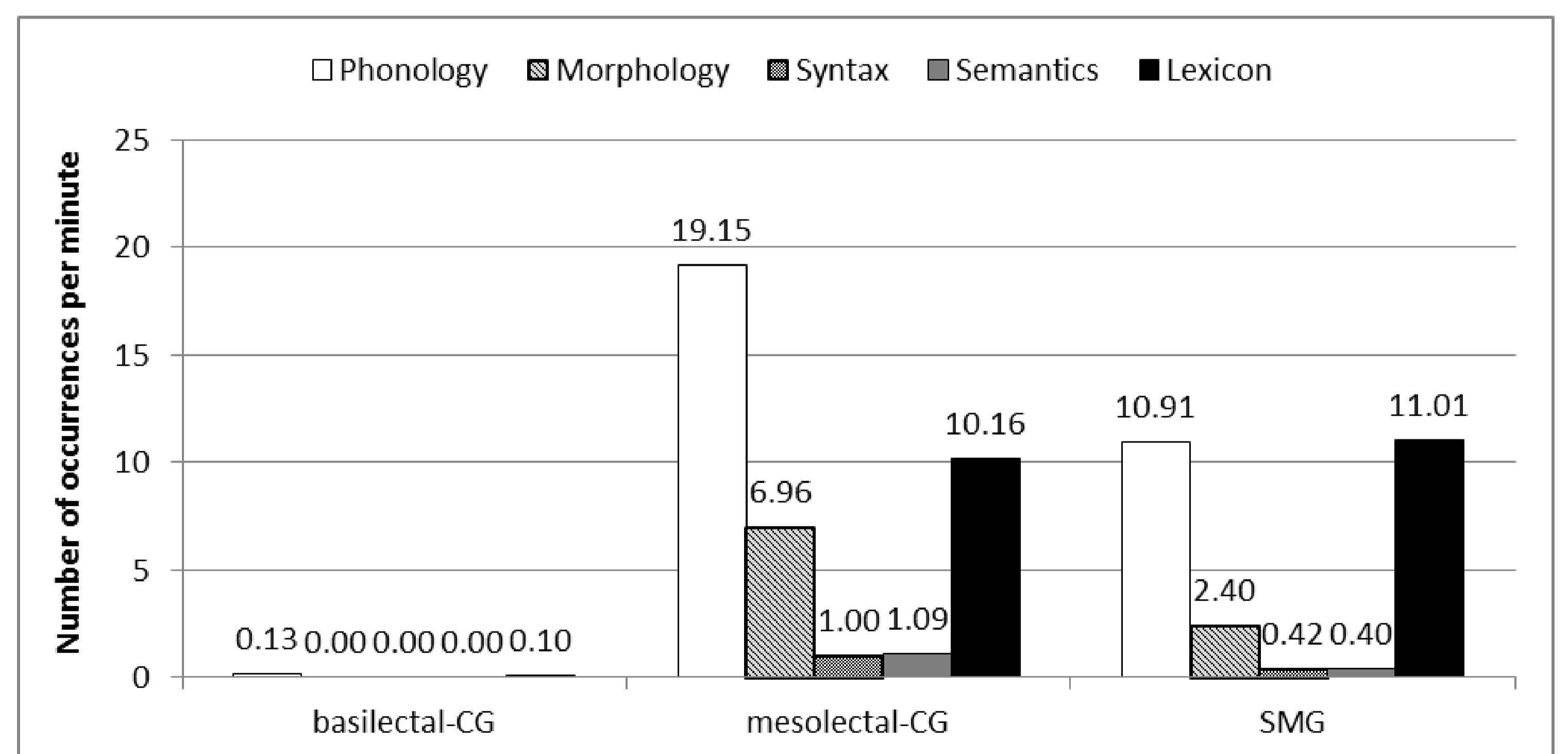


Figure 4: General results for non-Asperger cases (per dialect used and per level of linguistic analysis)

