

The Use of Communication Strategies in Aphasic Discourse: A Proposal for a Linguistic Analysis

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1. Introduction: an overview

Although studies have been carried out to investigate the use of communication strategies in the speech of different language learners (see Varadi, 1973; Tarone 1977, 1983; Faerch and Kasper, 1984; Oxford 1990), these studies have concentrated almost entirely on learners of English as a second language (ESL) or as a foreign language (EFL). They ignore the use made of communication strategies by aphasics, particularly expressive aphasics. Aphasics are also language learners, even if the kind of language learning they are primarily engaged in is viewed as one of language re-learning and/or retrieval.

The term 'communication strategies' refers to those devices -- verbal and/or non verbal-- employed (un)consciously by the language learner, and in the case of the proposed study, the expressive aphasic, to aid in communication or to compensate for his/her linguistic disability by expanding the linguistic means at his/her disposal, in order to ensure some degree of communicability with others.

The aphasic is, in a sense, just as much a language learner as any other language learner: ESL, EFL, or any other. If linguistics is, in part, the study of normal and abnormal language, then the linguist should be interested in the language use of the aphasic language learner. An examination of aphasic discourse, apart from providing insights about aphasic language learning, could also provide important information on the conversational styles of

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fluent adults (aphasic and non-aphasic), and on the nature of discourse interactions involving aphasic and non-aphasic participants.

Restricting the context to that of language learning, the processes of learning that different types of learners are engaged will not be so different as to necessitate a total separation of the learning and teaching strategies employed to ensure communicability on the learners part. Hence, the primary impetus for the research undertaking proposed here is to bridge the gap that exists in aphasiology and language learning, by developing a framework that draws on recent research in discourse analysis and second language acquisition. When one considers that communication is the goal of every participant in every interaction, how an aphasic or any linguistically impaired individual attempts to communicate what (s)he wishes to communicate is of extreme importance to both the linguist, and especially to the clinician whose goal is to channel clinical activities in the general direction of increasing the aphasic's communicative competence.

If, as Holland (1980: vii) argues, the clinician's task is made harder by the difficulty of assessing the aphasic's communicative abilities, it is quite possible that a careful examination of aphasic discourse should provide the necessary windows to the aphasic's communicative abilities, while simultaneously facilitating the assessment of his/her communicative competence. To examine the aphasic discourse entails a careful identification of the skills or devices that the aphasic (un)consciously employs to make up for what s(h)e now lacks linguistically. Watzlawick and Beavin (1967) hold that one can confidently postulate the following metacommunicational axiom of the pragmatics of communication, viz. 'one cannot *not* communicate' (5). A careful examination of the aphasic's use of communication strategies is highly advisable, in view of Holland's (1980) observation that 'for most clinicians, how a patient gets along communicatively, using his residual skills in everyday encounters, is difficult to assess and important because it is the ultimate use to which clinical activities are directed' (vii). The study of communication strategies utilized in adult aphasic discourse is a means of attaining this goal. At least some useful generalization can be made about aphasic communication strategies, and some implications for speech therapy identified.

This being the case, the secondary purpose of the proposed study is to carefully examine adult aphasic discourse for evidence of communication strategy usage, in order to arrive at some generalization about language learning, and to propose a program of strategic speech and language therapy for adult aphasics.

2. Current trend in the studies on aphasia

Before reviewing studies on the 'compensatory behavior' exhibited by aphasics, it is necessary to mention the current trends in the research on aphasia. According to Bates, Friederici, and Wulfeck (1987), aphasia is divided into two categories. First, Broca's aphasia is defined by nonfluent and dysprosodic speech, with reduced utterance length and sentence complexity, together with more omission of function words and/or grammatical inflections than we would expect in a normal speaker of that language. Patients should demonstrate relatively normal comprehension, at the level of clinical interview and reports from the family about the patient's functioning in everyday life. Second, Wernicke's aphasia is defined by fluent speech, with superficially normal melodic line, in patients who nevertheless demonstrate moderate to severe problems in the comprehension of everyday language. These patients also demonstrate problems in word finding, accompanied by frequent or occasional paraphasia (Bates et al. 1987: 25).

Because so much modern research on aphasia has been carried out in English, Bates and her colleagues have concentrated on the cross-linguistic studies on aphasics, claiming that cross-linguistic comparisons permit them to solve the difficulties in separating universal mechanisms from language-specific content (Bates et al. 1991: 123). Their research provides important new information about universal and language-specific patterns of sparing and impairment, in nonfluent 'agrammatic' Broca's aphasics and in fluent patients with a diagnosis of Wernicke's aphasia.

