

Chapter 8: Pragmatics

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1. Introduction

The construction and interpretation of utterances is the primary goal of every act of linguistic communication. The linguistic processes by which this goal is achieved are the focus of the study of pragmatics (Cummings, 2005). Pragmatics is now an established part of the university linguistics curriculum. Today, undergraduate and postgraduate courses in linguistics are as likely to contain modules on pragmatics as they are modules on phonetics, phonology and syntax. One might reasonably expect a similar situation to exist in the teaching of linguistics to students of speech and language therapy (SLT). After all, there can be little doubt that pragmatic disorders represent a significant part of the clinical caseload of therapists (see Cummings (2009) for discussion of developmental and acquired pragmatic disorders). Also, pragmatics is more closely aligned than any other linguistic discipline to the need to achieve functional communication for severely impaired clients, and to develop forms of assessment and treatment which place an emphasis on communication in naturalistic contexts. Yet, when one examines the provision of linguistics in SLT courses, pragmatics is not a central plank of the clinical education of speech and language therapy students. While dedicated modules in phonology and syntax are commonplace (see chapters 4 and 6, this volume), pragmatics is seldom taught as a subject in its own right. More often than not, pragmatics is merely one component in a more general linguistics module. This lack of emphasis on pragmatics fails to reflect the significant communication

burden created by disorders of pragmatics and is a poor preparation for students who will draw extensively on this linguistic discipline during their professional lives.

It is of some interest to ask why this lack of prominence has been afforded to pragmatics in SLT courses. I want to suggest that this situation has arisen in large part because lecturers are uncertain about which aspects of pragmatics are relevant to SLT students and also about how best to deliver those aspects within the classroom. The experience and expertise of the lecturers who deliver this teaching is particularly significant in this regard. I have found myself in the rather unique position of pursuing a career in academic linguistics having come from a clinical background in speech and language therapy. When I have taught pragmatics to SLT students, I have been able to draw on my understanding of pragmatic disorders in children and adults to help me decide which pragmatic concepts and theories are most relevant to these students and how best to present this area of linguistics to them. Most lecturers who teach linguistics to SLT students have not had the benefit of a clinical education. Their knowledge of pragmatics is largely theoretical in nature and is often poorly suited to the clinical needs of SLT students. Moreover, adapting this knowledge to a clinical context is not easy and, in many cases, is not successfully achieved.

In this chapter, I aim to assist the lecturer who is charged with delivering pragmatics to SLT students to address the challenges of this teaching assignment. In section 2, I examine the learning outcomes that a SLT student should achieve as a result of studying a course in pragmatics. The core elements of the curriculum in such a course will be examined in section 3. Each pragmatic concept will first be examined on its own terms. There will then be a brief survey of the clinical populations which are known to have difficulty with the

pragmatic concept concerned. Actual clinical data, some of which is presented online, will also be used to demonstrate these difficulties. In section 4, I describe some of the teaching methods which can be used in the classroom. Summative and formative assessment is a key component of the delivery of a course in pragmatics and will be described in section 5. A cautionary note about pitfalls is included in section 6, and a conclusion is drawn in section 7.

2. Learning outcomes

The following five learning outcomes are essential to any course in pragmatics that is taught to SLT students. These outcomes are shaped not merely by the learning needs of any student who is studying this linguistic discipline, but also by the specific role that pragmatics may be expected to play in the professional knowledge of speech and language therapists. In no particular order of importance, these outcomes are:

(1) Students need to understand pragmatic concepts on their own terms. Central pragmatic concepts include speech act, implicature, presupposition and deixis. They also include notions such as context which are more often assumed rather than directly examined in pragmatics courses (Cummings, 2012). The origins of these concepts in the philosophical work of Grice, Austin and Searle should form part of students' basic knowledge of pragmatics.

(2) Students need to understand how pragmatics relates to other language levels. It is important for students to appreciate how pragmatic constraints relating to politeness, for example, can affect lexical and grammatical choices in the planning of utterances by speakers. It is also vital that students have a well-developed sense of the relationship

between semantics and pragmatics and where boundaries on semantic and pragmatic aspects of meaning can be reasonably drawn (see chapter 7, this volume). This learning outcome is essential to understanding the compensatory interactions between pragmatics and other language levels which are often observed in clients, e.g. the adult with aphasia who can use pragmatic knowledge to compensate for deficits in receptive syntax.

(3) Students need to understand the relationship of pragmatics to cognition. Cognition may be taken to include specific constructs such as theory of mind (Cummings, 2013a, 2013b) and a range of executive function skills which are known to impact on the pragmatic skills of clients (see chapter 4 in Cummings (2014) for discussion). This learning outcome is important as a cognitive reorientation of pragmatics is necessary in order to render the largely philosophical concepts of the discipline of use to a description of pragmatic disorder.

(4) Students need to apply their knowledge of pragmatics to an analysis of clinical data. There is an undeniable gulf between theoretical knowledge of pragmatics on the one hand and an application of this knowledge to an analysis of pragmatic disorders on the other hand. To a large extent, this gulf can be bridged by appropriate teaching and assessment methods (see sections 4 and 5 below). It requires the lecturer in a pragmatics course to embed actual clinical data throughout all aspects of the content and delivery of such a course.

