

Preface

Clinical pragmatics has undergone a remarkable transformation in its relatively short history. From relative obscurity in early studies of language disorders in children, the field has developed into a thriving area of clinical language study which is on a par with clinical phonology and syntax. This development has been encouraged in large part by the expansion of pragmatics as a linguistic discipline, and also by the clinical imperative to develop assessments and interventions that better address the communication needs of clients. Clinicians now expect to assess and remediate pragmatic language skills as standard within the management of clients with a range of clinical conditions. So rapid have been the developments in clinical pragmatics that an examination of the state of the art in this discipline is now in order. Just such an examination is the aim of this book.

In capturing the state of the art in clinical pragmatics, this book addresses a number of predictable and not so predictable issues. With regard to the former, the reader needs to be introduced (or reintroduced) to the pragmatic concepts that are integral to the study of clinical pragmatics. No progress can be made in the absence of a clear understanding of notions such as speech act, implicature, presupposition and deixis. The reader must also have a sound appreciation of how clinical pragmatists have applied these concepts to the study of clients with clinical conditions as wide-ranging as schizophrenia and autism spectrum disorder. To this end, the full range of developmental and acquired pragmatic disorders will be examined in [Chap. 2](#), with the discussion of each preceded by a characterization of the clinical populations in which these disorders are present.

Alongside these predictable issues, the book will also address a number of less predictable topics. It is often acknowledged that pragmatic disorders are uniquely sensitive to a range of cognitive deficits. These deficits, which include theory of mind impairments and executive dysfunction, have not been examined systematically to date. They will receive such a treatment in [Chap. 3](#). Theoretical models, which have influenced clinical pragmatic studies, are only rarely explicitly discussed and evaluated. In [Chap. 4](#), these models are analysed and evaluated at length. Clinicians and researchers have been almost exclusively preoccupied to date with the different ways in which pragmatics either fails to develop normally or becomes disrupted in children and adults. Until very recently, the impact of these disorders on the psychological wellbeing, social integration, and academic and vocational opportunities of clients had been largely overlooked. This book will

examine this relatively new and important line of enquiry in the study of pragmatic disorders in [Chap. 5](#). Several populations in which there are substantial pragmatic disorders have received little attention from clinicians and researchers. Three such populations—children with emotional and behavioural disorders, incarcerated youths and adults, and adults with one of the non-Alzheimer’s dementias—will be examined in [Chap. 6](#). Finally, in [Chap. 7](#) the contribution of pragmatic disorders to social communication problems is considered. In short, there is much that is truly novel for the reader in the pages that follow.

So, how will the success of this book be measured? It will be measured in three ways. First, the book introduces readers to what I consider to be a necessary critical component to work in clinical pragmatics. To the extent that this critical component becomes well established (I hope it does), it should serve to reduce the overriding tendency of investigators to date to engage in largely descriptive studies which lack the capacity to explain pragmatic disorders. Second, the book develops in specific ways the cognitive character of clinical pragmatics. This is reflected in the discussion of the role of cognitive deficits in pragmatic disorders and in the analysis of pragmatic theories which have a ‘strong’ cognitive orientation. Third, the book explores a number of clinical conditions (e.g. non-Alzheimer’s dementias) and topics (e.g. the impact of pragmatic disorders) which are likely to be significant in the future development of the field. In conclusion, if the study of pragmatic disorders can become more critical, cognitive and innovative as a result of this book, then it will have achieved some degree of success.

Pragmatic Disorders

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