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## Ways of depicting speech deficits in the cinematic space: selected examples

### Sposoby przedstawiania deficytów mowy w przestrzeni filmowej – na wybranych przykładach

**Keywords:** speech disfluency, speech of people with hearing loss, communication in cerebral palsy, speech disorders, feature film

**Słowa kluczowe:** niepełność mowy, mowa osób z niedosłuchem, komunikacja przy mózgowym porażeniu dziecięcym, zaburzenia mowy, film fabularny

#### Abstract

The article discusses an important social aspect concerning speech disorders, also in people with disabilities, and the methods of their presentation in the film space. The main aim of the article is the way of presenting dysfunctions in the field of communication in a cinematic work. Other tasks of the article include attempts to answer the following questions: “does the environment influence the development of communication skills of people with disabilities?”, “how does the film show the relationships of people with speech disorders and disabilities in contacts with loved ones?”, and to “what extent is the film image consistent with the scientific description of a given disorder?”. The analytical chapters in the article are devoted to three disorders and selected feature films in which the actors present the language and communication skills of film characters struggling with speech disfluency, hearing dysfunction and cerebral palsy.

#### Streszczenie

W artykule poruszono ważny społecznie temat dotyczący zaburzeń mowy, także u osób z niepełnosprawnością, oraz metod ich prezentacji w przestrzeni filmowej. Podstawowym celem artykułu jest sposób przedstawienia dysfunkcji w zakresie komunikacji w dziele filmowym. Artykuł próbuje odpowiedzieć na pytania: „czy otoczenie wpływa na rozwój umiejętności



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komunikacyjnych osób z dysfunkcjami?”, „w jaki sposób dzieło filmowe pokazuje relacje osób z zaburzeniami mowy oraz z niepełnosprawnością w kontaktach z najbliższymi?” oraz „na ile obraz filmowy jest zgodny z opisem naukowym danego zaburzenia?”. Zawarte w artykule rozdziały analityczne poświęcone zostały trzem zaburzeniom oraz wybranym filmom fabularnym, w których aktorzy prezentują umiejętności językowe i komunikacyjne postaci filmowych zmagających się z niepełnością mówienia, dysfunkcją słuchu oraz mózgowym porażeniem dziecięcym.

## Introduction

The article is interdisciplinary in nature as it combines issues of linguistics, speech therapy and film studies, showing the complexity of the contemporary world and the quest to understand it through the prism of interpenetration of these disciplines. In addition, the paper continues the discussion on the actors' creation of the linguistic and communicative behaviour of people with various speech disorders in the cinematic space. Previous inquiries tended to focus on the linguistic communication of screen characters with autism [Ejsmunt-Wieczorek, 2022]. The article aims to highlight the role of cinematography in societal perceptions of the image of people struggling with different types of limitations and disabilities on a daily basis. The primary purpose is to determine the ways in which communication dysfunctions are depicted in cinematic work while secondary goals revolve around the questions of how the cinematic work shows relations of people with speech disorders, including disabilities, with their immediate environment, how much it influences the development of their communication skills and, finally, to what extent typical problems of a given disorder described in the literature are reflected in film.

## Language communication

Language communication is one of the most important needs in the life of every human being. From an early age, individuals shape and refine their linguistic competence in order to form grammatically correct sentences and adapt their message to the recipient or the situation, thus building essential human relationships. One of the most important privileges given to humans is the ability to speak, which distinguishes them from other living beings. Speech development is the process during which from birth onwards an individual acquires linguistic competence and proficiency in communicating with other people through successive stages of development, thus acquiring the system of a given language, including its grammatical rules [cf. Milewski, 1975; Kaczmarek, 1988; Porayski-Pomsta, 2015 et al.]. Stanisław Grabias defines speech as a set of activities performed by a human being with the aid of language in order to learn about reality and convey its interpretation

to other participants of social life [Grabias, 2012, p. 15]. Theoretical descriptions mainly take into account verbal speech, but it is also vital to bear in mind body language, all kinds of gestures and facial expressions, which greatly affect the quality of communication with others. Speech represents a personal form of communication of one's own identity, giving a sense of independence that people with different types of dysfunctions lack. The ability to use verbal speech helps communicate the essential needs of life.

