

Expressing Opinions and Feelings in a Conversational Setting

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ABSTRACT

This article examines the ways in which individuals with aphasia communicate opinions and feelings using evaluative language during conversation in an aphasia group. *Evaluative language* refers to semantic resources conveying emotions, judgments, and valuations and includes emotive adjectives, nouns, verbs, and adverbs as well as metaphor. Although individuals with aphasia are known to be able to use evaluative language in a monologic context, little is known about how people with aphasia use evaluative language in conversation, or about the role of co-construction in such usage. The data for this study were collected during a conversation group consisting of five participants with aphasia and a facilitator. The analysis used is based on Appraisal theory (Martin and White 2005) and examined the evaluation categories of Affect, Appreciation, Judgment, and Graduation. Regardless of severity, all aphasic speakers contributed an equal amount of evaluation to the interaction and demonstrated some usage of all types of evaluation. However, those with more severe aphasia relied heavily on their conversational partners to scaffold their opinions and used a range of resources including lexical items, such as *exactly*, and repetition (e.g., “yeah yeah yeah”) to agree emphatically with opinions expressed. Lexical variety was notably less in the aphasic speakers than the non-brain-damaged group facilitator. The article discusses the patterns of skills observed together with the clinical implications for working with people with aphasia on emotional meanings.

KEYWORDS: Aphasia, evaluative language, emotive language, conversation, opinions

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Learning Outcomes: As a result of this activity, the reader will be able to identify the elements of evaluative language, its usage in aphasia, and a potential framework for encouraging expression of opinions and feelings in a clinical setting.

As humans, one of our primary mental states involves evaluating or judging people, things, and events in the world around us. By judging, then conveying these ideas to others, individuals establish their own personal and cultural identity and participate in what is an essential part of successful interaction—conveying opinions and feelings. Although facial expression and gesture are important in this regard, one of the primary ways of conveying opinions and feelings, particularly in any depth and detail, is through language. Such expression is important in typical social interactions, and several authors have also discussed its importance in the renegotiation of identity after stroke and other chronic illnesses.^{1–3} Recent studies^{4–7} have highlighted the particular difficulties people with aphasia face in this regard, being largely deprived of their linguistic resources.

Particular kinds of language constitute the expression of opinions and feelings and this has been termed *evaluative language*. Martin and White⁸ and Labov⁹ define evaluative language in terms of the kinds of linguistic devices that express an individual's perspective in discourse. Evaluative language constructs and maintains relations between the speaker and listener while maintaining their interest in the interaction. Such language is characterized by the use of lexical items such as *love, hate, detest, awful, wonderful, bastard, angel*, clausal constructions such as “that’s not the one for me,” or “it’s a pity that . . .” as well as repetition for the purpose of emphasis, direct speech (providing an emotional immediacy in recounts and narratives) and metaphor. This kind of language enables participation in debate, argument, personal revelation, personal introspection, and reflection. For example, in an argument, one must be able to both challenge and defend, both of which involve evaluation/evaluative language (e.g., I disagree with you—I hated the play as the characters were stereotypical and shallow). In personal revelation/reflection, one must be able to express specific feelings and indicate the source of those feelings (e.g., I felt the earth

was falling from underneath me, as the atmosphere was so hostile).

Preliminary work examining the skills of speakers with aphasia in this area^{4,5,10–14} has suggested that people with mild or moderately severe aphasia have relatively retained evaluative language skills. However, this ability may be restricted when compared with non-brain-damaged speakers, both in quantity and quality, for example, in relation to lexical variety and novel use of metaphors. Little information regarding the use of evaluative language is available on speakers with severe aphasia.

Studies to date have largely been based on monologic recounts and hence have not examined the opportunities to co-construct opinions via scaffolding that may occur in conversation.¹⁵ Only one study¹⁶ has reported on co-constructed evaluation, exploring the differences between the use of evaluative language in monologues and dialogues. In this study,¹⁶ both people with aphasia were able to produce evaluative language in both contexts, but differences were reported. For example, the person with milder aphasia had a more consistent usage of evaluative language across both contexts, and the more severely affected speaker produced more evaluative language in a monologue with the researcher rather than in a dialogue with a friend. The fact that both people with aphasia expressed more positive evaluations during their monologues than dialogues was also of interest. Results suggested that familiarity and relationship with the communication partner, aphasia severity, and processing requirements (monologue versus dialogue) all play a role in the production of evaluative language.