There have been two main lines in the theory of language processing in normal speakers and aphasic patients. One is the Closed-Class Theory of Agrammatism (Bradley et al. 1980), a modular account of grammatical impairment in aphasia. The modular theory of aphasia predicts broad

differences between patient groups, with relatively little differentiation as a function of language type. That is, if a patient has lost the grammatical component that handles most if not all of the significant structural facts that define a natural language, then the same patient should presumably lose most of the performance characteristics of a native speaker of the language. For example, 'the Closed-Class Theory of Agrammatism predicts a selective impairment of grammatical inflections and function words in Broca's aphasics, in comprehension and production.' (Bates et al. 1991: 126). Under a strong interpretation of this model, it is assumed that Broca's area plays a special role in grammatical representation and/or processing. Hence Broca's aphasia results in the loss of closed-class items. Such grammatical impairment, however, 'should be largely preserved in Wernicke's aphasia, because the neural regions responsible for grammar are assumed to be intact in these patient.' (126) This model is contrasted with the Competition Theory (Bates and MacWhinney 1987, 1989), which provides an interactive activation account of the quantitative and qualitative variations in both patient groups, in production, comprehension, and grammaticality judgment that are observed across languages, in normal speakers and aphasic patients.

The Competition Model predicts fewer differences between Broca's aphasics and Wernicke's aphasics, but more differentiation as a function of language type. That is, it provides two principles that predict cross-linguistic differences in the linguistic performance of patients from the same clinical category, and within-language similarities in the performance of patients with different forms of focal brain injury. (Bates et al. 1991: 126-27)

Cue validity refers to the information value of a given phonological, lexical, morphological, or syntactic form within a particular language. Cue cost refers to the amount and type of processing associated with the activation and deployment of a given linguistic form, when cue validity is held constant. These two principles co-determine the nature of linguistic representation in a particular language and the nature of the dynamic process by which form and meaning are activated and mapped onto each other in real time....Classes of linguistic information that are high in cue cost will be selectively impaired in all forms of aphasia; the same pattern of selective sparing and impairment may result from

different forms of brain damage and/or from global processing limitations in subjects who are neurologically intact. (Bates et al. 1991: 127-128)

The cross-linguistic studies (Bates et al 1987; Bates et al. 1991; Wulfeck et al. 1991) clearly demonstrate that the same aphasic syndromes look very different from one language to another, concluding that language-specific lexical and grammatical knowledge (i.e., competence) is largely preserved in Broca's and Wernicke's aphasia.

The focus of this paper, however, is on the use of communication strategies in the speech of fluent aphasics, not on the formal language processing in aphasia. Several studies making reference to compensatory behavior or communication strategies exhibited by aphasics are reviewed in next section.

3. Literature review: Earlier studies on the discourse of aphasics

To date, only passing reference has been made to 'compensatory behaviors' exhibited by aphasics (see Caplan 1987: 38). No study has focused specifically on the aphasic's use of communication strategies. The importance of such a study cannot be overemphasized, hypothesizing that like any other language learner (ESL or EFL), the fluent aphasic exhibits adaptive or compensatory behaviors in all language modalities, but especially in speech. What this would seem to suggest, then, is that an expressive aphasic's symptoms may not only reflect a neurologically determined linguistic impairment, but also the patient's attempt to adapt to his/her neurolinguistic deficit by compensating for it by some other means. In other words, the communication strategies employed by adult aphasics could, in fact, be a measure taken by them to enhance their communicative abilities, much like learning strategies (see Oxford 1990: 1). In this sense, they constitute communication strategies. As Caplan (1987) suggests, 'agrammatism in spoken language might be an adaptation to dysarthria and other disturbances of articulation' (38). This is certainly worth researching.

An expressive aphasic's minimal or reduced discourse output and his/her

use of repetitive prefabricated linguistic patterns or canned utterances (such as 'I like it', 'It depends', and 'back and forth') could also constitute an adaptation to the agrammatism s/he experiences. Moreover, lexico-semantic repetition could be a reflection of compensatory behavior stemming from anomia or word-finding difficulty. A large-scale empirical study is needed to examine the nature and frequency of communication strategy usage by adult aphasics, and its role in enhancing and/or increasing aphasic communication ability.

