

APHASIA AND CHANGES IN THE QUALITY OF MARITAL RELATIONS

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SUMMARY

Background. For a psychologist working from an ecological and microgenetic perspective, family relations and social performance are of essential importance in rehabilitation outcome. Nevertheless, very little is known about the dynamics of changes in the quality of marital relationships after the onset of an acquired speech impairment.

Material and methods. In order to examine the characteristics of changes in marital relations, we recruited 22 couples with an aphasic partner. The control group consisted of 21 couples with one partner who had suffered a stroke, but without aphasia.

Results. Data gathered during the patients' hospitalization and 6 months later show changes in the reported level of marital coherence and perceived support, and depreciation in the quality of life, especially among the life partners of aphasic patients.

Conclusion. Our results could contribute to the development of a group therapy program for couples touched by aphasia, suited for their specific needs.

INTRODUCTION

Modern psychology highlights the need to assess the functioning of a patient in the family context, and in a wider social perspective. According to Kądziaława (2005), recent trends in neuropsychology are moving in a more ecological direction, oriented to the intrinsic mutual connections between a person and her environment. In this view it is crucial to determine the social and family context of a patient, with emphasis on the problems encountered in daily life.

The newest holistic psychological theories also stress that emotions and cognition cannot be analyzed separately. Although researchers and clinicians have been arguing over the basis and origins of emotions, it is clear that cognitive perception is needed to establish such complex emotions as love, intimacy and trust (Bidzan 2008). The essential fact that emotion, cognition and consciousness are not after all functions of entirely separate brain systems is the core of microgenetic theory. As Pachalska explains, every perception and every action has run through all three systems of the brain:

- the brain stem and mesencephalon responsible for primitive, biological reactions;
- the limbic system responsible for emotions (affect and mood);
- the cortex, connected with the complex value judgments essential to attachment or love (Pachalska 2007b).

Therefore it is crucial to grasp the functioning of the patient and view it in a wider perspective of relationships and her perception of reality around her.

According to the World Health Organization (WHO), aphasia is an impairment, a disruption of the ability to perform some or all of the specific mental and physical functions associated with speech. Since this obviously causes communication problems, aphasia also leads to disability. Because of aphasia, social bonds and roles can be lost or disturbed, and this in turn produces severe restrictions in everyday functioning, i.e. handicap. What is more, the degree of restriction and other adverse effects of aphasia depends on the person's adaptation to a totally new situation (Pachalska 2005a).

In the literature it is emphasized that bonds with significant others and the person's status in her family and society have an enormous influence on the rehabilitation of speech impairment (Pachalska 2005b). Great Britain's national clinical directives concerning stroke describe it as a family disease, a stressful event with long-lasting consequences, and highlight an urgent need for research on ways to minimize the discomfort experienced by the patient and her family (Rochette, Bravo & Desrosiers 2007). Nevertheless, a literature search on the Internet does not reveal a great deal of research on this topic. After-stroke changes in marital relations have been particularly neglected. Of the few existing reports most focus on marital satisfaction, and not on a wider, multidimensional perspective of marriage quality (Williams 1993).

Some researchers have examined the impact of aphasia on the psychosocial context, especially on identity, self-esteem, interpersonal relationships and family roles (Bing, Pond & Parr 2000, Gainotti 1997, Herman 1997, Kagan 1999, cited by Sorin-Peters 2003). Le Dorze and Brassard (1995, cited by Sorin-Peters 2003) demonstrated, based on interviews with aphasic patients and their families, that during hospitalization and after discharge the quality of life diminishes, followed by social isolation. Patients have less access to their family members or cannot start a family; they also have limited possibilities to participate in community activities. Research on the caregivers of stroke patients find that caregivers tend to perceive their current life

situation as independent of their own decisions, forced on them, and do not feel well prepared for it by medical staff. More often than not the caregiver is left to herself, and for many different reasons is often unwilling or unable to share responsibility with other family members. Marriage partners are worried about their spouses, but they also are concerned with the negative influence of the partner's stroke on their own lives. It appears that the caregiver's gender and the nature of the partner's disease or disability differentiate the degree and quality of these concerns (Draper & Blockheurst 2007).

