

Processing of adjacent and non-adjacent dependencies in persons with Broca's aphasia

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2 *Sentence processing*

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Introduction

7 Broca's aphasia is distinctly identified with markedly reduced fluency in speech.

8 Persons with Broca's aphasia lack the ability to map thematic relations (eg., agent,

9 action and person) onto parts of speech (eg., subject, verb and object) (Schwartz,

10 Saffran & Martin, 1980b). They are also reported to have impaired word order

11 comprehension which in turn results in poor processing of complex sentences

12 (Caramazza & Zurif, 1976). The verbal utterances of persons with Broca's aphasia

13 consist of short words/ phrases, which are halting and effortful in nature. The verbal

14 output consists of content words such as nouns and verbs, while functional words such

15 as articles, preposition, auxiliaries, etc tend to be omitted. Such telegraphic way of

16 speech has been named "agrammatic" (Pick, 1913; Isserlin, 1922). Persons with

17 agrammatic aphasia frequently substitute or omit grammatical entities, such as

18 auxiliaries, morphemes (inflectional), pronouns, etc,. Authors have suggested various

19 opinions in literature, in order to account for deficits in syntactic skills among PWBA.

20 These opinions can be broadly classified as linguistic (trace-deletion hypothesis,

21 syntactic deficits, morpho-syntactic deficits and mapping hypothesis) and cognitive

22 (deficits observed in executive functioning and procedural memory aspects) in nature.

1 With respect to the current study, linguistic-based theories are discussed further.
2 ⁹ Trace Deletion Hypothesis (TDH) (Grodzinsky, 1986; 1995) explains the process of
3 agrammatic comprehension in persons with aphasia. According to Trace Deletion
4 Hypothesis, persons with agrammatism tend to process active reversible sentences
5 better, when compared to passive reversible sentences. Studies in literature reveal that
6 the comprehension patterns assumed by TDH are present only in a subgroup of persons
7 with agrammatism ²⁶ (Berndt, Mitchum, & Haendiges, 1996; Burchert, De Bleser, &
8 Sonntag, 2003; Caramazza, Capitani, Rey, & Berndt, 2001; Caramazza, Capasso,
9 Capitani, & Miceli, 2005; Druks & Marshall, 1995; Luzzatti, Raggi, Zonca, Pistarini,
10 Contardi & Pinna, 2002). On the other hand the Isomorphic Mapping Hypothesis (e.g.,
11 Linebarger, 1995) states that persons with agrammatism have deficits in syntactic
12 representation and in mapping these representations with semantic and other levels of
13 representation. Another theory that is widely discussed with reference to agrammatism
14 is ¹⁷ the Double Dependency Hypothesis (DDH) (Maurer, Fromkin & Cornell, 1993).
15 According to this theory, ¹³ the dependency agreement between a noun phrase and its
16 subsequent trace is disrupted at syntactic levels. When there are two different
17 dependency relations in a sentence (example, subject-verb and tense-verb), the
18 representation becomes semantically ambiguous as there will be deficits in interpreting
19 as to “which noun phrase (NP) is coindexed with what” syntactic constituent (Beretta,
20 Schmitt, Halliwell, Munn, Cuetos, & Kim, 2001, p. 410). Sentence processing is
21 severely affected when dependencies are places distantly in a sentence, i.e., in sentences
22 with non-adjacent dependencies. Thus majorly three broad theories which explain about
23 the syntactic ²² deficits in Broca’s aphasia have been put forth by the researchers, though
24 each one has its own pros and cons.

1 Sentence analysis majorly depends on processing the dependency relations than
2 on parsing the phrase structures. Linguists have a different view about dependency
3 relations. ¹² The core features of syntactic dependency relations that are accepted by
4 linguists (¹² Mel'čuk, 2003; Nivre, 2006; Hudson, 2007) are as follows:

5 Dependency relation involves a mutual link between the target linguistic units.
6 This link is mostly asymmetric in nature, with one of linguistic unit functioning as a
7 governor and the other as its dependent. The dependency relation should be
8 differentiated and labelled explicitly.

9 Hudson (1995) coined the term 'dependency distance' which denotes the
10 ¹⁶ distance between a governor and its dependency in a sentence. Dependency distance
11 (DD) is used to study: (1) syntax deficits (Gibson, 1998); (2) mechanisms of language
12 learning in children (Ninio, 2006); (3) construction of ²¹ algorithms for natural language
13 processing (Buch-Kromann, 2006).

14 The present study has taken support from the double dependency hypothesis, to
15 explore sentence processing with varying complexity of dependencies ²⁰ in persons with
16 Broca's aphasia. The concept of sentence processing ²⁵ in persons with Broca's aphasia is
17 briefly discussed in the following section.

18 Persons with Broca's aphasia have cognitive impairments such as reduced
19 attention, poor working and procedural memories, which in turn reflect in their poor
20 sentence processing (Duman, Altınok, & Maviş, 2016). Studies have documented
21 obvious cognitive deficits with varied type and severity of aphasia (Gordon, 1983;
22 Hinckley & Nash, 2007; Mariën, Baillieux, De Smet, Engelborghs, Wilssens, Paquier &
23 De Deyn, 2009; Seniów, Litwin & Leśniak, 2009).

