

Chapter 1

Introduction to pragmatic and discourse disorders

For a significant number of children and adults, difficulties with communication are linked to problems with pragmatics and discourse. These aspects of language have been variously defined within linguistics and a range of other disciplines. Pragmatics is often defined as the study of the use of language or of language meaning in context (Cummings, 2005). The emphasis is on speaker meaning rather than sentence meaning (the latter is studied by semantics), and on how hearers draw on features of context to derive meaning beyond that which is expressed by the proposition of a sentence. (Of course, even this definition of pragmatics is somewhat simplistic, as it is now widely recognised that pragmatic factors are very much involved in determining propositional meaning.) The standard definition of discourse in textbooks on linguistics talks of discourse as being ‘language above the sentence’. In much the same way that sentences have an internal structure, extended extracts of spoken, written or signed language (discourse) are believed to observe certain structural patterns. Revealing these patterns across all forms of language use, from spoken narratives to conversations and written texts, is the focus of the study of discourse analysis.

As these definitions demonstrate, there is much that unites the study of pragmatics and discourse. Both areas are concerned to look beyond individual sentences to understand how speakers and hearers (readers and writers) construct and interpret language meaning. While language is abstracted from the contexts (including its users) in which it is found in linguistic disciplines such as syntax and semantics, pragmatists and discourse analysts seek to understand the complex interrelationships that exist between language, its users and the wider context. Given the shared concerns and goals of these disciplines, it should not be surprising to discover that neat boundaries cannot be drawn around pragmatics and discourse. By the same token, the reader should not be surprised to learn that many of the same children and adults who experience breakdown in the pragmatics of language also encounter a range of discourse difficulties. The co-occurring deficits in pragmatics and discourse, which are found in children and adults with autism spectrum disorder or traumatic brain injury, attest to the considerable overlap that exists between these linguistic domains. It is the interconnectedness of pragmatics and discourse that is the basis of their joint examination in this volume.

So what exactly is a pragmatic or discourse disorder? One of the clearest ways of explaining these disorders is to describe how language and communication are compromised in individuals who have them; see Cummings (2009, 2012a, 2014a) for detailed discussion. A child or an adult with a pragmatic or discourse disorder may misinterpret non-literal language in such a way that a sarcastic utterance – ‘What a delightful child!’ spoken in the presence of a boisterous 5-year-old boy, for example – may be understood in a literal way. Children and adults with these disorders may fail to recover the implicature of an utterance, may be unable to represent shared knowledge as a presupposition of an utterance, and may misunderstand the illocutionary force of a speech act (e.g. ‘I will leave early’ is understood as a threat rather than as a promise). Individuals with pragmatic and discourse

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disorders may produce irrelevant responses to questions, may contribute too much or too little information in a conversational exchange, or may be unable to initiate, develop and terminate a topic of conversation. These same children and adults may produce disorganised narratives in which information is presented in a confusing and illogical manner. They may fail to establish cohesive links between utterances in a narrative, so that a listener is unable to follow the events in a story. Children and adults with pragmatic and discourse disorders may use pronouns and other linguistic expressions (e.g. definite noun phrases) in the absence of clear referents. The combination of these various difficulties can lead to marked deficits in communication with attendant problems in other areas of functioning; see Cummings (2011, 2014a, 2015) for discussion of the impact of these disorders.

Each of the above pragmatic and discourse problems may occur in a developmental and an acquired form. The child with autism spectrum disorder, for example, may never have acquired the pragmatic knowledge which is needed to use a range of speech acts appropriately or interpret the non-literal utterances of others. This child exhibits a *developmental pragmatic disorder* because the onset of the disorder occurs in the developmental period. However, the adult who sustains a cerebrovascular accident (or stroke) in the right hemisphere of the brain may be unable to produce coherent narratives, interpret metaphorical language or use linguistic expressions to achieve reference. This adult's difficulties constitute an *acquired pragmatic disorder* which is related to the disruption of previously intact pragmatic knowledge. It should be emphasised that children can experience an acquired pragmatic disorder and that adults can exhibit a developmental pragmatic disorder. The adult with Down's syndrome who cannot recover the implicature of a speaker's utterance has a developmental pragmatic disorder. This adult's difficulties are the consequence of anomalies in the developmental period, specifically the presence of intellectual disability. The adolescent who sustains a traumatic brain injury and produces disorganised narratives to a wordless picture book has an acquired pragmatic disorder. This teenager's pragmatic difficulties are related to the onset of a brain injury after the point at which narrative competence may be expected to have been acquired.