To date, no study of communication strategies employed by language learners has specifically investigated communication strategies as an ingredient in aphasic language learning and language use, although some studies have indeed focused on the nature of adult aphasic discourse (Yorkston and Beukelman 1980).

In spite of the large number of studies that have examined (different aspects of) the discourse of adult aphasics, only a few have made reference to compensatory behaviors exhibited by aphasics (Whitney 1975; Marshall 1976; Holland 1982; Caplan 1987; Cubelli et al. 1988; Price and Humphreys 1992). The earliest recorded study aimed at developing aphasic's use of compensatory strategies is Whitney (1975). Whitney identifies possible strategies aphasics utilize in order to retrieve words or facilitate comprehension. In his study of word retrieval behavior of aphasic adults, Marshall (1976) identified similar strategies. He observed five types of word-retrieval strategies in the speech of a group of aphasics, and described them as follows:

- i) delay: as signaled by the aphasics use of extra time or explicit request for additional time to articulate a desired lexical item.
- ii) semantic association: the production of one or more words that are semantically related to the word(s) the aphasic speaker intended to say
- iii) phonetic association or the production of a word or words phonetically similar to the desired one(s)
- iv) description: a strategy employed when aphasics attempt to produce the desired word by describing what they were talking about and finally,
- v) generalization or the production of general or empty words instead of

the desired one(s).

Several years later, Holland (1982) examined the functional communication of 40 adult aphasics in their homes, and made passing reference to the communication strategies they employed. 'Functional communication' is defined by her as discourse aimed at conveying messages in a variety of ways, ranging from fully formed grammatical sentences to gestures. Anything that communicated the aphasics messages was viewed as successful, regardless of the means by which it was conveyed. Before her study, as Holland (1982; 50) rightly observes, hardly anything had been written on the natural communication of aphasics and other clients who had suffered language disorders. Her paper aims at demonstrating that pertinent information about aphasic communication can be obtained by carefully observing a subjects interaction in the home environment.

Four patterns of communication strategies were identified, viz. the high-high (characterized by frequent and successful communication and by frequent failure), the high-low (frequent communication and infrequent failure), the low-low (limited communication and infrequent failure), and the low-high (minimal communication and frequent failure). A list of possible strategies the subjects were observed to employ was derived from both Whitney (1975) and Marshall (1976) -- the only two studies that actually identified what appeared to be strategies used by aphasics. The observers were asked to look for these strategies and provide examples of their use.

The results of the data analysis revealed that only five of the subjects employed no communication strategies. Not surprisingly, their communicative output was low. The strategies employed by the three subjects who were observed to use the most communication strategies included: circumlocution, the use of high-association words as self-cues, gestures, requests for assistance (from the listener), the use of spelling, writing/orthographic strategies and/or objects, pausing and starting over. Holland (1982) observes that the strategies these subjects employed were needed to ensure functional communication and, could easily 'slip through more traditional testing and diagnosis' (55).

Interesting unexplored areas were identified, such as the relationship between formal test scores and communication strategies usage, and

between therapy and strategy use. According to Holland (1982) the data were part of a larger study used in the development of a test of functional communication, viz. communicative abilities in daily living (Holland 1980). However, as Holland rightly observes, no test can substitute for 'the potential richness of observation nor give information about the extent to which an aphasic actually communicates what he is capable of communicating in everyday interactions' (55).

However, despite its interesting focus and the authors claim that the study provided 'detailed reports of actual observation,' (50) of the communication strategies employed by the aphasic subjects, this study provided insufficient information on the Communication strategies employed by aphasics in general.

Although Holland's observation were based on two hours of data per subject, if the data were based on first-day observation -- as they appear to be -- their reliability (as a representative sample of the aphasics natural communication) is questionable, considering that (un)familiarity with the observer may be a decisive variable in determining the nature of the aphasics discourse. Establishing a good rapport with the subject is a highly advisable first step in careful observation of all kinds, as it tends to elicit spontaneous speech.

Another study on the use of communication strategies by aphasics is Cubelli, Foresti, and Consolini (1988). Even though the main focus of this particular study is to propose a reeducation program for conduction aphasics, the proposed program encourages the use (by the subjects) of compensatory strategies. Hence, two main characteristics of the program include: 'analysis and manipulation of visual stimuli (written words and syllables) and suppression of the compensation effect of the spared lexical-semantic system' (239). The program aims at teaching patients to control phonemic production and to prevent paraphasic errors, by directing their attention to the formal structure of their discourse.

