Living Successfully with Aphasia: Family Members Share Their Views

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Language and lifestyle changes experienced following the onset of aphasia extend beyond the individual to impact family members of persons with aphasia. Research exploring the meaning of living successfully with aphasia has explored the perspectives of individuals with aphasia and speech-language pathologists. Family members’ views of living successfully with aphasia may also contribute valuable insights into positive adaptive processes and factors that may influence clinical interventions and community-based services for individuals with aphasia and their families. Purpose: To explore, from the perspectives of family members of individuals with aphasia, the meaning of living successfully with aphasia. Method: Twenty-four family members (nominated by individuals with aphasia) participated in semistructured in-depth interviews about living successfully with aphasia. Interviews were transcribed verbatim and analyzed using interpretative phenomenological analysis to identify themes relating to the meaning of living successfully with aphasia. Results: Seven themes were identified from analysis of family member participant transcripts: getting involved in life, support for the person with aphasia, communication, family members’ own needs, putting life in perspective, focusing on and celebrating strengths and improvements, and experiences with services. Conclusion: Findings provide evidence to support previous research indicating that aphasia affects the whole family and not just an individual. The inclusion of family members as part of the rehabilitation team is indicated. Family members’ needs and priorities must be considered in conceptualizing living successfully with aphasia to ensure family members are included in intervention programs. Key words: aphasia, family, phenomenological research, qualitative studies
Because aphasia can have widespread effects on spouses and other close relatives of individuals with aphasia, family members have also been acknowledged as an important part of the rehabilitation process. Many authors have called for increased family involvement in rehabilitation and suggested that aphasia should be addressed as a family problem. Prospective conceptual definitions of living successfully with aphasia must, therefore, recognize and address family members’ needs and priorities, alongside those of the individual with aphasia.

Previous research has identified a wide variety of needs of family members of individuals with aphasia. These included needs for information, an effective means of communication with the individual with aphasia, better relationships with their own family and friends, support for themselves, and respite. Research exploring family members’ goals for rehabilitation has provided additional evidence of the impact of aphasia on family members’ lives and highlighted the need for clinicians to emphasize hope and positivity in the rehabilitation process. These studies have provided an overview of family members’ rehabilitation requirements, highlighting gaps in current service provision. Elicitation of family members’ views on the meaning of living successfully with aphasia will add to this literature by focusing on the identification of positive factors and processes that can be used to inform clinical services.

The aim of this study was, therefore, to explore the meaning of living successfully with aphasia from the perspectives of family members of individuals with aphasia.

Method

This study formed part of a larger doctoral research study that explored the meaning of living successfully with aphasia from 3 stakeholder groups: individuals with aphasia, speech-language pathologists, and family members. This study reports data from the group of family members of individuals with aphasia. Complementary studies reporting the data from the group of participants...
Nine male family members and 15 females took part in the study, with the majority of participants being the spouse of a person with aphasia. The individuals with aphasia who nominated the participating family members were recruited using maximum variation sampling to maximize diversity across a number of key variables for the qualitative sample. Variation for individuals with aphasia was sought across age, gender, time post onset of aphasia, severity of aphasia (as assessed using the Western Aphasia Battery), living situation (alone or with other people), and socioeconomic status (based on combined annual income). All individuals with aphasia were 2 years or more poststroke. Characteristics of the family member participants and the individuals with aphasia who nominated them are presented in Table 1. Characteristics of the 2 individuals with aphasia whose chosen family members declined to participate are not included. For more detailed

### Table 1. Participant characteristics

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<th>ID#</th>
<th>Gender</th>
<th>Age</th>
<th>Aphasia severity</th>
<th>Relationship to participant with aphasia</th>
<th>Age</th>
<th>Living with participant with aphasia</th>
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Data collection

Semistructured in-depth interviews were conducted with each family member participant. All interviews took place in participants' homes, except in one instance in which a participant elected to be interviewed at a public library. All interviews were conducted by the first author (K.B.), a qualified speech-language pathologist. Topics discussed in the interviews included the following: (1) participants' general ideas about living successfully with aphasia; (2) a rating of how well their corresponding family member was living successfully with aphasia on a 5-point scale and rationale for the rating; (3) examples of times when they have felt their family member has been living successfully with aphasia; (4) examples or descriptions of others who the participant believes are living successfully with aphasia; (5) factors that the participant believes help individuals/families to live successfully with aphasia; and (6) advice for other individuals/families with aphasia about living successfully with aphasia.

