

Dynamics of emotion processing in post-stroke aphasia: Insights from continuous valence ratings during naturalistic movie-viewing

Manuel Jose Marte^{1,2} Bryce Gillis², Colin Galvin³, Laura Rigolo³, Yanmei Tie³, Swathi Kiran¹, & Einat Liebenthal²

*Center for Brain Recovery, Boston University¹ Institute for Technology in Psychiatry, McLean Hospital, Harvard Medical School²,
Department of Neurosurgery, Brigham and Women's Hospital, Harvard Medical School³*



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL



INSTITUTE FOR
TECHNOLOGY
IN PSYCHIATRY
@McLean Hospital



Brigham and Women's Hospital
Founding Member, Mass General Brigham



McLean
HARVARD MEDICAL SCHOOL AFFILIATE

Disclosures

- The authors have no relevant financial or non-financial interests to disclose. The authors have no conflicts of interest to declare that are relevant to the content of this presentation.

Learner Outcomes

1. Describe differences in emotional processing between persons with aphasia (PWA) and controls.
2. Explain how continuous emotional reactivity ratings inform language processing.
3. Discuss implications for clinical practice, and identify future research directions in this area.

Assessment in Aphasia

- Current Approaches \neq Real Life Communication
- Traditional Assessment Limitations:
 - Static tasks that don't reflect daily interactions
 - Single modality when communication is multimodal
 - Missing emotional context of real conversations
 - Limited ecological validity

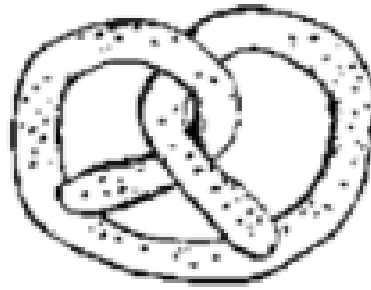
How can we better capture what really matters in communication?

Rethinking Assessment

- How do people with aphasia process language in real life?

- Traditionally:

- Picture naming
- Word lists
- Structured tasks



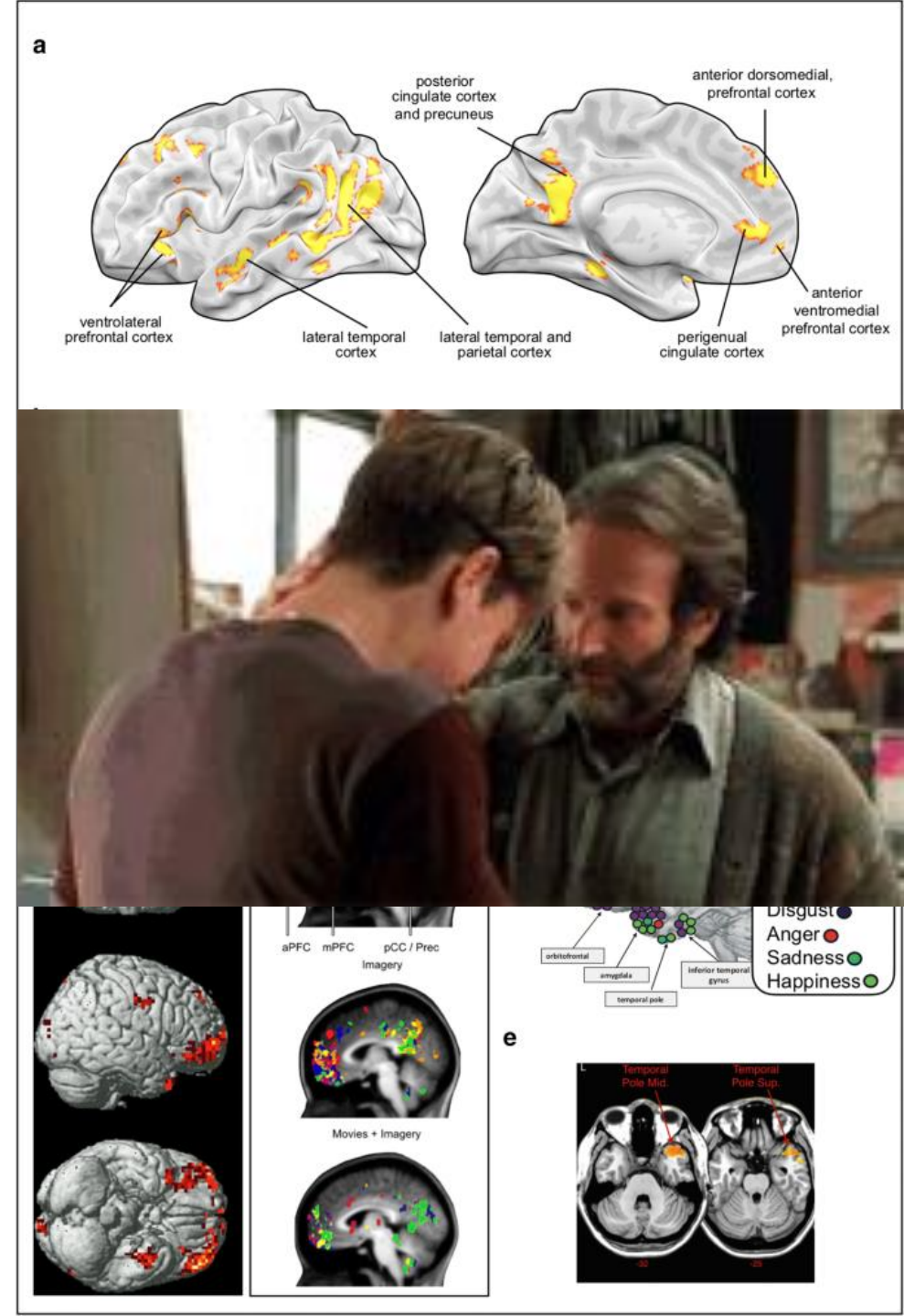
- Real life:

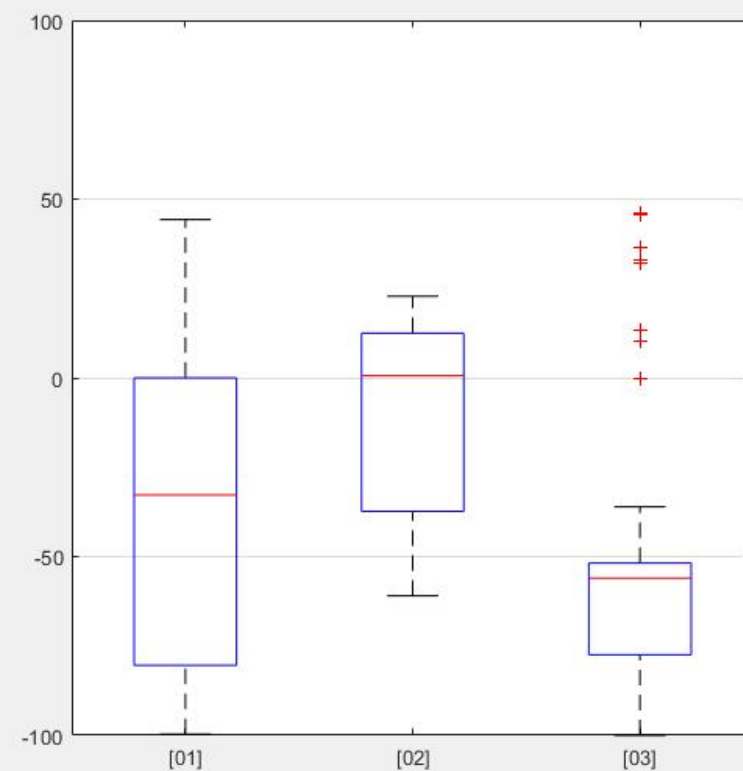
- Dynamic conversations
- Multiple speakers
- Emotional content



Why Emotions Matter

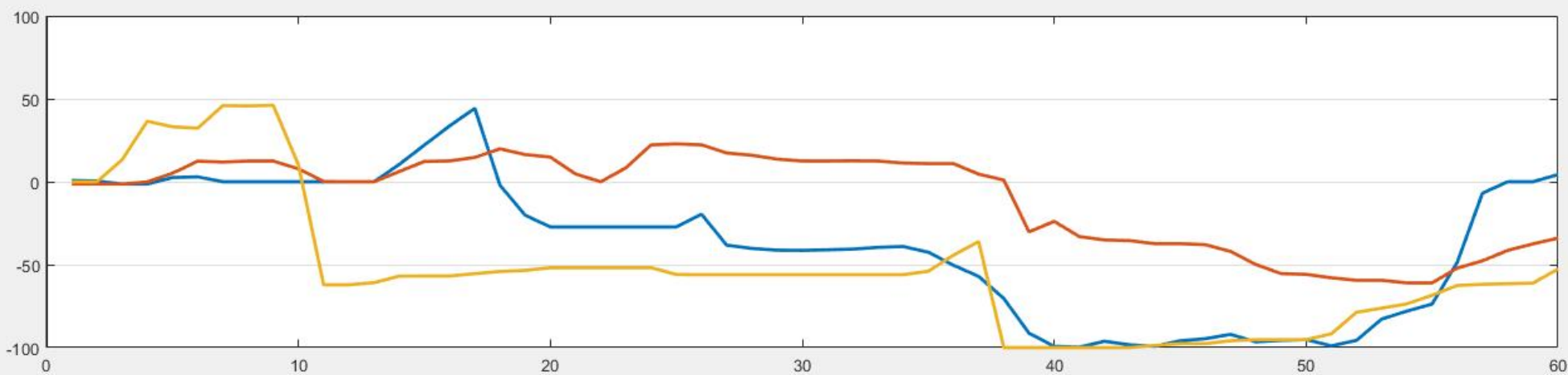
- Emotion shapes how we process language
- Language helps us understand emotions
- Both systems work together in daily life
- ((psych const. acct))
- Clinical relevance:
 - More engaging?
 - More functional?
 - Motivation?
 - Simulated social connection?
- What kind of stimuli?
 - Movies!





