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Language Activity of a 3-Year-Old Child in Interaction with Adults. A Case Study

Aktywność językowa trzyletniego dziecka w interakcji z dorosłymi. Opis przypadku

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Słowa kluczowe: język, komunikacja, interakcja, trzyletnie dziecko, studium przypadku

Introduction

In contemporary theories of language acquisition the attention is drawn to the internal mechanism of language acquisition (*Language Acquisition Device* – LAD) identified with language competence distinguished by Noam Chomsky [1957] but also mechanisms conditioning language acquisition through socialization (*Language Acquisition Socialization System* – LASS) as well as a system of supporting the child acquiring a language by adults (*Language Acquisition Support System* – LASS), which refers to the communicative competence as understood by Dell Hymes [1980]. It is primarily in the family and subsequently in the peer and institutional environment that the child's language acquisition takes place accompanied by speech development in its perceptive and expressive aspects (understanding and speaking) as well as the interactive one. This process tends to be occasional in character and lacking in organization in the first years of the child's life, and it often takes places without teleological consciousness of persons from the child's immediate environment [Niesporek-Szamburska, 2010].

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As early as from the age of six months ‘characteristic speech maps are formed in the child’s mind and they include representations of phonetic information typical of the language of the surroundings’ [Bokus, Shugar, 2007, p. 21]. After the phase of babbling this information conditions the acquisition of words out of which the child may construct more extended utterances used in a dialogue at subsequent stages of development (Greek *dia* – ‘through’, *logos* – ‘word’). Learning patterns of *thinking for speaking* [Slobin, 2007] typical of the first language (L1) which takes place in the family environment is based on linguistic and communicative interactions characteristic of this community. These interactions assume the form of certain rituals and customs¹ which give a sense of belonging (the group-forming function of the language). The child learns the first language activities adequate for the given situation in the environment through imitation, i.e. recognition and correct interpretation of intentions, attempts to reproduce purposeful communicative activities of people who surround the child, and later through modelling, focused stimulation as well as transforming or developing the child’s utterances by adults. The communicative competence in interaction is, therefore, gradually complemented by other skills, i.e. system, social and situational linguistic proficiency, which leads to better communication [Grabias, 2019]. Children after their fourth birthday may be expected to display a way of communicating similar to that of adults².

The 3-year-old child, whose phonological subsystem is still developing (children normally develop the full inventory of speech sounds before they turn six), has rich active and passive vocabulary, constructs full sentences, directly manifesting its own thoughts and feelings, is capable of a full-fledged conversation with an adult on topics understandable for the child and suitable for the child’s level of intellectual and emotional maturity [see Porayski-Pomsta, 2015]. One more question may be raised with regard to communicating concerning the way a 3-year-old child co-participates in communicative events and the types of language interactions it demonstrates – this is one of the questions that the authors try to answer in this article.

Communicative language competence

Linguistic performance which constitutes communicative language competence is characterized by changes dictated by the development of man in the biopsychosocial dimension. These changes are particularly dynamic in the first years of life when ‘linguistic and communicative competence [is] acquired in natural interactions

1 In this meaning, a group of language activities repeated in the family environment refers to situations of informal interactions (where principles of behaviour are introduced naturally) rather than ritual ones (where principles of behaviour are set and corrected institutionally) as distinguished by S. Grabias [2019].

2 According to M. Halliday [1980], the ability of adequate and active participation in a dialogue appears approximately at the age of 18 months.

in the family environment' and also peer environment [Niesporek-Szamburska, 2010, p. 103]. Not only does each language use in a speech act provide a picture of the speaking subject but it also manifests its current linguistic knowledge which represents the mental state common to the given social group and conditions intersubjective communication between its members.

Hence communication requires not only common vocabulary organized in a grammatical structure but is also accounts for the principles of suitability, which means that each utterance must be adjusted to the situation in which it appears and which it concerns. The communicative competence relies on the knowledge on differentiating messages and adjusting them to the situation and the recipient [Grabias, 2019]. One acquires and supplements knowledge on the principles of communication functioning in different language groups. In the case of the communicative competence researchers agree on the origins of this knowledge: it is acquired in its entirety in the process of socialization conditioned by the upbringing and experiences of the individual in the given social group [Grabias, 2014].

Communicative competence is marked by the ability to use communicative competences in practice [Grabias, 2014]. This means that the selection of the utterance structure and linguistic means depends on the linguistic experiences of the individual and, consequently, the knowledge on the principles of communication adopted in the given language community. In each particular situation the character of the message will depend on who (sender) speaks, who (recipient or recipients) is spoken to, what the situation is (communicative situation), for what reason the person speaks (accomplishing the sender's intention) and in what way (code, style). Each of the abovementioned components of organizing the message defines a particular skill being part of communicative competence [after: Grabias, 2014]:

- 'who speaks' marks the system capacity representing the biological and intellectual abilities of the speaker;
- 'who is spoken to' defines the social capacity representing the biological and intellectual abilities of the recipient and the recipient's social status;
- 'in what situation the person speaks' refers to the situational capacity, i.e. adjusting the message to the situation which this message refers to;
- 'for what reason the person speaks' marks the pragmatic capacity, i.e. setting the goal which the sender wishes to achieve.

