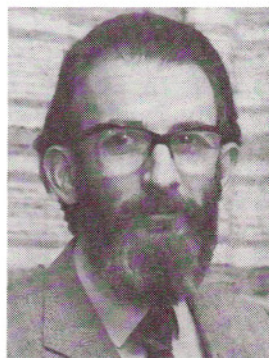

How language breaks down

DAVID CRYSTAL

Some of the things that can go wrong as children learn their language



THE PAGES of *ET* show the English language at its best – a versatile, dynamic, rapidly growing phenomenon, reacting to the increasing demands made upon it as it spreads around the world. If there are problems – and the usage columns provide but one indication that there are – then these are relatively minor matters, compared with the edifice of the language as a whole.

Indeed, the building metaphor is a good one. If language is a building, then usage conflicts are matters of surface finish – a shade of paint here, some plaster cracks there. It is a point that the prophets of linguistic doom tend not to accept, as they believe that (for example) split infinitives and intrusive consonants are symptoms of decay which, unless checked, will lead to fundamental structural damage, subsidence, materials fatigue, and other dire consequences. I believe the contrary – that, throughout the period of usage debate (now just over 200 years old), the foundations and general structure of the language have remained intact, unaffected by these controversies. I would estimate that well over 95% of the structure of English – pronunciation, grammar, and vocabulary – is unproblematic, governed by rules that attract no popular interest whatsoever. To take an older metaphor: the kind of thing that worries people about English is but the tip of an iceberg; they remain unaware of the vast majority of the language, beneath the surface, which they use with unselfconscious ease.

The usage controversies are not irrelevant,

of course. They bear witness to important matters of linguistic change and prestige. They need to be discussed, explained, and taken into account in educational, media, and other public contexts. But usage issues have, to my mind, an unfortunate aspect. They channel linguistic energies in the wrong direction. They distract attention from what are much more serious matters of language breakdown – the failure of language to develop normally in children or the loss of language ability in previously normal adults.

I recall one occasion when I received a letter from the parent of a child suffering from a serious language handicap. Michael was 4½, but his language seemed to be more like that of a child of 2. He could hardly put words together into sentences, his pronunciation was immature, his vocabulary was very limited, and he was a reluctant communicator. He was not getting the help he needed.

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The local speech therapist had seen him, but was unable to offer the intensive therapy he required. She had a full case load, and a long waiting list. She was doing the best she could, but simply did not have the time to carry out an in-depth assessment, which would have taken the best part of a day. Michael was one of several who needed a systematic and detailed investigation of the grammatical constructions he was able to handle, those he was mixing up, and those he was unwilling to attempt. It was a lengthy and specialised task, but such an assessment was essential if therapy was to proceed in a principled and confident manner. Michael's mother was desperate to find such help. I gave some general advice about the availability of specialised assessment centres which might be able to assist, but did so with a heavy heart. There would be a long wait, and even after the assessment had been made, the chances of Michael receiving the amount of therapy he required were slim.

The next day I received a large envelope full of the letters sent in that week to the *English Now* series on Radio 4. One of them caught my eye. It was a long letter, neatly typed, in which the writer had collected all the split infinitives he could on the radio during the previous week. He tabulated them systematically, giving the time, the programme, and who perpetrated the usage. His list contained over 100 examples. It was worthy of any research exercise. He must have spent hours listening out for the construction.

I fantasised. If only we could transfer a fraction of the time and energy that this listener had used on his linguistic enquiry to Michael's speech therapy situation. I fantasised again, at a more realistic level. If only such people could be persuaded to transfer just part of their linguistic enthusiasm and energy to the problems of the language handicapped – even if only by raising their voices in the appropriate quarters asking for such children to be given the support they need. There were over 200 letters and cards in that post-bag, most of them from people complaining about particular words, grammatical constructions, or pronunciations they had heard on the air. The interest and concern about language among the general population is undeniable and impressive. Why, then, are the problems of the language handicapped so

ignored and undervalued?

I think there are two reasons. First of all, there is a problem over the symptoms of a language handicap, which often are very difficult to observe and interpret. Don't be misled by the cases which *are* easy to spot. For example, if you know someone who has lost the ability to speak normally as the result of a stroke (what is called *expressive aphasia*), you will generally notice a distinctive style which betrays the existence of the disorder. Panel 1 gives a transcription of one kind of aphasic speech. Similarly a child born with a cleft palate, or some other facial deformity affecting the vocal organs, will manifest a deviant way of speaking for some time, and here too no one will fail to see the problem. But expressive aphasic adults, cleft palate children, and others who have noticeably deviant speech make up only a small part of the language-handicapped population. They are far outnumbered by those whose symptoms are much less noticeable, or whose problem is thought to be nothing to do with language at all.

