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Three popular myths about language development

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Abstract

Important clinical decisions are based in part on the information parents provide about their children's developmental language history. There are several myths about speech and language development, however, that cause parents to provide inaccurate information. Three of these myths are discussed in this paper: the First Word myth, the 'Older Sibling as Interpreter' myth, and the First Sentence myth. Familiarity with the misconceptions that underlie these myths should help clinicians notice when parents might be providing inaccurate developmental language information. The ability to recognize an inaccurate parental report should eliminate the diagnostic enigmas associated with these myths and thereby lead to more accurate diagnoses and appropriate intervention decisions.

Introduction

An important part of the initial assessment of a speech- or language-disordered child is obtaining information about the child's developmental language history. This information is usually provided by parents or caretakers who have played a significant role in raising the child. These individuals are usually asked when the child produced his first words, what these words were, when the child began to produce sentences, and what the child's current language is like. Other questions might pertain to speech intelligibility and comprehension, cognition, and social behaviours. Information gathered from the parental interview is often used

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to form diagnostic hypotheses about causal factors and develop an intervention plan. Because clinical decisions are based in part on the information parents provide, it is important that this information be accurate. Unfortunately, parental reports of speech-language development are often inaccurate. It is not that parents intentionally wish to mislead clinicians; rather, the information they provide is heavily influenced by commonly held myths about speech and language development.

There are several myths about speech and language development that have a direct impact on the information parents provide in clinical settings. The three that I will address in this article are: (a) the myth of the first word, (b) the myth of an older sibling's special interpretative abilities, and (c) the myth that children begin talking in sentences. These myths have several different sources, including grandparents, the neighbourhood child language expert whose qualifications are two kids instead of one, the paediatrician who should know better but doesn't, and the media, which tend to oversimplify complex phenomena.

The First Word myth

This is arguably the most common and pervasive of the myths about language development. In most western cultures, a child's first words are assumed to be the first phonological approximation of an adult lexical form. The use of phonological criteria rather than semantic or symbolic criteria gives the tales of children's first words an apocryphal nature. My current favourites are *succotash* and *flamingo*. Although theorists in child language disagree about many things, all would agree that no child would ever say *flamingo* or *succotash* as a first word. But there are some first-word tales that are more within the realm of possibility. For example, during the past year I have heard of two young girls whose first word was *garbage*. Both of these children reportedly had strong affinities for garbage-cans, waste-baskets, and, of course, trash.

The transitional period that children go through from babbling to first words has received considerable research attention during the past 10–15 years (e.g. Blake and Fink, 1987; Dore, Franklin, Miller and Ramer, 1976; Kamhi, 1986; Menn, 1978). One of the issues raised in this research is the distinction between prelexical forms and true words. According to Menn (1978), for a particular lexical form to be considered a word it must show (a) phonetic consistency, to the extent that it varies in only a few

features about a well-defined target; (b) semantic coherence, to the extent that it refers to a related set of objects or events; and (c) symbolic autonomy, to the extent that it is not tied to a specific context, motor act, or ritualized behaviour, and is used with different intonations to serve a variety of communicative functions.

As indicated earlier, many parents consider a child's first word to be the first sound sequence that resembles an adult word. Parents obviously rely heavily on phonological criteria to attribute first-word status. However, the phonological criteria many parents use are often not as stringent as the phonetic consistency criteria used by child language investigators. Phonetically consistent forms identified by child language investigators involve simple phonological structures such as [ba], [mama], and [da] rather than the complex ones that occur in words like *flamingo* and *succotash*.

Not all parents rely solely on phonological similarity to attribute first-word status. Some parents consider semantic factors as well as phonological ones. A common example is when the young child uses the phonetically consistent form [mama] in the presence of her mother, or a form such as [beibi] when there is a baby doll in the vicinity. Because of the semantic relevance, one is more justified in attributing word status to these forms than to words like *garbage* and *flamingo*. Nevertheless, these forms are not true words because they often lack both symbolic autonomy and semantic coherence. The form [mama] might be used whenever the child is distressed, as my first daughter used it (see Kamhi, 1986), or as a request for action or attention from another person, as my second daughter used it. Although these forms are not true words, they represent an important transitional stage in the development of first words.

It should be clear that parental reports of first words are generally not accurate. In some cases, first-word status is attributed to forms that do not even meet one of Menn's three criteria. In other cases, the forms often lack semantic coherence and symbolic autonomy. Inaccurate first-word reports generally are not problematic when normally developing children are the object of these reports. These false reports do not form the basis for any important decisions about the child's development. The child will soon be talking in sentences, and many parents will forget when their child said her first word.