Aside from this study, descriptions of conversation in aphasia have largely focused on the organizational aspects of conversation such as turn taking and repair and grammatical management, rather than on content or attitudes specifically.^{17–19} Beeke²⁰ alluded to evaluation in conversation when she reported on the use of “I suppose” in conversation even when the speaker could not go far beyond this noun-verb

combination or may produce an imperfect utterance to follow. The study highlighted the usefulness of this phrase in prefacing emotional or evaluative statements that enabled the speaker to take and hold a turn in the conversation and assert herself as someone having an opinion, even though the opinion could not always be explicitly stated. Most recently, Simons-Mackie and Damico²¹ have described aspects of engagement and discourse management in aphasia group settings, beginning to unpack aphasic interactions in terms of the role of aspects such as humor, posture, gesture—all adding to our knowledge of the mechanisms behind social connection. Although opinion giving has long been encouraged in aphasia groups,²² there has been little exploration to date of how this is achieved in terms of the linguistic resources required.

This study focuses specifically on evaluative language used within a conversational group setting for people with aphasia and explores the different patterns used by speakers with aphasia of varying severities. It expands on previous analysis of part of the current data set examining pragmatic functions within the group and provides a preliminary look at evaluative devices used.²³ The analysis used (Appraisal Analysis⁸) emanates from a Systemic Functional Linguistic framework.²⁴ This framework includes the notion of interpersonal meanings (in this case, evaluation) as well as more referential meanings conveyed in discourse, relating these to specific lexical items and formulations. The measures used in this study have previously been used in monologic discourse studies where they have demonstrated sensitivity in characterizing the aphasic deficit^{4,5,16} as well as in the exploration of right hemisphere damage.¹⁴

METHODS

The Participants

Five individuals with aphasia (three males and two females), aged between 48 and 72 years, participated in the study (Table 1). They had been aphasic for between 3 and 9 years. Three members of the group—Tom, Anne, and Chris—had mild to moderate aphasia and

Table 1 Description of Participants

Participant	Gender	Age (y)	Time Post Onset (y)	BDAE Severity Rating
Tom	M	68	9	4
Anne	F	72	6	4
Chris	M	58	5	3
Jill	F	57	5	2
David	M	48	3	1
Sarah	F	50	N/A	N/A

BDAE, Boston Diagnostic Aphasia Examination; N/A, not applicable.

were relatively fluent speakers. Jill had a severe Broca's aphasia and mainly spoke in two- to three-word utterances. David had a global aphasia with very restricted repetitive utterances only; however, he had good facial expression and intonation skills and used gesture and writing to complement his verbal output. All were participants in a well-established group for people with aphasia conducted at UK Connect in London. The facilitator of the group, Sarah, was a volunteer trained at Connect to work with people with aphasia, and all members were very familiar with both Sarah and the other members.

The Data

The data were obtained from a music group conducted weekly at the UK Connect center. This group was chosen as its overall aim was to promote social interaction, rather than to improve specific language skills. As opinions and attitudes are central to the interactions, it was felt to be an optimal context to examine use of evaluation. The group initially participated in social conversation, then moved on to a specific conversational task in which they discussed music they enjoyed in their 20s before ending with a conversation surrounding CDs played by individual group members as their favorites. The group was videotaped and the interactions orthographically transcribed. Intonation patterns were noted²³ as were accompanying gestures. Overall, 669 conversational moves were analyzed. A conversational move represented turns expressed grammatically, through clauses and clause

complexes, and semantically, through a particular category of speech function.

Data Analysis

Analysis of evaluative language was undertaken using Appraisal Analysis.^{8,25} It examines “the semantic resources used to negotiate emotions, judgments, and valuations, alongside resources for amplifying and engaging with the evaluations.”⁸ Within the current study, the Appraisal Analysis included the four categories of evaluation: Appreciation, Affect, Judgment, and Graduation. *Appreciation* involves speakers’ reactions to events or individuals they have encountered, as in “I thought it was rubbish” or “The movie was great.” *Affect* involves speakers’ expressions of both negative and positive emotions, as in “I hated the meal.” *Judgment* involves ethical or moral judgments or judgments of other people’s capabilities, behavior, or opinions, as in “His behavior was unacceptable.” *Graduation* involves the way in which a speaker either inflates or minimizes the intensity and degree of what they are proposing, as in “It was terribly important.” Numerous categories of words can be classified as evaluative including verbs, nouns, adjectives, adverbials, intensifiers, and modal adjuncts.