(5) Students need to understand and follow how theoretical developments in pragmatics relate to the description, assessment and treatment of pragmatic disorders. Pragmatic theories such as relevance theory (Sperber and Wilson, [1986] 1995) and cognitive

pragmatics theory (Bara, 2010) can bring new insights to all aspects of the understanding and management of pragmatic disorders (see chapter 5 in Cummings (2014) for discussion). This learning outcome is essential if the management of clients is to have a rational basis in the best available theoretical developments in the field, and if the study of pragmatic disorders is to have any prospect of informing those developments.

3. Core curriculum components

In this section, the components of a course on pragmatics for SLT students are outlined. Limitations of space preclude a comprehensive treatment of all these components. For this reason, the following concepts and topics will be examined: implicature, speech act, presupposition and discourse features. While this list is not exhaustive, it is sufficiently representative to provide a starting point for lecturers. A three-part structure, which consists of units, clinical descriptors and clinical data, is employed. The rationale for this structure is given in section 4.

3.1 Implicature

Unit (a) Meaning beyond the proposition: During communication, speakers and hearers exchange utterances with a view to conveying meaning beyond that expressed by the proposition of an utterance. For example, in the following exchange between Pam and Tom, Tom's utterance is not merely serving to inform Pam about the household chores he *did* perform. Rather, his utterance is also telling Pam about the household chores he *did not* perform:

Pam: Did you clean the bathroom and fold the laundry?

Tom: I folded the laundry.

Implicature: Tom did not clean the bathroom.

What this example demonstrates is that speakers and hearers are skilled at using language to convey a range of meanings that are not encoded in the truth-conditional content (i.e. proposition) of an utterance. Nevertheless, these meanings are attached to this content and represent a development of it. A specification of these meanings, and how hearers arrive at them, has become the single biggest question of the modern study of pragmatics.

Unit (b) Grice and meaning: Grice used the term 'implicature' to describe the level of meaning that goes beyond the proposition. Where theorists had previously characterized communication in terms of the encoding and decoding of propositions, Grice was the first theorist to represent communication as the exchange of *communicative intentions* between speakers and hearers. In this way, what motivates Pam's question in the above exchange is her desire to establish the household chores that Tom has undertaken. Tom readily recognizes this desire as Pam's communicative intention in producing the utterance. Moreover, Tom's response to Pam's question is motivated by a communicative intention of his own. Clearly, he wishes to convey to Pam the particular chore that he has completed. Additionally, however, he needs to make her aware that he did not clean the bathroom. To the extent that there was an expectation in place that he should have cleaned the bathroom, Tom has decided to convey his lack of bathroom cleaning indirectly to Pam by way of an implicature. The entire exchange is much more about the recognition of communicative intentions, and the need to address those intentions, than it is about the transmission of linguistic utterances with certain fixed or invariant meanings. This view of

communication as the exchange of communicative intentions has been one of Grice's most important contributions to the field of pragmatics.

Unit (c) Cooperative principle and maxims: The rational expectations between speakers and hearers which make exchanges of the type between Pam and Tom possible are captured by Grice in his cooperative principle and maxims. The cooperative principle may be taken to apply to all forms of rational, cooperative behaviour. It is not simply a principle which is intended to apply to conversations and verbal communication, as the following remark of Grice indicates: 'if I am mixing ingredients for a cake, I do not expect to be handed a good book or even an oven cloth' (Grice, 1975: 47). The cooperative principle issues the following imperative: 'Make your conversational contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged' (Grice, 1975: 45). This principle is fleshed out through four maxims: quality, quantity, relation and manner. The quality maxim urges that we do not say that which we believe to be false or that for which we lack adequate evidence. The quantity maxim cautions us not to give more information than is required but also not to give less information than is necessary. The relation maxim requires that we be relevant, while the manner maxim asks that we be brief and orderly, and avoid ambiguous, obscure language.

Applied to the above case of Pam and Tom, this Gricean framework operates as follows. Even though Tom's response to Pam's question appears to be under-informative and is an apparent violation of the maxim of quantity – Pam has asked about two household chores and Tom mentions only one – Pam nevertheless assumes that Tom is committed to the cooperative principle in his exchange with her. (To assume otherwise is to abandon all

prospect of engaging in communication.) Pam uses this assumption of cooperation to derive the implicature that while Tom has folded the laundry, he has failed to clean the bathroom. Grice remained uncommitted about the type of subconscious inferences that hearers use to recover the implicatures of utterances. The exact nature of these inferences remains to this day a question of considerable interest to theorists in pragmatics.

