What anomalies of language in cognitive disorders reveal about the faculty of language

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If language is intrinsic to normal human cognitive functioning, then cognitive disorders should implicate language dysfunction. Is that the case? Standard accounts of major cognitive disorders such as autism or schizophrenia say no: autism is a social-communicative disorder, and schizophrenia is a thought disorder; neither of them are seen as language disorders. But how separable are social-communicative and thought disorders from language disorders, really? After a short introduction to the research domain, I will address this question through three empirical case studies that will form the subjects of relatively separate short presentations and can thus be individually discussed. In each case, the question will be which aspects of language are affected and whether/how this relates to the cognitive disturbances seen.

1. Case study 1: Behavioural and cognitive profiles in completely nonverbal children and adolescents with autism: Subtracting language from human cognition, how much remains?

2. Case study 2: Linguistic variables that identify schizophrenic thought disorder based on blind rating of spontaneous speech: Can thought disorder be detected linguistically?

3. Case study 3: Tracking cognitive decline in early dementia using a linguistic biomarker: the case of Huntington’s disease

Overall, these case studies reveal that language dysfunction is key in all three cases and separable from more generic or non-linguistic neuropsychological domains. As the cognitive dysfunctions seen can be plausibly mapped onto the linguistic dysfunction seen, the vision that sees language as intrinsic to the organization of human cognition gains some ground. This conclusion informs current ‘Minimalist’ reasoning on the nature of the language faculty and casts further doubt on the existence of a semantic interface that is hypothesized to separate the language system from an independent thought system.

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