Being conventional in nature as a product of generally accepted conventions in a given society, language constitutes an essential part of speech [Porayski-Pomsta, 2015, p. 18]. Therefore, as a manifestation of language, speaking and understanding, speech implies verbal or non-verbal communication and is closely related to communicative competence whereas language corresponds to linguistic competence understood as the language user's implicit or intuitive knowledge about that language which is not synonymous with linguistic proficiency [Porayski-Pomsta, 2015, pp. 21–22] characterised by the ability to freely create utterances. This proficiency can be divided into four types: systemic competence related to the phonological, morphological and syntactic level of language, social competence consisting in the ability to adapt the utterance to the recipient, situational competence involving the adaptation of the style of utterance to the situation and pragmatic competence understood as the usefulness and validity of the utterance, the effectiveness in achieving the aim set by the sender. Entering certain social roles and socialising enable individuals to acquire language competences and skills that affect the quality of interpersonal communication [Grabias, 1994, p. 30].

## The role of films in the perception of disability

As cultural products films undeniably have an impact on the social evaluation of various phenomena. They are an artistic, communicative and cultural phenomenon, a medium with a wide impact and extensive reach, both local and global. Even though cinematography did not develop until the nineteenth century, which is relatively late, it is screen adaptations that constitute this form of multimodal text that brings to life a separate category of actors in the cinematic world: stars interacting as both players of roles and real characters in part created by film industry professionals [cf. Kita, 2022, p. 2]. Film has the potential to be the most accurate and information-rich way of documenting events and describing phenomena, characteristics and behaviours. It is thus a tool that teaches viewers and builds their imagination. Film screenings “change mindsets, shape awareness, teach and influence the behaviour of the audience towards different features and behaviours of others. They are often the first source of information in a field that the person has not yet experienced in reality” [Płusajska-Otto, Myszka, 2022, p. 5]. American director Benh Zeitlin believes that

one of the most important qualities of a film work is that it raises questions and tells a story about the world and man:

What I love about cinema is that the plot of a film is a space to discuss some of the most serious questions of this world. I like to ask questions that neither science nor religion can answer. I do not want to do it for them but I appreciate the opportunity to put the cat among pigeons and raise uncomfortable or hard-to-define aspects of reality [cf. Bielak, 2012].

The repertoire of films discussed in the article was selected based on not only their popularity and general accessibility so that the reader can refer to them at any time but also because of their somewhat iconic and evocative acting creations. Films have been selected from a wide range of cinematic proposals that break the existing stereotypes about certain communication and language disorders which accompany speech disfluency (*The King's Speech*, 2010), hearing impairments (*Mój Nikifor*, 2004) and cerebral palsy (*Chce się żyć*, 2013).

## Speech disfluency

The vast majority of people have no problem communicating a linguistic message in a way that is fluent and completely understandable to the recipient. However, a disruption in the continuity of articulation and rhythmicity of phrases can happen in stressful situations to any person. This is perfectly natural and should not cause concern. Unfortunately, speech disfluency can also take on a pathological character and manifest itself primarily in stammering, but also in other disorders such as cluttering, aphasia or oligophasia. Considering the problem of stammering, it is of paramount importance to adopt a broad definition of the disorder in question, as limiting oneself to describing it as speech disfluency narrows down the picture considerably. It is also beyond doubt that equating stammering only with logophobia does not represent a holistic view of the disorder, because in such a situation the focus is solely placed on the psychological dimension. Therefore, in the ICD-10 classification, stammering is understood as a speech fluency disorder in which symptoms are present on different levels: communicative (pathological speech disfluency manifests itself in repeating, stretching and blocking speech sounds), neurophysiological (spasticity of the speech organs is observed) and psychological (attention is paid to the patient's awareness of speech disfluency and fear of speaking) [Woźniak, 2015, p. 798]. According to Krzysztof Szamburski, "stammering is a disorder of the automatisations of speech transmission processes causing contractions of the muscles of the respiratory, phonatory and articulatory apparatus or one of them due to the subject experiencing very strong emotions, particularly anxiety". The author of the definition also mentions the possible influence of the amygdala on the stimulation of the basal ganglia

of the brain, which would explain the nature of anxiety in stammerers. “In the first phase, it protects the subject from anxiety and its reduction perpetuates the symptoms. Over time, it becomes a source of maladaptation” [Szamburski, 2011, p. 375].

Triggers for stammering include proximal (direct) causes, such as physical trauma combined with fear and pain, chronic stress, fright without physical damage, strong stimuli which can cause nerve shock and distal causes (of neurotic origin), e.g. severe course of pregnancy and childbirth, various somatic diseases, heredity and a defective nervous system.