An analysis of the literature suggests that the consequences of stroke for the patient's partner have physical, psychological, economic and social aspects. Significantly, psychiatric morbidity and exhaustion, or even burn-out syndrome among caregivers does not always correspond with the severity of the patient's impairment, disability or handicap. Some researchers suggest that the relation between the physical impairment of the patient and the partner's burden is a very complex one, and so it is difficult to predict directly which persons are at a greater risk. Nevertheless, some trends have been detected. The partners of individuals with a post-stroke speech impairment are at greater risk of burnout and exhaustion. The partners of patients with only sensorimotor deficits tend to have a more optimistic view of the future than partners caring for patients with both sensorimotor and cognitive impairment (Forsberg-Warleby 2001, cited by Draper & Blockheurst 2007).

Though there are no reports directly concerning the dynamics of qualitative marital changes in couples with an aphasic partner, the topic of changes in the marital relationship in the face of a serious illness has been investigated. The largest cohort participating in this kind of research was recruited from cancer patients. Interestingly, according to these reports the marriage partners agree with the patients only in the evaluation of the disease symptoms that are visually accessible to them. The partners do not agree with the patients' appraisal of the subjective aspects of their functioning, such as depression, anxiety, confidence in a positive outcome in therapy, or the quality of the marriage. Almost without exception the caregivers saw the patients' functioning in a more negative light compared to the patients' self-evaluation, while the patients' view of marriage quality was more pessimistic than that of their healthy partners (Clipp & Georgie 1992).

There have also been some reports concerning the psychological functioning of post-stroke aphasic patients. Parr (2001) conducted interviews with 50 patients with long-term aphasia. In their personal perspective, aphasia has had a major impact on their lives. The relation between the impairment and the quality of life is complex but strong. Aphasia influences many behavioral and social aspects of life, and its psychosocial consequences are a combination of internal and external factors. Moreover, Parr (2001) discovered that the impact of aphasia can be both direct and indirect. Indirect consequences can be observed in negotiating, proving, validating and coping with the changes connected with stroke. Changes connected with the onset

of aphasia interact with each other, and thus cannot be easily categorized or divided into components. The changes are often systemic in character; they are experienced by a group of people in various relational contexts, and not individually in isolation. These changes are dynamic, are differently experienced by different people, and display a continuum, rather than a binary character (present-not present).

Because of the lack of multidimensional and full examination of marriage quality and relationship changes in couples touched by post-stroke aphasia, and the obvious significance of this aspect of the patient's functioning, there is a great need to learn more about this neglected area. Our research was aimed at providing information on this issue beyond what is currently available in the literature. The key point of the research was to determine if there are changes in the relationships of couples, one of whose partners suffers from aphasia caused by stroke. Moreover, we also wanted to determine the dynamics of the changes and assess the need for therapy and rehabilitation for couples affected by aphasia.

MATERIAL AND METHODS

The research was carried out from June 2007 to June 2008 in the Department of Neurology at the Nicholas Copernicus Provincial Specialist Hospital in Gdansk, Poland. The patients all came from the Pomerania region in north-central Poland.

For purposes of our research we recruited 43 married couples affected by stroke. On the basis of an analysis of the medical documentation and the opinion of the attending neurologists and speech therapists, the respondents were divided into four groups: 22 patients with aphasia (group A) and their partners (group B), and 21 patients affected by stroke but without speech impairment (group C) and their partners (group D). For practical reasons patients with slight and moderate aphasia were not counted. A clinical interview and psychological conversation were conducted to enhance the cooperativeness and emotional engagement of the respondents.

Group A consisted of 22 patients with aphasia ($n=22$), 13 males and 9 females. The average age in this group was 58.7 years, the average level of formal schooling was 14.2 years.

Group B consisted of the spouses of the patients in group A. The average age was 58 years, and the average level of formal schooling was 12.8 years.

Group C consisted of patients who had suffered a stroke but did not subsequently develop any symptoms of aphasia. There were 11 females and 10 males in this group; the average age was 53.1 years, and the average level of formal schooling was 12.33 years.

Group D consisted of the spouses of the patients in group C. The average age in this group was 54.4 years, and the average level of formal schooling was 12.2 years.

The four groups showed similar demographic variables.