This is not the case for language-disordered children. Like parents of normal children, parents of language-disordered children will provide inaccurate estimations of when their children produced their first word. It is not uncommon for some parents to report that their child's language

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developed normally during the first year only to stop during the second year. I recall one child we had in therapy several years ago whose mother reported just this kind of language stoppage. There was no incident of trauma, illness, or other possible causal factor to account for the apparent loss of language during the child's second year. The language stoppage remained an unresolved diagnostic enigma. We even attempted to relate other behavioural patterns to her purported language regression. No one thought to question the accuracy of the mother's account.

This diagnostic puzzle was caused by the assumption that the mother was providing accurate information about the child's language development. The puzzle is, of course, resolved by discounting the mother's report. The child probably used a few phonetic forms during her first year that resembled adult lexical types. These forms dropped out of the child's system during the second year, giving the appearance of a loss of language ability. These apparent regressions in language development are not unique to language-disordered children. In fact, their occurrence in normally developing children has been well documented (e.g. Dore *et al.*, 1976; Halliday, 1975). My 21-month-old daughter, for example, went through a period several months ago during which she produced the forms [mi], [dædɪ], and [næɪ]. The forms were phonetically consistent across a variety of contexts. The first two forms were occasionally associated with the correct referents (i.e. milk and daddy). After 2–3 weeks, however, these forms dropped out of her prelexical repertoire. The disappearance of these forms in no way indicates that there was a regression in language development, but rather that these prelexical forms never achieved true lexical status.

The “Older Sibling as Interpreter” myth

The myth that an older sibling is the only one who can understand a younger sibling often surfaces when a second child is a little late in talking. The oft-cited explanation for this occurrence is that the younger child does not need to talk because the older sibling talks for him. As I will show below, it is common for older children to interpret the needs and intentions of younger children. Oftentimes, however, the frequency with which older children do this gives the impression that the older child is better able to understand the younger child than the parents are.

Unlike the myth of the first word, this second myth has received little research attention. In one of the few studies that HAS looked at the

communicative interactions between older and younger siblings. Dunn and Kendrick (1982) found that 2- and 3-year-old children make systematic adjustments in their speech to 14-month-old infants. Of some interest is the finding that children's speech contained a higher proportion of attentional utterances and repetitions than the mothers' speech. This finding was taken as evidence that the children experienced greater difficulty than the mothers in securing attention and a desired response from the infants.

Reports of twin speech also have some relevance to this second myth. One often hears of how twins have developed their own language. However, in a recent study of the crib-talk of twin girls, Malmstrom and Silva (1986) found that the twins were using conventional syntax and vocabulary. There were a few instances, however, in which unique lexical forms were created to express their twin status. For example, the twins used the double name 'Kelda-Krista' or 'Krista-Kelda' to refer to themselves as a team. In instances in which twins have supposedly developed their own language, the uniqueness of the language is purportedly due primarily to phonological factors rather than to syntactic and semantic ones. That is, unique phonological patterns are used to express certain semantic and syntactic forms.

Some examples of unique phonological patterns were reported in a recent presentation by my colleagues and I (Burl, Gentry and Kamhi, 1987). In this presentation, we discussed the language patterns of seven children who reportedly had developed their own language. The children, who ranged in age from 6 to 14 years, were reared in a rural area and essentially had no contact with non-family members, in part, because they never went to school. Analysis of these children's language patterns revealed that much of the uniqueness was caused by the use of two idiosyncratic sound patterns, [gʌ], and [i ái kə i:]. The form [gʌ] was often used before content words (e.g. [gʌkæe gʌmin gʌbʌgoiŋ gʌpi: há], 'The cat, I mean the bird, go in the pig house'). The second pattern was used to mean 'it's like a' (e.g. [i ái kʌti gʌt], 'It's like a tea cup').

There is thus some evidence that in certain instances, siblings might create some unique phonological sequences that suggest that they have developed their own language. These instances, however, seem to be quite rare and are quite different than the more common phenomenon of an older sibling's special interpretative powers. What causes individuals to think that older siblings understand their younger brothers and sisters better than their parents do?

One explanation often given is that the older sibling talked like the

younger child just a short time ago. Because the older child recently passed through the same developmental language stages, he should be better able to understand immature speech and language behaviours. One implication of this claim is that older children can remember the speech-language errors they made when they were younger. Another implication is that 4- and 5-year-old children somehow have more sophisticated comprehension abilities than adults. There are, of course, no data to support either of these points.

There are two other reasons that account much better for the older siblings' interpretative abilities. The first reason stems from the fact that many older children tend to interpret and attribute very specific intentions to a large number of infant behaviours. Infants, however, do not exhibit intentional behaviours until they are about 9–10 months old (e.g. Bates, 1979). Intentional behaviours are first seen in the various means-end schemes that appear during the second half of the first year. For example, an infant who pulls a blanket to get the ball on the other side of the blanket has demonstrated her intention to do something with the ball. Similarly, the infant who says [baba] while pushing Dad's head to one side is expressing the desire for Dad to look at something.