The main symptoms of speech disfluency include repetition of sounds, syllables, words and parts of sentences, dragging of sounds, blocking, silent pauses (inability to take a proper breath and get the air out), revisions (corrections as a result of realising an error), embolophrasia (insertion of meaningless sounds), bradylalia (speaking too slowly), tachylalia (speaking too fast), and dysrhythmia (unrhythmic speaking). In the case of spastic speech disfluency, the aforementioned symptoms may be accompanied by tonic spasms (strong but isolated) as well as clonic spasms (weak but recurrent). Tonic spasms (of the diaphragm muscles, intercostal muscles and vocal ligaments) usually cause the patient to be voiceless. Contractions that involve the articulatory organs contribute to vocal fluency (sound prolongation, blocks, breaking through the sound). In the case of clonic contractions, the person repeats the syllables in the initial position (*bu-bu-tterfly*), middle (*shoe-la-la-ce*) and final position (*torna-do-do*). Repetitions may be single or multiple. It is worth knowing that for people who stammer, the most difficult sounds are the plosive consonants: *p, b, t, d, k, g*. By tensing up the tongue, jaw and lips, they cannot concentrate on preparing for articulation and decide to fight the contraction. It is then possible to hear smacking their lips and clicking their tongue. Symptoms of stammering tend to be not only audible but also noticeable. A stammering person shows swollen veins and arteries (on the neck and temples) during blocks. They clench their fists, tense their facial muscles and also their whole body.

The main character of *The King's Speech* directed by Tom Hooper in 2010 has struggled with pathological speech disfluency since early childhood. The protagonist of the film, played by Colin Firth, is introduced as Prince Albert, an exemplary husband and a caring parent of two daughters, who ascends the throne of England as King George VI following the death of his father George V and the sudden abdication of his elder brother Edward VIII. His problem with fluent speech and panicky fear of public speaking is a formidable obstacle to his monarchical duties. George fears that “there’ll be Mad King George the Stammerer, who let his people down so badly in their hour of need”. Before appearing on the BBC radio station, everyone marvels at the microphone stating that it is man’s best friend. However, King George sees the microphone only as “that devilish device” and he asks himself: “Is the nation ready for two minutes of radio silence?”. The highest position he holds comes with enormous pressure: “Because the Nation believes when I speak, I speak for them. Yet I cannot speak!”.

During his attempts to address the nation, the actor playing the role of King George VI displays a combination of spastic and non-spastic disfluency (tonic and clonic stammering). His facial expressions become a spectacle of sorts, during which an attentive viewer is able to observe the uncontrolled movements of every muscle, the slightest grimace or wrinkle. The co-movements accompanying the creation of a stammering character include in particular closing the eyelids, wrinkling the forehead, clenching the fists, and gently tilting the torso when a spasm occurs. In addition, protraction and repetition of sounds (father, king), numerous blocks and spastic pauses become audible in verbal speech.

The symptoms of disfluency can be found mainly at the beginning of words and sentences, but sometimes they are also heard elsewhere in the speech of the character. Thus, it is mainly articulatory disfluency (problems in moving from one articulation to another, blocking, stretching of sounds and unrhythmic speaking) and semantic disfluency (difficulty in moving from one piece of information to the next, insertion of meaningless sounds, numerous pauses and repetitions) [Woźniak, 2015, pp. 805–810]. Moreover, the character playing the role of King George VI suffers from advanced logophobia<sup>1</sup> i.e. reluctance to engage in conversation. The relationship that the film's protagonist establishes with his speech therapist becomes the main plot of the entire film, and their subsequent friendship transforms the lives of both of them. On his first visit to a diction specialist, the king stresses that "Waiting for me to commence a conversation one can wait a rather long wait." Yet Lionel, an Australian unfulfilled actor with impeccable diction, turns out to be the only person who can help George find his own voice given his unconventional methods of working on his pronunciation. He conducts regular therapy with him, introducing relaxation, breathing, phonation and articulation exercises.