A 4-year-old child who is language-delayed, for example, will not immediately strike anyone as being language-handicapped. Seen with a group of other children, in most cases you wouldn't be able to tell the difference. The child would look like any other, and would seem to be playing normally. You would only realise that there was a handicap if you tried to communicate. Then you would find either that the child did not understand what you said (there was a *comprehension* problem) or that the reply was inadequate to some degree (there was an *expressive* problem) or that there was something bizarre or unusual about the kind of conversation which then ensued (there was a *pragmatic* problem). Panel 2 gives an example. Of course, often a language-handicapped child has a combination of comprehension, expressive, and pragmatic difficulties.

Language-handicapped children, on superficial acquaintance, appear to be normal – and this is the main reason why the existence of this problem fails to be recognised. No one has a problem recognising a physically handicapped child; a wheelchair or brace is an unequivocal signal. But language-handicapped children don't have such a signal. Moreover, they find themselves in the

Expressive aphasia

This is an extract from a 64-year-old man with expressive aphasia, one month after his stroke. The speech emerges rapidly, but many sentences are incomplete or erratically sequenced. There are several involuntary repetitions of words and phrases, some unintelligible speech (*jargon*), circumlocutions, and problems of word-finding. A great deal of the language is lacking in comprehension or relatively empty of meaning.

(From D. Crystal, *op.cit.*)

Conventions

T = Therapist

P = Patient

/ marks a melodic/rhythm unit

– and . mark long and short pauses, respectively

` and ´ over a vowel mark falling and rising intonation patterns, respectively.

* marks simultaneous speech by P and T

- T how've you been getting òn/
 P yés/ been going alright/ yés/ lóvely/ yés/ thánk you/
 T had a game of gólf since I last saw you/
 P nó/ (2 syllables) Sùnday/ on ?a Sùnday/ that's àll/ nó/ . nó/ ànyway/ next Sùnday/ ànyway/
 T nèxt Sùnday/
 P yéah/ I (2 syllables)/ yés/
 T why can't you play during the wèèk/
 P wèll/ it's – it's Jòhn/. it's for the càr/ sée/. it's for the car it's – it's got too far awày sée/
 T oh I sèè/ so your son . drìves you
 P thàt's right/ yéah/
 T *mhrrí/
 P *and the . càr/ . and the and the and the . whàtisname and the and . they give the . whàtisname you sée/ . so . other thàn/ . there's no gòod . sée/.
 T *yèah/
 P *well it's nò good/ . will a búš/ get me. clúbs/ and all thát/*() * dòn't it/ rèally/
 T *oh you can't get on a bùš/*
 do you not know any òther people who play golf/ who could play in the wèèk/
 P nò/ I'm afraid . I'm afràid not/ rèally not – /not nobody over there with er – with the pèople/
 rèally/ òtherwise/ I I'd like to/ rèally/ – ?to gò there/ rèally/ cos it's it's/ sèè/ alright/ sée/
 T rathèr/
 P you knòw/ but er . I mèan/ er . Jòhn/ and . Éddy/. he's at Nèwbury/ he likes down thère/
 and er . thàt's it/ sée/ – so they just got. real . what's thàt/ . the only thing is/ (3 syllables)
 whàtisname (2 syllables) whàtisname (1 syllable) whàtisname/ – (2 syllables) òtherwise/ it's
 only for one – Sùnday/ and they only. it it I mean there really is sée/

paradoxical situation that, if they *do* betray abnormal behaviour – such as a failure to play normally with other children, or a tendency to be reserved and withdrawn – they will probably have their difficulty misdiagnosed as the consequences of something other than language. Many children who turn out to have a language handicap are at first thought to be mentally handicapped, for example, or to have a behaviour problem. Many are considered to be shy. Often, the problem is, quite simply, denied. The commonest reaction given to a worried parent of a 2-year-old

who approaches a doctor about the child's failure to communicate is: "Don't worry. He'll grow out of it". And it is true – some children do grow out of it. They are just very late in starting to talk. But between 3% and 5% of pre-school children don't grow out of it (see Panel 3). That's a lot of children.

