On the Contribution of Systemic Functional Linguistic Theory (SFL) to the Study of the Neurological Condition Aphasia

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Abstract

Gaining insights from a wide range of disciplines, linguistics has become ‘’a prominent academic discipline throughout the world ‘’ (Buttny, R, 1993). This position is mainly achieved through the shift from classical language description and application into tackling ‘real world problems’. One important domain of such linguistic application is language pathology, hence, giving rise to the linguistic subfield ‘Clinical Linguistics’. In Tunisia, the name of the field still not denotes what it really should. Within this frame is held the present paper entitled ‘‘On the Contribution of Systemic Functional Linguistic Theory (SFL) to the study of Neurological Condition aphasia’’. Its main aim is first to define aphasia and bring into the light the field of clinical linguistics. As theories are developing for the treatment and assessment of speech and language pathologies, a second important objective of the paper is to describe some of the applications of the systemic functional approach to the treatment of aphasic symptoms. Thereafter, the considered approach is compared to the psycholinguistic perspective which, for many decades, has dominated to a certain degree the essence of speech and language pathology. The description of the functional approach along with the comparison to the other perspective highlights to what extent the SFL framework can be privileged to some ‘traditional’ approaches used in the research on aphasia. However, this claim calls into question the validity of the use of methodological tools originating from traditional approaches in dealing with aphasia in current or future researches.

Keywords: Aphasia, Clinical linguistics, Psycholinguistic perspective, Speech and language pathology, Systemic functional linguistics.
Introduction

As linguistic theories are emerging in parallel path with the medical technologies, a bind is being more increasingly expanding between the two in light of what the latest findings suggest in the contribution of one domain to the other. This focus on the interrelation between both domains; medicine and linguistics, is mostly well considered worldwide. In Tunisia, the name of the field still not denotes what it really should. In times countries are boosting the interdisciplinary involvement into solving what stands to be problematic in societies, we still in Tunisia unable to catch up the flow of this developmental interdisciplinary approach. As linguists, we may still wander if we have to have a say in neurology and it may even seem a big word to dare. And yet, thinking that language is essentially a cognitive function originating from a whole network of neural pathways highlights the degree into which the domains of neurology and linguistics are bound to meet at the end of the day!

As early as the 1960s, Systemic Functional Linguistics has first appeared through Halliday’s work and for decades still shines in the domain of language research. More particularly, the SFL has brought the alternative to the way of handling problematic issues in language pathology. This brings us to the notion of clinical linguistics, the area of investigation where the linguist is taking part not as an audience but rather as an efficient actor. Within the language pathology sphere, aphasia has attracted the attention of lots of scholars and still to date be a prominent issue under investigation for the disease it denotes is far to be simple to fully undertake.

The SFL theory has influenced the bulk of research held on the issue offering a different perspective from the psychological counterpart, which used to put forward the most used tools for aphasic speech and language analysis. In this article, the intention is to emphasize this fact through examples where the differences of perspectives do immerge and show how the SFL approach can be more efficient to visualize what the psychological one fails to.

The first part is devoted to the definition of aphasia along with a brief consideration for the major types. The second part is dedicated to the SFL theory and its relevance to the language pathology domain. The third and larger part is concerned with its application to aphasia study. A comparison to the psycholinguistic approach is also included as to highlight the major salient differences.

I. Aphasia

1. Definition:

Aphasia is an acquired disease which effects can range from mild to severe reduction in the ability to use language (Yule, 2010). It is defined by Damasio. A (1998) as “a disturbance of the complex process of comprehending and formulating verbal messages that results from newly acquired disease of the central nervous system (CNS).” Its most common cause is a stroke (when a blood vessel in the brain is blocked or bursts) (Yule, 2010). However, other health conditions can be a chief cause generating the disease. Instances are: traumatic brain injuries, neurodegenerative diseases (such as Alzheimer), infections and brain tumor.
Aphasia has received much interest of investigation all over the world. Studies focusing on aphasia most particularly are, for instance, the works of Roman Jacobson (1968), Susan Edwards (2005), and Sheila Hale (2007). Long before getting to be known as an acquired language disorder, the history showed a concern to some kind mysterious linguistic disorder. According to Edwards (2005), descriptions of aphasia have, actually, been around for a very long time, at least since 400 BC and records of the disorder have focused on the type of aphasia in which production of words and sentences is gravely disturbed but comprehension remains intact.