The researchers advise that conduction aphasics attempt to learn to 'control the phonological expressive deficits without resorting to lexical strategies such as verbal substitutions' (242). What this observation implies is that conduction aphasics have been observed to employ compensatory

strategies such as lexical substitution. This confirms the authors' hypothesis that aphasics do, in fact, employ communication strategies to increase communication and perhaps to signal that their difficulty in communicating is due to a problem in accessing the (phonological) lexicon and not to a loss of the semantics of the items.

Cubelli et al. (1988) recognize that verbal substitutions are a type of compensatory strategy which are sometimes efficient. Yet, they warn that its use results in verbal paraphasia. Their aim is to provide a 'theoretical framework for an oriented reeducation strategy' (246), in line with ongoing advances in aphasiology. Proposed exercises include metalinguistic judgments of the phonological and syntactic structure of words and sentences. Visual stimuli are also used, as they are argued to play a leading role in phonemic selection.

The results of the Cubelli et al. (1988) study were very positive; all the subjects improved their performance in linguistic skills. At times, the patients were observed to decrease their speech rate, to direct attention to verbal production. The researchers argue that 'the positive results could hardly be interpreted as the mere effect of spontaneous recovery or of language stimulation per se' (246). Whatever the case, this is another study that makes reference to the use of compensatory strategies by (conduction) aphasics. Unfortunately, no examples are provided of their use of communication strategies.

Kolk and Van Grunsven (1985) argue that compensatory behavior is optional, suggesting that an aphasic's use of communication strategies will vary from situation to situation. Hence, a patient with dysarthria or some other articulatory problem may be agrammatic in one situation, but not necessarily in another, and two dysarthric patients may exhibit different types of speech reduction. This leads one to conclude that the second symptom stems from the work of adaptive or compensatory mechanisms, and not functional impairment.

Caplan (1987) speculates that an aphasic's symptoms 'may not simply reflect an impairment in his normal language-processing routine' (38) but an explicit attempt made by the patient to 'adapt to his deficit and compensate for it by one means or another' (38). As an example,

he suggests that agrammatism in spoken language could be an adaptation to dysarthria and other articulatory deficits. If this is indeed so, he conjectures that

the co-occurrence of two symptoms need not be due to a single mechanism producing two separate observable impairments in language use. Rather, the underlying functional disturbance produces one symptom and the second arises because of the patients compensatory behavior (38).

Unfortunately, he does not discuss these 'compensatory mechanisms' at length nor provide detailed examples of their manifestation or use.

In their study, Price and Humphreys (1992) report their investigation of two patients with acquired dyslexia --ET and HW -- on five experiments. The first experiment was a lexical decision task in which 52 words, varying from four to seven letters, were presented tachistoscopically for one second, and matched for word frequency and imageability. Two sets of non-words were constructed from the words presented. One set consisted of pronounceable words (e.g., 'msmuer', from 'summer'). The second experiment was aimed at evaluating the aphasics naming and semantic decisions to words presented for less than a second. The last three experiments -- a visual span of apprehension task used by Warrington and Rabin (1971), the same/different task used by Friedman and Alexander (1984), and a substitution task used by Kinsbourne and Warrington (1962) -- assessed the patients' parallel processing skills. Word length was found to have abnormally strong effects on both subjects' reading responses, and both occasionally did letter-by-letter reading aloud of words. However, the patients were not categorized as letter-by-letter readers, because of the finding that they had different functional deficits from one another, so it was concluded that 'the abnormally strong word-length effects were not necessarily a consequence of the same compensatory reading strategy' (427). Furthermore, the researchers deduced, the strategy employed did not necessarily have anything to do with the letter-by-letter reading. The researchers argue that the classification of aphasics like ET and HW is unnecessary and misleading, because it 'fails to describe the strategies the patients are adopting to read' (427) (unfortunately not clearly discussed in

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this paper), ignores the patients' functional impairment, and could have dire consequences, especially since they could result in the inappropriate application of therapy. While this is a recent and insightful study, it is confined to the reading modality, not speech, necessitating the need for a study such as the present one. Moreover, there is minimal discussion of the compensatory strategies the subjects were observed to employ in their reading.