Annotation Files

[01] Robin-Williams-EH
[02] Robin-Williams-HD
[03] Robin-Williams-JG



Add Annotations

Remove Selected

Remove All Files

Show Mean Plot

Analyze Ratings

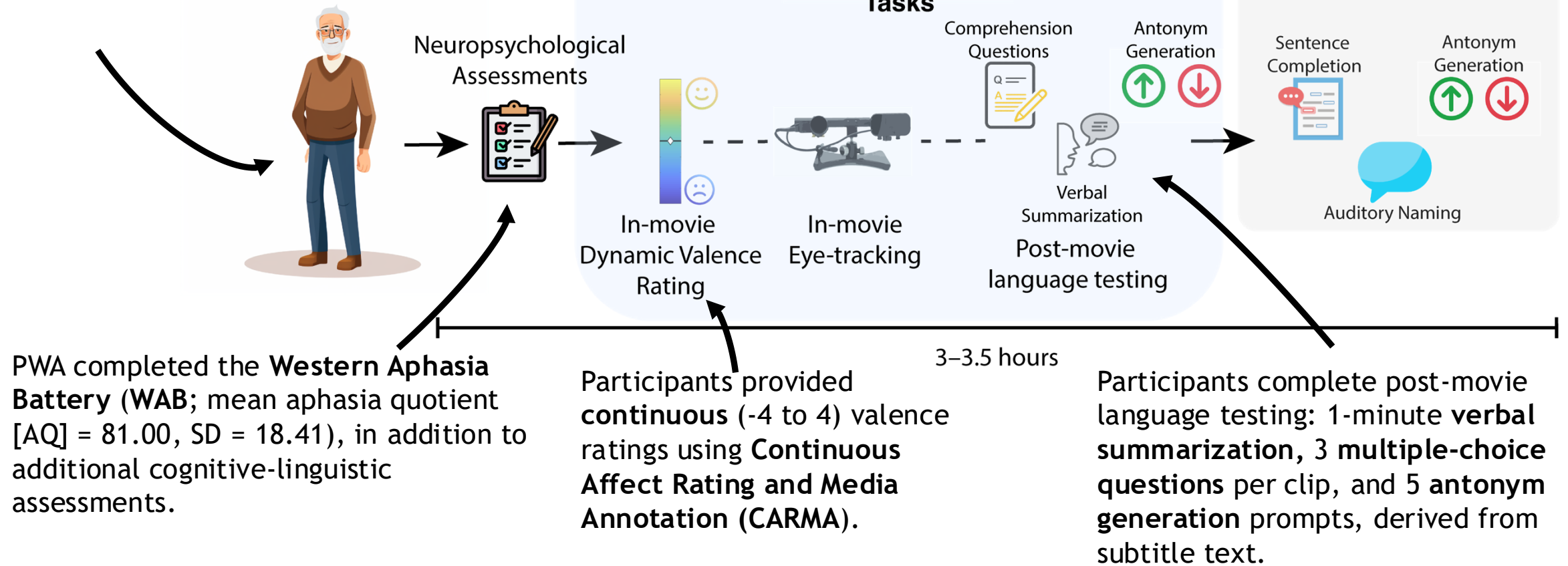
Play

Aims

- Key Questions:
 - Do PWA process emotions differently?
 - How does language processing influence emotional reactivity?
 - What can patient-specific patterns tell us?

8 movie clips from DynAMoS (Girard et al., 2023), 2-5 mins each, selected for emotional variety & consistency of response elicited in pilot study.

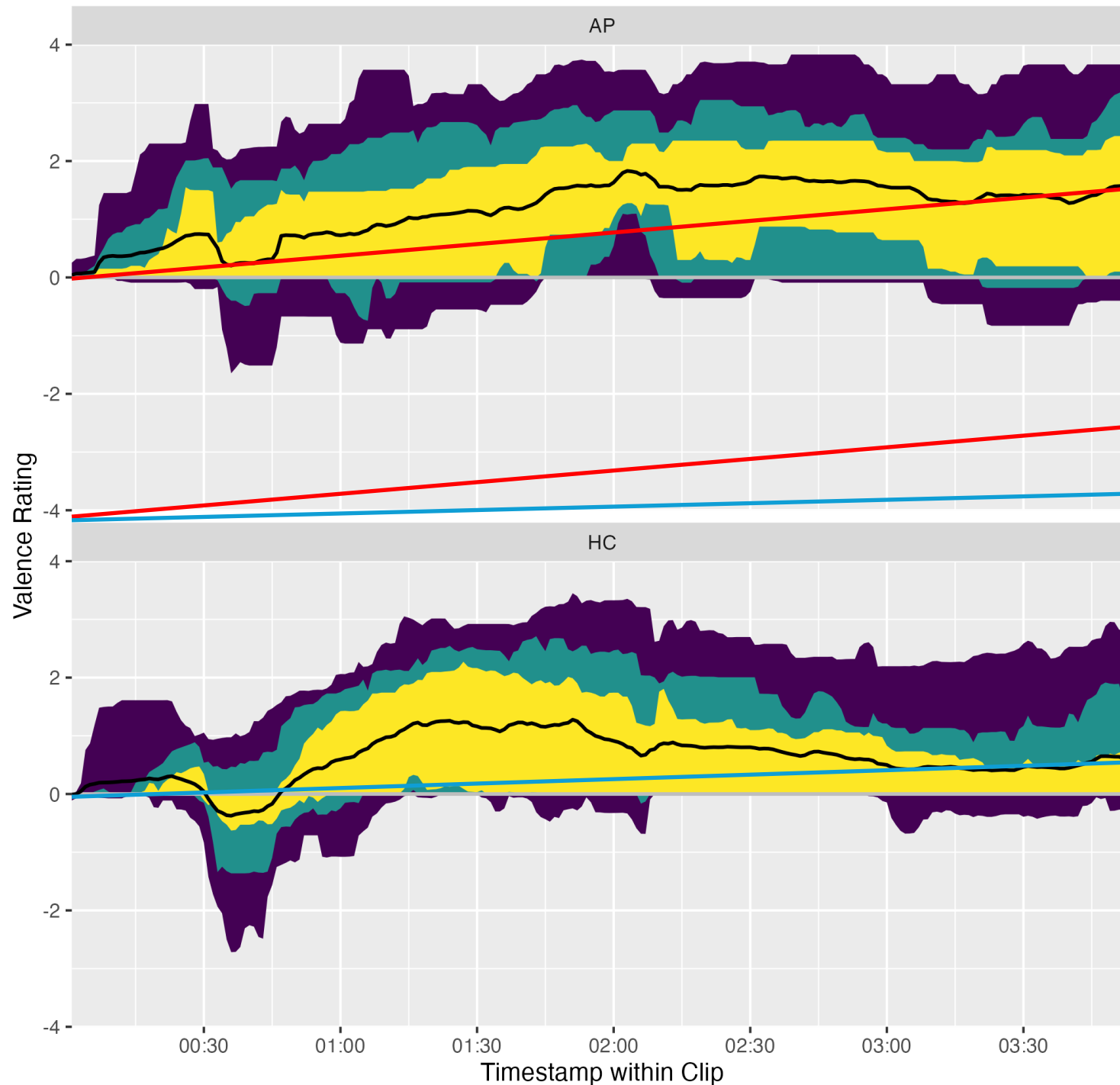
Participants: Adults diagnosed with post-stroke aphasia (28 **PWA**; mean age = 58.18 years, SD = 10.60), healthy controls (46 **HC**; mean age = 46.79 years, SD = 15.62).



Statistical Analyses

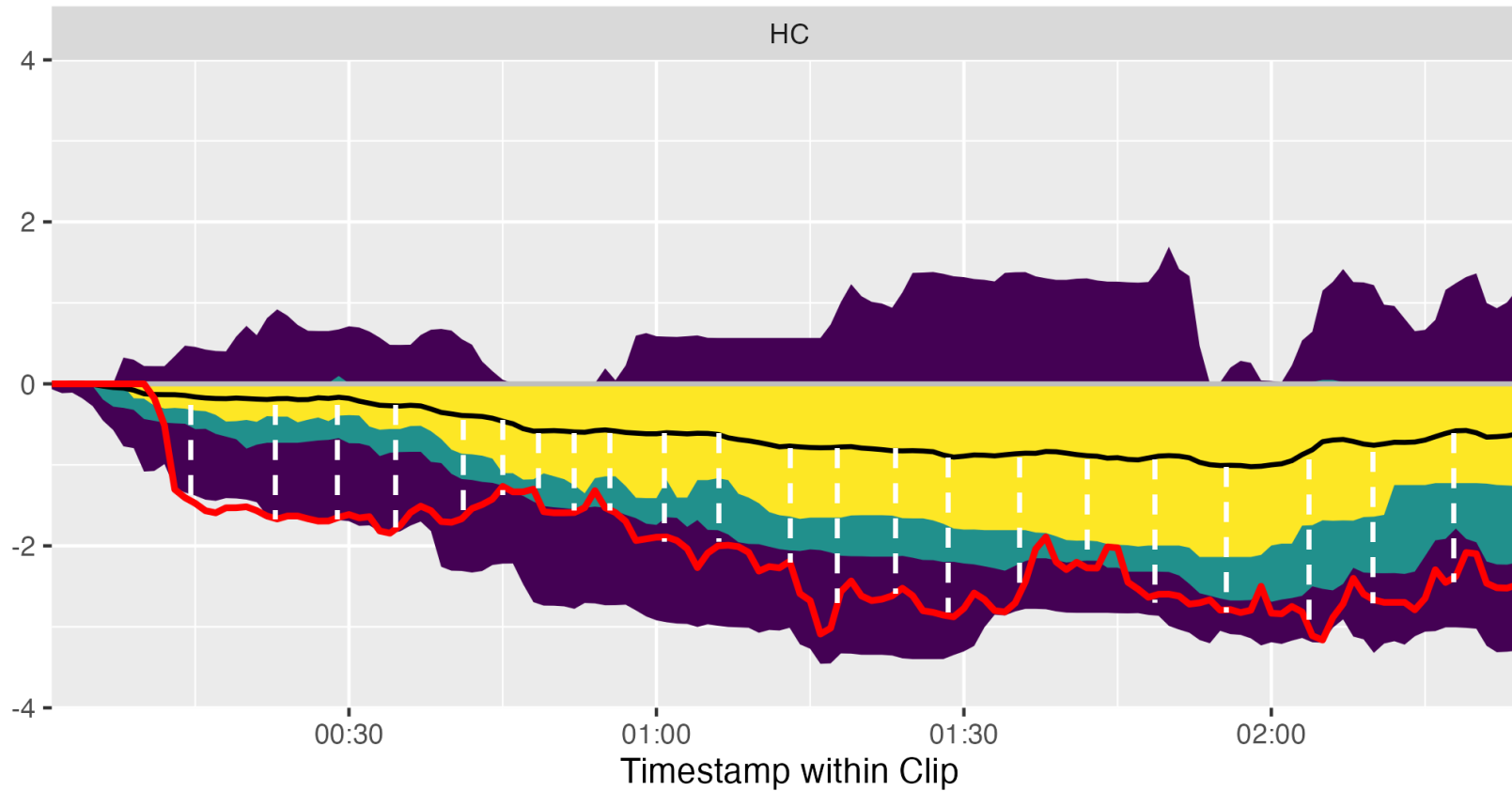
Time-series Valence Analysis:

- Autoregressive linear mixed-effects models (LMEMs).
- Examined group differences in valence ratings over time.