2. Major types:

Although there are several subtypes of aphasia, they can be usually organized through three different patterns only: expressive aphasia, receptive aphasia, and global aphasia. In the following a brief introduction to the most known subtypes of aphasia:

2.1. Broca’s aphasia:

It is also known as motor or expressive aphasia. Edwards (2005) mentioned a further description while referring to it as non-fluent aphasia. Its name originates from the area in the brain which carries the lesion being called Broca. This area is responsible for speech production. Then as Yule (2010) argues comprehension is much better then production in this type of aphasia. The latter is characterized according to Yule (2010) by “reduced amount of speech”, “distorted articulation”, “effortful speech”, frequent omission of lexical morphemes (nouns, verbs…) along with functional morphemes (articles, preposition…) and inflections. It can also be described as ‘agrammatic’ speech.


2.2. Wernicke’s aphasia

Also known as fluent aphasia as described by the work of Edwards (2005) or also sensory aphasia as mentioned in Yule (2010), The name originates from the corresponding responsible area in the brain called ‘wernicke’. This area is according to Yule (2010) responsible for speech comprehension. Wernicke’s aphasics are characterized by fluent and effortless speech yet incomprehensible. They may have problems finding the correct word which is referred to as ‘anomia’. (ibid.)

2.3. Conduction aphasia

Yule (2010) clarified that this type of aphasia is connected with damage to the arcuate fasciculus (“the bundle of nerve fibers connecting Wernicke’s and Broca’area”) and results in

- Mispronounced words
- Disrupted rhythm
- Large number of hesitations and pauses
In conduction aphasia, the comprehension deficit is not as extreme as in Wernicke’s aphasia mentioned Edwards (2005). He further explained that there are typically more errors in word form; “Paraphasic errors”, where phoneme substitutions occur, are commonly associated with this disorder (ibid.). Conduction aphasia is less common than the first mentioned types of aphasia (de Blezer 1988:166, in Edwards, 2005).

2.4. Anomic aphasia (amnesic aphasia)

According to the online medical dictionary, this subtype originates from a damage to the temporalparietal area and/or the angular gyrus region and is distinguished from Wernicke's aphasia by the “disruption of a patient's word-retrieval skills” (2014).

The patients “will be unable to correctly name people or objects, causing them to pause or substitute generalized words (like "thing"). Otherwise, [they] will exhibit few, if any, language impairments” (ibid). However the pattern of anoma can be found in so many subtypes of aphasia with varied degrees of severity and with sometimes specific relation to modality.

3. Aphasia Vs Cognitive Language Disorder:

It is important to distinguish between aphasia and another type of language impairment, the so-called “cognitive language disorder”, a term coined by Hagen (1984) and meant to describe patterns of speech and language impairment which are not aphasic but rather secondary to cognitive and memory impairment (Adamovich, 1997; Holland, 1982, cited in Mortensen, 2000). The nature of brain damage; whether diffuse or focal designates the type of language impairment in question. Focal lesions associated with Left hemisphere cerebrovascular accident (stroke) may result in aphasia which is essentially a disorder of language in which various aspects of language (phonetic, phonological, syntactic, semantic and pragmatic) can be involved to varying degrees (ibid.). Cognitive language disorder is generally the result of traumatic brain injury in which brain damage is diffuse rather than focal. Mortensen (2000) mentions that the most common feature of such disorder is “confused language,” which “is characterized as language that is intact phonologically, semantically and syntactically, both receptively and expressively, but which is lacking in meaning due to disturbed behavioral responses”.