Interviews were semistructured in that the order and wording of questions varied across interviews and included additional probing questions based on participant responses in order to clarify and elicit more detailed information as necessary. Interviews were recorded and transcribed verbatim. Technical failure occurred during the recording of one interview and thus detailed field notes, including some written verbatim quotes, were used as a basis for analysis in that instance.

Data analysis

Data were analyzed using interpretative phenomenological analysis, which followed a 4-stage process:

- Stage 1: Familiarization with the text through reading and re-reading of a transcript.
- Stage 2: Identification and labeling of emerging themes within the text. A theme was defined as a concise phrase or conceptual title that captured the essential quality of what was represented in the text. Where possible, the participant's own words were used as theme labels, so as to retain the authenticity of the data.
- Stage 3: Identification and analysis of conceptually related clusters of themes to produce superordinate themes, representing hierarchical relationships. Direct quotes from the text supporting the emerging clusters were compiled to provide a trace back to the original source data at this stage.
- Stage 4: Production of a summary table, consisting of superordinate theme labels, together with their subordinate themes, quotations, and line numbers of relevant extracts from the original transcript to illustrate identified themes.

Once the first transcript had been analyzed, the summary table produced in Stage 4 was used to code subsequent transcripts, adding or elaborating themes in the process of analysis. An iterative approach was utilized, in which themes emerging in later transcripts were checked against earlier transcripts to ensure new themes represented new meanings or concepts and were not just manifestations of previously identified themes. This led to the production of a list of master themes integrating findings across all cases.

Rigor

To increase the rigor or trustworthiness of the data analysis procedures, we used a process of "peer debriefing," whereby all authors examined and discussed segments of transcripts and emergent themes to ensure reasonableness of interpretations made. This process was facilitated by the maintenance of an "audit trail," involving the explicit documentation of decisions about theoretical, methodological, and analytic choices throughout the study. In this study, the audit trail consisted of a record of evidence of the raw data (eg, interview transcripts and field notes), data reduction and analysis products (eg, themes and superordinate themes), and data reconstruction and synthesis products (eg, interpretations and drafts of results).
Results

Seven themes related to the meaning of living successfully with aphasia emerged from the analysis of family member transcripts. These themes were involvement in life, support for the person with aphasia, communication, family members’ own needs, putting life in perspective, focusing on and celebrating strengths and improvements, and experiences with services. These themes are described in detail below.

Involvement in life: “Get involved; don’t sit in a corner and do nothing”

One of the most prominent themes (mentioned by the majority of participants) in relation to participants’ concepts of living successfully with aphasia was involvement in life. This theme encapsulated the importance of individuals with aphasia enjoying meaningful activities (including leisure activities, work, travel, and driving) and socializing or interacting with others in order to live successfully with aphasia. Participants stressed the need for individuals or families to be proactive and to consciously make the choice to be involved:

And get involved. Don’t sit in a corner and do nothing. Get involved. Get out there and make life happen. Don’t sit back and wait for it to come to you because it won’t.

I mean life just doesn’t stop because you’ve had a stroke. I mean it can. Just stick your head in the sand. Well we chose not to do that.

