Converging evidence for the processing costs associated with ambiguous quantifier comprehension.

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Converging evidence for the processing costs associated with ambiguous quantifier comprehension

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Traditional neuroanatomic models of language comprehension have emphasized a core language network situated in peri-Sylvian cortex. More recent evidence appears to extend the neuroanatomic network beyond peri-Sylvian cortex to encompass other aspects of sentence processing. In this study, we evaluate the neuroanatomic basis for processing the ambiguity in doubly-quantified sentences. For example, a sentence like “All the dogs jumped in a lake” can be interpreted with a collective interpretation (e.g., several dogs jumping into a single lake) or a distributive interpretation (e.g., several dogs each jumping into a different lake). In Experiment 1, we used BOLD fMRI to investigate neuroanatomic processing cost associated with interpreting ambiguous sentences and this was related to frontal and parietal cortex recruitment. In Experiment 2, we investigate ambiguous sentence processing with the identical materials in non-aphasic patients with behavioral variant frontotemporal dementia (bvFTD) who have frontal cortex disease and executive and decision-making limitations. bvFTD patients are insensitive to ambiguity associated with doubly-quantified sentences, and this is related to the magnitude of their frontal cortex disease. These studies provide converging evidence that cortical regions that extend beyond peri-Sylvian cortex help support the processing costs associated with the interpretation of ambiguous doubly-quantified sentences.

Keywords: language, quantifiers, fMRI, volumetric MRI, frontotemporal dementia

INTRODUCTION

Neuroanatomic models of language comprehension traditionally implicate a core peri-Sylvian language network in sentence processing. Much evidence has been accumulated to suggest that “Broca’s area” located in left inferior frontal cortex (IFC) and left posterolateral temporal cortex (pITC) – so-called Wernicke’s area – support the grammatical and semantic relationships between sentence constituents (Friederici and Gorrell, 1998; Friederici et al., 2003; Grodzinsky and Friederici, 2006; Grodzinsky and Santi, 2008). However, many sentences depend on additional processing resources, such as sentences that are ambiguous. In this paper we provide converging evidence for the neural basis for these additional resources from an fMRI study of healthy adults and a behavioral study with non-aphasic patients who have a focal neurodegenerative disease that compromises these resources.

In the present study, we focus on the class of ambiguous sentences involving quantifiers. A quantifier comes from a class of words that expresses a referent’s quantity. There are at least three sub-classes of quantifiers (McMillan et al., 2005, 2006; Troiani et al., 2009a,b). First-order quantifiers like “at least three” appear to depend directly on number knowledge. We have empirically demonstrated that focal neurodegenerative patients with parietal disease due to corticobasal syndrome (CBS) and posterior cortical atrophy (PCA) have highly correlated deficits understanding first-order quantifiers and precise numbers (McMillan et al., 2006; Troiani et al., 2009a; Morgan et al., 2011), and regression analyses relate this impairment directly to parietal disease. Likewise, comprehension of first-order quantifiers is associated with activation of parietal cortex in fMRI studies of healthy adults (McMillan et al., 2005; Troiani et al., 2009a; Heim et al., 2012). A second subclass of quantifiers like “less than half” are higher-order. These depend on number knowledge plus strategic executive resources and working memory. Higher-order quantifiers are additionally associated with dorsolateral prefrontal cortex (dPFC), as shown by fMRI activation in healthy adults (McMillan et al., 2005) and deficits following neurodegenerative disease in prefrontal regions (McMillan et al., 2006; Troiani et al., 2009a; Morgan et al., 2011). A third class of quantifiers like “all” and “some” are Aristotelian, and depend on a simple attentional mechanism associated with medial PFC regions (Troiani et al., 2009a).

While prior work has been limited to investigating unambiguous quantifiers, a quantifier is often ambiguous when co-occurring in the same sentence as a second quantifier, that is, when the sentence is “doubly-quantified.” Consider the following examples:
working memory resources may be necessary in order to support (Wingfield and Grossman, 2006). For example, some sentences model of language processing. From this perspective, the core regions beyond those involved in the traditional peri-Sylvian aorhomic basis of sentence processing. This implicates brain phometric assessments of patients with focal neurodegenera-

tions associated with prefrontal cortex disease (Libon et al., 2007). However, this fMRI evidence required participants to make a forced choice of either a distributive or collective interpretation, and our finding may simply have reflected activations needed for task performance.