II. An Overview of the Systemic Functional Linguistic Approach:

1. Definition:

The SFL is the linguistic theory developed by the British linguist Michael Halliday. For decades this functional approach has been applied to many fields while shifting the accent from the structure of the language to the social function and the related context. It, actually, promotes an insightful understanding and examination of language from “a functional and meaning-oriented perspective” (Ball.M.G, et al. 2009).
What become more important to the analyzer of the text is no more its structural components nor the whole combination of language elements, instead, it is all this added to a context, meaning and function based account.

As mortensen (2000) declares, SFL is “a sociolinguistic theory of language, located within a broadly defined class of “functional” grammars” and it “is a theory about the social processes, rather than the mental processes that are involved in language learning and language use”. It gives emphasis to “what language can do, or rather what the speaker [...] can do with it” (Halliday, 1978)

This theory is concerned with “how people use language, how language is structured for use, and how context plays an integral role in determining any language use and choice” (Mortensen, 2000). It “recognizes the powerful role language plays in our lives and sees meaning-making as a process through which language shapes, and is shaped by, the contexts in which it is used” (Schleppegrell, M. J, 2012). The emphasis is “placed on system in relation to structure” (Ball.M.G, et al. 2009) and the main claim is the existence of “certain specific language resources that are the most visible or sensitive reflectors of each metafunction and its relationship to the context of situation” (ibid).

One of the fields into which the SFL theory has had a prominent role is language pathology.

2. The relevance of SFL approach to the domain of language pathology:

The SFL approach is well recognized for “its application in a variety of fields, including [...] healthcare” and, more specifically, it has been used in order to “assess and develop interventions for children and adults with communication difficulties” (Ball.M.G, et al. 2009).

Gotteri (1988) recognizes SFL as having particular relevance for speech language pathology”. Besides, Halliday, the initiator of the approach, while exploring the potential applications of systemic functional theory, has indicated that a great number of them have “direct application to the research and treatment of speech and language disorders” (1994; cited in Mortensen. L, 2000). He suggests that Systemic Functional Linguistics (SFL) can enable us “to understand the relationship between language and the brain (and) to help in the diagnosis and treatment of language pathologies arising from brain insults” (ibid.).

One prominent clinical tool in this concern is the potential of cohesion analysis which according to Ferguson (1993) “has been the aspect most widely applied in speech-language pathology (cited in Ball. M. G, et al. 2009). The following text may better explain the notion of cohesion:

“when we analyze the text as a whole in terms of what it is about, we can look first at how meanings relate to what is being talked about in the external world (reference), and secondly at how the meaning choices relate to other options in the meaning system (lexical relation, e.g. synonymy, antonymy, [...] and so on). Both of these systems contribute to the cohesion of the text” (Halliday& Hasan, 1976; cited in Ball.M.G, et al. 2009)
Thus, the SFL theory is well implicated in the domain of language pathology and necessarily has had something to add to the bulk of theories acting on the clinicians and speech and language pathologists’ understanding of how language is assessed and interpreted. Changing the way of analyzing language data of patients having a language disorder necessarily implies and uncovers different techniques of handling pathological related issues.

### III. The SFL theory and Aphasia: A theory believed to fill a gap

While tackling the issue of language pathology, one cannot do without mentioning the most common acquired language disorder among patients with language impairment which is undoubtedly, aphasia. As such, speaking about the applications of the Systemic functional approach to the domain of language impairment will inevitably include such a language disease.

In fact, the SFL theory has long been used in researches focusing on aphasia. Examples of some recent ones are for instance Mayer, J and Murray, L(2003) and Mortenson (2005). According to Leanne Togher (2001), the SFL approach is being increasingly used by speech-language pathologists across a range of disorders, such as aphasia (Armstrong 1993, Furguson, 1994).

