

Pragmatics in the Health Sciences

Maria Garraffa and Greta Mazzaggio. Cambridge: Cambridge University Press. 2025. Pp. x + 58.

Pragmatics in the Health Sciences by Maria Garraffa and Greta Mazzaggio advances the central claim that pragmatic competence should be understood not only as a topic in linguistics but as a core component of healthcare assessment and practice. The authors develop this claim by bringing together lines of research that are often pursued within separate disciplinary contexts. Drawing on clinical pragmatics, neuropragmatic research, and developmental pragmatics, they synthesize findings across diverse populations, including typically developing children, bilingual speakers, older adults, and individuals with autism, dementia, neurological conditions, and addiction. Rather than limiting their discussion to the description of pragmatic impairments, they seek to demonstrate how pragmatic assessment can illuminate cognitive functioning and contribute to structured intervention.

The book is written for an interdisciplinary audience that includes linguists, psychologists, speech-language pathologists, and healthcare practitioners. It begins with conceptual foundations, then turns to developmental trajectories, clinical populations, and healthcare practice. The book is organized into five sections: “Why Pragmatics in Health Sciences,” “Pragmatic Development,” “Pragmatics across the Lifespan,” “Pragmatics in the Clinic,” and “Pragmatics in the Healthcare Practice.”

Section 1, “Why Pragmatics in Health Sciences,” does the conceptual work for the rest of the book. The chapter redefines pragmatic competence as a set of measurable abilities shaped by cognitive, social, and neural processes, not as a self-contained area of linguistics. The authors distinguish linguistic pragmatics, such as deriving from “Some dogs are mammals” the inference that the speaker did not mean “all dogs,” from social pragmatics, such as recognizing that a friend’s “Great drawing,” said with a flat tone, is ironic rather than literal. They introduce Social Pragmatic Communication Disorder as a recently codified diagnostic category in DSM-5, and review neuropragmatic evidence that pragmatic processing recruits distributed brain networks, including regions linked to Theory of Mind and executive control. By the end of the chapter, pragmatic ability has been defined clearly enough to be assessed and shown to be clinically relevant, and the rest of the book builds on this foundation.

Section 2, “Pragmatic Development,” explores how the abilities defined in Section 1 emerge across childhood and adolescence. The chapter shows that pragmatic competence is patterned and traceable, which is what makes it clinically assessable. The authors trace a path

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from early behaviors such as joint attention and pointing gestures, through false-belief tasks in early childhood, to later inferential abilities such as scalar implicature and verbal irony, which children only reliably master around age six. These developmental shifts are tied to maturing executive function and Theory of Mind. The discussion of bilingualism extends the same logic: bilingual children sometimes show stronger Theory of Mind and irony comprehension than monolingual peers, while late bilinguals can be slower with implicatures in their second language.

Section 3, “Pragmatics across the Lifespan,” carries the developmental account into adulthood and old age. Its function is to show that pragmatic competence remains dynamic across the lifespan and is therefore relevant to healthcare populations beyond childhood. The authors review evidence of age-related shifts in areas such as topic maintenance, where older adults can stray off-topic in ways that may inadvertently distance social partners, and non-literal language comprehension, where understanding metaphor and irony tends to decline alongside executive control and social cognition. The chapter then describes PragmaCom, an intervention program built on Gricean maxims of conversation, in which older adults practice recognizing violations of relevance, quantity, and clarity through structured exercises. Such evidence demonstrates that pragmatic competence is developmentally dynamic, neurally grounded, and open to assessment and training.

Sections 4 and 5 turn to direct clinical and healthcare application, making explicit the book’s argument that pragmatic competence has diagnostic and therapeutic relevance. Section 4, “Pragmatics in the Clinic,” looks at pragmatic profiles in four clinical populations: autism spectrum disorder, attention-deficit/hyperactivity disorder, multiple sclerosis, and addiction. The chapter synthesizes findings from the experimental and clinical literature, and it treats pragmatic difficulties as emerging from the interaction of linguistic, cognitive, and social factors rather than from any single deficit. The chapter is most useful to clinically oriented readers for what it shows about how pragmatic abilities are currently assessed. Across the four populations, the authors return to a small set of standardized batteries (the APACS for adult populations and the ABAco for children), alongside parent and teacher questionnaires such as the CCC-2 and TOPL-2.