Nor is it only children who are misdiagnosed in this way. Adults who have a paralysis of their vocal organs will often speak in a voice which is slurred, nasal, and with a flattened pitch (the handicap is known as *dysarthria*). Merely on the basis of their

Language delay

The comprehension of this 4-year-old boy was within normal limits for his age, but his expressive language is well down – resembling more what you would expect of a child of 2. Note the reliance on single noun phrases, and the omission of verbs.

(From D. Crystal, *Introduction to language pathology*, 2nd edn., 1988.)

- T nòw/ 'here's the bóok/ – 'this is the 'book we were 'looking at befòre/ isn't it/
 P tèddy bear/
 T there's a tèddy bear/ yès/
 P 'teddy a hòme/
 T you've 'got one at hòme/
 P yèah/
 T 'what do you càll him/ --
 P a tèddy bear/
 T has he 'got a náme/
 P yèah/ – he nàme/
 T what is it/
 P er
 T 'what's his nàme/–
 P tèddy bear/
 T tèddy bear/
 P yèah/
 T does he – do you 'keep him in your bédroom/
 P yèah/ –
 T whère in your 'bedroom does he 'live/
 P don't knòw/
 T you don't knòw/ -- 'let's have a 'look at these pictures/ – 'what's thàt/
 P a bàth/
 T yès/ – and 'what's thàt/
 P dùck/
 T yès/– there's anòther 'duck like thát one/
 P sàme/
 T sàme/ 'that's right/ 'good bòy/ – and 'what's thàt/ --- do you knów/
 (*points to towel in the picture*)
 P swimming/ –
 T it's a tòwel/
 P tòwel/
 T that's right/ yès/ – I 'wonder who's 'going to gò in that 'bath/
 P mè/

abnormal speech, they are often thought to be mentally deranged, alcoholic, on drugs, or just generally threatening. Or take the tens of thousands of people who stammer. If the stammer is serious, it will have had a severely disrupting effect on the person's life style. Stammerers regularly go out of their way to avoid awkward conversational settings. Many report that they have little social life, or find certain speech situations embarrassing. As a result, they may well find themselves regarded by society as strange, and their problem considered to be one of personality

or intelligence rather than one of language. One stammerer reported a difficulty in a shop, when he was unable to ask the shopkeeper for a product because he couldn't get a particular sound out. As the queue built up behind him, he sensed everyone's frustration at being kept waiting, but was especially embarrassed by the lady who opened the door for him on the way out and asked if he was all right, and did he need any help!

Why do people so readily look for other explanations apart from the linguistic one? Now we approach my second reason: I think

Incidence

In 1972, a government report was published showing the number of people in Britain needing speech therapy services. As few official surveys had taken place, the figures were very much estimates, and err – in the words of the report – ‘only in being too low’. Subsequent studies have shown this suspicion to be correct. Contemporary estimates of the incidence of language handicap in the population vary greatly (depending on the definition of handicap used). If all modalities of language are considered – speaking, listening, reading, and writing – for all ages, and using a ‘moderate’ criterion of severity, the figure of 10% of the population will not be far out.

(From *Speech Therapy Services*, HMSO 1972 – popularly known as the ‘Quirk Report’, as the committee of enquiry was under the chairmanship of Sir Randolph Quirk.)

	Total	% requiring speech therapy	Nos. requiring speech therapy
Geriatric patients	40,000	9	3600
Hospitalized stroke patients	16,000	33	5000
Others (i.e. head injuries, voice disorders, stammerers, neurological cases etc.)	230,000	100	30,000
		approaching	40,000

Estimates for children are more precise (England, Wales and Scotland only):

