

Introduction

Stories of real-life experiences, which are part of the narrative genre of discourse, are ubiquitous in everyday conversation (Ervin-Tripp & Küntay, 1996; Johnstone, 1990; Labov, 1997; Polanyi, 1989). For this reason, it is important to include narratology in our clinical research and practice. The current study addresses what narratologists propose to be the core function of narrative, i.e. its *raison d'être*: to convey a point of view about an event (Labov, 1972; Polanyi, 1989).

In the literature, discussion of reference-making or *transmission of information* is often used to contrast with the topic of the current study, namely point-making or *transmission of significance*. In Labov's seminal work on narrative (1972), he differentiates expression of the narrative event line, i.e., expression of the 'who, what, when, and where', from expression of the narrator's stance on the 'so what', or 'why the story was told in the first place.' He terms this process of making one's point(s) as (*narrative*) *evaluation*, and the linguistic means of narrative evaluation as *evaluative devices*.

In the aphasiology literature, a similar differentiation has been made. Nespoulous, Code, Virbel, and Lecours (1998) contrast *referential behavior* or *referential aspects of language* with *modalizing behavior* or *modalizing aspects of language*. Referential (verbal) behavior makes reference to "persons, objects, ideas, and so on" (p. 317), while modalizing (verbal) behavior conveys the speaker's personal attitude or the illocutionary force (Austin, 1962). Moreover, Nespoulous et al. propose that referential and modal types of linguistic behavior display a dissociation in the speech production of individuals with aphasia, with modalizing aspects of language being relatively preserved.

A previous study (Olness, Matteson, and Stewart, in press) concluded that "narrators with aphasia use qualitatively similar categories of evaluative devices, and combine and distribute them in similar places in the narrative structure, even though they may use linguistically less complex forms to perform these functions," as compared to narrators without aphasia.

The current study extends the work of Olness et al. (in press) to examine whether narrators with aphasia use evaluative devices to add prominence to the same type of content as do narrators without aphasia. Specifically, Labov (1972) proposes that narrators can add prominence to information in the narrative temporal-causal event line, or they can use devices to add prominence to information provided outside the narrative temporal-causal event line. The current study asks whether similar proportions of in-event-line and out-of-event-line information are highlighted in the narratives of speakers with and without aphasia as they use evaluative devices.

Methods

Participants/interviewees

Participants were 33 demographically matched, English-speaking, middle-aged adults. Seventeen had aphasia of varying severity, and sixteen had no neurological disorder. Each group included similar proportions of three demographic subgroups: African-American males, African-American females, and Caucasian females. (See Tables 1 and 2.) All were participants in a larger discourse study, from which they were selected into the two clinical groups based on similarity of age, educational background, geographic origins and religious background, to control for the potential effects of these demographic factors on the use of evaluative devices in narrative. Most were middle-aged with a maximum education level of high-school, community college, or trade school. All but five of the participants (each in a different subgroup) were reared for at least a portion of their childhoods in the Southern United States, and 96% of these in Texas specifically.

Narrative theme

Participants told a narrative of a frightening experience, as part of a larger clinical discourse interview. Female interviewers, race-matched to narrators, asked narrators to, "...think of a time when you were frightened or scared. What happened?"

Nature of the data set

See Table 2.

Analysis

Based on a specified list of evaluative devices (Appendix), instances of each evaluative device were identified in the narrative of each participant. Each occurrence of an evaluative device was further coded for the proposition in which it occurred.

For each proposition that was assigned prominence through the use of evaluative devices in that proposition, the number of times that the proposition was highlighted using any form of evaluation was noted. Propositions were then compiled into a semantic paraphrase, with the propositions assigned the most prominence listed first, and those assigned the least prominence listed later, in sequential order. The logical coherence of this paraphrase, relative to the topic of the narrative, will be judged as either coherent or incoherent (making sense or not making sense as a unit, relative to the topic).

Each proposition that was assigned prominence, as listed in the paraphrase, was categorized as falling on or off the main event line. (See Table 3 an example analysis derived from the narrative of a speaker with moderate aphasia.) Proportions of main-event-line propositions that are assigned prominence vs. non-main-event-line propositions that are assigned prominence will be calculated for each narrative.

Results

Data from 6 participants has been analyzed to date (two moderate-severe or moderate, and one mild in each of the three demographic groups). The semantic paraphrase for each of these 6 participants was coherent relative to the topic, with the exception of the paraphrase of the participant with moderate-severe aphasia, which was incoherent.

