Paint Me a Picture with Words - Why Patients with Aphasia Can Have Clinical Conversations at Eye Level and How We Need to Change Our Communication

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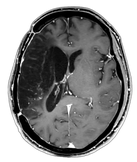
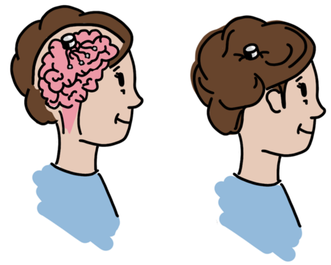
Ann* is in her 50s and suffered from a stroke eight years ago.

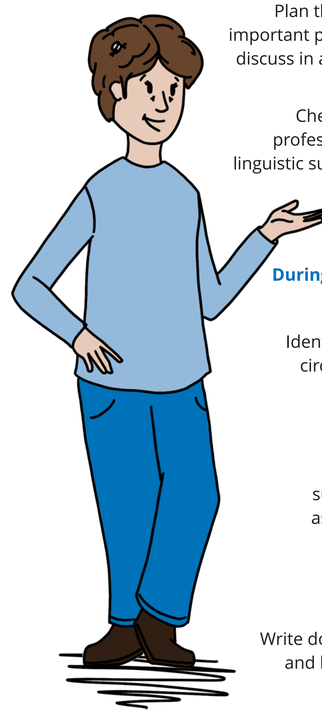
She now participates in a clinical study to gain insights into the preserved language of patients with aphasia using a Brain-Computer Interface (BCI).





Although Ann has problems finding the words, she knows what she wants to say and can correctly interpret the beliefs, desires, intentions (and emotions) of others[1-5].**

We showed that Ann can share commitments[8]* using Alternative Augmentative Communication (AAC)[11-13]. She can, thus, join Shared Decision-Making and clinical conversations at eye level.**



Before the Conversation

Plan the most important points to discuss in advance

Check on established guidance for non-verbal communication

Check for professional linguistic support

Check neuropsychological test history and current language and speech abilities

During the Conversation

Identify preferred circumlocutions (AAC)

Dedicate time to the conversation

repetition, rephrasing, summarizing, asking yes/no questions

Include family and friends

After the Conversation

Write down learnings and best practices

Check out new communication strategies[3,6,16]

These are some suggestions for researchers and physicians to improve communication at eye level with patients having aphasia. We developed them together with Ann.

Some Conversational Examples with Ann:

(A) Ann just got to the lab, and there was a chat about her health: R: And how are you? A: Good. Uhm… back… [points to her lower back] … ouch…ah…[unhappy face] R: You have pain in your lower pack again? A: Yes. Ouch.
(B) Ann talked about events the last weekend: R: How was your weekend? A: Great! Uhm… [Husband name] … how do you say? Uhm… Bergfreunde! R: Ah, was [Husband name] skiing with his "mountain friends"? A: No, uhm… Party! [dance movements, humming a Christmas song] R: Oh, did they have the Christmas party this weekend? A: Yes!

R = Researcher, A = Ann

The Ability of Patients with Aphasia to Share Commitments via Bart Geurts'[14] Communication Theory

- Commitments enable us to manage expectations and plan activities & speech acts serve primarily to create them[14]
- Non-linguistic communicative behaviors can stand in for speech acts if there is an established common ground[8]
- There are criteria for communicative success/common ground[15], e.g., success in coordinating actions or congruency of subsequent exchanges or behavior
- In the impaired as well as unimpaired case, communicative success comes in degrees[8]
- Still, conversations including patients with aphasia require a greater degree of sensitivity, expertise, and time[8]

Suggestions for Future Research Questions

- Expressive power of non-linguistic communicative means
- Considering the individualized nature of aphasia and related communication abilities
- Inner speech and mental concepts related to what patients with aphasia want to say
- Disagreement vs. lack of understanding when conversing with patients with aphasia
- Practical suggestions to invest time, empathize and learn for clinical professionals
- Building expertise in clinical contexts for conversations with patients suffering from aphasia

*We changed the name of the patient to protect her privacy. **We gained these insights through our ongoing interview and ethnographic work (indication of intact inner speech[7] and mental concepts). ***Paper[8] also covers the ethical need[9] to include patients with aphasia in SDM at eye level according to the Principles of Biomedical Ethics[10].

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