ON PATHOLOGICAL SPEECH: THE HISTORY OF A SYMPTOMATIC REPETITION

Patologias da Linguagem: A História de uma Repetição Sintomática

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Abstract
This paper discusses the assertion that speech pathologies have been left out of linguistic reflections. The aim of such a discussion is to enlighten some of the reasons for the marginal status of pathological speech in that scientific domain. It is argued that the linguists’ ideal of homogeneity and predictability, which led to the production of grammars, plays a fundamental role. The question concerning how symptomatic speech is addressed in clinical practice is also raised. It could be attested that in the clinical literature neither speech, nor the subject-speaker is dealt with in theoretical terms. The point is: “how can consistent speech-therapy clinical reasoning be promoted if reflection on language is excluded?”. It is argued that a theoretical discourse on language is of capital importance for the building up of consistent clinical approaches to symptomatic speech.

Key-words: symptomatic speech; language pathology; speech therapy; speech in clinical domains.

Resumo
Este artigo parte da afirmação de que falas patológicas têm estado à margem da reflexão lingüística. A discussão, nele encaminhada, gira em torno da hipótese levantada e explorada de que o estatuto marginal das falas patológicas está relacionado, acima de tudo, ao ideal de...
homogeneidade do linguista, que visa predizer o acontecimento de linguagem. O resultado mais notável desse ideal foi nada menos do que a construção de gramáticas. A questão de como falas sintomáticas são abordadas em campos clínicos foi igualmente trabalhada. Pode-se verificar que nem a fala, nem o sujeito-falante são suficientemente adequadamente teorizados nesses espaços. A questão é: “como um raciocínio clínico sobre a fala poderia ser erigido sem o concurso de uma reflexão teórica sobre a linguagem?”. Sustenta-se, aqui, que um discurso teórico sobre a linguagem é de importância capital para a elaboração de abordagens clínicas consistentes de falas sintomáticas.

Palavras-chave: falas sintomáticas; patologias de linguagem; clínica de linguagem; a fala em campos clínicos.

1. On the linguists’ ideal

There are well-grounded reasons to state that the so-called language or speech pathologies have been left out of linguistic reflections. As a matter of fact, very few centers (departments, programs, institutes) dedicated to linguistic studies have opened an area specifically aimed at symptomatic speech research1. Also noteworthy is the scantiness of publications on the subject. I tend to agree with Jakobson who stated that “the science of language passes by [pathological speech] as if speech disorders had nothing to do with language” (1954: 34). One might think that ‘a history’ would begin after Jakobson’s remark (registered 50 years ago, halfway through the 20th century). However, as symptomatic speech persists marginal (it remains, indeed, on the outskirts of Linguistics), this fact itself interests me more than its possible

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1 In Brazil, for example, only IEL-UNICAMP, PUCRS and LAEL-PUCSP can be indicated: at UNICAMP, the area of Neurolinguistics and the Companionship Center for Aphasic Patients. At PUCRS, research on Phonological Disorders is carried out at PUCSP: the Project Acquisition and Language Pathologies, which develops a reflection on different symptomatic conditions of adults and children (articulatory disorders, reading disorders, language delay, aphasias, stuttering) and, also, on clinical procedures. This marginal status of symptomatic speech seems not to be different in other countries.
history since the place of "deviant speech productions" in Linguistics can, in my point of view, be better conceived of as a symptomatic repetition, i.e., pathological speech remains at a symptomatic place within (or outside?) the realm of the science of language (Lier-DeVitto, 1999, 2001, 2005, 2006). The central objective of this paper will, thus, be to indicate and discuss some of the reasons underlying the marginal status of pathological speech.

I understand that the main issue can be related to the linguists' ideal: that of homogeneity. The most significant result of such an ideal was none other than the production of grammars, which can be regarded as tools of reduction and regularization of linguistic production. I do not deny that grammarians have touched upon a fundamental aspect or truth concerning language, each and every language can undergo grammaticalization. According to Milner, "languages have properties which show that grammatical activity is possible" (1989: 54) and justifiable, I would add. The problem is to go directly from this truth to the field of legislation: in other words, migrate to the field where rules acquire the status of norms of behavior regulating what "can/must" and, therefore, what "cannot/must not" be produced in language usage. Bound to the true/false fork, most of what is actually produced/said is rendered "false," "incorrect" and, for this reason, uninteresting and irrelevant to investigate or reflect on. Needless to say that at the extreme of that irrelevance is symptomatic speech.