An important component of getting involved was being able to enjoy meaningful activities: “Just to be able to still do lots of the things that we want to do”; “That is crucial for him…it was something he really enjoyed.” Participants described a variety of activities their family member with aphasia engaged in, or which they did together, with an emphasis on leisure activities, for example, playing cards, going out to restaurants, or attending cooking classes. Working, driving, and traveling were also cited as examples of meaningful activities. For a couple of participants, their family member’s inability to work or drive was a source of great loss: “That is the biggest first frustration I think. When they lose their license…that is the most demeaning thing to a man.” However, overall, participants emphasized “being involved in things and doing the things that you know you’re able to do” rather than focusing on activities that had been lost. Some shared the view that “things that you can’t do are compensated by new things you’ve discovered,” and one participant described how her family member had, as a result of his aphasia, “developed a lot of new interests.”

Alongside involvement in activities, socialization, interaction, and meeting people were also encapsulated by the theme of getting involved, as the following participant statements illustrate:

I think that’s awfully important. To have interaction. Just get her out…so she can interact with people, innit? That’s the main thing.

You will get better as you go, the more you venture out. The worst thing to do is to close yourself in.

The theme of getting involved was also associated with providing individuals with aphasia with a sense of independence (“independence is everything”), stimulation (“stimulate his mind – I think that’s very important”), and normality (“getting back to some sense of normality…you can continue life in some way that was similar to…your life previously”). Getting involved, through both activities and interaction with others, was thus perceived as central to living successfully with aphasia, with involvement providing a source of independence, stimulation, and normality for those with aphasia and their families.

Support for the person with aphasia:
“Support, support, support”

Support for the person with aphasia was another core theme for living successfully with aphasia identified by family members. Participants provided examples of support from family (including themselves), friends, and other people with stroke and aphasia, as well as vocational support from the workplaces of individuals with aphasia and workplace support agencies. Overall, the role of family and that of other people with stroke and aphasia were mentioned prominently. In line with the theme of getting involved, support from family that enabled individuals with aphasia to do things and achieve independence was frequently cited as being important.
and peer support were necessary for living successfully with aphasia.

Communication: “Communication is a gift”

Communication was another prominent theme emerging from family member participants’ descriptions of living successfully with aphasia. For many participants, “being able to communicate” was perceived to be “the most important thing” or “the be all and end all.” One participant shared her view that “speech is a gift…communication is a gift.” She defined living successfully with aphasia as being “able to say what you want – everything you want, and explain everything you want to explain, and communicate as much as you want without limitations. That’s how I find living successfully.” Although not all participants described living successfully in terms of complete absence of communication difficulties, most articulated a desire that their family member could have improved communication. Many participants also expressed their perception that their family member with aphasia themselves wished they “could communicate better” or that they weren’t “able to speak as well as [they’d] like to” and experienced frustration because of their communication difficulties. Speaking, and in particular joining in the conversation, were the most frequently mentioned aspects of communication, but being able to understand what is being said and reading, writing, or spelling skills were also cited by participants as being of importance for living successfully with aphasia.

Family members’ own needs: “Sometimes it’s not all about the person with aphasia”

Another theme emerging from analysis of participant transcripts was family members’ own needs. This theme encapsulated the impact of aphasia on relationships and family life, highlighting the importance of recognizing family members’ own needs, in addition to those of the person with aphasia, for living successfully with aphasia. This was particularly evident in the comments of those who were spouses of individuals with aphasia. Participants’ comments revealed the varying degrees to which aphasia had affected their relationships. For some, there was...
little perceived impact: “We haven’t allowed it to affect our relationship. Under any circumstances. We’ve just got on with life.” For others, aphasia evidently had a large impact: “Living successfully? More…communication…it can be like hours of silence…you cannot have…a full conversation…I think it’s more of a problem for me than it is for him. I think it’s more of a problem for us [our relationship].” Overall, participants’ comments suggested that living successfully with aphasia involved the whole family and thus included the needs of all family members.