Communicative competence depends on a number of factors, including the frequency, contents and quality of conversations with the surroundings. According to Stanisław Grabias [2014], communicative competence is the product of four different skills, such as:

- system communicative competence which indicates the level of mastering the language system;
- social communicative competence, i.e. the ability to adjust the utterance to the recipient;

- situational communicative competence which conditions the use of utterances appropriate for the communicative situation³;
- pragmatic communicative competence pointing to the degree of accomplishment of the intention and possibility of achieving the intended aim of the utterance.

Types of language interactions

Stimulation of a child in its home environment does not only trigger the process of speech development, but it also largely regulates the pace of ongoing changes and fosters consolidation of acquired linguistic and communicative linguistic proficiency. Initiating, modelling and consolidating transmission and reception activities all take place in interaction which was defined by Stanisław Grabias as ‘a system of two adjacent processes: the process of giving meanings to human behaviours and the process of adjusting one’s own behaviours to those of the members of the given social group’ [Grabias, 2007, p. 358]. One of the pillars of human interaction is the language which apart from its cognitive function may also perform both communicative as well as group- and society-forming functions [Grabias, 2014]. Thus the mutual influence of participants of a communicative event may not be reduced merely to the cause and effect relationship or simple feedback. The interpersonal relationship built in the interaction ‘is something more than just transmission of information [...], verbal communication or enforcement of memorized content’ [Kaźmierczak, 2018, p. 146].

In interpersonal communication the reflexive process with at least one-time use of a verbal factor by one participant of a communicative event does not only prove the purpose of the activities but it also marks the boundaries of communication behavior: from the sender’s intention to the reaction (which will denote the confirmation of the accomplishment of the aim, suggest its modification or point to the necessity to abandon it) as well as to changing or not the attitude of the recipient and the sender. One special component of the communication act is the purpose which corresponds to the accomplishment of the sender’s intention.

Broadly speaking, it is possible to distinguish interactions of cooperative or competitive nature with regard to the attitude adopted by each participant of the communicative event towards the interlocutor or interlocutors and the consequence of (a) symmetrical relations in the accomplishment of the established goals. Anna Granat,

3 Deviations from the principles of adequacy may be caused by different factors, such as lack of or incomplete knowledge on the communication situation or principles of adequacy resulting from (psycho)somatic disorders of the individual or environmental neglect; immaturity of communication competence, being a characteristic feature of the given stage of speech development or having pathological character; violating communication principles intentionally for the purposes of expressing a personal attitude to the situation or for artistic purposes.

who adopted the explanation of the notion of ‘interaction’ after S. Grabias, distinguishes the following types of interaction with regard to the relationship between the communicative aim and the achieved result: conjunctive, alternate, negating and mixed [Granat, 2014, pp. 19–21]⁴.

Conjunctive interactions include such dialogue situations in which the aim of the sender is convergent with the reaction of the recipient, communication acts permeate, forming a coherent process. The conversation includes phrases which perform a phatic function (‘yeah’, ‘yep’, ‘I understand’), interlocutors show each other interest, mutually approve of and confirm the audibility and recognition of utterances which are centred around a common topic and form a semantic sequence of utterances of both the sender and the recipient.

Alternate interactions take place when the intention of the sender harmonizes with the reactions of the recipient who accomplishes his own communicative aim. Despite being different, the intentions of the sender and recipient are accomplished in a dialogue with equal success. The conversation is characterized by changes of topics and their interweaving, with the utterances of the sender and the recipient not being fully coherent.

Negating interactions are characterized by opposing reactions of the recipient to the behaviour of the sender caused by an attempt to accomplish mutually exclusive, contrary, opposite communication aims of both sides of the dialogue. The conversation is clearly modelled by linguistic and non-linguistic elements, such as raised tone of voice, negation, interruptions, attempts to sabotage the continuity of communication through avoiding verbal behaviours, the use of irony or sarcasm, the use of prosody inconsistent with the contents of the utterance.

Mixed interactions represent a combination of the components of the previous types in different configurations.

Methodology

Research concerning interpersonal communication in the family focuses mainly on two aspects: the structure and/or the course of communication process or on the impact of the process of communicating of an individual on him or her and his or her family [Harwas-Napierała, 2008]. Logopedics, which analyzes ‘the role of the language in shaping the minds of individuals (in their diversified biological condition) and building interaction’ [Grabias, 2010/2011, p. 9], draws particular attention to language behaviours⁵, including the ability to construct the message and the way of accomplish-

⁴ The current state of research on language interactions with children see A. Granat [2014].

⁵ According to S. Grabias [2019, p. 42] *language behaviour* consists of ‘every act of using language’, both in external and internal speech.

ing the communicative intention and different types of skills: dialogue skills, social language skills and others. The subject of the research is the communicative and interaction competence demonstrated by a 3-year-old boy. Analysis included utterances of the child directed to different adults from his immediate environment, in different places and situations as well as the quality of participation in a dialogue.

The aim of the research is to characterize language behaviours of the 3-year-old boy in different types of interactions with adults. An analysis of the obtained results allows to determine if the level of the boy's verbal activity is within the developmental norm and which interaction strategies he uses and how successful he is at this.