1 Christiansen, Kelly, Shillcock and Greenfield (2010) reported that syntactic
2 deficits observed in agrammatic aphasia are a consequence of damage to the domain-
3 general mechanisms. Hence, language operations such as production of grammatically
4 correct sentences, comprehension and production of syntactically complex sentences are
5 reported to be impaired in the target population (Caplan & Futter, 1986; Grodzinsky,
6 1986, 1995; Schwartz, Saffran, & Marin, 1980). The processing of grammatical
7 dependencies necessitates active tracking of syntactic cues at the sentence level. Hence,
8 the present study is aimed to provide insights in dependency processing among persons
9 with Broca's aphasia, drawing support from statistical learning and the double
10 dependency hypothesis.

11 **Aim**

12 ⁶ To explore the processing of adjacent and non-adjacent grammatical dependencies
13 among persons with Broca's Aphasia (PWBA), through a sentence processing task.

14 **Objective**

15 To investigate the effect of variables such as site of lesion, cause, education and number
16 of languages known on processing grammatical dependencies.

17 **Materials and method**

18 **Participants**

19 A total of 15 native Kannada-speaking PWBA ¹⁰ with a mean age of 41.97 years
20 ¹⁰ participated in the study. The participants were diagnosed to have Broca's aphasia by
21 certified speech language pathologists, based on Western Aphasia Battery - Kannada
22 (WAB-K) (Shyamala & Vijayashree, 2008). The radiological findings from CT scan

1 reports of the participants were noted with respect to the artery involved
2 (Anterior/Middle/ Posterior Cerebral Artery) and lobes which were affected due to the
3 lesion. None of the participants had hemianopia, which was confirmed with findings
4 from ophthalmology and neurology reports. All the participants were reported to have
5 average intelligence quotient (IQ) of 90 by a certified clinical psychologist. The
6 ⁷ demographic details of the participants are provided in Table 1.

7 **Stimuli preparation**

8 There were a total of about 40 Kannada sentences, consisting of short and long
9 sentences (20 sentences each) respectively. The short sentences had an average
10 utterance length of 3-4 words and the long sentences were 4-5 words in length. There
11 were twenty sentences in each of the condition. Each set of sentences were further
12 consisted of ¹ two sections: adjacent dependency type (10 sentences: 5 grammatically
13 correct and 5 grammatically incorrect) and non-adjacent dependency type (10
14 sentences: 5 grammatically correct and 5 grammatically incorrect). The sentences were
15 newly constructed based on the stimuli used in a previous study done on statistical
16 ²⁴ learning in children with Specific Language Impairment (CwSLI) (Veeramani &
17 Rathinaswamy, 2019). An example of stimuli sentences are provided in Table 2. The
18 stimuli ¹ sentences were uttered by a native Kannada-speaking adult female using
19 ¹ Computerized Speech Lab (CSL) 4500 model (Kay Pentax, USA) software in a sound
20 treated room.

1 **Task**

2 **The** task was computerized using Psychopy software (Pierce, 2009) (version 1.83).
3 Task was presented through a laptop (Lenovo G500) with 15.6” inches (1366X768)
4 screen display. The sentences were presented in auditory mode through loud speakers,
5 connected to the laptop. Participants ¹ were instructed to perform grammatical judgement
6 of the stimuli, by clicking the appropriate option (‘tick’ for grammatically correct and
7 ‘wrong’ for grammatically incorrect sentence) on screen, through an interactive mouse
8 pad. The stimuli sentences were presented auditorily for about 2500 milliseconds to
9 4000 milliseconds (2500 milliseconds for short sentences and 4000 milliseconds for
10 long sentences). The inter-stimuli interval (ISI) was set to 1000 milliseconds.

11 **Procedure & Scoring**

12 Each participant of the study was exposed to three practice trials, prior to their
13 participation in the main experiment. All ⁷ participants were seated comfortably in a quiet
14 room and the laptop was adjusted to their eye-level. A “+” symbol was delivered on
15 screen prior to each stimuli sentence, thereby serving as a vigilant stimuli. Scoring was
16 performed automatically by the software, wherein each correct response was given a
17 score of “1” and a score of “0” was given to each incorrect response. The performance
18 of the participants was automatically assessed by the software ¹⁹ in terms of accuracy and
19 reaction time (RT).

1 Analysis

2 The software ¹ SPSS package (Statistical Package for Social Sciences) version 17.0 was
3 used for data analysis. Both accuracy and reaction time data were tabulated and
4 analysed.

5 Results

6 Total of 15 native Kannada participants diagnosed as Broca's aphasia, were considered
7 for the study. The obtained data was subjected to Shapiro Wilks test for normality and
8 revealed non-normal distribution (that is, $p < 0.05$). Table 3 represents the accuracy and
9 reaction time measures of each participant for each dependency condition. From Table
10 3, it can be inferred that all the participants performed poorer in non-adjacent
11 dependency condition when compared to adjacent dependency condition, irrespective of
12 sentence length, age, gender and radiological findings. The participants also took longer
13 time to perform syntactic judgment for sentences with non-adjacent dependency as
14 observed by the increased reaction time (RT) in Table 3. When comparing the
15 performance of participants in processing short and long sentences, all the participants
16 had greater accuracy and lesser reaction time for short sentences.