In the present study, we investigated the neuroanatomic basis for the resolution of doubly-quantified sentence meaning in two experiments. First, we performed a BOLD fMRI study with healthy young adults who were asked to verify whether a doubly-quantified sentence accurately describes a scene representing either a collective or a distributive interpretation. We manipulated the transparency with which the sentence reflected the collective or distributive character of the picture. Second, we used identical stimulus materials to investigate the comprehension of doubly-quantified sentences in behavioral variant frontotemporal dementia (bvFTD) patients, and we related their performance to the anatomic distribution of their gray matter atrophy. These patients do not have aphasia and have relatively preserved grammar and semantics. However, they have executive and social decision-making limitations associated with prefrontal cortex disease (Libon et al., 2007; Rascovsky et al., 2011; McMillan et al., 2012b). We hypothesized that comprehension of ambiguous, doubly-quantified sentences will incur additional processing costs, reflected by increased response times, that rely on both language resources in peri-Sylvian cortex and additional fronto-parietal resources that extend beyond a core language network.

**EXPERIMENT 1: BOLD fMRI STUDY IN HEALTHY ADULTS**

**METHODS**

**Participants**

Seventeen young adults were recruited from the University of Pennsylvania community and financially compensated for their participation. All participants were right-handed, native-English speakers with a negative history of neurological or psychiatric studies of healthy adults, and we and others have found that lengthy sentences recruit dorsal portions of IFC outside of the traditional peri-Sylvian language network to support working memory (Caplan and Waters, 1999; Cooke et al., 2002, 2006; Kaan and Swaab, 2002; Fiebach et al., 2005). This area is similar to that activated in fMRI studies of verbal working memory (Smith and Jonides, 1999; Smith et al., 2001). Moreover, converging evidence comes from non-aphasic patients with working memory limitations who have difficulty interpreting lengthy sentences, and this impairment is associated with disease in dorsal portions of IFC important for working memory (Cooke et al., 2003; Peele et al., 2008).

The interpretation of ambiguous sentences also may implicate brain regions that are outside of core peri-Sylvian sentence processing areas. Previous fMRI work in healthy adults in our lab thus associated the disambiguation of sentences containing a temporal or structural ambiguity with dIPFC (Novais-Santos et al., 2007). We related this to an on-line decision-making mechanism that estimates the more likely interpretation of a sentence’s ambiguous structure based on the probabilities associated with the biases of the sentence’s verb. We also observed upregulation of dlPFC when evaluating the probabilistic likelihood of an ambiguous pronoun’s referent (McMillan et al., 2011). More recently, an fMRI study reported activation of decision-making mechanisms in PFC during the resolution of doubly-quantified sentences (McMillan et al., 2011). However, this fMRI evidence required participants to make a forced choice of either a distributive or collective interpretation, and our finding may simply have reflected activations needed for task performance.

In the present study, we investigated the neuroanatomic basis for the processing of doubly-quantified sentence meaning in two experiments. First, we performed a BOLD fMRI study with healthy young adults who were asked to verify whether a doubly-quantified sentence accurately describes a scene representing either a collective or a distributive interpretation. We manipulated the transparency with which the sentence reflected the collective or distributive character of the picture. Second, we used identical stimulus materials to investigate the comprehension of doubly-quantified sentences in behavioral variant frontotemporal dementia (bvFTD) patients, and we related their performance to the anatomic distribution of their gray matter atrophy. These patients do not have aphasia and have relatively preserved grammar and semantics. However, they have executive and social decision-making limitations associated with prefrontal cortex disease (Libon et al., 2007; Rascovsky et al., 2011; McMillan et al., 2012b). We hypothesized that comprehension of ambiguous, doubly-quantified sentences will incur additional processing costs, reflected by increased response times, that rely on both language resources in peri-Sylvian cortex and additional fronto-parietal resources that extend beyond a core language network.
disorders. See Table 1A for a summary of demographic characteristics. Informed consent was provided by all participants according to a protocol approved by the Institutional Review Board at the University of Pennsylvania. One participant was excluded from all analyses for responding with the same button-press for every experimental trial and therefore all analyses include 16 participants.

**Experimental stimulus materials**

We generated a total of 54 ambiguous doubly-quantified sentences such as “All the dogs jumped in a puddle/lake.” In one-third of the sentences the final noun was a smaller object (e.g., “puddle”) consistent with a distributive interpretation and one-third of the sentences contained a larger object (e.g., “lake”) to yield a collective interpretation. To minimize the possibility that participants developed a heuristic for responding, we also included a midsize object (e.g., “pond”) in one-third of our stimuli. Since all experimental stimuli were identical with the exception of the final noun (e.g., “All the dogs jumped in a ___.”) we only evaluated the psycholinguistic properties of the final noun across conditions.

