

WEBWORDS 12

Normal communication across the lifespan

Caroline Bowen

Normal expectations

There were sniggers from the seat behind. "Look at him, he must be 110 in the shade. They should put them out of their misery before they get to that age." Stifled snorts of amusement filtered through the embarrassed silence of the lounge, and then, "Go go go! Watch out pops!" They stumbled over his protruding foot and leapt towards the great train's http://www.railaustralia.com.au/indian_pacific.htm buffet car, blazers and school bags flying.

Momentarily distracted from his e-book about electronic eavesdropping <http://www.thecodex.com/> the older Australian <http://www.health.gov.au/acc/foia/index.htm> painfully retracted the offending leg, turned in his seat and smiled at them.

"You know," he remarked casually, "people used to say anything in front of me if they thought I was reading. But nowadays they do it because I'm a harmless old codger." He put the laptop aside, rubbed his shin, winced slightly, and whispered to her conspiratorially.

"Are you the victim of a body implant <http://www.time.com/time/europe/magazine/article/0,13005,901020311-214250,00.html?>"

They giggled <http://www.amsci.org/amsci/Articles/96articles/Provine-R.html>.

"Ah! You can laugh. But if I'm going to be stereotyped <http://socrates.berkeley.edu/~aging/ModuleAgeism.html> for getting older I might as well enjoy myself. I'll be as garrulous, outspoken and forgetful http://www.mamarocks.com/my_forgetter.htm, as I like and you can all blame it on my poor old frontal lobe."

She smiled sympathetically, and patted her tummy.

"No, it's not an implant, and, by the way, you don't have the monopoly on being thought to have memory problems. Everyone assumes I'm forgetful because of my hormones, but it's really because I'm short of sleep <http://jpog.ispog.org/abstracts/june1999/0004.asp>. For me, pregnancy and a good night's sleep just don't go together." She turned to her partner who agreed unhesitatingly.

"That's right. Anyway, we've been reading a lot about life-span development lately, and it seems that there is way too much confusion in people's minds between what happens to your communication skills <http://www.unc.edu/~chooper/classes/cogling/texts/dc06.html> in normal, healthy old age compared with what happens when older people have strokes, or illnesses."

They fell silent for a moment, each thinking about this idea of "normal and healthy". Then the older man asked shyly:

"You said 'it' – do you know if it's a boy or a girl?"

"No, we had an amnio <http://www.parents.com/articles/pregnancy/1019.jsp> but we didn't want to be told that. We don't mind what it is as long as it's normal..."

"...and healthy." The man finished for her. "I know exactly what you mean. FTND http://kidshealth.org/parent/pregnancy_newborn/common/newborn_variations.html, good APGARs <http://www.childbirth.org/articles/>

[apgar.html](#), ten tiny fingers, ten tiny toes... no unexpected little... well, you know. That's all everyone wants."

"You sound as though you have some special insight here. I'm Toni, by the way, and this is James."

He extended his hand. "Bill. I'm Bill, one time speech language pathologist." He reacted immediately to the flicker of surprise on their faces. "Yes, I was almost one of a kind in my generation <http://agexted.cas.psu.edu/docs/29503288.html>. It wasn't quite normal (he gave the word special emphasis) in those days for a bloke to have a job like that."

"And there I was giving you the benefit of my wisdom about communication skills – while you've seen it all!" James looked apologetic.

"Don't worry! If there's one thing my profession taught me, it is that people generally do feel quite 'expert' on the subject of the communication skills of others. They are quick to comment on the way others express themselves. They judge their fellow humans, from cradle to grave, in terms of their communication skills. In fact, if my memory serves me correctly, a researcher in the area, Professor Deborah Burke <http://www.pomona.edu/> said, 'Language is so important in how people assess your cognitive ability'.

"Burke was really talking about people who are getting on in years, like me. Her view is, 'If you're having word-finding problems, if you can't speak fluently, if your speech is irrelevant, people are going to write you off.' So it's fundamentally important in whether you're seen as a vibrant, healthy person." He paused. "But I'm talking too much. What do you do, Toni?"

"We're both scientists <http://www-ed.fnal.gov/projects/scientists/kevin.html>. Actually, another group that is prone to stereotyping. Even today girls <http://www.academic.org/> are not always encouraged to choose science. Although I guess there is better representation of women in science <http://www.awis.org/> than there is of men in speech-language pathology."

"Yes, it's an interesting thing that. Especially when you consider that in some client groups – people who stutter, for example – the population is predominantly male. And yet, the profession has always been a female stronghold."

The conversation lapsed. The desert landscape slid past, and they swayed slightly in their seats as the Indian Pacific http://www.railaustralia.com.au/indian_pacific.htm eased itself sedately across the Nullarbor.

Ages and stages

It was dark when the three made their way to the Queen Adelaide Restaurant. Over a delicious meal the conversation turned again to the fascinating subject of normal language development. The origins of babble <http://www.jhu.edu/~jhumag/0298web/baby.html> and how babbling leads to early speech development <http://www.vocaldevelopment.com/> The amazing progress a child makes from 0 to 3 <http://www.zerotothree.org/> and up to 5 http://www.asha.org/speech/development/lang_lit.cfm, and into the early school years http://www.asha.org/speech/development/lang_lit.cfm.