Section 5, “Pragmatics in the Healthcare Practice,” shifts the level of analysis. Where Section 4 looks at pragmatics in clinical populations, Section 5 examines pragmatics in healthcare interactions and institutional contexts, focusing on doctor–patient interaction, empathy, and intercultural communication in clinical settings. The authors argue that pragmatic sensitivity shapes how information is conveyed and how trust is established in medical encounters, and they consider the role of digital tools and artificial intelligence in training and assessing pragmatic skills. Throughout this section, the authors come back to the International Classification of Functioning, Disability, and Health (ICF), using its participation domain to argue that successful communication should count as a healthcare outcome alongside other

functional measures. The volume concludes by calling for greater attention to linguistic and cultural diversity in health communication and by urging a more systematic incorporation of pragmatic assessment into clinical frameworks.

The strength of *Pragmatics in the Health Sciences* lies in how it builds its central argument. Across the five sections, the authors provide three kinds of support: a conceptual definition in Section 1, developmental and lifespan evidence in Sections 2 and 3, and clinical and healthcare material in Sections 4 and 5. By the time the book reaches Section 5, the reader has already seen pragmatic ability defined, traced across development, observed in specific clinical conditions, and connected to functional outcomes. The applied argument arrives as the end of a chain rather than as a standalone assertion.

The discussion of clinical populations is particularly effective. Each clinical case illustrates this in a different way. The autism material ties pragmatic difficulty to Theory of Mind and inferential processing. The multiple sclerosis material ties it to executive control and narrative coherence. The discussion of addiction discourse links pragmatic patterns, particularly metaphor and narrative structure, to identity and self-interpretation. Setting these analyses inside the ICF, specifically its participation domain, gives clinicians a common vocabulary for linking pragmatic findings to the functional goals already used in assessment and care planning. The book's contribution is not a new theory of meaning. It is a consolidation of existing research into a framework that fits how healthcare systems work: pragmatic ability is treated as measurable through standardized batteries such as APACS and ABaCo, trainable through programs such as PragmaCom, and reportable in terms compatible with the ICF and diagnostic categories such as Social Pragmatic Communication Disorder.

There are, however, areas where the argument could be sharpened. Engagement with other theoretical traditions in pragmatics stays largely in the background. Speech Act Theory is briefly invoked in the developmental chapter but is not picked up again in the doctor–patient material of Section 5, where its tools, such as illocutionary force, felicity conditions, and indirect speech acts, would be well suited to explaining why a clinician's hedged recommendation registers as advice in one cultural setting and as uncertainty in another. Relevance Theory, with its account of inference as the search for the most relevant interpretation, would have offered a useful theoretical anchor for the book's claims about distributed neural processing and inferential effort, but it does not feature in the discussion. Without explicit engagement with either tradition, the book reads more as a synthesis than as a sustained theoretical argument. A second area concerns the book's empirical base. Section 5 raises questions of linguistic and cultural diversity, so the concern is not absent from the book. But the empirical material in Sections 2 through 4 still derives largely from Western and European clinical contexts, which means that the call for cross-cultural attention arrives more as a closing turn than as an integrated feature of the proposed framework. Pragmatic norms such as preferred indirectness, politeness, and the

interpretation of silence vary substantially across linguistic and cultural communities, and the assessment batteries discussed earlier (APACS, ABaCo) are normed predominantly on Western and European populations. The doctor–patient material in Section 5 is most directly relevant to non-Western and migration-related healthcare contexts, which is where the book’s evidence base is thinnest. These are not fatal limitations, and the authors do flag them, but they mark where the framework will need further empirical development before it can be applied internationally.

Pragmatics in the Health Sciences offers a focused and accessible account of how pragmatic research can inform clinical thinking. By linking theoretical discussion to developmental evidence and applied contexts, the book makes a sustained case for including pragmatic competence within healthcare assessment and practice. While certain theoretical comparisons and cross-cultural dimensions could be developed further, the volume succeeds in clarifying why pragmatic abilities deserve closer attention in contemporary clinical work. It will be of interest to readers seeking an integrated perspective on clinical pragmatics and its practical implications.

AI DISCLOSURE

During the preparation of this book review, the author used ChatGPT (OpenAI, GPT-5) to assist with editing for clarity and grammatical accuracy. All analysis, interpretation, and argumentation are the author’s own. After using this tool, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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