

Semantics and pragmatics of communicative contributions

Including Right Hemisphere lesions,
subtle language disorder / High Level
Language (HLL)

Objects of study - phenomena and theories

- Utterances or contributions,
sentences
- Sentence semantics - logic, situation
semantics

Utterances /contributions in context

- Speech acts -> Communicative acts
- Language games

Utterances - cooperation

- Cooperative principles and maxims (Grice) + Ethics (Allwood)

Maxims:

- relevance - make your contribution relevant
 - manner - make your contributions in a clear and well organized manner (structure, time sequence etc)
 - quality - make your contribution true
 - quantity - make your contribution contain the right amount of information
- Co-construction of meaning

Inference, sequences of contributions

- Inference: what is not said explicitly but can be inferred
- Presupposition (what you can assume (presuppose) that the other person knows)
- Syllogisms and logio-grammatical structures
If p then q p then q
If it rains it gets wet. It is wet, then it rains.
- Inference about conventions of use

Cognitive semantics

- Metaphor
- Deixis - anaphora
- Image schemata
- Mental spaces
- Contextualization - Decontextualization
- Flexibility and adaptation
- Holistic patterns

Metaphor

- He is a lion
- Han is a pig
- Thats a mouthful

Interpretation problems? Too concrete
interpretation? (literal???)

Right hemisphere lesions

Deixis och anaphora

Deixis - reference depending on the context/situation ,e g to point to something in the room

person deixis: he, she, I, you, we, they
it, that

spatial deixis: here, there

time deixis: now, then, later, tomorrow, yesterday

Anaphoric reference: reference to earlier linguistic context

The boy woke up. He was hungry.

Possibilities and problems

Deixis offers possibilities to refer with the help of the environment - can be manipulated

Pointing, "that" etc can work without more specific reference

Problems: mixup of pronouns, e.g. "he" becomes "she"

Vague reference "they", "it" with unclear reference

Comprehension problems involving interpretation of deixis and anaphora occur

Image schemas

Cognitive semantics

What are our concepts like?

Do we think in images?

Over



Under



Possibilities and problems

Can thinking with image schemas be less disordered?

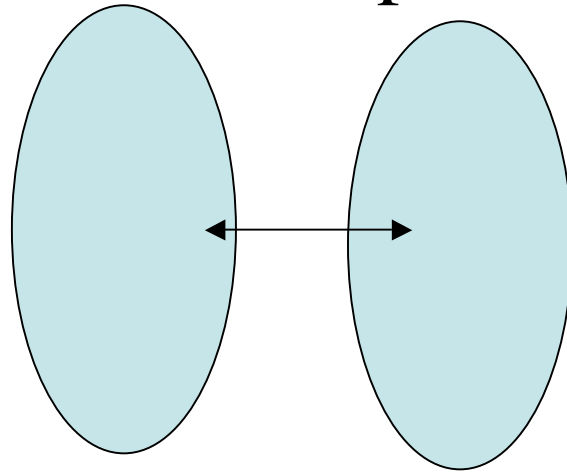
Can they be used in therapy, in communication aids?

Are there specific semantic disorders that can be explained in terms of impaired representations in image schemas?

Mental spaces

For example here and now and a past situation somewhere else

Can for example be used for analysis of metaphor and for explaining confabulations



Contextualization - Decontextualization

= how much is something tied to a situation

Aphasia - difficulties in decontextualization

(cf abstraction)

E.g. naming "ladder": yes we have one over by the barn.

(easier if you imagine the object that you have to name in a concrete situation/context - can be used in training)

Note! Means that decontextualization in for example tests does not give all information about how a person manages in a certain context.

Flexibility and adaptation

Pragmatics - the ability to use language - consists to a great extent of the ability to rapidly adapt to the context (Penn)

We mirror each other when we communicate.

Aphasia - "Inertia", often perseveration, hard to change perspectives

Holistic patterns

Examples

Prosodic patterns

Spatial patterns - gestalt in perception

Top-down-processing from expectations of complete utterances

Holistic production of phrases with the right contour but not completely correctly specified content (underspecification)

Also go from whole to parts (not only opposite)

Interaction phenomena

- Theory of Mind (ToM)

(feeling of what the other person knows and how he/she thinks and feels)

- Interactive communication regulation

- Sequences, adjacency pairs, preference organization

- Turn taking

- Feedback

- Own communication management

- Choice and change (e g pause and self correction)

- Val och förändring (t ex paus och självrettning)

Alignment - mutual adaptation

Body communication

- Gestures
- Facial expressions
- Actions
- Use of illustrations

What is aphasia?

Språkstörning orsakad av förvärvad hjärnskada?

(Tidigare - fokal

Ännu tidigare - vänstersidig)

Symtomdiagnos

Utveckling av lingvistisk grund från

enbart fonologi, grammatik (mkt vänsterhemisfärberoende)

till

semantik, pragmatik viktiga, även multimodal

kommunikation hela hjärnan

+ Utveckling av hjärnavbildning -> fler område

What more than "typical traditional" aphasia after left hemisphere lesions?

- Right hemisphere lesions
- Dementias
- Traumatic brain damage
- High Level Language - subtle language

Pragmatics important here!

Right hemisphere lesions

- Left neglect
- Prosody disorders
- Lexical-semantic disorders
- Problems with emotion information
- Discourse disorder (complexity, ToM, metaphor, humor, irony, etc)

Dementia, esp Alzheimer Type (DAT)

- Changes in memory, language, communication, visuospatial ability, personality, other cognitive abilities
- Over 50% DAT: Semantics-pragmatics most salient problem
- Other types: more frontal Pick's disease (stereotypy, perseveration, echolalia)
- MS, Huntington, Creutzfeldt-Jakob, HIV etc
- Primary progressive aphasia (PPA) - primarily language, esp HLL

DAT

3 stages:

- 1) Anomia, disordered connected speech (temporal lobe)

Problems understanding complex syntax and semantics, less information content, tangential discourse, reference errors, reduced fluency

- 2) Most of language affected (PTO area), like transcortical sensory aphasia (lack of comprehension, repetition ok.)
- 3) Global aphasia (also frontal)

Examples of therapy

- Videorecording
- Conversational coaching
- Group training
- Activity based analysis and training
- Social approach
- Supported communication (SCA)
- Language game therapy
- Computer support for communication

Assignments

- 1) Discuss why a sentence, an utterance and a contribution are not necessarily the same thing.
- 2) Two examples of communication acts are to greet and to demand something. How can someone with severe word finding problems manage these acts? Give examples.
- 3) Why can it be hard for a person with semantic-pragmatic problems to understand the utterance "don't be a baby" uttered by a boy to his brother.

Assignmments continued

- 4) Deixis is a phenomenon that connects semantics and pragmatics.
Discuss what "you" means in the following examples and how this depends on the context.
 - a) you must wear a safety belt when you drive in Sweden
 - b) have you seen my shoes
- 5) Choose from the list in table 7 (chapter 7):
What are examples a, b and c examples of?
 - a) A patient tells a story about somebody called Eve and after a while the interlocutor says "Who is Eve?"
 - b) A speech therapist asks a patient "Do you have children?" The patient first answers "yes", than "no".
 - c) An elderly patinet sits in her wheelchair in her room and says "I just played football with daddy"