Alongside the distinction between developmental and acquired pragmatic and discourse disorders rests a further distinction between receptive and expressive disorders. The comprehension or understanding of pragmatic and discourse phenomena (*receptive pragmatics*) covers a wide range of skills from the interpretation of non-literal utterances to the ability to understand the temporal and causal relations between entities and events in a narrative. The production of pragmatic and discourse behaviours (*expressive pragmatics*) involves an equally diverse set of skills including the contribution of relevant, informative utterances to a conversational exchange and the use of a range of speech acts. It is important in the clinical management of clients with pragmatic and discourse disorders for clinicians to recognise a distinction between receptive and expressive aspects of pragmatics and discourse in order that these aspects may be separately assessed and treated. It is possible, for example, for the expressive pragmatic skills of the adult with non-fluent aphasia to be disproportionately impaired relative to receptive pragmatic skills. By the same token, the adult with dementia related to Alzheimer's disease may struggle to comprehend the non-literal language of humour in a conversational exchange while still contributing relevant, meaningful turns to a conversation. Of course, it is also possible – and more probable, in fact – that the child or adult who struggles to comprehend certain speech acts will also fail to use these same speech acts appropriately.

A final clinical distinction should be introduced at this stage. It is the distinction between a primary and a secondary pragmatic or discourse disorder. It is undoubtedly the case

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that some pragmatic and discourse disorders are unrelated to any deficits in structural language. These so-called *primary pragmatic disorders* include many (most) of the pragmatic problems found in children and adults with autism spectrum disorder as well as pragmatic and discourse impairments found in conditions such as schizophrenia, traumatic brain injury and right-hemisphere damage. While cognitive factors may play a role in the pragmatic and discourse impairments associated with these conditions – and in cognitive–communication disorders found in traumatic brain injury (TBI), for example, they almost certainly do – it is not the case that these impairments are the result of structural language deficits. (Adults who sustain a TBI can often pass standardised language batteries and yet still exhibit significant communication disorder.) A quite different situation obtains in the case of a child with specific language impairment (SLI) or an adult with aphasia. The often severe deficits in expressive and receptive structural language in these clients may give rise to pragmatic and discourse disorders. For example, the child with SLI who cannot perform the syntactic operations needed to achieve the inversion of the subject pronoun and auxiliary verb in the question ‘Can you open the window?’ is unlikely to employ certain indirect speech acts in his or her verbal output. In such cases, the child with SLI and the adult with aphasia have *secondary pragmatic disorders*. This workbook will examine both types of pragmatic and discourse disorders.

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1.1 Pragmatics and discourse in human communication

- (1) The following statements describe linguistic behaviours that are commonly found in human communication. For each statement, indicate if it captures pragmatic or discourse features of language.
 - (a) A speaker uses the utterance ‘It’s cold in here’ to get his hearer to close the window.
 - (b) A speaker makes extensive use of temporal expressions such as *last week*, *later* and *shortly afterwards* to relate events in a story.
 - (c) John infers from the utterance ‘I have an essay to complete for tomorrow’ that Mary does not want to go to the cinema.
 - (d) On listening to a story which contains the utterances ‘Sally unpacked the picnic supplies. The beer was warm’, a hearer infers that the picnic supplies contained beer.
 - (e) In describing a picture of a family meal, a speaker gives prominence to the people present and the food they are eating over the cuckoo clock on the wall and the vase of flowers in the corner.
- (2) Fill in the blank spaces in these paragraphs using the words in the box below.

