ABSTRACT

Introduction: TBI constitutes a major health problem which has been acknowledged recently by World Health Organization’s (WHO’s) Task Force on Mild Traumatic Brain Injury. The results of such research are a necessary prerequisite for designing preventive, therapeutical rehabilitative and general health care measures in order to minimize the burden of this condition on the individual and on society. As early as 1984, Milton, Prutting, and Binder stated that survivors of brain injuries “talk better than they communicate”, meaning they often speak fluently and without an unusual number of grammatical errors but fail to communicate their intents effectively and efficiently. This can be mainly assessed at discourse level. Besides, there is a need to study discourse in different languages and their combinations as is prevalent in the present urban India with multitude of languages. Since in our country, in spite of good acquired literacy in English, native languages only are preferred at home while English is largely used in the work environment. Considering such bilingualism as another factor that may influence the cognitive-linguistic impairment in these individuals is the need of the hour, in Indian context. For these reasons, it has been a long sought goal of TBI researchers to understand if any speech and language impairments in terms of cognitive-communicative deficits are present or not after head injury.

Aim: The aim of the present study was to investigate discourse abilities in Kannada-English bilingual individuals with non-aphasic traumatic brain injury as compared to neuro-typical adults.

Method: The study considered 20 neuro-typical adults and 20 individuals with non-aphasic traumatic brain injury. Discourse abilities in conversation, narration and picture description tasks were profiled in them. These discourse genres were analyzed qualitatively and quantitatively using Discourse Analysis Scale (Hema & Shyamala, 2008) and T-unit based analysis (Hunt, 1970) respectively.

Results & Discussion: Discourse production and analysis distinguished non-aphasic individuals with traumatic brain injury in clinical group from those of neuro-typical adult participants. There was a differential performance in Kannada and English language only in clinical group. Participants in the clinical group had difficulty in all
the three discourse genres at both propositional and non-propositional aspects of qualitative discourse analysis. And in case of quantitative analysis, the clinical group showed difficulty at thematic level and sentential level.

**Conclusion:** Communication is clearly a manifestation of cognition as observed in the present study. The cognitive-communication deficits in bilingual non-aphasic individuals with traumatic brain injury were found reflected in their discourse genres at different levels. The study recognizes the importance of some linguistic variables like syntax, semantics and pragmatics with respect to discourse in different languages which help in differentiation of the non-aphasic individuals with traumatic brain injury from that of neuro-typical adults. The qualitative and the quantitative analysis of discourse genres strengthens the role of speech-language pathologists in the identification, diagnosis, and treatment of cognitive-linguistic deficits as consequences of traumatic brain injury which is well documented in the present study.