Participants described living successfully with aphasia in terms of their own needs across 5 main areas. First, there was a strong emphasis on the need for support for family members, as well as individuals with aphasia, for living successfully with aphasia: “for the carer, being able to do the hard yards…sometimes that gets really tough…it’s having a support network for the carer. So that they can go and talk it out…having an ear to listen.” Second, participants expressed their own need for conversation with the person with aphasia, as illustrated by the following statement: “I would like to be able to have more conversation with him too. It’s more or less just answering or asking questions. Not sitting down and having a proper conversation.” Third, there was an emphasis on their need for participation, which was at times affected by aphasia. For example, “We could go out and do more things if he was able to feel comfortable within himself at communicating with other people…it would make life that much easier.” Fourth, being able to put their own priorities first and having time to themselves. One participant commented, “I think I fell into the trap myself to start with – is that you feel you’ve got to do it all for them…you tend to sort of give up your whole life…and you’ve got to start pulling [your own life] back.” Another said, “it’s alright for him to go and join his groups, but for me to join things is a different matter…usually they clash somewhere along the line with his activities…I’m not given first priority.” Finally, participants expressed a desire for their family member with aphasia to share the burden of family roles, responsibilities, and decision making: “If you’ve got a problem you’ve got to discuss – there is a problem there as to whether they’re going to completely understand what’s going on…that is a major problem.”

In addition to the needs outlined previously, participants also described their fears and concerns for their family members with aphasia. These comments were particularly noted in the transcripts of those participants who did not live with the person with aphasia, parents of individuals with aphasia, or those whose family member with aphasia had additional health concerns such as seizures. For some participants, there was an evident struggle in balancing their desire for their family member to achieve independence or autonomy and worries about safety. The following account provides evidence to illustrate this point, from a participant whose family member with aphasia lived alone:

It’s a big concern…is [she] capable of doing it [living on her own]? How would she handle an emergency – those sorts of things are always a worry….The hardest thing to help her is to know when to not do things for her – when to let her do it on her own….I think the best advice you could give would be to remember that they have a problem with communication not with thinking or understanding. Don’t treat them like children. And have unending patience and be prepared to do the hardest thing, which is to let them do things for themselves as much as possible.

A few other participants also experienced tension in determining the appropriate level of support to provide to their family member, especially during early stages post stroke: “You want to do it for them – what they can’t do”; “It was hard for me to let you make your own decisions.” Despite these difficulties, there was a strong belief in acknowledging their family members’ capabilities, with participants describing their role as being “to provide support” but “not pander” to their family member. Participants commented:

They’re still the same person they were…treat them as normal people.
Putting them in cotton wool is another one that makes them feel absolutely useless. Totally takes away all their self-esteem. We don’t molly-coddle.

Because aphasia was perceived to affect relationships and the whole family, participants also advocated the necessity of working together. It was evident that participants believed the strength of their relationships and an ability to work together to be facilitators for living successfully with aphasia. In describing those she perceived
to be living successfully with aphasia, one participant stated: “They’ve worked as a united front. The aphasic person and the partner, to move forward.” Another participant commented on the importance of his relationship with his wife for living successfully, saying, “Love each other. Vitally important…You’ve got to have love and respect.”

**Putting life in perspective: “Realize what we want to do with our lives”**

The theme of putting life in perspective encompasses comments from family member participants that emphasized reassessment of life priorities and acceptance as part of living successfully with aphasia. Participants expressed how these processes took time, describing living successfully with aphasia as a journey and stressing the need to keep going and not to give up.

Many statements from participants reflected the notion of reassessment of life priorities following the onset of aphasia. The following participant statement illustrates this idea: “It’s given us…time to sit back, take a look, and realize what we want to do with our lives.” Participants likewise emphasized the need to recognize that “there’s always someone worse off” and that stroke and aphasia may not be the only issue a family may be dealing with. For example, as a participant stated, “Our son’s just recently been through cancer…stroke just seems so insignificant in comparison to other things.” For some, this reassessment of life priorities had led to positive life changes, such as changing “the structure of my job to accommodate being able to have a little bit more time together.”

