Investigation of the Linguistic Construction of Identity in Individuals with Traumatic Brain Injury

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Traumatic Brain Injury

• Traumatic brain injury (TBI) results from an external insult to the brain and can often lead to lifelong devastating disability (Togher et al., 2009)
• TBI will be a major cause of death and disability by 2020 (WHO, 2002)
• As a result of increased medical advances – TBI survivors are ever increasing (Hoofien et al 2001)
• Due to the different parts of the brain that are damaged and the different ways people use their brain, TBI results in diverse impairments, including cognitive communicative impairment (Ylvisaker & Feeney, 1998)
• Language difficulties are exacerbated by difficulties in working memory, information processing and executive function (Togher et al., 2009)
Identity

• Not a clear-cut concept in the literature, described as personality, sense of self, multiple identities and more.

• Here we look at it from point of view of Positioning Theory (Harré & van Langenhove, 1999) which views ones whole identity as consisting of multiple selves (roles with goals)

• The environment/situation is important in identity formation (Eckert, 2000)

• Conversation is an important medium (Eckert, 2000)

• Identity changes with life changes (e.g. illness)
Positioning Theory

• “what people are, to themselves and others, is a product of a lifetime of interpersonal interactions superimposed over a very general ethological endowment” (Harré & van Langenhove, 1999)

• Metaphor of positioning
  – one can position others or oneself
  – can be positioned directly or indirectly
  – can be positioned by environment/situation

• People are positioned, or position themselves with respect to their rights and duties within evolving story-lines, on the bass of claims about relevant personal attributes (Harré et al., 2009)

• Positioning is a continuous, lifelong process
TBI & Identity

• Maintaining a positive identity has proven to be very important in the rehabilitation of individuals with TBI (Ylvisaker & Feeney, 2000; Cloute, Mitchell & Yates, 2008; Fraas & Calvert, 2009)

• Positioning ability can differ depending on power, capacity and of course is more difficult for individuals with cognitive difficulties
  – With a cognitive difficulty, one has increased difficulty staying in control of positioning themselves (i.e. rejecting or accepting how they are being positioned by others)
Despite the highlighted importance of a positive identity in TBI rehabilitation there has been little research on how this identity is constructed in the conversations of those with TBI.

Cloute, Mitchel and Yates (2008) look at identity construction from a linguistic perspective using ethnographic interview to establish evidence of identity construction as well as the identities constructed.

This study goes beyond this to investigate the process of identity construction through language in everyday communication settings, outside of the therapeutic environment.
What can we learn about identity construction from the conversations of individuals with TBI?

**Sub questions**

- How do these individuals position themselves relative to their disability?
- How do these individuals position themselves relative to their communication partner?
- To what extent and in what way do the communication partner, and/or the environment influence this construction of identity?
Design and Participants

• Qualitative design
• Case study approach with ethnographic elements
• 3 primary participants who have had a moderate to severe injury were selected from a local residential rehabilitation facility
• Secondary participants
  – stranger
  – For every primary participant a program manager
  – For every primary participant a family member/guardian who knew the individual before the injury.
Data Collection

- Ethnographic interviews with primary participants
- Ethnographic interviews with the caregivers
- Ethnographic interviews with the program managers
- Conversations between participant and a stranger

- Formal assessments of language & cognition:
  - Mini Mental State Examination (MMSE)
  - Porch Index of Communication Assessment (PICA)
  - Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)

- All data audio and video recorded
• Data transcribed for Systemic Functional Linguistics (SFL) using aliases
• 5% is re-transcribed for accuracy/reliability/consistency (Müller, 2006)
• Formal assessments are scored according to instructions to obtain baselines
• SFL analysis is carried out (see next slide)
Systemic Functional Linguistics

• A framework of language analysis devised by Halliday & Matthiessen (2004)
• It is socially oriented, recognises the context of the conversation and communication is viewed in terms of strengths
• The analytical focus is on choices made by the communicators in order to create meaning
• This framework is gaining increasing popularity in the field of clinical communication
• It has been used to describe linguistic strategies used by individuals with TBI (Togher, Hand & Code, 1996; Togher et al., 2006; Jorgensen & Togher, 2009)
SFL contd.

- SFL focuses on 3 metafunctions
  - Interpersonal metafunction: choices made in the mood system – e.g. speech roles, apprasial.
  - Ideational metafunction: what people talk about (how they see themselves, talk about their lives), assume role or maintain goals, positioning relative to the TBI.
  - Textual metafunction: theme/mode of the clause & cohesive devices used
Due to the vast nature of results that are part of this dissertation project, this poster will focus on a small component of the results.

The following slides examine:

- One participant
- Ideational metafunction
  - which explores what people talk about
  - This is done by examining the process types of the clauses used
Participant

- Mr. Johnson (pseudonym)
- Guardian is his older brother
- Injured in 1991, when in mid 30’s
- Injury occurred while at work at a natural gas plant. He fell over 30ft, landing on his head.
- He attends rehab center from 8am to 8pm on the weekdays
- Lives with his brother and brother’s wife
Mental Clauses

- Mental Clauses provide the researcher with information on the senses (e.g. feeling, seeing, thinking) of the participant & allows one to identify the cognitive, “he knows the car” perceptive “he saw the car”, desiderative, “he wants the car” and emotive “he likes the car” properties that are assigned to the participant.

- Here we look at Mr. Johnson’s cognitive clauses.
He uses these cognitive mental clauses to:

1. describe the cognitive difficulties he experienced after the injury:
   – I didn’t know nothing.
   – I didn’t know where in the heck I was.
   – ... for months I didn’t know nothing.
   – I didn’t know none of my family.

2. relate these difficulties to memory:
   – I wouldn’t even remember a name.
   – ... a week later I might remember exactly what I want to remember.
3. To express awareness that others know about his memory difficulties
   – They know I’ve got a short term memory sometimes.

4. To emphasise what he does know and remember
   – I know I have to have a say
   – I know how to raise a garden
   – I remember before they built I-40 through it used be route 66.
   – I remember some of the gals that would have graduated my high school.
5. To express his opinions and thoughts
   – I think he’s sometimes getting aggravated with me
   – I think she works... on Sunday
   – I thought about getting remarried.
   – I think it’s wrong.
   – I understand that I’ve got to have it (walking aid)
   – I’ve been thinking about that this morning.
   – I learnt about that quite a while back.
   – I’ll believe it when I see it.
   – I guess not everybody’s that way.
Discussion

• This brief overview of cognitive clauses suggests that Mr. Johnson positions himself as someone who has dealt with a great deal of memory issues and that remembering was a major concern for him after his injury.

• The cognitive clauses that Mr. Johnson uses when speaking about his memory are almost all in reference to the distant past.

• The fact that he also uses cognitive clauses to focus on what he currently thinks, knows and does remember, indicate that he now wishes to distance himself from this position. It seems he no longer wants to assume the identity of an individual with memory difficulties.
Implications

• The TBI survivor population is ever increasing and any research in this field is therefore important.

• Research on identity is an aspect already important in rehabilitation, however although identity is formed through the medium of conversation there is, right now, little research on its construction in the everyday conversations of individuals: linguistic construction of identity.
• The results and discussion outlined here are but a brief component of the greater dissertation project which combines results across metafunctions and within the conversational context.

• For additional information on this project please contact:
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Selected References


