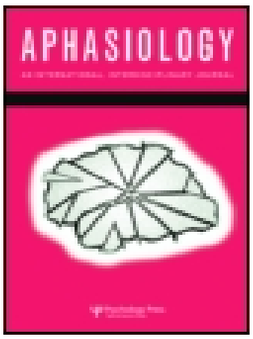

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Stroke narratives in aphasia: The role of reported speech

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Background: Reported speech has been examined extensively in linguistics and discourse research; however, very few studies on reported speech in narratives of individuals with aphasia have been undertaken. Previous research on stroke narratives focused on African American and Caucasian American populations and cultural variations in narrative style (Olness & Ulatowska, 2002).
Aims: The purpose of this study was to analyze the structural roles of reported speech in narratives of persons with aphasia. The following research questions were addressed: 1) Do individuals with aphasia use reported speech in illness narratives?, 2) Do they use direct and indirect forms of reported speech?, 3) What is the distribution of reported speech in the narratives?, 4) What function does reported speech perform?, 5) Who is quoted in the reported speech?, 6) Does the structure of reported speech differ across cultural groups?
Methods & Procedures: Stroke narratives were elicited from 18 Caucasian American and 15 African American individuals with aphasia. The structural and thematic roles of reported speech were analyzed, and comparisons across cultural groups were made.
Outcomes & Results: Participants used direct speech more frequently than indirect. Reported speech occurred primarily in complicating action of the narrative and served a narrative function. Themes pertaining to illness scripts were also conveyed.
Conclusions: The use of reported speech revealed a high level of narrative achievement and preserved pragmatic abilities in the individuals with aphasia. This achievement is invaluable in strengthening relationships and reinforcing community integration.

Keywords: Aphasia; Reported speech; Narratives.

With a loss of language comes a loss of connection to human beings and complications in daily interactions that can lead to immense frustration and social isolation. People with aphasia are assigned a pathological identity of incompetence and often lack the ability to project themselves effectively (Shadden, 2005). While speech-language pathologists focus on the recovery of functional communication, less attention has been given to the ability to project oneself to the world that can result from

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successfully communicating a stroke narrative, a type of illness narrative. In this area, speech-language pathologists are not alone, and there has been an emergence of interdisciplinary interest in narratives of illness across sociology, anthropology, and medicine. For medical professionals to practise with humility, trustworthiness, and respect, they must first have an understanding of the reality of illness as lived by their patients (Charon, 2006). Illness narratives can help accomplish that goal; as neurologist, Oliver Sacks (1993), asserts: clinical narratives are just as important as hard neuroscience.

NARRATIVES

A narrative is a method of "recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which actually occurred" (Labov & Waletsky, 1966, p. 20). In order to produce a narrative, an individual must have a framework for the narrative form, and an ability to utilise scripts and pragmatics.

Although various frameworks are used in analysing narratives (Coelho & Flewellyn, 2003), one primary method used in analysing superstructure is through identifying its components: *setting*, *complicating action*, *resolution*, and *coda* (Labov, 1972). The *setting* provides the background information of the event ("I was sitting on the sofa and having a drink after work"). The *complicating action* provides the events leading to and including the climax of the story ("I started feeling numb and called my daughter right away"). The *resolution* resolves the complications in the story ("They said I had a stroke and I stayed in the hospital for a week"). The *coda* closes the story and brings the listener back to the present context ("And that's what happened when I had my stroke. I am thankful to God for helping me").

The superstructure of a story is usually not created in a vacuum. Scripts are culturally derived, routine activities stored in memory (doctor's visit, grocery shopping) that often assist in developing the narrative framework. The superstructure of a script is often known to both the story teller and listener, and the shared knowledge supports the communicative interaction. Yet structure alone does not suffice in producing an effective narrative. Compelling stories require good pragmatic skills. These include strategies to adjust the narrative for different listeners (Roth & Spekman, 1994) as well as the ability to use devices to add drama and make the story interesting. In an attempt to maintain the listener's attention, one dramatises the story while coherently unfolding its events. This dramatisation can be accentuated by reported speech.