Common ground

They were just rambling into the area of current research <http://www.vanderbilt.edu/kennedy/topics/langdis.html> findings when a return visit from the boisterous “Watch out pops” contingent reminded them of the developmental tasks <http://education.indiana.edu/cas/devtask.html> of normal adolescence. “Respec yor Nan,” <http://www.alig.com/> said one of them seriously as he went by.

“Bo! Wait a lickle bit.” They stopped, mesmerised. Perfectly deadpan, Bill hissed, “Is you a bit fick? Shut yo moufs and lissen.” He fired up his laptop. “You innerested in de Ali G

online rapper? While de ting loads you can enjoy de Borat screensaver.” He had captured his audience.

And so they passed the night, inching ever closer to Kalgoorlie. One old man, two thirty-something scientists, and four fascinated 15-year-old boys: laughing, telling their stories, finding out about each other until fatigue overcame them, and they all staggered off to bed midst a chorus of affable “goodnights” and “sleep wells” and “massives”.

“Which just goes to show,” said Bill, “That communication at any age is about finding a common frame of reference. BOOYAKASHA! Nuff said.”

Find the electronic version of Webwords 12 at http://members.tripod.com/Caroline_Bowen/webwords12.htm

A CONSUMER SPEAKS

Janet Roff

This article is a short story of my experiences and frustrations with two of my three children who have a speech development disorder. My first child, James, was eventually diagnosed as having a moderately severe speech pattern at the age of 3. Just to get to this stage was an ordeal in itself. As he was my first child, I had nothing normal to compare him with. I read numerous books on child behaviour and development to give me the understanding I was looking for. I learnt from my readings that babies begin to vocalise at a very early age. The sounds they make sound very much like a foreign language to an adult and they should, as time progresses, go through the whole alphabet of sounds.

James was a very happy baby who loved meeting new people and always had a ready smile for a new face. Unfortunately, as time progressed I noted that James was not making the sounds that were appropriate, according to my reading, and was a very quiet baby vocally. By 18 months I was beginning to become quite concerned and decided to seek advice from my mother and mother-in-law. My own parents told me I had been a very chatty and outgoing child from an early age. I needed to know therefore more about my husband as a child. My mother-in-law appeared hesitant, as if she did not wish to discuss the matter. Eventually she said to me, “He is probably just quiet like Paul was, and you are quiet yourself”. I replied “Yes, but not as a child”. The conversation finished and she changed the subject. It felt very obvious to me that she felt there was not a problem and that James was perfect.

I then made an appointment with my doctor who I hold in very high regard and still do. James’ 18-month injection was due so I discussed my concerns with her. She explained that children will develop at different stages and that we would have another look when he was 2 years of age. I also spoke to James’ paediatrician who gave me the same advice.

This continued every 6 months until he was nearly 3 and I eventually asked if I could “please be referred to a speech therapist”. At one stage I had gone to a different doctor locally when I was unable to see my usual GP. I asked his opinion. He asked James to complete a couple of small tasks such as opening and shutting a door. He then said to me: “No, he’s all right – he understands what I am saying.” My concerns, however, had never been whether James could understand us, it was with him being able to communicate with us through language.

I can still see this small child getting extremely frustrated trying to communicate with me at home. There was the time

he wanted to get something from the pantry. For the life of me I could not understand what he was saying. He just clenched his little fists, went red in the face and screamed “No!” Then he began to cry. This type of thing happened often and it worried me. He had become very sophisticated with his own little sign language to let me know what he needed. Pointing to himself, things he might need, making laughing noises for things he thought strange, etc.

I also found that adults stopped talking to and asking James questions and began to direct their questions to me, as they became aware that he would not answer them. I found at kindergarten children would often ask me, “Why did James talk funny?” I really felt for James when children asked me this question, and I would try to explain that we were all different and we can take different times to learn new things. Some of us are slow at crawling or walking, some of us enjoy running and playing games outside, and some like to sit quietly and read books. I tried to explain that James was just a little slower at talking, but one day very soon he would be every bit as good at talking as they were.

James’ hearing was checked and found to be normal. He had no recurrent history of ear infections. The next step was to see a speech therapist. We were advised of a therapist at Ashgrove, Jo Bridge, who was lovely. She won James’ respect immediately and a bond developed between the two of them. As stated in the beginning of my article James was diagnosed with a moderate–severe speech disorder. We were advised that we would probably need two to three years of therapy.

After we were told this information my husband, Paul again approached his mother. He could remember having a hearing test when he was in grade 2 or 3 and asked her what this was about. She then told him that the teachers had had concerns about him, as they never heard him speak. She also advised that all four of her children had been slow to talk. Had we had this information earlier, we could have started James earlier again with speech therapy at around the age 2 to 2½. It was also interesting to note that both of Paul’s nephews were slow to speak and required speech therapy.

James started kindergarten when he was 3 years 4 months for 2 days a week. James’ teachers were made aware of his speech disorder and were very cooperative and helpful. By the end of the year, we had our parent/teacher interview and after discussion we felt that it would be in James’ best interest to complete the following year at kindergarten with their 3-day program. The alternative would have been to go to preschool. Although James had had nearly a year of speech