

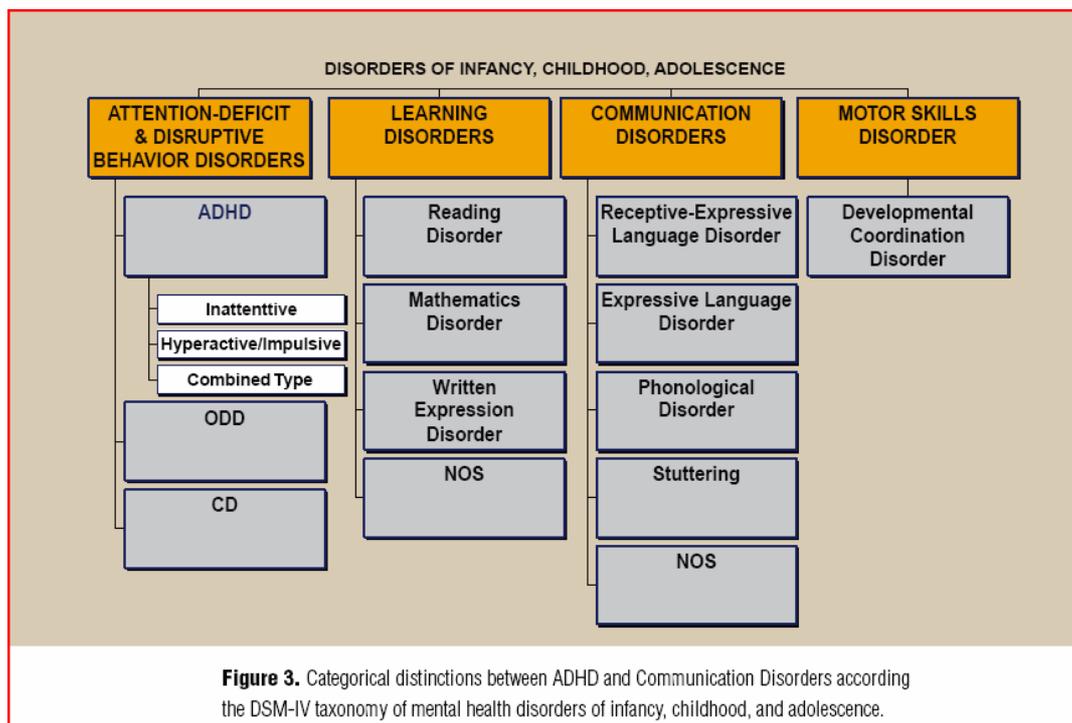
### 03. Commonplaces in Clinical Linguistics

#### 03.08. Linguistic impairment: symptom or syndrome?

There is a last commonplace in the literature on language pathologies that should be avoided. This is the dual use of linguistic impairment as symptom of certain diseases, and as a syndrome in its own right. This can be appreciated particularly in the field of child language research, where the labels of "children with communication difficulties", "children with linguistic impairment", etc. are sometimes used to refer to children who have not been diagnosed as having a *Specific Language Impairment* (SLI), that is, what in Spanish has been (badly) translated as "Trastorno Específico del Lenguaje" (TEL).

If a comparison is made between children with ADHD and children with Linguistic Impairment, a bad classification is being made, insofar as all children with ADHD, by definition, can have some sort of linguistic impairment. Both DSM-IV and CIE-10 use language-related features to describe the disorder, as can be seen from the various questionnaires used by professionals (you can consult the [Cuestionario psicopedagógico y de evaluación del tdah y trastornos relacionados \(6-12 años\)](#) - the psychopedagogic and assessment questionnaire for ADHD and related disorders (6-12 years) - used by the Andalusian Association of Child and Youth Psychiatry and Psychology).

The following diagram by R. Tannock shows a typical table in which, according to DSM-IV, several of these labels appear as if they were designating isolated, independent facts with no overlap:



It should be pointed out, although this may seem obvious, that people, not language, become ill, and that the same symptom can arise in many different people with different pathologies; we should not expect an isolated linguistic symptom to serve as a diagnostic tool. Inversely, speakers can be found with a matching diagnosis, but whose verbal expression (in all the semiotic skills) is divergent.