

Verbal Play as a Communicative Resource in Aphasia Treatment

Tara Marcoski, Claire Smego, Mentors: Suma Devanga, Doctoral Candidate, Julie A. Hengst, Ph.D.
 Department of Speech and Hearing Science, College of Applied Health Sciences, University of Illinois at Urbana-Champaign

Introduction

Aphasia is an impairment in language use due to brain damage. There are 80,000 new cases of aphasia each year in the United States (NSA, 2008). Speech language pathologists (SLPs) design treatments that help patients recover their language abilities.

Sherratt & Simmons-Mackie (2015) argue that, "humour has a substantial role to play in engaging clients by developing rapport, enhancing motivation, and facilitating more equal participation in interaction" (p. 16). This study investigates the role of **verbal play** in a 15-session **barrier treatment study** (Devanga, 2014) in which no specific attempt was made to elicit humor or verbal play. The participant with aphasia (Mr. Lee) and a communication partner worked together to identify, label, and place familiar photographs on their playing boards.

The current study analyzed video data from 10 of Mr. Lee's treatment sessions (5 with clinician-partner, 5 with spouse-partner). Drawing on Hengst (2006), all episodes of verbal play were identified and coded for speaker, interactional forms, resources, and functions.

Research Questions

1. How do the measured resources and functions differ amongst the two target pairs of people?
2. Does the number of people in the room affect the number of verbal play episodes?
3. Who (clinician, participant with aphasia, moderator) is responsible for initiating each episode of verbal play?

Acknowledgments

I would like to thank all of the participants and members of the Discourse Analysis Lab, especially Claire Smego for her contributions to the project. I would also like to thank my mentors, Suma Devanga and Dr. Julie Hengst, for their support, guidance, and previous work on this study.

References

- Devanga, S. (2014). *Language Learning in Social Context: An Aphasia Treatment Case Study*. Unpublished doctoral research project. University of Illinois-Urbana Champaign.
- Fraley, B., & Aron, A. (2004). The effect of a shared humorous experience on closeness in initial encounters. *Personal Relationships*, 11, 61-78.
- Hengst, J.A. (2006). "That mea:n dog": Linguistic mischief and verbal play as a communicative resource in aphasia. *Aphasiology*, 20:02-04, 312-326. DOI: 10.1080/02687030500475012
- National Stroke Association. (2008). <http://www.stroke.org>
- Saroglou, V., Lacour, C., & Demeure, M. (2010). Bad Humor, Bad Marriage: Humor Styles in Divorced and Married Couples. *Europe's Journal Of Psychology*, 94-121.
- Sherratt, S., Simmons-Mackie, N. (2015). Shared humour in aphasia groups: "They should be called cheer groups". *Aphasiology*, DOI: 10.1080/02687038.2015.1092495

Method



Figure 1: Suma and Mr. Lee



Figure 2: Mr. and Mrs. Lee

Description of Data Set Analyzed (Devanga, 2014)

- Participants**
- Mr. Lee, a 75 year-old monolingual English speaker; 8-months post MCA infarct, with diagnosis of Moderate to Severe Conduction Aphasia
 - Suma Devanga, Clinician Partner
 - Mrs. Lee, a 75 year-old monolingual English speaker, wife
- Barrier Treatment Protocol (BTP):**
- 6 barrier task trials with alternating roles of director and matcher
 - 1st-5th treatment session: Suma and Mr. Lee
 - 11th-15th treatment session: Mr. and Mrs. Lee
- Participants work to arrange the target cards in the same manner as the director
- The current study analyzed all playful episodes:**
- The first 5 sessions between Suma and Mr. Lee, and the 5 sessions between Mr. and Mrs. Lee
 - Throughout the full session (not just during barrier task trials)

Operationally Defining Verbal Play (Hengst, 2006)

- Verbal play episodes are single or multiple utterances that share a common theme
- Resources are categorized as either verbal, prosodic, gestural, or other
- Functions are categorized as either narrative, teasing, referencing, or other

Data Analysis Procedures

- All coding was completed by watching the videotapes and transcripts were used to assist documenting identified episodes
- All episodes were identified, coded, and analyzed
- Any discrepancies in the coding were sorted out through consensus