Children in ordinary school	9 millions	2	180,000
ESN(M)	60,000	20	12,000
ESN(S)	35,000	50	17,500
Physically handicapped	12,000	25	3000
			212,500
Preschool	2 millions	3	60,000
			272,500

this is an inevitable consequence of the general lack of awareness in society of the importance and complexity of language. Most people take language for granted. Most people have never considered what it would be like to lose the power to speak and/or understand, or to never develop it. When teaching this subject to students, I always suggest that they try doing without language for a day. They should get up in the morning, and spend the whole day without speech. Most give up after an hour. It is a salutary exercise. It only takes a short time before you discover the enormous social and psychological constraints imposed by being languageless. And failure to speak is only half the problem. A failure to comprehend – which cannot be role-played – is far more devastating, as it imposes a sense of isolation and bewilderment whose severity can only be hinted at. Aphasic adults who had a compre-

hension problem (*receptive aphasia*) which later improved or resolved report that it is like waking up to find yourself surrounded by a completely unknown foreign language – and everyone is talking to you as if you were expected to understand. It is a communicative nightmare (see the stories reported in Panel 4). The frustration that the children feel can only be guessed, though it is often observed, as many children suffering from a language handicap resort to anti-social actions, such as pinching, or display tantrums, moods, or exaggerated behaviour. And then? Catch 22. That is a badly behaved child! We will never know how many children have ended up in units for the mal-adjusted, whose failure to “adjust” is a long-term consequence of an undiagnosed language problem.

But even if people sense the functional point – that language has a fundamental role

Personal accounts of language handicap

In June 1783, Dr Samuel Johnson suffered a stroke, at the age of 73. It left him without speech, but he was able to write. Three days after the stroke, he wrote a letter to Mrs Thrale:

On Monday the 16th I sat for my picture, and walked a considerable way with little inconvenience. In the afternoon and evening I felt myself light and easy, and began to plan schemes of life. Thus I went to bed, and in a short time waked and sat up as has long been my custom, when I felt a confusion and indistinctness in my head which lasted, I supposed about half a minute: I was alarmed and prayed God, that however he might afflict my body he would spare my understanding. This prayer, that I might try the integrity of my faculties I made in Latin verse. The lines were not very good, but I know them not to be very good. I made them easily, and concluded myself to be unimpaired in my faculties.

Soon after I perceived that I had suffered a paralytick stroke, and that my Speech was taken from me. I had no pain and so little dejection in that dreadful state that I wondered at my own apathy, and considered that perhaps death itself when it should come, would excite less horror than seems now to attend it.

In order to rouse the vocal organs I took two drams. Wine has been celebrated for the production of eloquence; I put myself into violent motion, and I think, repeated it. But all was vain; I then went to bed, and strange as it may seem, I think, slept. When I saw light, it was time to contrive what I should do. Though God stopped my speech he left my hand, I enjoyed a mercy which was not granted to my Dear Friend Laurence, who now perhaps overlooks me as I am writing and rejoices that I have what he wanted. My first note was necessarily to my servant, who came in talking, and could not immediately comprehend why he should read what I put into his hands.

Elizabeth Browning told the story of her severely handicapped child, partially deaf and aphasic, in *I can't see what you're saying* (1972). Here is an extract which well illustrates the frustrations involved.

One day at tea-time Freddy was in his high chair when he suddenly saw something which reminded him of something else. The crying out began, and he had taken to making 'asking' noises. Jean said she had seen him with a match-box in the bathroom and rushed upstairs and returned with it, triumphant. She was met by a face with eyebrows raised in hope and a smile hovering. The ensuing disappointment resulted in a howl of rage and frustration and a hand and arm hit the matchbox away. Heather remembered something in the garden and rushed out for that but with the same result. We then all left the table and searched the house until, at last added to the pile of objects like so much Kim's Game, the cherished thing was found. By this time Freddy was banging his head on the high chair tray in agonies of frustration and crying and throwing himself about, and the rest of us were soon reduced to pieces of chewed string with our nerve-ends jangling and our patience extended to breaking-point. When the treasured object was finally found, the ensuing peace and calm was very alarming and much too un-nerving to be enjoyed. We all knew it would only last until the next time he lost something. (18)

Douglas Ritchie wrote *Stroke: a diary of recovery*, in 1960. A year after his stroke, he felt like this:

My speech? I might have had two or three stray words but I could not tell. In the Centre I rarely spoke to anyone. I had nothing to say and I was embarrassed because I could not say anything. I read all the spare time I had. In the ambulance, where I used to spend upwards of two hours daily with four and five people week after week and where I was less embarrassed, I used sometimes to try different words. One week I was optimistic and the next there was nothing. But I had no doubts about speaking as normally as I did before I had the stroke: it was a question of time and of finding the man or woman who could find me the switch.

