

FOREWORD

I suspect that few communication disorders have more devastating effects on adults and their families than aphasia. Imagine awakening in a hospital bed, not knowing how you got there, and being unable to understand much of what is said, find the words to ask the questions that need answering, or express the thoughts and fears that need to be spoken. Although some remarkable recoveries from aphasia do occur, neurons do not regenerate, and one hallmark of stroke is the chronic nature of its aftereffects. Residual language impairments often persist, along with a range of motor, sensory, cognitive, and psychological consequences, leaving individuals and their families the formidable task of establishing new identities, skills, roles, and goals. Thus, we begin the New Year and a new volume of *Seminars in Speech and Language* with a consideration of the psychosocial consequences of aphasia and their management.

This issue's focus goes beyond the current emphasis on patients' functional outcomes to include the emotional, self-esteem, autonomy, self-image, acceptance, and other quality-of-life issues that are affected by the functional disabilities and handicaps resulting from aphasia. Effective management of these sequelae to stroke and aphasia as key components to successful rehabilitation seems likely to pose a major challenge for professionals like speech-language pathologists in the current managed care environment. However, the extent to which this challenge is addressed satisfactorily may largely determine the long-term outcomes of hundreds of thou-

sands of lives in the United States in the years ahead. Fortunately, there has been growing interest among clinicians and researchers in the effect(s) of aphasia on the emotional and social well-being of affected persons and families. As a result, much more is known now about these by-products and how they can be managed than was known just a few years ago.

I turned to Dr. Chris Code at the University of Exeter to provide me and other *Seminars* readers with an update on current clinical management strategies for the psychosocial effects of stroke and aphasia. I wanted to find out what aspects of an individual's personal and social life seem most vulnerable or are affected most severely. Apparently, most intrapersonal and interpersonal aspects of life are affected, which may include depression, the need to construct a new sense of self, and the loss of important social relationships. I also wanted to know what can be done to assist persons with aphasia and family members to regain, adjust to, or compensate for what has been lost. As might be expected, additional study and work are needed, but at present, the long-term, collaborative efforts of the person with aphasia, family members, professionals, support groups, and community programs appear to offer the best opportunities for successful, long-term outcomes. Clearly, Dr. Code and the colleagues he selected to contribute to this issue have done all that I asked and more. See if you don't agree.

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