We additionally generated two sets of baseline materials. First, we generated 54 unambiguous baseline sentences that explicitly disambiguated between a collective and a distributive interpretation. Among the unambiguous baseline sentences were sentences that used “same” (e.g., “All the dogs jumped in the same lake”), “different” (e.g., “All the dogs jumped in a different lake”), and “the” (e.g., “The dogs jumped in a lake”). Second, we developed 54 filler sentences that only differed from the stimuli described above by containing the quantifier “every” substituted for “all.” These filler materials containing “every” were intended to obscure to participants that quantified sentences are ambiguous and thus the focus of the experiment. For all analyses we average across all three unambiguous baseline subtypes.

**Experimental procedure**

Each experimental trial was comprised of three events, each lasting the duration of 1 TR (3000 ms): (1) an inter-stimulus interval consisting of a blank white screen (2500 ms) and a fixation cross (500 ms) to orient attention; (2) a stimulus sentence presentation (3000 ms); and (3) representation of the stimulus sentence along with a picture illustrating either a collective or a distributive interpretation of the sentence (see Figure 1). Participants were instructed to decide whether the sentence described the picture. Participants were given up to 3000 ms for their judgments.

Prior to the MRI scanning session, participants were given a practice session containing 10 trials to familiarize them with the form of the stimulus materials and the task, and we allowed them to ask questions before entering the scanner. These stimulus items were not re-presented in the experimental task.

All 162 stimuli (54 ambiguous doubly-quantified sentences; 54 unambiguous baseline sentences; 54 “every” filler sentences) were pseudo-randomly distributed across three blocks of equal duration (8.1 min) so that there were equal numbers of each condition within each block. Within each block, we additionally included 11 (15%) randomly distributed null events consisting of a blank screen for the duration of 1 TR (3000 ms). Participants were provided with a 2-min break between each block.

Sentences were presented in black font on a white background using a mirror projection system connected to the computer running E-Prime presentation software. Using a fiber optic response pad (FORP), we monitored whether participants endorsed a sentence-picture pair and we monitored their response latency. The FORP rested on the participant’s lap and contained four buttons oriented in a left-right fashion. To minimize the confound associated with lateralized button-pressing for a particular category of response, half of the participants pushed the left-most button with their left forefinger for an endorsement and

| Table 1 | Mean (Standard Error) demographic characteristics of (A) healthy young adults in the functional MRI experiment (Experiment 1) and (B) healthy seniors and behavioral variant frontotemporal dementia (bvFTD) patients from behavioral Experiment 2. |
|---------|--------|---------|---------|
| Experiment | N     | Age     | Education | MMSE     |
| (A) EXPERIMENT 1: BOLD fMRI |  |  |  |  |
| Healthy young adults | 16 | 23.4 (0.6) | 16.3 (0.4) | – |
| (B) EXPERIMENT 2: BEHAVIORAL PATIENT STUDY |  |  |  |  |
| bvFTD | 16 | 64.3 (2.0) | 15.4 (0.8) | 24.7 (1.2) |
| Healthy Seniors | 16 | 64.4 (2.0) | 14.3 (0.5) | 29.1 (0.3) |

**FIGURE 1** | Sample stimulus images for experimental sentence materials.
the rightmost button with their right forefinger for a rejection. The FORP was reversed for the other half of the participants.

We monitored participants’ response times to ambiguous doubly-quantified sentences and unambiguous baseline sentences. We eliminated large outlier responses that were greater than 2.5 standard deviations from each individual participants’ overall mean response time, resulting in a removal of 1.7% of total responses. Since both a “yes” and “no” response can be considered “correct” for ambiguous items we included all response times in our analyses. For all analyses we evaluated log-transformed reaction times. A separate analysis restricted to “yes”–only responses revealed a similar statistical result.

**Neuroimaging acquisition and analysis**

Scans were acquired on a Siemens 3.0 T Trio scanner. Each session began with acquisition of a high-resolution T1-weighted structural volume using an MPRAGE protocol (TR = 3000 ms, TE = 3 ms, flip angle = 15°, 1 mm slice thickness, 192 × 256 matrix, resolution = 0.9766 mm × 0.9766 mm × 1 mm). We collected whole-brain BOLD volumes containing 42 axial slices and acquired with fat saturation, 3 mm isotropic voxels, flip angle of 15°, TR = 3 s, TReff = 30 ms, and a 64 × 64 matrix.