REPORTED SPEECH

Reported speech is quoted or paraphrased speech of oneself or another person and is commonly used in everyday contexts (Coulmas, 1986). There are two forms of reported speech, *direct speech* and *indirect speech*, that are similar but have a few defining differences. *Direct speech* indicates quoted speech of oneself or another (i.e., "The doctor said, 'He had a stroke'."). *Indirect speech*, on the other hand, indicates a paraphrase of oneself or another speaker (i.e., "The doctor said that I had a stroke"). The verb tense of *direct speech* reflects the context in which reported speech was originally spoken (Hengst, Frame, Neuman-Stritzel, & Gannaway, 2005). In contrast,

the verb tense of *indirect speech* reflects the current reporting context; therefore past tense is most often employed.

According to Labov (1972), direct speech is a complex form of evaluation because it "translates our personal narrative into dramatic form" (p. 396). *Direct speech* usually includes paralinguistic markers that indicate the tone/register of the person quoted. Sometimes the speaker even imitates the voice, gestures, and style of the original speaker when using direct speech (Hengst et al., 2005). Direct speech has the power to bring a story to life and draw in the listener, contributing to the "tellability" of the story (Ochs & Capps, 2001; Ulatowska et al., 2004). Direct speech is not merely a rote repetition of utterances, but rather a reconstruction of what was said (Tannen, 1989). *Indirect speech*, on the other hand, is seldom accompanied by paralinguistic markers and is limited to describing what was said by oneself or another (Hengst et al., 2005).

Both forms of reported speech can serve one of two primary functions: a narrative function or an evaluative function. When performing a narrative function, reported speech facilitates the temporal flow of events (i.e., She said, "We have to go to the hospital") (Ulatowska & Olness, 2003). When serving an evaluative function, reported speech may offer advice, an opinion, an emotion, or an assessment of a situation (I said, "Shoot it's something wrong with me") (Armstrong & Ulatowska, 2007).

Reported speech is a valuable narrative tool that allows the speaker to dramatise and re-enact events in the story (Coulmas, 1986; Labov, 1972). As such, reported speech is an important manifestation of pragmatic abilities. Events in the story may be unfolded through the use of dyads, wherein two speakers within a story are involved in conversational exchanges (Shiffrin, 1996). Each speaker produces a turn, which is considered to be the basic unit of conversation (Sacks, Schlegoff, & Jefferson, 1974).

REPORTED SPEECH AND APHASIA

Reported speech is a complex yet common linguistic device, which has been studied extensively in linguistic and discourse practices (Ulatowska & Olness, 2007). However, very few studies exist on the role of reported speech in individuals with aphasia. Much of aphasia research has focused on relatively concrete, factual information (picture descriptions, story re-tell). A recent study by Hengst et al. (2005) indicates that individuals with aphasia use reported speech as a "communicative resource" (p. 138). These individuals are also considered successful communicators because of their ability to reconstruct what was said despite language disruptions.

Other studies have examined differences in communicative styles between individuals with aphasia from different ethnicities. In several previous studies of personal narratives of African American individuals with aphasia (Ulatowska & Olness, 2001, 2003; Ulatowska et al., 2004), it was documented that African American individuals with aphasia produced different styles as manifested by more instances of evaluative language, especially repetition and reported speech for the dramatisation of action. They also used Black English Vernacular, which occurred in reported speech. The present study extends the previous investigations by examining the reported speech in the context of conversational exchanges of the dyads that define illness scripts. This is an important step to relate the language of the illness story to the experiential base of illness scripts.

METHOD

Research questions

This study was designed to evaluate the structural and thematic roles of reported speech in narratives of persons with aphasia. The following research questions were addressed:

- Do individuals with aphasia use reported speech in stroke narratives?
- Do they use direct and indirect forms of reported speech?
- What is the distribution of reported speech in the narratives?
- What function does reported speech perform?
- Who is quoted in the reported speech?
- Does the structure of reported speech differ across cultural groups?

Participants

A total of 33 individuals with aphasia participated in the study: 18 Caucasian Americans and 15 African Americans. All participants presented with a left-hemisphere stroke, with concomitant aphasia. Participants were at least 6 months post onset. The participant characteristics are summarised in Tables 1 and 2. Based on ratings from the Western Aphasia Battery (Kertesz, 1982), aphasia severity ranged from mild to moderate. All participants were native English speakers who lived in the Dallas-Fort Worth metropolitan area.