Considering the applications of the SFL approach means the reference to two different relevant phases: Treatment & Assessment. The latter is important in providing a good diagnosis for the type of aphasia in question and in stating the therapy goals. In the former, the speech and language pathologist has to apply the therapeutic plan that fits the most the needs of the patient revealed in the assessment phase in order to help regain the damaged skills or at least be ameliorated and aided with some compensatory skills. The following account will as such consider the applications in both phases.

The SFL applications framework can be visualized through three major aspects influencing research and clinical practice in speech – language disorder. These are Context, Generic Structure, and metafunctions and their lexicogrammatical realization (Mortensen, 2000).

As it is previously mentioned the SFL theory analyzes a text on the basis of structure related to meaning and function, hence, the social context of the text is very important to the analysis procedure. This principle when applied to the study of aphasia will imply a more thorough and deep sighted analysis of the impaired language in which the focus is not only the mere utterance pronounced or on the sole word written but, instead, is extended to capture all the related circumstances, more specifically, the related social context.

The speech of the aphasic patient is believed to carry cues to the understanding of hiding or problematic issues. As Togher (2001) indicates, the SFL approach “provides the clinicians with a “top-down” theory driven approach that allows the investigation of how language use is determined by the context in which it occurs”. The notion of context is primordial in each step of the SFL framework analysis.

Adopting the SFL approach means asking how a person is using language and how the language is structured for those uses (Mortensen, 2000). In order to find out the answer, what
A language pathologist needs is to admit the necessity of sampling and analyzing complete interactions occurring in some sort of cultural and situational context (ibid).

At the level of assessment, if the analyst wants to concentrate on one specific deficit (whether grammatical, phonological, or whatever...), in spite of preparing direct questions requiring direct answers to depict the deficit, the SFL approach rather encourages the real world conversation being the basis of analysis. The examiner would instead videotape the patient in different circumstances for a specific period, and, then analyze the speech for that particular purpose. The results should emerge from a setting which is not as natural as possible but, in fact, of a truly natural quality. This contradicts some traditional approaches in which the depicted deficit is resulted from a mere given stimuli.

The SFL theory seems to emerge and develop as a response to the critique of existing theories. In this article, my concern is reduced to the psychological approach.

For a long time, the psychological perspective had been dominating speech and language pathology research. Most of the time, scholars refer in their methodological design to the adoption of a psychological induced test and consequently speech and language pathologists used to adopt the derived methods in dealing with aphasic patients in assessment as well as treatment. One of the much known tests which used to be applied is the Boston Diagnostic Aphasia Battery which to date has reached its third edition and we can cite the Philadelphia naming test (1996) as well as the Western Aphasia Battery (Kertesz, 1982).

The psychological perspective in the study of aphasic impairment focuses on the patient as a center and all the cognitive processes that are undergoing the speech. It actually fails to grasp the ‘context of situation’. This gap is in point of fact filled by the SFL theory taking part in the analysis process with its special concern for the social function of the patient production.

The importance of the SFL theory over the psycholinguistic approach is revealed in the statement of Ferguson and Thomson (2008) which contends that “rather than simply providing a checklist of items for assessment or intervention, the value of SFL lies in its provision of a meaning-based conceptual and analytical paradigm which affords unique insight into the nature of communication impairment”. This statement criticizes the ‘strictly controlled context’ in which assessment of aphasic language takes place according to the psycholinguistic guiding lines. Communication subskills including naming, sentence formulation, reading and writing words and sentences are evaluated in a controlled manner that excludes any social consideration for interpretation.