BOLD fMRI data preprocessing and statistical analyses were performed using SPM8 (Wellcome Trust Centre for Functional Neuroimaging, London, UK). We first modeled each individual participant’s data. Low-frequency drift was removed with high-pass filtering with a cutoff period of 128 s and autocorrelations modeled using a first-order autoregressive model. Whole-brain volumes for each participant were realigned to the first volume in the series (Friston et al., 1995) and coregistered with the structural volume (Ashburner and Friston, 1997). After realignment, we inspected each participant’s motion in all directions to verify that no participants had excessive motion artifact, defined as more than 3 mm movement in any axis. The transformation required to bring a participant’s images into standard MNI152 space was calculated using tissue probability maps (Ashburner and Friston, 1997), and these warping parameters were then applied to all functional brain volumes for that participant. During spatial normalization, functional data were interpolated to isotropic 2 mm voxels. The data were spatially smoothed with an 8 mm FWHM isotropic Gaussian kernel.

For each stimulus category, hemodynamic response was estimated by convolving the onset times with a canonical hemodynamic response function. A general linear model approach was used to calculate parameter estimates for each variable for each subject, and linear contrasts for comparisons of interest. These estimates were then entered into second-level random effects analyses to allow us to make inferences across participants.

Our whole-brain fMRI analysis was performed using a one-sample t-test in SPM8. We evaluated the activation for ambiguous doubly-quantified sentences relative to unambiguous sentences for the event that included the sentence and picture presentation. This high-level baseline allowed us to subtract out the resources associated with sentence reading and picture processing in an effort to isolate the additional processing demands associated with the comprehension of ambiguous sentences. We report a FDR-corrected height threshold (q < 0.05) and included clusters exceeding an extent threshold of 20 adjacent voxels.

**RESULTS**

**Behavioral results**

An analysis of response latencies revealed that participants respond on average 93 ms slower for ambiguous doubly-quantified sentences relative to unambiguous sentences [(t(17) = 2.74; p < 0.05)](Refer to Figure 2).

**fMRI results**

A whole-brain analysis of doubly-quantified sentences relative to unambiguous baseline sentences revealed activation of five cortical regions (see Figure 3 and Table 2). This included peri-Sylvian regions in left IFC and left pITC. We additionally observed activation beyond peri-Sylvian cortex that extended from left IFC into left dIPFC and also included other clusters in right rostral PFC (rPFC), left inferior parietal cortex, and dorsomedial PFC.

**EXPERIMENT 1 INTERIM DISCUSSION**

Our fMRI results are broadly consistent with neuroimaging studies of language comprehension that have implicated pITC and IFC in a core peri-Sylvian language network (Friederici et al., 2003; Grodzinsky and Friederici, 2006; Grodzinsky and Santi, 2008). As in a previous study (Mason et al., 2003), we observed increased activation of this network for ambiguous sentences compared to unambiguous sentences. Importantly, we found that additional brain regions are recruited as well during subjects’ processing of doubly-quantified sentences, implicating these extra-Sylvian brain regions in support of the additional resources needed to interpret ambiguous sentences.

The extra-Sylvian regions activated for ambiguous sentences compared to unambiguous sentences included right rPFC, left dIPFC, dorsomedial prefrontal cortex, and left parietal cortex.
To further evaluate the necessary role of these regions for comprehending ambiguous doubly-quantified sentences we presented identical stimulus materials to non-aphasic patients with bvFTD. These patients typically have disease in frontal and anterior temporal regions (Pereira et al., 2009; Whitwell et al., 2010), and have executive, decision-making, and social limitations despite relatively preserved language abilities (Gleichgerrcht et al., 2010; Rascovsky et al., 2011; McMillan et al., 2012b). A deficit interpreting ambiguous sentences in these non-aphasic patients would lend additional support to the claim that the core peri-Sylvian sentence processing system recruits additional resources to support the processing costs associated with the interpretation of ambiguous sentences.

