**Unravelling the (in)specificity of specific language disorders: implications for a biological characterization of the Faculty of Language**

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**To what extent are we dealing with methodological concepts?**

- Are tests routinely applied for the diagnosis currently designed?  
- Are we sure that the population under study is representative of the normal population?  
- Do we know enough about other cognitive abilities (bilateral or dominant)?

*We can safely conclude that...*

- The nature of the disorder is specific (in a broad sense).
- The disorder is associated with other language impairments (and/or other cognitive disorders).

**How specific are actual specific language impairments?**

- Are the different tests routinely applied for the diagnosis of a specific language disorder currently designed?  
- Could it be considered used for a broad range of disorders?  
- The disorder is caused by (in majority underlying) different causes than other language impairments (and/or other cognitive disorders).

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**Neuroanatomical/neuropsychological level**

- Specific language impairments can be potentially linked to structural alterations and/or dysfunctions of individual brain areas (especially involved in, in principle, the regulation of language processes).
- The size of the brain region affected may explain the severity or the type of the disorder.

**Phenotypic/clinical level**

- Specific language impairments can be specifically linked to structural alterations and/or dysfunctions of individual brain areas (especially involved in, in principle, the regulation of language processes).
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**Dyslexics as an (outstanding) example**

- Dyslexics are a specific group of individuals who display a broad spectrum of dyslexic symptoms.
- The nature of the disorder is specific (in a broad sense).
- The disorder is associated with other language impairments (and/or other cognitive disorders).

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**Dyslexic-standard differences**

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