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Characteristics of self-image of the persons with aphasia

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Abstract: This paper is dedicated to research and examination to the impact of aphasic disorder on the self-image of the persons diagnosed with this type of language disorder and aims to address an important topic such as the awareness of this disability, which in the first phase is not observed in our country, but who can be a severe impairment of speech: „to say one thing, to mean something else". From the analysis of literature with reference to self-image we could observe the implications of self-image in a person`s life and the role it plays in the personality structure. We observed that the subjects diagnosed with fluent aphasia are having a slight decrease in self-image, and for those diagnosed with nonfluent aphasia the self-image presents a moderate to severe decrease.

Keywords: aphasia, multidisciplinary team, psychotherapeutic approaches, self-image, self-confidence, speech pathology

Introduction

The paper entitled ***Characteristics of self-image of the persons with aphasia*** is dedicated to research and examination of the impact of aphasic disorder on the self-image of the persons diagnosed with this type of language disorder.

We chosed this topic because we noticed that it is much too little studied, and it is increasingly necessary in these times, to be aware of this disability, which in the first phase is not observed, but which can be a severe impairment of speech: "to say one thing, to mean something else". Aphasia is a language disorder that can affect the entire life of the individual through the presence of disorders on the expressive side, as well as on the receptive side of the language, with manifestation in the oral plan, but also in the written and read.

Aphasic people often consider themselves inferior to healthy people and feel that they have lost their identity, so in this paper we will identify the characteristics of self-image after the onset of aphasic disorder.

Self-image represents the totality of a person's perceptions of personal abilities, attitudes and behaviors. Self-confidence depends very much on the ability to do certain things and has a great importance on the life of the individual, influencing the way he lives his life. Harmonious relationships with close people, professional performance, taking responsibility according to

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one's own resources indicate a positive self-image, while low motivation, defensive aggression, avoidance behaviors, resistance to change are the main indicators for a negative self-image.

The paper is organized in two chapters, in which we are analysing theoretical aspects in terms of self-image and aphasia and we are discussing about the research and the results that we've obtain.

1. Theoretical considerations

1.1 Self-image

In the following we will approach the theoretical aspects in terms of self-image. Self-image is the inner, subjective reflection of personality traits, the way a person perceives himself being aware of their own physical, emotional, cognitive, social and spiritual characteristics. Self-image does not overlap with self-awareness, the former being a result or product of the latter. Self-awareness could be equated with the subject taking action, and self-image with one of the effects of the action. According to Carl Rogers (2008), the self-image is described as a system of self-esteem, it designates the perception of man by himself; a person evaluates each experience in relation to the self-image he has.

Self-image *"appears as a complex mental construct, which is gradually developed during the ontogenetic evolution of the individual, in parallel and in close interaction with the development of the consciousness of the objective world, through a long series of processes and operations of comparison, classification-hierarchy, generalization-integration. Those two basic components (the image of the physical ego and the image of the spiritual, psychic and psychosocial ego) not only complement each other, but interact and interact dialectically; they can be in relations of consonance or dissonance, of coordination, having the same value rank in the complex of the life and activity of the individual, or of subordination, one being assigned a higher value than the other"* (Golu, 2004, p.702).

From everyday practice it is observed that some people behave as they are, while others, as they imagine they are or as they think the others expects to behave. In interpersonal relationships it matters as much as the person is in reality, but how he manifests himself by interacting with others, so not so much his hidden qualities or traits, but those that are externalizEditura

Some authors believe that the formation of self-image goes through several stages, as follows: at the beginning takes place the construction of the Ego, the subjective image of oneself, the individual makes his self-portrait from the point of view of the personality as a whole. The Self represents the image that the individual considers defining for his personality. Then the reflection of the Ego on the self-image takes place, thus, the awareness of the judgments made by an individual on his own person may not coincide with the constructed image. These judgments can influence self-image.

The self-image is formed in stages, structuring the *personality, "being conditioned* during the first 5-6 years of life by the process of decentralization of the Ego and by the structuring and regulating function of language and communication. According to G. Allport, the stages of self-image development are: the sense of the bodily self, the sense of self-identity, self-respect, the extension of the self and the image of the Self" (Verza, 2011: 467).

The appearance, evolution and stabilization of the self-image are influenced by the dynamics of fulfillment-non-fulfillment, by the permanent comparison with another person, by finding the place in a certain social context, by the opinion of the members of the group. The adult feels the need to be productive, to be able to focus on practicing the professional and parental role. Erikson said that adults need children just as they need adults. The status and the social role, especially the professional one, can give strength and style to the contour of the self-

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image. The experience that the subject acquires, the positive results, the possibility of self-affirmation, social relations and group solidarity, the respect of the community towards the professional status support the determination of the self-image of the individual.