The Mini-Mental-State-Examination (MMSE) was used to determine the patients' overall cognitive status. Also, the Geriatric Depression Scale (GDS) was used to check the level of depressive symptoms. The elements of the standard neuropsychological batteries for aphasia examination included:

- the Cracow Neuropsychological Battery for Aphasia Examination - CNBA (Pačhalska 1995);
- the Boston Naming Test in its authorized Polish version;
- the Token Test.

The Dyadic Adjustment Scale (DAS) by Spaniel (Cieślak 1989) and the Marital Communication Questionnaire (Plopa 2006) were used to assess the level of partnership in the marriage.

The first examination was conducted when the patients were admitted to the hospital with a diagnosis of stroke, within 7 days of onset. At the same time, both the patients and their spouses underwent a neuropsychological examination. The second examination took place 6 months after the first, and was conducted at the patient's home.

The statistical analysis was performed using the SPSS for Windows statistical program, v 14.0 PL, especially the U-Mann-Whitney Wilcoxon rank-sum test, which was used to determine the relevance of differences among the groups.

RESULTS

In group A, the average GDS was 4 points, and the average MMSE was 22 points, as opposed to 4.3 and 24 points, respectively, in group C. These differences were not statistically significant, suggesting that the groups were not significantly differentiated in terms of overall cognitive status or severity of depression.

After statistical analysis of the remaining examination results had been carried out, we found no significant statistical differences in the quality of marriage and marital communication among the groups in the first examination. However, some significant differences emerged in the second examination. The patients in group A (with aphasia) assessed emotional expression in their relationships and the engagement of their spouse less favorably than did the patients in group C ($p < 0.05$). The spouses of the respondents with aphasia (group B) assessed support and engagement in the patient less favorably than the partners from group D (without aphasia). They also assessed the behavior of the patients as less depreciating when compared to group D ($p < 0.05$, cf. Fig. 1).

To determine the dynamics of alterations in marital relations among the couples affected by aphasia, the first and second measurement were compared in groups A and B. Due attention should be given to the visible decline in the general perception of the marriage of patients with aphasia ($p < 0.001$)

in all its aspects, such as harmony ($p < 0.001$), cohesion ($p < 0.05$), satisfaction ($p < 0.001$), and emotional expression ($p < 0.01$, cf. Fig. 2).

Furthermore, it is possible to observe parallel changes in the group of persons whose partners suffer from aphasia (group B), except for the general measure of marriage quality. An observable decline was detected in the evaluation of harmony ($p < 0.05$), cohesion ($p < 0.05$), satisfaction ($p < 0.001$) and emotional expression ($p < 0.001$, cf. Fig. 3).

Curiously enough, the dynamics of the changes in the case of patients without aphasia appears to differ. A decline is observable only in the general quality of the marriage ($p < 0.05$) and marriage cohesion ($p < 0.05$). Identical differences can be noticed in group D.

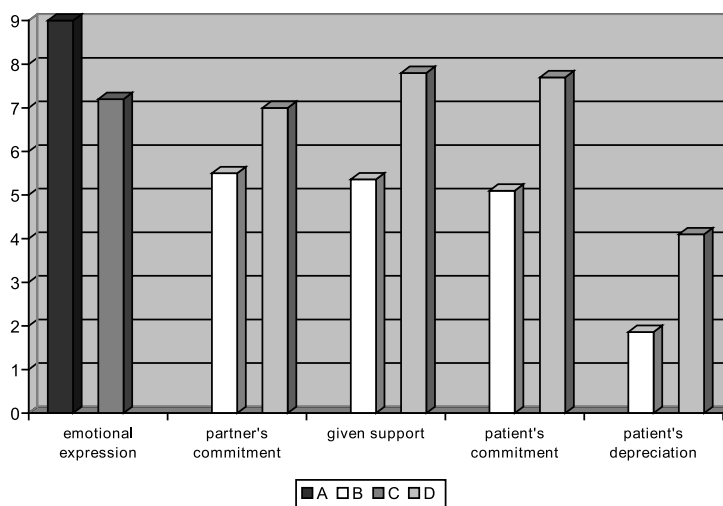


Fig. 1. The main effect of aphasia (significant differences between groups)