Unit (d) Non-compliance with maxims: It was described above how Tom had *apparently violated* the quantity maxim in his response to Pam's question. But violations of Grice's maxims may also be *overt* in nature. Overt violations are an important category as they are the basis of implicatures involved in irony, metaphor, hyperbole and understatement in language. For example, the speaker who utters 'What a delightful child!' upon encountering a disruptive 5-year-old boy, is overtly violating the quality maxim with a view to conveying ironic or sarcastic intent. However, as well as engaging in overt violations of maxims, speakers may engage in *covert violations* of maxims, as when a speaker tells lies (the quality maxim is covertly violated in this case). Speakers may also *opt out* of the cooperative principle and maxims, as when a politician responds to the questions of reporters by saying 'no comment'. Finally, there may be a *clash* of maxims where in order to satisfy one maxim a speaker must breach a second maxim. For example, in the exchange below Mary has had to privilege the maxim of quality over the maxim of quantity in her response to John's question:

John: Has the newspaper boy delivered this morning?

Mary: I've not heard the front gate being opened.

Clearly, Mary's response is under-informative as a reply to John's question – she has not been able to tell John what he wants to know. However, in an effort to avoid saying something which will answer John's question fully but which may well be false, Mary chooses the less informative, but more truthful response that she has not heard the front gate being opened.

Unit (e) Types of implicature: Grice recognized four different types of implicature. For a *particularized conversational implicature* to come about, a specific context must be present. If A asks 'Are you coming to the pub later?' and B responds 'My parents are in town', A may reasonably take B to be implicating that he will not be going to the pub later. Of course, this particular implicature is based on the assumption that B wants to see his parents. However, in a different context, another implicature altogether may arise. If A knows that B does not have a good relationship with his parents, then B may be taken to implicate that he will happily go to the pub later as a means of avoiding his parents. In a *generalized conversational implicature*, no specific context is required for an implicature to come about. For example, in the utterance 'Sally sat in a garden and watched a child climb over the wall', there is a generalized conversational implicature to the effect that the garden which Sally sat in and the child whom she watched are not her own. This implicature is related to the use of the indefinite article 'a' rather than to a specific context.

A *scalar implicature* is a type of generalized conversational implicature. In the utterance 'Mike attended some of the classes' there is a scalar implicature to the effect that he did not attend all the classes. The terms <all, most, many, some> differ in informational strength, with 'all' the semantically strongest and 'some' the semantically weakest terms in the set.

By asserting the weakest term 'some', a speaker may be taken to implicate 'not all/most/many'. Finally, a *conventional implicature* is attached to specific lexical items in utterances and does not depend on context. For example, in the utterance 'The woman is obese but healthy', there is a conventional implicature attached to 'but' that it was not expected that the woman would be healthy.

Clinical descriptor: Implicatures have been extensively studied in clinical subjects. Almost without exception, these studies have examined the *comprehension* of implicatures (the *production* of implicatures has been largely neglected in these studies). Problems with the processing of implicatures have been identified in children with autism and specific language impairment (Surian, 1996; Ryder et al., 2008) and in adults with left-hemisphere damage and schizophrenia (Corcoran and Frith, 1996; Kasher et al., 1999; Tényi et al., 2002). Most studies have investigated particularized conversational implicatures. More recently, investigators have started to examine scalar implicatures in clinical subjects (e.g. Pijnacker et al., 2009).

Clinical data:

Case 1: The maxim of relation is clearly not observed in the following extract of language produced by a schizophrenic client. Initially, this client appears to make a relevant response. However, he soon veers off topic into complete irrelevance. There is an additional pragmatic anomaly in that comments about the doctor's tie breach the politeness constraints that normally characterize medical interactions between doctors and their clients.

'Then I left San Francisco and moved to...where did you get that tie? It looks like it's left over from the 1950s. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba diving?' (Thomas, 1997:41)

Case 2: See website.

3.2 Speech act

Unit (a) Austin and meaning: Traditionally, the dominant conception of language meaning has been a semantic one. Under this conception, the meaning of the sentences in a language consists in the conditions which must hold in the world in order for those sentences to be true. That is, according to a semantic conception, language meaning is defined in terms of truth conditions. In the 1940s and 1950s, a group of Oxford philosophers headed by John Austin began to challenge this dominant conception of language meaning. According to these philosophers, not all sentences in a language report or describe states of affairs in the world. While many sentences do function as declaratives, many more sentences can be used to ask questions, command or request people to do things and issue threats and warnings. These non-declarative sentences were overlooked within a semantic conception of language meaning. They assumed centre stage for the first time with the emergence of the ordinary language philosophies of John Austin and his colleagues.

Unit (b) Performative utterances: In *How to Do Things with Words*, Austin (1962) discusses at length a distinction between constative and performative utterances. Constative utterances describe states of affairs in the world and are true or false. Performative

utterances do not describe anything and are not themselves true or false. Rather, the speaker who produces these utterances has thereby performed some act. For example, the speaker who utters 'I name this ship the *Queen Elizabeth 2*' has performed an act of naming. Even though this act of naming is not itself true or false, the situation which obtains following the performance of this utterance – that there is a ship called the QE2 – is something which is true. It is these latter utterances which Austin calls speech acts. Many performative utterances are explicitly indicated through performative verbs, as in 'I *baptise* this child Mary Williams' and 'I *bet* you ten pounds that it will snow tomorrow'. Other performatives are not signalled through the use of verbs, such as when the utterance 'I will revise for three hours tonight' is used to make a promise.

