the ESPecialist, vol. 30, nº 1 (1-17) 2009 ISSN 0102-7077

ON PATHOLOGICAL SPEECH: THE HISTORY OF A SYMPTOMATIC REPETITION
Patologias da Linguagem: A História de uma Repetição Sintomática

Maria Francisca LIER-DEVITTO (LAEL E DERDIC-PUCSP, São Paulo, Brasil)*

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

* Programa de pós-graduação em Lingüística Aplicada e Estudos da Linguagem e Divisão de Educação e Reabilitação dos Distúrbios da Comunicação da Pontifícia Universidade Católica de São Paulo.

homogeneidade do lingüista, 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 suficiente ou 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 research[1]. 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

[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,[2] 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.[3] 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.[4] 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*

[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 (1989) and Koyré (1973/91).

l'organisme linguistique interne" (1916/67: 42). If the study of language can be developded in two different directions, for Saussure, *"l´une,* ***essentielle****, a pour objet* ***la langue*** *...; l´áutre,* ***secondaire****, a pour objet la partie individuelle du langage, cést-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,[5] 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"*.[6] 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

[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.[7] 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-DeVitto 2001.

A question could be raised at this moment: "should speech researchers ignore Linguistics?" I tend to answer "no."[9] 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 is 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."

[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,

1943/1990: 45). 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 (Vorcaro, 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.[10] 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 naïve 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.

[10] This is so because the frequent and long scanning interferes with "listening." Vorcaro and Fonseca (2006) have sustained that the psychoanalyst, 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 patients' 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;[11] 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 (innumerous 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*

[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.[12] 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

[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.

Recebido em: 08/2008; Aceito em: 10/2008.

References

ANDRADE, L.M. 2003 *Ouvir e escutar na constituição da clínica de linguagem.* Tese de doutorado. Programa de Estudos Pós Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

_____ 2006 Procedimentos de avaliação de linguagem na clínica fonoaudiológica: entre o singular e o universal. IN: M. F. LIER-DEVITTO & L. ARANTES. (orgs.) *Aquisição, patologias e clínica de linguagem.* EDUC/FAPESP.

ARANTES, L. 2001 *Diagnóstico e clínica de linguagem.* Tese de doutorado. Programa de Estudos Pós Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

_____ 2006 Impasses na distinção entre produções desviantes e não desviantes. IN: M.F. LIER-DEVITTO & L. ARANTES (orgs.) *Aquisição, patologias e clínica de linguagem.* EDUC/FAPESP.

ARAÚJO, S. 2002 *O fonoaudiólogo frente à fala sintomática de crianças: uma posição terapêutica?* Tese de doutorado. FFLCHS. USP, São Paulo, Brasil.

BATES, E.; DALE, P. & THAL, D. 1997 Diferenças individuais e suas implicações para as teorias do desenvolvimento da linguagem. IN: P.FLETCHER & B. MAC WHINNEY (orgs.) *Compêndio da linguagem da criança.* Artes Médicas.

BENINE, R. 2001 "Ómideio": *o que é isto? – questões e reflexões sobre as dislalias, distúrbios articulatórios funcionais e desvios fonológicos*. Tese de doutorado. Programa de Estudos Pós-Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

BRINTON, B. & FUJIKI, M. 1982 A comparison of request-response sequences in the discourse of normal and language-disordered children. *Journal of speech and hearing disorders,* **47:**57- 620.

CANGUILHEM, G. 1943-90 *Normal e patológico*. Forense Universitária.

CARVALHO, G.M. 1995 *Erro de pessoa: levantamento de questões sobre o equívoco em aquisição da linguagem*. Tese de doutorado.UNICAMP.

CHOMSKY, N. 1957 *Syntactic structures*. Mouton.

CRAIG, H.K. 1997 Deficiências pragmáticas. IN: P. FLETCHER& B. MACWHINNEY (orgs.) *Compêndio da linguagem da criança.* Artes Médicas.

CURTISS, S. & TALLAL, P. 1991 On the nature of impairment in language-impaired children. IN: J.F. MÜLLER (ed.) *Research on child language disorders: a decade of progress.* Pro-Ed.

DE LEMOS, C. 1982 Sobre a aquisição da linguagem e seu dilema (pecado) original. IN: J. MEISEL (ed.), 1986 *Aquisição da linguagem.* Vervuert.

_____ 1992 Los processos metafóricos y metonímicos como mecanismos de cambio. S*ubstratum,* **1**:121- 136.

_____ 1995 Língua e discurso na teorização sobre aquisição da linguagem. *Letras de Hoje,* **30**. 4: 9-28.

_____ 1997 Native speakers intuition and metalinguistic abilities: what do they have in common from the point of view of language acquisition? *Cadernos de Estudos Lingüísticos,* **33**: 5-14.

_____ 1998 Sobre a aquisição da escrita: algumas questões. IN: R. ROJO (org.) *Alfabetização e letramento.* Mercado de Letras.

_____ 2002 Das vicissitudes da fala da criança e de sua investigação". *Cadernos de Estudos Lingüísticos,* **42**: 41-70.

FARIA, V. 1995 *Por entre os distúrbios articulatórios; questões e inquietações.* Dissertação de Mestrado - Distúrbios da Comunicação – Faculadade de Fonoaudiologia, PUCSP, São Paulo, Brasil.