Scientific Linguistics does not have less to say about the above-mentioned ideal of homogeneity. In fact, it deepens that ideal. Scientific Linguistics aims at attaining that which is universal in language. The marginal status of la parole came as an effect of the coronation of the ideal of universality, as a logical consequence of the establishment of the object of Scientific Linguistics. In fact, for Saussure, the main target of Linguistics, in the strict sense of the word, should be "connaître

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2 Linguists has been able to establish empirical propositions on language (universal categories and rules for specific languages were devised). A very important conquest, as I have mentioned.

3 Noteworthy on this issue is the discussion by Glória Carvalho.

4 I refer to the work of Saussure and Chomsky, directed by a reasoning according to the ideal of Galilean science. On this matter, see Milner (1959) and Koyré (1975/91).
"l’organisme linguistique interne" (1916/67: 42). If the study of language can be developed in two different directions, for Saussure, “l’une, essentielle, a pour objet la langue ...; l’autre, secondaire, a pour objet la partie individuelle du langage, c’est-à-dire la parole ...” (op. cit. 37) (emphasis mine), i.e., everything that is external to the internal organism/system is secondary and not relevant for the science of language.

Therefore, Linguistics, which received the title of science, limits itself to the internal properties of language: a theoretical direction which is at the origin not only of the structuralist project represented by the work of Saussure (1916), but also of the generative program represented by Chomsky’s theoretical framework (officially started in 1957). Hence, the marginal status of speech, the domain of heterogeneity, is, accordingly, explained. It would be plausible, then, to suppose that the branches of Linguists interested in language usage would reflect upon the so-called pathological speech, but that is not the case because the homogeneity ideal persists. In Linguistic Pragmatics, for example, an area aiming at the study of interaction/communication, the above mentioned situation is identical. Researchers have been interested in establishing the “general underlying [cognitive] principles, which would also explain occasional [interactional/communicative/conversational] failures”. Those whose interest lies in failures apply the methodological procedures of Pragmatics to investigate disorders in linguistic interaction. In such cases, expressions like “communicative disability”, “communicative/interactional/cognitive disorders”, “atypical communicative behavior” and “asymmetric relationship” in the context of clinical interviews are at stake (Grossen and Salazar-Orvig, 1998; Hudelot, 1998; Salazar-Orvig, 1998; Mondada, 1998).

I understand that the focus on interaction/communication has served as a barrier to the access to symptomatic speech itself because

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5 It is a controversial issue to say that “speech” is forgotten by Saussure. In fact, in the *Cours* and his *Writings* there are innumerable places where the author implicates speech in argumentation. In this paper I will not discuss that issue. I will keep to the definition of *la langue*.

6 I would like to call attention to the use of “general” in Verschueren’s statement because it is indicative of the determination of a universality which, doubtlessly, deviates the heterogeneous expressions as “problematic proposition.” In this fashion, they are eventually reduced to the not less homogeneous space of “that which deviates” from the general principles.
interactional asymmetry or disorder is frequently attributed to context specificity and/or to specific roles played by interlocutors (Andrade, 2006; Arantes, 2001, 2006). Along those lines, “the significant dissymmetry between the subject’s disturbed speech and that of his/her interlocutor is not even referred to” (Andrade, op. cit.). Thus, there is no inquiry into its crucial participation in interaction/communication disorders. Once more, symptomatic speech and its possible effects on interaction are not taken into account. From this viewpoint, it is really surprising that such studies should claim to belong to the field of “Language Pathology” since the strangeness of symptomatic speech does not pose questions to the researchers of “communicative failures” and, de rigueur, Pragmatics is not able to do so. As a matter of fact, Verschueren states that “Pragmatics does not address linguistic forms properly” (1995: 1). In other words, that area does not undertake a reflection on the structure of language, but presupposes it as “internalized knowledge” (op. cit.). As such, in Pragmatics there is the same response, under a different cloak: the homogeneity ideal guides theoretical and empirical investigations (Lier-DeVitto, 2005, 2006).