When a person produced instances of explicit evaluative language, this was classified as *independent evaluation*. Evaluations also occurred between speakers (e.g., when a speaker gave an elliptical response to a question that asked for evaluation or when one speaker followed up on another’s comments using the first speaker’s utterance as scaffolding). For example, if asked a question “Did you think this was good?” someone might respond, “Yes.” Such responses were classified as co-constructed evaluation and were further classified according to the meaning contained in the question. In the example just given, the questioner was asking for Appreciation, hence the response “Yes” was classified as Appreciation. When some kind of assessment occurred related to a previous comment in terms of degree of agreement or disagreement, responses were counted as co-constructed Graduation (e.g., one speaker says “That was wonderful,” and another adds “Exactly” or “Yeah oh yeah”).

They reflect greater intensity of agreement than a simple *yes*. Intonation and stress patterns, gesture, and facial expression were used to support decisions of Graduation.

In this analysis, the percentage of total moves containing appraisal/evaluation across the discourse was calculated, as well as the percentages of evaluative moves contributed by each individual speaker to the overall discourse. These analyses provided a sense of who contributed the most and least evaluation to the conversation. Independent and co-constructed evaluations were also calculated separately. The amount of evaluation as a percentage of each speaker’s individual moves was calculated to examine the extent to which opinions and feelings were expressed in their participation throughout the conversation. The frequency of each different type of appraisal category as a percentage of total occurrences for each speaker was also calculated. Lexical variety used across speakers was also examined.

When all participants responded “Yes” at the same time and in response to a question or comment involving evaluation, they were each credited with co-constructed evaluative moves in individual tallies to determine the different types of evaluative language in which they were engaging. However, calculation of the overall total number of moves in the discourse only included one representation of such moves.

RESULTS

A total of 669 moves were made during the session. Of these, 194 (29%) contained some form of evaluation. The facilitator’s utterances are included in this total. As can be seen in Table 2, all aphasic group members contributed relatively similarly to the overall amount of evaluation, and there did not appear to be a relationship between severity of aphasia and participation in evaluation, even though the quality of contribution varied enormously. Jill, one of the more severely affected speakers, produced the most evaluative moves, and David, the man with global aphasia, also produced a significant amount. Chris and Anne, who were more mildly affected speakers, contributed a slightly lower percentage of evaluation. However, when considering the construction of

Table 2 Amount of Independent and Co-Constructed Evaluation Used by Individual Group Members, Expressed as a Percent of Their Total Evaluative Moves (Raw Numbers in Parentheses), and as a Percentage of Total Evaluative Moves for the Group

Participant	Total Evaluative Group Moves (%)	Independent (%)	Co-Constructed (%)	BDAE Severity Score
Sarah	18	86 (31)	14 (5)	n/a
Tom	17	65 (22)	35 (12)	4
Anne	14	78 (21)	22 (6)	4
Chris	13	36 (9)	64 (16)	3
Jill	22	19 (8)	81 (34)	2
David	16	0 (0)	100 (30)	1

BDAE, Boston Diagnostic Aphasia Examination; N/A, not applicable.

the evaluation (independently or co-constructed), the effect of severity is obvious. Both Jill and David relied heavily (and in David's case, totally) on other speakers' comments as scaffolding for their evaluation, and in fact used limited independent evaluative language. It is also noted that the facilitator used the highest amount of explicit evaluation.

Table 3 Individual Speaker Contributions to the Discourse

Participant	Total Moves	Total Moves Containing Evaluation	Moves Containing Evaluation (%)
Sarah	194	36	18.5
Tom	130	34	26
Anne	118	27	23
Chris	81	25	31
Jill	119	42	35
David	77	30	39

Table 4 Use of Independent Evaluation Categories by Individual Group Members, Expressed as a Percentage of Each Member's Total Use of Evaluation (Raw Numbers in Parentheses)

Participant	Appreciation (%)	Judgment (%)	Affect (%)
Sarah	58 (18)	23 (7)	19 (6)
Tom	64 (14)	32 (7)	4 (1)
Anne	43 (9)	19 (4)	38 (8)
Chris	89 (8)	11 (1)	0 (0)
Jill	63 (5)	0 (0)	37 (3)
David	0 (0)	0 (0)	0 (0)

When examining their individual contributions (see Table 3), it is of interest that the facilitator, Sarah, had the lowest percentage of evaluations in her moves and David had the highest. It appeared that the facilitator was understandably focused on facilitating the group and hence had other work to do on interactional aspects of the group rather than only providing her opinions via evaluative language. Conversely, David, with limited language abilities, was more focused on giving his opinions and was less able to engage in other aspects of the conversation (e.g., information giving than the other participants).