In narratives of participants with moderate-severe or moderate aphasia, 80% to 87% of the propositions that received prominence were not on the main event line. In narratives of participants with mild aphasia, 55% to 76 % of the propositions that received prominence were not on the main event line. Across all participants, non-main-event line propositions were assigned prominence more frequently than main-event-line propositions.

Discussion

These preliminary findings suggest that even though the types of evaluative devices used may not vary by aphasia severity (Olness et al., in press), the types of content that are assigned prominence may be different for those with more severe aphasia, as compared to those with less severe aphasia. This trend will be further explored with analysis of the additional transcripts of individuals with aphasia, and individuals with no aphasia. Seeming structural similarity in use of evaluative devices across clinical groups may not necessarily correspond with group similarity in the semantics that are assigned prominence using these evaluative devices. This supplements the hypothesis of Nespoulous et al. (1998) that modalizing language may be relatively preserved in aphasia; modalizing language may be distributed in different proportions of event-line and non-event line propositions for speakers with moderate aphasia, as compared to speakers with mild aphasia. Results hold implications for the design of future treatment approaches pairing evaluative language with referential language in discourse contexts, as a way to improve referential language functions.

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Table 1: Age, highest education level attained, and socioeconomic status of participants (2 clinical groups in three ethnic/gender groups)

Participant Group	<i>n</i>	Age		Socioeconomic status			
		(in years)		Highest education level attained		(maximum = 7)	
		Median	Range	Median	Range	Median	Range
African-American males	11						
With aphasia	6	56	47-72	3	2-4	4.5	2-7
Without aphasia	5	52	44-66	3	2-4	4	2-4
African-American females	11						
With aphasia	6	61	44-74	2.5	2-4	3	2-6
Without aphasia	5	56	46-68	4	1-5	4	3-7
Caucasian females	11						
With aphasia	5	48	43-74	3	2-4	5	2-5
Without aphasia	6	55	40-67	3	3-3	4	3-5

Note: Highest education level attained is specified ordinally by number; 1=less than 12th grade, 2=high school graduate, 3=community college or trade school, 4=some college, 5=four-year college graduate

Note. Socio-economic rating was adapted from Featherman & Stephens (1980); higher numbers reflect higher socioeconomic status.

Table 2: WAB-AQ scores, aphasia severity, and narrative length for APH and NBI participants, by demographic group

Participants	WAB-AQ (max = 100)	Aphasia severity	Narrative length (in propositions)
African-American males			
A-APH26	50.4	Moderate	16
A-APH21	53.8	Moderate	12
A-APH17	74.8	Mild-moderate	8
A-APH08	77.2	Mild-moderate	13
A-APH11	89.2	Mild	12
A-APH15	93.1	Mild	49
A-NBI (<i>n</i> = 5)	All > 93.8	---	25, 31, 37, 48, 87
African-American females			
A-APH22	50.1	Moderate	15
A-APH27	52.4	Moderate	24
A-APH04	59.5	Moderate	23
A-APH23	80.4	Mild-Moderate	30
A-APH03	92	Mild	32
A-APH28	93.4	Mild	70
A-NBI (<i>n</i> = 5)	All > 93.8 except one (93.6)	---	17, 30, 36, 43, 94

(Table 2 continues)

(Table 2 continued)

	WAB-AQ		Narrative length
Participants	(max = 100)	Aphasia severity	(in propositions)
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Caucasian females			
C-APH35	40.3	Moderate-severe	85
C-APH11	59.6	Moderate	10
C-APH29	79.2	Mild-moderate	24
C-APH37	82.1	Mild-moderate	78
C-APH 33	87.2	Mild	27
C-NBI (<i>n</i> =6)	All > 93.8	---	44, 50, 51, 51, 60, 90

Note: Participant numbers are the actual numbers assigned to participants in the larger research project. This numbering is maintained for continuity of reference to participants across studies.

Table 3

Ethnic/ gender group	WA B score	Aphasia severity	Participant number	Story topic	Proposition, and the number of times that prominence was added to it using evaluative devices								
					<i>Reaction to seizure (Ah!)</i>	<i>Calling on God (Oh Lord!)</i>	<i>Anger</i>	<i>Now OK</i>	<i>Praise God</i>	<i>can't talk</i>	<i>not long time angry</i>	<i>siren (sound)</i>	<i>Why (did this happen)?</i>
AA Male	50.4	Moderate	A-APH26	stroke	2	3	6	1	1	3	2	1	1

Semantic paraphrase, in descending order of number of times that each proposition was assigned prominence. Elements on main event line are underlined

I was angry, but not a long time. Oh Lord! Can't talk. Ah (seizure)! Why? Siren sound (arrival of ambulance). Now OK. Praise God. (8 propositions)

Paraphrase is coherent, i.e., makes sense relative to the story topic.