The main question which inspired research may be formulated in the following manner: *How does a three-year-old child accomplish communicative intentions in interaction?* An attempt to answer this question gives rise to more detailed problems:

- “Which communication channels does the boy use? Which ones is he willing to use the most?”;
- “What verbal and non-verbal communication means does the boy use? Which ones does he use most often?”;
- “What goals does he accomplish participating in language interactions with the surroundings?”;
- “What is the effect with which the boy communicates with the surroundings?”;
- “How does the communicative efficiency affect the frequency of the boy's utterances?”;
- “What types of interaction may be distinguished in the boy's communication with adults from his immediate environment?”.

In the course of the research particular attention will be drawn to communication efficiency and interaction types used by the boy, bearing in mind that satisfying accomplishment of clearly defined communicative aims enhances verbal activity and encourages to experiment and attempt to express more complex and subtler thoughts.

In speech therapy, which is a relatively new branch of science, scientists resort to research methods used in other disciplines, mainly those whose subject matter and scope of interest overlap with the needs of speech therapy. Case study is one of the qualitative research methods which provides characteristics of some issues important for speech therapy, such as communicative language competence. Its subject ‘does not have to be only a speech disorder. These may be all issues connected with speech (language behaviours), such as a description of normal speech development in ontogenesis’ [Banaszkiewicz, 2015, p. 374]. So as to exclude any irregularities in the child's speech development, the authors conducted a speech therapy interview with the boy's mother, made observations the boy's verbal and non-verbal behaviours, analyzed basic activities in the orofacial area, articulation and specialist documentation before starting the proper research into interactions. The indicated research techniques allowed to gather essential data concerning language and communication competences and skills with the use of suitable tools, including the

original *Communication Competence Examination Questionnaire* (attachment 1) and the original *Speech Therapy Questionnaire* (the course of pregnancy, the course of labour, the postnatal period, first year of the child's life, health and the assistance of specialists) as well as sound recordings and own notes and descriptions.

The authors' own research was conducted in different places the majority of which were surroundings friendly and familiar to the child, i.e. his family home, his grandparents' home, a shop near his place of residence or the playground. It is worth stressing that each of these places has a slightly different character. These are both private and public places yet even within one category one may find differences which decide about the choice of linguistic and non-linguistic means and, therefore, determine the type of communication behavior of the child. An important feature of the research was that the child remained unaware of it. Recordings were made while the child was playing freely in the company of close relatives and in the surroundings he was familiar with. It may be expected that such conditions allowed to obtain research material which is as reliable as possible.

Independent research results

Data from the interview, speech therapy examination and specialist documentation

At the time of the examination the boy was 3 years and 11 months old. He is the only child raised by both parents. He attended kindergarten for 9 months (since 2018). The boy's parents never noticed any alarming signals in either the behaviour or development of their son.

The speech therapy interview was conducted with the mother in the patient's family home. The information which was collected shows that both the pregnancy and the labour were normal. The child was born in due time through natural labour and was given an Apgar score of 10. After the labour, the child displayed natural primitive reflexes, such as the Moro reflex and the sucking reflex. In the second 24 hours the baby underwent neonatal screening for hearing impairment the result of which was within the norm.

In the first weeks of the child's life his mother experienced lactation problems resulting from lack of practice and incorrect breastfeeding technique. They were solved with the help of lactation consultant and a psychologist. The boy was regularly breastfed for the first 12 months. Bottle feeding was an occasional support for a short time. The boy breathed through the nose from the beginning of his life and only breathed through the mouth during infections. The child was vaccinated in accordance with the vaccination schedule.

The boy did not have a strong need to suck, did not use a dummy, he did not suck either his thumb or its equivalents. The process of diversifying his diet proceeded without any serious problems. The boy developed the habit of drinking from an open cup at the age of 8 months, currently he eats and swallows normally, adequately to his age. The boy's motor development proceeded in the following manner: sitting up on his own at the age of 8 months, crawling between 9 and 10 months, while walking on his own at the age of 1 year and 2 months. No precise data was obtained in the interview with regard to babbling and saying the first word. The mother's comments reveal that the boy started to speak early, was willing to experiment with sounds while playing, getting to know the possibilities of his organs of speech.

The boy was raised mainly by his mother before he turned 2, and was looked after by a babysitter in the company of other children of different ages before going to kindergarten. In the period between the boy's birth and the day of the examination the child did not suffer from any illnesses or infectious diseases which could pose a serious threat to his health, no genetic disease was diagnosed, there were no permanent injuries or exposure to acutely toxic substances. The boy is a healthy child who develops normally. The interview shows that physiological breathing is within the norm and the boy does not snore.

After screening tests conducted in the kindergarten in September 2018 the kindergarten speech therapist diagnosed (attachment 2): the interdental articulation of the sound [n], the substitution of a series of sibilant sounds [s, z, c, dʒ] with a series of postalveolar sounds [ɕ, ʒ, ʦ, dʒ] the substitution of sound [g] with [d]. The boy was not qualified for speech therapy classes in the kindergarten. The boys' parents also did not see any need of speech therapy consultations in a psychological and pedagogical counselling centre.

