

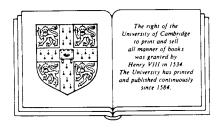
From Neuropsychology to Mental Structure



# From Neuropsychology to Mental Structure

## TIM SHALLICE

Medical Research Council Applied Psychology Unit Cambridge and National Hospital London



#### CAMBRIDGE UNIVERSITY PRESS

Cambridge New York New Rochelle Melbourne Sydney



> Published by the Press Syndicate of the University of Cambridge The Pitt Building, Trumpington Street, Cambridge CB2 1RP 32 East 57th Street, New York, NY 10022, USA 10 Stamford Road, Oakleigh, Melbourne 3166, Australia

© Cambridge University Press 1988

First published 1988

Library of Congress Cataloging-in-Publication Data Shallice, Tim.

From Neuropsychology to Mental Structure.

Neuropsychology.
 Cognition.
 Clinical neuropsychology.
 Brain damage.
 Title.
 DNLM: 1. Brain.
 Cognition.
 Neuropsychology – methods. WL 103 S528f]
 QP360.S465 1988 612'.82 87-31478

British Library Cataloguing in Publication Data

Shallice, Tim

From Neuropsychology to Mental Structure.

Cognition. 2. Neuropsychology
 Title
 153.4 BF311

ISBN 0 521 30874 7 hard covers ISBN 0 521 31360 0 paperback

Transferred to digital printing 2004



To my mother



## **Contents**

Preface		page xiii
I Intr	oducing Cognitive Neuropsychology	
1	From the Diagram-Makers to Cognitive Neuropsychology	3
1.1	Why Neuropsychology?	3
1.2	Paradigm Shifts in Neuropsychology: The Diagram-Makers	
1.2	and their Critics	6
1.3	The Diagram-Makers' Successors	13
1.4	The Rise of Cognitive Neuropsychology	14
2	The Cognitive Neuropsychology Approach	18
2.1	On Modularity	18
2.2	What Can Be Learned about Normal Function	
	from Impaired Behaviour?	21
2.3	Neuropsychological Facts	25
2.4	The Single-Case Approach	29
2.5	Facts Are Only What Individual Patients Do	31
2.6	Symptom Complexes	32
2.7	The Importance of Dissociations	34
II Co	nverging Operations: Specific Syndromes and Evidence	
	m Normal Subjects	
3	The Short-Term Memory Syndrome	41
3.1	The Syndrome	41
3.2	Simple Alternative Explanations	43
3.3	A Simple Theoretical Account of the Dissociation	44
3.4	The Dissociation Between Auditory–Verbal STS and LTS	
5	Performance	47
3.5	More Complex Alternative Interpretations	49
3.6	General Theoretical Inferences	54
3.7	The STS Deficit: Speech Production or Comprehension?	57
	vii	



viii	Contents	
3.8	An Anomaly	65
3.9	Conclusion	66
4	The Peripheral Dyslexias	68
4.1	Why the Acquired Dyslexias?	68
4.2	Letter-by-Letter Reading	73
4.3	Simultanagnosia	75
4.4	Word-Form Dyslexia: Compensatory Strategies and the Locus	77
4.5	of the Impairment Surface Dyslexia	81
4.3	Surface Dysiexia	01
5	The Central Dyslexias	88
5.1	The Selective Preservation of Phonological Reading	88
5.2	Deep Dyslexia	98
5.3	In What Does Deep Dyslexia Consist?	101
5.4	Simple Explanations of the Deep Dyslexia Symptom Complex	104
5.5	The Inadequacy of the 'Normal Isolated Semantic Route' Theory	108
5.6	Deep Dyslexia: The Right Hemisphere Theory	112
5.7	Deep Dyslexia: Conclusions	116
5.8	The Exceptional Case: CAV	117
5.9	Phonological Alexia: A Distinct Syndrome?	119
5.10	Phonological Alexia: What Processes Are Impaired and Intact?	122
5.11	The Acquired Dyslexias and Modularity	126
6	The Agraphias	130
6.1	Do Specific Agraphias Exist?	130
6.2	The Central Agraphias	131
6.3	Lexical Agraphia	132
6.4	Phonological Agraphia	134
6.5	The Double Dissociation	136
6.6	Other Central Agraphia Syndromes: Writing via Semantics	138
6.7	The Capacity of the Phonological Writing Route(s)	142
6.8	The Writing Process and the Peripheral Agraphias:	
	Impairments of the Graphemic Buffer	145
6.9	Selecting and Realising the Graphic Motor Pattern	152
6.10	A Few Complications	154
7	Language Operations: Are Input and Output Processes Separate?	158
7.1	Separate or Common Input and Output Processes: Are the	
	Two Empirically Distinguishable?	158
7.2	Classical Conduction Aphasia	164
7.3	A Comparison with Normal Subjects	169
7.4	Multiple Syntactic-Processing Systems	171
7.5	The Modern Aphasia Group-Study Method	174
7.6	The Central Syntactic-Processing Mechanism: Problems	178