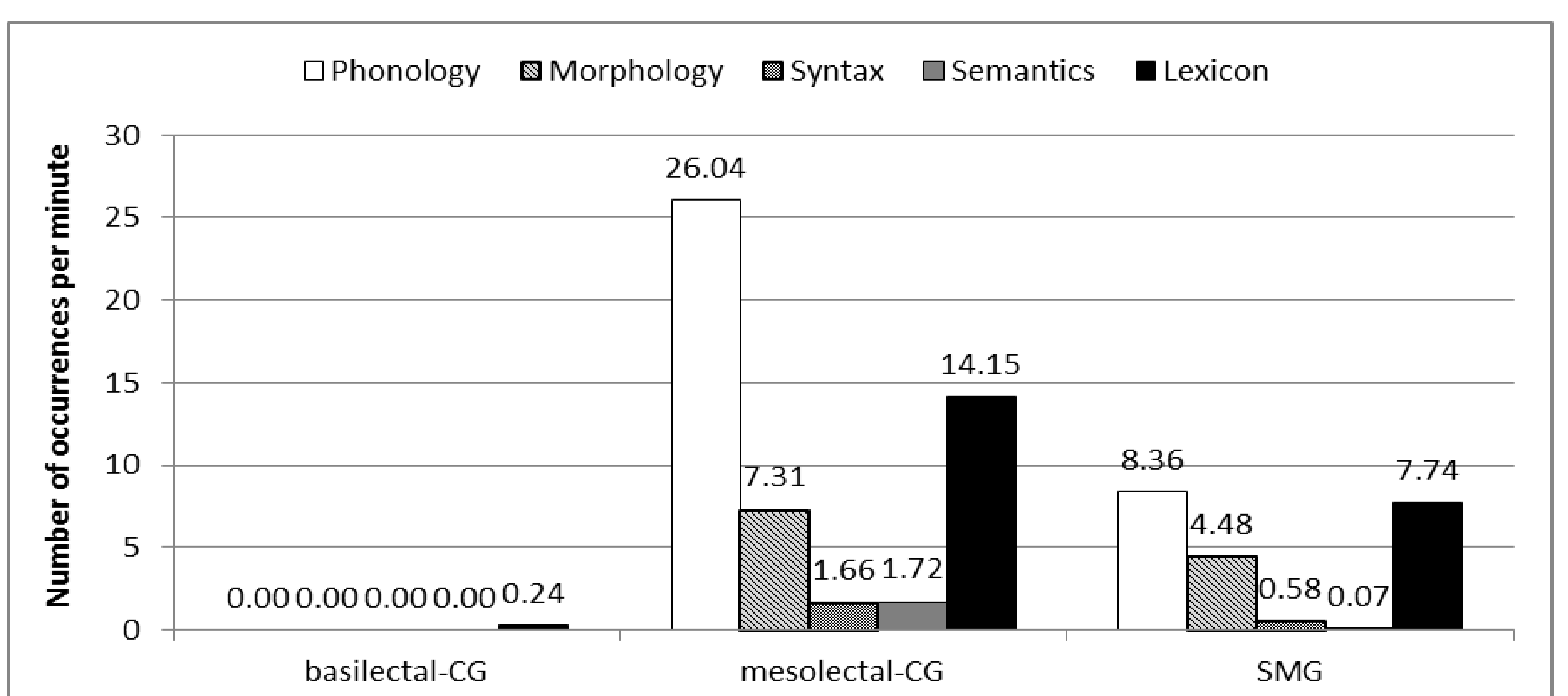


Figure 5: General results for Asperger cases (per dialect used and per level of linguistic analysis)

## Discussion

- Similarly to the study of Shilberg et al (2001), evidence show that there are few statistically significant differences between the HFA and AS, which seems contradictory to teachers' observations.
- Lack of consistent diagnosis in Cyprus is one of the main limitations and obstacles of this study. Thus, part of its significance lays on the fact that it aims to examine whether such data will provide information for additional differential diagnosis characteristics.
- Initial findings showed that other factors need to be examined. Thus further development of this study is currently designed: e.g, to examine the age factor, Phase 2 was repeated two years later, and it seems that age confounds with the later Phase 2 factor. It appears that as children grow up, they tend to use more CG and less SMG especially after the age of 8.

## References

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