EXPERIMENT 2: BEHAVIORAL-IMAGING CORRELATION STUDY IN PATIENTS WITH BEHAVIORAL VARIANT FRONTOTEMPORAL DEGENERATION

METHODS

Participants

We recruited 16 bvFTD patients from the Frontotemporal Degeneration Center at the University of Pennsylvania. All patients were diagnosed by a board-certified neurologist using published consensus criteria (Rascovsky et al., 2011). Other causes of dementia and cognitive difficulty were excluded by clinical exam, blood, and neuroimaging tests. We additionally recruited 16 healthy seniors from the community as a behavioral control group. Healthy seniors and bvFTD patients were demographically comparable for age \( t(30) < 1; ns \) and education \( t(30) = 1.25; ns \). An evaluation of overall dementia severity was performed using the 30-point scale Mini-Mental Status Examination (MMSE), and this revealed that bvFTD patients had lower MMSE scores than healthy seniors \( t(30) = 3.61; p < 0.001 \). Nevertheless, bvFTD patients averaged within the “non-demented” range on this scale (Mean MMSE = 25). Table 1B summarizes clinical and demographic features. Informed consent was provided by all participants according to a protocol approved by the Institutional Review Board at the University of Pennsylvania.

High-resolution volumetric neuroimaging was available for a subset of bvFTD patients (\( N = 11 \)), as described below. MRI images were not available for the remaining bvFTD patients due to health and safety exclusion criteria, including claustrophobia and metallic objects in the body (e.g., pacemakers and shrapnel). We additionally recruited 14 age- \[ t(23) = 1.34; ns \] and education- \[ t(23) < 1; ns \] matched healthy seniors from the community as a structural neuroimaging control group.

Stimulus materials and design

We used identical stimulus materials to those administered in the fMRI experiment above, including 54 doubly-quantified experimental stimuli (equally divided among small and large objects), 54 unambiguous baseline stimuli, and 54 filler sentences containing “every” were used in this experiment. Half of the pictures illustrated a distributive interpretation and half a collective interpretation. Participants were instructed to decide whether the sentence describes the picture. Each sentence stimulus was presented for 3000 ms followed by the presentation of the sentence together with a picture depicting a particular interpretation. Participants were given a maximum of 10 s to respond to each stimulus item. We analyzed log-transformed response times for responding to ambiguous doubly-quantified and unambiguous sentence materials. We eliminated large outlier responses that were greater than 2.5 standard deviations from each individual participants’ overall mean response time, resulting in a removal of 4.0% of total responses. Since both a “yes” and “no” response can be considered “correct” for ambiguous items we included all response times in our analyses. A separate analysis restricted to “yes”-only responses revealed a similar statistical result.
Neuroimaging acquisition and analysis

High-resolution T1-weighted three-dimensional spoiled gradient echo images were acquired with repetition time = 1,620 ms, echo time = 3 ms, slice thickness 1.0 mm, flip angle 15°, matrix = 192 × 256, and in-plane resolution 0.9 mm × 0.9 mm. All images were preprocessed using PipeDream1 and Advanced Normalization Tools (ANTS)2 to perform the most stable and reliable multivariate normalization and structure-specific processing currently available (Avants et al., 2008, 2010; Klein et al., 2010). PipeDream deforms each individual dataset into a standard local template space in a canonical stereotactic coordinate system. Core processing involves mapping T1 structural MRI to a population-specific local template. A diffeomorphic deformation was used for registration that is symmetric so that it is not biased toward the reference space for computing the mappings, and topology-preserving to capture the large deformation necessary to aggregate images in a common space. These algorithms allow template-based priors to guide a calculation of gray matter probability, which we use as a proxy for gray matter density. All MRI volumes were then resampled to 2 mm3 resolution and smoothed using a FWHM 5 mm kernel implemented in SPM8.

To identify regions of reduced gray matter density in bvFTD we performed a two-samples t-test in SPM8 for bvFTD patients relative to healthy seniors. For this analysis we used a FDR-corrected height threshold ($q < 0.05$) and only accepted clusters that survived a 100 adjacent voxel extent. To relate gray matter density to behavioral performance we performed a two-stage analysis. First, we defined regions of interest (ROI) that consisted of voxels that had significantly reduced gray matter density relative to healthy seniors and then identified the conjunction of reduced gray matter density in bvFTD patients and the regions of activation observed in Experiment 1. We then exported the mean gray matter density within each overlapping ROI. Second, we performed bivariate correlations relating response times for ambiguous sentences to the gray matter density within each ROI ($p < 0.05$ Bonferroni corrected for multiple comparisons). We constrained our correlation analyses to the conjunction of disease and fMRI ROIs in order to limit our interpretations to areas of known disease. It would otherwise be difficult to interpret a significant correlation outside these overlapping regions since variance in gray matter density may be related to disease-independent factors such as aging or individual differences in neuroanatomical structure.

