

Original Article

The Impact of Sexist Stereotypes on the Study, Detection, and Assessment of Developmental Language Disorder: Proposals for a Feminist Approach

Nadia Ahufinger^{a, b, *} & Mari Aguilera^{b, c, d}

^a *Estudis de Psicologia i Ciències de l'Educació, Universitat Oberta de Catalunya (UOC), Barcelona, España.*

^b *NeuroDevelop eHealth Lab, eHealth Center, Universitat Oberta de Catalunya, Barcelona, España.*

^c *Departament de Cognició Desenvolupament i Psicologia de l'Educació, Secció Cognició, Universitat de Barcelona (UB), Barcelona, España.*

^d *Institut de Neurociències, Universitat de Barcelona, Barcelona, España.*

ABSTRACT

The difficulties that children with Developmental Language Disorder (DLD) experience extend to non-linguistic aspects such as cognition, memory, academic performance, and socio-emotional skills. It is for this reason that, when approaching this disorder, the intersection of bio-psycho-social aspects should be considered. This article aims to offer a critical review of the influence that sexist stereotypes have on relevant variables included in the study of DLD, such as language and socio-emotional aspects. First, we establish the importance of adopting a feminist perspective in science and, specifically, when approaching DLD, which so far shows an overrepresentation of boys in research samples. Secondly, we review the relationship between a sexist socialization and the development of language and socio-emotional skills in children, revealing the negative impact this has on the detection and assessment of children with language difficulties at different stages of development. Finally, we offer proposals to carry out research that represents girls and boys equally and integrates adequate practices, in order to leave the androcentric gaze behind. Additionally, we propose that professionals working in this field use an interdisciplinary approach, to incorporate protocols and guidelines that consider the presence of sexist bias in the detection and assessment of DLD, as well as in the interaction with families, in order to provide services to this population that are based on true equality.

Keywords:

Developmental Language Disorder (DLD); Feminist Approach; Sexist/gender stereotypes

O impacto dos estereótipos sexistas no estudo, na determinação e na avaliação do Transtorno do Desenvolvimento da Linguagem: propostas de abordagem de uma perspectiva feminista

RESUMO

O presente artigo tem como objetivo fazer uma revisão crítica da influência do estereótipo sexista sobre variáveis importantes para o estudo do TDL, como a linguagem e a esfera socioemocional. Primeiro se descreve a importância de trabalhar de uma perspectiva feminista na ciência, em concreto na abordagem de TDL, que até o momento conta com uma sobre representação de meninos nas amostras investigadas. Em segundo lugar, se revisam as relações entre os fatores de socialização sexista e o desenvolvimento das habilidades de linguagem e socioemocionais na população infantil, mostrando os seus impactos negativos na detecção e na avaliação de meninas e meninos com dificuldade de linguagem em diferentes etapas do desenvolvimento. Finalmente, propõe-se a realização de pesquisas que trabalhem com a representação igualitária de meninos e meninas e que integrem boas práticas, abandonando o olhar androcêntrico. Além disso, se propõe que os profissionais da área trabalhem de forma interdisciplinar para incorporar protocolos e guias que considerem os preconceitos sexistas na detecção e na avaliação do TDL, bem como o trabalho com as famílias, para assim atender esta população com real igualdade.

Palavras-Chave:

Transtorno do Desenvolvimento da Linguagem (TDL); Perspectiva Feminista; Estereótipos Sexistas/de Gênero

El impacto de los estereotipos sexistas en el estudio, detección y evaluación del Trastorno del Desarrollo del Lenguaje: Propuestas para su abordaje desde una perspectiva feminista

RESUMEN

Las dificultades de la población infantil con Trastorno del Desarrollo del Lenguaje (TDL) se extienden a aspectos no lingüísticos como la cognición, la memoria, el rendimiento académico o las habilidades socioemocionales. Es por ello que en el abordaje del trastorno se debe tomar en cuenta las intersecciones bio-psico-sociales. El presente artículo tiene como objetivo hacer una revisión crítica de la influencia del estereotipo sexista sobre variables importantes para el estudio del TDL como son el lenguaje y la esfera socioemocional. Primero se describe la importancia de trabajar desde una perspectiva feminista en la ciencia y, en concreto, en el abordaje del TDL, que hasta el momento cuenta con una sobrerrepresentación de niños (varones) en las muestras para su investigación. En segundo lugar, se revisan las relaciones entre los factores de socialización sexistas y el desarrollo de las habilidades del lenguaje y socioemocionales en la población infantil, mostrando cómo estos tienen un impacto negativo para la detección y la evaluación de las niñas y los niños con dificultades del lenguaje en diferentes etapas del desarrollo. Finalmente, se plantean propuestas para llevar a cabo una investigación que represente por igual a niñas y niños e integre buenas prácticas para dejar atrás la mirada androcéntrica. Además, se propone que profesionales del ámbito trabajen de forma interdisciplinaria para incorporar protocolos y guías que tengan en cuenta los sesgos sexistas en la detección, la evaluación del TDL y el trabajo con las familias para poder, así, atender a esta población desde una igualdad real.

Palabras clave:

Trastorno del desarrollo del lenguaje (TDL);
Perspectiva feminista;
Estereotipos sexistas/de género

**Corresponding Author: Nadia Ahufinger*

E-mail: nadiaahufinger@uoc.edu

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DEVELOPMENTAL LANGUAGE DISORDER

Developmental Language Disorder or DLD (also known as Specific Language Impairment, or SLI) is characterized as a severe and persistent disorder that affects the acquisition and development of oral language. Although in Spanish-speaking contexts both labels – SLI and DLD – are still used (Andreu et al., 2022), for this article we will use the term DLD, which derives from the study carried out for consensus on its conceptualization in English (Bishop et al., 2017). DLD can refer to the compromise of one or more aspects of language to different degrees and can affect both expressive and receptive language. Additionally, it can affect social, emotional, and/or academic development. This disorder is defined as primary, as the difficulties mentioned above cannot be explained by the presence of other conditions such as intellectual disability, hearing loss, or any other developmental impairments that may be accompanied by a atypical development of language (Bishop et al., 2016, 2017).

