SPEAKING WITH FEELING: VERBAL EMOTIONAL EXPRESSION AFTER RIGHT BRAIN DAMAGE

Sue Sherratt
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“Verbal communication is ordinarily and normally imbued with affective and attitudinal nuances”

(Van Lancker & Pachhana, 1998, p. 311)

Why is evaluation important?
• Expresses speaker’s opinion about something (and thereby reflects value systems)
• Constructs and maintains relations between speaker and hearer by informing the listener about the speaker’s attitudes towards things and people
• Organizes the discourse - it tends to occur at boundary points in discourse

Emotional expression may be verbal, nonverbal or extra-linguistic

Right hemisphere & emotion

Two hypotheses

Right Hemisphere hypothesis
• R hemisphere is dominant for emotional processing.
• Right brain damage (RBD) results in deficits in emotional processing.

Valence hypothesis
• R hemisphere is dominant for unpleasant/negative emotions.
• After RBD – less responsive to negative emotions.

Past research
• Focused mostly on nonverbal and extralinguistic expression of emotion after RBD.
• Limited research (mostly using rating scales) into verbal/lexical expression of emotion after RBD.
• RBD speakers rated as less emotionally intense, reduced in emotionality, less accurate in emotions expressed.
• 2 studies of lexical emotional expression after RBD – reduction in emotional content and lower rate of affect words.

Assessment of verbal emotion

Emotion is complex – it can be articulated explicitly or implicitly.
It is subjective and value-laden - therefore difficult to systematize or label.
Few relevant in-depth analysis procedures – global rating scales usually used

The appraisal framework (Martin and colleagues) has been used to analyze the expression of attitudes in a wide variety of discourse types.

The term “appraisal” focuses on attitudes: it is used for the “semantic resources used to negotiate emotions, judgment and valuations, alongside resources for amplifying and engaging with these evaluations” (Martin, 2000, p. 143).

Pattern of appraisal choices considered to form a “prosody of attitude” (Martin & Rose, 2003, p. 14) flowing through the sample like musical prosody.

Appraisal resources:

Three categories/dimensions + a grading system

Appreciation
how speakers evaluate a text or a process
“What do you think of that?” (e.g. that was really creepy)

Judgment
evaluation of the ethics, morality or social values of people’s behavior
“How would you judge that behavior?” (e.g. he is honest, a great historian)

Affect
how something makes them feel
“How do you feel about it?” (e.g. I’m happy)

Amplification (grading system)
how speakers grade their attitudes towards people, things or events
(e.g. the most God-awful crash, his head was peeled open like a tomato tin, sort of frightened).

Previous research using appraisal analysis

• 7 RBD and 10 NBD male, monolingual English, community-dwelling speakers
• 2 personal experience narratives – one positive + one negative (30 in total)
• Analyzed in terms of 3 appraisal resources and grading (Martin & White, 2003).

• RBD tended to use less total appraisal resources overall, particularly for negative topic
• On positive topic, RBD and NBD used similar types of appraisal.
• On negative topic, RBD used appreciation more than affect i.e. they appraised things more than they expressed feelings.
Discussion

Speakers with RBD demonstrated limited emotional lexical expression in both tasks. These speakers thus reflected a similar limitation to that observed in their personal experience narratives (Sherratt in press). Thus they appear to have similar difficulty in providing authorial (1st person) and non-authorial (2nd or 3rd person) lexical emotional expression. No RBD speakers had visual difficulties so the picture format of the task does not appear to have affected their performance.

In the procedures, emotional expression of both groups was similar. Procedures are inherently factual, objective and non-person oriented. Therefore, the reduced emotional expression in the procedural task matched the usual performance of the speakers with RBD. They may also have particular difficulty in expressing judgement and affect, as demonstrated in all tasks (including personal narratives – Sherratt, in press).

Questions

Given that speakers with RBD often have impaired nonverbal and/or extra-linguistic emotional expression, are they able to express emotion lexically and to what extent in picture-sequence narratives and procedures?

If they are able to express emotion lexically, which appraisal resources do they use in the two tasks to do this and in what proportion compared to NBD speakers?

Results

Quantity of appraisal

RBD vs NBD:

- RBD=NBD on picture narrative
- RBD>NBD on procedure

Two tasks:

- RBD: narrative retell = procedures
- NBD: narrative retell > procedure

Categories of appraisal used

Amplification (grading)

- RBD-NBD in proportion of appraisal categories
- RBD-NBD - amplification category most frequently used

Procedure

- RBD-NBD – appreciation and amplification most frequent
- NBD judgement>RBD judgement

Discussion tasks (100 total)

- 2 six-picture narrative retells
- 4 complex, male-oriented procedural tasks

“Tell me how you would...”

Discourse analysis

- For each discourse sample, appraisal resources were identified and classified in terms of
  - 3 Appraisal categories (appreciation, affect and judgement)
  - Amplification (grading)
- The incidence of appraisal resources was calculated in terms of resources per T-unit (clause complex).

Final comments

Facilitating lexical emotional expression may benefit those people by supplementing their limited nonverbal and extra-linguistic expression.

Affective difficulties are among the most important factors influencing the outcome of rehabilitation for people with RBD and other acquired disorders and often produce the greatest burden for family members, other staff and long-term social integration.

The insights gained from this research may assist in facilitating their social integration.

References


Press.


Press.


All 17 participants

community-dwelling, monolingual British males with a minimum of 10 years of education

7 RBD participants

- strongly right-handed
- single RH CVA
- no diagnosed/reported visual impairments
- aged 54-77
- TPO 2y6m to 5 years

10 NBD participants

- right-handed
- matched for age and socioeconomic status to RBD group