RESULTS

Behavioral results

We performed an ANOVA of response times with a Sentence Type × Group design. This revealed a significant Sentence Type × Group interaction [$F(1, 30) = 4.58; p < 0.05$]. bvFTD patients did not show a difference in response times across ambiguous and unambiguous sentences, while healthy seniors showed significant processing cost of an average of 393 ms for ambiguous sentences relative to unambiguous sentences. A main effect also revealed that bvFTD patients were overall slower to respond to sentence materials than healthy seniors [$F(1, 30) = 11.19; p < 0.005$] (see Figure 4).

Volumetric MRI results

An analysis of volumetric MRI revealed significantly reduced gray matter density for bvFTD patients relative to healthy seniors in frontal and temporal cortex, including: bilateral rPFC, rostrodorsal PFC, right IFC, left dIPFC, left insula, left anterior cingulate, left medial temporal cortex, bilateral anterior temporal cortex, and right pITC (see purple and yellow regions in Figure 5A and Table 3). Among these regions of reduced gray matter density in bvFTD, we observed five ROIs that overlapped with regions of fMRI activation during ambiguous doubly-quantified sentence interpretation reported in Experiment 1. These regions, illustrated in yellow in Figure 5A (see also Table 4), include right rPFC, two clusters in left dIPFC, left IFC, and left ventrolateral prefrontal cortex.

We performed correlation analyses to relate bvFTD patients’ response times to ambiguous sentences with reduced gray matter density in each ROI overlapping with the MRI results from Experiment 1. These analyses revealed that response times to ambiguous sentences were related to gray matter density in left dIPFC [$r = −0.68; p < 0.05$ Bonferroni corrected] (see Figure 5B). Correlations of ambiguous sentence response times in the remaining ROIs did not approach significance ($p > 0.1$ Bonferroni corrected). However, an analysis evaluating gray matter density in the left dIPFC revealed that density in this ROI was related to the other ROIs (all $p < 0.05$ Bonferroni corrected) suggesting that an overall degradation of a network involved in the interpretation of doubly-quantified sentences may contribute to bvFTD patients’ compromised sensitivity to ambiguity.

EXPERIMENT 2 INTERIM DISCUSSION

Healthy seniors, like young adults in Experiment 1, responded slower to ambiguous than unambiguous sentences and these
results are consistent with the hypothesis that additional processing costs are incurred to support the comprehension of doubly-quantified sentences. However, non-aphasic patients with bvFTD did not demonstrate a processing cost associated with ambiguity. We found that bvFTD patients’ response times to ambiguous doubly-quantified sentences were related to disease in left dlPFC, a region recruited by young adults to support ambiguous sentence processing demands. This dlPFC region was also correlated with the magnitude of atrophy in additional frontal regions and suggests that bvFTD patients may have a degraded network extending beyond peri-Sylvian cortex that contributes to their insensitivity to ambiguity associated with doubly-quantified sentences.

**GENERAL DISCUSSION**

Many utterances in our day-to-day speech are ambiguous. Nevertheless, we are able to resolve these ambiguities and communicate effectively. In the present study, we found that this depends only in part on the core left peri-Sylvian sentence processing network. We obtained converging evidence from an fMRI study of healthy adults and a bvFTD patient study that extra-Sylvian regions additionally contribute to the processing resources required to resolve ambiguous doubly-quantified sentences.

In the fMRI study we observed recruitment of four cortical regions that extend beyond the traditional peri-Sylvian language network, including right rPFC, dorsomedial prefrontal cortex, a cluster extending into left dlPFC, and left parietal cortex. Together, these regions have often been implicated as contributing to a multi-demand network that supports the upregulation of resources to support a variety of cognitive tasks (Duncan, 2010). BOLD resting studies have also suggested that dlPFC and parietal cortex activation together contribute to an executive-control network that correlates with executive task performance (Seeley et al., 2007). We observed that left dlPFC atrophy was related to bvFTD patients’ response times to ambiguous doubly-quantified sentences and that the magnitude of left dlPFC atrophy was correlated with atrophy in the other frontal regions that overlapped with fMRI task activation. We interpret these findings as evidence that extra-Sylvian regions contribute to the processing resources required to interpret ambiguous doubly-quantified sentences and that atrophy in these regions result in an insensitivity to the ambiguous nature of these sentences. While the current study cannot resolve the specific mechanistic nature that each of these regions contributes to ambiguity resolution we provide a potential account for each region in the context of previous studies.