Although we still do not have data on the prevalence of DLD in the Spanish-speaking population, it has been shown that 7.5% of the English-speaking child population has DLD, as evidenced by

the epidemiological studies by Tomblin et al. (1997) and Norbury et al. (2016), carried out in the USA and England, respectively. It is revealed that the disorder can be found in boys and girls in comparable proportions, showing a ratio of 1.22:1.

DLD has been widely studied over the years, paying special attention to the areas of language that are affected (Adani et al., 2014), even though people with DLD present very diverse challenges. This focus on language, however, has allowed us to understand the type of difficulties that this population presents. For example, it has been determined, with a strong level of evidence, that most Spanish-speaking children with DLD show difficulties in morphology, characterized by the omission of function words such as articles (Anderson & Souto, 2005; Restrepo & Gutiérrez-Ciellen, 2001), prepositions (Auza & Morgan, 2013), and pronouns (Bedore & Leonard, 2001), or the omission of inflected forms like plurals, grammatical gender (Anderson, 1999), and verb suffixes (Sanz-Torrent et al., 2008). Additionally, they can make mistakes with adjective and verb agreement (Bedore & Leonard, 2001). The Spanish-speaking clinical community widely agrees that children with DLD show a

late acquisition of first words and that they have a less diverse vocabulary than their typically developing peers (Andreu et al., 2013). Furthermore, they use fewer verbs compared to children without difficulties (Sanz Torrent, 2002) and present difficulties with lexical access (Leonard, 1998).

In recent years, the description of this disorder has been broadened to include its impact on other areas beyond language (Bishop et al., 2016, 2017; Tager-Flusberg & Cooper, 1999) such as in the academic (Aguilar-Mediavilla et al., 2019; Beitchman et al., 1996), social (Durkin and Conti-Ramsden, 2007; Fujiki et al., 1999), and socio-affective development (Aguilera et al., 2021; Fujiki et al., 2002, 2004).

The evolution of the concept of DLD opens a new comprehensive perspective of the disorder and reveals that language depends on a network of individual, contextual, and macrostructural factors (Valera Pozo et al., 2020). One of these networks is related to biological and sociocultural aspects centered on sex and gender, and their impact on the characterization and study of DLD. Therefore, we present a sociocultural perspective on the process of language acquisition, to demonstrate that biological perspectives are not enough to understand the complexity of a phenomenon such as the development of communication.

The objectives of this essay are (i) to highlight and delve into the influence of sexist stereotypes on key aspects of the study of DLD, such as communication and language, as well as social and emotional factors; (ii) to analyze how these stereotypes influence the assessment and detection of DLD in children, and (iii) to offer proposals for studying and approaching DLD from a feminist perspective.

Two issues make this proposal highly relevant. One is that, although some studies inform that DLD has a similar prevalence in boys and girls (Norbury et al., 2016), the data addressing detected cases in clinical practice or gathered from research samples consistently show that the number of boys with DLD significantly exceeds the number of girls with the disorder (Wittke & Spaulding, 2018). The other issue is that it is vital to understand the androcentric nature of studies on DLD and to shed light on the sexist bias present in research and clinical practice. In order to guide the discussion around these two issues, we use a feminist perspective of science as a framework, which allows us to delve into the implications of androcentrism and sexist stereotypes for the study and understanding of DLD.

A FEMINIST PERSPECTIVE OF SCIENCE

Science has been – and is to this day – shaped by people who live within a patriarchal system and an androcentric worldview (Blazquez Graf, 2012). Although these concepts are familiar to us when describing our system today, it was not until the end of the 18th century that the theoretical foundations for feminism emerged as a critique of patriarchy (Amorós, 1985). While the Enlightenment thinkers established *equality* as a political principle to shape modern societies, supporting the concept of *universality*, these were considered valid only for a segment of the population – white men – failing to recognize women as rational and free subjects and as part of the citizenry. It was from that moment that feminists began to theorize how the subordination of women is sustained through an essentialist vision that determines the space each group occupies in society: the public sphere for men, as assumed representatives of universality, and the private sphere for women, representing *otherness* (De Beauvoir, 2021).

In the development of feminism, women proposed conceptualizing *gender* as a normative and coercive construct, indicating that the inferiority of women does not originate in nature, but rather is socially constructed (Cobo, 1989). Moreover, it was established that this subordination is based on *patriarchy*. As philosopher Alicia Puleo states:

Anthropology has defined patriarchy as a system of social organization in which the key positions of power (political, economic, religious, and military) are exclusively or mainly in the hands of men. Based on this characterization, it is concluded that all known human societies, past and present, are patriarchal (Puleo, 2005, p.39).

Based on the notion of patriarchy and the denial of women as subjects, feminism has developed a profound critique of how knowledge and science are organized within the social order (Valenzuela-Somogyi, 2016). A new concept, *androcentrism*, emerges from this, to analyze and criticize the construction of a fictional subject model that in reality only applies to men, and that is based on a hegemonic perspective of masculinity (Valenzuela-Somogyi, 2016). It is affirmed that, in all vital spheres, the male gaze is at the center of the development of knowledge and thus it guides what is researched, represented, and transmitted regarding knowledge, similar to how history has been written from the male perspective only.

Thus, the notion of *scientific androcentrism* arises, based on the idea that man is at the center of human evolution. Science, having been developed with an androcentric view, has sexist biases in its different stages; in the questions, hypothesis formulation, sample

selection, and the interpretation of results (García and Pérez, 2018). Luce Irigaray (1994), a referent of French feminism, affirms that "the language of science, like language in general, is neither asexual nor neutral" (p.61), while authors like Sandra Harding (1996) explain that the modern scientific method is imbued with social values, projecting them onto a desired social order. Therefore, science cannot be defined as free of bias, since its "objectivity" is the result of consensus reached in scientific communities made up traditionally and mainly by men in privileged situations, who work within a cultural context. This profoundly impacts how the practice and scientific understanding of objectivity has developed (Blazquez Graf, 2012).