17 The data from the participants ¹⁸ were analyzed in terms of their accuracy and
18 reaction time (RT) for each sentence type and dependency type. Friedman's test
19 revealed significant difference in accuracy, $\chi^2 = 30.870$; $p = 0.00 < 0.05$ and RT, $\chi^2 =$
20 43.88 ; $p = 0.00 < 0.05$. Further Wilcoxon's signed rank test was carried out in order to
21 determine pair-wise differences among the two dependent variables. The results
22 revealed significant differences in accuracy between short adjacent and long non-
23 adjacent dependency type sentences (A3-A4 condition), $z = -3.432$, $p < 0.05$; long non-

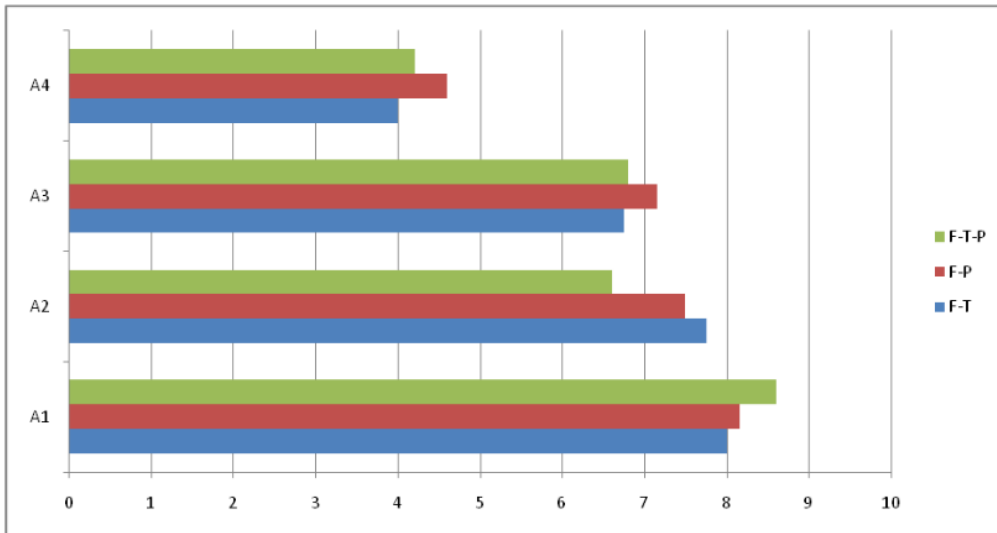
1 adjacent dependency type sentences and short adjacent dependency type sentences (A4-
2 A1 condition), $z = -3.422$, $p < 0.05$ and also between short non-adjacent type sentences
3 and long non-adjacent type sentences (A2-A4), $z = -3.191$, $p < 0.05$. In terms of RT there
4 was significant differences observed between short adjacent dependency type sentences
5 and short non- adjacent dependency type sentences (RT1-RT2), $z = -3.408$, $p < 0.05$; short
6 non- adjacent dependency type sentences and long adjacent dependency type sentences
7 (RT2-RT3), $z = -3.408$, $p < 0.05$; short non- adjacent dependency type sentences and long
8 non-adjacent dependency type sentences (RT3-RT4), $z = -3.352$, $p < 0.05$; long non-
9 adjacent dependency type sentences and short adjacent dependency type sentences
10 (RT4-RT1), $z = -3.408$, $p < 0.05$; short non-adjacent dependency type sentences and long
11 non-adjacent dependency type sentences (RT2-RT4), $z = -3.408$, $p < 0.05$.

12 The data is described in terms of various dependent variables such as, site of
13 lesion, cause, education and number of languages known in the following section.

14 **Site of lesion**

15 The mean accuracy and reaction time (RT) of all the participants in terms of the site of
16 lesion are represented in Figure 1 and Figure 2 respectively.

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Figure 1. Graphical representation of mean accuracy scores with respect to site of lesion

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(Note. **A1**-Accuracy score for short adjacent dependency type sentences, **A2**- Accuracy score

5

for short non-adjacent dependency type sentences, **A3**-Accuracy score for long adjacent

6

dependency type sentences and **A4**- Accuracy score for long non-adjacent dependency type

7

sentences; **F-T-P**=Fronto-Temporo-Parietal involvement, **F-P**=Fronto-Parietal involvement and

8

F-T= Fronto-Temporal involvement)

9

Inferring from Figure 1, it can be observed that participants with lesions involving

10

fronto-parietal regions performed relatively better in processing the stimuli sentences,

11

except in A1 (accuracy score for short adjacent dependency type sentences) and A2

12

(accuracy score for short non-adjacent dependency type sentences) condition, wherein

13

participants with fronto-temporo-parietal involvement and those with fronto-temporal

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were more accurate respectively. In processing short adjacent dependency type

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sentences, participants with fronto-temporo-parietal involvement had greater accuracy

