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A Life in Linguistics and Communication Disorders: An Interview with Christiane Baltaxe

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Dr. Christiane Baltaxe has been a pioneer in work on language and communication in autism as well as in work on communication disorders and psychiatric conditions more generally. Born in an area which was then part of Germany, Dr. Baltaxe first trained in Europe as a translator and then immigrated to the United States. She wrote her own undergraduate linguistics program at UCLA and then did her Ph.D. in the newly created linguistics department. Dr. Baltaxe's wide-ranging studies in linguistics at UCLA, including work on historical linguistics, computer linguistics, and linguistic anthropology, influenced her later work on communication disorders. Her dissertation focused on the history and development of distinctive feature analysis; she also translated Trubetskoy's *Grundzüge der Fonology* 'Principles of Phonology' into English.

After doing postdoctoral work at UCLA's Neuropsychiatric Institute (NPI), Dr. Baltaxe joined the faculty there and also became licensed as a speech pathologist. In her research, she has employed qualitative techniques such as cohesion analysis as well as quantitative experimental techniques. In addition to doing research, teaching, and clinical work, she founded the NPI's Department of Communication Disorders and developed the communication disorders component of the NPI's Interdisciplinary Program in Developmental Disabilities which for many years promoted communication among different disciplines at the hospital. Over the years, she has mentored many people, including postdoctoral students and graduate students in linguistics, applied linguistics, and other disciplines, as well as speech pathologists. She recently retired from the faculty at the NPI, but continues to see patients and do research there.

Emmy: *Can you tell me about your early life?*

Chris: I was born in eastern Germany.¹ My mother was German, my father was French—actually Belgian, but he spoke French. And when I was a young kid he would go for a walk with me or he would take me on his bike and point certain things out in French. So I already had some notion that there are other languages around, in an environment where this was not a common thing. Then he was missing in the war. I had three siblings. I was the oldest and we had to leave our place because the Russian front was coming. So when I was about ten years old we fled to western Germany—to Bavaria. We were refugees. This was in February of '45. We ended up in a refugee camp and then we were distributed among the popula-

tion—everybody was ordered to take some family in for a certain amount of time until they could find a place to live. There was little to eat and sometimes I was so hungry I just fainted. But I wasn't the only one that was hungry. Everybody was hungry. My mother had taken jewelry along from home and some other little stuff and gradually she traded it in for food. So from there I went to a high school—a *Gymnasium*—when I was ten. From there I transferred to a musical high school. After that I went to an interpreting school for English, French and Spanish. I took my interpreting examination as a simultaneous interpreter for English and German. Then I came to the United States.

Emmy: *When did you come to the United States? Did you come with your family?*

Chris: I came when I was almost nineteen years old. I came by myself, and had to support myself. I had relatives in New Jersey with whom I lived initially. I got a job as an interpreter and translator with the National City Bank of New York, on Wall Street. I worked there for three years. I attended one or two semesters at New York University for some French literature courses and then transferred to Hunter College at night school, taking a full load of credits.

Coming to Los Angeles

Chris: I got married at 22 years of age and came to Los Angeles. I got a job at the Superior Oil Company as an assistant to the vice president on oil explorations. My job was to translate all the oil news in the world and bring out a bimonthly newsletter of what happened in the world of oil exploration in Sardinia and North Africa and other countries. I summarized the most recent information from different professional journals in the field written in different languages including Italian, Spanish, French (mainly French) and some German. Then I got pregnant and the company had this policy that you can't be pregnant and work. You would have to quit at three months. So I wore these tight girdles and they also had these loose dresses at the time—sack dresses—from top to bottom just straight. I quit three weeks before my son Michael was born. But to the company I was only three months pregnant. I was taking a few courses at Los Angeles City College, in things like economics, art history, and Italian. I took my exam in Italian one day before our first child was born. Can you imagine that? I took it in the morning until one o'clock. I went swimming in the afternoon, and then at five in the morning Michael was born.

Creating her own undergraduate linguistics program at UCLA

Chris: I transferred to UCLA as a junior. They sent me to a young professor and he said "well what do you want to study?" I said I want to study linguistics. I re-

ally had no idea of what the formal study of linguistics was. I *swear* I didn't know what linguistics was! Do you know it just sounded good to me.