In *How to Do Things with Words*, Austin rejected ultimately the distinction between constative and performative utterances and argued that all utterances are performatives in the sense that he intended. He further delineated three main types of speech act which occur when someone says something. If we take the utterance 'It is raining outside' as our example, the *locutionary act* is closest to the semantic notion of a proposition and captures the sense and reference of the terms which make up this linguistic expression. In describing the weather conditions, the locutionary act is a description of a state of affairs in the world. The speaker who uses this utterance may be suggesting to the hearer that he stays indoors for another ten minutes or that he takes an umbrella with him. The act of suggesting is a type of *illocutionary act* which is performed in saying something. Other common illocutionary acts include requesting, apologizing and threatening. Finally, if by producing this utterance the speaker has some effect on the hearer, he has also performed a

perlocutionary act. So if the hearer is persuaded to stay indoors a little longer or fetch an umbrella, the speaker has performed a perlocutionary act by saying something.

Unit (c) Felicity conditions: John Searle revised and expanded upon many of Austin's ideas. In *Speech Acts*, Searle (1969) set out the felicity conditions on the performance and satisfaction of speech acts. Conditions on the performance of speech acts were captured in preparatory, propositional content, sincerity and essential rules (Searle, 1969: 63). Applied to the speech act of promising, these rules operate as follows. The speaker who utters 'I promise to wash your car on Saturday' can only be said to have done so felicitously if the hearer wants his car to be washed and the speaker believes this to be so, and the speaker and hearer believe that the speaker would not wash the car as part of the normal course of events (*preparatory rules*). The speaker's utterance must predicate the right sort of act on the part of the speaker (*propositional content rule*). There must also be a sincere intention to wash the car on the part of the speaker (*sincerity rule*). Finally, the speaker's utterance must count as an undertaking to perform the action being promised (*essential rule*). These rules do more than specify the conditions on the felicitous performance of speech acts. Searle (1979: 45-48) also described how speakers can produce *indirect speech acts* by exploiting the shared knowledge of these rules between speakers and hearers. In performing a directive – a speech act in which the speaker gets someone to do something – a preparatory condition is that the hearer can perform the action that is requested. By directly questioning this preparatory condition in an utterance like 'Can you tell me the time?', the hearer knows that the speaker is making an indirect request to be given the time.

Clinical descriptor: Unlike implicatures, investigators have examined the comprehension *and* production of speech acts by clinical subjects to a similar extent. Various speech acts have been studied, including directives (requests), assertives (statements), commitments and direct and indirect speech acts. Findings have been varied. There is evidence that autistic children and children with Asperger's syndrome make reduced use of assertive speech acts and that this is related to theory of mind impairments (Ziatas et al., 2003). Mentally retarded school-age children can use contextual and linguistic clues to achieve comprehension of target speech acts (Abbeduto et al., 1998), while children with specific language impairment use directives, statements and questions to the same extent as younger siblings but use a lower percentage of commitments than siblings (Rollins et al., 1994). An equally diverse set of clinical findings has been reported in adult clients with fluent and nonfluent aphasia, senile dementia of the Alzheimer's type, acquired brain damage and right-hemisphere damage (Ripich et al., 1991; Drummond and Simmons, 1995; McDonald and Pearce, 1998; Vanhalle et al., 2000).

Clinical data:

Case 3: In a study by Loukusa et al. (2007), a researcher is showing a 9-year-old boy with Asperger's syndrome a picture of a mother and a girl. The girl has a dress on and she is running. There are muddy puddles on the road. The girl has just stepped in the puddle and the picture shows the mud splashing. The researcher reads the following verbal scenario aloud and then asks a question: 'The girl with her best clothes on is running on the dirty road. The mother shouts to the girl: "Remember that you have your best clothes on!" What does the mother mean?'. The boy responds 'You have your best clothes on'.

The boy's response indicates that he has failed to establish the illocutionary force of the mother's utterance. The mother's utterance is clearly functioning as a *warning* to the girl to keep her clothes clean. The boy's simple repetition of part of the mother's utterance suggests that he has been unable to recognize the speech act that is being performed by this utterance. Such an error is consistent with the theory of mind difficulties that are found in children and adults with Asperger's syndrome.

Case 4: See website.

3.3 Presupposition

Unit (a) Definition of presupposition: Although it has been variously defined, presupposition may be taken to represent information which is backgrounded, taken for granted or assumed in a linguistic interaction. This information generally forms part of the mutual knowledge between a speaker and a hearer. For example, Jack's utterance in the following exchange presupposes that he and Jane know that there is a house on the hill and that it has been up for sale before:

Jack: The house on the hill is for sale again.

Jane: That must be the second time this year.

Presupposition represents a significant resource for the management of information between speakers and hearers. Linguistic communication would be very cumbersome indeed if nothing could be assumed by the participants in an exchange. Imagine if Jack could not make certain assumptions about Mary's knowledge state. Before producing his

utterance in the above exchange, he would first have to tell Mary that there is a house on the hill and that it has been for sale before. The explicit communication of this information is inefficient and costly in cognitive terms. This cost and inefficiency can be avoided through the use of presupposition.

