'THE MISCHIEF OF CATEGORIZATION IN SPEECH PATHOLOGY'

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Categorization is a term which is evolved from the models for the study of psychopathology. There are different models for the study of psychopathology. But the medical model, the behaviour model, the moral model and the statistical model are the important ones. However, out of these, the concept of categorization has more contacts with the medical model than with the other models. Till 1960, the medical model enjoyed a vogue in the behavioural sciences and also in its allied fields which applied the concepts of behavioural science, like the field of Speech Pathology. During those periods it almost appeared as a fashion to label behavioural variations separately and to catagorize them. A bewildering array of over 700 labels were attached to the various types of speech variations. Examination of these terms shows that in this mass of terms, some are descriptive in nature, some have etiological implications or assumptions, some are both descriptive and etiological, and some are idiosyncratic pedantries.

Any system of categorization in Speech Pathology is inherently fallacious, because the determinants of the speech behaviour of any two persons are so complex, that classifying several individuals into one group because of some similarties in their speech behaviour, will obscure the many important differences. Thus, when two patients are diagnosed in the same way since they both present variation in their speech behaviour, one may not be justified in assuming any similarities other than the one which was used to put them into that particular category. The process of categorization in Speech Pathology primarily preoccupies the specialist with labelling of the disorder rather than understanding the person and his speech variation with a view to modify his deviant speech behaviour. It creates an impression for the user that because he has a name for a variation, he understands it. But this attitude stifles the attempts of the specialist to look deeper into the problem and the factors that may be contributing to the deviant behaviour.

In Speech Pathology the system of categorization may create an environment within which a professional may feel naive because the terms which are used, are not consistently descriptive or etiological. Further, the labels which are given by the specialist are static in nature and does not reveal the dynamics or the ongoing changes within the person having the problem. Labelling

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of a disorder can be a very deceptive practice since it lumps together the similarities and disregards the differences. However, it is possible in the medical science because, here the class of phenomena which has been reffered as the 'disease' will be clearly defined. But this has not been attempted in the field of Speech Pathology and hence here labelling of a disorder becomes deceptive. Some examiners, in speech clinics jump to an inferential level and label the client's speech as defective after a superficial observation of the client.

Through categorization the specialist will often compartmentalize the knowledge and information in such a way that one may begin reacting to the categories as if they are isolated and unchanging valid pictures of 'reality'. But the trouble with this is that the fact that any event, process or person is being acted upon by other forces will not be taken into account. Consequent to this ignorance there will be 'poor' predictability. A clinician's evaluation of speech behaviour may be more biased of his implicit assumption of categorization. The observational process may get intruded on by the labels and the Categories.

Categorization makes a clinician to react as if he has understood all of the facts and characteristics of an event or person by his labelling. But a word cannot say everything about anything. In the scientific literature it has been demonstrated repeatedly that no two things are alike in every respect. However, the most unfortunate thing is that the language of categorization with its subject-predicate structure, will equate two or more things as equal or identical. Articulation problems are not simply articulation problems, unique individual may have unique variations under unique conditions even though there are also striking similarities. Consequent to use of categorization one may be more tempted to disregard differences and to 1ook only for similarities. This not only is the limitation of the clinician's drive to perceive similarities but is also more tempted of the structure of the language of categorization, which facilitates the limitation of non-identical items.It should be remembered that differences can make a gross difference in the way of approach of the clinician towards the cleint. The clinician's hypothesis concerning the speech variation in question may be modified by the extra information gathered about the unique differences.

The language of categorization encourages the separation of things which cannot be separated in 'reality'. This artificial splitting is reffered as 'elementalism' by a general semanticist. Unlike the field of medicine, where a diagnosis frequently implies an etiology and a specific therapy, the field of Speech Pathology deals with problems which for the most part, have neither a single cause nor a specific remedy' (Ptacek, 1970). If this is so, when the clinician is modifying the speech behaviour of a person with a speech problem, the goal should not be a taxonomic categry or a diagnostic label, from which he is going to be misled, but an understanding of the client and his problem with a view to securing prognosis and therapeutic planning.

The following procedure may help the speech clinician to be more effective

to rehabilitate the client. Greater emphasis should be given to the observational part when a person with a speech problem visits the clinician. There should be 'inner silence' in the observation of the clinician and it should not be intruded on by the diagnostic iabells. Accurate descriptions of the observations is more fruitful and convincing than using a single word i.e., the diagnostic label. Inferences can be later drawn on the speech behaviour. Depending on the inferences, suitable measures could be taken in order to help the individual. (See Fig. 1)

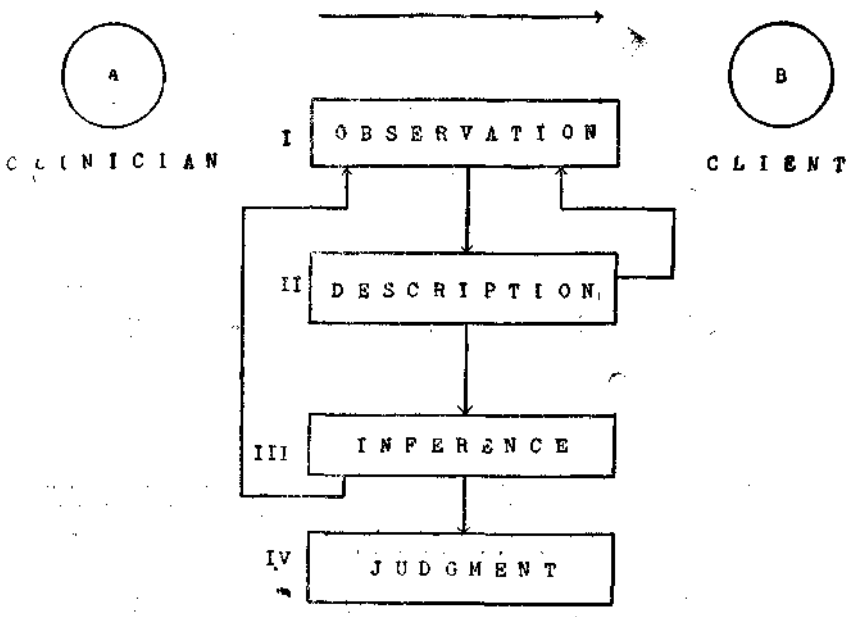

FIG. 1

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