In terms of type of evaluation used, all speakers used the range of categories (see Table 4).

In terms of independent evaluations, Appreciation was used most frequently and was realized primarily by adjectives. This was consistent between the speakers with aphasia and the nonaphasic facilitator, although it can be seen that David produced no explicit evaluations. However, Jill also used numbers to indicate evaluation (e.g., after listening to a CD and hearing others' evaluations, she said "eight out of nine out of ten").

An example of typical Appreciation is the following:

Example 1

Anne: That was quite fun (*Graduation + Appreciation – Independent*)

David: Oh

Tom: Happy days (*Appreciation – Independent*)

Chris: They were weren't they
(*Appreciation – Co-constructed*)

The aphasic speakers were also able to demonstrate Judgment:

Example 2

Sarah: Who was she with
 Anne: Onassis
 Jill: Yeah
 Tom: He married Jackie
 All: Yes
 Tom: And he broke her heart (*Judgment – Independent*)
 All: Yes yes (*Judgment – Co-constructed*)
 Tom: Allegedly
 Anne: And he wasn't very nice either
 (*Graduation + Judgment – Independent*)

In co-constructed evaluations, there was more of a mixture of types used, with Affect being used the most by three of the speakers (including the facilitator), Appreciation by two of the speakers, and an equal amount of Affect and Appreciation, and less Judgment by speaker A (see Table 5). The increased use of Affect reflects the questions from the facilitator (e.g., “Did you like it?” “You seemed to be enjoying it,” etc.). Examples of co-constructed evaluation led by the facilitator Sarah are given below:

Example 3

Sarah: You seem to be enjoying that
 Tom: Yeah yeah (*Affect – Co-constructed*)
 Very good (*Graduation + Appreciation – Independent*)

Throughout the session, evaluative sequences were primarily initiated by the facilitator rather than the people with aphasia—typically following the facilitator’s expression of opinion or asking or a question. The aphasic speakers either agreed or disagreed with her. However, once the evaluation was initiated, people with aphasia responded to other group members’ comments as well as the facilitator’s. An analysis of questions (e.g., “Did you like it?”) versus comments (e.g., “It was very uplifting”) that elicited evaluation revealed that although the facilitator specifically asked for people’s opinions more than other group members, the people with aphasia produced a significant amount of comments following other people’s comments. This demonstrates that they were active participants in providing evaluation, taking turns in the conversation, and weren’t just relying on questions about their thoughts.

Table 5 Use of Co-Constructed Evaluation Categories by Individual Group Members, Expressed as a Percentage Each Member’s Total Use of Evaluation (Raw Numbers in Brackets)

Participant	Appreciation (%)	Judgment (%)	Affect (%)
Sarah	20 (1)	20 (1)	60 (3)
Tom	42 (5)	16 (2)	42 (5)
Anne	33 (2)	17 (1)	50 (3)
Chris	25 (4)	6 (1)	69 (11)
Jill	62 (21)	21 (7)	17 (6)
David	33 (10)	20 (6)	47 (14)

However, as can be seen in the examples below, the evaluation sequences were brief and lacking in much elaboration and lexical variety.