Dynamic Time Warping (DTW):

- Measured dissimilarity (i.e., distance) between each individual and group-level reactivity response patterns.



Multiscale Sample Entropy (MSE):

Series A: (0, 1, 0, 1, 0, 1, 0, 1, 0, 1, 0, 1, 0, 1, 0, 1, ...), which alternates 0 and 1.

Series B: (0, 1, 0, 0, 1, 0, 1, 0, 0, 1, 1, 1, 1, 0, 0, 1, ...), which has either a value of 0 or 1, chosen randomly, each with probability 1/2.

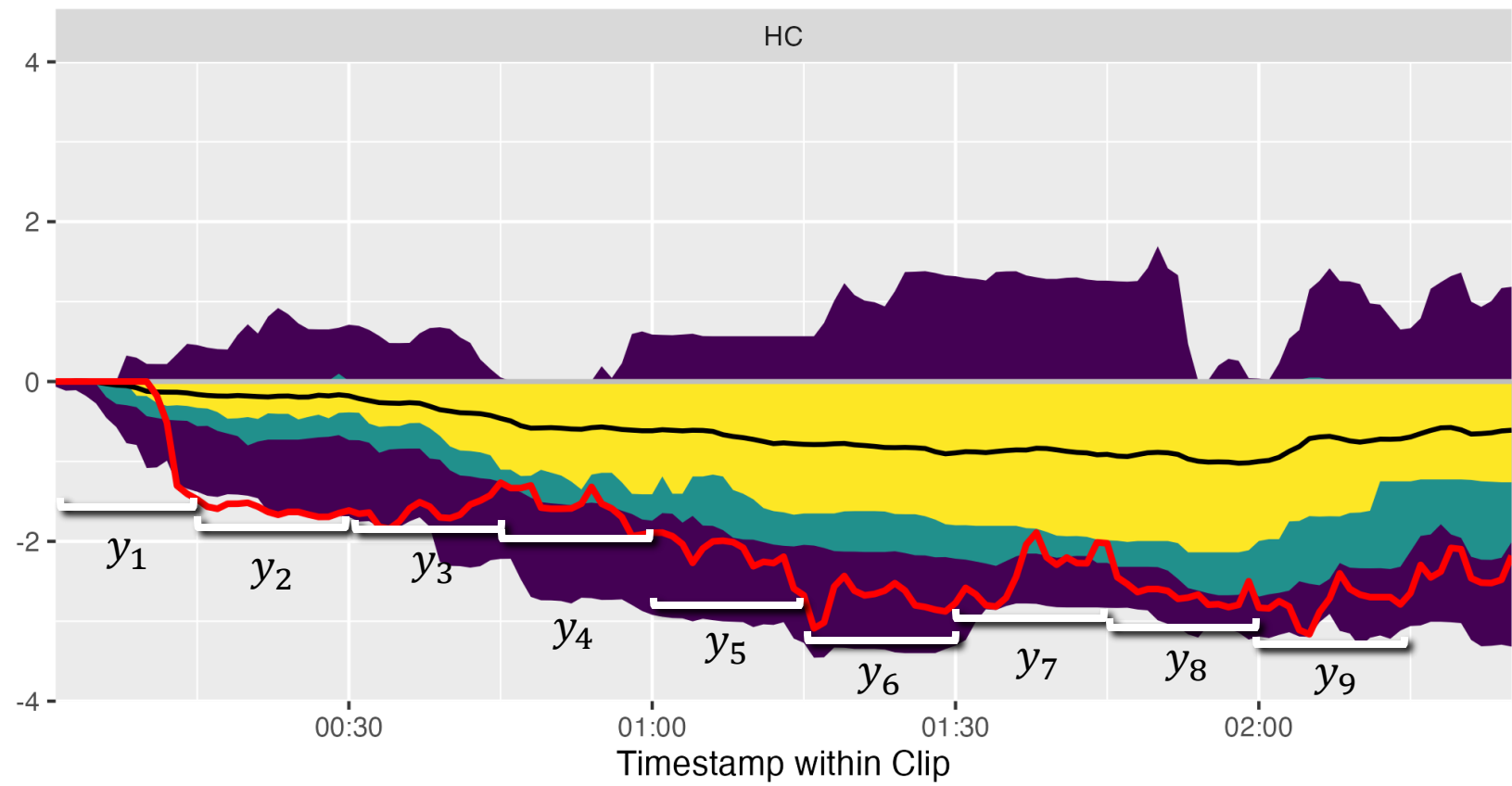
These will have the same mean and variance! Yet A is perfectly regular, and B is random...

So what we need is a measure of predictability or regularity... *entropy*.

Multiscale Sample Entropy (MSE):

- Quantified complexity of emotional responses across time scales.

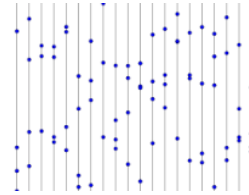
Fine (5s-30s)
Medium (30s-60s)
Coarse (60s+)



Statistical Analyses

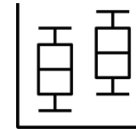
Intraclass Correlation Coefficient (ICC):

- Assessed inter-rater reliability within groups.



Language Task Performance:

- Generalized LMEMs for accuracy on comprehension and antonym tasks.
- Compared performance between PWA and HC.



Relationship Analyses:

- LMEMs examining associations between emotional measures, task performance, and aphasia severity.