Discourse elicitation

Most Caucasian American and African American participants were interviewed by clinicians of their respective ethnicities. Usually, on the second meeting with the participants, participants were asked to relate the story of their stroke. Interviews were conducted as part of the administration of a research battery. Some of the testing was done at the university clinic and some in the homes of the participants. Responses were audio recorded and transcribed. Sample transcripts are included in the appendices.

Analysis

Narrative transcripts were analysed independently by four evaluators. Data were analysed descriptively, therefore no statistical analyses were undertaken. Qualitative analyses of data included identifying instances of reported speech as *direct* or *indirect*, characterising reported speech as *narrative* or *evaluative*, identifying its occurrences in the *setting*, *complicating action*, *resolution*, or *coda*, and identifying conversational sequences of reported speech. Quantitative analyses involved counting the number of occurrence of direct/indirect speech and the number of conversational turns per sequence.

Reliability

Analysis of reported speech and distribution in narrative structure was completed by four raters. Point-by-point inter-rater reliability ranged from 95% to 90%, with the

TABLE 1
Demographic and clinical data for Caucasian Americans

Participant	*01*	*02*	*03*	*04*	*05*	*06*	*07*	*08*	*09*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*
Sex	Female	Male	Male	Female	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female	Male	Female	Male	Female
Age	55	59	51	47	50	72	59	60	69	58	68	72	57	67	55	69	65	56
Education	12 years	12 years	12 years	13 years	12 years	16 years	12 years	12 years	14 years	12 years	12 years	16 years	14 years	18 years	14 years	12 years	12 years	12 years
Handedness	Right	Ambi	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Ambi	Ambi	Right
WAB score	95.6	66.4	88.9	82.1		98.2	94	100	67.6	90.4	73.2	73.2	94.4	81	83.3	87.8	84.4	73.7
Aphasia severity	Mild	Mild-moderate	Mild	Mild	Mild	Mild	Mild	Mild	Mild-moderate	Mild	Mild-moderate	Mild-moderate	Mild	Mild	Mild	Mild	Mild-moderate	Mild-moderate

TABLE 2
Demographic and clinical data for African Americans

Participant	*01*	*02*	*03*	*04*	*05*	*06*	*07*	*08*	*09*	*10*	*11*	*12*	*13*	*14*	*15*
Sex	Male	Male	Female	Female	Female	Female	Female	Male	Male	Female	Female	Male	Male	Male	Male
Age	47	61	58	61	50	68	67	68	46	55	64	50	43	40	41
Education	13 years	12 years	16 years	12 years	12 years	8 years	16 years	14 years	8 years	13 years	16 years	12 years	12 years	11 years	12 years
Handedness	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right	Right
WAB score	77.2	93.1	82	84.9	84.1	86.9	87	91.4	80.8	98.2	66.1	90.2	95.1	92.1	72.9
Aphasia severity	Mild-moderate	Mild	Severe	Mild-moderate	Mild-moderate	Mild	Mild	Mild	Mild-moderate	Mild-moderate	Mild-moderate	Mild	Mild	Mild	Mild-moderate

exception of *evaluative* versus *narrative* function which was 70%. Where there were disagreements and ambiguities, an additional researcher was consulted to reach consensus on each point of disagreement.

RESULTS

The quantitative and qualitative analyses of results are indicated below. Most individuals with aphasia used reported speech in their narrative. More individuals employed both types of reported speech (direct and indirect) in their narratives (see Table 3). There were approximately equal numbers of them employing only direct speech or who did not employ reported speech at all. A few individuals only employed indirect speech in their narratives. Reported speech was identifiable in the narratives because participants often used a reporting verb (see Appendices).

Reported speech was primarily located in the *complicating action* of the narrative (see Table 4). Some participants used reported speech in the *resolution* of the narrative. Both *complicating action* and *resolution* are predominantly narrative in structure since they follow a temporal sequence of events.

Direct speech was used early in the narrative to dramatise the action and consequently draw the attention of the listener. Direct speech sequences followed a tight storyline while indirect speech expounded on undeveloped points of the story without redundancy. Most of the participants combined both direct and indirect speech in their narratives. Both forms of reported speech complemented each other and contributed to overall textual coherence.