Unit (b) Presupposition triggers: A number of lexical items and constructions are a source of presuppositions in language. These so-called presupposition ‘triggers’ include the definite description ‘the house on the hill’ and the iterative expression ‘again’ in Jack’s utterance in the above exchange. The definite description triggers a presupposition of existence – there *is* a house on the hill – while the iterative expression triggers a presupposition that the house has been for sale *before*. Other presupposition triggers include cleft constructions such as ‘It was the teenager who vandalised the car’ where there is a presupposition that *someone* vandalised the car, and factive verbs such as ‘Sue and Bill regretted getting a divorce’ where the verb ‘regret’ presupposes a *fact*, namely, that Sue and Bill got divorced. The list of triggers continues as follows: change-of-state verbs (e.g. ‘When did you stop jogging?’ presupposes that the hearer had been jogging); implicative verbs (e.g. ‘The police managed to intercept the car’ presupposes that the police tried to intercept the car); comparisons of equality (e.g. ‘Henry is as overweight as Oscar’ presupposes that Oscar is overweight); temporal clauses (e.g. ‘After he visited his mother, the man went into town’ presupposes that the man visited his mother); comparatives (e.g. ‘Delia Smith is a better chef than Jamie Oliver’ presupposes that Delia Smith and Jamie Oliver are both chefs), and counterfactual conditionals (e.g. ‘If I were the US president, I would introduce free healthcare’ presupposes that the speaker is not the US president).

Unit (c) Features of presuppositions: A key feature of presuppositions is their survival (constancy) under negation. The utterance 'The doctors managed to save the child' presupposes that the doctors *tried* to save the child, but entails that the doctors *did* save the child. Only the presupposition of the utterance survives negation: 'The doctors did *not* manage to save the child' still presupposes that the doctors tried to save the child, but no longer entails that the doctors saved the child. A further important feature of presuppositions is their defeasibility or cancellability. Presuppositions can be cancelled or defeated under certain conditions. One such condition is when they are inconsistent with background knowledge. For example, the temporal clause in the utterance 'Sally left for New York before she completed the investigation' typically triggers the presupposition that Sally completed the investigation. However, this same presupposition is defeated or cancelled in the context of the utterance 'Sally was killed in a car accident before she completed the investigation' because we know that a person cannot complete an investigation if they are not alive.

Clinical descriptor: Notwithstanding its centrality to pragmatics, presupposition is rarely the focus of clinical studies. The reasons for this omission in the clinical literature are unclear and may include a lack of understanding of the concept on the part of researchers or methodological difficulties in studying it. Also, problems in the use of presuppositions are often most apparent in extended conversations and other forms of discourse, all of which are time-consuming to record, transcribe and analyse. Those studies which have directly examined presupposition include an investigation by Eisele et al. (1998) of the ability of children with unilateral left or right hemisphere damage to presuppose the truth of factive sentences. Presupposition performance was deficient in left lesion subjects compared to

age-matched controls. Similar, direct investigations of presupposition in adults have yet to be undertaken.

Clinical data:

Case 5: Presuppositional breakdown is often most evident in conversational exchanges and other extended forms of discourse (e.g. narrative). A speaker with pragmatic disorder, for example, may contribute a conversational turn which presupposes shared knowledge of a person or event with the hearer, when in reality the hearer lacks this knowledge. Similarly, the use of certain linguistic expressions during a narrative may presuppose that the person to whom the story is being told has knowledge of the referents of these expressions, when in fact this is not the case. Just this type of presuppositional failure occurs in the following extract from a narrative produced by an 80-year-old man who has dementia with Lewy bodies (Ash et al. 2011: 33). The patient is telling the story depicted in a wordless children's picture book *Frog, Where are You?* (Mayer, 1969). He was instructed to narrate the story as if telling it to a child, so simultaneous viewing of the pictures in the book by the speaker (the patient) and the hearer did not take place. The scene being described is one in which a boy and his dog are searching for their lost frog. In their search, the dog shakes a hive down from a tree, and bees are emerging from the hive. Meanwhile, the boy is climbing a tree and looks into a hole in the trunk. The patient states:

(a) It's a ... it's an ug- bees, from- from the one hive, I guess.

(b) Oh! By golly there's another one.

(c) Uh that's t- about midway the- halfway up the tree, where the tree is- the base is broken.

In (c), the demonstrative pronoun 'that' refers to the boy who has climbed halfway up the tree. However, given that he has been newly introduced into the narrative, he should have nominal reference ('the boy'). Moreover, the tree that the boy is climbing is also new to the story and should therefore have an indefinite determiner ('a tree'). Both referential anomalies occur because the patient incorrectly assumes that the hearer knows who the boy is and that there is a tree in the depicted scenario. Moreover, he attempts to represent this knowledge as presuppositions of his utterance. These presuppositions fail because the hearer lacks the requisite knowledge of the referents of these expressions.