The observations of the kindergarten speech therapist and data on the boy's current speech development obtained in the interview were verified by the authors' own research [procedure after Pluta-Wojciechowska, 2017]. Spontaneous utterances of the boy were understandable to the researchers. Approximate physical hearing examination was within the norm and no irregularity was diagnosed in the phonemic hearing test (selected tests adjusted to the patient's age and capabilities after Styczek [1982]: the letter test or dictation were, for instance, omitted). In the polysensory (auditory, visual and touch) examination of articulation diagnosis revealed: non-standard realization of phonemes [s, z, c, dz] with a palatal position of the tongue (e.g. *co*: *cio* [what], *do widzenia*: *do widzenia* [good bye]), with correct articulation in other words (e.g. *walizka*: *waliska* [a suitcase], *skarpety*: *skalpety* [socks]), non-standard frontal and dental or palatal realization of the phonemes [ʃ, ʒ, ʧ, dʒi] (e.g. *rzeczy*: *zeczy* [things], *przypomina*: *psypomina* [reminds], *czapkę*: *ciapkę* [a cap]) and non-standard lateral non-vibrating realization of the phoneme [r] (e.g. *obrazku*: *oblasku* [picture], *narty*: *nalty* [skiis], *aparat*: *apalat* [a camera]). The boy does not have any prosody disorders.

The examination of physiological breathing conducted during several meetings showed no irregularities. The boy assumes the correct body posture, he tends to breathe with the nose, in a combined manner. The position of the mandible and the tongue resting position are normal, the boy closes his lips. On a number of occasions it was observed that the boy does not close his lips and breathes through the mouth only when he performs tasks which particularly engage him and attract his attention. A reaction of an adult (shutting the mouth mechanically or requesting to close his mouth) causes a desirable effect of closing the lips, with no unnecessary tensions. Examination through observation and palpation showed that the boy swallows normally. No irregularities were observed in the child's either psychomotor or emotional development.

Language interactions of the 3-year-old boy with adults

Material for the research on communication and interaction was obtained without any disruptions. The boy was willing to cooperate with the speech therapist, initiated conversations with the immediate environment, was eager to take part in a dialogue, demonstrating different language behaviours.

During the examination of social competence it was observed that the boy used polite forms of address and greeting expressions, such as: *cześć* [hi], *pa pa* [bye, bye], *dzień dobry* [good morning]. Encouraged by his parent the boy greeted an unknown adult saying *dzień dobry*. One of the non-verbal means of communication which the subject likes to use is giving 'a high five' to say good-bye and this gesture is accompanied by a smile. In dialogues he often, but not always, displayed his interaction competence which is manifested in his capability of 'initiating, maintaining and ending a conversation' [Skudrzyk, Warchała, 2001, p. 105]. For instance, when the boy saw his uncle working in the garden, he asked him a question: *A co robisz?* [What are you doing?]. His uncle replied that he was working, removing weeds from flowerbeds. The boy asked him another question: *A ja też mogę?* [Can I do it, too?]. His uncle was eager to invite him to join in his activity, showing him which plants were unnecessary. When the boy was not sure if the given plant should be removed, he asked his uncle for confirmation, asking a question: *A to?* [And this?]. The boy spontaneously expressed satisfaction with the undertaken activities in a longer utterance: *Lubie z tobą pracować. Łopatką też lubię się bawić* [I like working with you. And with the spade.]. When he heard an approaching car, he shouted to his uncle: *To chyba mama i tata! Ide!* [It must be mummy and daddy. I'm going!].

While communicating the boy often uses polite expressions: *przepraszam, proszę, dziękuję* [sorry, please, thank you], which point to his good manners. For example, when he wanted to go from one room to another and he came across a dog lying on the doorstep, he turned to it and said: *Przepraszam, Leon* (the dog's name) [Excuse me, Leon]. When the animal failed to react, he repeated in a louder voice and more decidedly: *No, przepraszam, Leon!* [Now, excuse me, Leon!]. This utterance attracted

the attention of adults. It was necessary to call the dog so that the boy could pass. In another situation when the boy and his aunt were doing shopping in a bakery, the aunt gave the child a five-zloty coin and asked him to pay for the bread. The boy was examining the coin for a moment, and then put it on the counter, saying: *Płose* [There you go]. The shop assistant thanked him, gave him the change and packed his shopping. On leaving the shop the boy spontaneously bade farewell to the shop assistant, saying: *Do widzenia* [Good bye]. In another situation the subject exclaimed with glee during lunch: *Pomidolowa! Dziękuję, mamusiu* [Tomato soup! Thank you, mummy], when his mother gave him a plate with the first course.

The boy does not only use polite expressions, but he also communicates his needs and requests efficiently, he tries to give arguments to support his opinion, sometimes expressing his protest or dissatisfaction connected with authoritative recommendations of adults, as in the following example. The boy and his aunt were coming back home from the children's playroom. The aunt informed the boy what would happen later on during the day. Here is the record of the dialogue which ensued.