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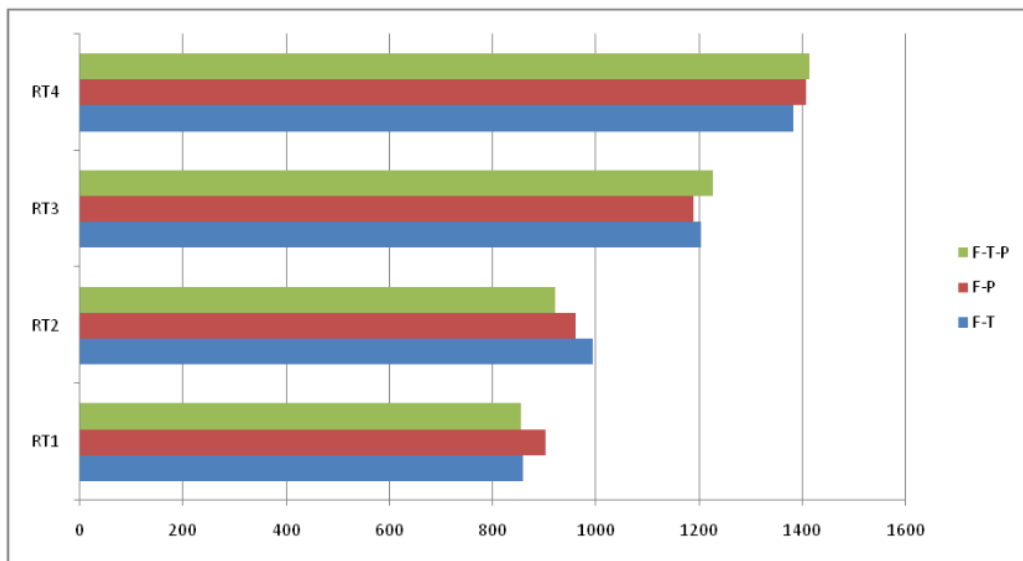
while those with fronto-temporal involvement had the least. In processing short non-

17

adjacent dependency type sentences, participants with fronto-temporal involvement had

1 greater accuracy while those with fronto-temporo-parietal involvement were least
2 accurate. Participants with fronto-parietal were more accurate in processing long
3 adjacent dependency & non-adjacent dependency condition while those with fronto-
4 temporal involvement performed poorly.

5



6

7 *Figure 2.* Graphical representation of mean reaction time with respect to site of lesion

8 (*Note.* **RT1**-Reaction time for short adjacent dependency type sentences, **RT2**- Reaction time
9 for short non-adjacent dependency type sentences, **RT3**-Reaction time for long adjacent
10 dependency type sentences and **RT4**- Reaction time for long non-adjacent dependency type
11 sentences).

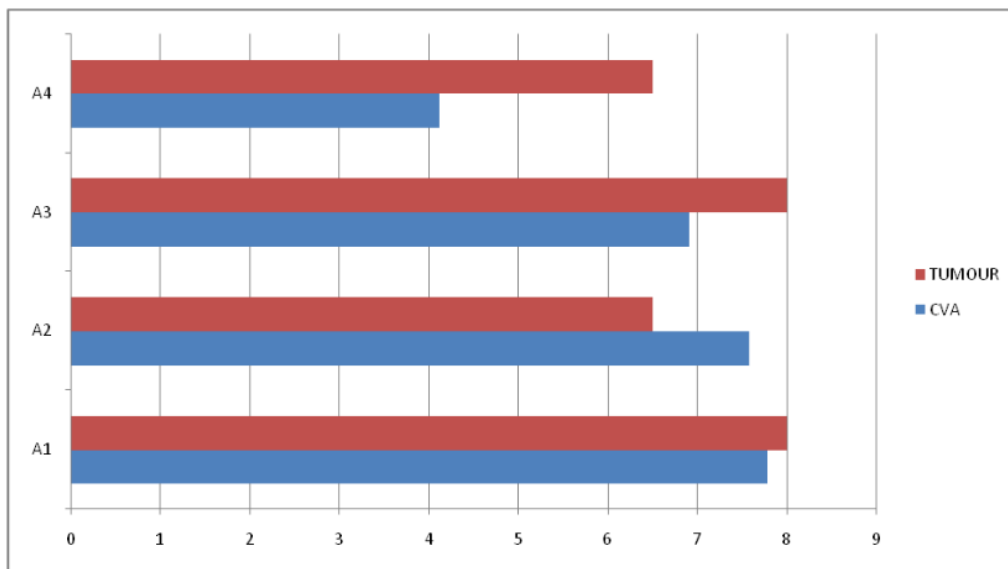
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13 From Figure 2, it can be observed that in RT1 (reaction time for short adjacent
14 dependency type sentences) condition, participants with fronto-temporo-parietal
15 involvement and those with fronto-temporo involvement had lesser/faster reaction time
16 when compared to participants with fronto-parietal involvement. In RT2 (reaction time