Donna Haraway (1995) notes that, in order to challenge these biases, feminism must attempt to answer who can be subject of knowledge, and work to make visible and rectify its androcentrism. In recent decades, efforts have been made to ensure that science ceases to be androcentric. On the one hand, the contribution of women in all scientific disciplines has been recovered (*historia contributiva* [history of contributions], Nash, 1984), highlighting the historical process of invisibility suffered by their contributions and how they have been stripped of their knowledge (like with the "Matilda Effect", see García & Pérez, 2018). On the other hand, there are some projects that work to eliminate androcentrism from the current scientific method. An example is the Gendered Innovation project (Schiebinger et al., 2011) which provides tools, resources, and materials to research teams, to help them learn the differences between the variables of sex and gender, and proposes methods for the incorporation and analysis of these variables in science. This opens the door to a new perspective that stops considering the male sex as the universal being by which research is governed.

Due to the conceptual confusion that usually exists around sex and gender, in this article we use the definition of the sex-gender relationship coined by anthropologist Margaret Mead (1973), widely adopted by radical feminists since the late 70s (Puleo, 1994) to break with the biological vision that determines the fate of men and women, and that conceives gender as a process that socially constructs the subordinate role of women. This guides the feminist fight for the abolition of gender (the rupture of the gender binary), that is, for the free development of any person, regardless of their sex. In this line, sociologist and philosopher Marina Subirats (2017) proposes the following definitions:

Sex is the natural and differentiated feature that determines whether a person is male or female, that is, what sexual organs they have, and gender is the cultural model that each society

attributes as belonging to men or women, and that is imposed on males, in one case, and on females, in the other (p.17).

In short, gender refers to the stereotyped sexist roles that are imposed on a person for being born with one sex or the other (sex-gender relationship). Sexist stereotypes are simplistic generalizations of attributes based on gender, that amplify the roles of and differences between women and men, placing men in a position of dominance and women as subordinates in the hierarchy of power (UN, 2022).

The sexist/gender stereotypes associated with women are based on beliefs that deem them as self-sacrificing, caring, sweet, emotional, and weak, and that consider their vital role to be centered in private spaces. On the other hand, when it comes to men, the belief is that they are independent, strong, rational beings and that their role is focused on the public space.

Although gender roles seem to allow certain flexibility in today's society, some systems facilitate their perpetuation and make their abolition difficult. For example, prescriptive norms that derive from these beliefs and that determine what behaviors or reactions are appropriate for women and men, resulting in the reinforcement of behaviors that comply with sexist stereotypes and the disapproval or sanctioning of those that do not.

When we study the variables of gender and sex in scientific research, it is vital to consider that those that investigate differences according to sex focus on finding explanations in the biological traits of men and women. In this sense, when doing research on humans, *sex* refers to biological attributes that distinguish the two categories: females and males (it is estimated that between 0.05% and 1.7% of the world population is intersex; UNESCO, 2021). On the other hand, research that seeks to explain the differences between sexes through the study of sociocultural and acquired attitudes is working with the variable of gender to identify socially imposed sexist stereotypes.

Identifying and describing the variables of gender and sex, as well as studying the interaction between them (and other variables such as ethnicity, age, geographic location, disability, socioeconomic context, etc.) is a laborious but essential task that can allow describing reality considering that humanity is made up of women and men.

A Feminist Perspective for Approaching DLD

Approaching scientific studies from a feminist perspective provides a new lens (the so-called "purple glasses") to interpret and understand reality. Today, most scientific disciplines are still

far from incorporating the ethical values of this perspective and there are still more questions than answers. The lack of a feminist perspective is especially notorious in the field of psychology of language, speech therapy, the study of language acquisition and development, and specifically in the study of DLD. Concerning this, the first question we ask ourselves is related to the higher representation of boys with DLD in academic articles, as well as its higher detection in boys in clinical practice: if the aforementioned studies carried out by Tomblin et al. (1997) and Norbury et al. (2016) show a similar prevalence between girls and boys with DLD, what factors cause this higher degree of visibility and detection of the disorder in boys?

To answer this question, we need to refer to the first large prevalence studies for DLD in children, carried out in the 1970s, which revealed a higher number of diagnosis in boys than girls, with estimated ratios between 2:1 and 4:1; this means that the number of boys diagnosed with DLD was more than double the number of girls (Fundudis et al., 1979; Silva, 1980; Stevenson & Richman, 1976). In order to interpret these contradicting results, we must consider that the conceptualization of the disorder has changed over the years, receiving numerous and diverse diagnostic labels, and that the diagnostic criteria have also varied. Furthermore, standardized tests that assess cognitive abilities have never been sufficiently agreed upon and homogenized (see Reilly et al., 2014).

Although the heterogeneity of the nomenclature and the changes in diagnostic and assessment criteria are important to detect changes in the prevalence of DLD, we ask ourselves what role do sexist stereotypes play in female underrepresentation and male overrepresentation in this disorder? In the following section, we reflect on the impact of sexist stereotypes in aspects involved in the detection and diagnosis of DLD, such as communication, language, and socio-emotional development. This is an essential reflection because the evidence that supports the definition of DLD is based on a greater representation of the male sex; therefore, conclusions are applied to female individuals without considering the differences between both sexes. Moreover, the fact that additional external factors such as sexist stereotypes have an impact on language acquisition and development is not considered either. This results in an explanation of the disorder from an androcentric perspective.

THE IMPACT OF SEXIST SOCIALIZATION ON LANGUAGE, COMMUNICATION, AND SOCIO-EMOTIONAL SKILLS DURING CHILD DEVELOPMENT

Communication, Language, and Sexist Stereotypes

The development of humans within a patriarchal society has fostered differentiated models of behavior that are transmitted and perpetuated through socialization (Aebischer, 1985; Cameron, 1997). Linguistic habits are linked to rules for social communicative behavior, causing men and women to show different communicative styles. Amparo Tusón (2016) affirms:

It is [...] about observing how biological and cultural aspects are interrelated in a complex, diverse, and changing manner, giving rise, indeed, to certain linguistic patterns that differ in men and women, that produce stereotypes, that allow the concealment of the latter in favor of the prominence or exhibitionism of the first, and that lead to assessments based on inequality and marginalization (p. 140).