Emmy: *Who did they send you to?*

Chris: Jaan Puhvel. Before the linguistics department existed, there was an Indo-European center for the study of languages—he was the head of it. I told him I noticed some relationships among the various languages as I was studying. When I went to talk to him I had my son Michael along, who was about 15 months old, and while I was talking with Puhvel, Michael crawled out of the baby carriage and started pulling the professor's books off. (laughter) Well, that was very embarrassing. But he took me seriously. He said "Well y'know, that sounds interesting, but we don't have a department here." And I said "Well, you know, that doesn't matter, I can have my own thing." And he said "yeah, actually you can. You can write your own program. Fine. Go also to see Bill Bright and Harry Hoijer." Harry Hoijer was in anthropological linguistics and Bill Bright had just come on as an assistant professor in structural linguistics. He had studied Kerok—that's an American Indian Language. All of them sort of had their mouths open in a way saying "what's she talking about?" you know, but I guess I talked a good game and they said "Fine! So here's what you do." Well, first they had to have a grade average—I had a high grade average. I also needed some guidance and I had to have a preceptor. Puhvel said he would do it. So they said to write up your program. I examined all the departments and talked to various professors regarding the courses they offered. So I wrote my own major and it had to be approved by the Chancellor's office or something and I got it back fine. I took general linguistics which now was going to be taught by Bright—he had just started teaching it. Mind you, there was no linguistics department, okay? He was in anthropology. So I'm the first person at UCLA that studied linguistics with a program. Then only several years afterwards UCLA decided to have a linguistics department and I think Bob Stockwell was the first chairman of the linguistics department. I took courses like Spanish dialectology, Sanskrit, Indo-European linguistics. I took a number of courses relating to historical linguistics and Indo-European like Old Greek, Old Icelandic, Gothic, Old English, and Old High German, and I studied the evolution of these languages and their relationships to each other. Then I took anthropology, certain classes in sociology, which were really more what you could think of as sociolinguistics, and anthropological linguistics like the kinship system. I also took some courses in Teaching English as a Second Language, which was a graduate program at the time. I also took some philosophy courses in semantics and logic.

Emmy: *Was there a common theme in your studies?*

Chris: Just that there's relatedness among languages both when you look at them from a historical or comparative perspective. I got my BA with a special major

in linguistics and then I went to graduate school in linguistics at UCLA. But you know we didn't have to do the Graduate Record Exam and stuff like that. They just stuck me right in there.

Emmy: *Was it at that point an actual linguistics department or had it not become one yet?*

Chris: I think at that time it was already a linguistics department. I think the transition took place probably around my senior year, because I remember I took morphology and phonology and all of that stuff which was just coming in. And semantic feature theory and semantic field theory, et cetera. At that time there was an established European field of linguistics which was essentially different from American linguistics. In the United States the focus was more on descriptive and anthropological linguistics. In Europe, the focus was more on historical and comparative linguistics. I think that in America, historical linguistics took second place to descriptive linguistics, that had come in with the description of American Indian languages.

Emmy: *So the American linguists were busy describing the American Indian languages?*

Chris: Yeah, but it was more tied into anthropology and the idea that you cannot describe it from the outside. You have to approach it from an anthropological point and try to describe language and everything from the inside. You had to have an informant and you can't impose your view. Now the Europeans didn't have that restriction, so they looked at it basically from the outside. Also in European linguistics at the time, there was the Praguian tradition, which was big at the time, and the Russian tradition. And basically they came together. The Russian tradition had two branches—studies in typology and comparative linguistics on the one hand and language and the brain as seen in pathology on the other. The main person in there, known in the United States, was Roman Jakobson. He helped me with a bunch of stuff. You could talk to him but I felt very young and very much of a novice at the time, like sitting at the sage's feet. If I ever had that experience it certainly was with Jakobson. Well, otherwise, I had a fresh mouth. But everybody treated him with so much respect. The Germans say *Ehrfurcht*.