We observed activation of dlPFC during the interpretation of ambiguous sentences in the fMRI study of healthy adults, and this overlapped with a dlPFC area of gray matter atrophy in bvFTD. Moreover, we found a correlation between bvFTD patient performance and gray matter atrophy in dlPFC. Previous work has associated this area with the interpretation of sentences...
Table 3 | Regions of significantly reduced gray matter density in bvFTD patients relative to demographically matched healthy seniors (p < 0.05 FDR-corrected; 100 voxel extent).

| Neuroanatomic Region (BA) | L/R | Peak MNI coordinate | Z-score | Voxels |
|---------------------------|-----|----------------------|---------|--------|
|                           |     | x        | y       | z       |
| Rostromedial prefrontal (10) | M   | −6       | 50      | 16     | 4.83   | 4163   |
| Rostral prefrontal (10)    | L   | −26      | 52      | 4       | 4.31   | 297    |
| Rostral prefrontal (10)    | L   | −26      | 44      | 30      | 3.96   | 254    |
| Inferior frontal (44/45)   | R   | 50       | 4       | 22      | 3.81   | 385    |
| Dorsolateral prefrontal (9)| L   | −40      | 2       | 38      | 4.11   | 154    |
| Anterior cingulate (24)    | L   | −18      | −10     | 24      | 3.77   | 111    |
| Insula (12)                | L   | −38      | 12      | 4       | 3.29   | 135    |
| Medial temporal (21)       | L   | −38      | −24     | −16     | 4.17   | 578    |
| Anterior temporal (38)     | L   | −36      | 8       | −26     | 3.86   | 176    |
| Anterior temporal (38)     | R   | 42       | 10      | −30     | 3.76   | 347    |
| Posterior-lateral temporal (22) | R | 52     | −26     | 0       | 3.54   | 110    |

Table 4 | Regions of overlap between fMRI activation in healthy young adults and reduced gray matter density in bvFTD patients relative to healthy seniors.

| Neuroanatomic Region (BA) | L/R | Centroid MNI Coordinate |
|---------------------------|-----|-------------------------|
|                           |     | x        | y       | z       |
| Dorsolateral prefrontal (9)| L   | −46      | 6       | 38      |
| Rostral prefrontal (10)   | R   | 22       | 58      | −6      |
| Inferior frontal (45)     | L   | −36      | 18      | 22      |
| Ventrolateral prefrontal (47)| L | −34    | 30      | −2      |
| Dorsolateral prefrontal (9)| L   | −42      | 20      | 30      |

An alternate hypothesis is that dlPFC activation is related to a difficult working memory challenge. Some fMRI studies have suggested that the magnitude of dlPFC activation supports increased working memory demands. For example, when the N-back task requires participants to maintain one or two items in working memory activation is typically observed in more inferior frontal regions, but when participants need to maintain three or more items activation extends dorsally to include dlPFC (Braver et al., 1997; Botvinick et al., 2001). A counter-argument for this pattern of activation is that dlPFC instead supports a strategic manipulation rather than increased working memory capacity (Smith et al., 2001). bvFTD patients have working memory deficits (Libon et al., 2007) and this can potentially interfere with their comprehension of sentences with lengthy material (Cooke et al., 2003). While we did not explicitly manipulate working memory demands in these stimuli, the experimental stimuli were matched with the baseline stimuli for sentence length and only differed by a single word. Another possible explanation of dlPFC activation is that, together with anterior cingulate activation, these regions may be contributing to response selection during task performance rather than the properties of the stimulus sentences (Cohen et al., 2000; Botvinick et al., 2001, 2004).

In the fMRI study, we also found that rPFC is recruited during the interpretation of doubly-quantified sentences. rPFC has been associated with strategic planning and sub-goal decision-making in non-linguistic contexts that depend on several contingencies (Koechlin et al., 2003; Badre and Wagner, 2007; Koechlin and Hyafil, 2007; Badre et al., 2009). This area has been associated with sub-goal and episodic goal monitoring, relational integration, and shifting from internal to external attention. We forward the hypothesis that rPFC is recruited to perform a similar role in the interpretation of doubly-quantified sentences. In the present study, comprehension depends in part on appreciating that a sentence can have multiple meanings, that sub-goal planning may play a role in interpreting the contingency relationship between the interpretive bias associated with a quantifier and the size of the object in the sentence, and that “all” is biased toward a collective interpretation that maps on to a larger object. We hypothesize that this complex process may be coordinated in part by rPFC.