Tusón (2016) gathers and organizes these styles in relation to diverse aspects of linguistic and discursive studies that different linguists have analyzed. Some examples are presented in Annex 1. As can be observed there, the author indicates that how one style is valued over the other is relevant, because "the underlying issue is that the masculine style is considered more appropriate for public and formal communication contexts, while the feminine style is seen as appropriate for intimate, family, and informal situations" (Tusón, 2016, p.143). Additionally, these communicative styles unfold due to education and the cultural influence of patriarchy throughout history. In other words, the differences between the communication styles of the sexes are the result of sexist cultural, social, and educational impositions. A clear example is the content of 19th century school manuals for girls, in which they were taught to speak less, to not ask, demand, or protest, and to achieve their goals through indirect resources, using manners that were different from those taught to boys.

In essence, although these styles change according to location, era, the political system, etc., there are still sexist stereotypes today related to excess when women speak in private contexts –and with other women– about personal and emotional issues. In this sense, as linguist Pilar García-Mouton (1999) explains, women have been educated to speak well and little, softly and pleasantly, to not give orders and limit themselves to suggesting and asking, without shouting nor interrupting; to know how to listen, avoid arguments, and not ask direct questions. Furthermore, the author affirms that the stereotype according to which women "talk too much" has been used by a patriarchal society as a mechanism to prevent

women from disturbing the existing order, reinforcing this with the idea of “silence as a virtue”. This gives way to one of the most common stereotypes, that women gossip by nature and are incapable of keeping secrets. Men, on the other hand, are taught to use speech moderately and correctly: uttering few words in private spaces and speaking extensive and confidently about relevant topics in public spaces.

As previously mentioned, an essential sign for diagnosing DLD is the presence of language difficulties. In order to understand the overrepresentation of boys diagnosed with DLD, we need to first ask ourselves what the effect of sexist stereotypes on the detection of communication and language difficulties is. As Jean-Jacques Rousseau notes in his book “Emile: On Education”:

women have ready tongues; they talk earlier, more easily, and more pleasantly than men. They are also said to talk more [...] A man says what he knows, a woman says what will please; the one needs knowledge, the other taste; utility should be the man's object; the woman speaks to give pleasure (Rousseau, 1762, quoted in Miyares, 2021 [original quotation in Spanish]).

It is assumed that girls have better communication skills than boys; however, is it true that girls have high linguistic competence and, therefore, fewer problems in this area, and that boys struggle more with language acquisition? The introduction of a feminist perspective in research forces us to review this stereotype and ask some questions about the differences in the linguistic skills of girls and boys: Do boys and girls have the same capacity to acquire language?

Certain studies have considered hormonal aspects to answer this question, meaning they based their analysis on sexual characteristics (sex variable). For example, the study by Hollier et al. (2013) suggests that elevated levels of fetal testosterone are correlated with poor vocabulary and slow development of language at early ages. Since infants born boys (males) are exposed to higher levels of testosterone in the womb than those born girls (females), biological factors related to the male sex could be considered as the cause of the disparity of language difficulties. However, these hypotheses do not have sufficient evidence.

Other research has focused on the heritability (genetic load) of language disorders according to sex, based on familial aggregations. For example, a meta-analysis by Whitehouse (2010) that included data from 12 studies on familial aggregation shows that in studies that assessed language difficulties in families using direct assessment tools such as standardized tests, the proportion

of male relatives with language difficulties was higher than that of female relatives. On the other hand, when subjects were assessed using indirect measures such as questionnaires, there were no differences in relation to sex. The author considers that direct assessment tools seem to be more adequate to interpret results, although he affirms that the difference between both types of evaluation does not allow to determine if the presence of DLD in male relatives is higher than in female relatives and that more specific studies are needed to clarify this. Therefore, studies focused on biological differences appear to be inconclusive.

Are there differences between boys and girls regarding language development? If so, are they present at all stages of development?

As was mentioned before, there is a widespread and stereotyped idea that girls speak much earlier and more than boys. Indeed, different studies focusing on the early stages of development (first thirty months of life) have found that girls show better communicative skills, such as early development of vocabulary (Bauer et al., 2002; Huttenlocher et al., 1991), morphology (Hadley et al., 2011) or communication gestures (Özçalışkan & Goldin-Meadow, 2010). These findings are generalized and also considered valid in later stages of development (for example, school age), without any evidence to confirm it (Etchell et al., 2018). In contrast, the evidence shows that boys show similar language skills to girls as they grow older (Bornstein et al., 2004; Huttenlocher et al., 2010; Simonsen et al., 2014). In conclusion, no consistent differences have been found between the sexes regarding language skills throughout the different stages of child development.

This suggests that the actual difference in language acquisition between the sexes is not significant enough to justify the widespread belief that girls have greater communicative and linguistic abilities throughout development. It is vital to understand that this responds to a sexist stereotype, and we should consider that girls might have similar levels of language difficulties to boys. Moreover, the belief that boys have fewer communication and linguistic skills than girls is not justified, and hence it is essential to provide education on the matter, so that reductive ideas like “girls talk soon, boys will talk later” are not normalized. This is especially relevant because this stereotype results in a low concern about language acquisition in boys, delaying consultations for early intervention in case there is an issue (Sices et al., 2004). Similarly, it results in not paying attention to the language development of girls, based on the assumption that they do not present problems in this area.

Do girls really talk more than boys?