	Contents	ix		
8	The Generality of the Approach: The Case of Visual Perception	183		
8.1	Introduction	183		
8.2	Dissociations Between Disorders of Sensation	184		
8.3	The Distinction Between Apperceptive and Associative Agnosia	187		
8.4	Converging Proposals from Other Fields	193		
8.5	Associative Agnosia	198		
III I	nferences from Neuropsychological Findings			
9	On Method: A Rejection of Ultra-Cognitive Neuropsychology	203		
9.1	Introduction	203		
9.2	Inferences from Group Studies: Are They Ones of Principle?	205		
9.3	Pragmatic Difficulties in Conducting Group Studies	208		
9.4	The Relevance of Localisation	213		
9.5	Conclusion	214		
10	On Method: Single-Case Studies	217		
10.1	Introduction	217		
10.2	Neuropsychological Evidence and Theory Development	220		
10.3	Neuropsychological Evidence and Theory Falsification	224		
10.4	Inferences from Impairments: Task-Demand Artefacts (Validity			
10.5	of Assumption 8b)	228		
10.5	Inferences from Dissociations: The Problem of	222		
10.6	Resource Artefacts (Application of Assumption 6)	232		
10.6	Inferences from Dissociations: The Problem of Individual	220		
10.7	Differences (Validation and Application of Assumption 9)  Inferences from Dissociations: People properties of the Legion	238		
10.7	Inferences from Dissociations: Reorganisation after the Lesion (Validity of Assumption 8a)	241		
10.8	Conclusion	241		
10.0	Conclusion	243		
11	Functional Specialisation	245		
11.1	Delusions about Dissociations?	245		
11.2	Specimen Non-modular Systems	249		
11.3	Distributed Networks	253		
11.4	The Degree of Specialisation and the Depth of Dissociations	257		
11.5	Specifying the Forms of Functional Specialisation	258		
11.6	More Specific Functional Architectures: Cascade and	260		
11.7	Distributed-Memory Models	260		
11.7	Conclusion	264		
IV Central Processes: Equipotentiality or Modularity?				
12	Selective Impairments of Knowledge	269		
12.1	Introduction	269		
12.2	Are Central Systems Non-modular? The Case of Acalculia	269		



X	Contents	
12.3	General Impairments of Knowledge	274
12.4	Access Disorders	279
12.5	Criticisms of the Impaired Access-Degraded Store Dichotomy	285
12.6	The Structure of Semantic Memory I: The Elements	286
12.7	The Structure of Semantic Memory II: Modality Specificity	291
12.8	The Structure of Semantic Memory III: Category Specificity	297
12.9	An Application of Category Specificity: Agrammatism?	304
12.10	Conclusion	305
13	The Allocation and Direction of Processing Resources:	
	Visual Attention	307
13.1	The Problems of Parallel Processing	307
13.2	A Special-Purpose Attentional Control Subsystem: Vision	310
13.3	Attentional Dyslexia	311
13.4	Neglect as a Pathology of Attention	314
13.5	Neglect Dyslexia	320
13.6	Neglect as a Disorder of Spatial Representation	323
13.7	Impairments of Attention and Representation: Are They	
	in Conflict?	326
14	The Allocation of Processing Resources: Higher-Level Control	328
14.1	Classical Views on Frontal Lobe Function	328
14.2	The Supervisory Attentional System and Contention Scheduling	332
14.3	The Supervisory System Approach: Individual-Case Studies	335
14.4	Frontal Lobe Group Studies	336
14.5	The Supervisory System and Frontal Syndromes	339
14.6	Problem Solving and Coping with Novel Situations	345
14.7	The Supervisory System: Is It Internally Equipotential	
	or Modular?	350
15	Amnesia: What Is Memory for?	353
15.1	The Amnesic Syndrome	353
15.2	Amnesia and the Episodic-Semantic Distinction	356
15.3	Amnesia and Priming	358
15.4	The Retention of Old Memories in Amnesia	361
15.5	The Acquisition of New Memories	367
15.6	Developments of the Impaired Episodic Memory Account	368
15.7	'E-Mop' Theory	370
15.8	The Norman–Bobrow Theory	373
15.9	Frontal Lobe Amnesia	374
15.10	Appendix	379
16	Modularity and Consciousness	381
16.1	The Relevance of Modelling Consciousness	381



	Contents	xi
16.2	Blindsight	383
16.3	Knowledge Without Awareness	388
16.4	The Split-Brain Patient and Dual Consciousness	391
16.5	Bisiach's Critique	396
16.6	Conclusion	401
Refere	ences	405
Subject Index		445
Author Index		454
Index of Patients Cited		461



#### **Preface**

Interest in neuropsychology has increased greatly over the past 20 years. This has mainly occurred for direct clinical reasons, such as the increase in the ability of neuropsychological investigations to assess the crippling problems in thought, memory, and language that can occur from brain damage. There is, though, a second reason for the increase of interest in the subject. The human brain is still the organ we understand least well, and the process by which its highest function – cognition – operates remains mysterious. The dramatic effects of brain damage appear to provide valuable evidence about how the systems underlying cognition operate. The aim of this book is to assess this evidence. Is neuropsychological evidence of any real value in understanding normal cognition? If so, what form or forms should this evidence take, and what substantive conclusions can be drawn?