Linguistic utterances can be used to perform a range of functions beyond simply conveying information or describing _____ in the world. For example, the utterance ‘Big Jim will be at the party’ can be used to _____ or warn someone beyond its use as an informative utterance. Similarly, the utterance ‘I will be at Sally’s lecture this evening’ can be used to _____ a friend’s invitation to dinner or to make a promise to a colleague beyond simply serving as a description of one’s future whereabouts. Language users must be adept at using features of _____ to determine which of these functions of utterances holds in a particular case. Let us imagine that Big Jim

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has a reputation for violent behaviour and other misdemeanours and that the speaker of the utterance ‘Big Jim will be at the party’ is a trusted friend of the hearer. This background _____ might be used by the hearer to conclude that the speaker intends his utterance to function as a _____. If, however, the speaker is a notorious gang member, a prudent hearer would do well to conclude that a threat is the intended function of the utterance.

The context sensitivity which has been demonstrated by the above examples is a feature of the interpretation and use of all utterances. It is a feature of _____ context, namely, shared knowledge between speakers and hearers, which allows the speaker of the utterance ‘It was the teenager who stole the car’ to represent certain information – someone stole the car – as a _____ of that utterance. The speaker who utters ‘Fred wants to live here’ is using an aspect of physical context – a particular location (building, town, etc.) – as the intended _____ of the indexical expression ‘here’. The author who writes ‘An opposing viewpoint will be presented in the next chapter’ is pointing to an upcoming extract of written text (i.e. _____ context) as the referent of the indexical noun phrase ‘the next chapter’. The grandmother who utters to her grandson ‘Tommy must be well behaved for granny’ is reflecting a feature of _____ context – her more powerful role in the situation as an adult and a caregiver of the child – in her selection of the nouns *Tommy* and *granny* over the personal pronouns *you* and *me*, respectively.

social	implicature	context	referent
knowledge	deixis	speech act	promise
states of affairs	warning	request	discourse
entailment	threaten	decline	cooperative principle
presupposition	maxim	epistemic	felicity condition

- (3) *True or False:* The speaker who utters ‘I would’ in response to the question ‘Would anyone like a drink?’ is making use of ellipsis.
- (4) *True or False:* The words *I* and *tomorrow* in the utterance ‘I’m flying to Paris tomorrow’ are examples of social and temporal deixis, respectively.
- (5) *True or False:* Conjunctions such as *and* and *because* have a cohesive function in narrative discourse.
- (6) Select a word from the box below that best characterises the pragmatic or discourse behaviours described in each of the following statements.
- (a) The speaker who utters ‘I have read some of the books for the module’ is communicating to a hearer that he or she has not read all of the books for the module.
- (b) The speaker who utters ‘The doctor managed to save the baby’s life’ is intending to communicate that the doctor tried to save the baby’s life.
- (c) The utterances ‘Mary was exhausted. She had been caring for the children all day’ are linked by means of the referring function of the pronoun *she*.
- (d) Sentences can be linked by the use of words which are synonyms or near-synonyms, e.g. ‘Sally battled her illness over many months. The disease took her life in the end.’
- (e) The lexical item *even* in the utterance ‘Even Bill passed the grammar exam’ communicates the speaker’s belief that the grammar exam was easy.

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deixis	anaphoric reference	entailment	collocation
scalar implicature	cataphoric reference		speech act
presupposition	conventional implicature		substitution

- (7) Which of the Gricean maxims is exploited by Sally in the following conversational exchange?
- BILLY: Where are you going?
SALLY: I'm heading to the V-E-T (uttered in the presence of the family dog)
- (a) relation
(b) quality
(c) manner
(d) quantity
(e) relation and manner
- (8) Which of the following lexical items and constructions in the utterance ‘The old house on the hill is haunted’ triggers a presupposition to the effect that there exists an old house on the hill?
- (a) adjectives *old* and *haunted*
(b) nouns *house* and *hill*
(c) lexical verb *is*
(d) noun phrase *the old house on the hill*
(e) locative preposition *on*
- (9) Which of the following cohesive relations is exemplified by the underlined words in the sentences ‘Fran spotted a dress with polka dots. It was the only one in the shop’?
- (a) collocation
(b) substitution
(c) lexical reiteration
(d) reference
(e) conjunction
- (10) Underline the deictic expressions in each of the following utterances. Also, label each expression as a form of personal, social, temporal, discourse or spatial deixis.
- (a) She had always wanted to live in Berlin.
(b) I visited the dentist last week.
(c) That paragraph is particularly weak.
(d) Sally walks to work this way.
(e) Well behaved pupils get gold stars from teacher.