The case of Language Acquisition presents a unique profile. Here, meeting the erratic nature of children’s speech is unavoidable. One could suppose, then, that those “erratic” occurrences would not be symmetrized/regularized, that they would lead to specific reflections in that field. But, as Cláudia Lemos (1982, 1995, 2002 among others) has demonstrated, a great part of the child’s actual utterances are “cleaned up” (op. cit.: 1982). Language Acquisition can be viewed as a complementary area to Linguistics (M. T. Lemos, 1994). In other words, Language Acquisition resorts to grammatical devices to describe children’s speech De Lemos, 1982, 1992, 1997, 2002; Figueira, 1995; Pereira de Castro, 1997; Lier-DeVitto, 1998). Along those lines, by means of such an application exercise, the special quality of the speech event is lost, i.e., children’s speech itself.

7 It is assumed that in aphasia, speech disorders are caused by brain damage. As to language pathologies involving children, they would have neurological illnesses or would be symptomatically delayed in the process of language acquisition, which could indicate “mental deficiency” or a “mental problem.” Language pathologies would not, hence, be dealt with by Pragmatics, but by the clinical areas.
It is worth mentioning that some researchers (Bates; Dale; Thal (1997); Fletcher & Ingham (1997) have attempted to define speech symptoms focusing on "atypical occurrences of linguistic forms," while others (Craig, 1997; Brinton & Fujiki, 1982; Curtiss & Tallal, 1991) have tried to relate speech symptoms to strictly pragmatic deficiencies (contextual and interactional): they have observed that symptomatic productions can contain "typical linguistic forms" which, nevertheless, violate "pragmatic-discursive rules." They have further observed that atypical forms are produced by "normal" children and typical ones by "pathological" children. What sounds truthfully surprising is to read that whether typical or atypical, such productions do not seem to disturb interaction/communication.8

I have endeavored to show that symptomatic speech does not take place in Linguistics or in Pragmatics. In Language Acquisition, where the erratic nature of children's speech cannot be ignored, one watches a paradoxical situation, namely that brought about by the application of the descriptive resources of Linguistics, which stem from the homogeneity ideal. In brief, the failure to recognize the specificity of the empirical domain they ought to face, not only accounts for the inconsistency of the results explicitly declared in the area, but testifies to the lack of commitment to "strange speech" (symptomatic or not). The important aspect to take into account is that efforts to "tame" that which is heterogeneous have not been efficient or productive in addressing either normal or symptomatic errors. It is worth recalling that, in empirical sciences, empirical instances are deductively derived from a set of logical-conceptual propositions: theory selects its empirical domain. But, such a legitimate scientific procedure "generates exclusions". It is important not to ignore, though, that what was excluded by theoretical-methodological reasons still exists. That is why Speech Pathology and other areas like Language Acquisition operate in a territory where what is conceived of as "possible" from a linguistic point of view may not (and often it does not) coincide with what is "possible" from the point of view of the speech/discourse occurrences.

8 For an in-depth discussion on this issue, see Lier-DeVito 2001.
A question could be raised at this moment: "should speech researchers ignore Linguistics?" I tend to answer "no." I understand that Linguistics should be sustained as "otherness," i.e., as an important interlocutor since in no other domain so many questions, inquiries and researches on language have been consistently carried on. I would like to add, though, that some restrictions must be posed for the dialogue with Linguistics: that language pathology could not be taken as a complementary area to Linguistics - the knowledge construed by Linguistics should be assumed as "faulty," since it does not include, for example, knowledge of or about "erratic" or "symptomatic productions." Speech pathologists/therapists ought to sustain the tension due to the non-coincidence between the theoretical and methodological aims of Linguistics and those of Language Pathology. In other words, pathological speech ought to be recognized and sustained in its special difference. In short, I understand that the necessary building up of a consistent field concerning language pathology involves admitting that it belongs to the domain of language studies. The definition of its specificity requires, as I have intended to show, a critical dialogue with Linguistics since Speech Pathology should place itself within the interface between the universalizing ideal of Linguistics and the singularity of pathological speech occurrences (Andrade, L., 2003).