The psycholinguistic approach views language as “a psychological product, i.e. as knowledge”, accordingly, language is considered as “the cognitive and abstract representation of a rule system or code, common to all individuals” (Mortensen, 2000). It adopts a sharp distinction between the notions of “competence” and “performance” (Chomsky, 1957; cited in Mortensen, 2000) which was applied to the description and interpretation of acquired language disorders, more specifically the analysis of error in the aphasic language. According to Bayles & Kaszniak (1987), errors, from a psycholinguistic perspective, are seen to reveal either impaired linguistic competence (i.e. linguistic representation) or performance (i.e. linguistic processing) (Mortensen, 2000).
The standardized aphasia and cognitive/language tests developed from a psycholinguistic perspective assume that ‘‘normal’ language is error free’’ (Grodzinsky, 1990; cited in Mortensen, 2000) or that ‘‘errors represent variation from normatively established standards’’ according to Mortensen (2000). Error in aphasic disorder is interpreted against this idealized model of language and is seen to reflect pathological impairment (ibid). Error as such is detected in a controlled context, a fact that questions if the ‘‘linguistic competence’’ or ‘‘performance’’ will be revealed with different patterns in real circumstances. In this concern, Togher (2001) indicates that standardized measures of communication functioning fail indeed to reflect the performance of patients in everyday settings and, instead, show to have little relationship to the real world of the person suffering from communication impairment.

Even in the psycholinguistic approaches which adopt ‘discourse sampling’ in their batteries of assessment, the analyses are ‘‘controlled contextually and structured in terms of elicitation’’ as explained Mortensen ‘‘a picture description or structured interviews with questions planned by the interviewer’’ (2000). Even though we have to admit that this kind of assessment provide us with the basic structures of language that the patient has retained after brain damage, the limitations underestimate this fact since the sampling and analysis procedures are constrained both contextually and linguistically which prevents a comprehensive view of precise nature of ‘‘the person’s resulting disability and its social consequences’’ (ibid). As contends Mortensen:

‘‘ because assessment does not represent “real” communicative settings, we are unable to ascertain the linguistic capabilities and strengths that have been retained by the client and how he/she utilizes those abilities to convey meanings and maintain social relationships’’ (2000)

From a psycholinguistic perspective, Language is primarily a system operating within the individual’s brain that is then applied for social purposes (e.g., Caramazza & Hillis, 1990; Kay, Lesser, & Coltheart, 1996; cited in Armstrong, E. M., & Ferguson, A., 2010). By providing an integrated semantic and grammatical focus on language, The SFL theory provides a different way of looking at language and more specifically at disordered speech and language impairment (Mortensen, 2000). According to this theory of language, language has various metafunctions (Klippi. A & Launonen. K, 2008). As was mentioned before, the notion of metafunction is essential to the understanding of SFL application. The textual metafunction is the ‘‘enabling function of the language’’ meaning the ways language is used for classifying information into ‘‘larger or smaller chunks’’ so to get a coherent message (ibid). The notion of coherence in the aphasic speech is most of the time disrupted due to the word finding problems which can be manifested in different way such as the use of neologisms, word substitution, and paraphasia. This fact may break down the clause structures according to Helasvuo et al. ( 2001; cited in Klippi. A & Launonen. K, 2008) as well as disrupt the thematic continuity of the text (Korpijaakko- Huuhka, 2003; cited in Klippi. A & Launonen. K, 2008).

Patients, with aphasia, as such have inevitably problems at the discourse level. As a result, discourse analysis is recognized as an important tool for speech-language pathologists (Togher, 2001). Based on a psycholinguistic approach, analyzing the discourse of a patient means adopting and applying measures of ‘‘syntax’’, ‘‘productivity’’, and ‘‘content’’, which
Leanne Togher (2001) describes as failing to afford apparent links between "specific language structures and contextual features". The problem that emerges at this point is the difficulty in taking a decision of where to direct treatment efforts (ibid). It is important to contextualize the analysis procedure at the linguistic and social level and to have varied discourse samples of the same patient to analyze in order to cover different situations and different genres. In this respect, Leanne Togher explains that "the different discourses that are made available to people with communication problems will influence what is possible for them."(2001)

Togher indicates the growing importance of using a discourse analysis approach based on the SFL framework to speech –language pathology so as to assess and deal with language disorders of neurogenic origin such as aphasia. She claims that this theory of language use leads the clinicians and the researcher as well to the discovery of the importance of the context in which a patient’s discourse appears in how it “directly realizes the resulting language structures across many levels”.