Aunt: *T., teraz jedziemy do domu na obiad, a później pójdziemy na plac zabaw.* [T., now we're going home for lunch and then we'll go to the playground.]

Boy: *Od razu na plac zabaw!* [Straight to the playground!]

Aunt: *Niestety, nie możemy, najpierw musimy zjeść obiad.* [I'm sorry we can't, first we have to eat lunch.]

Boy (begins to protest): *Ale ja chce!* [But I want to!]

Aunt: *Przykro mi, najpierw obiad.* [I'm sorry, lunch first.]

The boy starts to cry, halts, stands on the pavement.

Aunt: *T., bardzo mi przykro, że nie możemy od razu iść na plac zabaw. Pewnie chciałbyś się dobrze bawić. A jak zjemy obiad, to będziemy mieć siłę do zabawy, wiesz?* [T., I'm very sorry that we can't go straight to the playground. I'm sure you'd like to play. But when we have lunch, we'll have lots of energy for playing, right?] (She takes the boy by the hand and leads him towards the stop.)

Boy (stops crying, pulls a rebellious face, crosses his arms on his chest): *Ja jus mam siłę.* [I have my energy back.]

Aunt: *Och, przypomniałam sobie, że dzisiaj są kluseczki z mozzarellą.* [Oh, now I remember today we'll have noodles with mozzarella.]

The boy starts going.

Aunt: *A jak ładnie zjemy obiad, to możemy pozwolić sobie na deser.* [And after we eat nicely, we can have a dessert.]

Boy (gets animated): *Jaki?* [What dessert?]

Aunt: *Lody.* [Ice-cream.]

Boy: *Takie pysne?* [Delicious ice-cream?]

Aunt: *Takie pyszne.* [Delicious ones.]

Boy: *To idziemy na lody i plac zabaw!* [So let's go for ice-cream and to the playground!]

The aunt (stressing the second word): *Na obiad, lody i plac zabaw*. [For lunch, ice-cream and to the playground.]

Boy: *No, dobra...* [OK, OK...]

In the course of the examination of situational competence the boy communicated freely using linguistic means adequate to the communicative event. When he did not understand the request (the instruction of the speech therapist) he asked additional questions, informing directly about his lack of knowledge and seeking information necessary to solve the problem on his own. For example, when reading a book with his aunt the boy asked her questions concerning the family relationships presented in the plot. Although the research included a text adjusted to the patient's developmental capabilities, it was not enough for the boy to listen to the story once to remember all the details. When he was asked to show a concrete character in the picture (Misia), he asked: *A jaka Misia?* [What Misia?]. The subject answered the question of the speech therapist: *Kto będzie zajmować się kotem?* [Who will take care of the cat?] after he gave it some thought: *Nie pamiętam* [I don't remember]. The speech therapist provided the answer: *Ciocia* [Aunt]. Interested in one detail in the picture the subject asked: *A co to jest?* [And what is that?]. The speech therapist called the object: *Czapka* [A cap]. The boy used this knowledge later when he was asked to show and name things which should be packed in the suitcase.

During the conversation with the speech therapist the subject was most willing to discuss conversation topics connected with his interests (e.g. friends from his kindergarten, motor games and activities, vehicles, English, counting, listening to stories or watching cartoons), he also reacted with curiosity to topics proposed by adult household members. At the beginning the boy was willing to talk about events and activities in the kindergarten, referring to his friends by their names and describing their common game: *Michał się bawił i Lenka, i ganialiśmy się w belka* [Michał was playing and Lenka too, and we were playing tag]. Asked by his father to show the artwork which he made on his own, the boy fetched it and explained what it presents: *To autko i ma kółka zielone. Jeździ szybko* (onomatopoeia of the sound made by a fast-moving car) [This is a car and it's got green wheels. I drives fast]. He reacted with interest to the question of the speech therapist: *Pobawisz się ze mną obrazkami, które ci przyniosłam?* [Will you play with me with the pictures I brought for you?] and replied: *Tak* [Yes, I will]. He did not come back to the topic from the beginning of the conversation, listening carefully to the instructions for the subsequent tasks. The examined 3-year-old boy is successful at communicating his emotional needs nonverbally, e.g. he hugs spontaneously and he also tries to manipulate adults. When encouraged, he is capable of giving names or paraphrasing his emotions, observations and stimuli which engage his attention at the time of speaking. He is willing to carry out tasks and answer questions of his close relatives or strangers when accompanied by his parents and with their clear consent. It was observed many times that the boy cuddles to his close relatives in different situations, for example saying hallo and good

bye to them, while watching a cartoon or playing with them. The boy's activity indicates that this is not a substitute but a natural need. While he was stroking a cat, the boy said: *Psestrasylem się* [I got scared] in the reaction to the animal's defensive behaviour (an attempt to nudge with a paw). When the cat was going away, the subject said: *Uciekła* [She's ran away]. While he was playing at the playground, a stranger asked the boy about his name. The subject did not answer, he was trying to establish eye contact with his mother and it was only after her instruction: *Powiedz pani, jak masz na imię* [Tell the lady your name] that he gave the answer.