4. Proposal

In recent years, the efforts of researchers in identifying, classifying, and evaluating language learning strategies have resulted in a steady stream of articles on the topic. (Oxford, 1990: 1). Not so in the field of aphasiology, however, as described earlier. Nor have many studies in discourse analysis focused on data obtained from aphasics. So far, the aphasics' use of communication strategies has neither been identified nor evaluated. The importance of communication strategies/language learning strategies lies in the fact that, as Oxford (1990) rightly observes, 'they are tools for active, self-directed involvement, which is essential for developing communicative competence'. (1) If this is indeed the case, then communication strategies could play a very important role in adult aphasic discourse. Also, they may be especially important in aphasic language learning, in light of the fact that 'all learning strategies play a crucial role in language learning' (Oxford, 1990:1). According to Oxford, language learning strategies have been observed to result in 'improved proficiency and greater self-confidence' (1). This will also be investigated in the proposed study.

The proposed study is multi-goal oriented. It includes the following domains of investigation:

- (1) empirically determining the use of communication strategies in aphasic discourse (i.e., their nature and frequency of use),
- (2) evaluating the role of communication strategies in adult aphasic discourse; that is, assessing whether or not they increase the aphasics communication ability,
- (3) establishing the variables that affect communication strategy used by

adult aphasics,

- (4) speculating on and defining the neurological basis of communication strategy usage. In other words, attempting a neurological explanation.
- (5) examining whether and to what extent frameworks proposed for the assessment of communication strategies in the field of ESL/EFL are applicable to another language (re)learning sphere, that is, aphasic language learning.
- (6) ascertaining and exploring the implications of communication strategies use for pragmatics, language learning, and aphasiology.

These could be broken down into three main goals. The primary goal of the proposed study is to develop a framework for analyzing aphasic discourse. The related secondary goal is to provide an extensive study of the use of communication strategies by adult aphasics. With those aphasic subjects who appear to be highly anomic, a careful attempt will be made to determine whether the subjects are able to recall the semantic representation(s) of words, even when they are unable to utter or recall the full phonological or orthographic representation(s).

The result could be decisive in determining the course of speech and language therapy; that is, strategic therapy could be proposed in which the aphasic client is explicitly taught communication strategies, so as to ensure strategic language use, while simultaneously facilitating the language re-learning process (through aiding lexical recall, etc.). In other words, a language learning strategy training program could be incorporated into the client's regular therapy sessions, making the training more relevant to their regular in-class language activities. Hopefully, this should prepare the aphasic language learner for strategic language use. Cognitive relay strategies, for instance, have been observed to facilitate lexical retrieval in naming therapy. Cognitive relay strategies are strategies that are believed to enhance language retrieval by 'endorsing reactivation of semantic-phonological links' (Lesser and Milroy, 1993). Such strategic speech (and language) therapy could be highly useful for the aphasic language learner, in light of the fact that, unlike most ESL/EFL, (s)he is usually faced with other inhibitions -- often physical and neurological. Hence, the proposed study, by virtue of having important implications for speech

therapy and aphasiology, appears highly promising.

Specifically, the proposed study aims at assessing the role of different variables in determining the nature and use of communication strategies by different aphasics. The variables that will be tested include: gender, age, task type, linguistic mode, and type of aphasia. I will also test whether there is a fundamental asymmetry in communication strategies usage in the oral versus the written mode, as regards the frequency of use of communication strategies (i.e., which communication strategies are observed to be used most frequently in each mode and why).

The hypothesis that there exists an innate neurological communication (strategy) 'toolbox' of some sort that is utilized whenever an individual engages in language learning of whatever sort would be an interesting focus if we had the necessary clinical and technological resources (including MRI equipment), and sufficient time. For instance, if after going through the strategic speech-language therapy program, aphasic subjects exhibited improved communication skills, one could argue that they had successfully (re)learned new ways to get to what they knew all along. This could constitute evidence of experience-dependent learning (see Greenough et al., 1987). In neurobiological terms, the subjects could be said to have developed new synapses -- perhaps a result of the language (re)learning they would have been engaged in since the onset of the aphasia -- and their reliance on communication strategies may have a part to play in this. MRI and/or other brain mapping devices could be employed to verify and lend credibility to such findings.

Also, one of the goals of this study is to illustrate that aphasics can be taught communication strategies successfully and made aware of the usefulness of communication strategies; and to illustrate that the use of communication strategies by aphasics makes for or facilitates greater communication (generally by increasing the coherence of the discourse). There appears to be a symbiotic relationship between communication strategies and language learning, in the sense that the use of communication strategies enables the language learner/user to communicate more and probably also to grasp more, especially if the instructor banks on the learner's use of communication strategies. This being the case, the listener

probably comprehends more of what the user wishes to communicate and, in turn, probably communicates more. In essence, one can hypothesize that communication strategies aid in language learning by opening up the channels or possibilities or more input in the learners discourse.

