

PREFACE

It is not overly difficult for an adult to talk to a teenager, but have you ever really tried to communicate with one? It is amazing how the adult's request to "please empty the dishwasher and be in bed in a half hour" is received as a message to "go upstairs and play with the computer until further notice." Clearly, talking and communicating are not the same thing. Adults with aphasia typically have difficulty talking. They have problems retrieving the words they want, finding the correct sounds to comprise those words, putting content and function words together to form grammatical sentences, and organizing their comments so that they really express what is meant. But, do they communicate? Do adults with aphasia express what needs to be expressed, given the peculiarities of the particular situation? Do the listeners learn what needs to be learned given the peculiarities of the same situation? Do the linguistic deficits that plague adults with aphasia limit their ability to communicate or do these people succeed in communicating despite their linguistic impairments? How do we measure communication success and/or failure and how do we attend to it during treatment? It is questions like these that form the basis for this issue.

During the 1970s, the pendulum fell off its secure shelf overlooking the land of linguistic and structural concerns and plummeted speedily towards the neighboring land of pragmatics. Professionals became concerned about whether aphasic patients follow the social rules that govern attempts at communicating. These new issues included the patients' skills at turn-taking, topic manipulation, repairing conversational breakdowns, producing specific speech acts, using appropriate paralinguistic behaviors such as intonation and eye contact, generating appropriate forms of discourse, and paying attention to cohesion and coherence. As our understanding of how well aphasic patients perform in each of these important areas improves, it becomes essential to have systematic methods for evaluating these behaviors in individual patients. The first two chapters tackle this need.

In the first chapter, Sima Gerber and Gail Gurland analyze the prominent aphasia test batteries, highlighting their strengths and weaknesses in reference to assessing the pragmatic aspects of communication. They then present the *Assessment Protocol of Pragmatic-Linguistic Skills (APPLS)*. This protocol is unique in that it targets communication breakdowns and analyzes the breakdown-repair sequence. In the second chapter, Brenda Terrell and Danielle Ripich review the relevant features of different types of discourse. They subsequently present the *Discourse Abilities Profile (DAP)*. This profile highlights features for three types of discourse production: narrative, procedural, and spontaneous conversation. It also emphasizes general discourse abilities including paralinguistic behaviors (e.g., stress and intonation), nonlinguistic behaviors (e.g., eye contact, and gestures), and coherence. Both pairs of authors provide excellent guidelines for interpreting the results of their protocols and for developing appropriate treatment programs. These guidelines are further clarified through the presentation of a case study in each chapter.

The third chapter, by Hanna Ulatowska and Sandra Bond Chapman, provides a more detailed account of how discourse considerations can be integrated into treatment. These authors identify the rationale for discourse therapy and discuss the criteria for selecting appropriate treatment candidates. They provide methodological guidelines including what types of tasks can be used and what factors influence the complexity level of the stimuli within these tasks. Their comprehensive presentation of three case studies highlight the ability to apply discourse therapy to patients with Wernicke's aphasia and with severe nonfluent aphasia.

It is axiomatic when concerned with communication that the aphasic patient is communicating with someone. The willingness and skill of that someone can greatly influence the success of the communication attempt. In the fourth chapter, on environmental communication programming, Marilyn Newhoff and Kenn

Apel emphasize the importance of the patient's significant other. They explore such issues as how well the significant other (SO) understands the patient's aphasia, what the SO does to facilitate the aphasic patient's communication, how conversational breakdowns are approached, and how interactions between the aphasic patient and the SO can be evaluated. The authors provide a thoughtful discussion of the role of the SO in treatment, emphasizing the training of the SO to facilitate communication in both the home environment and in others such as nursing facilities.

As it is wont to do, the pendulum seems to be swinging back, trying to find a comfortable and stable home somewhere between the lands of linguistic and pragmatic concerns. A strong theme throughout this issue is that linguistic structure and pragmatic components interact. One affects the other and the other affects the one. As Gerber and Gurland point out in their discussion of the development of the *APPLS*, ". . . an evaluation procedure should unite the assessment of pragmatic ability and the assessment of linguistic ability recognizing the synergy that exists between the two in natural language use." Ulatowska and Chapman also emphasize this interaction. Their second case study highlights the relationship between linguistic structure and information structure. They point out the importance of selecting those linguistic structures for treatment that contribute the most to communicative effectiveness.

An important aspect of the interaction between linguistic structure and pragmatics is the notion that the surrounding context may influence an aphasic patient's ability to comprehend or produce language. In the fifth chapter, Robert Pierce explores the influence of context. He points out what sources of information are available for aphasic patients to use and how these sources of information can influence the language comprehension and production process. He stresses the need to be alert to these sources of information during the presentation of diagnostic and treatment stimuli. He also shows how treatment

PREFACE

materials can be manipulated to optimize the benefits of contextual cues.

In the final chapter, John Tonkovich points out that pragmatic concerns are not just for those patients with aphasia secondary to left hemisphere injuries, but are prominent problems following right hemisphere damage. This chapter concisely identifies the pragmatic problems that are characteristic of right brain damage, how to assess these problems, and how to treat them.

As our profession has become more attuned to the communication needs of our

patients and the ways in which their linguistic and pragmatic skills interact to support the conveying of messages, the need for effective assessment and treatment procedures becomes critical. The chapters in this issue provide us with tools and understanding to meet this need. The ability of our patients to communicate clearly will benefit. If only we could do something for the teenagers.

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