Associated with reassessment of life priorities, participants described how acceptance (by both the individual with aphasia and family members) was a necessity for living successfully with aphasia: “I think acceptance…goes a long way to making you live successfully”; “You accept it…doesn’t mean that you just want to leave it as it is. You always want to try and master it and get on top of it better than you are, but at the same time you realize that you just have to be content.” Living successfully with aphasia was portrayed by a few participants as a journey, with the processes of reassessment and acceptance taking place over time. One participant said, “It’s long. It’s frustrating. But it’s certainly worthwhile at the other end.” Another participant described it as “a roller-coaster ride…knowing that at the end of the ride you’ve come through it successfully…we’ve been through the rough bits and we’re coming out the other end now.” For many, the process was about “getting to the stage where you can be happy…your life’s not perfect, but be happy.” Nearly all participants proffered the advice to “just keep going ahead, don’t give up hope.”

**Focusing on and celebrating strengths and improvements: “We tend to focus on his strengths”**

Focusing on and celebrating strengths and improvements was another theme emerging from the data. When reflecting on the idea of living successfully with aphasia, many participants highlighted a need to focus on the improvements their family member with aphasia had made, and how far he or she had come, since the onset of aphasia. One participant commented, “Well originally he wasn’t supposed to be able to walk. To talk…he’s pretty good at that now compared to what he was.” Another described “seeing the progression,” whereas a third added, “It’s a very slow improvement, but it does improve…every day you’re better than you were the day before.” Participants expressed an emphasis on their family member’s strengths for living successfully with aphasia: “[He] has limitations and we tend not to focus on the limitations, we tend to focus on his strengths.”

Within this theme, participants described personal strengths of both themselves and their family member. These included determination and resilience, a sense of faith or spirituality, and a sense of humor. Particular emphasis was placed on a sense of humor: “To get through aphasia positively you need a very good sense of humor because you’ve got to laugh at the silly things that happen, and try not to focus too much on [puts on a deep voice] the bad side of things [laughs].”

Celebrating or acknowledging their family member’s improvements or achievements over time was another important element emerging from the data as part of this theme. This was clearly illustrated by the following participant, who described complimenting her partner when he
achieved something: “I think acknowledging that… congratulating him on that milestone. Reinforcing their achievements.” For some participants early milestones were highlighted as being very important to provide hope: “Probably the biggest milestones would have been early on… as soon as there was even the smallest amount of improvement that meant that there was the chance – the ability that there would be another step and another step and another step of improvement.” Others likewise described the significance of “the first time he tried to speak” or “the first word he uttered.”

As these statements suggest, for many participants there was a focus on celebrating strengths and improvements. Participants described how early milestones, no matter how small, allowed their family member with aphasia to build a foundation for further improvements, with each success building on earlier successes. This was particularly important in building the self-confidence of participants’ family members with aphasia:

He learnt that, yeah I can try it… that really encouraged him, you can do it.
She… became more and more confident in certain areas… the confidence started to build on itself.
The only way you get a positive approach is to… make the person self-confident… I think it was… gradual… the little steps along the way. Even though… they were little steps, they were big steps for the aphasic person, and… just the positive feedback.

Experiences with services: “Going to the speech therapist”

Many participants commented on the role of rehabilitation services and, more frequently, speech-language pathology services in particular, when discussing their ideas about living successfully with aphasia. Both positive and negative factors associated with the services they had received were highlighted in approximately equal amounts.

In terms of positive comments made, some participants believed that speech-language pathologists had made a large contribution toward facilitating successful living with aphasia for both the person with aphasia and the family member. One participant stated she would advise others with aphasia to “get themselves to a speech pathologist on a regular basis.” Participants described how, through therapy, their family members with aphasia had improved their communication/speaking skills: “He definitely improves when he’s having a little bit of tuition. And I’d love to see that continue.” Therapy was also perceived to provide encouragement (“I think just going to the speech therapist gives you encouragement… it’s definitely positive”), challenges (“It has actually made him come out of his comfort zone… it gives him challenges”), and improvements in confidence (“He wouldn’t be half as good as he is now communicating and [having] confidence in himself [without therapy]”). The facilitative role of group therapy in providing the opportunities for participants and their family members to meet others with aphasia was also highlighted. Finally, participants described their perception that speech-language pathologists are people who “actually care about what you’re going through” and “will listen to you and talk to you.”