Emmy: *What does that mean?*

Chris: *Ehrfurcht?* Respect. But in a deep sense. Jakobson was interested in pathological events and what effect they had on language. His first observation was that there are certain effects such as the results of a stroke which seem to be related to normal language in the same way that language change occurs in normally evolving languages. And then the second observation which came, a little bit later,

I think 1945 or something like that, was that there seems to be a relationship between aphasia and child language development, and the relationship—which was obviously crude at this point—was that you lose language in the same way as you acquire language, but in reverse order. And I think he had a point. But the point was not necessarily correctly applied to stroke. It probably could be more applied to Alzheimer's. Maybe.

Emmy: *That makes sense.*

Chris: So, that was sort of interesting, and then I got really hooked into the American anthropological and ethnological tradition of looking at language from within, and I did a bunch of informant work. I was really interested in the ethnological aspect and ethnomethodology and in sociolinguistics. Sacks and Schegloff were around, these were the early guys in sociolinguistics. So we had these interesting seminars and evening discussions. We'd go once a week and have these real great blow-out discussions—Bill Bright was one of the people that had it in his house, which was on Beverly Glen, and it was all quite hippie-type but I wasn't hippie because I was married. (laughter) And there were a bunch of married students which were not so much in linguistics but in anthropology and partially in ethnology and also in sociolinguistics. They all hung out.

Early computer translation

Chris: Now the other part of my interest had to do with mathematical linguistics and computer linguistics. And until I was pregnant with my second child, with Robin, I had a job at Systems Development Corporation—it was right next to Rand Corporation—the people there were interested in computer translation—machine translation. I was in charge of trying to develop machine translation formulas above the sentence level. So, how do you know something is a paragraph? How do you know what is old information or new information? You have to put that information into computer formulas in order to get out the correct translation. And the people that had done early work on it were actually the Russians and the Praguians, because they did not believe, compared to the early Chomsky, that the limit of linguistic studies was a sentence. Chomsky did everything within a sentence. And these people did it within paragraphs and within text. I worked there for, I think, about a year and a half. Marianne Celce-Murcia was also there and she worked on the program to differentiate definite and indefinite articles in machine translation. But I thought I had the difficult task of how to characterize when you go across sentences.

Emmy: *Was that before Halliday and Hasan had done their thing?*

Chris: They did theirs in '75. Yeah, it was before. At least 10 years before, more than that. It was in the 60s.

Emmy: *Were you applying some other body of theory?*

Chris: It was based on Praguian theory, which was just theory, so you had to figure out how do you identify borders between different paragraphs, which was tough. And I felt it was a lonely enterprise. I collaborated with a programmer, and he did his thing and I did my thing.

Choosing a dissertation topic

Chris: I decided, following Jakobson, that language pathology mirrors acquisition, and I wanted to write my dissertation in language acquisition. There was nobody at UCLA who was interested or wanted to direct it. I said, well actually I could do it in speech pathology. But nobody was interested in speech pathology. So then I almost got Harry Hoijer, who was pretty old and ready to retire, to supervise me on deaf language with the John Tracy clinic. But ultimately he decided not to. And then I got persuaded by Puhvel, who was my advisor, actually, all the way through my studies, he said, why you have so much background in Praguian linguistics, why don't you write it on the development of phonological theory, with a focus on distinctive features, which I did. And he said you can always do the other stuff anyhow. So then I did the other stuff anyhow and I wrote my dissertation on distinctive feature theory. But there was nobody here at the time who really was into it, and I had a visiting professor from Serbia, Pavle Ivic, who actually directed my research. And it went pretty well, I went to see him every week, showed him what I'd done.

Emmy: *And this was the distinctive feature theory stuff?*

Chris: Yeah. But before that I already had done a book translation and translation of a bunch of articles which came out of the Russian and Praguian tradition. The book was Trubetskoy's *Grundzüge der Fonology*. I did it for University of California Press.