Additional evidence consistent with the hypothesis that rPFC is involved in decision-making during the processing of ambiguous sentences, even though it is not part of the core left peri-Sylvian language network, comes from the study of patients with bvFTD. These patients are not aphasic: their speech is generally well-structured grammatically, and they have minimal difficulty interpreting word meaning, although they do have some difficulty appreciating the hierarchical structure of lengthier narratives (Ash et al., 2006; Farag et al., 2010) and they are impaired at lexical selection when trying to establish common ground with a conversational partner (McMillan et al., 2012b). Despite the absence of aphasia, these patients appear to have difficulty appreciating the ambiguity present in a doubly-quantified sentence. In contrast we observed that healthy young adults (Experiment 1) and healthy seniors (Experiment 2) exhibit a processing cost when interpreting doubly-quantified sentences.

We also observed activation of inferior parietal cortex. One possibility relates this to the quantifier component of a
double-quantified sentence. For example, previous investigations of quantifier comprehension demonstrated inferior parietal cortex activation, supporting a numerosity-related mechanism for understanding quantifiers (McMillan et al., 2005, 2006, 2011; Morgan et al., 2011; Heim et al., 2012). However, parietal activation in previous work was associated with first-order and higher-order quantifiers more than Aristotelian quantifiers like “all” (Troidian et al., 2009a). A related possibility is that the magnitude of the objects (e.g., the size of a puddle versus a lake) contributed to the comprehension of these sentences, and comprehension of the magnitude dimension of these objects may have in part played a role in parietal activation (Heim et al., 2012). This is less likely since magnitude information was present in both the experimental and the baseline stimuli, although detailed appreciation of magnitude may have been needed only for the ambiguous stimuli. An alternative possibility is that parietal activation may be related in part to a component of the decision-making mechanism that integrates several elements of a decision to find an optimal solution (Platt and Glimcher, 1999; Huettel et al., 2005; McMillan et al., 2012a). Additional work is needed to establish the basis for parietal activation in this study.

The BOLD fMRI study additionally demonstrated activation of peri-Sylvian brain regions during the processing of doubly-quantified sentences, including both left pITC and left IFC. These regions are commonly implicated in supporting a core language network (Friederici et al., 2003; Grodzinsky and Friederici, 2006; Grodzinsky and Santi, 2008). It is possible that this core language network is upregulated in part to support the working memory resources needed to disambiguate ambiguous sentences (Mason et al., 2003), but importantly our findings suggest that additional processing resources are also required to support the processing costs associated with interpreting doubly-quantified sentences. Critically, bvFTD patients’ limitations were not related to the magnitude of disease in these core language regions.

We emphasize that our findings are based on converging data from multiple sources, including both fMRI and patient data. This is important because fMRI studies show correlated activation of brain regions contributing to task performance in healthy adults, but do not identify the subset of these regions that are necessary for performance – in this case, the brain regions that contribute to disambiguating a doubly-quantified sentence. Even with a high-level baseline condition such as we used in the present study, there may be other factors contributing to the difference between ambiguous and unambiguous sentences that are not accounted for in the “cognitive subtraction” logic underlying the fMRI study. Perhaps even more crucial is evidence from patients with disease in brain regions critical to testing our hypothesis about the disambiguation of doubly-quantified sentences. This is critical because these patients have difficulty interpreting a sentence even though they do not have aphasia. This emphasizes the apparent contribution of resources that are not part of the core sentence processing network to the interpretation of ambiguous sentences.

There are several shortcomings in our study, and these should be kept in mind when interpreting the results. First, we did not study the role of the parietal lobe in non-aphasic patients with parietal disease to see if they too have difficulty interpreting ambiguous sentences. This would have helped establish the basis for parietal activation, and determined whether parietal activation seen in the fMRI study is related to decision-making or magnitude. Second, it will be important to confirm our findings with another kind of ambiguous sentence to evaluate the specific mechanistic role of the implicated extra-Sylvian neuronal network. With these caveats in mind, our findings are consistent with the claim that frontal and parietal brain regions outside of the traditional peri-Sylvian sentence processing network contribute to the disambiguation of doubly-quantified sentences.

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