The tension just mentioned should be seriously considered by those who deal with and theorize about pathological speech. Moreover, one should have in mind that neither the category "normal" nor the "pathological" is pertinent to the scientific program of Linguistics. I would like to underline once more that the polarity normal-pathological is not actually discussed as such for it is handled in a naïve way: speech pathologists, in the attempt to spot and circumscribe the pathological error in speech, resort to Linguistics in a "utilitarian" way since they make use of its descriptive apparatuses not taking into account the theoretical bases they have derived from. This is the very reason why speech pathologists' evaluations end up as a "negative taxonomy."

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9 M.T. Lemos (1994) raised that question when she analyzed language acquisition researchers' commitment to children's speech productions as well as their approach to Linguistics.
Nevertheless, this type of evaluation cannot either spot or circumscribe pathological errors because the descriptive apparatuses of Linguistics were not devised to tackle speech, let alone speech-deviant productions. What I mean is that speech errors are the residue encompassed by application of descriptive linguistics tools. That being the case, it could be stated that speech pathologists attribute to Linguistics a knowledge about empirical facts which are not part of its empirical scope and must, therefore, be ignored. That is why I have labeled the speech pathologists’ relationship with Linguistics an “unfortunate association” (Lier-DeVitto, 1999, 2002 and others).

I hope that the comments made so far justify the questioning of the binary type of reasoning (true/false, right/wrong, valid/invalid, happy/unhappy), which sustains the ideal of homogeneity. Symptomatic speech does not belong to the inventory of linguistic empirical facts or issues and, moreover, it is too resistant to the application of its descriptive instruments. Hence, no wonder that the mode of existence of pathological speech is “symptomatic”, i.e., that of a repetition of its marginal status in the realm of linguistic studies.

2. Language and speech in clinical domains

If pathological speech is not encompassed by the different areas of Linguistics for reasons attributable to the very nature of their scientific programs, one should ask how such speech is addressed in areas where the pathological facet of language sets up clinical practice. In other words, clinical practice exists exactly because an insistent radical difference, which exceeds the variation limit of the “right-wrong” polarity, is recognized (Lier-DeVitto & Arantes, 1998; Lier-DeVitto, 2002). What I mean is that, in the realm of clinical activity, a quite specific task is at issue: to make a decision about the normal-pathological polarity (and not about the correct vs. incorrect dichotomy).

In the field of Medicine, the findings of Physiology are precious and have to be taken into account since the latter is the science that determines “the normal functions of which pathological ones would be disturbed, exaggerated, diminished or annulled expressions” (Canguilhem,
Physiology provides the norm and Medicine defines as pathological an organic expression which deviates from the norm. According to Canguilhem, Physiology (the "science of life") offers Medicine ("the science of sickness") the basis for a clinical decision regarding normal vs. pathological condition. It should be clear that, from this viewpoint, speech disorders are noticed and recorded but as one of the signs (one among others) of physiological/organic deviation: aphasia, for example, is a sign of brain damage; any disorders in the pronunciation of words are signs of articulatory disorders; and so on. Observe that it is the very classification of illnesses that (nosography) stands for the ideal of homogeneity in the domain of medical practice. Note also that speech, considered as mere sign, is nothing but altered behavior and does not actually pose questions to physicians. A glaring expression of this fact is that there is no therapeutics for speech within the medical clinic (Fonseca, 1995, 2002). What propels Medicine is the search for the organic cause underlying and determining each and every expression/sign of malfunction. Nothing different could be expected, owing to the nature of the scientific program of the field. Nonetheless, it is important to observe that speech/language is certainly dismissed as a theoretical problem.

