Implications of Exposure to Aphasia With No Training: The Nocebo Effect in a Controlled Trial

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Table 1: Control group ratings for participants who got worse at second interview

<table>
<thead>
<tr>
<th>Factor</th>
<th>Controls doing worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure of Skill in Supported Conversation (MSC)</td>
<td></td>
</tr>
<tr>
<td>(Rating of volunteer communication partner)</td>
<td></td>
</tr>
<tr>
<td>Acknowledging competence</td>
<td>8/20</td>
</tr>
<tr>
<td>Revealing competence</td>
<td>9/20</td>
</tr>
<tr>
<td>Measure of Participation in Conversation (MPC)</td>
<td></td>
</tr>
<tr>
<td>(Rating of participants with aphasia)</td>
<td></td>
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<tr>
<td>Interaction</td>
<td>7/20</td>
</tr>
<tr>
<td>Transaction</td>
<td>4/20</td>
</tr>
</tbody>
</table>

Discussion

Expectations vs. Results

Expected: Trained volunteers improved on conversational ratings after training.

Unexpected: A number of control participants demonstrated worse communication after exposure to aphasia.

In other words, for a number of volunteer communication partners, nocebo effects appear to have been associated with exposure to people with aphasia through the first interview itself and/or through exposure to people with aphasia in the control condition. Moreover, results also indicated diminished conversational participation of several participants with aphasia for the control group.

Clinical Implications and Beyond

Consider the many situations in which people are “exposed” to someone with aphasia.

In a hospital setting:

- When health care personnel experience a first interaction with someone with aphasia;
- Potentially amplified impact in situations such as medical rounds where students observe interactions between patients and doctors.

With families:

- Consider the potential impact on perceptions of competence and on subsequent interactions when families observe aphasia treatment.

In the community:

- The behavior of laypeople who are ill-informed about aphasia might actually deteriorate with repeated, unsupported exposure to people with aphasia.

- In other words, the observation of an adverse reaction among control participants suggests the possibility that initial interactions with someone with aphasia might negatively impact subsequent interactions. If this is accurate, even the lower limits of the confidence intervals in Table 1 are cause for concern since this suggests that almost 20% of participants became worse communicators.

This begs the question:

HOW MUCH and WHAT TYPE of exposure:

- MORE POSITIVE interactions for people with aphasia.

If the results of this small study are in any way representative of what happens in real life, a focus on training of communication partners may be even more important than indicated from the positive results of training studies.

Future research is warranted to investigate this interesting and potentially important effect.

References


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