Postdoctoral study

Chris: After I graduated, I had these interests, and I had my discussions with people, and I had my kids, but I didn't have a job. The youngest, Stephanie, was a year old when I finished. So I didn't necessarily need to have a job, but suddenly you have a Ph.D. and you feel sort of useless. So then one of the professors I had and also a friend, Harold Garfinkel, was doing some work down here, and he said why don't you call somebody down here at the NPI?² Yeah, why don't you call West. He was the director of the NPI. (But before that I had another friend who was a neighbor and who was a neurologist. Norm Namerow—he still practices across the street, and actually I'm his patient every now and then. He got me more interested

in neurology.) I went to talk to West and he said well let me see what you want to do. I told him of my interests. West said well that sounds interesting, we don't have anybody here like that, why don't you talk to Simmons.³ So I did, and he said well, that's really interesting. Why don't we think about it and why don't you come around and let's go and observe stuff and see what you could do. And he had some audiologist here for the summer who came here to do a research project on autism, I think with Simmons, and they invited me in to sort of help them, assist them, observe them whatever. So I did, and then he said well you know you could do a postdoc in developmental disabilities and mental retardation with your specialty in linguistics. And again I could write my own program. So I went to dentistry, I took a course in dissecting larynx and stuff, I took more than one course in neuroanatomy and neurophysiology; I took a course from Scheibel very early on.⁴ I had to learn a whole new language—medical language and terminology. I was a postdoc here for two years, and I took psychiatry courses and clinics as well.

Getting into speech pathology

Chris: Then, after two years, they hired me on the faculty, but then they also wanted me to do some clinical service. So I went to USC and took some courses in speech pathology. I said I'd like to get a degree in speech pathology but they said "No, you can't. You have to start from the beginning. You have to take phonetics..." I said "Give me a break. I'm not doing this." And then the laws came out and they said okay, well now you have to have a license in speech pathology—in nineteen seventy something, everybody had to get a license. Now, at the beginning, you could also take it by a national exam. So I took it by exam, and I came out in the upper 8th percent. So fine, I got a license!

Emmy: *So you took a couple courses and did the exam and that was it.*

Chris: Well but I had the stuff that they needed. I knew phonology, phonetics I knew, I mean I knew grammar and stuff, I knew already medical stuff, which they needed, I had done dissection of brain and neck. I studied for a couple of weeks or so and that was it. But, on the other hand, in speech pathology, even nationally, they always looked at me "Oh, you know, you are a linguist, you are not a true speech pathologist," and I never got a Certificate of Clinical Competence (CCC) from the ASHA⁵ organization. If I wanted to become a member, they would have to make me an honorary member because otherwise I would have to go into a supervised situation and take courses according to them to become clinically competent. So I never became an ASHA member. Although they have always welcomed me to give research papers and invited me to give courses which I have done numerous times.

Emmy: *You have supervised people who are getting their CCCs!*

Chris: I know! I know. For how many years. Also, at the time I came here, there was no speech pathology department. There was one audiologist here who also did speech pathology, and did it mainly for outpatients. When I first started, when I first got my license, they said “okay, you do all the stuff in the wards.” It took awhile to get speech pathologists in. But we had maybe four speech pathologists; then we had program cuts and we had two; and now we have five, including me. So basically it’s back to the old or even a little bit more, and all the programs now want to have a speech pathologist and in the wards they are indispensable.

Interdisciplinary program in developmental disorders at the NPI

Chris: They had this developmental disabilities interdisciplinary training program. Simmons was the director and he said we want you to develop the program for speech pathology and clinical linguistics. You have to write the proposal, and da da da, and then, you know, get funding. So I got funding, and we had speech pathology and clinical linguistics in the program for I don’t know how many years, at least twenty five years or thirty years. The idea of the program was to be cooperative, to be interdisciplinary, to look at the human being from different perspectives, and to be able to talk to each other in a common language. I had many fellows over the years, postdoc and predoc. More postdoc in the beginning, because there were more linguistic people in there, and quite a number of them I persuaded to take a license in speech pathology. Also quite a number of the speech pathology fellows I persuaded to get a Ph.D., and they did so; it was sort of a stepping stone for them and some experience to be exposed to.