The myth that *girls are more talkative than boys*, pointed out by Rousseau himself, is a sexist stereotype deeply rooted in our society. Based on this myth, we could think that it is easier to detect difficulties in girls than in boys since they would be more evident; in reality, this is not true. Subirats (2017) proposes that we challenge this myth by asking ourselves in what contexts we are analyzing the speech of girls and boys (public or private), and what topics are addressed according to sex. Her studies show that, in a school context, in public spaces where other people can hear what they say –unlike private conversations with a limited number of listeners (private context)– boys talk more than girls, and about very different topics. For example, they talk about their own experiences, even if not related to the topic being discussed. On the other hand, girls feel less entitled to intervene during class; hence, they speak less, and their comments are limited to what is being discussed at the moment, and not to personal or family issues. Interestingly, the results of the study by Subirats (2017) indicate that, when the teacher pays more attention to girls, they speak more in public.

In this way, we see how defining girls and women as “chatty” or “critical”, using common phrases like “they will not stop talking” once again remains confined to a private sphere, in conversations between equals and about personal issues, considered less relevant in our society. This reinforces insecurities that result in fewer interventions, be it in a primary school classroom or universities, seminars, and conferences –where fewer women participate as lecturers than men, see Nittrouer et al. (2018). In contrast, boys, although stereotypically thought to speak less, have social and educational support that allows them to speak in public with confidence, on topics that are considered important.

In short, the sexist belief that suggests that girls talk more than boys is not sufficiently supported and a more complex analysis is necessary, to understand which spaces and contexts are perceived as socially more appropriate –from a perspective embedded in a sexual hierarchy– for women and men.

Do adults talk to girls and boys in the same way?

Sexist stereotypes are transmitted even before birth, starting from the moment the sex of the baby is known, with what adults project on them regarding behaviors, preferences, and roles. Examples of this are deciding on names, bedroom decorations, the color of their clothes, activities, toys, etc. These expectations impact how the infant will communicate depending on their sex. In fact, it has been proven that talking to boys and girls from the moment they are born and during the early stages of development is related to

the development of different linguistic and cognitive skills in later stages (Huttenlocher et al., 2010; Weisleder & Fernald, 2013). It is for this reason that studies on parent-infant interactions according to sex before language acquisition are so necessary to understand how sexist stereotypes generate differences at early stages.

Several studies show that parents spend more time talking to their daughters than to their sons during the first months (Johnson et al., 2014; Leaper, 2002), and the first year of life (Clearfield & Nelson, 2006; Sung et al., 2013). However, concerning the type of content transmitted during interactions, it is shown that parents offer better explanations and descriptions to their sons at early ages. Mothers tend to give more instructions, teach problem-solving skills, and be more directive with their sons, and they ask more questions and talk about feelings or needs with their daughters (Cherry & Lewis, 1976; Clearfield & Nelson, 2006; Frankel & Rollins, 1983). We will expand further on this point in the next section of this essay.

Socio-Emotional Factors and Sexist Stereotypes

As previously explained, people with DLD present difficulties in emotional and relational aspects (e.g., Aguilar-Mediavilla et al., 2019; Aguilera et al., 2021; Durkin & Conti-Ramsden, 2007).

Sexist stereotypes have had a significant impact on the development and expression of emotionality, as well as on our attitudes in relationships. The stereotype in this context stems from the belief that girls/women are emotional, empathetic, and other-oriented –especially towards boys/men– and that boys/men are rational beings (distanced from emotion), oriented to their own goals and achievements (Brody, 2010). From this gender-based imposition, girls are taught to take the role of carers, seek approval, and be of service to other people. To achieve this objective, the prescriptive norms of the stereotype lead girls to show their emotions, thus facilitating their connection with others; it also teaches them to present themselves as docile and kind in order to make their relationships easier, and to doubt their own criteria to avoid conflicts (generally with men). Instead, boys are taught to live for themselves (self-oriented), to be tough, not to be vulnerable (not showing emotions), and to be brave and strong. Therefore, emotionality, empathy, and care for others are considered feminine traits, whereas strength, action, and impulsiveness are considered masculine. These manifest in the myths that *boys like to run, play and jump*, and *girls like to take care of others and be still*.

Do girls really feel and express more emotions than boys?

Sexist stereotypes apply to both experience and expression; although, as we can intuit from what has been said so far, they especially impact the field of emotional expression. Studies indicate that both women and men have similar emotional experiences; however, the difference lies in what they express (see Niedenthal & Ric, 2017). Thus, women often express submissive emotions such as sadness, fear, and shame –called “powerless emotions”. These moments of expression are usually accompanied by smiles, laughter, and glances at other people; these emotions do not risk damaging their social relationships. On the other hand, men tend to express emotions that convey dominance, such as anger, pride, or contempt –the so-called “powerful emotions”. In their case, aggressive behaviors are acceptable, unlike what happens with women (Timmers et al., 1998). In fact, when analyzing emotional issues in childhood, a higher percentage of externalizing disorders is frequently observed in boys, usually involving interpersonal conflicts due to aggressive and/or criminal behavior. On the other hand, girls are more probable to show internalizing disorders, reflected in emotional suffering such as depressive, anxious, and somatic symptoms (Leadbeater et al., 1999). This implies that emotional discomfort in girls is often not identified by their families or teachers, as it does not present with observable conducts, unlike the disruptive behaviors observed in boys.

Therefore, it is possible that in the context of the classroom, where girls have greater difficulty expressing themselves in public and may experience internalizing emotional problems that are less visible behaviorally, their difficulties –both affective and linguistic– remain invisible. On the other hand, the discomfort of boys is much more evident since they tend to interrupt and show aggressive behaviors towards their classmates, which facilitates detecting emotional and language difficulties, both in the school and family contexts. It is important to emphasize that these expressive differences are learned through stereotypical sexist impositions, and do not respond to inherent or biological traits linked to sex.

Do adults talk about emotions with girls in the same way we do with boys?