The examination of interaction competence showed that the boy is successful at using dialogue speech. The child manifests a strong need to narrate and he addresses adults with an aim of drawing their attention and encouraging them to listen carefully. In a situation when the boy was running to the hall, he was saying: *Padał deszyk, ale i tak pójdziemy na dwóól* [It was raining but we're still going for a walk]. As he was looking for his shoes, his father came in and asked the subject to put on his Wellington boots. The boy jumped excitedly, looked around carelessly, saying: *A ja lubie chodzić po kałużach. Tata, pójdziemy do piasku!* [I like walking into puddles. Daddy, let's go to the sandpit!]. The father gave the boy the shoes, he put them on and carried on with his monologue (a seeming dialogue): *Bende lobit babki. Mokly piasek... Bende lobit ładne babki* [I'll be making sandcastles. Wet sand... I'll be making nice sandcastles]. The subject failed to notice that he was putting his right shoe on his left foot. The father tried to direct the boy's attention to the activity which he was performing, saying: *Nie na tą nogę* [Not this foot]. Initially, the boy did not react and it was not until his father spoke to his son again, saying: *T., nie ta noga!* [T., not this foot!] that the boy corrected his mistake.

In order to go outdoors quicker and reduce the waiting time, the father helped the boy put on his clothes. This is the recording of the dialogue which they had:

Father: *Gdzie masz kurtkę?* [Where is your jacket?]

Boy: *Nie wiem.* [I don't know.] (Pausing to think) *Na wieszaku!* [On the peg!]

(The father gives the boy his jacket, the boy puts it on. He slips one arm into the sleeve, the other one poses a problem to the subject so he asks for help)

Boy: *Tatusz, pomós...* [Daddy, help...]

Father (helping the boy to put on the second sleeve of the jacket): *Proszę.* [Here you go.]

Boy (pointing to the zip): *A zapniesz mi...?* [Can you do it up?]

Father: *Tylko trochę, a dalej ty sam.* [Only a bit, later you do it.]

Boy: *No, dobra...* [OK...]

During the conversation the subject maintains eye contact with the interlocutor and common field of attention. He uses elements of non-linguistic codes in an appropriate way (e.g. mimicry, gestures) in order to complement and illustrate oral production.

All language behaviours recorded during the observation of the boy's language behaviours were mixed interactions. The subject easily assumed the role of the

performer of the line of activity of other people and treated the outcome of the interaction as either his own or common. One situation was observed when the adult assumed the role of the performer of the child's line of activity.

Interactions with the mother demonstrated the child's ability to joke when the subject addressed her as *dziefcynko* [little girl]. The communicative aim of the boy was to draw the parent's attention and amuse her. Alternate constructions appeared when his mother refused to continue the language game and established a boundary. Initially, the boy respected the order yet after some time he came back to the previous strategy, calling his mother *Wampilina Mamusia* [Vampilina Mom]⁶. Readopting this strategy turned out to be successful as his mother abandoned the attempt to take over control and took the role of the performer of the child's line of activity. The observed interaction should be described as conjunctive and alternate.

In the contacts of the boy with his father the researchers observed interactions in which the child accomplishes activity with the adult and treats the outcome as common. While the boy played with his father, interactions were conjunctive until there was negation on his father's part. The adult negated the child's activity as unreal at the same time achieving the effect of diversifying their play and motivating the child to invent a new strategy of action. The boy used alternate interaction, creating a twist. The rest of the play was characterized by full compatibility and conjunctive interactions.

The activity with the uncle represented a field of observation of an interaction in which the child realizes the line of activity of the adult and treats its creation as his own. The beginning of the conversation was alternate in character as the boy demanded concrete information which would enable him to solve the problem. The adult gave the instruction in an indirect manner, motivating the child to look for the right answer on his own. The subject adopted the strategy of the adult, reacting with interest and asking the question again, but this time concerning the way of solving the problem. Having received a positive reply, he continued the interaction of conjunctive character until the selected strategy turned out to be ineffective in the face of a new challenge in the game. Again the adult used alternate interaction, achieving the effect of motivating the child one more time. The uncle's strategy ceased to be effective with the third challenge: the boy reacted non-verbally with impatience, having misinterpreted the clue. The interaction had the character of a negation. The adult adjusted to the needs of the child and gave the clue again, this time communicating the instruction clearly, spurring the boy to try again. The rest of the activity was conjunctive.

Reading a book with his aunt represented a space for observing solely conjunctive interactions in which the child performed the role of a helper in realizing the line

⁶ *Vampirina* is a character in an American-Irish animated children's television series (produced by Brown Bag Films and Disney Junior) created by Chris Nee based on a series of picture books *Vampirina Ballerina* by A.M. Pace.

of activity of the adult. The aim of the interaction was to explore the child's knowledge about the world as well as engaging the child in activities fostering his development. The child was willing to cooperate, answered the questions, reacted with interest to the text. All utterances of the boy in the interaction with his aunt were conjunctional.

Summary and conclusions

On the basis of the material collected it is possible to conclude that the communicative level (social and pragmatic) of the examined 3-year-old boy is high, similarly as his linguistic level in the lexical, semantic and grammatical aspect. The development of the phonological subsystem proceeds in a way characteristic of the boy's age [see Porayski-Pomsta, 2015].