Emmy: *Would you still recommend speech pathology to students?*

Chris: Sure. At what step, though. It might be a good idea to have a joint program between linguistics and speech pathology, where you recognize each others’ credit. And there was a program at San Diego State which used to do that with people in linguistics, that gave them the least trouble in terms of repeating stuff. The advantage of getting a license in speech pathology is that you can do clinical practice, you can make money, you can be independent, you don’t have to wait for a university position, and you don’t have to get a Ph.D. You can get a Master’s and be pretty happy financially, especially now, because Master’s degree people here often ask a hundred dollars an hour.

Research on autism

Chris: I did papers on autism right away. There were certain things which stood out in autistic language like the repetitions and how they related to stuff. I came to the

NPI in September and I think the first paper I did was in November up in Seattle at Applied Linguistics maybe, or Teaching English as a Second Language. Anyhow, then the people at the meeting said we would like your paper for publication. But then I wrote it and sent it to them and they sent it back rejected, which made me feel terrible. And I wanted to crawl under a little rock, and give it up, you know, and actually I gave up that paper which was very stupid, because it was very insightful. Sometimes the insights you get at first glance are the best, in a way.

Emmy: *What was it about?*

Chris: It had to do with echolalia⁶ and the idea that in normal acquisition at that point, echolalia was not accepted. But here was a case (autism) where kids seemed to learn by echolalia. Then I had a whole thing about how autistic kids might use gestalting more. Now the first paper that was given on that was my paper at an ASHA convention. I did another paper a little bit later also on echolalia and the idea that autistic kids might learn language differently from normal kids. In normal kids you have two ways of language acquisition, one is by imitation and one is by spontaneous building up. In the normal kid you have more of the spontaneous building up and the imitation stuff takes a secondary position. In the autistic kid it's reversed, which may have to do with brain function—one style is analyzing and the other is gestalting—that was the basis for the paper. Barry Prizant subsequently wrote his dissertation on echolalia and later also on the idea of gestalting.

Emmy: *I was wondering whether other people who were looking at language in autism were looking at naturalistic conversation.*

Chris: There weren't many people at UCLA that were looking at language in autism early on. It was called childhood psychosis at the time. Ritvo and Ornitz were interested in autism, and Simmons was interested in it, and Lovaas was interested in it. But those were not naturalistic settings, they were hospital settings. Actually you know when I came here I had a little bit of a rude awakening. The naturalistic kind of stuff which we are used to in linguistics—a one-subject study—didn't count for much academically. Here it was all statistical stuff. You know, you needed more than one subject, you needed to document your findings, and you needed to use statistics. Up on upper campus in linguistics you could have one subject, you described it, it's wonderful, you came to your conclusions, and that was it. I had not until that time done anything which was of a statistical nature.

Emmy: *Was anyone doing anything on pragmatics in autism?*

Chris: Me. I think I was probably among the first in pragmatics, in autism.

Emmy: *When you got here and you found that things were more statistical, how did you combine the more naturalistic stuff and the statistical stuff?*

Chris: By doing examples. And by doing it in a descriptive fashion—some of the first papers are descriptive. But they are still on groups, so that you can identify patterns. So the first thing was really pattern identification, and that was both descriptive and related to pragmatics as well. I did both syntactic and conversational (pragmatic) analysis. I did interviews with adolescents that were transcribed and then I did pattern analysis. I used a naturalistic interview. It had things in it going from concrete to abstract to projecting stuff like what would be your three best wishes if you had them, what do you think you're going to be when you grow up, what would you do if you were President. What scares you the most, things like that. So it was an interaction, and I could see the length of the response, the appropriateness, the spontaneity, the initiations, the turn-taking kinds of things.

Emmy: *I have some of those papers here.*

Chris: I kind of made a mistake, you know—I didn't publish a lot of papers which I presented. Once you've presented a paper you can feel satisfied and it can take a lot of perseverance to ignore other things and write the paper up for a journal.

Autism and beyond

Chris: So anyway I was sort of heavy-duty into autism, when autism wasn't fashionable. I got invited here and there and everywhere. It was good. But ultimately, I got felled by disease. I couldn't travel, period, because of my back and my hip. So I couldn't do it any more. But I went to many countries.