Example 4

Tom: Dusty Springfield
 Anne: Oh yes I loved her (*Affect – Independent*)
 Chris: I didn't like her (*Affect – Independent*)
 Anne: I liked her (*Affect – Independent*)

Of the 194 moves involved in evaluation, 44 included some kind of Graduation (see Table 6). The most frequent users of Graduation were the two severe speakers, Jill and David. It must be noted that their Graduation was almost always co-constructed, whereas the majority of the others’ was independent. Examples included Jill’s frequent use of “Exactly,” which had the function of amplifying the evaluation expressed by the previous speaker. David on the other hand, primarily used repetition of “Yeah” to amplify and express his agreement. However, he also used the word *just* to accompany a facial expression or gesture that indicated good/fantastic. This was his only real independent evaluative word

Example 5

Tom: A very clever singer (*Graduation + Judgment – Independent*)
 Anne: It's very nice (*Graduation + Appreciation – Independent*)
 Sarah: It's nice to be introduced to something (*Appreciation – Independent*)
 Jill: Yeah yeah (*Appreciation – Co-constructed*)

Table 6 Number of Moves Involving Graduation for Each Participant and as a Percentage of Total Evaluative Moves Involving Graduation

Participant	Explicit	Implicit	Total Graduation Moves (%)
Sarah	7	0	16
Tom	6	1	16
Anne	6	0	14
Chris	1	1	4
Jill	1	10	25
David	0	11	25
TOTAL	21	23	

apart from use of “Oh gawd” to indicate some kind of disapproval or “Oh God” to indicate enjoyment. Facial expression, increased stress, and a rising-falling intonation pattern enabled interpretation of these expressions. Examples of Jill’s and David’s evaluations in this light are given below:

Example 6

(Discussing Maria Callas CD)

- Sarah: She has such a quality to her voice
hasn't she (*Appreciation – Independent*)
Anne: Yes (*Appreciation – Co-constructed*)
Jill: Yeah exactly (*Appreciation + Graduation – Co-constructed*)

In terms of lexical variety for the independently constructed attitudes of Affect, Judgment, and Appreciation, the facilitator, Sarah, used the greatest variety of lexical terms (20); Chris and Jill used much fewer, and David used no explicit terms (see Table 7). This aspect largely reflected aphasia severity. It is also of interest to note that all speakers, including the

Example 7

- Sarah: What a voice (*Appreciation – Independent*)
Jill: Exactly (*Appreciation + Graduation – Co-constructed*)
David: Yeah...oh (*waves his hand in front of him*) (*Appreciation + Graduation – Co-constructed*)
Sarah: Quite sort of jazzy as well (*Graduation + Appreciation – Independent*)
David: Yes yeah (*Appreciation + Graduation – Co-constructed*)

facilitator, primarily used words expressing positive feelings.

Reliability

Seventy-five percent of the analysis was checked by a second analyst. Percentage agreement for identification of moves containing evaluation was 93%. Percentage agreement for classification of the different instances of evaluation was 90%.

DISCUSSION

This study highlights the linguistic resources retained by people with aphasia and potential strengths in the expression of opinions and feelings. The fact that even individuals with severe aphasia could contribute significant amounts of opinion-giving in the conversational group setting reinforces the findings of previous studies that this evaluative function is relatively retained in aphasia. In addition, speakers of all severities were able to participate in all subtypes of evaluation examined (i.e., the normal range), again indicating a relatively intact system of evaluation. However, the quality of the evaluative contributions varied enormously depending on aphasia severity. Previous studies have suggested relatively retained evaluative resources in mildly to moderately aphasic speakers; however, no previous work has documented the evaluative language skills of severely aphasic speakers.

It was obvious and hardly surprising that the more severely aphasic speakers depended on their communication partners within the conversation more than the other speakers. For example, in discussing two different pieces of music, the facilitator addressed David specifically and asked for his opinion using evaluative terms. This provided an opportunity for David and then other members of the group to express an opinion on the piece of music, using these terms as scaffolding. On both occasions, four of the five people with aphasia then added their appreciative evaluation. Although the primary initiation of the evaluations may have come from the non-aphasic facilitator, this demonstrates the ability of people with aphasia to engage in opinion-giving. However, people with severe

Table 7 Evaluative Lexical Items Used for Appreciation, Affect, and Judgment

Participant	Lexical Items
Sarah	Adjectives: <i>uplifting, nice, difficult, grand, tragic, brilliant, funny, jazzy, interesting, deep, good, lucky, magic</i> Verbs: <i>enjoy, like, love, stir, upset</i> Nouns: <i>quality</i> Idiomatic phrase: <i>What a voice</i>
Tom	Adjectives: <i>good, terrific, clever, talented, good, funky, wonderful, happy</i> Verbs: <i>like</i> Nouns: <i>quality, rubbish</i> Metaphor: <i>broke her heart</i> Idiomatic phrase: <i>found religion</i>
Anne	Adjectives: <i>nice, lovely, wonderful, good, rich</i> Verbs: <i>like, love</i> Nouns: <i>fun</i> Adverbs: <i>beautifully</i>
Chris	Adjectives: <i>good, okay</i> Verbs: <i>like</i>
Jill	Adjectives: <i>wonderful</i> Verbs: <i>like, enjoy</i> Phrases: <i>James Brown overtones, eight or nine out of ten</i>
David	None

aphasia, in particular, may need to be given explicit opportunities by communication partners to engage more fully in the communicative experience and further develop their use of evaluative language.