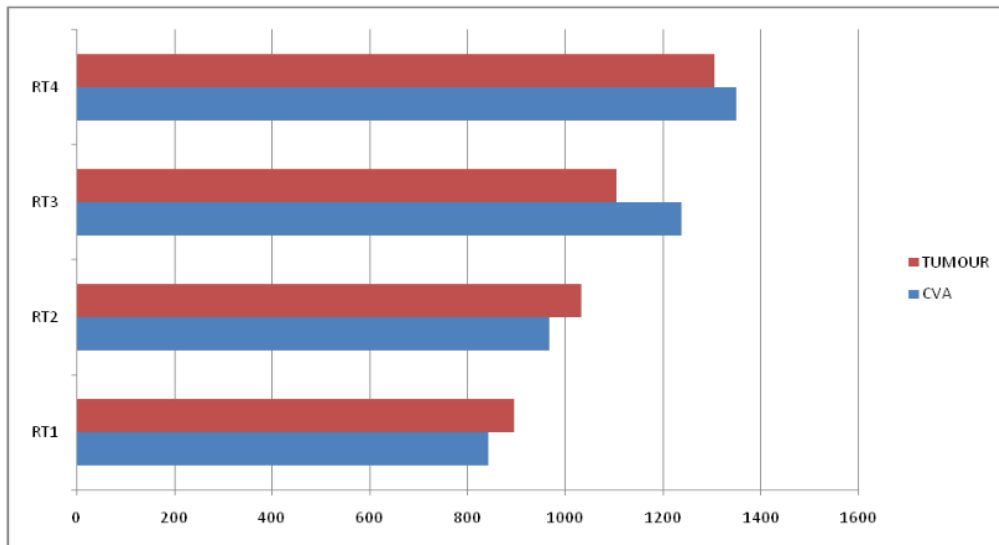
1 for short non-adjacent dependency type sentences) condition, participants with fronto-
2 temporo-parietal involvement had faster reaction time, followed by those with fronto-
3 parietal and fronto-temporal involvements respectively. In RT3 (reaction time for long
4 adjacent dependency type sentences) condition, participants with fronto-parietal
5 involvement had faster reaction time, followed by those with fronto-temporal
6 involvement and with fronto-temporo-parietal involvement respectively. In RT4
7 (reaction time for long non-adjacent dependency type sentences) condition, participants
8 with fronto-temporal involvement had faster reaction time, followed by those with
9 fronto-parietal and fronto-temporo-parietal involvement respectively.

10 Cause

11 The mean accuracy and reaction time (RT) of all the participants in terms of the cause
12 are represented in Figure 3 and Figure 4 respectively.



13
14 *Figure 3.* Graphical representation of mean accuracy scores with respect to cause of
15 aphasia



1

2 *Figure 4.* Graphical representation of mean reaction time with respect to cause of
 3 aphasia

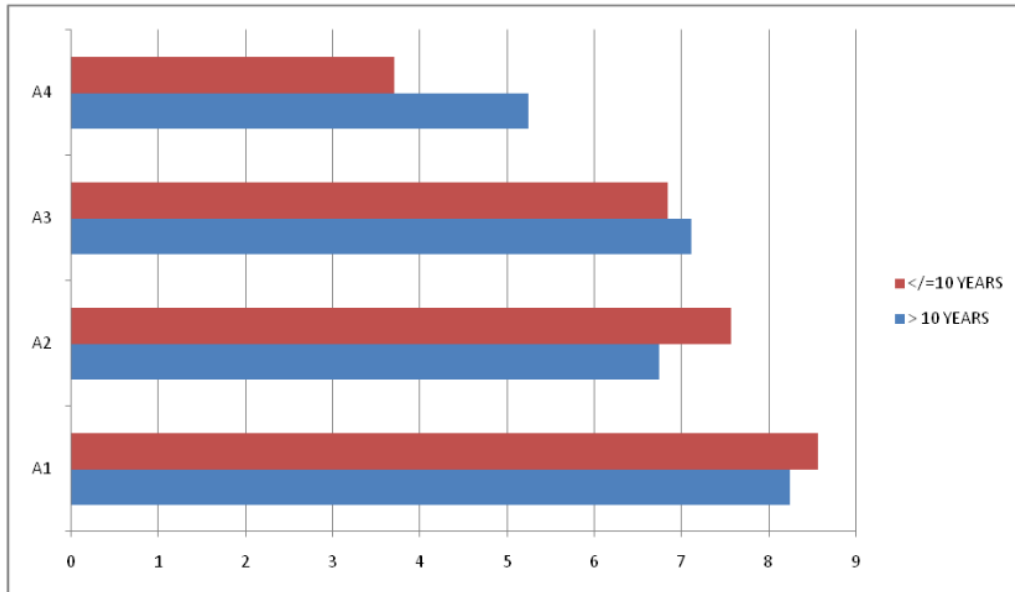
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5 It can be observed from Figure 3 that participants with tumour were more accurate in
 6 sentence processing than participants with CVA, except in A2 condition, where it was
 7 vice versa. Figure 4 indicates that participants with CVA were faster in sentence
 8 processing in RT1 and RT2 condition, while participants with tumour were faster in
 9 sentence processing in RT3 and RT4 condition.

10

11 ***Education***

12 The mean accuracy and reaction time (RT) of all the participants in terms of their
 13 education are represented ⁵ in Figure 5 and Figure 6 respectively.



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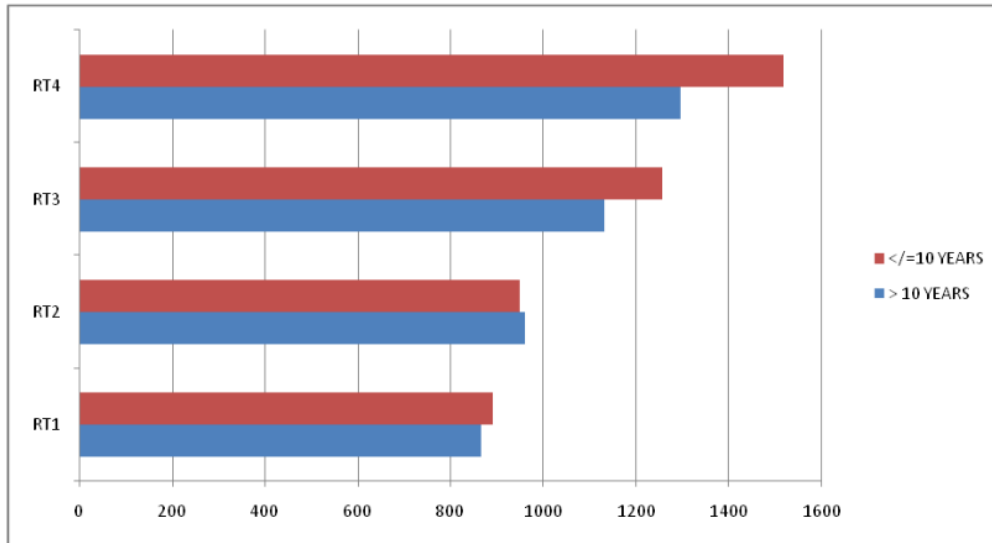
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Figure 5. Graphical representation of mean accuracy scores with respect to education