My writing was more depressing. I had only written 'Good luck, Clif' or a message like 'cigarretes' (spelt wrong - this might have roused my suspicions, but it did not), and for the rest made the excuse that I did not write with my left hand. But it was my mother's birthday in May and I felt that I should write her a letter. I no sooner had the paper in front of me when every single word galloped out of sight. I was left staring at the blank sheet. Nearly half an hour passed; panic grew; this was nothing to do with my left hand. At length my wife came in and she dictated slowly, letter by letter, 'many happy returns . . .'. I managed to forget my panic for a time. (96-7)

Susan Hampshire wrote about her dyslexia in *Susan's story* (1981):

It was easy to talk about what I had seen in the park, or to sort out the ballet shoes, or to put books away neatly according to size, but to decipher the alphabet, or recognize C.A.T. and say what it spelt was almost impossible . . . When I was required to write, a strange feeling came over me, and I felt there was a long piece of string in my head.

My mother would say, 'C.A.T. spells cat. Susan, what does C.A.T. spell?'

'I don't know, I don't know, Mrs Hampshire (as I called her at school), I don't know what it spells.'

The string inside my head stopped me from answering. It actually felt as though my skull housed a whole ball of string, with an end sticking out of my crown. I thought that if I pulled at this, I could get the string out, empty my head of it, unravel the tangle in my brain . . .

'Mummy, I can feel my string.'

'Don't be ridiculous, Susan.'

The page, the pencil, my mother's face, her slightly oily skin – not a line on it – her dark brown eyes compelling me to answer correctly, her nail polish half erased by the washing-up, all this I could see and remember – but I could not remember C.A.T. Probably the most difficult word in the world, C.A.T. If only the other children couldn't spell C.A.T.

'Stop looking in the mirror and think about how you spell cat.'

I couldn't. I just could not. I tried, but I couldn't. My head was empty – except for the string.

in the expression of personal identity, interpersonal relationships, and social structure – there is a widespread ignorance of the structural point, that language is complex. Crude statistics about language structure don't tell the whole story, but they give an indication of the size of the problem. My pronunciation system contains over 40 units of sound (the vowel and consonant *phonemes*), which come together to make over 300 possible combinations (consonant *clusters* such as /str/ but not /srt/, for example). There are in addition several hundred possible tones of voice produced by the use of intonation, stress, rhythm, and other prosodic factors. In grammar, there are hundreds of constructions governing the patterns of word-formation (*morphology*), sentence structure, and sentence sequence (*syntax*). In vocabulary, there are tens of thousands of words used in everyday speech (*active vocabulary*), and thousands more which are understood but not used (*passive vocabulary*). There are rules governing the way we organise our speech into topics and the spoken equivalent of paragraphs. There is an unknown number of rules governing the way we talk to each other – such as the way we use first names, or greet each other, or express politeness or rudeness. And in all of this, when we consider the field of language handicap, there is one simple working axiom: anything that can go wrong, will go wrong. All of this needs to be learned; and all of this can be lost. The task of

assessing the nature of handicap, when so many variables are involved, is truly enormous, involving a great deal of linguistic training, and a commensurate amount of time. Very little of all this is appreciated by the general public.

The problems of the spoken language have their counterparts in the written language, but here the nature of handicap is better appreciated. It is perhaps partly the result of the high profile given to the problem of dyslexia in the last decade. The identification and teaching of children with reading difficulties has proved to be a particularly controversial topic, which has attracted a great deal of publicity. Even if people do not know what dyslexia is, exactly, at least they have heard of it. Then again, there has been considerable public interest of late in the question of reading standards, of different approaches used in the teaching of reading, of the relative merits of reading schemes and real books, and so on. A reading difficulty is thus something that most people can easily appreciate. Moreover, reading is taught in a deliberate, conscious way, which contrasts with the natural, unconscious process of learning to speak. And because the difficulties children experience when they learn to read, write, and spell are more evident and more tangible than those encountered while learning to speak and listen, the notion of a reading handicap is much easier to recognise and worry about.

Can matters improve for the spoken language? Following the recent spate of government reports on the English language, with the emphasis being placed on language structure and use in the new British national curriculum, there must in due course be a raising of consciousness which will make people more sensitive to the nature and needs of the language-handicapped population. There are similar signs in other countries.

Indeed, the problems of this population are now regularly referred to in school classrooms, and this must be helping. These young people are the voters of tomorrow. They, unlike the language-handicapped, have articulate voices. And readers of *ET* can help, too, not least by remembering that there is more to a breakdown of linguistic life than split infinitives. **ET**