Of particular interest is the relatively high use of Graduation as an apparent compensatory device by the more severely aphasic speakers, as the resources required for this have rarely received attention in the aphasia research literature. This occurred primarily in the co-constructed evaluations and provided these speakers not only the opportunity to agree or disagree but also to add intensity to their opinions, even given the low linguistic content of their utterances. Jill’s use of “Exactly” and David’s use of repetition of “Yeah yeah” and phrases such as “Oh gawd” over repeated utterances enabled them to participate as active members of the group who were able to convey very definite opinions. Acknowledgment of such resources adds to our understanding of how people with aphasia “communicate better than they talk”²⁶ and reinforces Olness and Engelbretson’s¹³ suggestion that skills with evaluative language may well be different from, but com-

plementary to, referential language so often identified as the primary problem in aphasia.

Although acknowledging the strengths of speakers with aphasia in this regard, it must also be pointed out that the speakers’ abilities to give opinions were limited in a variety of ways. This is hardly surprising given the lexical and grammatical restrictions faced by all people with aphasia, but may tend to be overlooked if evaluation is consistently described as being “relatively intact.” The fact that the facilitator initiated many of the evaluation sequences in the conversation suggests that some people with aphasia may in fact require lexical prompting or priming to produce evaluative language. The limited lexical variety of the people with aphasia obviously restricts what they are able to express, both in terms of intensity and ideational meaning. For example, the main verbs used were the general verbs *love* and *like*. Words with higher intensity such as *adore, admire, detest*, which are able to convey more intense emotions, were not demonstrated. Similarly, the predominant general adjectives *nice, lovely, wonderful*, and *good* tend to restrict the range of emotions potentially able to be conveyed.

although the topic of this group was music, the kinds of opinions that may be expressed across a range of topics such as politics, art, sport, and personal relationships require a large and specific lexical repertoire. Although it is obviously possible to complement expression with important nonverbal behaviors (e.g., intonation, gesture, and facial expression), impairment in this area can have massive potential effects on the person's ability to convey very specific opinions and being accepted in numerous social situations as an active participant. In addition, although the context of the data was a supportive aphasia group setting, people with aphasia may not as easily be able to assert themselves in this way with limited lexical resources in the wider community. Such inability may well contribute to the problematic issues of loss of identity after stroke, depression, and decreased self-worth discussed by Shadden⁶ and Armstrong and Ulatowska.⁴

The fact that most of the evaluative terms in this sample were positive most likely reflects the supportive nature of the group; however, it is also possible that when lexical access is restricted, it is easier to agree than to disagree. For example, if one speaker disagrees with another, or expresses a negative reaction, there is an expectation that the person will explain why and defend their position. A person with aphasia will find this difficult, sometimes even in the presence of mild aphasia.

The overall role of the facilitator in aphasia groups is obviously important. In this case, the facilitator was trained to do more than ask questions and was encouraged to be an "equal" member of the group in terms of opportunity to give opinions herself. In the authors' opinions, the group was considered to fit into the "well-managed" category as defined by Simmons-Mackie et al²⁷ as involving symmetrical and relatively naturally structured conversation, focusing on everyday topics, and a situation in which the clinician/facilitator was a communicative partner rather than judge of communicative accuracy. Multimodal communication within the group was also encouraged. The facilitator in this study asked both open and closed questions, and conformed to Simmons-Mackie et al's²⁷ notions of "solicitation ques-

tions or requests" in that they functioned as natural requests for opinions as might occur in everyday conversations. However, although she made evaluative comments herself, as well as asked questions and appeared to be an accepted member of the group, it is possible that the aphasic participants were depending on her as facilitator to direct the conversation. Hence the actual structure, rather than even the individual, in this role may have restricted the spontaneous or even diverse nature of their evaluative contributions somewhat.

