

## INTRODUCTION

Language used for expressing opinions and feelings – so called evaluative language – is essential to the expression of the individual's identity. As people with aphasia are especially vulnerable to issues of identity change (Shadden, 2005) and are potentially restricted in the process of working through these issues via language, it is important to understand their abilities in this regard. Research also suggests that the coherence of aphasic discourse improves when the speaker is discussing emotive topics (Borod et al., 2000), thus it appears that evaluative language may well provide another avenue for improving communication.

In recent years, illness narratives have become an important area of investigation in order to understand how individuals deal with disruptive life changes associated with chronic illness including stroke (e.g. Faircloth, Boylstein, Rittman, & Gubrium, 2005). For aphasic individuals, the stroke narrative would constitute a powerful tool for exploring the experience of aphasia and reconstruction of identity.

This paper represents preliminary findings from an ongoing study examining evaluative language in stroke stories across a range of individuals with aphasia. Excerpts from the stories of three individuals will be used as illustrations.

### The Data

Stroke recounts of three individuals with aphasia were analysed. Participants SL and CP provided oral recounts, while MD's text was part of a diary written a year post stroke. MD was a 60 year old American male, with moderately severe aphasia; SL was a 55 year old African American female, with mild aphasia, who was 5 years post stroke; CP was a 68 year old African American female, with moderate aphasia, who was 3 months post stroke.

The analyses used were based on two primary functions of evaluation (Hunston & Thompson, 2003) – (i) to express the speaker's or writer's opinion, and in doing so to reflect the value system of that person and their community, and (ii) to organize the discourse. Evaluative devices fulfilling these functions were noted, including the speaker's reflection on the event in question, direct speech, repetition for emphasis, and use of emotive words (Labov, 1972).

### Functions of evaluation

#### *Expressing opinions*

At the more emotive end of the continuum is the discourse of SL who drew on numerous images, using much metaphoric language to convey her feelings. In the setting stage of her narrative, she recounted the following:

*At that time, in my mind, I could see the picture of the old lady. When I say old, I mean a hundred, a hundred and two or a hundred and five and she was sitting in a wheelchair..... And there was a nurse prancing prancing around in front of*

*her and made a a attempt to feed this lady in her mouth and I pictured that as being me. And I said no no God this can't be me.....*

This reflects a suspension of the actual chain of events in the physical realm, while the narrator elaborates on particular feelings occurring to her at the time. SL's religious affiliations – evidenced in her talking to God – conveyed an important part of her identity in terms of cultural conventions and practices.

CP provides a different type of evaluation, embedded more within the action in terms of evaluative lexical items (in bold) and dialogue:

*Well I was **scared** when I had my surgery and when I had my stroke. I was **scared** because I didn't know what had happened to me. And ah, I got up, I tried to get up. But I fell back down and then my daughter em said what's **wrong** with you momma. I said, I don't know what's **wrong**. And they said sit down before you fall again. I said, **shoot** it's something **wrong** with me. And they looked at me and said it sho' is.*

CP also demonstrates the use of direct speech, which is considered a complex form of evaluation in that it “translates our personal narrative into dramatic form” (Labov, 1972, p. 396).

However, even in the presence of clauses that are not syntactically or semantically ‘correct,’ evaluation can obviously be present – consider the following extract from the narrative of MD:

*I know I was gonna be sick some day. I know it. Maybe it was for dreams I did have....Anyway I did do cripple. Yeah I did sick it was my head. Ha. I guess I had it for sixty years but I had some fun...It is to laugh. I have I am still for fun...It is to laugh. I have I am still for fun because I am still alive....*

In this example, lexicogrammatical breakdown is evident, however the evaluative meanings are clear through both the use of individual words such as *sick*, *cripple*, *fun*, as well as whole clauses e.g. *it was for dreams*, *I did do cripple*, *I am still for fun*.

### ***Organisation of the text***

While numerous other organizing mechanisms exist within discourse such as cohesive devices and chronological continuity, evaluation is important in maintaining the ‘point’ of the story, and linking relevant points. For the non-brain damaged speaker, evaluation can occur at almost any point in the narrative. Such evaluation was evidenced in our data. For example, CP's use of evaluation as an organizing device throughout the text was evident. At the outset of the story she oriented the listener to the fearful experience she was describing. She then inserted similar reflections throughout the text. In addition, CP used a coda, judging her own reactions as being normal under the circumstances:

*But ain't nobody ain't nobody gon be brave going through nothing like that  
I was scared*

## **DISCUSSION**

This preliminary exploration suggests that it is possible for mildly to moderately aphasic speakers to make use of evaluative language to convey their attitudes and feelings, and to use it in a way that helps to organize their discourse coherently. The fact that evaluation could be ascertained from incomplete utterances is consistent with the idea that aphasic speakers do not have to have intact syntax and semantics in order to convey meaning. However, further studies may well uncover differences between aphasic and non-brain-damaged speakers. Other factors such as personal style, gender, education, ethnicity, and severity of aphasia need to be investigated.

As emotive topics may facilitate better language use, opportunity to use evaluative language may well provide a rich and meaningful environment for aphasia therapy. In addition, the stroke narrative provides a promising way for the clinician and person with aphasia to approach important identity issues.

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