The actor playing the role of the king keeps repeating tongue twisters, e.g. "I am a thistle-sifter. I have a sieve of sifted thistles and a sieve of unsifted thistles. Because I am a thistle sifter." He discovers that his speech is only fluent when he speaks with background music and headphones on, to himself in his mind, or when he curses. He is able to control his emotions in communicating with his closest ones, then he does not feel the pressure of his surroundings and quite efficiently tells his children bedtime stories. Based on his interview with the patient, Lionel suspects that stammering may not be a congenital defect in George, and so he successfully attempts to figure out the cause of the speech fluency disorder. These turn out to be traumatic childhood experiences: a caregiver who favored his elder brother Edward and loathed George and as a result starved and physically harmed him; the untimely death of his brother who suffers from epilepsy; or the constant criticism and pressure from his father. George also mentions his physical defects from childhood, namely left-handedness and valgus knees. As the son of a king, he should remain flawless,

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1 Logophobia – an irrational or disproportionate fear of words [Dictionary.com, n.d.].

which is why he was forced to use his right hand rather than the left one and walk in metal splints. When George relates these dramatic experiences, he stammers badly under his emotions so Lionel advises him to sing it out. He also reassures him by saying: “You don’t need to be afraid of things you were afraid of when you were five. You’re very much your own man”. The film also portrays the King’s relationship with his immediate family: his wife, who supports him at all times, striving to find an effective speech therapist and urging him to undergo therapy, and his children, who love their father unconditionally regardless of his defects or functions. With such strong support from his family and his speech therapist friend, King George does manage to address the nation for the first time despite a difficult start and several jams.

Both the plot of the film and the character of King George created in it have had an impact on changing the prejudicial image of people who stammer. As A. Płusajska-Otto and A. Myszka note, for many years stammering:

[...] was depicted as something to be feared, something to be laughed at, to be ridiculed, or even as something dreadful, most likely involving psychological burdens. Interestingly, the film’s screenwriter David Seidler is also a person with a stammer, which helped him build the characters of both the King and the therapist. This film finally shows the situation of people who stammer in a different way. The rather stereotypical perception of this speech disorder is changing: as it is presented as a feature that can be accepted and even treated as a gift [Płusajska-Otto, Myszka, 2022, pp. 5–6].

## Hearing dysfunction

Hearing is one of the five basic senses, which is of immense importance to the human being as it is through hearing that speech is acquired and can be understood. The baby is born with physical hearing sensitive to sound waves with frequencies of about 16,000–20,000 Hz. [Pruszewicz, 1992, p. 322]. The organ of hearing makes it possible for a person to receive and transmit speech sounds and then interpret them in the brain in an appropriate fashion. Any hearing impairment adversely affects the various stages of speech formation and overall human development. Kazimiera Krakowiak highlights that speech disorders in children occur on two levels, namely speech perception (impaired reception of sounds leads to difficulties in understanding and transmitting speech) and control of the sounds produced (including inability to revise sounds, resulting in grammatical irregularities, intonation, speech volume disorders) [Krakowiak, 2006, pp. 8–10]. With regard to the localisation of hearing loss, a distinction is made between peripheral damage which can be conductive, sensorineural or mixed, and central damage when the functioning of centers in the brain is disturbed.

Hearing loss usually results in speech defects whereas deafness leads to serious delays in the acquisition of grammatical and lexical rules and even to inhibited language development [Muzyka-Furtak, 2011, pp. 120–121]. The organ of hearing allows an individual to perceive and transmit speech sounds and then process them in the brain in an appropriate manner. Any hearing disorder has a detrimental effect on both the different stages of speech development and overall human development. In addition, incomplete understanding of speech negatively affects the emotional state of a person with hearing loss and interferes with interpersonal relationships. Rehabilitation of a patient with a hearing deficit is extremely difficult and requires an enormous amount of patience and cooperation from all parties: the child or adult, the parents, and the therapist. Early surdologopedic diagnosis and thorough stimulation of auditory perception are also of great importance so that the child can communicate effectively with the world through speech. The effectiveness of the therapeutic process can be difficult to determine and it depends on many factors, including the causes and type of hearing disorder, the age of the patient, intelligence level, the social conditions of the patient's family, motivation to practise, frequency of meetings with the therapist, therapy methods, etc. The therapy plan must be always adapted to the individual needs of the child and modified during the therapeutic work.