Resource Categories

- Verbal resources include linguistic resources, shifts in verbal register, jokes
- Prosodic resources include marked shifts in voicing, use of sound effects (e.g., humming, whistling)
- Gestural resources include gestures as a response or as a substantive component (e.g., pointing)
- Other if descriptors were not deemed fit

Function Categories

- Narrative functions include fables, jokes, funny/quirky stories about everyday events
 - Referencing functions include episodes that are directed at the expense of others or oneself
 - Referencing functions include playing/learning new sounds/words to identify cards during BTP
 - Other if descriptors were not deemed fit
- Secondary Functions**
- Episodes that could be coded for multiple functions were only coded for the over-arching function (see example below)

VERBAL PLAY EXAMPLES	
Referencing between Mr. Lee (L) and Suma (S) Tx 5, VP #198	S: Okay number f i v e...is the church L: Church...alright that looks good...havin' a...church for these center [XXX XXX] sinners...for the sinners...I don't [XXX] know S: Uh huh [laughing] yeah...church for the sinners L: Now [XXX] for them
Teasing between Mr. Lee (L) and Mrs. Lee (X) Tx 13, VP #59	L: Yeah I'm not getting it hhm? X: It's kind of dark in here L: Hmm? X: It's kind of dark in here L: ... that'd be okay right...we'd be younger *oh X: Ooh there's light *Moderator turns on light
Teasing between the moderator (M), Mr. Lee (L), and Mrs. Lee Tx 13, VP #76	M: Pretty bad time to not get your wife's name right L: Yeah M: Don't you think L: I know it what am I gonna do for this...I can't get it M: It's okay to not get her name when you're playing with me L: I know M: But now...you should get it right L: I don't know what I'm gonna do with thi- M: Alright...uhm let's see *All participants still laughing
Referencing/Teasing Secondary Function between Suma (S) and Mr. Lee (L) Tx 2, VP #65	S: Number two is your favorite...Obama. [laughs] L: Got it. S: Alright Number three is...again one of your favorites...Bread Company. L: Alright S: [laughs] Alright. That goes on number three. L: Got it

Table 1: Verbal play examples

Results

Across sessions and partners, a total of 365 episodes of verbal play were identified for further analysis. *Suma and Mr. Lee: 60% of episodes; Mr. and Mrs. Lee: 40% of episodes*

1. How do the measured resources and functions differ amongst the two target pairs of people?

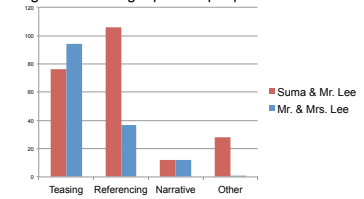


Figure 3: Number of episodes coded by functions and reported by pair

2. Do the number of people in the room affect the number of verbal play episodes?

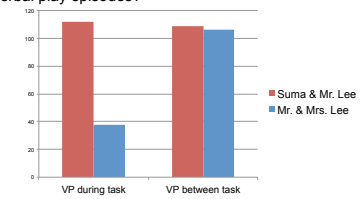


Figure 4: Verbal play during task and non-task

3. Who (clinician, participant with aphasia, moderator) are responsible for initiating each episode of verbal play?

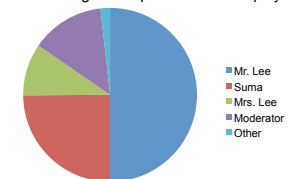


Figure 5: Initiators across sessions

Discussion

Use of humor can positively impact a relationships:

- Saroglou, Lacour, & Demeure, (2010) argue that *self-enhancing humor* can support marital stability
- *Self-enhancing humor* displays the ability to find amusement in life's stresses and can function as "a coping mechanism against life's adversities."
 - Given Mr. and Mrs. Lee's long-term marriage we would expect to see use of self-enhancing humor, such as their frequent friendly teasing, in their interactions
- Fraley & Aron (2004) argue that "sharing humorous experiences during a first encounter between strangers leads to greater feelings of closeness."
- Given Suma and Mr. Lee's new relationship, their high use of humor and its frequent use on the target activity (referencing) may reflect their motivation for, and effort to build, a good working relationship

In summary, humor carries the potential to develop, sustain, and terminate relationships.

Understanding the role of humor can help clinical practitioners develop clinical rapport with their clients and help motivate their participation in clinical activities (e.g., Sherratt & Simmons-Mackie, 2015)