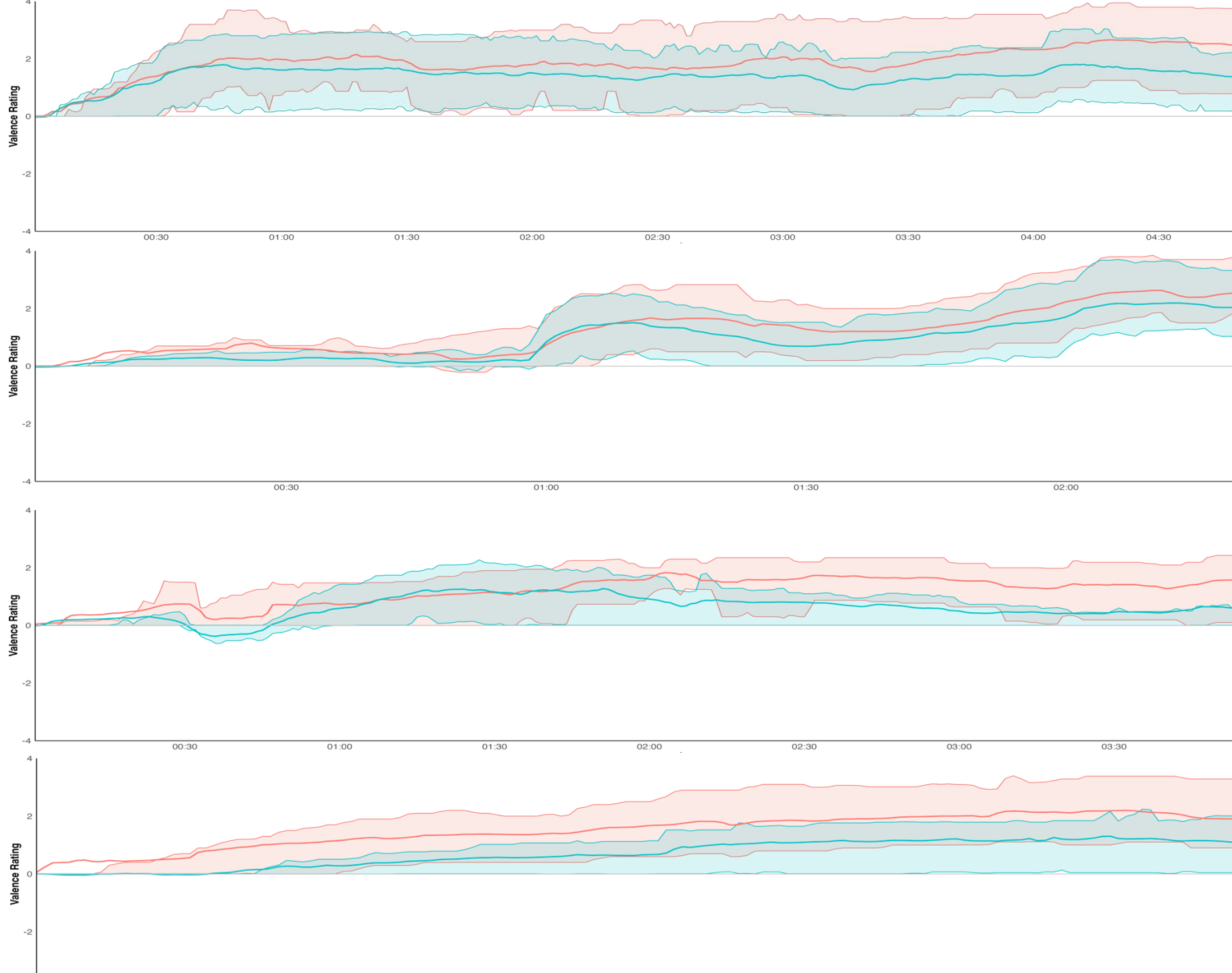
Group

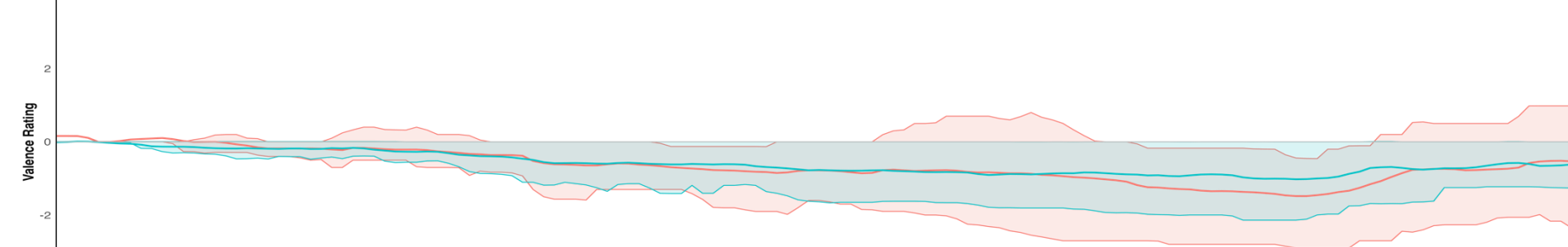
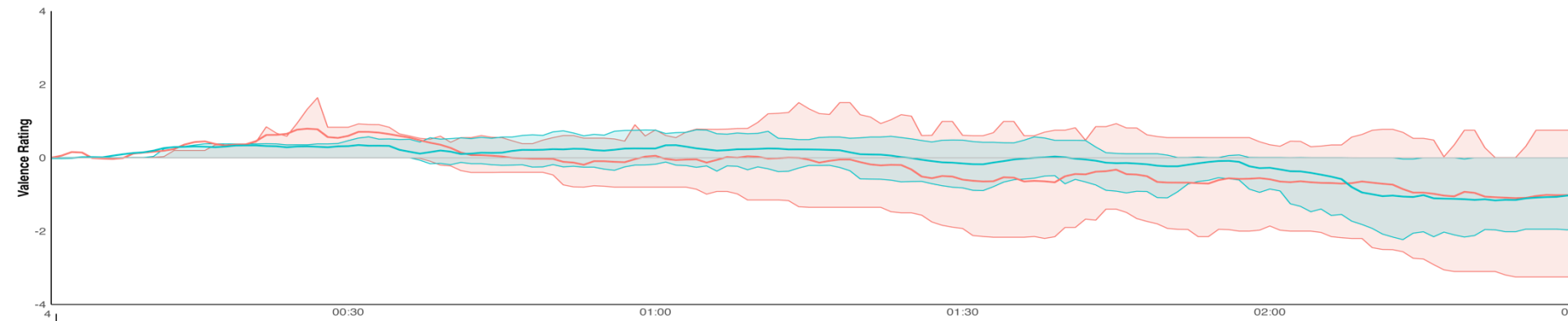
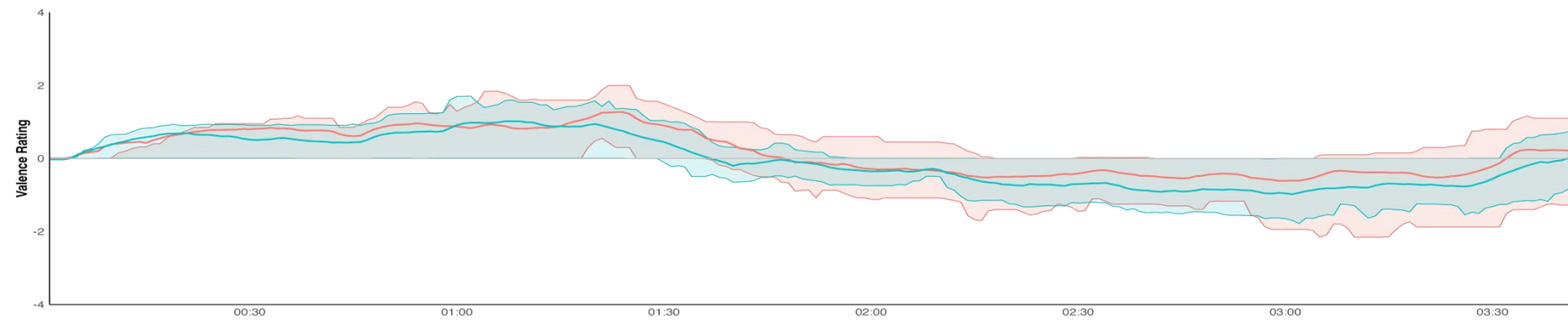
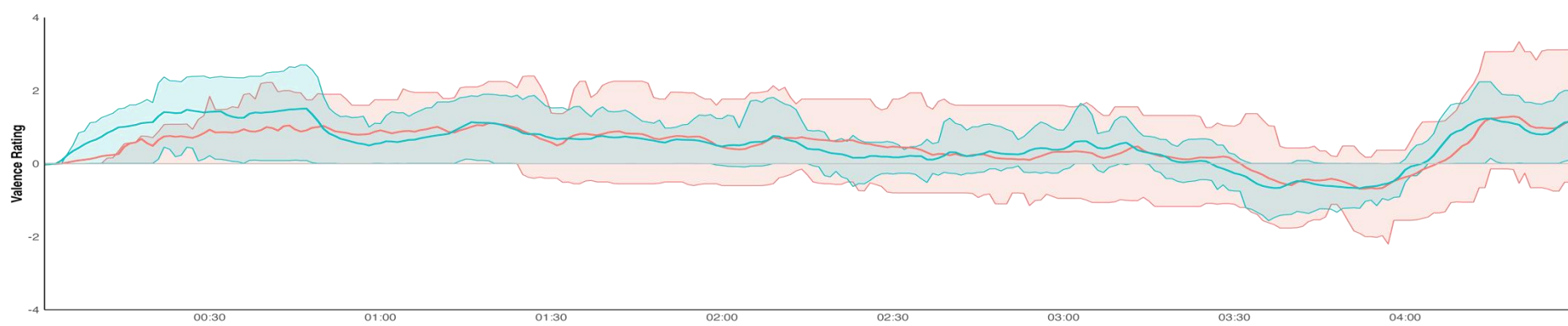


