03. Commonplaces in Clinical Linguistics
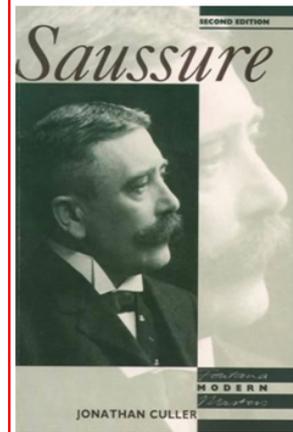## 03.01. The Language/Speech binomial and its clinical application.

One of the customary distinctions made in the literature on language pathologies is that between Speech Pathologies and Language Pathologies. When handling this terminology, care should be taken to use precise terms and be aware of what is meant by the words "speech" and "language".

It is known that Structuralist Linguistics, as introduced by the work of Ferdinand de Saussure (1857-1913)[1], establishes as one of its fundamental theoretical bases the distinction between "Speech" (*Parole)* and "Language" *(Langue)*. The definitions are very well-known and are articulated on the fundamental opposition between systematic abstraction and contextualised concretion, between structure and event:

Portada del libro de Jonathan Culler sobre F. de Saussure.
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> *"Language is both a social product of the faculty of speech and a collection of necessary conventions that have been adopted by a social body to permit individuals to exercise that faculty. Taken as a whole, speech is many-sided and heterogeneous; straddling several areas simultaneously -physical, physiological, and psychological- it belongs both to the individual and to society; we cannot put it into any category of human facts, for we cannot discover its unity. Language, on the contrary, is a self-contained whole and a principle of classification. As soon as we give language first place among the facts of speech, we introduce a natural order into a mass that lends itself to no other classification". (SaussureCurso… Ed.de 1968, Buenos Aires: Losada; p. 25).*

For the Swiss author, however, language is the object of study in Linguistics, whilst Speech, considered as the sphere of anomaly, exception and asystematic, loses ground as an object of study. This situation repeated itself half a century later in the field of generativism, in which Noam Chomsky established the opposition between "Competence" and "Performance", also using abstraction/concretion criteria:

> *"Competence is the knowledge that the ideal listener-speaker has of their language and verbal behaviour (performance)[2] is the actual use of the language in specific situations; therefore this latter is only a direct reflection of competence, but in an ideal way, since in reality all kinds of deviations exist. The theory that establishes competence as a set of rules is, according to Chomsky, a mentalist*

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[1] Saussure outlined the theory of Linguistics, whilst his followers had to deal with the problem in practical and theoretical terms. In 1879 (at the age of 21) he wrote his *Memoire sur le système primitif des voyelles dans les langues indo-européennes (Memoire on the basic system of vowels in Indo-european languages)*. He had learned from the neogrammaticians' school (in Geneva, Leipzig and Berlin) and took their ideas as a starting-point. He is well-known for his teaching, first in the *Ecole des Hautes Etudes* in Paris (1881-91) and then in Geneva, where, between 1906 and 1911, he gave conferences on General Linguistics, the basic contents of which were published posthumously in 1916 from his students' notes (Bally and Sechehaye).

[2] Later translations into Spanish have used "Actuación" for "Performance", although in the field of psychology the term "Ejecución" is commonly used.

one, as it seeks to uncover an underlying mental reality to actual behaviour". (V. Báez, 1975: Introducción crítica a la gramática generativa (A Critical Introduction to Generative Grammar). Barcelona: Planeta, p. 17).

There is, then, a certain theoretical parallelism, if not equivalence (Saussure acknowledges an interdependence between *Language* and *Speech* that Chomsky denies between *Competence* and *Performance*), between:

Language................ Competence....... Abstraction
Speech.................... Performance ...... Individual precision

The most pertinent consequence of these theoretical distinctions in the field of clinical linguistics refers to the **inseparability** of both realities: if the Language system (Competence) is individually carried out through its Speech acts (Performance), there is no room for a theoretical concept such as "pure pathology of language"[3], as language can only be accessed if it is crystallised in speech acts. By definition, therefore, linguistic impairment will only be observable in real, specific and contextualised manifestations of Language, that is, in Speech. The existence of Language Disorders will not be considered unless they are also Speech Disorders; speech being understood in any of its semiotic forms (repetition, speaking, listening, reading, writing).