As previously stated, mothers tend to ask more questions and center their discourse around feelings and needs when talking to their daughters (Cherry & Lewis, 1976; Clearfield & Nelson, 2006; Frankel & Rollins, 1983; Johnson et al., 2014; Sung et al., 2013). When we analyze the emotional narratives in the family – private– context, we find that mothers, more than fathers, have

more conversations about emotional situations and that these conversations include richer details, a greater use of words related to emotions, and more information about the causes of said emotions, as well as possible solutions (see Fivush, 2014). This information allows us to recognize models of emotional expression that are influenced by gender, which make girls and boys express their emotions according to the sexist stereotype of what is considered *feminine* or *masculine*; this causes boys to move away from their mother’s model (Brody, 2010). Concerning fathers and emotional conversations, a better articulation of their emotional narrative is observed when speaking to their daughters than to their sons, which reveals their capacity to regulate their emotional expression, influenced by the sexist stereotype (Reese et al., 1993; Reese & Fivush, 1993).

Moreover, it seems that, in general, adults talk more to girls, as described above. If we focus on the analysis of the emotional narrative, Robyn Fivush's studies show how girls are educated about emotions more elaborately than boys from an early age, and that this involves both mothers and fathers. This means that girls often start talking about and sharing their emotions early in their development. The study by Buckner and Fivush (1998) shows that 7-year-old girls speak more elaborately and that they express more emotions such as feeling lonely or close to other people, compared to boys. Additionally, girls are more likely to situate their narratives within social interaction (for example, feeling lonely because a friend has rejected them) than boys. This pattern, marked by the sexist stereotype, is maintained throughout development and until adulthood (Bauer et al., 2003; Cross & Madson, 1997; Niedźwieńska, 2003).

In conclusion, a greater elaboration of language is observed in private spaces, specifically regarding affective language, which is deemed as a “feminine” communication model. On the other hand, *neutral*, synthetic, and under-elaborated language, focused on facts, is defined as “masculine”. Social impositions are so ingrained and normalized, that myths based on gender prescriptions like this one are reproduced in reality.

Considering the differences in language stimulation according to sex, we can hypothesize that the type of prompts given to girls due to sexist stereotypes has a positive effect on their linguistic development and emotional awareness. In turn, a negative consequence is that it could make it more difficult to detect problems since a sexist socialization pushes them to experience more rumination and guilt (considered a moral feeling). This can make them prone to develop internalizing symptoms (depressive, anxious, and somatic symptoms) (Zahn-Waxler et al., 2010) that make their discomfort invisible (for example, girls with language

difficulties in the classroom tend to sit at the back of the class and be quiet, making their difficulties harder to detect). In contrast, the effect of sexist stereotypes in boys could mean less linguistic stimulation from their immediate environment, hindering their language development and promoting a less elaborate emotional expression, which may lead them to express their emotional discomfort through disruptive behaviors. These externalizing characteristics will facilitate the detection of disorders, as proposed above.

Are girls more empathetic than boys and, therefore, have an easier time maintaining interpersonal relationships?

As stated by Spanish feminist philosopher Ana de Miguel (2021), human beings are not *sociable* by nature, we are *caring* by nature since it is essential for our survival that someone meets our physical and emotional needs for many years during our development. The orientation of girls/women towards other people implies focusing on activities related to care. In turn, this is linked to experiencing and expressing positive emotions, such as happiness or love, as they are important for establishing and maintaining close and trusting relationships (Alexander & Wood, 2010; Waugh & Fredrickson, 2006). Therefore, sensitivity towards the emotions of others –empathy– is a key skill for effective caring relationships. The association between smiling, joy/woman, and anger/man can be observed in girls and boys as young as 3 to 5 years old (Birnbaum et al., 1980).

What does empirical evidence say about the capacity for empathy according to sex?

Part of the literature confirms that women score better when they assess their own level of empathy (Longobardi et al., 2019; Rueckert et al., 2011; Toussaint & Webb, 2005). This difference between the sexes has been questioned because it comes from an explicit evaluation of empathy, and leads to biased scoring based on what is expected according to sexist stereotypes (Eisenberg & Lennon, 1983; Michalska et al., 2013). In effect, these differences are not found in experimental tasks with objective external assessments, or in tasks that do not include explicit questions about empathy (Derntl et al., 2010; Lamm et al., 2011; Michalska et al., 2013). A recent study on empathy carried out using implicit tasks with a large sample size shows differences; however, the magnitude of the effect is minimum (Baez et al., 2017). These results indicate the effect of sexist stereotypes, which deepens the differences between women's and men's scores regarding empathy.

If the level of empathy seems similar between both sexes, is it true that girls have an easier time relating to other people than boys?

As mentioned before, girls learn at an early age that emotionality and sensitivity are essential parts of the sexist stereotype; hence, following its prescriptive rules, girls/women consider themselves as more sensitive to what other people feel, more affable, and more sociable than boys/men (Flaherty & Richman, 1989; Prentice & Carranza, 2002). If we focus on the environment, as suggested by Stephanie Shields (2010), it seems that the social context is a facilitator to activate those stereotypes. The expectation to fulfill a sexist role based on caring for others and expressing their emotions makes it easier for girls to share their problems with other people, as they feel inclined to express dependency. In contrast, for boys, the sexist stereotype emphasizes achievement, success, and a lack of emotional expression, which hinders their ability to seek help in stressful situations or when experiencing emotional distress, as they *must* handle their problems independently (Barbee et al., 1993).

The mandate to be more empathetic and care-oriented affects the psychological health of girls and women, facilitating the appearance of internalizing symptoms throughout their life course and resulting in a submissive position in relationships. On the other hand, the stereotype hinders the ability of boys and men to understand emotions in relational contexts, frequently leading to an increase in externalizing disruptive symptoms and to playing a dominant role in relationships.

PRACTICAL IMPLICATIONS OF THE ASSESSMENT AND DETECTION OF DLD FROM A FEMINIST PERSPECTIVE

Throughout this article, we have described some of the consequences of sexist stereotypes on language, communication, and socio-emotional aspects that impact children according to sex. Similarly, the impact of these stereotypes has been associated with specific aspects of the study, detection, and assessment of children with DLD. In the next section, we retrieve the main ideas about the influence of these stereotypes on the disorder, and we offer proposals for studying and approaching DLD from a feminist perspective.