Emmy: *So you were sort of at the center of autism studies, in speech and hearing.*

Chris: Yeah, NIH⁷ gets people together to make a case why they should fund a particular area. I wrote the area of autism in the 1970s. And I was on all sorts of committees for that. Then I thought, this is getting boring. (laughter) I knew from clinical stuff that there's more to life than autism and language. And then I'm thinking well there are other disorders, like ADHD⁸, and it's quite amazing how these disorders have language problems with them. So, I branched out into different areas like depression, schizophrenia, et cetera. And it broadened my perspective and world view which I didn't have when I just looked at autism. I did a couple of epidemiological studies as patients came in to check out which ones come with language problems and which ones don't and what type, and is there a difference between ethnic groups, males and females, and different age groups and that is published. I returned to autism because now people became more interested in it

and it still was interesting to me. Also there was this whole area of social communication which has blossomed out and of course I had interests right from the start in social communication.

Emmy: *How did you get into studying prosody?*

Chris: On my master's exam, Stockwell gave a question on prosody. There were a few theories of prosody, and I was never quite satisfied with them. I mean, he gave me an A or whatever, but the problem was, I was not happy. You know how you sometimes have something that nags you, and you want to really understand it? That's where that came from. I sort of dragged it with me. But prosody is a very hard thing to do. I tell you why it bothered me. It comes back now. Stockwell's work was limited to English sentence stress. English is a pitch language. German is intensity marked. And the reason that Germans sound like generals is because their language is intensity focused. The English-type analysis is true for English but it's not true for other languages. That's how I got into it. It really made me think when people criticized me "oh why are you talking so harshly," and I wasn't. It wasn't my intention. So that's why I looked into it reasonably deeply. (laughter)

Emmy: *But then you applied it to autism.*

Chris: Yeah. You know people haven't looked into it a lot, but you have to plan speaking with a certain intonation contour in mind, and you also have to plan breath grouping. It's an acquired thing. The tidal breathing and the breathing for language are two different things, and the tidal breathing has to accommodate the language breathing.

Emmy: *Are you suggesting that kids don't have that yet?*

Chris: No, it's acquired with utterance length. The greater the units, the more the child has to plan with respect to breathing and breath grouping.

Emmy: *So in other words the increasing control of breath contributes to MLU (mean length of utterance)?*

Chris: Or the two go together? I don't know which contributes to which—they are somehow correlated. And autistic kids, in my opinion, don't have that cognitive sense. And therefore, they have breath grouping irregularities which haven't really been reported on. Like they inhale or exhale where they should not, and that's what makes their intonation a little bit odd at times. It's a planning and control issue.

Juggling teaching, research, clinical work, and administration

Chris: If you're a professor at a school you have certain commitments—you have to do so much teaching and so much research. We had to do more teaching than regular, and also do research, and be clinicians and see patients. So that's like double duty—plus you didn't get your summer off! In the beginning I taught too much. I had a year-long seminar in clinical language and developmental disabilities in which we assessed kids and taught students how to use and interpret tests and relate findings to specific disorders. I taught a basic course in language disorders related to psychiatric disorders and to developmental disabilities. Then I taught an interdisciplinary clinic every week for two or three hours which saw kids individually—it was an interdisciplinary team, but I was in charge. I've even taught in the dental school. I gave lectures about language development and dentition for dental students who were seeing kids with developmental disabilities. But administrative duties I enjoy least—filling out papers and going to meetings—and probably research I enjoy most. Seeing patients is okay every now and then, but not as a steady diet, and teaching is fun, if you know what you're talking about.

Emmy: *Are there special challenges to working in a hospital setting?*

Chris: Yeah. It has changed a little, but in a hospital setting, there's an absolute chain of command. You can't just do what you want to do, you have to follow a whole bunch of separate guidelines, like from the Joint Commission of Hospital Accreditation, the UCLA hospital director, the NPI director. You have to do billing, it has to go in in a special way. You have to be dressed in a specific way. You know when I first started, they didn't want women in pants here. They said we would rather like the women to wear skirts or dresses. Well that has gone for sure. Then you have your time, you can't treat writing a report like writing a paper "oh well I have six weeks to do it"—you have to write it like from today to tomorrow because somebody else depends on you. You have to toe the line and watch out for sexual harassment. I mean the sexual harassment stuff was major when I first came here.