Eighty-seven percent of the propositions (7 out of 8) that were assigned prominence were not on the main event line.

Appendix

This appendix contains lists and examples of narrative evaluative devices included in the analysis, in each of four functional categories. The evaluative devices included in the analysis were gleaned from a subset of key works on narrative evaluation (Berman, 1997; Grimes, 1975; Johnstone, 1990; Labov, 1972, 1997; Longacre, 1996; Polanyi, 1989). To enhance theoretical coherence, the authors adapted from this same literature four categories of hypothesized ways in which evaluative devices function to add prominence to information in narratives. Each device is listed under any functional category (or categories) that the literature suggests may be associated that device. Notably, the literature mentions more than one way in which the device of repetition may function to add prominence to information, so repetition is listed under two different categories. Theoretically, any single instance of repetition may be performing both of these prominence-enhancing functions simultaneously (Olness et al., in press).

Category 1: Slowing or suspension of the narrative event line

- a) addition of commentary external to the event: *This is for real!*
- b) introduction of direct speech. In direct speech, a character may also comment on the events. (See (a) above.) Longacre (1996) states that use of direct speech also increases vividness.
He said, "It's important." I go, "Say man! John sit down!"
- c) addressing listener directly: *You know? That let(s) you know...they had somethin'!*
- d) flashbacks or flashforwards, e.g., a mid-narrative flashback to a childhood story, to explain the fear associated with events in the current story
- e) repetition. (See also Category 2 below. Note that this list of repetition types excludes repetition associated with cognitive-linguistic processing difficulties, as differentiated in Ulatowska et al., 2000)
 - i. exact repetition: *Uh woman uh um rude. Rude.*
 - ii. repetition with expansion: *It was in church My stroke hit right here in church.*

- iii. paraphrase: *He just talked, talked... He was always running his mouth.*
- iv. syntactic parallelism: *And this car was sitting there. And this guy was sitting there."*
- vi. rhyme and alliteration (not evidenced in the current study)

Category 2: Information intensification

- a) repetition of information (See above. Also suspends narrative event line)
- b) pitch peak. Words in which the highest pitch (in cents) was in the top 10% of pitches for a given speaker (Wennerstrom, 2001): *It seem¹²⁹⁸ like it took¹⁰⁸⁵ forever¹³⁹⁰ to get that plane stopped.*" (Note: Pitch in cents is not indicated on words which are not in the top 10% of pitches.)
- c) profanity, onomatopoeia, and non-linguistic noises: *"I hear, Pow!"*
- d) expressive lexicon (cf. Armstrong, 2005):
 - i. nominal: *idiot*
 - ii. verbal: *careened*
- f) attributives: *petrified; crazy; You're in a strange theatre...and here sit... 10, 12 boys...*
- g) predicate modifiers: *so calm; all along the street*
- h) clausal qualification of an evaluation: *Very scared for what was going on because no communication*
- i) evaluative action (a reaction in the story line to something already evaluated).

Category 3: Use of irrealis

- a) negation: *I couldn't use none of it.*
- b) future tense: *It's gonna be hard. It's gonna be some sick days. But we're gonna pray.*
- c) modals: *They could've killed her; And they had to come get me.*
- d) imperatives: *Load (th)em up.*
- e) 'if/then' conditionals: *If he hit me, I was goin(g) be run o(ver) by the traffic.*
- f) questions: *And then, why? ('Why did I have a stroke?')*

g) adversatives (e.g. 'but'): *I was tryin(g) to wake up. But I couldn't get up.*

h) disjunctives (e.g., 'or'): *I just didn't know...a good man or a bad man?*

Category 4: Use of comparators

a) non-figurative comparators with 'like' and 'as': "*I knew that my son had not been as active as he had been before.*"

b) superlatives: "*...the most scariest time of my life.*"

c) similes: "*My son looked like the elephant man.*"

d) metaphor: "*It's a crapshoot.*" (referring to life)

e) idioms "*Freeze on that.*" ('don't do that')