What can we do to equally represent girls and boys with DLD, and include the different profiles of this disorder in research?

It has been proven that the fields that study child language (speech therapy/psychology) still show a male overrepresentation of disorders. Specifically, in DLD studies, a common assumption is that there is a higher percentage of boys with the disorder than girls, although the most recent prevalence studies indicate the opposite (Norbury et al., 2016; Tomblin et al., 1997). What is overlooked is that the conclusions and findings drawn from studies are based on the behaviors and characteristics of male subjects, meaning there is an androcentric perspective. Consequently, we still do not know if there is a difference between the profiles of boys and girls with DLD regarding language, emotional, or social difficulties, or in the various spheres affected by this disorder. This can directly result in an underdiagnosis of girls and inadequate therapy designs.

It is important to highlight how difficult it is to conduct research on populations with disorders since this requires significant human and financial efforts. In order to get an adequate number of boys and girls to participate in the studies in the fastest and most efficient way, most of the research teams ask for the collaboration of schools, speech therapists, hospitals, and associations that are in contact with groups diagnosed with DLD. This sample selection is predetermined by the process of diagnosis in schools and by speech therapists. Therefore, the samples generally include a greater proportion of boys than girls because, as explained, DLD is detected mostly in boys in classrooms and clinics –usually due to their externalizing behaviors. Although it is an arduous task, the research teams should attempt to obtain a sample with an equal number of boys and girls and thus have an adequate representation of both sexes. This could be accomplished by asking for a sample of girls with the disorder specifically, or if the research team conducts case evaluations of girls with suspected but undiagnosed language difficulties, in order to verify it, so they can be included in the study.

Following the guidelines of Gendered Innovations (Schiebinger et al., 2011), some recommendations can be offered: for example, the “birth sex” variable should always be collected through questionnaires (it is important not to use sex and gender as interchangeable concepts), as well as asking about factors that intersect with sex (e.g., age, lifestyle, socioeconomic status). Another relevant aspect is to consider whether the gender of the researcher can affect the results (Chapman et al., 2018).

Few studies address the possible differences between the profile of language difficulties of boys and girls, and those that do not

present it as a main objective or result, but as secondary data. Furthermore, there is still a lack of research on the emotional and social aspects of this disorder, especially when it comes to the differences between sexes. One solution to this lack of knowledge is to organize the results according to sex, indicating the presence or absence of differences. If variations between sexes are observed, efforts should be made to understand the source of these differences, consulting the literature and analyzing variations in the intersection with factors such as age, ethnicity, and socioeconomic status, to avoid biased results. It is crucial to incorporate these adjusted methodologies to analyze the variables of sex and gender and their interaction, as this will allow adapting resources, interventions, and aids to the profiles of boys and girls.

What can we do to improve the early detection of DLD in children, considering sexist biases, in professional practice?

Regarding the detection and evaluation of this disorder in the professional, non-academic field, it has been shown how sexist stereotypes contribute to the creation of myths around differences in the acquisition of language throughout different stages of development. However, there is no scientific evidence, from a biological or developmental perspective, that proves the existence of differences between the sexes concerning language skills. If there is, is not significant or consistent enough to justify the widespread belief that girls do not have problems in language development and that late language development in the first months or years of a boy’s life is not a cause for concern, since boys speak less and worse.

In general, DLD is considered an *invisible disorder* because, unlike other disorders with very clear clinical markers or associated with intellectual disability, it is more difficult for families to detect. If we add sexist stereotypes to this difficulty, we see that, on the one hand, the generalized idea that boys speak later and worse than girls means that many medical practices provide carefree indications to families, telling them that their child will speak *eventually* (Sices et al., 2004), which often delays the consultation with specialists. On the other hand, there is a lower chance that families will consult with professionals regarding their daughters’ language, due to the belief that girls do not have difficulties. Considering this, it is necessary to carry out awareness campaigns, so that families overgrow the belief that their children will speak *eventually*. An example of this is the campaign developed for “International DLD Day” by *Asociación Hispanohablante del Trastorno del Lenguaje* (AHITL, 2021), in which professionals from the scientific and clinical fields shared information about the warning signs of the disorder and the negative impact of waiting to evaluate or intervene. Moreover, it

is essential to train pediatricians and medical professionals to detect the warning signs of a disorder at an early age, as well as develop common protocols between speech therapists and medical professionals that allow making referrals whenever there is even the slightest suspicion of DLD and abandon the idea that families should not be worried by these signs. Specifically concerning the feminist perspective, these protocols should include explanations of myths and sexist stereotypes around language difficulties, and dismiss generalized and corseted ideas of how boys and girls conduct themselves regarding language and socio-emotional relationships.

Finally, once warning signs have been detected and referrals have been made to a speech-language therapist for language evaluation and to a psychologist for cognitive evaluation, it is still relevant to keep in mind that adults may carry these stereotypes during qualitative and quantitative evaluations. Thus, we must work on dismantling this within us so as not to fall into the bias and the expectation that girls perform better –and, consequently, score them above their actual performance– and that boys perform worse –scoring them lower.

What can we do to improve the detection of DLD in children in the school context?

As we know, the detection of language difficulties occurs relatively late, at school stages where reading and writing are taught systematically. During these stages, sexist stereotypes negatively impact the detection of disorders. This occurs especially in girls since they are more likely to develop strategies that hide their difficulties with oral language, out of shame or for the fear of expressing and exposing themselves. Thus, the disorder is camouflaged as shyness, which reinforces the emotional discomfort that comes from experiencing language difficulties, expressed through internalizing symptoms that can be depressive, anxious, and/or somatic. These symptoms further prevent the detection of the disorder, as the warning signs are not behaviorally evident. Public and private spaces have been established as significant environmental factors for reversing the effect of gender-based stereotypes.