The examined 3-year-old child is successful at communicating verbally. The boy uses rich vocabulary and attempts to use sentences. His spontaneous utterances are fluent and rich, and he is capable of taking part in a conversation on topics proposed both by the patient and adults. The boy uses elements of prosody, body language, mimicry and gestures in direct communication in a correct way. He easily initiates contact with people from his immediate surroundings, he is willing to start a conversation with people present in the same room. Initially he is reserved towards strangers, yet on getting to know them better he engages in building a relationship and takes an active part in activities.

His interaction skills may be considered well developed, he used phrases initiating, maintaining and ending a conversation very often. In the dialogue the boy used simple sentences, he sometimes made grammatical mistakes which, nonetheless, did not disrupt the communicativeness of his utterances. The occasional grammatical mistakes recorded during the research should be subject to further observation. The material collected so far shows that the mistakes are more likely to be caused by mental effort resulting from handling a new linguistic situation rather than insufficient acquisition of grammatical rules. The pace of utterances and phrasing were suited to the situation. The disruptions of the structure, but not the clarity of the verbal message, were often caused by the emotional engagement in the utterance, particularly the need to give an account of events important to the boy.

The conducted observations allow to conclude that the boy uses different types of language behaviours in interactions. The research material demonstrates that the language behaviours of the examined boy were mostly verbal in character, whereas non-verbal behaviours, such as pointing with the finger, gestures, clear intonation, focusing on the topic interesting for the child, only complemented his utterances. Increased verbal activity results from dynamic cognitive development typical of children at the age of 3 and is used to satisfy the child's natural curiosity and the need to build elementary knowledge about the immediate surroundings.

The boy uses language willingly, demonstrating rich vocabulary. Apparent language experiments (e.g. borrowings from English) point to his interest in the language and exploration of the possibilities of verbal communication. Behaviours such as explaining his activity, naming feelings, using requests and negotiation show that the boy has already discovered the efficiency of verbal communication, which represents an incentive for further use of language as a tool for communicating with the world. The child's rich imagination and his sensitivity but also well-developed pragmatic and interaction language competence are reflected in the verbalization of his own reflections full of expressive prosody, reinforcements in the form of multiple repetitions and diminutives with emotional overtones. The boy uses the language as an element of his strategy of dealing with difficulties, communicating directly the need to have adequate knowledge or asking questions.

The patient is already aware of deep structures of language, which is confirmed by his ability to joke as well as his good manners. Frequent use of polite expressions shows that the boy skillfully uses the knowledge concerning interpersonal contacts and is capable of conforming to the current linguistic situation.

It must be noted that the boy developed communicative competence at a very good level. The boy initiates contact so as to accomplish his own communicative goals, he tries to control the course of the conversation and he regards its outcome as his own creation. In the second dialogue type the adult is the assistant of the child and despite the fact that the adult in reality helps him out, the boy treats the effect of the activity as his own creation (the child in the role of the sender treats the recipient, the adult, as a participant of the activity and the performer of the imposed line of activity). The third type is represented by dialogues in which the child realizes the line of communication of the adult and performs the role of a helper, performer and commentator. The fourth type of interactions includes dialogues in which one of the interlocutors accomplishes the line of activity of the other interlocutor. The fifth type of interactions are speech acts in which the child accomplishes the common line of activity with the adult and treats the effect of communication as their common creation. Importantly, the presented own research confirms that 'the dialogue is not a simple conversation where participants focus on technical skills. The art of dialogue is a search for original ways of establishing interpersonal contacts, leading to the transformation of interactions' [Kaźmierczak, 2018, p. 162]. The presented research confirmed that three-year-old children are already capable of such activities.

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Abstract

Verbal communication represents a language skill which is necessary for the individual to function fully and properly in the society. Language acquisition by the child as well as speech development in its perceptive, expressive and interactive aspects tends to take place in the family in the first years of life and is based on linguistic and communicative interactions distinctive of the given community. The paper analyzes verbal interactions of a 3-year-old boy in his home environment in order to establish their kind, frequency and quality. The article also assesses the level of his communication skills in speech against the background of general development of the child.

Streszczenie

Komunikacja werbalna stanowi sprawność językową niezbędną człowiekowi do pełnego i właściwego funkcjonowania w społeczeństwie. Nabywanie języka przez dziecko, rozwój mowy w aspektach percepcyjnym i ekspresywnym oraz interakcyjnym w pierwszych latach życia odbywa się głównie w rodzinie, jest oparte na właściwych dla tej wspólnoty interakcjach językowo-komunikacyjnych. W artykule dokonano analizy interakcji werbalnych trzyletniego chłopca w środowisku domowym w celu ustalenia ich rodzaju, częstotliwości i jakości. Oceniono też poziom opanowania umiejętności komunikowania się w mowie na tle ogólnego rozwoju dziecka.

Attachment 1. Communication Competence Examination Questionnaire of T.K.