The overall goal of the proposed study is to provide a better understanding of the aphasic language learner -- one that will, hopefully, enable aphasiologists and language experts/teachers to view the aphasic as not someone with a linguistic disability, but as a language learner with (linguistic and neurocognitive) ability, however covert. The data and analysis should also provide some insights into the process of language (L1) relearning, how it differs from early first language acquisition, and its relationship with language use.

Finally, it is hoped that the analysis will provide answers to questions regarding future directions in aphasiology, and specifically in speech (and language) therapy, particularly with respect to methods of language education and communication with aphasic patients of all ages and backgrounds. Needless to say, the proposed study will involve a thorough investigation of existing frameworks of discourse analysis, which will make it linguistically relevant.

5. Implications of the study

In the proposed study, if most of the subjects are found to employ communication strategies and their discourse, when contrasted with others' is observed to be more cohesive and/or coherent, particularly after their attention has been drawn to the value of these as communication tools, one can reasonably conclude that communication strategies do play a positive role in enhancing aphasic communicability. Such a finding has clear implications for clinical aphasiology.

In spite of the large number of clinical aphasiologists and speech and language therapists available today, research in aphasiology is still very scanty and most of the extant literature has limited clinical relevance (Rosenbek et al. 1989: 11). Even though the goals, requirements, and tasks for research often differ from those for therapy, as Rosenbek et al. (1989)

rightly argue,

That may be true for "therapy" but it is an exaggeration of the differences between research and clinical aphasiology". Clinical aphasiology need not be the domain solely of the clinical researcher, but it does need some researchers. It also needs a substantial majority of practitioners who can evaluate and use research even if they are not contributing to it (12).

They question the traditional view of language treatment which consisted of the "orderly flow of clinician stimuli and patient response, usually in the privacy of a clinical suite" (13) and argue that such a definition is too narrow. They define aphasic therapy as "anything that enhances and aphasic person's communication and the aphasic person and family's adjustment to the language disability" (13). Apart from legitimizing extra-clinical treatment, such a broad definition makes room for linguistic and cognitive research aimed at maximizing aphasic language learning through the participation of not just trained therapists but also care-givers, aphasic peers, and others -- all of whom can serve as resources in aphasic language learning or in the strategic language use program that will be an outcome of the proposed study. After all, the clinical aphasiologist is not the only person who can aid in aphasic language learning. According to Rosenbek et al. (1989), the aphasiologist who believes that s/he alone can communicate with aphasics and that no one but s/he will handle the aphasic's problems will probably fail (14). As they aptly put it, "therapy is not treatment. Treatment requires creativity, spirit, and scholarship" (14). A collaborative effort from specialists and non-specialists alike is both advisable and feasible.

It is hoped that the proposed study, being an empirical one, will contribute something very valuable to the domain of clinical aphasiology and, in the area of linguistics, to the field of discourse analysis which, with respect to linguistically impaired discourse, is still in its infancy.

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■국문요약

실어증 환자의 발화에 있어서 의사소통 책략의 사용 : 언어학 분석을 위한 제안

민수정

지금까지 언어학습자의 의사소통책략에 대한 연구의 대부분이 영어를 제2 언어 혹은 외국어로 학습하는 경우에만 집중되어 왔다. 실어증환자의 언어습득과 사용에 대해서는 관심이 거의 전무하였다. 실어증환자의 언어습득이 비록 우선적으로 언어의 재습득 혹은 복구에 관련된 것이지만 다른 언어습득자와 마찬가지로 실어증환자 또한 언어습득자라고 보아야 한다. 실어증환자의 담화에 대한 연구는 실어증환자의 언어습득에 대한 정보 뿐만 아니라 실어증환자와 정상인 사이의 의사소통의 본질에 관한 중요한 정보를 제공해 줄 것이다. 따라서, 본 논문에서는 실어증 환자의 발화에 있어서 의사소통 책략의 사용에 대한 체계적인 연구를 제안하고자 한다. 담화 분석과 제2 외국어 습득에 관한 최근의 연구를 바탕으로 실어증환자들의 담화를 언어습득의 측면에서 분석하여 그들의 의사소통책략사용에 대한 체계를 세우고자 한다.

