

Aphasia/dysphasia

What is aphasia/dysphasia?

These are the oldest terms used in the field of specific language impairments. Originally they would have described the field completely. They have Greek roots, and describe the conditions of having no speech (“a” = “not” and “pha” = “speak”) and having deviant speech (“dys” = “bad”) following brain trauma, such as head injury, a stroke or meningitis. Speech here includes language. These terms are still used widely in the adult field in connection with acquired language difficulties. For nearly a century, all research and clinical understanding of speech and language impairments was gathered under these terms.

In the 1950s, professionals began to realise that children could show developmental difficulties that resembled the adult conditions described by the terms **aphasia** and **dysphasia**, but without any known brain trauma having occurred. The terms were initially very valuable in identifying the children we would now describe as having specific speech and language impairments. An immediate problem of transfer to children arises from the fact that nearly all children move from an aphasic to a dysphasic state as their development continues and as help is provided. For this reason dysphasia came to be more commonly used for children.

In a further attempt to make the terms applicable to children the word ‘developmental’ was added, leading to the appearance of the terms **developmental aphasia** and **developmental dysphasia**. There are other variations that can be encountered with reference to children:

- **congenital aphasia/dysphasia** – used for those whose difficulty is present from birth
- **acquired aphasia/dysphasia** – used for those whose speech and language development is affected by, for example, brain injury or meningitis
- **receptive aphasia/dysphasia** – used for those who have difficulties in understanding speech
- **expressive aphasia/dysphasia** – used for those who can understand speech but have problems using it.

Broadly speaking, all the above terms can be used according to their definitions provided of course that they describe the child’s circumstances. It is wrong to assume that they correspond to exact medical or psychological conditions, or that they convey a clear picture of the exact problem of the child. These terms have become less frequently used in recent years, particularly in the UK and USA.

References

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- Donaldson, M L** (1995), *Children with language impairments*. London: Jessica Kingsley
- Fleming, P, Miller, C & Wright, J** (1997), *Speech and language difficulties in education*. Bicester: Winslow
- Fletcher, P & Hall, D (Eds.)** (1992), *Specific speech and language disorders in children*. London: Whurr
- Lees, J & Urwin, S** (1997), *Children with language disorders (2nd ed.)*. London: Whurr

Please note: Afasic does not hold copies of any referenced material. However, it may be obtained via academic libraries.

Other relevant Glossary Sheets

- Specific language impairment (1)
- Semantic and pragmatic disorders (5)

Other organisations which can help

Royal College of Speech and Language Therapists (RCSLT)
2 White Hart Yard
London
SE1 1NX
Tel: 020 7378 1200

The speech and language therapy service of your local health trust. Details appear in the business section of the telephone directory, under ‘Health’ and the name of the trust.

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