According to her study (2001) which focuses on key principles of SFL, discourse production is viewed from an SFL perspective as

"a jointly constructed process that involves interlocutors making choices according to the contextual features of field (the activity that is happening), tenor (the relationship between participants, including their level of familiarity, roles, and power relationships), and mode (the role language is playing, e.g. spoken vs written). These choices are realized […] through three types of meanings […] including ideational meanings (the types of words speakers use to express their experiences), interpersonal meanings (the way the interaction is created between speaker and hearer), and textual meanings (the words chosen being relevant to their context and to each other)"

Furthermore, there are types of aphasia in which establishing communication between the patient and the surrounding clinical staff is never an easy task to undertake. Severe types of receptive aphasia can provide the example in which the patient fails to understand or to make his/her speech understood. The psychological perspective can’t fill the gap of communication. It is mainly intended to focus on the elements of the language and related cognitive processes. Such a social gap was never in itself a target. However, some kind of solution can find its ground in the SFL theory.

As mentioned before, the systemic functional approach relies on cues extracted from the language itself in order to launch a bridge of communication and reduce the barriers between the aphasic patient and the communication partner. The success of establishing communication is necessary to any assessment procedure of aphasic disorder in addition of course to the rehabilitation stage. An instance of this fact is revealed in how the theory treats ‘prosody’, an element in the language which from a psycholinguistic perspective is viewed as a mere purely linguistic component.

At the opposite, the SFL theory makes of prosody a cue to succeeding a conversation with a patient suffering from comprehension deficit. Examining the prosodic variables in the patient’s speech as well as making use of them while delivering speech to an aphasic patient proved to be a successful tool. Out of prosody there will be a kind of bridge that enable the
clinician to find a ground of understanding allowing for a certain kind of communication to be held. This is of ultimate importance into treating the disorder itself.

As was mentioned earlier, a lot of analyses have been developing within the theory of SFL and the applications to speech-language pathology prove them valid and compelling. Many studies had explained several kinds of analyses and the following are just few examples: Mortensen (1992), Thomson (1997), Armstrong (1993), Togher (2001), and Coelho et al. (1991).

Examples of such analyses are:
- The analysis of politeness markers
- The Exchange Structure Analysis
- The Generic Structure Potential

These analyses are believed to be very useful to the speech-language pathologist as they allow “a linguistically based appraisal” of the individual with language disorder in the clinical interaction and also provide a way of “systematically examining other genres, such as involvement in a service encounter or having a casual conversation with a friend” (Togher, 2001). They actually reveal three different levels: ‘the lexicogrammatical level of discourse’, ‘the discourse semantics/turn taking level of discourse’, and ‘the genre or overall structure of an interaction’ (ibid). Halliday & Matthiessen (2004) contend that The SFL framework allow for an overall discourse organization which is achieved for instance through “categorizing semantic moves within turns by speech function”. What the psycholinguistic approach fails to is to provide such a multi-level analysis of the content of a conversation of a patient that can cover not only the linguistic but also the social and cultural dimensions. A goal that seems achieved when the SFL framework is applied.

The SFL theorizes for analyzing the discourse of aphasic patients in terms of ‘’global schematic structure’’ and the relevant ‘lexicogrammatical resources’. Then schematic options provided by the patient are analyzed in relation to the different functions of several text types as Mortensen (2000) argues. ‘’Information gained from such analysis establishes the foundation for a therapy program which will specifically target areas of strength or weakness by anticipating situational demands’’ (ibid.). This linking between context and structure and its related rehabilitation implications is never achieved on the basis of the psycholinguistic approach.