3.4 Discourse features

Unit (a) Discourse cohesion: The interpretation of the events in a story, or the steps in a set of instructions, requires that hearers and readers establish links across the individual utterances that comprise these narrative and procedural discourses. These links confer cohesion on a spoken or written text and allow hearers and readers to construct a representation of the meaning of a text. Halliday and Hasan (1976) identified the following five cohesive categories: reference, lexical, conjunctive, ellipsis and substitution. In reference, a personal pronoun may be used to refer to a person or thing referred to in preceding text (e.g. *Mrs Smith* went into town. *She* visited five shops). Lexical cohesion can be achieved through (i) repetition of a lexical item or (ii) use of a synonym or near-synonym:

(i) The ship took four hours to complete the voyage. Travellers found the voyage unpleasant.

(ii) The ship took four hours to complete the voyage. Travellers found the journey unpleasant.

A large range of conjunctions serve to link sentences including *and*, *but* (addition), *consequently* (causal-conditional) and *alternatively* (variation). In ellipsis, elements which are required by the grammatical rules of the language are omitted (e.g. Will anyone be having a dessert? Sally will, I'm sure). Finally, in substitution a word is substituted by another word which has the same structural function. For example, in the following exchange, 'one' substitutes 'a chocolate' and functions as a noun:

A: Would anyone like a chocolate?

B: I'll have one.

Unit (b) Discourse coherence: Where cohesion describes intersentential relations in a text, coherence captures that attribute of spoken and written texts that allows them to hold together or make sense as a whole. The individual utterances which comprise a story may exhibit good cohesion. Yet, the hearer or reader may be left with the impression that the individual components of the story do not come together in a way that sufficiently addresses the point of the story. In other words, a text can be cohesive but not coherent. No single linguistic feature bestows coherence on a text. Rather, the coherence of any text depends on a range of factors (see Cheng (2010) for discussion).

Unit (c) Information management: The amount of information or content that is conveyed through discourse can be determined by a range of measures including the number of content units, correct information units and propositions employed by the speaker or narrator (see section 6.2.4 in Cummings (2009) for discussion). A narrative that lacks

content or is uninformative leaves the hearer with unanswered questions about the motivations and goals of the characters, the events that took place and much else besides. The impression that a narrative is uninformative or lacks content may arise for different linguistic reasons. It may be because a narrative is highly repetitive in nature or contains a large proportion of non-specific vocabulary.

Unit (d) Topic management: The management of topic in conversation is a complex pragmatic skill. It requires a speaker who is able to establish a topic that will be of interest to a hearer. Once established in conversation, a topic can only be developed to a certain level of detail before termination becomes necessary. Each of these stages in topic management is dependent on a close integration of cognitive and pragmatic skills as speakers attempt to tailor their selection and development of topics to the knowledge levels and interests of their conversational partners.

Clinical descriptor: Each of these discourse features has been the focus of clinical studies. Most clinical discourse studies have examined the production of narratives by speakers who have sustained a traumatic brain injury (TBI). Non-aphasic TBI speakers have been found to produce narratives that contain increased errors of cohesion and coherence, and which display poor organization of information and reduced information efficiency (Carlomagno et al., 2011; Marini et al., 2011). Problems with information content, and cohesive and coherent aspects of narrative production have also been reported in subjects with right-hemisphere damage (Marini et al., 2005). Discourse deficits in clinical subjects are often unrelated to impairments of expressive language (Ellis et al., 2005).

Clinical data:

Case 6: The boy ('R') with specific language impairment in the following exchange was studied by Bliss et al. (1998). R demonstrates poor topic management skills during conversation with an examiner ('E'). R fails to develop a topic to any extent before leaving it for another topic. However, he eventually returns to the original topic. For example, the topics in R's first extended turn can be represented as follows: leg – toys – leg – bike. In R's second extended turn, his topic structure is similarly digressive: bike accident – death of grandmother – funeral – bike.

E: Two weeks ago I had to go to the hospital to have some x-rays taken. Have you ever been to the hospital?

R: Yeah, I had a X-ray because they they're checking on my leg and I was scared that I was going up there and they gave me a balloon and I went to um Toys 'R Us and gave me a toy but I neverI uh I just broke my leg and I just fall down on my bike because I got hurt and my Band-Aids on me. . . . put their off and I jumped out of my bike and I . . . I flied and then I jumped down.

E: You jumped down?

R: Uhuh, on the grass. . . . and I um our grandma um she died. She um she was getting older. Our grandma and she died and the uh funeral . . . My ma and dad went to the funeral and then Aunt Cindy was there too and we uh they um uh everybody was sad that um uh that died. . . .and on my birthday I went on my bike and I uh um I just jump on my bike and I just balance on my and I did it with uh I did do it with only my hands. I didn't do it without my hands and I uh um one hand too.