Although infants do not exhibit intentional behaviour until late in their first year, it is common to attribute intention to infants as soon as they are born. Because infants have a limited communicative repertoire, however, it is sometimes difficult to figure out what they want or why they are crying. Children (and grandparents), however, believe that they are better at explaining infants' behaviours than parents. A few examples from my two daughters will serve to illustrate this point.

The palmar or automatic hand grasp is a well-known infant reflex. Press an infant's palm and she grasps the object. Shortly after my second daughter Franny was born, my older daughter Alison, age 4;4, discovered that if she put her finger in Franny's palm, Franny would sometimes grab her finger. Alison's interpretation of this behaviour was that Franny wanted to hold her finger. Sometimes, however, Franny would be fussing and Alison, thinking that Franny wanted to hold her finger, would repeatedly stick her finger into Franny's palm until Franny (*a*) grasped her finger, (*b*) let out a piercing scream, or (*c*) grasped and screamed. In those instances in which Franny grasped and screamed, Alison would duly note that Franny really did want to hold her finger.

This example exemplifies the problem with confusing actions (finger grasp) with intentions (the desire to grasp a finger). Alison could not appreciate that Franny could hold her finger but really not want to hold it.

If Franny could have expressed her wishes she might have said something like: 'Stop taking advantage of my involuntary palmar reflex and leave me alone'. Importantly, misinterpretations of infants' behaviour do not end when behaviours become intentional and verbal. For example, during the past month whenever Franny touched her diaper and uttered a prelexical [mama], Alison thought that Franny was asking to have her diaper changed.

The point of this discussion is to show that older siblings do not always offer correct interpretations of infants' behaviours. This does not mean that older siblings are never correct in their interpretations. In fact, in many families, older siblings probably make a greater number of accurate interpretations than adults do. However, they also probably make a greater number of inaccurate interpretations. Indeed, the more times a child attempts to interpret an infant's behaviour, the more times the child is likely to be correct as well as incorrect. The myth that young children are more proficient language processors than adults is thus an artifact of the relatively high number of accurate interpretations made by older siblings. Those attributing special interpretative abilities to children have managed to overlook or discount the inaccurate interpretations that often occur.

There is another factor that contributes to the impression that older siblings are more proficient language processors than adults. This factor takes into account the cognitive, social, and physical maturity of the older and younger child. Despite the disparity in age between the two siblings, the older sibling is still a 'little' person whose knowledge and experience are more similar to those of a young infant than to those of an adult. There is a certain camaraderie or playmate relationship between two children that does not exist between an adult and a child. This camaraderie can potentially lead to the development of certain games or routines between the two children. But, because the younger child cannot talk, it is the older child who must interpret and explain the infant's role in the routine. It should be easy to see how parents might get the impression from situations such as these that the older child is the best interpreter of the child's communicative acts.

Like the myth of the first word, the myth of the older sibling's special interpretative abilities is benign when told by parents of normally developing children. Before long, the younger child will be expressing meanings and intentions in a more adult-like manner, effectively eliminating the apparent comprehension gap between older child and parent. The situation is different, however, for parents of language-

disordered children because the myth will surface in the initial clinical interview. Clinicians who believe that there might be some factual basis to the parental report will be led to entertain several incorrect hypotheses to explain the phenomenon.

A clinician might think, for example, that the young child's language disorder is particularly severe because no one understands him except an older sibling. Alternatively, a clinician might think that the young child has developed an idiosyncratic phonological or language pattern. A clinician might also consider the possibility that the parents were in some way remiss in attending to the needs of the child. A parent might support this impression by reporting that she spent much more time with her first-born child than with the second-born child. Each of these possible explanations might be discounted as the clinician accumulates more information about the child's speech-language behaviours. However, the question of why only the older sibling understood the child will still remain unanswered. As was the case with the myth of the first word, the present diagnostic puzzle is easily resolved by discounting the mother's report.

The First Sentence myth

It seems that everyone has a favourite story of a late talker who began talking in sentences and what the first sentence was. Sometimes these stories are clearly apocryphal, such as the various first sentences attributed to Einstein, one of the more renowned late talkers. Other times, however, these stories are taken more seriously. My wife's parents contend that she began talking in sentences. In support of this contention, my wife remembers not wanting to talk until she could talk as well as her older brother.