The relevance of neuropsychological findings remains controversial because neuropsychology – in a somewhat parallel fashion to psychology – has rejected much of its former doctrines in virtually every generation. The approach that is the subject matter of this book, cognitive neuropsychology, is hardly a generation old. In many respects, cognitive neuropsychology seems very healthy. Interest in it is increasing rapidly, and surprising findings are frequently being made. Yet its practitioners use conflicting methodologies, each of which balances on a set of barely examined assumptions.

In the 1970s, I wrote two articles (Shallice, 1979a, 1979b) that assessed, in a positive fashion, a methodological approach then unfashionable within neuropsychology – the single-case study. Since then, this approach has become very popular and is now being claimed as the only way to carry out neuropsychological research relevant to normal function. Some years ago, I decided that the position I had earlier adopted was in certain respects glib and that a more thorough assessment would be appropriate. That assessment has grown into this book.

The book is addressed both to neuropsychologists and to those in neighbouring fields who may wish to draw on neuropsychological research findings. It is structured in terms of an overall argument on the relevance of neuropsychological findings and the types of methods used. I argue for an approach between the more traditional neuropsychological procedures, with their emphasis on group studies and the anatomical localisation of deficits, and the more fashionable 'ultra-cognitive' methods, which ignore anatomical and other neuroscience considerations and are

xiii



#### xiv Preface

concerned only with the results of single-case studies. I have attempted to ground the argument in discussions of those topics where cognitive neuropsychology has been most successful. The somewhat idiosyncratic ordering of the topics arises from their place in the overall argument. No attempt has been made to provide complete coverage of the literature; the set of potentially relevant neuropsychological findings and theories of normal function to which they might relate is far too large. This has meant that certain important areas (e.g. agrammatism) are dealt with in less detail than they objectively deserve.

The selection of topics and their ordering in the overall argument has been strongly influenced by where I have worked. Although cognitive neuropsychology is now an approach that is used world-wide, many of its roots lie in research in Britain in the late 1960s and 1970s, and a number of the topics addressed are those that became current in that period. More specifically, in the late 1960s, as a cognitive psychologist at University College, London, I began to collaborate with Elizabeth Warrington at the National Hospital. In her department I had the very good fortune of working where the range of patients seen for clinical purposes and, more particularly, the variety of research problems encountered - both clinical and basic research - were to become as great as those in any neuropsychological centre in the world. Most of my empirical work has continued to be carried out there, and I remain convinced that the best environment for neuropsychological investigations is a clinical department where work on clinical and basic research problems can be mutually supportive. Mutually beneficial contacts between basic research workers and clinicians also reduce the ethical problems of studying a devastating illness for reasons other than the direct benefit of the patient. The particular approach I advocate here is strongly influenced by the methods used in the National Hospital.

The other strong influence on selection of topics has been the other part of my work environment – the Medical Research Council Applied Psychology Unit, Cambridge, where I have been based for the past 10 years. The type of cognitive psychology theorising with which cognitive neuropsychology methodology dovetails effectively is very well represented by the work of Alan Baddeley, John Morton, Tony Marcel, Karalyn Patterson, and my other colleagues. The extensive discussions that take place at the APU have kept focused the other half of the project – the understanding of normal function to which neuropsychological research relates.

A book of this length cannot be written without much help and support. During a period when the excellent research environment that British scientific institutions used to provide has become a part of our history rather than our current reality, I have been most fortunate to work for the Medical Research Council and their Applied Psychology Unit. Without the support of the MRC and the encouragement of Alan Baddeley, the director of the APU, this book could not have been written.

I am grateful to many people for their assistance. During the whole period of the development of the idea of the work, I was much helped by Deborah Hodgkin. Much of the first draft was written while I was on leave of absence as a visitor to Jacques Mehler's CNRS unit in Paris and as a visiting professor of the University of Padua. I very much appreciated the facilities provided and the warmth of the



Preface xv

welcome at both institutions. Elizabeth Warrington kindly read most of the first draft; she helped me to eliminate many errors and rococo meanders. Marie-France Beauvois, Jacqueline Derouesné, David Howard, John Morton, Don Norman, Karalyn Patterson, Eleanor Saffran, and Alan Wing all read chapters; I much appreciated their cogent comments. The book was produced with an antiquated technology – the biro; my secretary, Sharon Gamble, somehow managed to translate the obscure scrawls produced into a coherent text with remarkable speed and accuracy. I thank her very much and would also like to thank Carmen Frankl and Alan Copeman, who prepared many of the figures.

The work would never have been completed without the support of Maria, my wife, whose encouragement of the hours I spent on it never failed to astonish me. Finally, I would like to thank Susan Milmoe and the staff at Cambridge University Press, who produced the manuscript with much skill and speed.