4. Teaching

In my experience, the type of content outlined above is best taught through a combination of classroom activities and e-learning tasks. Each two-hour block of class time is divided equally into a structured (but interactive) lecture, and data analysis exercises which are completed within small groups. A lecture is the best context in which to introduce pragmatic concepts to students, and ensure reliable identification of these concepts across a range of utterances. There is a three-part structure to the lecture content in my pragmatics course (see section 3). Concepts are introduced and explained within a number of 'units'. These units present theoretical information in chunks which students can readily assimilate. At the end of the units relating to a particular concept, students are presented with an overview of the types of clients who experience difficulty with implicatures, speech acts and so on. This 'clinical descriptor' introduces students to the findings of research studies and provides important orientation to what will be the clinical application of their pragmatic knowledge. Students are then introduced to a series of clinical examples such as those presented in cases 1 to 6 above. This is the stage at which conceptual misunderstandings can be identified and rectified before they compromise students' ability to analyse clinical data with accuracy.

This structured approach to lectures pays dividends when the session turns to the completion of the data analysis exercises. These exercises use data from a range of clients with pragmatic disorders. The data is carefully selected to ensure that it illustrates the particular pragmatic concept(s) discussed in the lecture. Each of these exercises contains background information, so that students have a wider context for their analysis. This information might describe the communication history of a patient, the results of language

and clinical assessments, a client's medical diagnosis and so on. Also, to guide students in their analysis of the data, each exercise poses five questions which the students must address. These questions are designed to focus the attention of students on significant aspects of the data, without denying them the opportunity to contribute original insights to the analysis. A sample data analysis exercise is shown in Box 8.1.

Box 8.1: Right-hemisphere language disorder

Background:

Speakers with right-hemisphere damage (RHD) experience language and communication problems which are quite unlike those found in clients with left-hemisphere damage (LHD). While speakers with LHD have impairments of structural language, most typically in the form of aphasia, clients with RHD often display intact structural language and marked deficits in pragmatic and discourse skills.

Data:

The following extract is taken from Abusamra et al. (2009: 77-78). It is a dialogue between an examiner (E) and a male patient (P) with RHD. The patient has been asked to explain the meaning of one of the metaphors from the Protocole Montréal d'Évaluation de la Communication (Joanette et al., 2004).

E: What does this phrase mean: My friend's mother-in-law is a witch?

P: Let's change also one word: My son-in-law's mother-in-law is a witch?

E: And so what does it mean?

P: I know she is a person who hasn't had a pleasant life, throughout her marriage. That...that she's about to be separated from her husband; I'm referring to the mother-in-law of my son-in-law (ha, ha, ha)

E: OK it's not important – it's the same.

P: Certainly! The mother-in-law of my son-in-law. The mother-in-law of my son-in-law is a witch!

E: What does being a witch mean?

P: Because the woman is separated, because all her life she has criticized her

husband for the way he is; only seen in his defects, who has kept his daughter all her life under a glass bell and she's now a poor lady because she can't find the fiancé her mother would like.

E: So what does witch mean, then?

P: What does it specifically mean? It means being tied down to religious sects, to religions, to umbanda...who knows, there are so many.

E: So therefore, "The mother-in-law of my son-in-law is a witch". Does it mean the mother-in-law of my friend practices black magic? And the mother-in-law of my friend has many brooms and she is also a bad person an rude?

P: It's absolutely clear. My friend's mother-in-law has many brooms...no! My friend's mother-in-law practices black magic.

Questions:

(1) Humour is an important aspect of pragmatic language use. Does this client make appropriate use of humour in his exchange with the examiner? Use data from the exchange to support your answer.

(2) Clients with right-hemisphere language disorder often produce egocentric discourse. Is there any evidence of this in the above exchange?

(3) How would you characterize P's understanding of the metaphor presented to him? Use data from the exchange to support your answer.

(4) Does P display any awareness that his interpretation of the examiner's metaphor may not be accurate?

(5) How would you characterize P's use of referring expressions? Use data from the exchange to support your answer.

E-learning is used extensively in the type of pragmatics course I have described in this chapter. There are many resources available to students on my university's virtual learning environment. Chief amongst them is a series of worksheets which follow the lecture content of the course on a weekly basis. These worksheets are available as Word and PDF documents. However, they have also been built into a self-test facility within the virtual

learning environment. This facility allows students to attempt questions and receive immediate feedback on their answers. Students can log their results and I can also view their performance. The questions have in many cases a multiple-choice format. However, other questions require students to complete blank spaces in sentences from a choice of five possible answers, or indicate if statements are true or false. These questions are designed to target specific aspects of students' knowledge of pragmatic concepts and disorders. They are undertaken by students following the lecture to which they relate and must be completed prior to attendance at the next class. In module evaluation questionnaires, students are generally positive about the role played by this facility in their learning. While acknowledging that the questions are challenging, they also state that they are excellent preparation for the assessments in the course.