Simmons-Mackie and Damico²¹ discuss the importance of issues such as gaze, body orientation, and gesture in engaging people in group conversations, and Bernstein-Ellis and Elman²² have made numerous recommendations in this regard. Nonverbal and verbal behaviors are crucial in this endeavor, and the "performance" of participants may reflect not only their impairment but also their degree of comfort in the situation, their interest in the topic at hand, as well as their willingness to contribute. Although this is true of any clinical or social situation, the expression of opinions and feelings is particularly vulnerable to these issues. This is because such expression addresses the heart of the person with aphasia's self-confidence and ability/willingness to attempt to expose their innermost thoughts. The presence of depression may also be relevant in their expression of emotions. Although these issues should be considered in future studies of evaluative language, the participants in this study appeared to be comfortable in the situation and had the opportunity to contribute evaluative comments. Hence, their production of evaluative language was felt to reflect their basic lexical accessing language skills rather than being a function of the facilitator's style.

This leads to another aspect of the use of evaluative language, which relates to personality and discourse style of the speakers involved—both on an individual level and as they position themselves within a group setting. Chris, for example, was a quietly spoken man who contributed less to the conversation overall than several of the other members. Although his percentage of evaluative moves compared with his total moves was similar to

the others, his lexical variety was very restricted and he was primarily involved in co-constructed evaluation similar to Jill and David, despite being less severely aphasic. This could have been due to a specific lexical problem but appeared more likely to be related to his quiet and perhaps less demonstrative personality.

CLINICAL IMPLICATIONS

The “strength” approach to evaluative language highlights the fact that people with aphasia are able to use this kind of language to express opinions and feelings, with recent studies reporting that this function is highly valued by people with aphasia.²⁸ Increased use of evaluative language in therapy and everyday social situations would assist in “normalizing” a communicative interaction through the use of emotive language. In addition, it has been found that emotional topics elicit “better” discourse in people with aphasia.²⁹ Hence, use of emotive topics in aphasia treatment situations and in the home environment would appear to have potential in both providing the person with aphasia a chance to assert themselves, and the opportunity to use and practice retained discourse skills maximally. As clinical tasks have traditionally relied on more factually based materials (e.g., picturable nouns and verbs), this would mean utilizing stimuli that potentially elicit adjectives, more subjectively descriptive nouns and verbs, and intensifiers such as *very*, *awfully*, *terribly*, and *exactly*. In addition, narratives could be produced that would purposefully elicit the person with aphasia’s perspective on a particular event. Conversations could subsequently focus on happy/sad events, opinions on current music, politicians, sportsmen, with ample opportunities provided for people with aphasia to contribute. This may be aided by a variety of conversational ramps.³⁰ Such conversations could potentially not only strengthen rapport between the person with aphasia and their conversational partner, but could promote feelings of confidence and self-worth in the person with aphasia as their opinions are being heard and valued.

Although opinion-giving has been encouraged in many aphasia groups to date, the typology used in this study would enable clinicians to systematically structure group activities

around the different resources of Affect, Appreciation, Judgment, and Graduation. For example, visual cues could reflect each of these categories. Although anecdotally Affect and Appreciation often appear as visual treatment cues (i.e., whether someone liked something or not, felt happy or sad, etc.), Judgment often seems neglected. Judgment relates to people’s behavior and abilities and often has moral implications. Such lexical items as *clever*, *naughty*, *evil*, *polite*, and *rude* might well be included in a set of visual cues related to topics that might elicit such feelings.

Individual therapy could similarly include evaluation-related lexical items rather than remain with the traditional focus on factual information primarily involving nouns and verbs. As Olness and Engelbretson¹³ suggest, working on a linguistic function that may be mediated by right hemisphere involvement as a more interpersonally related endeavor (proposed by Nespoulous et al³¹) may well be an important means of assisting aphasic communication. Relatives and other communication partners could also be trained in the use of evaluative language and ways to elicit this, as part of partner training programs.

Expressing opinions and feelings is clearly an important component of social interaction. Evaluative language is a primary vehicle for doing this and as such is a major resource that could be included in therapeutic endeavors aimed at improving a person with aphasia’s lexical access, communicative opportunity, and ultimately social participation and personal adjustment. Future research should also explore the complementary nature of nonverbal resources in this area to gain a comprehensive picture of aphasic resources in this important function.

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