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- 4 Figure 5 suggests that participants with exposure to education greater than 10 years,
 5 were more accurate in sentence processing in A3 and A4 condition, whereas in A1 and
 6 A2 condition, it was vice versa.



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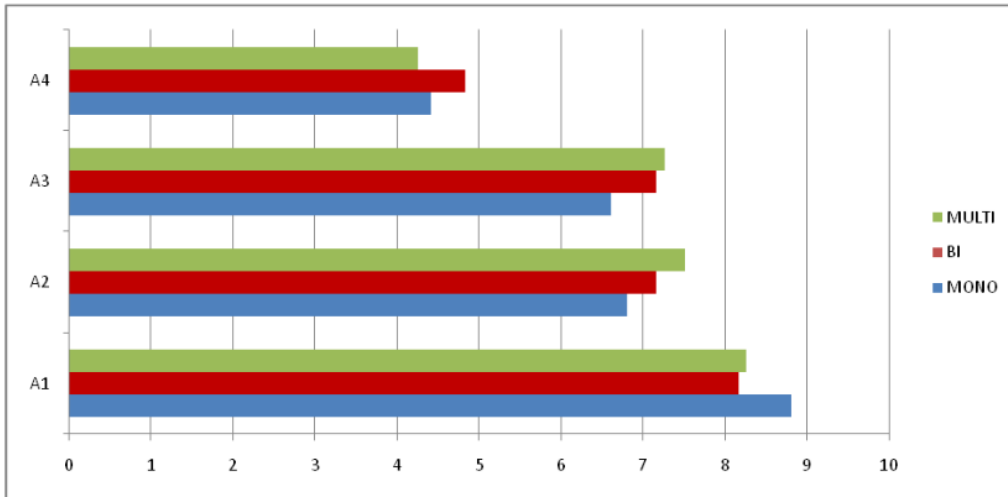
2 *Figure 6.* Graphical representation of mean reaction time with respect to education

3 From Figure 6, it can be observed that participants with greater than 10 years exposure
 4 to education had faster reaction time, except in RT2 condition, in which both groups
 5 (>10 years and ≤ 10 years) had almost similar reaction times.

6 **Number of languages known**

7 The mean accuracy and reaction time (RT) of all the participants in terms of the number
 8 of languages known are represented in Figure 7 and Figure 8 respectively.

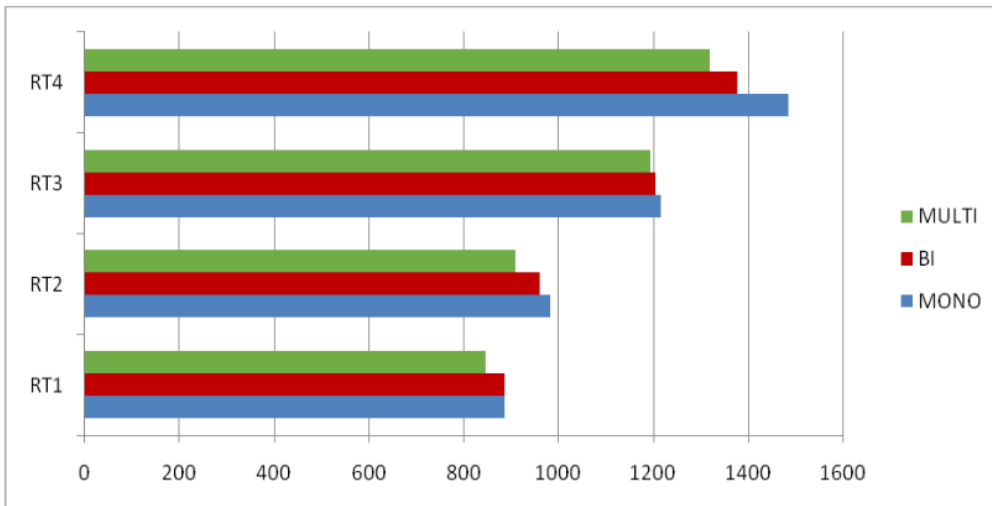
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1

2 *Figure 7.* Graphical representation of mean accuracy scores with respect to number of
 3 languages known

4 (*Note.* Multi-Multilingual; Bi-Bilingual; Mono-Monolingual)



5

6 *Figure 8.* Graphical representation of mean reaction time with respect to number of
 7 languages known

8

1 From Figure 7, it can be observed that participants who are multilinguals had greater
2 accuracy, followed by bilinguals and monolinguals respectively. However, in A4
3 condition, bilinguals had greater accuracy in syntactic judgement.