FIGUEIRA, R.A 1995 Erro e enigma na aquisição da linguagem. *Letras de Hoje,* **30.** 4: 145-162.

FLETCHER, P. & INGHAM, D. 1997 Deficiência gramatical. IN: P. FLETCHER B. MAC WHINNEY (orgs.) *Compêndio da linguagem da criança.* Artes Médicas.

FONSECA, S.C. 1995 *Afasia: A Fala em sofrimento*. Dissertação de Mestrado. Programa de Estudos Pós-Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP.

_____ 2002 *O afásico na clínica de linguagem.* Tese de doutorado Programa de Estudos Pós-Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

FONSECA, S.C. & VORCARO, A. 2006 O atendimento fonoaudiológico e psicanalítico de um sujeito afásico. IN: M.F. LIER-DEVITTO & L. ARANTES. (orgs.) *Aquisição, patologias e clínica de linguagem*. EDUC/FAPESP.

FOUCAULT, M. 1980/1994 *O nascimento a clínica.* Forense Universitária.

GROSSEN, M. & SALAZAR-ORVIG, AS. 1998 Clinical interviews as verbal interactions: a multidisciplinary outlook. *Pragmatics*, **8**.2: 149-155.

HUDELOT, C. 1998 To pursue the discussion without concluding. *Pragmatics*, **8**.2: 287-295.

HÜTNER, S. 1999 *Desvios fonológicos: da articulação à fonologia.* Dissertação de Mestrado inédita. Distúrbios da Comunicação.Programa de Estudos Pós-Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

JAKOBSON, R. 1954 Dois aspectos da linguagem e dois tipos de afasia. *Lingüística e comunicação*. Cultrix.

KOYRÉ, A. 1973/1991 *Estudos de história do pensamento científico.* Forense Universitária.

LANDI, R. 2000 *Sob efeito da afasia: a interdisciplinaridade como sintoma nas teorizações.* Dissertação de Mestrado. Programa de Estudos Pós-Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

LEMOS, M.T. 2003 *A língua que me falta: uma análise dos estudos em aquisição da linguagem*. Mercado de Letras.

LIER-DEVITTO, M.F. 1998 *Os monólogos da criança: delírios da língua*. EDUC-FAPESP.

_____ 1999 Theory as ideology in the approach to deviant linguistic facts". IN: J. VERSCHEREN (ed) *Language and Ideology.* IPRa & Authors.

_____ 2001 Sobre o sintoma: déficit de linguagem, efeito da fala no outro, ou ainda?. *Letras de hoje*, **36**.3: 245-253.

_____ 2002 Questions on the normal-pathological polarity. *Revista da Anpoll,* **12**:169-183.

_____ 2005 Falas sintomáticas: um problema antigo, uma questão contemporânea. IN: M.M. FREIRE; M.H.V. Abrahão, A.M.F. BARCELOS (orgs.) *Lingüística Aplicada e Contemporaneidade*. Pontes.

_____ 2006 Patologias da linguagem: sobre as "vicissitudes de falas sintomáticas". IN: M.F. LIER-DEVITTO & L. ARANTES (orgs.) 2006 *Aquisição, patologias e clínica de linguagem.* EDUC/FAPESP. pp 183-200.

LIER-DEVITTO & ARANTES 1998 Sobre os efeitos da fala da criança: da heterogeneidade desses efeitos. *Letras de Hoje,* **33**. 2: 65-72.

MILNER, J-C. 1989 *Une introduction à la science du langage.* Éditions du Seuil.

MONDADA, L. 1998 Therapy interactions: specific genre or "blown up" version of ordinary conversational practices?. *Pragmatics,* **8**. 2: 155-167.

PEREIRA DE CASTRO, M.F. 1997 A fala do outro e a heterogeneidade da fala da criança. *Letras – Revista do mestrado em Letras da UFSM,* **14**:125-138.

SALAZAR-ORVIG, A. 1998 Interpreting and diverging in clinical interviews. *Pragmatics,* **8.**2: 167-185.

SAUSSURE, F. 1916/1967 *Cours de linguistique générale.* Édition critique préparée par Túlio de Mauro. Payot.

_____ 2002 *Écrits de linguistique générale.* Établis et édités par Simon Bouquet et Rudolf Engler. Gallimard.

VASCONCELLOS, R. 1999 *A fala na escrita de crianças portadoras de paralisa cerebral.* Dissertação de Mestrado. Programa de Estudos Pós Graduados em Lingüística Aplicada e Estudos da Linguagem (LAEL). PUCSP, São Paulo, Brasil.

VERSCHUEREN, J. *et all.* 1995 *Handbook of Pragmatics: manual.* John Benjamins. Introduction.

VORCARO, A 1997 *A criança na clínica psicanalítica.* Companhia de Freud.

Dr. Maria Francisca Lier-DeVitto earned her PhD in Language Acquisition from UNICAMP. Besides language acquisition, she also focuses on language pathology and with the research support of the CNPq, created an integrated research project. Lier-DeVitto teaches at LAEL and leads the Research Committee at DERDIC - both from PUCSP. f.lier@uol.com.br