1.2 Disorders of pragmatics and discourse

- (1) Identify each of the following statements as describing a breakdown of pragmatics or discourse.
- (a) The adult with schizophrenia fails to use cohesive devices to link the utterances in his spoken narratives.
(b) The child with autism spectrum disorder replies ‘yes’ to the indirect speech act ‘Can you take this note to Mrs Black’s room?’

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- (c) The child with a traumatic brain injury produces repetitive language during storytelling to a wordless picture book.
 - (d) The adult with right-hemisphere damage interprets metaphorical utterances like ‘The players were lions on the field’ in a concrete, literal way.
 - (e) The adult with dementia related to Alzheimer’s disease cannot convey the rules of a simple card game to a listener.
- (2) *True or False:* A narrative produced by a child with a discourse disorder may exhibit many cohesive links and yet still be incoherent.
- (3) *True or False:* The adult with pragmatic disorder who consistently makes explicit in communication knowledge which he shares with his interlocutor is not using presupposition when it is appropriate to do so.
- (4) *True or False:* The child with pragmatic disorder who fails to understand utterances such as ‘Can you sit down?’ and ‘It’s cold in here’ has a problem with the interpretation of indirect speech acts.
- (5) Fill in the blank spaces in the following paragraphs using the words in the box below. A pragmatic disorder can compromise all aspects of the use and interpretation of utterances. At the outset of communication a speaker must form an appropriate _____. The formation of these intentions is determined by the speaker’s goal in speaking as well as by certain constraints which characterise the communicative context. In this way, we entertain many more thoughts than we can ever, or should ever, communicate. I may believe that your new dress makes you look overweight. However, my concern to maintain our pre-existing _____ prevents me from representing that belief in the form of a communicative intention which I then proceed to transmit to you by means of linguistic utterances. For a child or an adult with pragmatic disorder, the formation of communicative intentions may be disrupted, with the result that _____ or otherwise inappropriate utterances come to be communicated. Even in the case where an appropriate communicative intention is formed, a pragmatic disorder may then compromise the linguistic processes by means of which that intention is _____ within an utterance. For example, a child or an adult with pragmatic disorder may fail to reflect the formality of the communicative context and may make _____ selections and choose grammatical constructions for direct speech acts over indirect speech acts. This pragmatic anomaly may be compounded by other pragmatic difficulties relating to the use of _____ (stress, intonation, etc.) and non-verbal behaviours such as _____ expressions and gestures (smiling, head nods, etc.).

The same pragmatic disorders that impair the use of linguistic utterances can also compromise the _____ of these utterances. On hearing an utterance, the child or adult with pragmatic disorder must employ linguistic decoding processes in order to obtain the _____ meaning of an utterance. These decoding processes involve a series of rules which reveal the syntactic and _____ structures of the utterance. However, these processes are also influenced by pragmatic factors which permit the _____ of utterances, the narrowing of concepts and the assignment of _____ to expressions. The child or adult with pragmatic disorder may struggle to resolve the lexical ambiguity in an utterance such as ‘She stood next to the bank’ or to assign referents to the indexical expressions in the utterance ‘We took that route to Madrid during our holiday last year.’ The individual with pragmatic disorder may also be unable to achieve the narrowing of universal quantifiers in utterances such as ‘Everyone danced until early morning’ (*everyone* = everyone at the party). Even in

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the case where pragmatic factors do successfully intrude into the _____ form of an utterance, this form is often only the beginning of a process of interpretation which terminates in the communicative intention that motivated the speaker to produce the utterance. It is during this stage in the interpretation of utterances that conversational _____ are recovered, a process that is often compromised in children and adults with pragmatic disorders. Breakdown at this point in the communication cycle may result in the concrete, literal interpretation of utterances.

phonetic	referents	decoded	deixis	syntax
implicatures	comprehension		communicative intention	
phonology	social relationship		propositional	impolite
encoded	speech production	logical	facial	interpretation
prosody	disambiguation	grammatical	semantic	lexical