AP

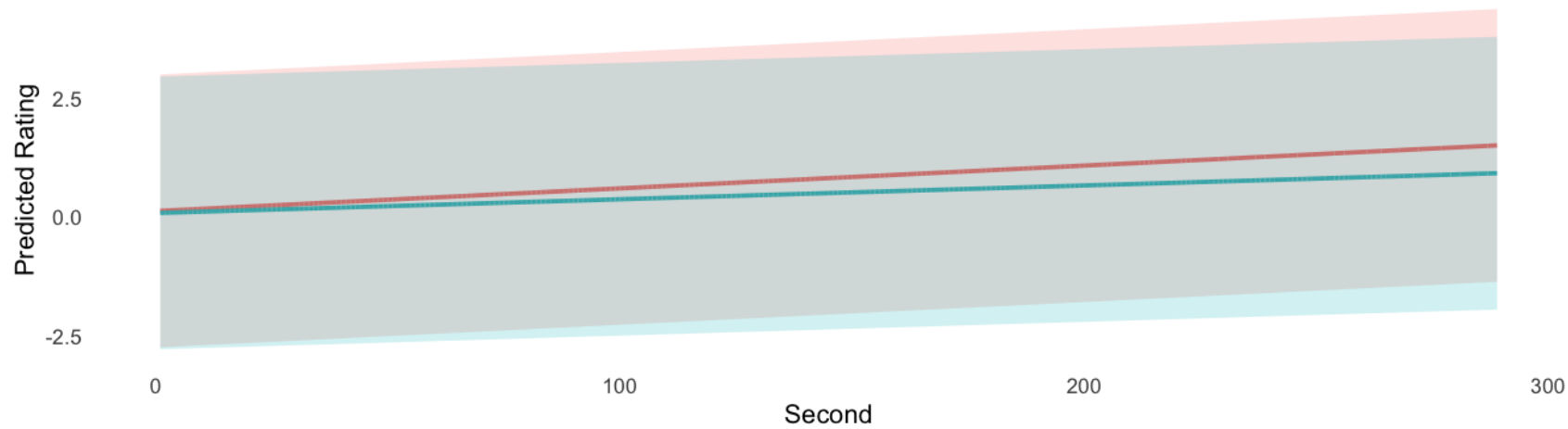


HC



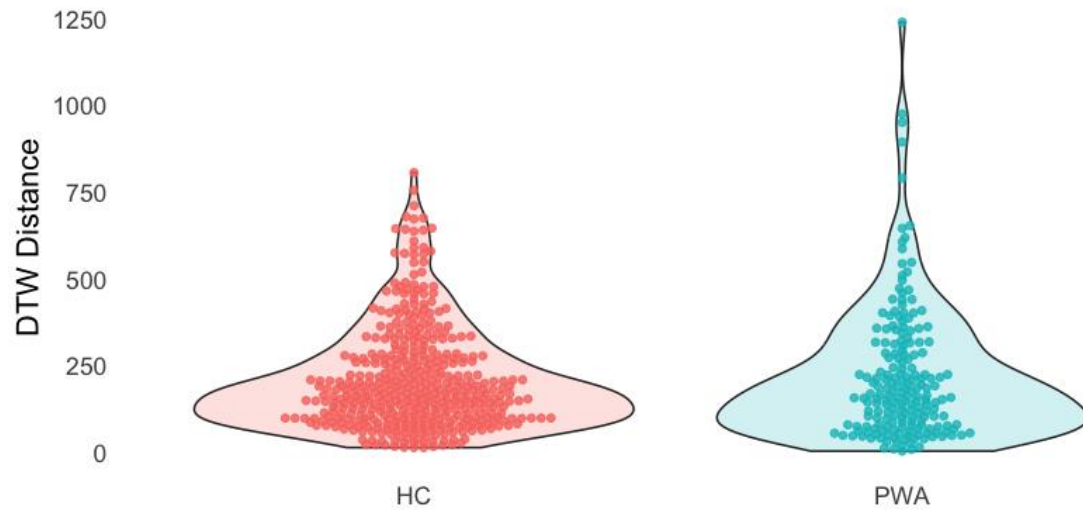


Predicted Ratings by Group and Time



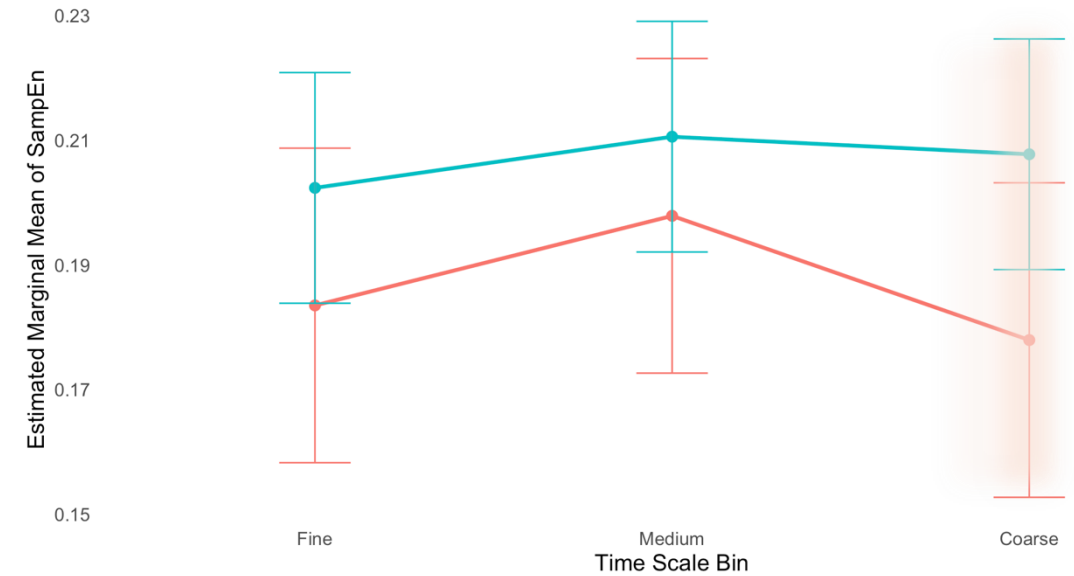
PWA show a **positivity bias** in emotional ratings compared to HC ($p = 0.0232$).

DTW Distance

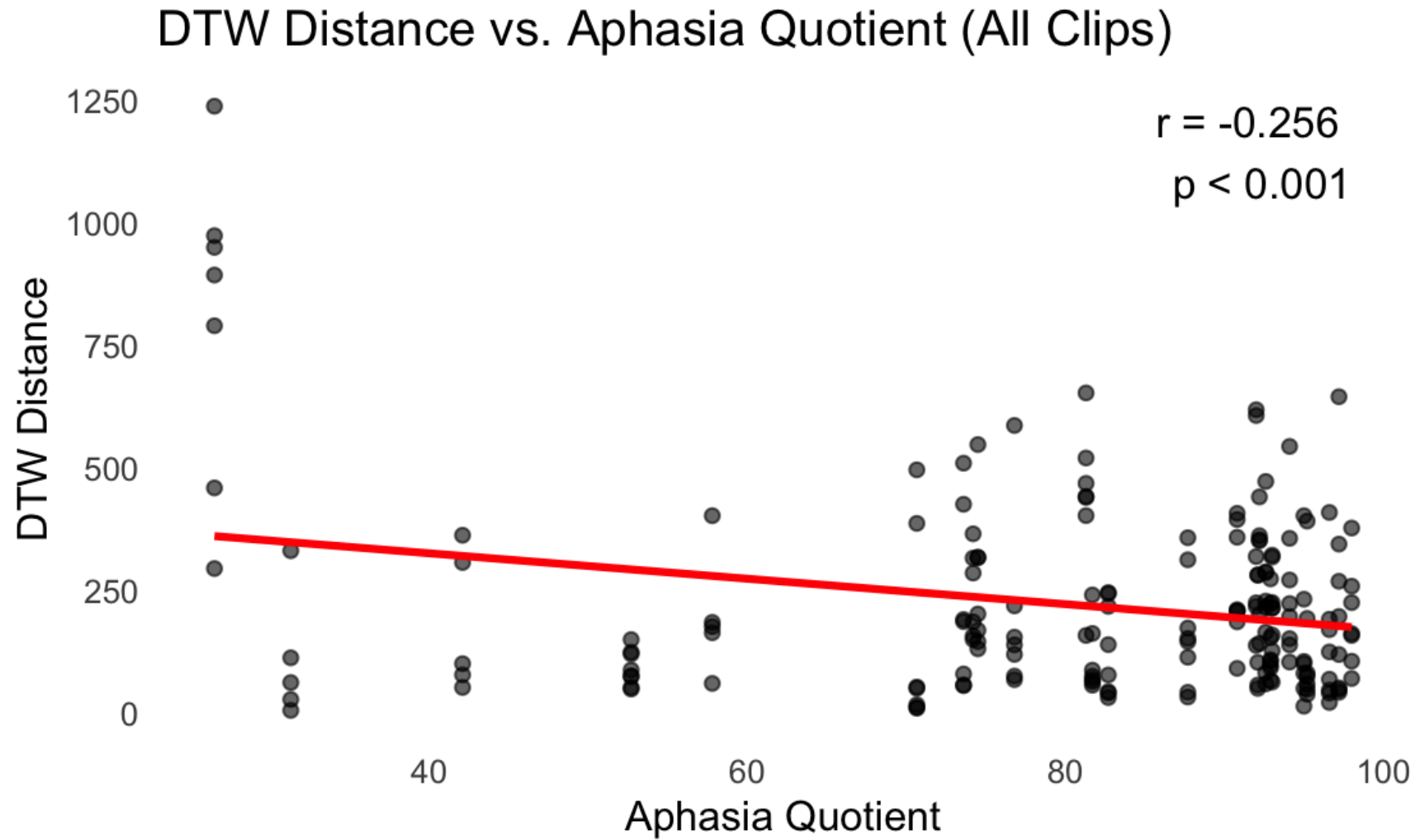


PWA and HC show **no significant differences in atypicality/distance** in emotional reactivity ($p = 0.6234$).

Estimated Marginal Means for Group Comparison



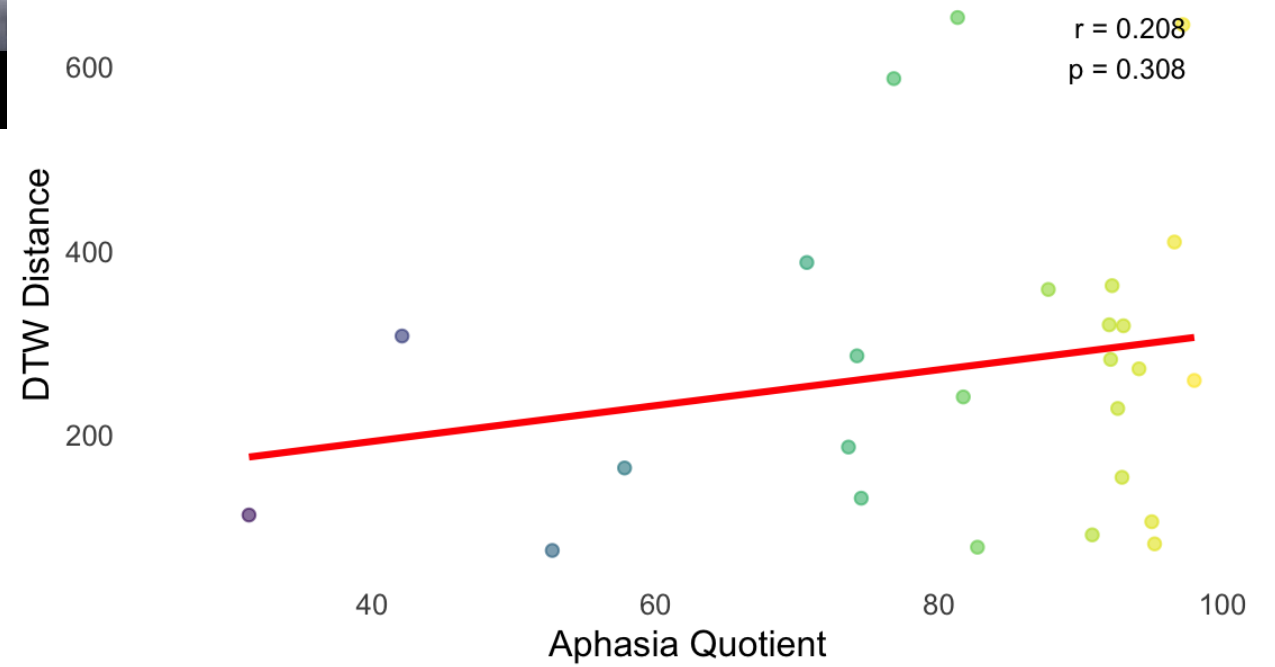
PWA exhibit **less complex emotional responses** over time, particularly at **coarse** time scales ($p = 0.0285$).