4 Inferring from Figure 8, it can be noted that the mean reaction time of multilingual
5 participants were less, followed by bilinguals and monolinguals respectively. However,
6 in RT1, monolinguals had relatively less reaction time than bilinguals.

7 **Discussion**

8 The aim of the study was to explore the processing of adjacent and non-adjacent
9 dependencies among PWBA, through a sentence processing task. The results of the
10 study revealed few insights regarding sentence processing among PWBA, which are
11 discussed in the following section.

12 PWBA performed poorer in the non-adjacent dependency condition, which reveals that
13 the participants are less sensitive to syntactic-agreement tracking. This finding adds
14 strength to the Double Dependency Hypothesis (DDH) which states impaired
15 processing in sentences with two dependencies, especially in distant/ non-adjacent
16 dependencies. Linguistic aspects are most likely to influence in this case as Kannada a
17 Dravidian language is agglutinative in nature with rich use of morphemes and has more
18 preference for agreement tracking between dependencies in a sentence. Such
19 grammatical intricacies tend to increase the processing load, thereby making sentence
20 processing a cognitively taxing task. Hence, the syntactic sequential learning seems to
21 be affected in persons with Broca's aphasia. This finding is in line with that of a study
22 done by Christiansen, Kelly, Shillcock, and Greenfield (2010), wherein there was no

1 evidence of sequential syntactic processing among agrammatic individuals. Zimmerer,
2 Cowell and Varley (2014) suggested that artificial grammar learning of dependencies in
3 visual mode is affected in some persons with aphasia and relatively preserved in others.
4 The inconsistencies in findings of the studies done in similar lines, is due to variable
5 inclusion criteria, heterogeneity of deficits among persons with agrammatic aphasia and
6 methodological differences.

7 It was found that PWBA took more time to judge sentences in non-adjacent
8 dependency condition, than the adjacent dependency condition, especially in long
9 sentences. This reveals poor syntactic agreement tracking especially in long sentences,
10 which can be attributed to deficits in cognitive-linguistic skills.

11 When the individual data of the participants were correlated with their demographics, it
12 is observed that multilinguals are better at sentence processing, which is line with
13 previous studies (Halsband 2006; Filippi, Leech, Thomas, Green & Dick, 2012). As the
14 participants of current study were all literate, collecting data among literate and illiterate
15 persons with aphasia, would give an insight into the contribution of literacy in
16 grammatical dependency processing. Though it is an implicit process, one can explore
17 the facilitatory effect of literacy (if any), which is one of the future direction of this
18 initial investigation. It is also observed that participants with tumours performed better
19 in syntactic judgement than those who had a history of CVA, which supports the
20 literature in aphasia recovery and prognosis. Drawing links between the radiological
21 findings and the results of the sentence processing task, it can be inferred that more the
22 extent of lesion, the performance is relatively spared. Since the lesion is diffused and
23 distributed among the regions, the performance is relatively spared than focal

1 involvements. In the current study participants with fronto-temporal involvement
2 performed poorer than participants with fronto-temporo-parietal. Hence, in addition to
3 considering the extent of lesion structurally, such tasks help in providing insights
4 regarding the lesion distribution and how well the lesion areas are able to compensate
5 for their loss according to the task requirements. From the data obtained, it can be
6 inferred that the participants were not able to track down the syntactic dependencies in
7 sentences. Hence, dependency processing which is a cognitive-linguistic process seems
8 to be affected in the participants of current study. This study focused on persons with
9 Broca's aphasia and revealed poor sentence processing in non-adjacent dependency
10 condition. However, more data is needed to further investigate the effect of adjacent and
11 non-adjacent dependencies in sentence processing among persons with Broca's aphasia.
12 The cognitive-linguistic abilities are more likely to be variable among persons with
13 brain damage, than in neurotypical persons. Hence, it is important to account for the
14 variabilities observed and track down the possible causal links, by supporting the
15 findings with imaging and electrophysiological data. Overall, the study is an attempt to
16 explore the syntactic dependency processing in persons with Broca's aphasia in an
17 agglutinative language like Kannada. Similar studies can be carried out with artificial
18 grammar learning paradigms and objective Evoked Response Potentials (ERPs),
19 investigating sentence processing and sequential learning across different modalities
20 such as auditory, visual and tactile.etc and correlating it with radiological impressions,
21 which would result in an eclectic structural-functional linkage.

22

23

Conclusion

1
2 The current study investigated dependency processing among persons with Broca's
3 aphasia. The findings of the investigation will aid in designing appropriate training
4 material during speech and language rehabilitation (eg. At sentence level, graded stimuli
5 can be used with initial sentences consisting of adjacent dependencies) for persons with
6 Broca's aphasia. This would lead to development of systematic assessment and
7 treatment protocol for persons with Broca's aphasia, which would have a positive
8 impact on their quality of life.

9

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10
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Conflicts of interest

17
18 The authors have no conflicts of interest to disclose.

Ethical standards

19
20 Written informed consent was obtained from all the participants.