By contrast, and taking into account that "Speech" also has the sense of "sound and spoken component" of language, it is possible to find speakers with exclusively phonetic pronunciation problem, but who cannot be described as having a "Language Disorder"; this will be covered in the analysis of the phonological component.

http://www.logopaedie-pirmasens.de/logopaediewasistdas.htm¶
Charles· van· Riper¶

If the origins of the opposition between "Speech pathologies" and "Language pathologies" are tracked, it can be seen that it comes into general use in the 60s and arises within the context of research into dysphemia.

According to [Judy Duchan](#)[4], this distinction was introduced by the stammering specialist [Charles Van Riper](#) in his 1963 edition of Speech Correction[5], to underline the necessary change in perspective from an approach that centred on speech pathology towards a model that considered neurological causes; that is, a shift from attention from peripheral aspects of language (motor and perceptual) towards central or processing aspects. In the first edition of 1939[6], this author had defined speech impairment in the following terms (1939: 51):

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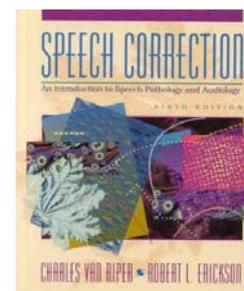
[3] This appears, especially in the literature on children's language disorders, to be in opposition to "pure speech disorders" and "mixed disorders".

[4] Duchan, Judith Felson (2001-2006): *Getting Here: A Short History of Speech Pathology in America*. http://www.acsu.buffalo.edu/~duchan/.

[5] Van Riper Charles (1963): *Speech Correction; principles and methods*. Englewood Cliffs, NJ: Prentice Hall; 1963 (4th ed.).

[6] Van Riper Charles (1939): *Speech correction; principles and methods*. New York: Prentice-Hall Inc.

> *"Speech is defective when it deviates so far from the speech of other people in the group that it calls attention to itself, interferes with communication, or causes its possessor to be maladjusted to his environment".*

In this first edition Van Riper briefly mentioned aphasia (1939: 53) as *"disorder of the linguistic aspect of speech".* However, in the 1963 edition, he distinguished between language and speech for the first time, considering aphasia as a *"symbolisation disorder".* This distinction also converges with discussions in other classic works in the field of language pathology, such as the work of Goldstein[7] on aphasia, which considers it as a language disorder, or Werner's organic concept of language acquisition[8].

from here, the distinction becomes generalised, but in a way that does not always correspond to this basic distinction between phonation and language. The literature is rich[9,10] in studies based on this distinction, particularly in the area dealing with children. For example, in their work on ADHD, Lorian Baker and Dennis Cantwell (1992: 8) point out:

> *"'Speech disorder' was defined as problems with the motor production of speech sounds (e.g., articulation, voice or fluency). 'Language disorder' was defined as problems with the use of arbitrary symbols for communication (i.e., comprehension, expression, pragmatics, and processing). Based on the extent of deviation from standardized test norms (or clinical impression in the case of pragmatics) each area of SL functioning was rated on a 5-point scale for severity of disorder. The rating of speech production, language expression, comprehension, processing and pragmatics were then summed to provide overall severity ratings for each child's SL disorder."*

The American Speech-Language-Hearing Association, ASHA, (1993: 40) uses the general concept of "communication disorders": *"An impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech"* which leads to a differentiation between three broad types:

1. *Language disorder*: affecting language form, function or content, that is, phonology, morphology, syntax, semantics or pragmatics.

2. *Speech disorder*, defined literally as a impairment in the articulation of speech sounds, fluency and/or voice.

