Luise Cummings. *Clinical pragmatics*. Cambridge, New York: Cambridge University Press, 2009. (xi, 305)

In recent years many in the field of clinical pragmatics have wandered far from its proper territory — the understanding, recognition, diagnosis, and treatment of pragmatic deficits. Contemporary texts in language reflect erring conceptions which include in pragmatics anything that has to do with the communication situation. In this work the author correctly recognizes the importance of the relation between pragmatics and cognition, that "no pragmatic study … can reasonably neglect the real connections" between them (26). This premise returns pragmatics to the ground established by Austin (*How to Do Things with Words*, 1962) and Grice (Logic in Conversation, 1975).

This text reestablishes the scope of clinical pragmatics, countering a "widespread tendency … to label a whole range of behaviours, including nonlinguistic behaviours, as pragmatic" (6). This tendency includes in the field of pragmatics all phenomena associated with a person's "communicative purposes" and their disruption. These, it is recognized, are "indefinably large" and "open-ended" (*ibid*.). Such a broad construction renders it "not clear what this term is intended to include" (7). The conception Cummings formulates in this text is "more deeply rooted in language use" (*ibid*.).

Pragmatic deficits, as herein conceived, are thus distinguished from common communication problems, such as stuttering and vocal disorders (4). Although pragmatic disorders – and capabilities – often accompany problems in other domains and may be obscured by language disorders (41), e.g., a client who lacks the language skills to decode an utterance may appear unable to recover implicature from it (but witness case studies employing Conversation Analysis which reveal pragmatic adaptations in the presence of language deficits,

190 – 195), it must be recognized that linguistic deficits are not in themselves pragmatic. Essential to this view is the fundamental principle, "all pragmatic interpretation involves the use of inferencing" (46). Pragmatics theory is thus placed on the firm ground of implicature, presupposition, and context.

A great body of literature is devoted to the study of pragmatic deficits in attention deficit hyperactivity disorder, autism-related disorders, specific language impairment, Downs Syndrome, and aphasia, among many others. An unfortunate byproduct of this tendency to focus on language impaired children and adults induces "investigators to attribute pragmatics deficits to subjects where none exist" (34). For example, among studies reviewed are included one that ascribes to a high functioning autistic subject an excessively informative response which indicates a failure to recognize her interlocutor's intention, when it is not at all clear in the context that the response violated the Gricean maxim at all, and others in which the clients lacked the syntactic skills to decode a question utterance, but nonetheless exhibited pragmatic competence in forming inferentially appropriate responses (222 – 23). A conclusion that emerges is that some researchers in the field lack a clear conception of what they seek to examine.

Pragmatic disorders may be developmental (appear as the individual develops) or acquired (appear as the result of injury, etc.). Studies in developmental pragmatic disorders are much more numerous than those which investigate acquired pragmatic disorders (135; 88 n. 1); developmental models, though, do not adequately describe acquired deficits (139). For instance, the semantic deficits evident in Alzheimer's patients, which suggest a link between semantic memory and cognition (109 -12). It is also found that among aphasics, reducing the "frequency and extent" of language repairs is useful where communication is in fact occurring, i.e., the goal is being met (198), while it is observed that effective interventions emerge from such dyads

themselves (200).

Studies are cited which show that training the communication partners of pragmatically disordered individuals in various populations leads to effective interventions (201). Clients with acquired deficits generalized from their interventions, while those with developmental deficits improved only in the area of training. It seems likely from these observations that these deficits result not from the destruction of the cognizing faculties involved, but rather by their impediment. Chapter 5, "The Cognitive Substrates of Acquired Pragmatic Disorders," takes up problems with applying developmental models in acquired PD situations.

