

PREFACE

We have a massive literature on the nature of aphasic impairments, and we have an impressive range of approaches for their assessment, classification, and treatment. However, until recently we knew relatively little about the significance for management of the psychosocial consequences of aphasia. But findings from a range of studies in psychosocial adjustment to aphasia suggest that clinical aphasiologists should take these issues very seriously. This issue of *Seminars in Speech and Language* is concerned with the relevance of psychosocial issues for the management of aphasia.

The past few years have seen an increase in our understanding of the impact of aphasia on the everyday emotional and social lives of people with aphasia. There have been special issues of the journals *Topics in Stroke Rehabilitation*, (Taylor-Sarno, 1995), *Disability and Rehabilitation* (Code, 1996), and *Aphasiology* (Gainotti, 1997) devoted to psychosocial issues in aphasia. These collections reflect both the growth of research studies in the area and the increasing appreciation of the importance of emotional and psychosocial issues for clinical aphasiologists. This issue of *Seminars* focuses on the relevance of psychosocial issues for the therapist working with aphasic people and with the families of aphasic people.

The articles that make up this issue cover a variety of areas that I believe have particular relevance for management. The term "quality of life" is an overused cliché. But for those experiencing aphasia, quality of life may be in short supply. In the first article, Leonard L. LaPointe reviews what we know of the quality of aphasic life from recent research and from what aphasic people have told us about their experiences of having aphasia. The dimensions that make

up quality of life, such as one's psychological, social, and spiritual life, are described. What is clear is that aphasia has a major negative impact on most of these dimensions, an impact that is centrally important for treatment and management.

In the second article Chris Code, Gayle Hemsley, and Manfred Herrmann examine emotional reactions to aphasia, looking at the range, the incidence, and the causes. More is known about depression than about other emotional reactions following stroke, which is where they focus. Major depression, whatever its cause, is common in aphasia, but not inevitable, and we now know more about its nature and how to help people deal with it.

In the third article Robert Stern overviews the problems of assessing emotional states in people with aphasia. This is a significant problem because most assessments are verbally based and developed for people without aphasia. He goes on to describe the development of reliable and valid visually based assessment methods that can contribute significantly to management.

People often have different perceptions of the same thing and this applies also to psychosocial adjustment to aphasia. In their article, Chris Code, Dave Müller, and Manfred Herrmann describe the research that has examined the differences in perception of likely psychosocial adjustment between the person with aphasia, close relatives and caregivers, and professionals working with the aphasic person. These differences in perception can be assessed and addressed and make a contribution to aphasia therapy.

We include two articles on the use of groups. The first, by Roberta Elman and Ellen Bernstein-Ellis, describes the psycho-

social benefits of group communication treatment for aphasic people. In the second, Helga Johannsen-Horbach, Martin Crone, and Claus Wallech describe their group counseling for the spouses of chronic aphasic relatives. Their study showed that, while there are few changes on formal measures following counseling, more realistic attitudes are developed as a result of group counseling, which helps the individual cope with his or her problems.

The final review of management by Dave Müller argues that the research clearly shows that we should be developing a more psychosocial perspective in treatment planning. He briefly reviews a range of approaches to working with aphasic people within the community, such as counsel-

ing, support groups, volunteers and family therapy.

Clinical aphasiologists are becoming increasingly more concerned about the psychosocial consequences of aphasia because they know that, however we decide on the "outcome" of rehabilitation, being aphasic entails more than impairments to speech and language and intensive work on these impairments, even if that intensive work produces significant and important improvements. Community reintegration, adjustment, adaptation, and acceptance are achievable by many aphasic people. We hope that the collection of articles in this issue of *Seminars* will assist aphasiologists in their efforts to help people make those achievements.

REFERENCES

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