Object clitics in bilectal children and (other) diagnostic tools for SLI in Cypriot Greek
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Cross-linguistic research has shown that the production of object clitics is an area of notable difficulty for children with specific language impairment (SLI) who acquire languages such as French (Jakubowicz et al., 1998; Hamann et al., 2002), Italian (Bortolini et al., 2006; Arosio et al., 2010), or Catalan (Gavarró, 2012). In Greek SLI, studies based on spontaneous speech data have not yet fully converged on a verdict, some suggesting that accusative-marked direct object clitics are largely omitted by children with SLI (Tsimpli & Stavrakaki, 1999; Tsimpli, 2001) and others that they are not (Varlokosta, 2002; Manika et al., 2011). This suggests cross-linguistic variation in the production of clitics by children with SLI and the emerging need for more in-depth investigation for each language.

This study investigates whether clitics can be regarded as a clinical marker for children with SLI in Cypriot Greek (CG), the variety of Modern Greek spoken on the island of Cyprus. The COST Action A33 Clitics-in-Islands testing tool (Varlokosta et al., to appear), which was adapted to CG (Grohmann, 2011; Grohmann et al., 2012), was used to elicit clitics. The tool is a production task for 3rd person singular accusative object clitics within syntactic islands where the target-elicted clitic is embedded within a because-clause. With pronominal object clitics, CG is largely enclitic, as opposed to proclisis found in Standard Modern Greek (SMG) in the same context; that is, particular syntactic environments force pre-verbal clitic placement, otherwise post-verbal clitics are found, and the environment tested in the A33 tool requires enclisis in CG.

Two groups of typically developing (TD) monolingual CG children and two groups of SLI children participated. The first group consisted of 8 TD children aged 4;5 to 5;11 and the second group of 15 TD school-aged children, 6;4 to 8;5 years old. The atypical groups included 9 young children diagnosed as SLI aged 4;11 to 5;11 years and 7 school-aged children with SLI from 6;7 to 8;6 years of age. A battery of translated and standardized tests from SMG were employed, which will be summarized here, based on established knowledge concerning specific areas of language that should be examined in order to set the diagnosis of SLI. The majority of SLI children had received speech-and-language therapy at various length and intensity.

Both groups of TD children performed nearly at ceiling in clitic production, with the majority of children mixing pre- and post-verbal clitics, while others placed most if not all of the clitics pre-verbally, and a third group post-verbally (see Grohmann et al., 2012). On the other hand, the group of younger SLI children who performed also at ceiling in clitic production placed fewer clitics pre-verbally than the younger TD group. This is not the case for the older SLI children, who produced more pre-verbal clitics than the older TD group.

Summarizing our results, clitic placement is already acquired earlier than 5 years of age, confirming previous research suggested that clitics are acquired by the age of 3 (Petinou & Terzi, 2002; Neokleous, in press), but an influence from SMG is observed perhaps in association with sociolinguistic schooling factors (Grohmann, 2011). Regarding the central issue of this study, whether clitics can serve as a clinical marker for the diagnosis of SLI in CG, the answer must surely be negative.

The angle we will explore concerns language distance (between the ‘standard language’ and the ‘dialect’) — and in particular, whether we should treat Cypriot Greek-speaking children as bilingual rather than ‘merely’ bilectal, especially in the context of clitic placement, where the two varieties clearly differ as much as, say, Spanish and European Portuguese do.
References


