DO FEATURE IMPORTANCE AND FEATURE CENTRALITY DIFFERENTIALLY INFLUENCE SEMANTIC KNOWLEDGE IN INDIVIDUALS WITH APHASIA? (82 PP.)

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The purpose of this study was to investigate the nature of semantic feature knowledge in individuals with aphasia. Feature importance and feature centrality, two different ways of feature organization, provided the basis for this investigation. Three questions were examined: (a) Is the ability of individuals with aphasia to associate semantic features with their appropriate nouns differentially influenced by the level of importance? (b) Does this effect extend to a mid level of importance? (c) Is the ability of individuals with aphasia to associate semantic features with their appropriate nouns influenced more by the feature characteristics of importance or centrality?

Twelve participants with aphasia, whose ages ranged from 46 to 85 years, were shown 24 nouns printed on 5 x 8 unlined stock cards randomly presented in groups of three, along with a fourth card with the printed word "UNRELATED." The participants were presented with features printed on cards. These features represented high, mid, and low importance and centrality ratings as previously determined from a pilot study. Each participant was required to match the feature with the appropriate noun or to the word "unrelated" if the feature was judged unrelated.

The results of this study showed that individuals with aphasia were able to place high importance features with the appropriate noun more accurately than they did mid and low importance features. However, mid and low importance were identified with similar degrees of accuracy. The centrality levels did not differentially influence nounfeature association.

The findings of this study support the notion that individuals with aphasia are more sensitive to high versus mid and low feature importance and that the effect does not extend to a mid importance level. The study also demonstrated that the condition of centrality does not influence the ability of individuals with aphasia to associate nouns with the appropriate features. Clinical implications and study limitations are discussed.