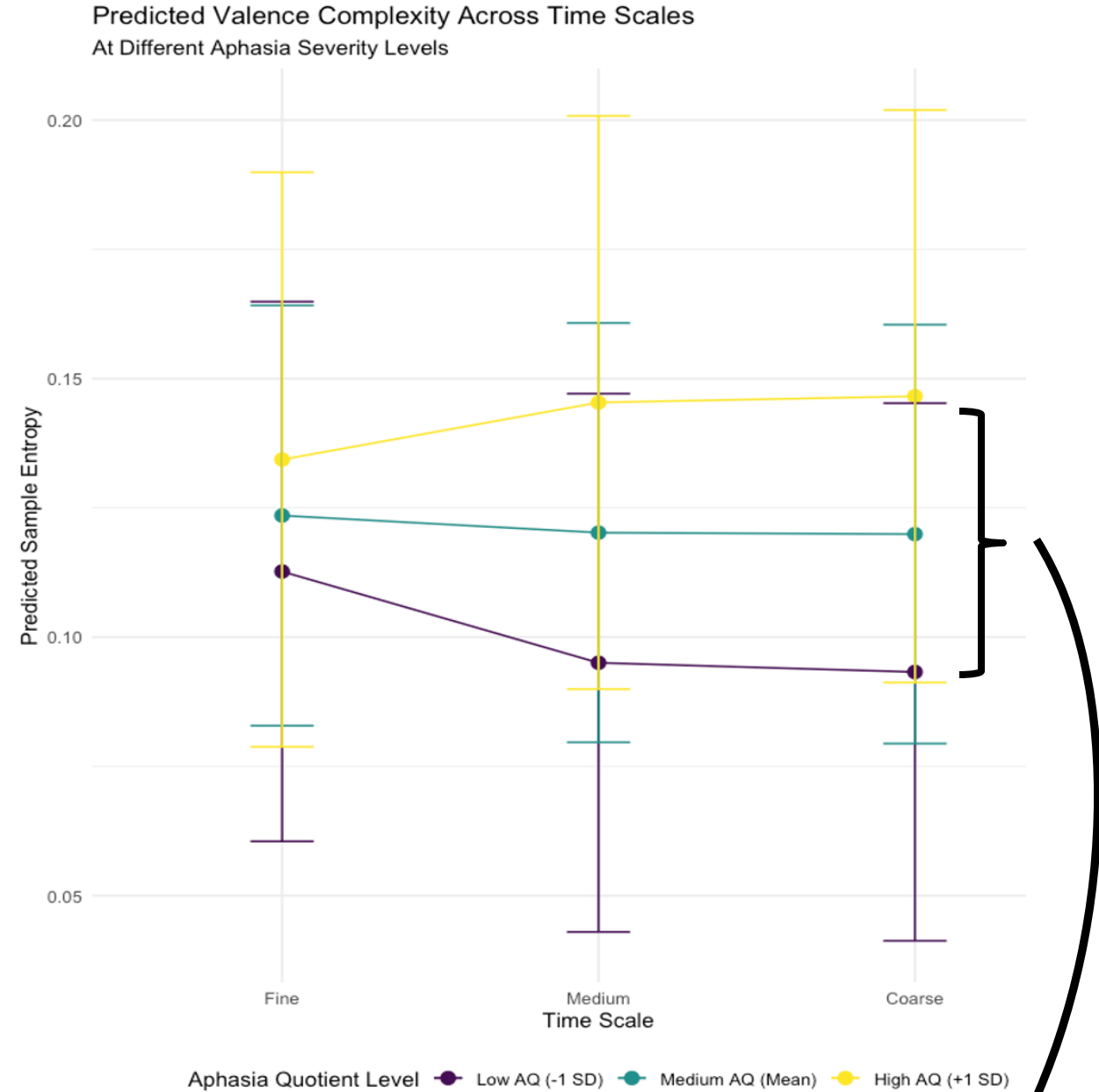


Aphasia severity tends to predict **more atypical emotional responses** correlationally ($p < 0.001$), though not significant in an LMEM ($p = 0.084$).



DTW Distance vs. AQ - PartlyCloudy





Complexity is significantly different across aphasia severity levels; **less impairment** is associated with **greater complexity** ($p = 0.006$).

Additional Findings

PWA exhibit **lower inter-rater reliability** in emotional ratings:

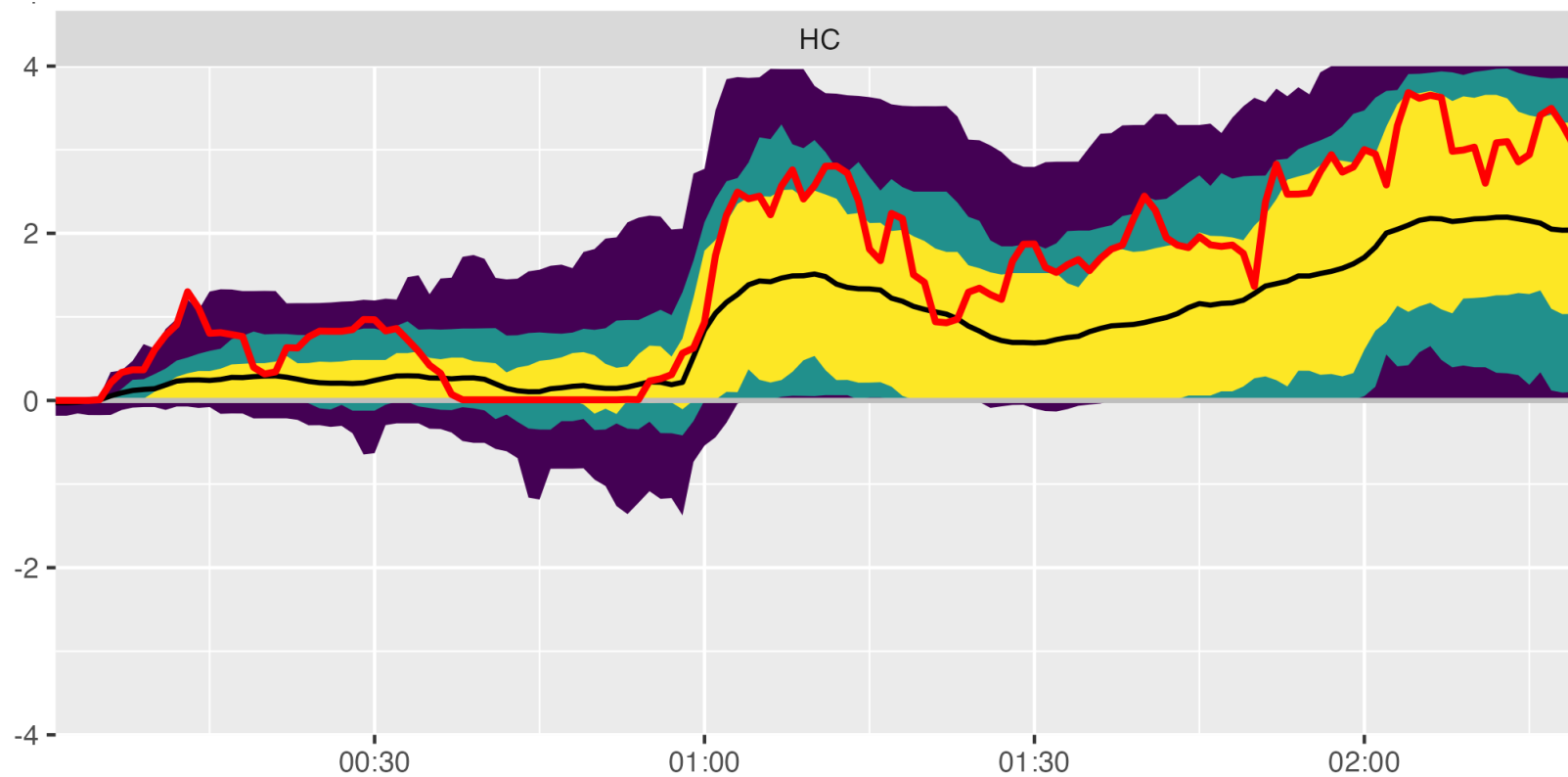
- Agreement (single rater): PWA $ICC(A,1) = 0.182$, HC $ICC(A,1) = 0.201$
- Consistency (single rater): PWA $ICC(C,1) = 0.288$, HC $ICC(C,1) = 0.224$
- Agreement (average of all raters): PWA $ICC(A,\hat{k}) = 0.883$, HC $ICC(A,\hat{k}) = 0.932$
- Consistency (average of all raters): PWA $ICC(Q,\hat{k}) = 0.910$, HC $ICC(Q,\hat{k}) = 0.939$.

PWA demonstrate **lower accuracy** compared to HC on comprehension and antonym generation tasks within movie-watching paradigm (both $p < 0.001$).

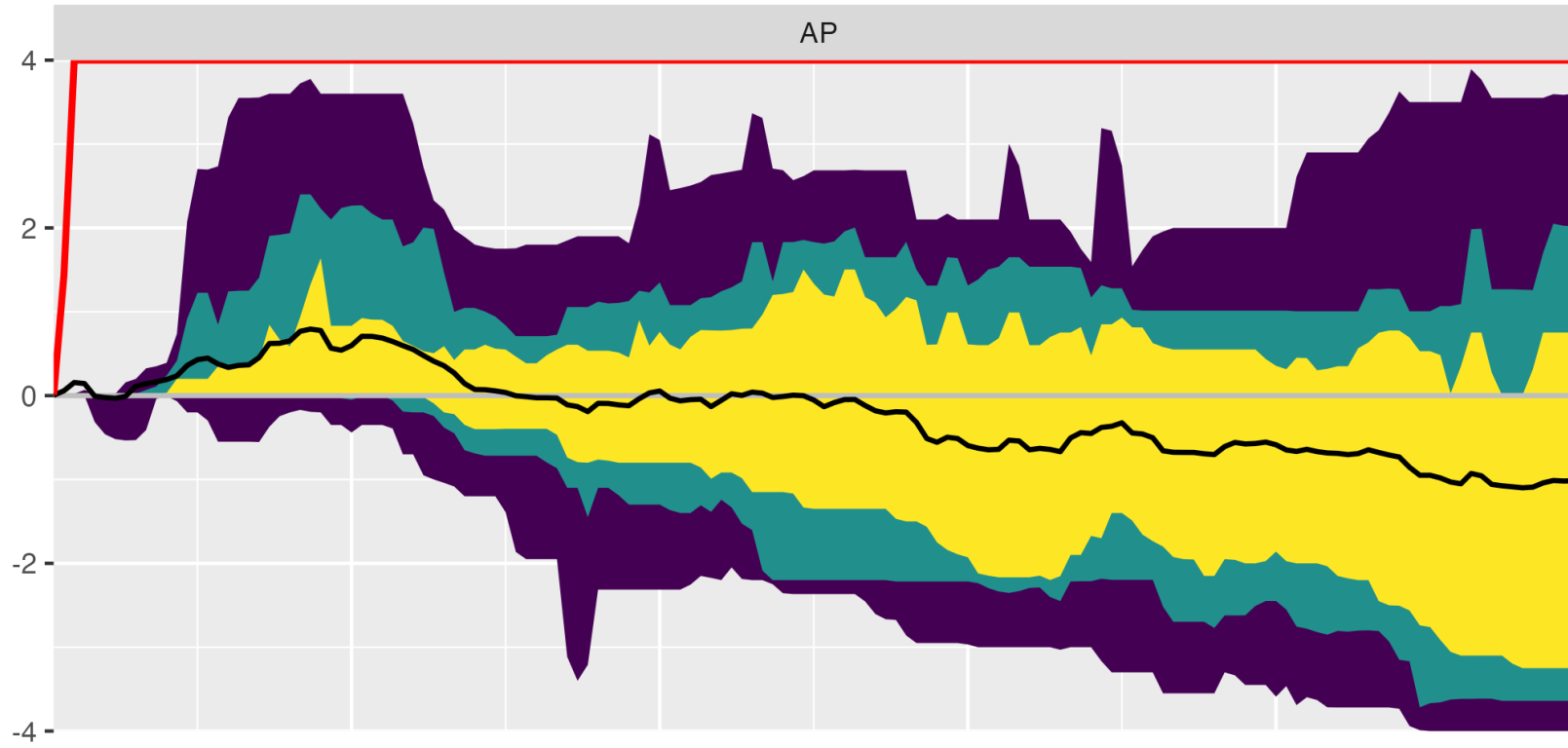
Emotional complexity (i.e., sample entropy) is associated with **better comprehension** and **antonym generation** performance in PWA (both $ps \leq 0.019$).