TABLE 3
Number of individuals using the different types of reported speech in their narrative

	Direct speech only	*Indirect speech only*	*Direct and indirect speech*	*No instances of direct or indirect speech*
Caucasian Americans (n = 18)	5	2	7	4
African Americans (n = 15)	3	2	7	3
Total	8	4	14	7

TABLE 4
Distribution and function of reported speech in narrative components

	Caucasian American		*African American*	
Reported speech	*Direct speech*	*Indirect speech*	*Direct speech*	*Indirect speech*
Setting	1 Narrative 1 Evaluative	1 Narrative	9 Narrative 1 Evaluative	----
Complicating Action	26 Narrative 13 Evaluative	14 Narrative 1 Evaluative	28 Narrative 9 Evaluative	8 Narrative 1 Evaluative
Resolution	17 Narrative 2 Evaluative	1 Narrative	11 Narrative 1 Evaluative	6 Narrative
Coda	----	-----	1 Evaluative	------
Total conversational sequences	44 Narrative 16 Evaluative	16 Narrative 1 Evaluative	48 Narrative 12 Evaluative	14 Narrative 1 Evaluative

Of the total occurrences of direct speech across participants, more instances served a narrative rather than an evaluative function (see Tables 4 and 6). The different functions of reported speech employed by the participants further emphasised their preserved pragmatic abilities. When performing a narrative function, reported speech promoted the temporal and causative progression of the story and contributed to story organisation, chronological continuity, and overall textual coherence. When serving an evaluative function, reported speech was used to assess a situation and provide an emotional context (i.e., themes of fear or confusion), to pray, or to talk to oneself, adding insight into the person's emotions or thoughts (see Appendix A). Both functions were important in expressing different perspectives on the experience of illness by the participants and others in the dyad.

The median number of turns per sequence among the ethnic groups was equal for both direct and indirect speech (see Table 5). Both direct and indirect conversational sequences had a median of two speakers within a sequence. The conversational dyads included in the narratives were *patient–doctor*, *patient–family/friends*, and *patient–self* (see Table 6). A high frequency of *patient–doctor* and *patient–family/friend* dyads was observed in both cultural groups. These dyads within the story were consistent with scripts of illness and revealed the support systems of medical professionals and family.

The occurrence of particular dyads within the story also revealed the communication style and self-disclosure patterns of the individual with aphasia. Those individuals who were more willing to disclose personal coping mechanisms and emotions, for example, used *patient–self* and *patient–God* dyads in their narratives (see Appendix B). When compared to narratives of Caucasian Americans, *patient–God* dyads were more prominent in the narratives of African Americans. The choice of dyads (i.e., *patient–God*) may have been influenced by the participants' personal values and beliefs.

Consistency and relevance of themes, scripts, and characters further illuminated the pragmatic abilities of the participants. Participants purposefully selected multiple characters consistent with those of an illness script. The characters in the story showed various perspectives and represented different support systems. This further enhanced the believability of the narrative.

DISCUSSION

Good pragmatic skills are required in order to produce engaging narratives. Overall textual coherence and tellability are important components of pragmatic skills in story telling. Based on the data presented in this study, the use of reported speech in narratives clearly indicates preserved pragmatic skill of dramatisation of actions by producing multiple voices through the use of reported speech. By sharing coherent and engaging stories of their stroke experience, the participants are considered to be successful story tellers.

Although scripts were not a focus of this study, the use of reported speech indicates that the participants' coherent and organised narratives were influenced by their knowledge of illness scripts. Scripts of sudden onset illness scaffolded themes of fear, confusion, and reliance on family, friends, and God for support throughout the medical intervention (Ulatowska & Olness, 2007). The potential for familiar scripts of everyday activities to support a narrative amid disrupted language is supported by this research. Similar studies on scripts have also documented the ability of individuals

TABLE 5
Instances of reported speech per narrative and description of sequences in terms of the number of turns per speakers