Negative comments about rehabilitation services highlighted areas of service provision that participants believed could be improved to better facilitate families living successfully with aphasia. Negative comments referring to rehabilitation services included comments about the lack of information provision (“I realized that we didn’t know where there was any help”; “I had to go out and find it for myself… thank God for the Internet”) and the discouraging manner in which information was provided (“One of them said… you’re wasting your money… she’s never going to improve”). Specifically regarding speech-language pathology services, some participants highlighted dissatisfaction with the amount of therapy provided (“It’s not enough”) and the belief that therapy was not responding to the needs of their family member with aphasia (“After my encounter with the drill [therapy drills] I was not impressed… a lot of it was just totally inappropriate… soul destroying”).

Discussion

The aim of this study was to explore, from the perspectives of family members of individuals with aphasia, the meaning of living successfully with aphasia. Analysis of the rich, qualitative data from participant transcripts provided support for
the view that the impact of aphasia is experienced by a family rather than by an individual with aphasia in isolation. Michallet et al.\(^{18}\) alluded to the fact that family members may have a dual role in the rehabilitation process: as a partner and resource to the rehabilitation team in providing support to the individual with aphasia, and as a potential recipient of care, with their own valid needs and requirements for services. This study provided further evidence to support this view but also suggested that family members play a third important role — that of being in a relationship with the person with aphasia. Findings suggested that a successful life with aphasia is closely interrelated with the experience of satisfying relationships and interactions. Family member participants' concepts of living successfully with aphasia were characterized by themes related to their concerns for the person with aphasia's needs (eg, the themes of “getting involved” and “support for the person with aphasia”), by themes referring to family members' own needs and priorities (eg, the theme of “family members’ own needs”), and by themes that illustrated the impact of aphasia on family relationships and roles, demonstrating the importance of considering aphasia within the context of family relationships (also within the theme of “family members’ own needs”).

Previous research incorporating the views of individuals with aphasia and speech-language pathologists highlighted the role of family members in facilitating individuals with aphasia to live successfully through support, acceptance, and understanding.\(^{7,8}\) Family member participants in this study also described their perception that support for the person with aphasia was a core component of living successfully with aphasia. Family members described the role of their families in providing support to enable individuals with aphasia to do things and achieve independence, support for communication, practical support, and emotional support and companionship.

However, family members also described the tensions they experienced in trying to determine the right level of support to provide and in balancing their desire for the person with aphasia to achieve independence with their concerns for safety. They reiterated findings from previous studies in indicating their need for support as caregivers.\(^{2,18,20-22}\) Among caregivers of stroke survivors, the estimated prevalence of emotional distress, including burden, depression, and anxiety, is as high as 55%.\(^{30}\) Research also suggests that spouses of individuals with aphasia are at greater risk of depression and reduced quality of life than spouses who care for partners who do not have communication difficulties following stroke.\(^{1,31}\) In order for families to live successfully with aphasia, there is, therefore, a need for greater attention to be given to family members' needs within the rehabilitation process.