We believe it is vital that indirect interventions in the classroom – that is, language stimulation carried out by teachers, under the guidance of the speech therapist– observe specific guidelines that make inequality between boys and girls visible and that inform the teachers of the sexist stereotypes that may influence the behaviors of children in the classroom. Thus, considering that in the school context language is mostly observed and assessed in public spaces –participation in a large group in the classroom– it is advisable,

for example, to create smaller spaces that facilitate the observation of language and affective symptoms (whether related or not). These reduced environments could help girls feel confident to speak freely since their silence in the classroom is one of the factors for a lower detection of communication difficulties in girls with DLD.

On the other hand, at this stage DLD is identified and detected quicker in boys, since they tend to show externalizing behaviors when they struggle in school. We believe it is important that assessments add context and promote greater development of the emotional narrative, focusing on conflicts in relationships and the emotions generated around them. All of this will facilitate the expression of the psychological discomfort that underlies disruptive and/or aggressive behaviors in the classroom.

Similarly, additional to specific recommendations related to language, in schools it is still necessary to incorporate culture and effective coeducational practices that go beyond the presence of both girls and boys in the classroom, and that include interdisciplinary work between teachers, speech therapists, and psychologists to change the sexist socialization in academic contexts and help students develop their capacities and potential without sex-based distinctions (for more information on the implementation of co-education see Subirats, 2017 and López-Navajas, 2021)

What can we do to improve the detection of DLD in children in the family context?

There is still a lack of information and guidelines for the general population, especially aimed at parents, as they directly influence the gender socialization of their children. Increasingly, speech therapy teams work together with families using methodologies in which assessments and interventions occur in environments that are real and natural. These methodologies have made it possible to raise awareness and educate families regarding language stimulation, both at the moment of diagnosis and at early developmental stages for prevention. We need to remember that we will work with diverse types of families, some of which do not follow the heteronormative family model. Among other family contexts, we will frequently find single-parent families (Chile is an example of this, since a high number of fathers do not recognize their children). In this case, mothers need more support, as well as feminist networks to help them with their children's upbringing and to monitor their language acquisition in a way that is free of sexist stereotypes.

The guidelines provided in this context should include compensatory strategies to gradually eliminate sexist stereotypes

from affective language and communication, as well as from caregiving in relationships. On the one hand, it would be necessary to specifically encourage fathers to increase their communication with their daughters and sons from very early stages of development, and that they do so in a more elaborate way, touching on emotional and relational issues and expressing their own emotions, thus facilitating emotional and linguistic expression in both their daughters and sons. Furthermore, to be sensitive to the feelings of other people, following a less stereotyped socialization model. On the other hand, mothers should be encouraged to improve their communication especially with their male children. In this way, the transmission of empowering messages to boys at an emotional and relational level, and the transmission of messages that provide a sense of confidence, capacity, and strength to girls, will serve to counteract the effect of sexist stereotypes in our society.

FINAL CONSIDERATIONS

The professionals who work with the population with DLD are mostly women (as of 2018 in Spain, women represented 93.6%, 81.7%, 97.6%, and 82% of speech therapy, psychology, early childhood education, and primary education professionals, respectively, according to the National Statistics Institute [INE, 2021]). Although these professions are highly feminized, since society considers them stereotypically linked to care and less valuable than others highly pursued by men, they are of great importance for the future of societies and for improving the quality of life of future generations. Raising awareness and applying a feminist and coeducational perspective is especially relevant in these spaces because it will help ensure that no girl is excluded from therapy due to the sexist stereotypes that are deeply embedded in our society.

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APPENDIX 1

Masculine and feminine uses of language

| | Feminine Style (more frequent use of...): | Masculine Style (more frequent use of...): |
|-------------------------------------|--|---|
| Prosody and paralinguistic features | <ul style="list-style-type: none"> - Emphatic intonation - Changes in pitch, with a tendency towards higher pitches - Rising intonation - Vocalizations (<i>mmm</i>, <i>aha</i>, or similar) to indicate that they are following what the other person is saying | <ul style="list-style-type: none"> - Flatter prosody - Fewer pitch changes - Falling intonation |
| Morphosyntax | <ul style="list-style-type: none"> - First- and second-person plural, to include the people with whom they are talking (indirect and appellative modalities) - Interrogative and exclamatory sentences - Indirect forms, less imperative - Unfinished sentences - Modifiers (adjectives, adverbs, appreciative and diminutive suffixes, and expressions such as: “Oh, I don’t know!”, “But I feel that...”, etc.) | <ul style="list-style-type: none"> - First and third-person singular and impersonal forms (a more direct modality) - Higher frequency of “statement sentences” - More direct statements - Fewer modifiers |
| Lexicon | <ul style="list-style-type: none"> - Vocabulary related to personal spaces (family, affection) - Words that provide nuance, for example, related to colors - Diminutives, words that express affection | <ul style="list-style-type: none"> - Vocabulary related to public spaces (politics, sports, work) - Curse words - Augmentatives |
| Thematic organization | <ul style="list-style-type: none"> - Discourse is constructed collectively - Change of subject - Approaching the topics from personal experience - A more involved, personalized, and less assertive style | <ul style="list-style-type: none"> - Summarizing or rewording (thematic control) - Sustaining topics, fewer changes - An approach to the subjects from an external viewpoint - A more assertive style |
| Conversational mechanisms | <ul style="list-style-type: none"> - Overlapping (two people talking at the same time) and interruptions tend to be cooperative (to express understanding or completing the previous intervention) | <ul style="list-style-type: none"> - Overlapping and interruptions tend to be competitive (to make space to talk, manifesting disagreements, and express authority) |
| Non-verbal elements | <ul style="list-style-type: none"> - Soft physical contact, more proximity during a conversation - Hand and arm gestures are usually closer to the body (forearm almost attached to the thorax) - Legs shut or crossed at the knees | <ul style="list-style-type: none"> - Physical contact is more sporadic and aggressive (punches, slaps), greater distance during a conversation - Wider arm and hand gestures - Legs open, or one foot crossed over the opposite knee |