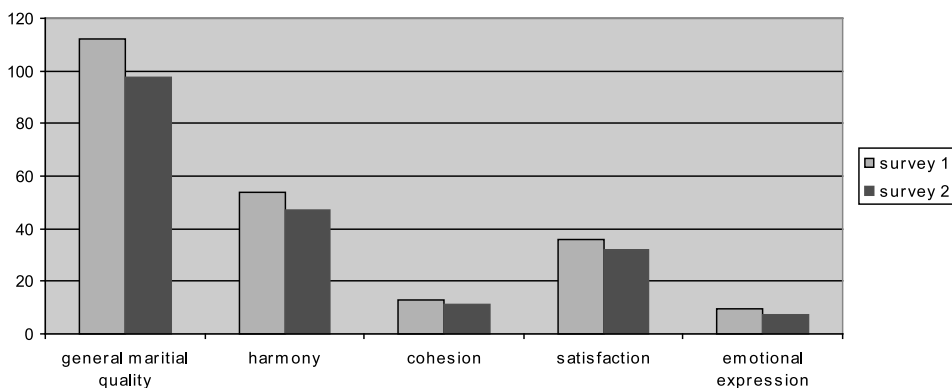


Fig. 2. Dynamics of changes in the quality of the marriage: group A (aphasic patients)

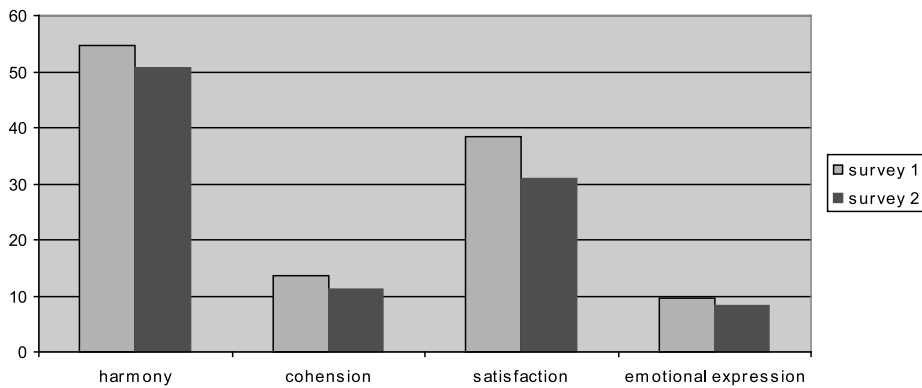


Fig. 3. Dynamics of changes in the quality of the marriage: group B (partners of aphasic patients)

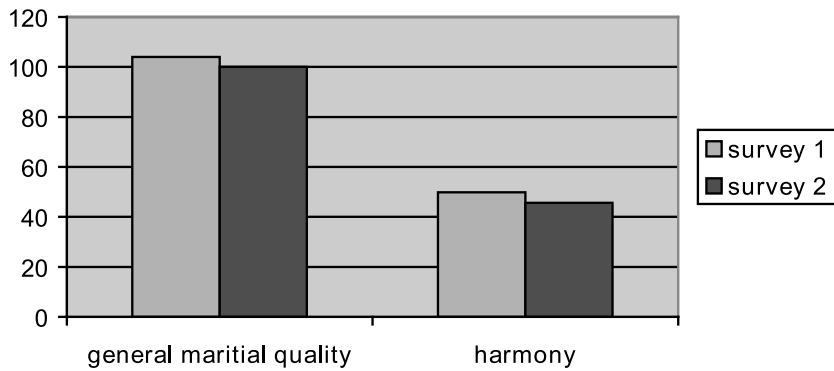


Fig. 4. Dynamics of changes in the quality of the marriage: group C (non-aphasic stroke patients)