Aphasia severity modulates comprehension and **antonym generation** performance (both $ps \leq 0.001$), but not **valence ratings** over time ($p = 0.482$).

Akeelah_and_the_Bee_trimmed - Participant: NALEHC020



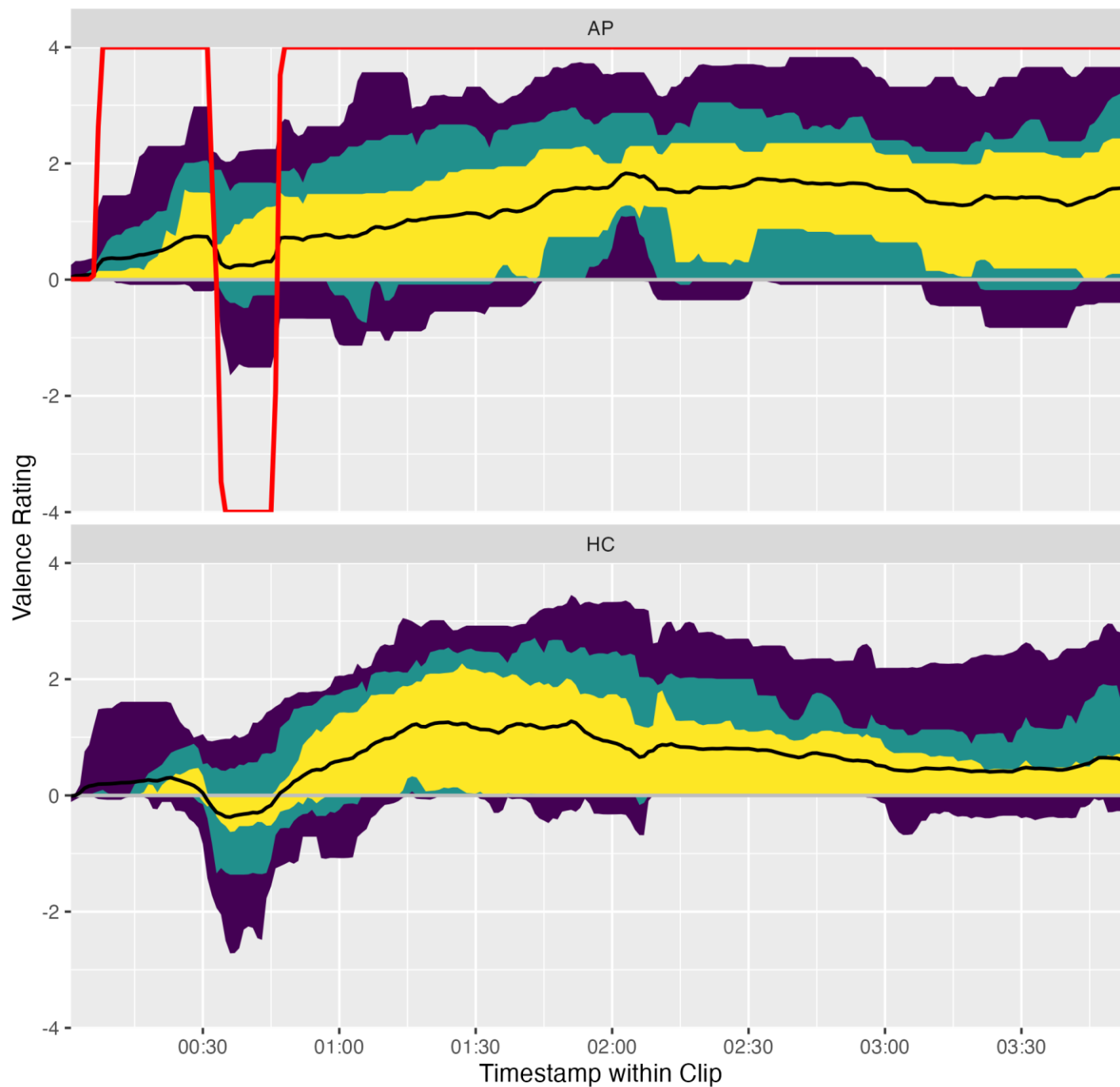
GoodWill_1080 - Participant: NALEAP023



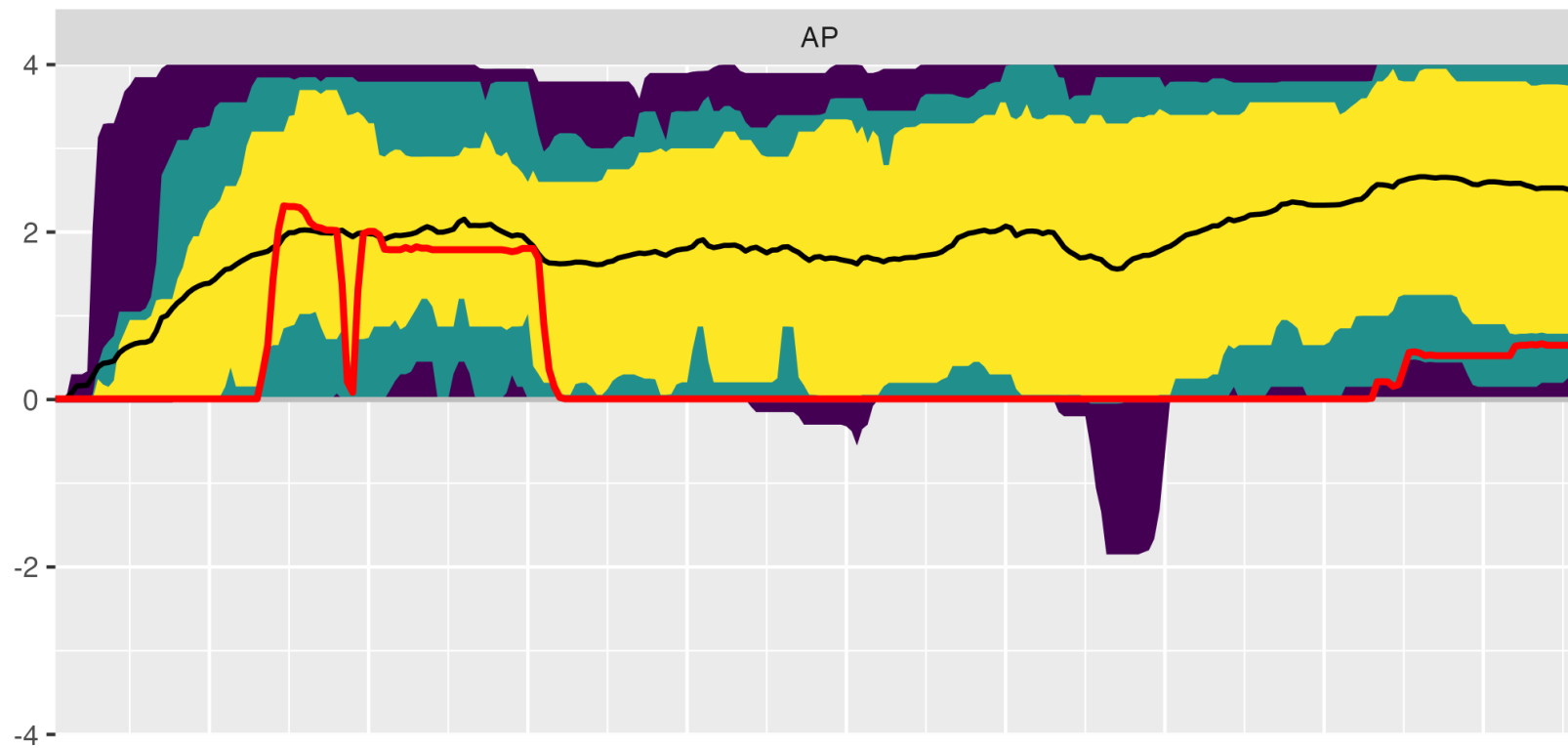
NALEAP023
Age: 53
Sex: M
WAB-R AQ: 26.5
Trail Making
Ratio: 2.51
NAVS SCT: 53%