General data

Name and surname of the patient: T.K.
Age: 3 years 8 months
Date of examination: 6.03.2019.
Place of examination: patient's family home
Method of data registration: video recording

General examination of communicative competence

		Comments and examples
Does the patient communicate verbally?	YES/NO	Fluent and extensive spontaneous speech. Conversations are both on the topics suggested by the child and the speech therapist.
Does the patient communicate non-verbally?	YES/NO	A wide range of mimicry and gestures.
What channels does the patient use to communicate?		The patient communicates using mostly speech, he correctly uses elements of prosody, body language, mimicry and gestures.
Does the patient initiate contact? Who with?	YES/NO	The patient easily establishes contact with people from his immediate environment.
Under what circumstances?		He keeps distance in contacts with strangers. He communicates actively after getting to know them better.
What means does the patient use to communicate?		Verbal: full sentences, extended, rich vocabulary, both active and passive Non-verbal: gesture, mimicry, body language

Detailed examination of communicative competence

Social skills

		Comments and examples
Does the patient use polite expressions, e.g. for salutation?	YES/NO	<i>Cześć, Pa pa!, Dzień dobry!</i> [Hi!, Bye, bye!, Good morning!]
Does the patient use polite expressions suited to the status of the interlocutor?	YES/NO	When encouraged he greets an adult with the phrase <i>Dzień dobry!</i> [Good morning!]
Which linguistic means does the patient use?		Verbal: numerous polite expressions, such as <i>dziękuję, przepraszam</i> [thank you, sorry] Non-verbal: shaking hands for salutation, giving 'a high five'

Situational competence

		Comments and examples
Does the patient communicate freely?	<u>YES/NO</u>	
Does the situational context affect the linguistic means used by the patient? In what way?	<u>YES/NO</u>	When the patient does not understand the request, he asks additional questions, or informs directly about his lack of knowledge.
What topics does the patient discuss?		The topics for conversations must concern the child's interests and his immediate environment. The boy also takes part in a conversation on topics proposed by others.

Pragmatic competence

		Comments and examples
Does the patient use variable intonation?	<u>YES/NO</u>	
Does the patient communicate his needs? Which ones? In what way?	<u>YES/NO</u>	The patient makes requests, if necessary, using polite expressions. He communicates his needs non-verbally, e.g. hugging spontaneously.
Does the patient verbally suggest doing something together, e.g. playing?	<u>YES/NO</u>	
Which means does the patient use to accomplish his goals?		He uses mainly verbal means, mostly negotiations and enquiries.
Is the patient willing to answer questions? In what situation?	<u>YES/NO</u>	He is willing to complete orders and answer questions of both his immediate family and strangers in the company of his immediate family and with their clear approval.

Interaction competence

		Comments and examples
Does the patient use monologue?	<u>YES/NO</u>	The patient has a great need to narrate.
Does the patient establish a dialogue?	<u>YES/NO</u>	The patient takes part in a dialogue and is capable of listening when the given linguistic situation requires so.
Is the communication with the patient dominated by monologues or dialogues?		Conversations use both forms to an equal degree.
Does the patient react with gestures and/or mimicry to the messages of the sender?	<u>YES/NO</u>	Example: frowning, half-open lips for a brief moment, focusing the eyes on one point while reflecting on something.
Does the patient keep an eye contact?	<u>YES/NO</u>	

		Comments and examples
Does the patient use body language adequate to the verbal message?	<u>YES/NO</u>	
Does the patient use alternative ways of communicating, e.g. lip reading, cued speech etc.?	<u>YES/NO</u>	

Attachment 2. Patient T.K. – Information concerning speech therapy screening in the 2018/2019 school year

INFORMACJA DOTYCZĄCA PRZESIEWOWYCH BADAŃ LOGOPEDYCZNYCH
W ROKU SZKOLNYM 2018/2019 W GRUPIE ... W PM ... W ŁÓDZI:

W wyniku przesiewowych badań logopedycznych przeprowadzonych na terenie Przedszkola Miejskiego nr ... stwierdzono / ~~nie stwierdzono~~ u dziecka ...
nieprawidłowości w zakresie rozwoju mowy: zastępowanie mrggujacych (s, z, c, dź) innymi (t, c, dz) + interdentalne realizacje głosek n i malizacja z jakob d, czynie uwidaczniana X NORMA
DŁA WIEL

Dziecko nie kwalifikuje się / nie kwalifikuje się do zajęć terapii logopedycznej organizowanych na terenie przedszkola.

Wskazane / ~~niewskazane~~ wyznaczenie terminu spotkania ze specjalistą na terenie Poradni Psychologiczno-Pedagogicznej nr ... w Łodzi celem podjęcia terapii logopedycznej / P.M. ... Z. P. ...

Otrzymałam/-em informację (data) (podpis rodzica)

Information on speech logopaedic screening

In 2018/2019 schoolyear in Group I in the Municipal Kindergarten no. xxx in Łódź.

Following speech logopaedic screening conducted in the Municipal Kindergarten no. xxx, the child was diagnosed with the following anomalies in speech development: the substitution of a series of sibilant sounds [s, z, c, dź] with a series of post-alveolar sounds [t, z, c, dz] (normal for children) + interdental articulation of the sound [n] and the substitution of sound [g] with [d] as well as partial devoicing.

The child does not qualify for speech therapy classes organized on the area of the kindergarten.