Emmy: *You mean people were harassing?*

Chris: Of course! The people here were mainly males, and they were not the least bit worried about what they were saying.

Emmy: *Have there been difficulties here, as a woman, in other respects?*

Chris: Oh there's politics. I mean there's politics all over the place. There used to be an old boys' network, and you didn't have access to certain networks as a female, which sort of changes but it's still the same. But age makes differences too. There's

a great deal of competition, even though it may not be so obvious.

Emmy: *So are you saying it's harder when you're older.*

Chris: I'm not a good person to say that because I got really fouled by sickness and disease. In the last ten eight years I had breast cancer, I had radiation, I had chemotherapy. I lost all my hair like eight years ago. I had two hip surgeries and three back surgeries. That's a lot. And it certainly affects your functioning, especially chemo and radiation, because it just kills you. And the other thing is, you can be as crazy as a loon, but as long as they don't see it it's okay. If you start using a cane and stuff like that—this is more of a youth culture—it is my impression they don't want that. They won't tell you that, but you feel it, in some sense. Did it bother me? Yes.

Emmy: *You mean their reaction bothered you.*

Chris: It's not a face-to-face reaction. But still. You know it's there. And if you tell somebody you had cancer, oh, then you're over the hill. That's for sure. Right? I know not from me, but from other people before I ever had it. That's the way people talk. And that's the way people react. They already count you out.

Emmy: *And you're back! You're...back!*

Chris: They said "You're unbelievable, how can you do it." "How can you do it? What are you doing?" (laughter)

Emmy: *Have you faced challenges combining your career with raising children?*

Chris: Are you kidding? I've always felt guilty on both sides. There's always conflict. You know on this side or on that side I didn't do enough. Y'know obviously because the competition were males, who had their wives at home doing everything for them. And my husband, you know him. He's a very European person. He's emotionally supportive but he doesn't necessarily help a lot in the house. Initially especially as a graduate student I'd come home, I'd make dinner, and after the kids were in bed, I'd get a second wind, and I'd study maybe from eight to one o'clock at night but I couldn't do that anymore. At least not in the second part of my career. And I had a nanny for a time when we lived in Encino but I always felt guilty. I don't think any person who has kids and that kind of commitment to a job which you have to perform right and who wants to advance, could not have conflict.

The Zeitgeist

Chris: So different kinds of things come together, over a period of time. And then you know there is also a zeitgeist, I think. Certain things are just ripe to happen, and they happen in different areas at the same time. And then maybe come together, and maybe some of the stuff I was interested in wasn't quite ripe yet.

Emmy: *It seems to me that there were a lot of points of overlap between applied linguistics and your interest in linguistics and communication disorders.*

Chris: Absolutely. Speech pathology, linguistics, applied linguistics, and neuroscience even, could all be cooperating, because they all have something to give to each other.

Emmy: *Do you have the feeling that things are getting more specialized?*

Chris: Yes. And that's a bad thing, because believe it or not, your area of study confines your thinking in a way. And if you are interdisciplinary that might thin it but an interdisciplinary perspective broadens it tremendously. I think if I talked to a linguist now, they would have depth of development in linguistics while I have breadth of knowledge about human behavior and the human use of language which they might not have. But you can't have everything in the world.

Emmy: *What are your current research interests?*

Chris: Watch TV? (laughter) I can get quite excited about ideas. Like auditory processing? That's my current interest. I predict the next new frontier in autism with respect to language is going to be in auditory processing.

NOTES

¹ Baltaxe grew up near the town of Guben, in a part of Germany which became part of Poland after WW II.

² UCLA's Neuropsychiatric Institute includes research facilities and a psychiatric hospital.

³ James Q. Simmons III, a leading child psychiatrist at UCLA who became Baltaxe's preceptor, mentor, and coauthor.

⁴ Arnold Scheibel, a UCLA neuroanatomist.

⁵ American Speech-Language-Hearing Association.

⁶ Echolalia, the immediate or delayed repetition of one's own or another's utterance, is frequently observed in children with autism.

⁷ The National Institutes of Health.

⁸ Attention deficit hyperactivity disorder.

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