	Caucasian American (n = 14)			*African American (n = 12)*		
Reported speech	*Direct speech only (n = 5)*	*Indirect speech only (n=2)*	*Direct and Indirect Speech (n = 7)*	*Direct speech only (n = 3)*	*Indirect speech only (n = 2)*	*Direct and Indirect Speech (n = 7)*
Number of instances of direct/indirect speech per narrative	1–19 (median: 3)	1–4 (median: 1)	1–2 (median: 1)	1–21 (median: 6)	1–4 (median: 1.5)	1–3 (median: 1)
Number of turns per sequence	1–3 (median: 1)	1–5 (median: 1)	1–2 (median: 1)	1–9 (median: 1)	1–5 (median: 1)	1–3 (median: 1)
Number of speakers per sequence	1–3 (median: 2)	1–2 (median: 2)	1–2 (median: 2)	1–3 (median: 2)	1–2 (median: 2)	1–2 (median: 2)

TABLE 6
Functions of direct and indirect speech in different conversational dyads

	Caucasian American		*African American*	
Reported speech	*Direct speech*	*Indirect speech*	*Direct speech*	*Indirect speech*
Pt—Doctor/Nurse	6 Narrative	3 Narrative 1 Evaluative	17 Narrative	8 Narrative
Pt—Family/Friends	13 Narrative	11 Narrative	16 Narrative	5 Narrative
Pt—God	2 Narrative	-----	1 Narrative 4 Evaluative	1 Evaluative
Pt—Self	9 Narrative 15 Evaluative	1 Narrative	8 Narrative 8 Evaluative	1 Narrative
Other	14 Narrative 1 Evaluative	1 Narrative	6 Narrative	-----
Total dyads	44 Narrative 16 Evaluative	16 Narrative 1 Evaluative	48 Narrative 12 Evaluative	14 Narrative 1 Evaluative

with mild-to-moderate aphasia to produce scripts, in spite of disruptions in discourse (Ulatowska, Freedman-Stern, Weiss-Doyle, Macaluso-Haynes, & North, 1983; Armus, Brookshire & Nicholas, 1989; Lojek-Osiejuk, 1996).

Minimal differences were noted between the two cultural groups. Compared to Caucasian Americans, African Americans employed reported speech early on in the narrative to stage the setting of the story. Content analysis of themes also revealed more instances of religion in the narratives of African Americans as compared to those of Caucasian Americans, which was consistent with the cultural importance of that value (Ulatowska & Olness, 2007).

In general, the use of reported speech among the participants revealed a high level of linguistic accomplishment and preserved pragmatic device used for dramatisation of action. Given differences in linguistic complexity of direct and indirect speech, the ability of some participants in the study to combine both forms of reported speech implies a high level of sophistication in their language despite linguistic and syntactic difficulties that accompany aphasia. This further supports results of similar studies (i.e., Armstrong & Ulatowska, 2007) that illustrate how individuals with aphasia are able to use devices to provide the listener with a context from which to better understand the narrative.

Although not all aphasic individuals in the study produced reported speech, the lack of reported speech in their narrative did not necessarily imply poorer story-telling abilities. Narratives of these participants were primarily descriptive in nature (i.e., "I couldn't move. I couldn't walk. I couldn't talk") and therefore not as engaging. This does not come as a surprise: the use of reported speech is considered as a stylistic variation, even among healthy adults (Ulatowska, Reyes, & Olea Santos, 2009).

CLINICAL IMPLICATIONS

Incorporating reported speech in aphasia narrative therapy is of clinical value for a number of reasons. First, as a linguistic device reported speech plays an essential role in combining two critical aspects of communication: narration and conversation. When integrated in therapy, the individual with aphasia is tasked with conveying

multiple voices to dramatise the action, while moving the story forward. Second, reported speech reflects creative discourse and use of pragmatic devices. Incorporating it in therapy can tap a wider repertoire of the individual's personal communication style and can give the clinician insight on how the individual interacts with his/her environment. Third, reported speech is frequently used in discourse practice; it is not uncommon for individuals to quote another when relating an experience. With the shift of speech-language pathology towards ecologically salient treatment, integrating reported speech in therapy further reinforces the use of functional communication strategies.

