

## Introduction

This edition of *Stem-, Spraak-, Taalpathologie* is entirely devoted to papers that were presented during the third Three Countries Symposium on Clinical Linguistics that was held last year from 6 to 8 May in the former abbey Rolduc in Kerkrade, the Netherlands. This conference takes place every three years and is organized by the Dutch, Belgian and German associations for clinical linguistics.

This journal issue demonstrates two ways in which linguistics and language pathology meet.

On the one hand, linguistics can be used as a tool to refine diagnosis and to formulate language goals for therapy. This brand of clinical linguistics comes naturally to linguists working in a clinical or educational setting. In this issue, the papers by Robert and Corijn represent that position. Their work shows that linguistic analysis does make a difference in the diagnosis of language pathology. Corijn provides an interesting case study about the relatively rare syndrome of global aphasia without hemiparesis. Robert describes the linguistic procedure that he and his colleagues use in awake neurosurgery in order to reduce the chance of language problems after surgical removal of a tumour.

On the other hand, many linguists are interested in language structure and language processing in their own right. They study impairment in order to find out more about language. Studying the pattern of linguistic deficits in language impairment can contribute to the understanding of human language. This approach is typically taken by linguists who are involved in scientific research and who start from a particular linguistic framework. Several of the papers in this issue (Ring & Clahsen; Grande et al.; Van der Meulen et al; de Bleser et al; Vasic & Ruigendijk) take that approach, although each departs from a slightly different angle. Among the frameworks exemplified in this issue are the Chomskyan framework and Levelt's sentence processing model.

We can illustrate this by some examples. Vasic and Ruigendijk use agrammatic performance data to distinguish between two theories on reference assignment, *Reflexivity* and *Primitives of Binding* and they conclude in their paper that the latter fits the language breakdown best.

Van der Meulen and colleagues discuss the underlying operation of wh-movement in Broca's aphasia. Their data show that wh-movement is also clinically relevant as it causes problems in comprehension and production of patients with Broca's aphasia. De Bleser and colleagues also investigated production and comprehension in agrammatic aphasia, but concentrated on morphological abilities. They argue that the breakdown of morphology in agrammatism is the effect of an underlying syntactic impairment.

Grande and colleagues present an fMRI study in which they investigate different levels of lexical processing in healthy speakers and in two aphasic speakers using

Levelt's model as a framework. Ring and Clahsen take the Extended Optional infinitive hypothesis, that has been widely tested in research on Specific Language Impairment in children (SLI) and show that the theory does not fully account for the grammar of individuals with Down syndrome. This raises questions about the linguistic constellation implicated in language impairment.

Finally, on a different note, Hielscher and Richter discuss aphasic patients' ability to reintegrate into working life. While not linguistic, this study concerns aspects of the life of aphasics that are complementary to their language skills.

We extend our thanks to all authors for their contribution to this special edition. Together, their contributions provide a window on current research in clinical linguistics.

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