Moonlight_1080 - Participant: NALEAP023

NALEAP023
Age: 53
Sex: M
WAB-R AQ: 26.5
Trail Making
Ratio: 2.51
NAVS SCT: 53%

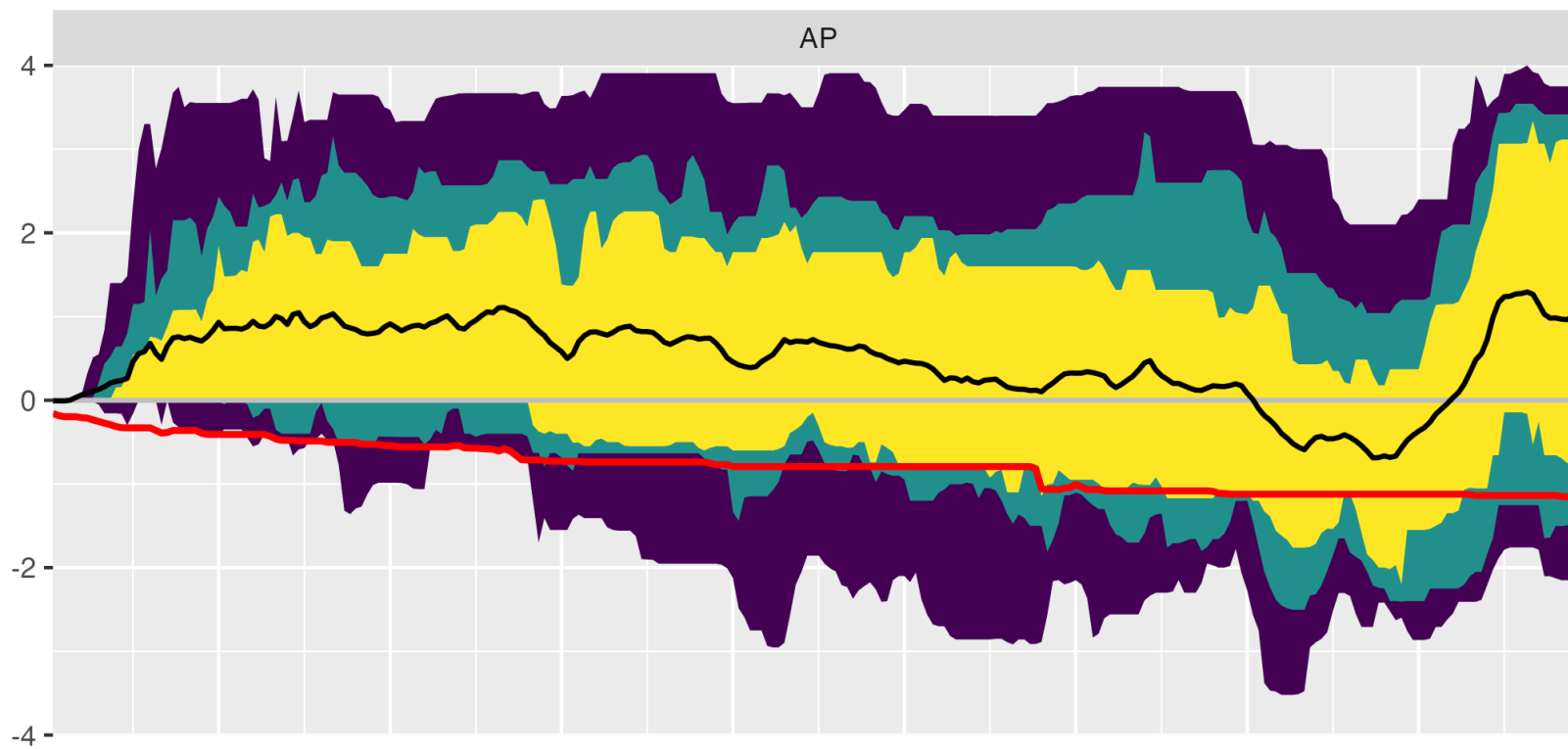


Parent_Trap_trimmed - Participant: NALEAP025



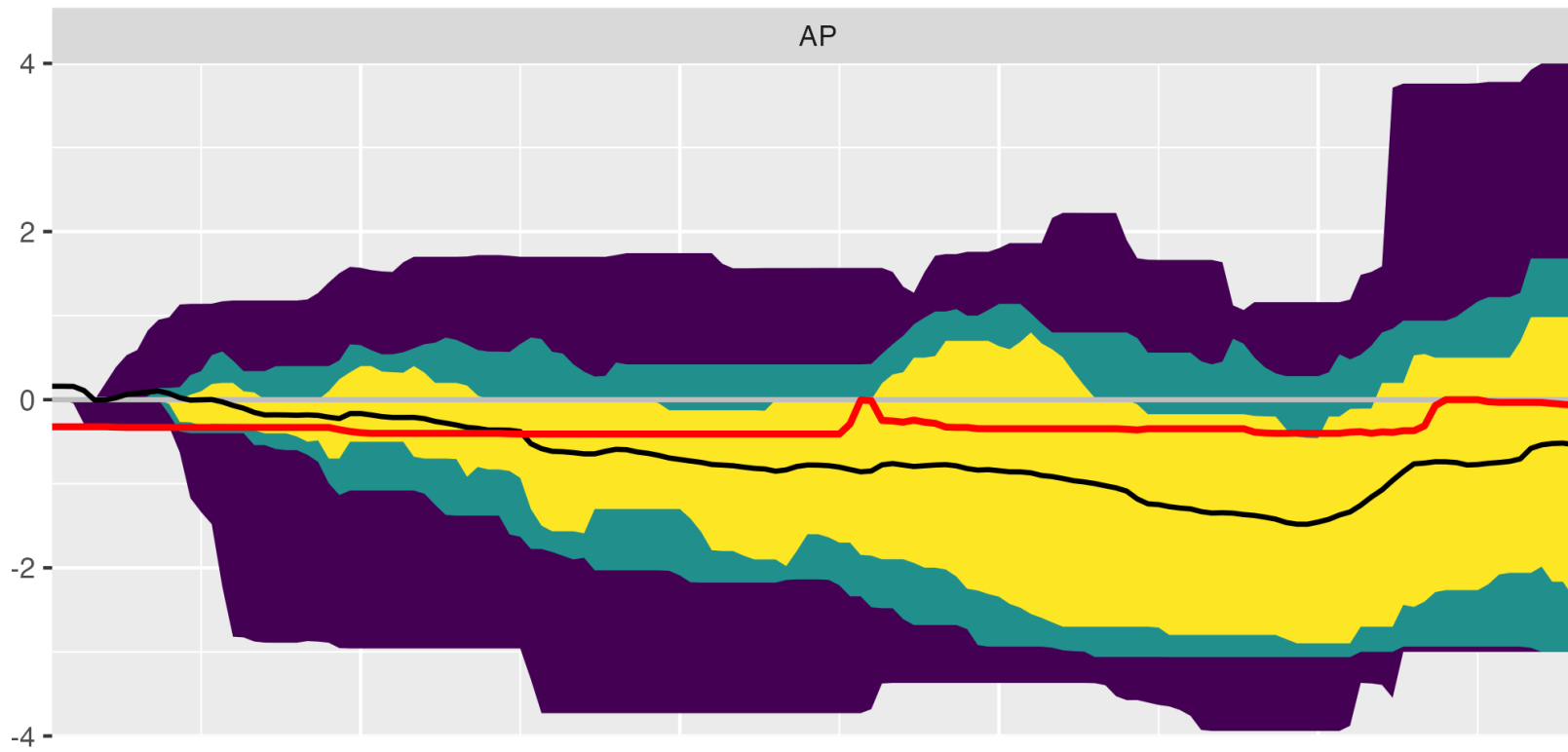
NALEAP025
Age: 73
Sex: M
WAB-R AQ: 92.1
Trail Making:
**Could not
complete**
NAVS SCT: 80%

Partly Cloudy_Trimmed - Participant: NALEAP025



NALEAP025
Age: 73
Sex: M
WAB-R AQ: 92.1
Trail Making:
**Could not
complete**
NAVS SCT: 80%

NoCountryForOldMen_trimmed - Participant: NALEAP025



NALEAP025
Age: 73
Sex: M
WAB-R AQ: 92.1
Trail Making:
**Could not
complete**
NAVS SCT: 80%

Key Findings

Emotional Processing in PWA:

1. More positive overall ratings
2. Less complex response patterns
3. More complex picture of aphasia

Relationship to conventional assessment:

1. Comprehension better preserved than expression
2. Emotional complexity linked to understanding
3. Severity affects but doesn't determine outcomes

Clinical Implications:

1. Traditional tests may miss impaired abilities
2. Real-world stimuli reveal different patterns
3. Individualized assessment crucial
4. Misc. - PWA *really enjoy* participating

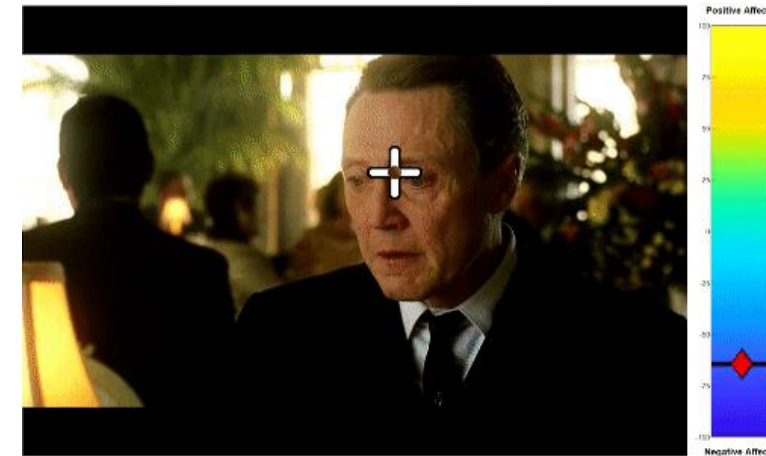
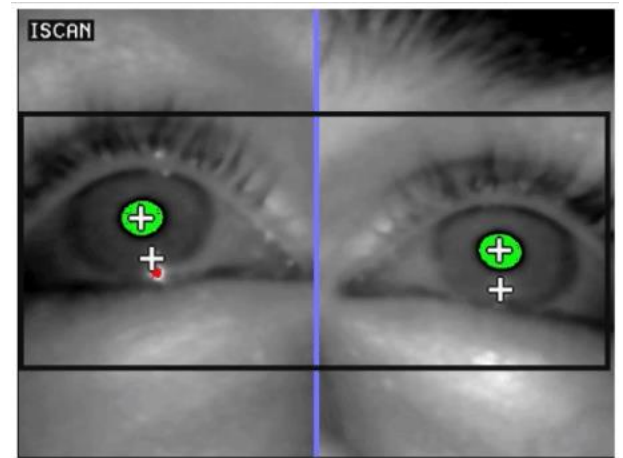
Future Directions

Comorbidities

1. Depression and anxiety are common in PWA
 1. How do these comorbid disorders interact with reactivity?

Eye-gaze

1. Are deficits in language processing evident in eye-gaze patterns of movie-viewing?
2. Do PWA accurately anticipate conversational shifts in dynamic conversation?
3. What compensatory strategies might PWA employ?





**HARVARD
CATALYST**

Thank you!

Questions?



**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**



**INSTITUTE FOR
TECHNOLOGY
IN PSYCHIATRY**
@McLean Hospital



Brigham and Women's Hospital
Founding Member, Mass General Brigham



McLean
HARVARD MEDICAL SCHOOL AFFILIATE