

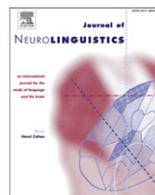


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Adaptation of the Bilingual Aphasia Test (BAT) to Sardinian: Clinical and social implications

Dario Zanetti^{a,*}, Livia Tonelli^b, Maria Rita Piras^a

^aDepartment of Neuroscience, Faculty of Medicine and Surgery, University of Sassari, Viale San Pietro 10, 07100 Sassari, Italy

^bDepartment of Communication, Linguistic and Cultural Sciences, Faculty of Foreign Languages and Literature, University of Genova, Piazza S. Sabina 2, 16124 Genova, Italy

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ABSTRACT

The Bilingual Aphasia Test (BAT) was developed between 1976 and 1982. At present, it has been adapted to over 60 languages and 150 language pairs. Its main function is to assess and compare the residual linguistic abilities in each language of an aphasic patient. The BAT is not only used for bilingual aphasia assessment, but also for the evaluation of the effects of treatment as well as for the assessment of language disorders in bilinguals and monolinguals. Furthermore, it is also used for research in psycholinguistics experiments and in combination with modern neuroimaging and neurophysiological techniques.

This article describes the adaptation of the BAT to the Sardinian variety of Logudorese and in particular to the sub-variety spoken in the town of Bitti (central Logudorese). To our knowledge, this is the first adaptation of the Bilingual Aphasia Test to Sardinian. At the moment, there are no published aphasia tests in Sardinian, and for this reason this adaptation provides the first standardized test for assessment in this language.

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1. Introduction

The main meaning of the word “bilingualism” is more or less clear to everybody. Nevertheless, there are endless myths bound to the concept of bilingualism and bilinguals. For instance, as a general rule

* Corresponding author. Tel.: +39 347 4830153; fax: +39 079 228423.

E-mail addresses: dzanetti@uniss.it, zanettidario@yahoo.it (D. Zanetti), ltonelli@unige.it (L. Tonelli), mrpiras@uniss.it (M.R. Piras).

for many people, bilingualism is a rather rare phenomenon that is found in bilingual or multilingual countries such as Canada, Switzerland and Belgium or in border areas where the borders of a nation do not correspond to its linguistic boundaries (Beccaria, 1996; Grosjean, 1997). Moreover, it is also believed that only the people who speak two or more major languages perfectly, such as German, English or Spanish, can be considered to be genuine bilinguals. But in reality this is not the case as the distinction between “language” and “dialect” is a mere political one, and it is neither of value nor interest to neurolinguistic research (Beccaria, 1996; Grosjean, 1997). In general, bilinguals are individuals who use different languages in different domains and/or situations, for different reasons and with different interlocutors. So it can be asserted that over 50% of the world population is bilingual although, due to political and ideological prejudices, bilingual individuals are considered to be only a very limited number (Grosjean, 1997, 2001). If at least 50% of the world population is bilingual or multilingual, in that case it is also true that there are many bilingual and multilingual people with aphasia or dementia (Paradis, 2001) who need detailed and precise aphasia assessment in their languages Miller Amberber (2011). This could also be stated for Sardinia where several distinct sub-varieties of the Sardinian language are spoken and where, at least in the rural area, the majority of Sardinians are bilingual (Bolognesi & Heeringa, 2005; Loi Corvetto, 1983; Tagliavini, 1982).

Detailed language assessment in each language spoken by a person is not only fundamental for an initial and correct diagnosis but also for effective intervention. As a matter of fact, it is very important that all languages of a person with aphasia are assessed by means of a cross-linguistically equivalent instrument and not by a simple translation of a standardized test from another language (Paradis, 2001, 2004; Paradis & Libben, 1987). The assessment of only one language is not enough, and in the worst case, it can even cause negative social and/or clinical results.

The various versions of the BAT are culturally and linguistically equivalent tests which evaluate the same cognitive capacities as the original version (English–French) (Miller Amberber (2011); Paradis, 2011) i.e. all language tasks are rigorously adapted and not translated in order to examine lexical, morphological and grammatical structures of equivalent complexity in each language, and only in this way are we able to compare a patient’s performance in two or more languages (Paradis, 2004, 2011; Paradis & Libben, 1987). Moreover, all items and all iconic materials used in the various BAT versions are culturally and socially appropriate (Paradis, 2004, 2011; Paradis & Libben, 1987). If the different cultural and linguistic features of a language are not taken into account, the aphasia battery cannot provide trustworthy information about the intact and impaired language abilities (Hambleton, 2001; Hambleton & Kanjee, 1995; Paradis, 2004; Paradis & Libben, 1987). As the degree of impairment may vary across the languages spoken by a bilingual or multilingual person with aphasia (Paradis, 1983), the data obtained through the use of a translated version of a standard aphasia test could be incomplete, misleading or even erroneous and would inevitably lead to an incorrect diagnosis with significant outcomes for the patient Miller Amberber (2011). We always have to keep in mind that it is a fundamental right of every individual to receive accurate and detailed language assessment in each of their languages even if these languages are not very common Miller Amberber (2011). Even the translation of standard test materials across language pairs which are closely related or somehow similar needs careful consideration of subtle cultural and linguistic differences even if the grammatical, morphological and lexical items are more or less the same (Hambleton, 2001).

Based on the results obtained by the assessment of both languages, the clinician together with the patient’s family can decide which language should be treated in order to facilitate the reintegration of the aphasic patient into society (Paradis, 2001, 2004; Paradis & Libben, 1987). At present, it is not yet clear if treatment in one language benefits the non-treated language (Paradis, 2004). Therefore it is important that there is effective measurement of language recovery not only to guide intervention but also future research (Paradis, 2001).

The data obtained through the use of a cross-linguistically equivalent instrument such as the BAT, permits us to correlate the patient’s recovery patterns to various factors, such as acquisition and use of the languages and also to understand how language is organized in the brain (Fabbro, 1999; Paradis, 2001, 2004; Paradis & Libben, 1987). For that reason, those factors which are important for research into the neuro-functional organization of a bilingual’s brain are not only useful to the clinicians in order to make a better diagnosis, but also to speech and language therapists in order to treat the impaired language in a much better and efficient way (Fabbro, 1999; Paradis, 2004).

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