5. Assessment

The pragmatics course I have described in this chapter makes use of formative and summative assessment. In terms of summative assessment, the course is assessed by means of a two-hour formal examination and a 3,000-word data analysis exercise. Both components are equally weighted, which ensures that students who have strengths in a particular area (e.g. recall of information during an exam) are not placed at an unfair advantage. This weighting also reflects the importance attached in the course to knowledge of pragmatic concepts and theories *and* the application of this knowledge to pragmatic disorders in clients. The examination contains 60 short-answer questions. These questions have the same format (e.g. multiple-choice questions) as those which students complete in the weekly worksheets. The worksheets, therefore, function as a type of formative assessment, as students are able to monitor their performance and receive feedback. The

examination has two sections. In section A, questions target students' understanding and knowledge of pragmatic concepts and theories. In section B, questions assess students' knowledge of pragmatic disorders in a range of clinical groups. Sample questions are shown in Box 8.2, with others also available on the website which accompanies this volume.

Box 8.2: Examination questions

Section A: Pragmatic concepts

(1) The utterance *Jill is unpleasant but popular* generates an implicature that it was not expected that Jill would be popular. Which of the following terms captures the implicature generated by this utterance?

- (a) generalised conversational implicature
- (b) scalar implicature
- (c) particularised conversational implicature
- (d) conventional implicature
- (e) nonverbal implicature

(2) The utterance *She regretted leaving her job* presupposes that she left her job. Which of the following terms describes the linguistic feature which triggers this presupposition?

- (a) change-of-state verb
- (b) iterative expression
- (c) cleft construction
- (d) factive verb
- (e) definite description

Section B: Pragmatic disorders

(3) Clients with schizophrenia are poor at processing aspects of context. In view of this, which of the following implicatures is most vulnerable to impairment in schizophrenia?

- (a) generalised conversational implicature
 - (b) scalar implicature
 - (c) particularised conversational implicature
 - (d) conventional implicature
 - (e) nonverbal implicature
- (4) Clients who sustain a traumatic brain injury (TBI) often experience problems with discourse cohesion. Which of the following behaviours constitutes a problem with discourse cohesion?
- (a) The client with TBI produces uninformative verbal output.
 - (b) The client with TBI fails to use anaphoric reference during narrative production.
 - (c) The client with TBI does not recover the implicature of a speaker's utterance.
 - (d) The client with TBI fails to observe politeness constraints in conversation.
 - (e) The client with TBI misses the illocutionary force of an utterance.

In the data analysis exercise, students are given a choice of four extracts of unseen data. Two of these extracts relate to pragmatic disorders in children, and two concern pragmatic disorders in adults. The data sets are presented like the sample exercise shown in Box 8.1. The analysis is written up in a 3,000-word report, which also includes sections on the clinical features of the disorder (e.g. brain pathology in the dementias). In their analysis, students must address the five questions which accompany each set of data.

6. Pitfalls

There are a number of difficulties which lecturers may encounter when teaching pragmatics to SLT students. An awareness of these difficulties may help lecturers avoid them from the outset. They are:

(1) *Conceptual misunderstanding* – Students find some pragmatic concepts more difficult to grasp than others. This is particularly true in the case of pragmatic presupposition which is frequently confused with the entailments of an utterance. The utterance *The explorer managed to scale the mountain* presupposes that the explorer *tried* to scale the mountain, but also entails that he *did* scale the mountain. Students need to be given ‘rules of thumb’ which help them distinguish pragmatic concepts. In the case of presupposition, this could be that only presuppositions survive negation.

(2) *Erroneous analysis* – When exposed to clinical data for the first time, students may commit a number of standard errors. They may describe the data in a general rather than a specific way, they may fail to use pragmatic terminology, they may overlook significant features of the data, and they may misapply concepts. These problems are usually the consequence of inadequate theoretical preparation before clinical data is introduced. If these problems occur in more than isolated cases, it is a sign that the lecturer needs to take a step back and do further explanatory work in order to consolidate students’ knowledge.

(3) *Clinical relevance* – In many respects, the greatest pitfall for the lecturer who teaches pragmatics to SLT students is ensuring the clinical relevance of the course. More often than not, lecturers who deliver such a course have a disciplinary background in linguistics which does not include the study of language pathology. This makes it difficult for them to adapt a standard pragmatics course to the specific learning needs of SLT students. One way to circumvent this problem would be for linguistics lecturers to collaborate closely with clinical colleagues in the design and delivery of a pragmatics course. Resources permitting, this might take the form of two lecturers jointly teaching students, with each contributing their

specific expertise. In the absence of a collaborative approach to teaching or some equivalent, SLT students are likely to query the relevance of the course to their clinical needs.

7. Conclusion

Teaching pragmatics to SLT students presents a number of unique challenges for lecturers. These challenges all emanate from the fact that lecturers are not merely aiming to impart to students theoretical knowledge of a linguistic discipline. Rather, they are also aiming to equip students with the analytical and other skills that are needed to apply this knowledge to pragmatic disorders. This further goal is often not easily fulfilled by lecturers whose disciplinary background may not equip them to know how pragmatic impairments manifest in clients with a range of clinical conditions. This additional step is also difficult for students who must assimilate complex conceptual distinctions and then learn to apply them to an analysis of pragmatic disorders. The key element in smoothing this transition between theoretical knowledge and the development of skills of practical analysis is to embed clinical data in all aspects of the content and delivery of a pragmatics course. It is hoped that this chapter may provide lecturers with some guidance on how this can best be achieved.

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