Chapter 2
Psychosocial Perspectives of Persons With Aphasia

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ABSTRACT

Psychosocial problems are one of the major issues seen in persons with aphasia (PWA), but the severity of these psychosocial problems vary depending upon age, socioeconomic status, nature of job pre-morbidly, family support, emotional factors, and quality of life. The International Classification of Functioning, Disability, and Health (ICF) by World Health Organization in the field of communication disorders, specifically for aphasia and other neurogenic communication disorders, provided clear guidelines and information about the importance of assessment and treatment of PWA in terms of body functions and structures, activities and participation, and environmental and personal factors affecting the quality of life in these individuals. The present chapter is primarily focused on studying the psychosocial aspects in PWA, specifically the quality of life and other psychosocial disturbances in the Indian context.

INTRODUCTION

Traditionally, aphasia has been defined as loss of language and other language-related functions as a result of brain damage caused majorly by cerebrovascular accidents and also the small proportion of other causes such as TBI, tumor, infections and so on. Typically, the deficits in persons with aphasia

DOI: 10.4018/978-1-5225-4955-0.ch002
are limited to language expression and comprehension abilities with or without hemiplegia. Although the research on aphasia has been in place since the early 19th century, much of research was focused on understanding the relationship between neuropathology of brain damage and linguistic deficits. This research on neuropathology and aphasia has been the basis for several classifications of aphasia based on neuroanatomical (Boston classification), linguistic (fluent Vs non-fluent) and psycholinguistic classifications. However, these approaches have focused majorly on linguistic and other related deficits and not much importance was given to psychosocial aspects of persons with aphasia (PWA) till recently. Further, research in the 19th century and early 20th century was also focused on developing several tools/tests and intervention techniques/approaches for assessment and intervention of underlying neuropathology and linguistic deficits in PWA. This research has yielded several test batteries and treatment approaches such as melodic intonation therapy, semantic feature therapy, etc. In recent years, the focus was given on assessing and understanding of functional communication skills in individuals with aphasia and this has led to the development of tests for assessing functional communication in PWA.

However, from the perspective of a PWA, aphasia does not only affect the individual’s language or motor abilities, rather it affects multiple domains such as quality of life, psychological, emotions, lifestyle, social life, and so on. Several studies have reported presence of depression and other psychological disturbances due to limited language and motor abilities in PWA and these, in turn, affect the person’s quality of life to the greater extent. Psychosocial problems are one of the major issues seen in adults with aphasia, although, the severity of these psychosocial problems vary among PWA depending upon their age, socioeconomic status, nature of job pre-morbidly, family support, emotional factors and quality of life. The International Classification of Functioning, Disability and Health (ICF; World Health Organization, 2001) in the field of communication disorders, specifically for aphasia and other neurogenic communication disorders provided clear guidelines and information about the importance of assessment and treatment of PWA in terms of body functions and structures, activities and participation, and environmental and personal factors affecting the quality of life in PWA. The ICF framework helps us to understand the effects of aphasia on activities and participation which are in turn causing poor quality of life in PWA. The present chapter is primarily focused on understanding the psychosocial aspects in persons with aphasia assessed though Stroke Specific Quality of Life, specifically the quality of life and other psychosocial disturbances in the Indian context. The present chapter also focuses on the importance of assessment, team approach, and review of available tests for assessment and intervention of psychosocial issues in PWA, and applications of ICF model to persons with aphasia in the Indian context.

**BACKGROUND**

**Aphasia**

Aphasia has been described as an impairment or loss of language abilities following damage to the nervous system (Benson, 1979). This definition was considered as suitable one by many researchers as it includes the necessary elements like loss of language and brain damage. However, other researchers challenge this definition on the factors like aphasia is not solely language disorder that is caused by brain damage, but there are several other disorders like dementia, closed head injury, right hemisphere damage, and so on. However, the definitions by Darley (1982) and Goodglass and Kaplan (1983) have given the definitions of aphasia in detail focusing on the type of language impairments and other associated symptoms.