From a more general perspective, the use of linguistic devices such as reported speech to facilitate coherent and tellable stories can have a strong impact on the individual's reintegration into society. Coherent personal stroke narratives establish and maintain relationships in the lives of individuals with and without aphasia (Armstrong & Ulatowska, 2006). They may also assist in recognising individuals with aphasia as communicators and yield significant benefits for their level of community participation. Furthermore, coherent stroke narratives may also provide additional benefits for the healthcare team, in that they lead to better patient–doctor communication. In a society where medical professionals are constantly challenged to have a "listening ear" for their patients (Charon, 2006), encouraging individuals with aphasia to produce coherent stroke narratives can be viewed as an important step to self-disclosure and the communication of cultural attitudes towards illness.

Effective communication of personal narratives can also serve as a venue through which health professionals, caregivers, and family members better understand the individual and his/her interpretation of the aphasia experience. It can be a means through which individuals with aphasia can overcome perceptions of incompetence that accompany the language disorder. Thus coherent stroke narratives in a therapeutic setting have the potential for significantly benefiting patients, families and professionals alike.

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APPENDIX A: SAMPLE TRANSCRIPTS

Direct speech

African American (daughter–patient):

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 on down before you fall again.' I said, 'Shoot, it's something wrong with me.' And they looked at me and said, 'It sho' is.'

Caucasian American (patient–doctor):

I couldn't move and the doctor came and found me and said, 'what's wrong?' I mean that was the very first word out of his mouth and uh he said, 'I think you're having a stroke.'

Caucasian American (patient–self):

And I tried to 'Help, help' but it doesn't come. And 'Help, help,' but my mouth doesn't move. . .No, 'What's the matter, what's wrong with me. I don't speak. But why? Why me?'. . . 'Help me please, somebody help me,' But I don't come, the words don't come. . .

African American (patient–God):

I couldn't talk. So I had to look up to the sky and say, "I need you." And I got wind and I said, "I need you Jesus."

Indirect speech

Caucasian American (patient–family):
I told her that something was wrong we needed to go to the hospital.

Caucasian American (patient–doctor):
One of the other doctors came out and he and he just uh he asked me to move

African American (patient–God):
I asked God to let me pull through it if I just got to do it

African American (patient–doctor):
When they told me I had to have heart surgery and that really scared me I told the nurse that my sister was waiting for me in the lobby

African American (patient–family):
I got on the bus you know and rode down town and told her she didn't have to pick me up you know

APPENDIX B: SAMPLE NARRATIVE (CAUCASIAN AMERICAN)

Um. . .I um. . .got up. . .um..from my nap. And I dressed, and um. . .you know. . .um. . .I felt funny. But you know, tired and everything. "We're gonna do it!" And. . .um. . .the. . .um. . .um.. the interim manager was talking to me and um she said something and I said, "I, I'll stroke you know?" "Get out of here, okay?" And I early morning, one thirty two o'clock, um. . .I feel funny and I said, "well, what's the matter. What, I've fallen." And I tried to "help help" but it doesn't come out. And "help, help," but my mouth doesn't move. And I'm tried to get up. "No, what's the matter, what's wrong with me. I don't speak. But why? Why me?" I tried to get up again, no. I I'm stuck, floppin' on the floor. I "help, help," but no words come. "Help me please somebody help me." But I don't come, the words don't come. "Jesus, come on stop it okay." Finally, I starting to get worried. But nothing's, not coming. Floppin' away. Um. . .finally a resident is coming in the door and he says, "what's the matter, what's the matter?" Well, I don't speak. "Help me, help me." I don't speak. I, I am rushed to Memoril, only to Memorial. Um. . .um..six o'clock. Tests won't though. Um I thought I was getting better, but no speak. "Help me, help me". . .no, no I don't have words. Noon, "help me please." I don't see, I don't mmmm no sounds. Five o'clock, um. . .my little brother and um. . .Pat, my lifelong friends, okay. And, "it's okay, we'll, we'll get out of your way" and um "Take me home please." The the um. . .um. . .Peter and Pat and I were talking okay, "I'm okay, I'm going to smoke a little bit and I'm getting out." No. Test were constant. . .um. . .lots of tests. Um we sped over Arlington Memorial, St. Paul's. Um. . .hole in the heart. Okay, "it'll be okay." My little brother's talking to me and everything. . .Um..I'm crying. Peter says, :it's okay, ta-take it step by step, okay?"