There are many additional analyses that have been developing under the SFL title and contributing to a different view of impaired language analysis and perhaps Cohesion analysis has been one of the largely used methods in examining the discourse of aphasic patients (Armstrong, 1993). Cohesion Analysis, according to Mortensen (2000) implies the study of the available lexical cohesive devices (e.g. collocations) and grammatical devices (e.g. reference, substitution and ellipsis) along all the features characterizing the disordered language.

Another quite important notion while stating examples of techniques applied within the SFL framework to the study of aphasia is “the system of transitivity”. An instance of the application of this system is the examination of the whole nominal group instead of the sole
name, as is the case in the psychological approach. Mortensen (2000) explains that the SFL prefers not to deal with the noun as an ‘isolated element’ in the discourse but instead as a part of a whole unit which is interacting with the verbal group. The investigation of the functional structure of the nominal group resource {head, premodifiers, post-modifiers} allows for a ‘more explicit definition and interpretation of the features of naming deficit’ (ibid.). We are shifting the focus from a name of a thing to a ‘whole continuum of referring and naming devices for the description of things’ (Mortensen, 2000). Through the examination of the aphasics’ ‘referential resources’ we can understand how they manage to realize different meanings through their lexical choice. This is important in shaping valid therapy goals and absolutely offers a better treatment for naming deficiencies.

Through The SFL framework, what the therapy process is aiming at is much more than making improvements on de-contextualized tasks that does not aid in the social re-integration. The adopted techniques aim at enabling the patient to regain as much as possible the social role s/he used to have which emphasizes the difference between this approach and the psycholinguistic one.

And yet, despite all the facts, some scholars still refer to the latter approach while handling problematic issues in aphasia. An example is the study of Capasso. R et al. (2009) entitled ‘Posterior cerebral artery infarcts and semantic category dissociations: a study of 28 patients’. In this study, the authors admit using a neuropsychological examination in order to assess semantic knowledge. While the supporters of the SFL theory are encouraging the assessment of aphasic speech in real circumstances to gain as much credibility as possible, some researchers are reluctant to apply it. This fact leads to a debate over the real reasons standing behind such a choice; the issue of applicability and feasibility of the SFL theory under certain limitation of time. Leanne Togher (2001) indicates that although discourse analysis which is one of the strengths of the SFL theory, is acknowledged as an important tool for speech-language pathologists, it is often not the assessment tool of choice due to its apparent time-consuming nature and the overwhelming number of options available.

Conclusion:

In this article, the main aim was to prize the application of the systemic functional approach in the language pathology domain. Still one cannot deny that for any theory there should be, necessarily, a certain kind of flaw whether it be at the theoretical level or the practical one. We did not focus on this side of the issue, nor did we focus on the advantages of the psycholinguistic approach which inevitably exist.

The description of the functional approach along with the comparison held against the other perspective highlights to what extent the Systemic Functional Linguistic framework can be privileged to some ‘traditional’ approaches used in the research on aphasia. However, this claim calls into question the validity of the use of methodological tools originating from traditional approaches in dealing with aphasia in current or future researches. Notwithstanding the potential importance of these traditional approaches, their current validity and credibility are being increasingly questioned by latest reviewers worldwide. Albeit, thinking of fusing all theories into one comprehensive approach may define a new line for adopting a better way to understand and explore aphasia, and language disorders, in general terms. This will inevitably
offer a clearer side view permitting to settle on better decisions towards treating language pathology.

Theories are just born out of human made efforts and no matter what each of them contends to bring about we still perhaps need all of them fused together and filtered for advantages. As such, may be instead of trying to totally exclude a theory in favor of another, it would be of great interest to search for complementarities between theories. A developed psycholinguistic analytical approach that hosts principles of the SFL theory might be a good candidate for this purpose. Yet, this assumption needs strong argumentation that can be only drawn from practical clinical experiments for which we hope to provide evidence in the future.
References