- (6) Which of the following statements is *true* of discourse impairments in children?
- (a) These impairments almost invariably have their origin in structural language deficits.
 - (b) These impairments are increasingly being linked to cognitive deficits in executive function and theory of mind.
 - (c) These impairments typically occur in the absence of a clear aetiology.
 - (d) These impairments have little or no implications for academic achievement.
 - (e) These impairments are inadequately assessed using formal language batteries.
- (7) Which of the following statements is *false* of pragmatic disorders in adults?
- (a) These disorders are always found alongside aphasia.
 - (b) These disorders always have their onset in adulthood.
 - (c) These disorders have little or no implications for occupational functioning.
 - (d) These disorders can compromise verbal and non-verbal skills.
 - (e) These disorders are most often caused by an acquired brain injury.
- (8) Which of the following tasks can be used to examine discourse production skills in the clinic?
- (a) The description of events depicted in a series of pictures in front of the speaker.
 - (b) The comprehension of events related during storytelling to a wordless picture book.
 - (c) The recovery of the implicatures of a speaker’s utterance during conversation.
 - (d) The production of single words in response to picture stimuli.
 - (e) The production of a single sentence to describe the events in a picture.
- (9) Which of the following is *not* among the aetiology of pragmatic and discourse disorders?
- (a) cranial nerve damage
 - (b) cerebral infection
 - (c) cerebral neoplasms
 - (d) cerebral infarction
 - (e) genetic syndromes
- (10) Which of the following statements is *true* of the assessment of pragmatic language skills in the clinic?

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- (a) These skills are often assessed by means of checklists of verbal and non-verbal behaviours.
- (b) These skills are readily assessed in formal language tests.
- (c) These skills are often subordinated to structural language skills in clinical assessment.
- (d) Conversation analysis may be used to examine pragmatic language skills.
- (e) Sentence production tasks are an effective means of testing pragmatic language skills.

1.3 Clinical distinctions

- (1) Which of the following statements describes an *acquired* pragmatic disorder?
 - (a) A child with an autism spectrum disorder makes irrelevant responses to questions.
 - (b) An adult with Down’s syndrome makes use of a limited range of speech acts.
 - (c) An adult with right-hemisphere damage points to a picture of a man hitting a sack when he hears the utterance ‘John decided to hit the sack.’
 - (d) An adult with frontotemporal dementia displays problems with topic management during conversation.
 - (e) A child with pragmatic language impairment asks inappropriate questions of his teacher.
- (2) Which of the following statements describes a *developmental* discourse disorder?
 - (a) A teenager with a severe traumatic brain injury produces repetitive language during a personal narrative.
 - (b) An adult with AIDS dementia complex fails to understand temporal and causal relations between events in a story.
 - (c) An adult with Williams syndrome uses verbose language to explain the steps in making popcorn to a hearer.
 - (d) A child with attention deficit hyperactivity disorder omits important information during a picture description task.
 - (e) A child with pragmatic language impairment explains the rules of a board game to a hearer in the wrong order.
- (3) *True or False:* Children with pragmatic language impairment have a secondary pragmatic disorder.
- (4) *True or False:* The child with Down’s syndrome who has a limited repertoire of speech acts on account of expressive language impairment has a primary pragmatic disorder.
- (5) *True or False:* An adult with agrammatic aphasia who cannot develop a topic of conversation has a secondary pragmatic disorder.
- (6) For each of the following statements, indicate if a *receptive* or *expressive* pragmatic disorder is described.
 - (a) An adult with schizophrenia makes several impolite remarks during an interview with a psychiatrist.
 - (b) A child with epilepsy contributes irrelevant utterances during a play session with a speech and language therapist.
 - (c) A child with fragile X syndrome utters ‘yes’ when asked by his teacher ‘Can you collect the books?’