If Physiology and Medicine could come to an agreement, that harmonious arrangement was due to the fact that, to a great extent, both areas reflect on and act upon the organism. The sick person is "put into brackets" (Foucault, 1980). Notice that this could not be the case of Psychology and of Psychoanalysis, clinical areas that "deal with" the heart and or soul suffering of human beings. Indeed, as Leriche, a famous physician stated, "pain does not belong to the organic plane [...] it is not a fact related to illness [because] it is always personal, subjective" (apud Canguilhem, 1943/1990:71). In the latter two mentioned areas, the organic condition of the patient is exactly what cannot be "put into brackets". That being the case, the decision on what is to be considered normal or pathological becomes no doubt complicated. Clinical Psychology attempts to attain that diagnostic goal by means of observation of behavior (Vocaro, 1997), and pathological expressions are identified with maladjusted behavior from a social perspective. Observe that the decision between "normal or pathological" is strongly dependent on subjective observation. So, in order to assure objectivity,
“strictly scientific” methods are implemented, that is, batteries of tests and/or exams are mobilized. Nonetheless, it is worth emphasizing that, by means of such evaluation procedures, the singularity of a symptomatic/pathological expression – the very core of subjectivity - is obstructed.

It is noteworthy that difficulties related to the detection of pathological behavior are frequent and it is even possible to arrive at the aberrant result of classifying perfectly adapted manifestations as pathological because unexpected suitable answers, but different from those expected and previously determined by the tests, are dismissed or considered symptomatic (Andrade, 2006). To go a little beyond those comments, it is important to point out that Clinical Psychology aims at an imaginary “social behavioral pattern” since there is no homogeneity in any social milieu. Therefore, no objective parameter seems to be attainable and, in that case, it is always up to the therapist’s intuition to make the decision between normal and pathological, a decision that is void of any theoretical-clinical regulation. As to language, although it affects the therapist’s subjective listening, it is admitted as a mere sign of mental illness, a sign of social maladjustment.

Let us now turn to Psychoanalysis which does not implement objective observational methods in order not to obstruct singularity. That is to say, Psychoanalysis adopts neither an organic nor a social parameter, in fact, it is stated that there is no normality parameter. The psychoanalytical clinic takes into account the uneasiness uttered by the subject and so observable signs make way for the listening for symptoms (for the “I feel bad” expressed by the subject). In this talking cure, the subject is the main character and his/her speech, the very place for him/her to appear. Nonetheless, the so-called pathological speech manifestations are indeed acknowledged but, according to Vorcaro (1997), there are few psychoanalytical studies referring to the surprising subjective speech manifestations. Indeed, although acknowledged as strange, they have never posed any questions regarding their psychic origin, operation and function. In short, speech disorders are relegated to the exterior of that area because there is no unfolding of the vicissitudes through which the symbolic expression is grafted in the organic matter to the point of subverting it into an enunciative condition distinguishing a unique subjectivity (Lier-DeVitto, 2006).
As we can see, the interest of Psychoanalysis in symptomatic speech is very different from that of Medicine and the Psychologies, since that theoretical/clinical field takes into account the *enunciative condition*, but *certain kinds of* symptomatic speech can be an obstacle to psychoanalytical practice. Despite being unequivocal manifestations of singularity, they may establish limits to the technique (Fonseca & Vorcaro, 2006). Neither the legitimacy of such a clinical practice nor the consistency of its theorization is at stake here. The idea rather is to point out that symptomatic speech does not really pose questions. I would like to call attention to the fact that an interest of a more linguistic nature seems to conflict with the objectives of this area. In this sense, symptomatic speech is once more put aside.

3. Speech pathology and Therapy

I am deliberately addressing the Speech Pathology and Therapy field towards the end of this paper because *pathological speech* is advocated as its *object*. While Medicine takes care of the sick human organism; Clinical Psychology, of the maladjusted individual and Psychoanalysis, of the subjective drama; Speech Therapy intends to establish its limits by means of symptomatic speech. We shall see how the latter clinical field has attempted to address the normal-pathological opposition. I understand that Speech Pathology and Therapy ought to put into motion a clinical reasoning triggered by symptomatic speech, but surprisingly it excludes a reflection on language and on speech. That theoretical failure is expressed in the interdisciplinary bias which permeates the works in the field. In fact, it would be naive to ignore that *language* and its acquisition, for example, could coincide as to sense and position in Linguistics, Medicine and Psychology. The lack of discernment of these differences entangles notions in a blend with no basis or theoretical horizon. Moreover, *language is* an expression that, for not being rendered problematic, is aligned to the common sense.