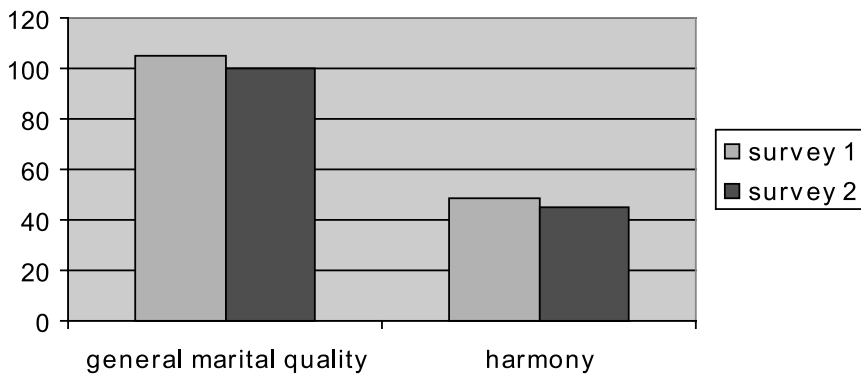


Fig. 5. Dynamics of changes in the quality of the marriage: group D (partners of non-aphasic stroke patients)

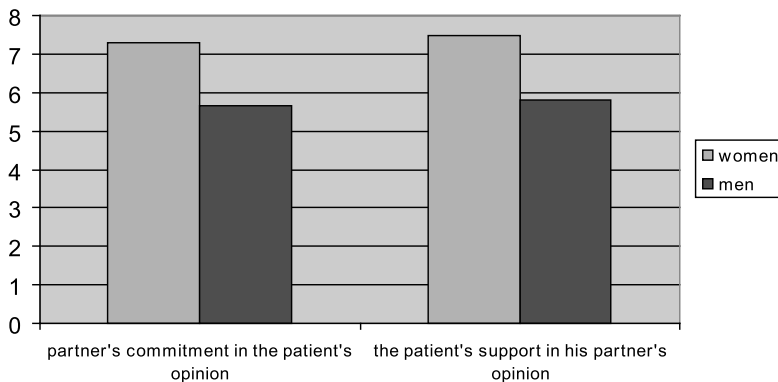


Fig. 6. The gender effect

The statistical analysis also revealed a significant gender effect. The results suggest that women who have suffered from a stroke assess their partners' engagement in their marriage higher, whereas women who are married to an aphasic partner evaluate the support received from their affected partners higher than do the men ($p < 0.05$). This effect proves to be isolated and does not interact with the aphasia factor.

DISCUSSION AND CONCLUSIONS

The results we obtained emphasize the fact that changes in the relations between marriage partners touched by stroke occur irrespective of the presence of aphasia. This may be the result of the growing crisis and the unexpected transposition of roles between partners. Such an explanation seems to be confirmed in other research. As stated by Pachalska (1999), stroke overtaxes vital resources and has a negative influence on the quality of life of both the patient and his or her partner. What should not be omitted is the fact that, contrary to caregivers in other chronic disorders, there is a clear lack of a transitory period: the stroke is an unforeseen and abrupt occurrence, and there is no possibility for the partner to be fully prepared for the approaching changes and obstacles. Paradoxically enough, the whole onerous burden falls on the family, which usually lacks the knowledge and competence to treat the affected person properly. Consequently, this can lead to growing discomfort, uncertainty and inner chaos.

Nevertheless, the changes that emerge in couples when one of the partners suffers from aphasia prove to be more extensive and relate to more significant aspects of the marriage relationship than in couples not affected by language disorders. In the case of such couples, only the general quality of life and marriage harmony weaken. The characteristics of changes in the marriage relation in couples affected by aphasia consist in a loss of harmo-

ny, satisfaction, cohesion and emotional expression, as well as faith in the value of the marriage, although the former refers only to the patients.

The aforementioned considerations highlight the fact that the situation is more intricate in the case of couples affected by language disorders than in those without such problems. Problems occurring in the relationships of couples with aphasia destroy the harmonious and healthy relationship between partners and result in a lower quality of life. Furthermore, ongoing changes in relations between partners may have a negative influence on rehabilitation. Therefore, as recommended by experts, married couples affected by aphasia require psychological care. The program prepared by professionals should include such elements as dealing with growing emotions, expressing emotions and engagement. What is more, it seems reasonable to acquaint those who are concerned with the consequences of the illness and the possible conduct of rehabilitation with the problems of marital relations.

Our results concerning the characterization of the marriage relation depending on the respondent's gender are not inconsistent with initial reports. It seems that women looking after disabled partners evaluate the received support higher than male caregivers. On the other hand, male patients assess the support from their partners lower than female patients. From these considerations, what ought to be highlighted is that women seem to be more occupied in looking after their partners, which results in a worsening of their marriage life.