With all due respect to my wife and her family, I know of no documented report of a child who began to talk in sentences. The key word in the previous sentence is 'began'. It is not uncommon for children to move quickly through a particular developmental language stage or perhaps even skip a stage entirely. One can imagine a child not babbling very much, or skipping the protoword, first word, or two-word stages. As I discuss below, some children might use multi-word utterances at the same time as they use single-word utterances. It does not seem possible, however, for a child to begin talking in sentences without having gone through ANY of the prior language stages.

Individuals who believe that children can begin talking in sentences thus have some serious misconceptions about how language develops in children. It is perhaps interesting that in this case individuals overlook previous language accomplishments, whereas in the case of the first-word myth, individuals attribute too much language knowledge to the child. The fact that parents can overestimate as well as underestimate their children's language proficiencies is important to note.

My second daughter, Franny, provides an excellent example of how a child might begin talking in multi-word utterances. Franny is now 21 months old. At this point in her development, she has at most 6 prelexical forms (*up, uh oh, baby, eat, mama, and no*). The first four words have appropriate semantic ranges. The form [mama], however, is associated with a request for action or attention, and the form [no] is uttered in response to any question. Importantly, all six words are used to serve specific communicative functions, and naming is not one of these functions. These words, thus, lack symbolic autonomy.

Although Franny is just at the threshold of the one-word stage, she has already begun to combine prelexical forms in her vocal play and imitations (e.g. *mommy baby, baby mommy, and baby uh oh*). She also has combined two relations using gestures. For example, to indicate that my wife was upstairs, she first pointed to my wife's kitchen chair and then pointed upstairs. These behaviours are not unique to Franny. Several researchers have documented the cognitive and linguistic precursors of two-word utterances (Bloom, 1973; Bloom, Lifter, Phil and Broughton, 1981; Gopnik, 1982). What is noteworthy about Franny's development is that her failure to learn about the symbolic autonomy of words has not held back her speech, comprehension, and conceptual development. Thus, once she learns that words have symbolic autonomy, she will probably begin to produce multi-word combinations as well as single-word utterances. There is essentially no reason for her to go through a protracted period during which she produces only one-word utterances.

The important point in this example is that should Franny one day begin to use multi-word utterances, this does not mean that she began talking in sentences. Nor does it mean that her language will not also contain one-word utterances. She has learned a lot about speech, language, and communication during the past 21 months. Without the development of her speech-production abilities, receptive language abilities, conceptual knowledge, and knowledge of the various functions of language and communication roles, she would not be able to 'begin' talking in multi-word utterances.

As with the previous two myths, this one has no ill effects when told by parents of normally developing children who talk a bit late. Parents of late-talking children will either be assured that the child really is talking ('Listen, he just said *mama*') or that this means the child is really bright and will begin talking in sentences. It seems everyone has a close relative or friend who talked late, began talking in sentences, and perhaps most importantly is very intelligent.

The problem with this myth occurs when parents of children with speech and language disorders do not realize that some children talk late because there is something wrong with them. Unfortunately, in many cases an unknowledgeable paediatrician or relatives and friends have convinced the parents that there is no problem with late talkers. It should be clear, however, that the parents have been misinformed. The speech-language pathologist is, of course, the most qualified professional to determine whether or not a late talker is in fact language-disordered.

Some paediatricians and parents assume that if a child's language comprehension and conceptual development is within normal limits, there is no reason to be concerned about the lack of expressive language development. The usual explanation for the comprehension-production gap is that 'He will talk when he is ready to'. This explanation, however, overlooks the possibility that the child might have an expressive language disorder. A limited phonetic inventory and infrequent instances of verbal play behaviours are often indications that a child might have an expressive language problem.

Summary and conclusions

I have attempted in this article to dispel three popular myths about language development: (a) the myth of the first word, (b) the myth of an older sibling's special interpretative abilities, and (c) the myth that children begin talking in sentences. Each of these myths is associated with a particular misconception about language development. These myths have been sustained through the years by these misconceptions as well as by children who appear to be demonstrating the behaviour characterized by the myth. Almost all infants, for example, will produce a phonological form that resembles an adult word some time during their first year of life.

Having certain misconceptions about language development and even proliferating these misconceptions generally does not cause any problems when children are following a normal course of language development.

Unfortunately, these misconceptions are also held by parents of children with speech and language disorders. I have attempted to show in this paper how these misconceptions might create diagnostic enigmas for clinicians or, as was the case with the third myth, possibly cause parents to delay seeking services for their children. Parents, despite the best intentions, do not always provide accurate information about their children's speech and language development. Familiarity with some of the popular myths that are used to account for certain speech and language phenomena should help clinicians notice when parents might be providing inaccurate developmental language information. The ability to recognize an inaccurate parental report should eliminate the diagnostic enigmas associated with these myths and thereby lead to more accurate diagnoses and appropriate intervention decisions.

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