21

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1 Figure legends

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2 Figure 1

3 *Graphical representation of mean accuracy scores with respect to site of lesion*

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4 Figure 2

5 *Graphical representation of mean reaction time with respect to site of lesion*

2

6 Figure 3

7 *Graphical representation of mean accuracy scores with respect to cause of aphasia*

3

8 Figure 4

9 *Graphical representation of mean reaction time with respect to cause of aphasia*

2

10 Figure 5

11 *Graphical representation of mean accuracy scores with respect to education*

2

12 Figure 6

13 *Graphical representation of mean reaction time with respect to education*

2

14 Figure 7

15 *Graphical representation of mean accuracy scores with respect to number of languages*

16 known

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17 Figure 8

18 *Graphical representation of mean reaction time with respect to number of languages*

19 known

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1 Table 1

2 *Demographics of participants*

Participant	Age/ Gender	WAB-K AQ score	Education (years)	Mono/ Bi/ Multi- Lingual	Vocation	Treatment Period (If started)	Radiological findings (CT Scan)
1	68/M	42.4	9	Multi	Carpenter	Not yet	Hypodensities in left hemisphere fronto-parietal cortex and underlying white matter
2	40/M	56	5	Bi	Agriculture	1 month	Left MCA territory infarct involving fronto-parietal region
3	31.6/M	44	7	Mono	Agriculture	Not yet	Left MCA territory infarct involving fronto-temporo-parietal region
4	50/M	36	10	Mono	Agriculture	2.5 years	Left MCA infarct involving fronto-temporo-parietal region
5	56.6/M	42	8	Mono	Agriculture	Not yet	Left MCA territory infarct involving fronto-temporal region
6	41/M	46.4	12	Bi	Electrician	Not yet	Left MCA territory infarct involving fronto-parietal region
7	28/M	48	12	Multi	Buiseness	Not yet	Left MCA territory infarct involving fronto-temporo-parietal region

8	35/M	42.8	10	Bi	Agriculture	Not yet	Hypodensities in Left hemisphere infarct involving fronto-temporo-parietal region
9	39/M	42.4	25	Bi	Lecturer	Not yet	Left ACA territory infarct involving fronto-parietal region
10	26/M	34	20	Multi	MBA student	Not yet	Left MCA territory infarct involving fronto-parietal region
11	48/M	38	15	Mono	Agriculture	2 weeks	Left MCA territory infarct involving fronto-temporal region
12	54/M	42	10	Bi	Business	1 month	Left MCA territory involving fronto-temporo-parietal region
13	37/F	36	12	Bi	Homemaker	Not yet	Left hemisphere oligodendroglioma involving fronto-parietal region
14	33.5/F	44	20	Multi	Buiseness (Crafts-handloom)	3 months	Left MCA involving fronto-temporal region
15	42/F	48	11	Mono	Homemaker	2 months	Left hemisphere oligodendroglioma involving fronto-temporo-parietal region

1 (Note: Participants 12 and 14 had a history of tumour, and the others were known cases of CVA (Cerebro
 2 Vascular Accidents). Adequate motor strength of the dominant hand (all participants were right handed)
 3 was ensured with physiotherapist and occupational therapist findings and impression, so as to include them
 4 in the study).

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12 Table 2

13 *Example of stimuli sentences*

Set A (Short)		Set B (Long)	
Adjacent Dependency	Non-adjacent Dependency	Adjacent Dependency	Non-adjacent dependency
/avalɔ/ /nagoʒa:le/	/avano//na:le/ /baroʒa:ne/	/Ive/ /kaʁɔ/ /bɛkɔgalo/	/avaro/ /ibro/ /tʃana:gl/ /ha:doʒa:re/

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1 Table 3

2 Accuracy (A) (on a score of 10) and mean reaction time (RT) of each participant for

3 different types of sentences

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Participant	Short sentences				Long sentences			
	Adjacent		Non-adjacent		Adjacent		Non-adjacent	
	Dependency	RT (ms)	Dependency	RT (ms)	Dependency	RT (ms)	Dependency	RT (ms)
1	9	927.79	8	952.12	6	1392.46	3	1678.61
2	8	893.22	9	945	9	1154.39	3	1536.56
3	8	910.47	6	959.62	7	1308.72	4	1541.03
4	9	883.51	7	997.39	5	1472.33	3	1708.79
5	9	892.78	9	937.40	7	1104.46	3	1441.11
6	9	879.18	8	890.05	6	1157.62	5	1296

7	9	762.90	6	787.45	8	996.37	4	1106.23
----------	---	--------	---	--------	---	--------	---	---------

8	9	818.37	7	842.73	7	1259.69	5	1275.19
----------	---	--------	---	--------	---	---------	---	---------

9	8	863.11	5	993.16	6	1158.01	5	1314.37
----------	---	--------	---	--------	---	---------	---	---------

10	8	886.93	8	902.11	8	1107.28	6	1216.79
-----------	---	--------	---	--------	---	---------	---	---------

11	9	927.00	6	1042.36	6	1144.87	5	1530.07
-----------	---	--------	---	---------	---	---------	---	---------

12	8	904.86	7	1015.92	7	1098.83	5	1437.58
-----------	---	--------	---	---------	---	---------	---	---------

13	7	971.33	7	1082.78	8	1160.00	6	1403.71
-----------	---	--------	---	---------	---	---------	---	---------

14	7	807.29	8	997.34	7	1280.66	4	1279.55
-----------	---	--------	---	--------	---	---------	---	---------

15	9	823.00	6	982.67	8	1049.81	7	1207.87
-----------	---	--------	---	--------	---	---------	---	---------

Processing of adjacent and non-adjacent dependencies in persons with Broca's aphasia

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