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10 This is so because the frequent and long scanning interferes with “listening.” Vorcaro and Fonseca (2006) have sustained that the psychoanalyt in these long intervals is tempted to anticipate or to complete the sequence. By the same token, to remain in abeyance when a sequence in the patient’s speech is suspended.
Actually, ensuing from interdisciplinarity are attempts of explanation which insist on etiology, an overwhelming expression of the adherence of the area to a medical thought. The symptom in speech is, thus and again, reduced to a mere external/visible sign caused by a problem in another realm, be it organic (Benine, 2001; Hütner, 1999; Fonseca, 1995, 2002; Faria, 1995, Landi, 2000, Vasconcellos, 1999), environmental and/or cognitive. The place of speech in Medicine and the Psychology reappears and is repeated along those lines. I dare to say that within such interdisciplinary plot, the discourse on language, built in the field of Speech Pathology and Therapy is diluted with the dilution of its commitment to the theorization on its object. As to clinical practice, procedures adopted to evaluate language frequently resort to grammatical devices, which play the role of “normality standard”. It is necessary to mention that those devices do not have the power to describe symptomatic speech; they only enable you to say in a general sense that a specific speech production “does not follow the rule,” that it is deviant (but not necessarily symptomatic). It is also noteworthy to mention that through the application of grammatical devices it is impossible to reach a nosographic framework, which is desirable in the field.

Whereas the classificatory homogeneity ideal reigns supreme in the United States and in most of the European countries (innumerable batteries of grammatical/semantic and phonemic discrimination tests are produced and implemented in the evaluation of speech), in Brazil, the state of the art is different. Language evaluation acquires a subjective façade (they are dependent on the therapist’s sense/intuition, and are carried out with no proper theoretical regulation: as it occurs in the realm of Psychology). I call attention to paradoxical movement towards Linguistics: if Linguistics is eventually dismissed in the explanations of pathological speech conditions, its inclusion in language evaluation...

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11 Descriptive instruments are applied and may spot the problem in speech (as left over/residue that does not adjust to the rule or deviates from the pattern), but they do not describe and, consequently, do not define “what is pathological” (even though spotting a difference, one way or another: the process always resorts to etiology): neither do they guide the therapy (which always maintains its adaptive direction).
clinical procedures only attests the unfortunate meeting, which acquires greater importance in the adaptive/corrective trend in speech therapy (Araujo, S., 2002). The recurrent application of descriptive apparatuses in diagnostic instances leads to a specific therapeutic configuration, namely, of a pedagogical/behaviorist nature, which expresses, above all, how language is conceived of in that clinical area. And what is understood as language is a great distance from the theorization on it. At the base of such clinical setting, language is reduced, again, to maladjusted behavior.

4. Final comments

The reason for such commitment to adaptive ideas sustained by the ideal of homogeneity) can be understood: it is supposed that speech, as any other kind of behavior (human or animal), can be modeled, re-adapted to social/community speech standards. In this manner, stimulation and reinforcement are the therapeutic procedures sustaining rehabilitation in speech therapy. The basic issue is that either speech or the subject-speaker does not seem to raise questions in this field of Language and Speech Pathology and Therapy. Actually, speech therapists have rather withdrawn from the goal of approaching language on theoretical terms to explain symptomatic manifestations and to reflect upon clinical procedures. The point is: “how can consistent clinical reasoning be promoted if reflection on language is excluded?” Deciding on what is normal and pathological without any theoretical regulation based on linguistic studies may lead to mistaken evaluation procedures and clinical reasoning. A theoretical discourse on language, consequently, is meant to emphasize the importance of theoretical regulation in the approach to symptomatic speech (Lier-DeVitto, 1999; 2002; Andrade, 2003; Arantes, 2001; Fonseca, 2002).

If symptomatic speech is unmistakably recognized by native speakers of any language, in the domain of Speech Pathology and Therapy, such speech should pose questions and, in this case, the

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12 “Rehabilitation” is, truly, shorthand for the nature of this correction/adaptation practice.
approach to it should not be either “objective” or merely “intuitive”: two trends that have been responsible for the repetition of the marginal status of symptomatic speech, as I have searched to demonstrate.

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