The theme of getting involved emphasized family members' perceptions of the importance of individuals with aphasia engaging in meaningful activities and interacting with others. This mirrored the themes of doing things and participation and community engagement identified from the analysis of data from individuals with aphasia and speech-language pathologists, respectively.\(^{7,8}\) The unique perspective of family members provided evidence illustrating that the impact of aphasia on engagement in activities also extended to affect family members. In describing their needs, family members reported the impact of aphasia on their participation and their need to be able to put their own priorities first and have time to themselves. Likewise, the impact of changed communication on family members was also evident, with participants expressing a desire for more conversation with their aphasic family member. Family members’ needs for living successfully with aphasia related to participation and a desire for a means of communication with the person with aphasia are consistent with previous literature exploring the impact of aphasia on family members.\(^{1,2,4,5,18}\)

“Putting life in perspective” and “focusing on and celebrating strengths and improvements” were 2 themes that emphasized family members' perceptions that developing and maintaining a positive frame of mind is a necessity for living successfully with aphasia. Participants also expressed dissatisfaction with the discouraging manner in which information was provided by health care professionals. The need for clinicians to provide hope in rehabilitation has been supported by Holland.\(^{32}\) Family members of individuals with aphasia in the study by Worrall et al.\(^{20}\) likewise
emphasized a need for hope and positivity when discussing their goals for rehabilitation.

Clinical implications

Findings from this study reiterate the need for increased involvement of family members in the rehabilitation process. Themes identified by family member participants provided additional support to previous research indicating that aphasia is a family experience and that family members' needs and priorities must be considered alongside those of individuals with aphasia. The complexities of addressing family members' roles as both providers and potential recipients of care and support must be sensitively considered by health professionals. Inclusion of family members as partners in the rehabilitation process will acknowledge their expertise in supporting the recovery of the person with aphasia and in providing valuable information about the person with aphasia and their life situation. To address family members' needs, the ongoing development of services such as group therapy programs specifically for family members of individuals with aphasia should be considered.

There is also the need to prioritize interventions that consider aphasia within the context of family relationships, with the aim of enabling positive, supportive, and enjoyable family communication. Approaches that focus on the communication strategies of both members of the conversation dyad and include communication partner training may facilitate more positive and effective communication between individuals with aphasia and their family members. There are a number of training program resources available to facilitate clinicians in addressing the collaborative communication needs of spouse or family dyads. Positive outcomes have also been reported for interventions in which relationship issues and role changes arising from changed communication associated with aphasia are addressed in collaboration with psychologists or social workers in family or couples therapy, and these interventions may warrant further exploration.

As Michallet et al suggested, an approach in which family members are included as part of a collaborative rehabilitation team may increase the quality of life of the whole family and reduce the incidence of issues related to caregiver burden. In terms of family members' needs, clinicians may be guided by the theme of family members' own needs in this study, which concurred with previous research highlighting the need for support for family members and the necessity of family members being provided with information, as well as respite or time, for their priorities and participation.

Although many positive comments about speech-language pathology were made, some gaps in rehabilitation services, such as the perceived lack of information provision and the discouraging manner in which information was provided, were also highlighted explicitly by family member participants. Intervention programs that include family members as valued members of the rehabilitation team may lead to improved perceptions of information provision. Health care professionals may also improve services through a commitment to providing families with a sense of hope and positivity.

Future research

Future research may include additional analysis and discussion of congruencies and discrepancies found across the perspectives of individuals with aphasia, speech-language pathologists, and family members on the topic of living successfully with aphasia. A qualitative meta-analysis of findings across the 3 groups will form the basis of a forthcoming publication. Only through partnership between speech-language pathologists and individuals with aphasia and their families can improvements to services be made. Building on this research, further investigation of how speech-language pathology services are meeting the specific needs of family members related to living successfully with aphasia may also be warranted.

Conclusion

Communication plays an integral role in social interactions and has thus been described as the "currency of relationships." This study exploring
the perspectives of family members on the meaning of living successfully with aphasia has provided further evidence to support growing literature on the impact of aphasia on the whole family. Findings suggest family members should be considered as important members of the rehabilitation team in working toward the goal of living successfully with aphasia. Speech-language pathologists and other health care professionals are challenged to work in partnership with individuals with aphasia and their family members to ensure that the needs and priorities of all family members are integrated into intervention programs.

REFERENCES