A character with undeveloped listening skills can be found in the 2004 Polish feature film titled *My Nikifor* (Polish: *Mój Nikifor*) directed by Krzysztof Krauze. The main character, Nikifor Krynicky, played by Krystyna Feldman inherited a hearing loss from his mother. It is likely that he has an auditory processing disorder as he usually does not respond to questions which he is asked and he is also reluctant to engage in communication himself. The protagonist's symptoms are characteristic of people with a significant hearing impairment: he does not discriminate between the distinctive features of a number of sounds hence he produces them incorrectly (numerous deformations and substitutions result in the so-called gibberish), he makes a number of grammatical errors and his vocabulary is poor. In addition, the protagonist struggles with ankyloglossia as his tongue is congenitally attached to the bottom of his mouth. Therefore, incorrect sound realisation involves not only hearing loss but also anatomical defects. The actress playing the role of Nikifor alternatively uses gestures, showing in this way that the character she is playing is unable to communicate freely due to numerous speech defects and tries to compensate for her severely impaired hearing by lip-reading, or so-called "visual listening" as she associates articulatory movements with linguistic signs. This can be evidenced by a hunched posture, usually directed towards the interlocutor. The hearing dysfunction and numerous speech defects seriously affect the character's relationship with those around him. He lives on the margin of the local community, on the outskirts of the city, in a dilapidated flat, excluded and ridiculed, described as "mental", "bur" or "mycosis" etc. The woman who helps him with his daily chores does not enter into conversation with him. Therefore, painting has become his sole form

of contact with others. He expresses himself through his paintings, he does not create them for the sake of profit. The only person who understands Nikifor is the painter Marian Włosiński, who took care of the protagonist when he was no longer able to function independently as a result of advanced tuberculosis. It turned out that a perfectly healthy individual can understand a hearing impaired person and vice versa. A dialogue of sorts developed between the protagonists, in which non-verbal speech and the willingness to listen attentively to each other proved very important. This relationship made it possible to reflect Nikifor's emotions: both joy and anger, opposition or despair. The film convincingly portrays all the psychosomatic limitations resulting from hearing dysfunctions and speech defects as well as the protagonist's social alienation associated with these deficits.

## Cerebral palsy (CP)

The term cerebral palsy is associated with the name of John Little, an orthopedist from England, who first described bilateral spastic paresis in the 19<sup>th</sup> century. To this day, the colloquial term "Little's disease" is also synonymous with CP. Nonetheless, Zbigniew Łosiowski believes that it has a much narrower meaning than cerebral palsy, which he defines as "movement and postural disorders (paralysis, paresis, involuntary movements, muscle tone disorders, balance disorders), coexisting with other symptoms of permanent brain damage (epilepsy, mental retardation or speech, vision and hearing disorders) found in the stage of uncompleted development, and thus occurring before the child's birth, during birth or in the first three years of life [Łosiowski, 1997, p. 11]. In a more recent definition, Roman Michałowicz stresses that it is "a nonprogressive dysfunction of the central nervous system under development, especially the central motor neuron" [Michałowicz, 2001, p. 17] while Ewa Mazanek adds that "this condition cannot be cured, only improved" [Mazanek, 2003, p. 8]. Comparing the above definitions, it can be concluded that the symptoms of the disease depend on the extent and type of paralysis and the period over which the damaging stimulus acted. As a result, a number of classifications of CP have emerged, e.g. that by Ingram (1955) based on topographical factors and taking into account clinical forms; the American classification by Russ and Soboloff (1958), emphasising factors which are pathophysiological, topographical, aetiological, concerning limb range of motion and therapeutic; Swedish classification by Hagberg (1979) distinguishing between pyramidal, extrapyramidal and cerebellar forms; Polish classifications by Monika Majewska (hemiplegic, diplegic, triplegic and tetraplegic forms) and by Anna Wszyńska (monoplegia, hemiplegia, triplegia, diplegia, paraplegia and quadriplegia) [cf. Michałowicz, 2001].

In addition to motor disabilities resulting from brain damage, CP is characterised by other disorders, e.g. epilepsy, intellectual disability, visual and hearing dysfunctions

as well as speech disorders which “are most common in extrapyramidal form and bilateral hemiparesis, and are more likely to occur in children with right-sided paralysis suffering from damage to the right hemisphere of the brain dominant for speech” [Mazanek, 2003, p. 11]. Physiological factors influencing speech disorders include mainly hearing problems, abnormal breathing trajectory, difficulties in voice production, articulatory disorders caused by reduced muscle tone of the lips, tongue, palate, prosodic and intonation disorders, etc. In addition, social factors are also of great importance for the linguistic functioning of people with CP, e.g.: limited opportunities to gain experiences, rare contact with peers, emotional disturbances, frequent hospitalisations, fear of speaking, etc.