The research reported here emphasizes the fact that women bear more consequences as partners of a disabled patient. Also, changes appear in the duties and roles in the family. Women's expectations about the received support from their partners may find its roots in the middle age of the examined population, and has no relation to the life of young people.

REFERENCES

- Bidzan, M. (2008). Teoria mikrogenetyczna a wysiłkowe nieotrzymanie moczu. In: Jakość życia pacjentek z różnym stopniem nasilenia wysiłkowego nietrzymania moczu. Kraków: Impuls.
- Clipp, E.C. & George, L.K. (1992). Patients with cancer and their spouse caregivers. Perceptions of the illness experience. *Cancer*, 69(4), 1074-1079
- Draper, P. & Blockheurst, H. (2007). The impact of stroke on the well-being of the patient's spouse: an exploratory study. *Journal of Clinical Nursing*, 16, 264-271.
- Goodglass, H. (1993). *Understanding aphasia*. London: Academic Press.
- Kądziaława, D. (1999). Nurty w neuropsychologii. In: J. Strelau (ed.), *Psychologia - podręcznik akademicki*. Vol. 3 (557-658). Gdańsk: GWP.
- Larson, J., Franzen-Dahling, A. et al. (2008). The impact of gender regarding psychological well-being and general life situation among spouses of stroke patients during the first year after the patients' stroke event: a longitudinal study. *International Journal of Nursing Studies*, 45(2), 257-265.
- Pachalska, M. (1999). *Afajzjologia*. Cracow & Warsaw: PWN.
- Pachalska, M., Kaczmarek, B.L.J. & Knapik, H. (1995). Cracow Neurolinguistic Battery of Aphasia Examination. *Aphasiology*, 9(2), 193-206.

- Parr, S. (2001). Psychosocial aspects of aphasia: whose perspectives? *Folia Phoniatrica Logopaedica*, 53(5), 266-288.
- Pachalska, M. (2005a) Kierunki współczesnej terapii chorych z afazją. In: T. Gałkowski, E. Szela, G. Jastrzębowska (eds.), *Podstawy neurologopedii. Podręcznik akademicki*. Opole: Wydawnictwo UO.
- Pachalska, M. (2007a). *Neuropsychologia kliniczna. Urazy mózgu*. Vol. 2. Warsaw: Wydawnictwo Naukowe PWN.
- Pachalska, M. (2005b). Neuropsychologiczna diagnostyka afazji. Kierunki współczesnej terapii chorych z afazją. In: T. Gałkowski, E. Szela, G. Jastrzębowska (eds.), *Podstawy neurologopedii. Podręcznik akademicki (750- 906)*. Opole: Wydawnictwo UO.
- Plopa, M. (2006). *Więzi w małżeństwie i rodzinie - metody badań*. 3rd ed. Kraków: Impuls
- Pachalska, M. (2007b). *Rehabilitacja neuropsychologiczna. Procesy poznawcze i emocjonalne*. Lublin: UMCS.
- Purdy, M. & Hindenlang, J. (2005). Educating and training caregivers of persons with aphasia. *Aphasiology*, 19(3-5), 377-388
- Rochette, A., Bravo, G. & Desrosiers, J. (2007). Adaptation process, participation and depression over six months in first-stroke individuals and spouses. *Clinical Rehabilitation*, 21, 554-562.
- Santos, M., Farrajota, M.L., Caldas, A.C. & Sousa, L.D. (1999). Problems of patients with chronic aphasia: different perspectives of husbands and wives? *Brain Injury*, 13(1), 23-27.
- Sorin-Peters, R. (2003). Viewing couples living with aphasia as adult learners: implications for promoting quality of life. *Aphasiology*, 17(4), 405-416
- Williams, S.E. (1993). The impact of aphasia on marital satisfaction. *Archives of Physical Medicine & Rehabilitation*, 74(4), 361-367.
- Williams, S.E. & Frezer, C.A. (1986). Aphasia: its effect on marital relationships. *Archives of Physical Medicine & Rehabilitation*, 67(4), 250-252.

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