A broad survey of tools for the assessment of pragmatic disorders is offered in Chapter 6, where it is noted that "it is the nature of pragmatics impairments that formal tests alone must be supplemented" (185). Conversational analysis of numerous studies demonstrate that CA, while cumbersome and time consuming, reveal successful adaptations made among interlocutors (190), as well as revealing evidence of pragmatic deficits (195). It is the case that "pragmatic behaviour involves communication about mental states" among speakers and hearers, but it is not the case that every such communication is pragmatic in nature (236). Thus, we are reminded, a clinical evaluation must be based on a clear delimitation between what is language (i.e., decoding of syntax and vocabulary) and what is pragmatic in nature.

Failing to apprehend the nature of *context* in evaluating the responses of subjects during clinical diagnosis is also shown to cause investigators to misconstrue their pragmatics capabilities. In many studies the notion of context is taken as a given, a unit entity, a known or predictable formulation that can be named *a prior* for each test item during instrument design, i.e., researchers point to a sequence of utterances and declare what "the context" for the utterance in question is, or set up a test question based on a presupposed idea of "the context." This

approach fails to recognize, the author points out, that the factors that can contribute to context are individual and virtually limitless (224 – 29).

Relevance Theory (see Sperber and Wilson, Pragmatics, Modularity and Mind-reading, *Mind & Language 17*: (1-2), 3 – 23, 2002), a prominent theory of pragmatic comprehension, posits that hypotheses about implicature are tested in sequence to find a relevant interpretation. The objection is made here that the processing of metaphorical utterances in acquired PD patients such as schizophrenics, whom research demonstrates to be unable to form hypotheses beyond the dictionary meaning of the word, does not arrive at any satisfactory hypothesis, and otherwise pragmatically impaired adults may embark on a never-ending quest for a satisfactorily relevant interpretation (146). Furthermore, paranoid schizophrenics in theory of mind tasks can form beliefs (evidently relevant to *them*) about the states of mind of others, and they are shown to continue processing ironic utterances until they find such an interpretation (147 – 48).

Among criteria suggested which "provide a rational basis for future enquiry in pragmatics" is the "principle of charity," the principle whereby an interlocutor determines whatever statement or premise makes the "whole set of premises relevant to the conclusion" (246). This capacity, it is argued, "is the basis of all pragmatic interpretation … to understand the illocutionary force of an utterance, we must be able to locate ourselves imaginatively inside our interlocutor's mind and grasp the particular communicative intentions that lie behind his or her use" of the utterance (247). This principle has the promise to restore the "imaginative skill" on the part of investigators that will permit them to accurately perceive the pragmatics deficits and adaptations of those they observe in diagnosis and treatment (246, f). Furthermore, it complements such interpretive principles as Grice's maxims and the logical notion of entailment in evaluating pragmatic deficits and adaptations — both are required; focusing on deficits only

leads to error (34 f).

In the approach to pragmatics investigations that emerges in this book, the proper focus of the field settles upon communicative situations that involve language use, not anatomical or physiological problems, or other nonlinguistic events. The model of language formulated here combines Chomsky's linguistic competence and Hymes' notion of communicative competence, arguing for "the integration of pragmatics within our linguistic competence" (7). The Chomskian notion of linguistic competence, abstracted from actual communication cannot account for the knowledge of meaning, situation, and context that make possible language use. A pragmatically adequate theory of language recognizes, it is argued here, that "the knowledge that permits communicators to issue threats and warnings, establish the presuppositions of an utterance, produce coherent narratives and recover the implicatures of an utterance" is indeed part of our linguistic competence (7; 246).

The author is quite correct that the study of pragmatics requires an extensive base of knowledge, about language, linguistic pragmatics, pragmatics theory, discourse and conversation, cognitive theory, neurolinguistics and anatomy, and the philosophy of language, and that knowledge from a wide compass is essential to be able to evaluate and situate what one observes and what studies report. This text makes a great contribution in clarifying the proper ground of clinical pragmatics, selecting from language philosophy relevant and effective principles, identifying erring tendencies and failings evident in contemporary studies, and suggesting pragmatically adequate criteria to guide inquiry.

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