A person with quadriplegic cerebral palsy is featured in a 2013 film titled *Life Feels Good* (Polish: *Chce się żyć*) directed by Maciej Pieprzyca, which has received many awards at film festivals both in Poland and abroad. The film got critical acclaim and was received with great enthusiasm among people struggling daily with CP and their families. The main character in the film, Mateusz Rosiński, is called a “plant” because he cannot walk, does not speak and it is difficult to communicate with him in any way. The events in the film are depicted over a period of several years. The film first shows a few-year-old boy who is diagnosed as having a profound mental handicap. His mother is warned that she will never be able to communicate with her son. The first frames of the film show a child who appears to be absent and unable to make contact with his surroundings. It is only the scene with the missing brooch that makes the viewer realise that the person with CP understands his surroundings and tries to show this by all possible means. The actor playing the role of Mateusz wants to communicate to his mother through screams and nervous body movements that the missing item of jewellery is under the bed. Then many more attempts are made by the character to make contact, for example through imitation when the boy hits the table with his hand like his father. An interesting film technique extremely helpful from the viewer’s perspective is the introduction of the main character’s monologue, in which he explained his actions, made various observations, digressions, signalled his needs and feelings.

As a twenty-something, Mateusz often watched his peers through the window and reacted vividly to their behavior with movements of his whole body. He was also able to convey his emotions through facial expressions, both the joy he derived from a trip to the house of mirrors, in which he learned about his reflection and laughed at the sight of changing shapes, and sadness when he cried after separating from his friend and when visiting his mother in the centre where he was placed after his father’s death. The protagonist was torn by extreme feelings. On the one hand, he missed his mother, as evidenced by his unarticulated thoughts: “I was waiting for my mum, I had so much to say to her,” and on the other hand he shouted: “I hate you!”. The awareness that no one in the centre for the disabled understands him and the enormous frustration led the main character to a dramatic decision: he steered his wheelchair

to the stairs on purpose, fighting for his dignity. Through a risky fall, he finally managed to get the attention of those around him, found himself under constant care, established a relationship with a doctor who taught him to use Blissymbols, a form of alternative communication. The first words Matthew communicated to those around him were: “not a plant.” In time, the young man also learned to use a computer, which allowed him to contact the world and overcome communication barriers.

The film also deals with the extremely important theme of family relations. The main character could always rely on his parents, who took care of him, involved their son in everyday situations, practised with him and talked to him as if he was a person without any disability, believing that he understood everything. The film also shows the great happiness of the mother and her pride in her son, who learned to use alternative communication. According to Internet users, it is this production that should be treated as a cure for people’s worst mental states since it provides a great injection of optimism.

## Summary

Film adaptations do not always render reality faithfully, sometimes distorting or hyperbolising it but nevertheless they show various important human situations and attitudes, for which the context is everyday life. The fundamental purpose of films that touch upon the important issue of language and communication disorders and disabilities is to influence audiences and show that people who are not fully able-bodied also have a voice, want to communicate with the world and feel like fully-fledged members of the society. Thus, such films play a fundamental role in the formation of social attitudes, making viewers aware of the steps they can take to promote knowledge about a particular disorder to prevent social exclusion of people with dysfunctions [Plusajska-Otto, Myszka, 2022, pp. 23–24].

The paper presents and analyses the ways used by directors and actors on the film set to portray the language and communication behaviour of people with various dysfunctions, such as stammering, hearing loss and CP disabilities, in a way that is convincing to the viewer and consistent with the professional literature.

The actor playing the role of the character with speech disfluency accurately reflects the behaviour of most people who stammer through believable stretching and repetition of sounds, numerous blocks, silent pauses which are accompanied by facial expressions typical of people with speech disfluency, e.g.: closing of eyelids, wrinkling of the forehead, tensing of muscles, and excessive gesticulation, such as clenching of fists, which demonstrates fear of speaking. Also the role of the actress playing a person with a hearing deficit was based on a whole range of symptoms described in the professional literature, such as faulty articulation of sounds, grammatical errors, poor vocabulary, excessive gesticulation, lip reading, and significantly limited

social relations. On the other hand, the actor creating the role of a man with CP invites the audience into his world through an internal monologue, in an attempt to make them understand everything despite his disability. Moreover, he uses body language, the language of his emotions is mainly based on shouting, but he also seeks eye contact, feels sadness, joy or anger. He is happy when he finally establishes a relationship with his surroundings through the use of alternative communication.

The films referred to in the article depicting the stories of adults with various speech disorders make viewers realise that people with dysfunctions also wish to speak and to be heard; they are able to overcome their communication limitations and make contact with others but need not only a lot of support and involvement from those closest to them but also social acceptance.

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