3. *Hearing disorder*: impairment in auditory sensitivity in the physiological auditory system.

In this three-way split, it can be seen that the competence of Clinical Linguistics corresponds to (1), but that (2) and (3) define other professional fields; speech therapy has to take part in all of them. For this to happen, it must be properly conceptualised and identify in each case what the patient's problem is and whether their linguistic system is affected or not.

In summary, from the linguistic point of view, opposing speech disorders and language disorders leads to a theoretical reductionism that equates the structuralist concept of Speech with the phonetic/sound component of language. A "pure language disorder" cannot be identified if there is no trace of it in the subject's speech.

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[7] Goldstein K. (1948): *Language and language disturbances*. NY: Grune and Stratton.

[8] Werner H & Kaplan B. (1963): *Symbol formation: An organismic developmental approach to language and the expression of thought*. NY: John Wiley.

[9] Baker Lorian, Cantwell Dennis (1992): "Attention deficit disorder and speech/language disorders". *Comprehensive Mental Health Care,* 2: 3-16

[10] Ygual-Fernández Amparo (2003): Problemas de lenguaje en estudiantes con déficit atencional [tesis doctoral]. (Language problems in students with attention deficit disorder). Valencia: Universidad de Valencia. http://www.tdx.cesca.es/TDX-0527104-143102/" \t "_blank

We believe that what is normally known as "speech disorder" in the literature should more correctly be referred to using the logopaedic term of "dyslalia"; in this way, purely functional and organic disorders can be epistemologically separated from linguistic disorders. Whilst exclusively phonic disorders are defined as mono-dimensional disorders (in that they only affect language form, but not its meaning and function) linguistic disorders bring into play the defining three-dimensionality of the verbal sign: form, function and meaning. In other words, although it is possible to speak of speech disorders that do not affect the language system, it is not possible to have language disorders that are not simultaneously speech disorders (or in generativist terms, performance disorders).

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Language disciplines bring three semiotic aspects into play: forms, functions and signifieds, that belong to the linguistic sign; phonetics and lexicology, being mono-dimensional disciplines, are shared by other non-linguistic areas, such as acoustic physics, physiology and anthropology (cf. 03.02).

The speech therapist has to analyse their patient's verbal conduct from various standpoints:

- They have to take into account the affectation/preservation of the various grammar levels,

- They have to listen for possible differences in performance in the five semiotic skills.
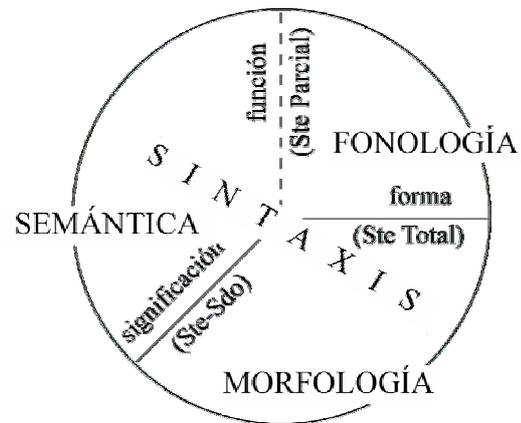
ASPECTS DESCRIBED / descriptors	**Units**	DISCIPLINES
MONO-DIMENSIONAL DISCIPLINES		
FORM	*Sound*	Phonetics
MEANING	*Word*	Lexicology
TWO-DIMENSIONAL DISCIPLINES		
FORM - FUNCTION / meaning	*Phoneme*	Phonology
MEANING - FUNCTION / form	*Sememe*	Semantics
FORM - MEANING / function	*Morpheme*	Morphology
THREE-DIMENSIONAL DISCIPLINES		
FORM - FUNCTION / meaning	*Sentence*	Syntax
FORM - FUNCTION - MEANING / use	*Speech act*	Pragmatics

The aspects described in each case are in capital letters and the aspects used as descriptor in lower case.