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- (d) A child with autism spectrum disorder fails to laugh at a joke told by one of his classmates.
 - (e) An adult with dementia related to Alzheimer’s disease fails to respond to a carer who asks ‘Do you have the time?’
- (7) Fill in the blank spaces in the following paragraphs using the words in the box below. Clinicians use a number of labels to help them characterise pragmatic and discourse disorders in children and adults. The distinction between a developmental and an acquired pragmatic disorder conveys important information about the _____ of a disorder. For some children and adults, pragmatic skills and knowledge are not acquired normally during the _____. This may be on account of an intellectual disability as in the child with a _____ syndrome, or as a result of a more specific cognitive impairment of the type found in autism spectrum disorder. The resulting developmental pragmatic disorder has implications for the _____ skills of these children amongst other areas of functioning. Alternatively, pragmatic skills and knowledge may develop along normal lines in childhood but then be disrupted by the onset of conditions such as _____, schizophrenia and cerebrovascular accidents in adolescence and adulthood. These later-onset conditions can cause an _____ pragmatic disorder which has implications for the social and occupational functioning of affected individuals.

Clinicians also draw a distinction between primary and secondary pragmatic disorders. This distinction reflects the fact that some pragmatic disorders arise in consequence of deficits in structural language (_____ pragmatic disorder) while other disorders appear to be unrelated to any structural language impairment. The child with _____ may lack the syntactic and semantic structures that are needed to form certain _____ (e.g. indirect requests) or to achieve pronominal reference. In such cases, a pragmatic disorder is secondary to a primary deficit in structural language. However, there are other cases where a pragmatic disorder appears to be not so readily explained by an impairment of _____. The pragmatic impairments of children and adults with a traumatic brain injury fall within this category of _____ pragmatic disorders. A final clinical distinction concerns that between a receptive and an expressive pragmatic disorder. This distinction reflects the fact that pragmatic disorders can compromise both the _____ of utterances (receptive pragmatic disorder) and the production of utterances (expressive pragmatic disorder). Examples include the misinterpretation of non-literal language such as _____ and the use of irrelevant utterances in conversation, respectively.

embryological development	acquired	traumatic brain injury
intellectual disability	structural language	primary
onset	pervasive developmental disorder	interpretation
pragmatic language impairment	genetic	speech acts
developmental period	deixis	secondary
social communication	gesture	irony
		specific language impairment

- (8) Which of the following is *not* an expressive discourse disorder?
- (a) The adult with right-hemisphere damage produces egocentric discourse during a picture description task.

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- (b) The adolescent with a closed head injury fails to relate the events in a story in such a way that they can be followed by a listener.
 - (c) The child with attention deficit hyperactivity disorder interjects on the turns of others during conversation.
 - (d) The adult with autism spectrum disorder cannot recover the implicatures of his interlocutor’s utterances.
 - (e) The adult with schizophrenia fails to use conjunctions to establish cohesive links between the utterances in his spoken narratives.
- (9) Which of the following conditions is *not* within the aetiology of an acquired pragmatic disorder?
- (a) genetic syndromes
 - (b) meningitis
 - (c) pervasive developmental disorders
 - (d) brain tumour
 - (e) vascular dementia
- (10) Which of the following conditions is *not* within the aetiology of a developmental pragmatic disorder?
- (a) frontotemporal dementia
 - (b) closed head injury
 - (c) autism spectrum disorder
 - (d) epilepsy
 - (e) Parkinson’s disease

Section B: Clinical scenarios

1.4 Pragmatics and discourse in human communication

- (1) Pragmatic processes pervade human communication. These processes are variously involved in the following stages of communication: the formation of communicative intentions; the recovery of those intentions during utterance interpretation; and the development of the semantically underspecified logical form of utterances. Below are several scenarios that draw upon pragmatic processes. Relate each of these scenarios to one of these three stages of communication.
- (a) John uses his knowledge that coffee can keep a person awake to recover the implicature that Mary wants more coffee in the following exchange:
- JOHN: Would you like more coffee?
MARY: I need to be alert when I drive home later.
- (b) A hearer uses his or her knowledge of context to disambiguate the words *ball* and *plane* in the utterances:
- In Frank’s opinion, it was a fantastic ball.
They were standing next to the plane when the accident happened.
- (c) A hearer draws upon pragmatic knowledge to arrive at the propositional meaning of B’s utterance in the following utterance:
- A: How was your cruise in Norway?
B: Everyone was sick [*everyone on the ship* was sick].