• Written self reflection has been suggested to be a beneficial therapeutic tool in stroke rehabilitation (Hartke et al., 2007).

• In particular it has shown:
  - Improvements in quality of life (Cruice et al., 2003);
  - Improvements in self perceptions and cognitive organisation (Niederhoffer & Pennebaker, 2002);
  - That it allows people with aphasia to use emotive language to promote further communication skills and explore common themes such as identity and acceptance (Armstrong & Ulatowska, 2007 and Shadden, 2005).

Aim

• The purpose of this poster is to explore the themes identified in a single case study about a written self reflection of a patient's journey post stroke with aphasia.

Methods

• This case presentation follows the journey of a 46 year old lady who had a left MCA infarct and presented with mild expressive aphasia, characterised by phonemic paraphasias, mild phonological dyslexia, mild receptive aphasia and high level cognitive-communication deficits.

• She had a previous medical history of hypertension, high cholesterol, family history of stroke and a borderline personality disorder.

• She was working as a senior personal assistant in a law firm. She was married and had a teenage son.

• The patient was one year post stroke attending a community based rehabilitation service.

• The overall goal of the patient’s therapy was to improve her computer and literacy skills in order to return to work.

• Additional skills were identified to achieve the above goals. These included: spelling, typing, editing, narrative structure, and high level cognitive-communication skills such as sequencing and planning.

• It was suggested that the patient write a self reflective article about her journey during her rehabilitation of aphasia post stroke to inform others about her experiences. This was facilitated by submitting the article to the Australian Aphasia Association’s newsletter.

• Excerpts from the article were analysed and broad themes were identified.

Themes Identified in the Acute Setting

Devastation

Loss

Difference between patient and family reactions

“...I was not used to any progress...”

“...I was seeing no progress...”

“...I was feeling completely isolated and confronted with unfamiliar territory...”

Range of emotions

“I felt frustrated, angry and depressed as to why this happened to me...”

“...I felt it was taken away from me...”

Need for support and to see improvements

“With all the support of my family and speech pathologist I was getting better and better each day and could see improvements even though I still had a long way to get back to my old self...”

Themes Identified in Inpatient Rehabilitation

Uncertainty

“I felt completely isolated and confronted with unfamiliar territory...”

Range of emotions

“I felt frustrated, angry and depressed as to why this happened to me...”

“...I felt it was taken away from me...”

Need for support and to see improvements

“With all the support of my family and speech pathologist I was getting better and better each day and could see improvements even though I still had a long way to get back to my old self...”

Themes Identified in the Community Setting

Adjustment

Identity

Expectations

“...I felt completely isolated...”

“...I felt it was taken away from me...”

“I had set myself a timeline as to where I should be in various stages of my recovery even though my body was telling me otherwise...”

“I was getting fatigued both mentally and physically and was getting frustrated. Looking back I did not realise fatigue was going to be a major issue...”

Persistence

“Despite this [fatigue] I continued pushing myself to be the person I used to be but then I had a few setbacks [at work]...

Insight

“...During this period [of setbacks] I realised I had been in denial that everything will be the same as before but it was not. For me to realise that I had been in denial was a breakthrough and perhaps I returned to work too early...”

References