Maxwell Malts (2017) argued that the most important discovery of the 20th century is that of **personal image**. Whether a person realizes it or not, everyone has a mental image of what kind of person they are, being created from their own ideas and beliefs about themselves. Thus, the qualities of self-image depend on the individual's capacity for self-knowledge.

Self-image plays a regulating role in the personality system. It is a main mediating factor between internal states of need - motivation - and external situations and demands. The way a person relates to reality depends on the quality of the self-image. If people are compared with each other, one can see the existence of great differences in the structural-functional characteristics of self-image. In some people, the self-image has a diffuse, vague character, it is rigid to external influences that require change, and in other people the image has a high degree of completeness and objectivity, being open to the outside and to the influences of change.

1.2 Aphasia

The issue of aphasia is one of the most studied, both medically and psychologically, remaining a series of controversial issues and disputed by the authors. The authors' contribution was influenced by one of the three distinct directions, localization, holistic and psychological, leading specialists to interpret the phenomenology of aphasia from such different perspectives. The contributions of specialists mark the progress in the knowledge of aphasia.

Marinescu and Kreindler published in 1933 the work "Speech, aphasia and conditioned reflexes" in which they tried to explain the symptoms of aphasia by precise physiological mechanisms, by disorders of cortical dynamics. During 1960-1980, the Neurology researchers of the Romanian Academy (Kreindler, Sager, Voiculescu, Voinescu, Mares, Bulandra, Cinca and many others) carried out in-depth studies in the field of aphasia by publishing articles, papers and communications (Dulămea, 2011).

Therefore, **aphasia** (from the Greek "a" - without "phases" - word, speech) "is a disorder of language functions, due to impaired nerve centers" (Carantină, Totolan, 2007: 202). Another definition given by Gheorghiță and Voinescu (1978) to aphasia claimed that it is a language disorder with a neurological substrate, a disorder that occurs as a result of a brain injury with complex manifestation: disorders of oral language reception, disorders of written language reception, expression disorders verbal, written expression disorders, mathematical calculation disorders, generalized motor disorders, praxis disorders, gnosis disorders, psychological disorders.

The etiological factors in aphasia are in large numbers, all involving diseases of the central nervous system, in the brain areas, where language processing is perform. Therefore, the lesions that lead to aphasia are located mainly in the left hemisphere. Cases of cross-aphasia are also defined, which means that brain lesions occur in the right hemisphere (Bodea Hațegan, 2016).

Over time, specialists have proposed different classifications of aphasic disorder, which are based on etiological criteria and symptomatic criteria. But there are also classifications based on only one of the two criteria. There are many difficulties in making classifications of aphasia, because there are a number of phenomena that the specialist can not assess scientifically accurately, such as: the exact determination of aphasia is not always feasible, because in some cases the cause remains only at the hypothetical stage. , the extent and depth of the aphasia lesion can only be relatively approximate, from the perspective of aphasia

symptoms, there are a variety of manifestations, both in language and in the whole mental activity that depends on different conditions, etc ..

Sarno (1997, apud Dănăilă, Golu, 2006, apud Verza, 2009) starts from the idea that speech disorder is dependent on the onset form of aphasia (sudden or progressive) and speech is manifested under two main forms: a form that presents interruptions and hesitations, with difficulties in using the linguistic system, and the second form in which articulated speech does not lose its main qualities of flow and melodicity, but affecting the coherence and influence of speech. According to these criteria, aphasia is classified into **fluent aphasia** and **non-fluent aphasia.**

In **fluent** aphasia, speech is largely cursive and includes prosodic and normal articulatory aspects, but comprehension is affected as the aphasia disorder is deeper, in which case distortions, omissions, and substitutions of sounds and words occur causing the spread of comprehension disorders. Among the main forms of fluent aphasia is Wernicke's aphasia.

The second category according to the criteria invoked above, **non-fluent** aphasia, "*involves joint effort with articulation impossibility, blockages, unblocking movements, tremor and a series of other manifestations that lead to syllabic speech, with many pauses, difficult to understand by those around , even if semantically it is not affected*" (Obler, Gjerlow, 1999, apud Bodea-Hațegan, 2016: 392). At the same time, the motor function of the right part of the body is affected, over time the hemiplegia becomes more and more severe. The aphasic person is aware of his difficulties and makes an effort to achieve a fluent speech, but without success, which accentuates his frustrations and inner tensions.

In the examination of the person with aphasia there are three sides: examination of language performance, examination of the type of language disorders, examination of psychic functions or syndromes associated with aphasia. The speech therapy and psycholinguistic examination takes place in the form of free conversation or in the form of a standardized interview and in the form of tests, to study different aspects of language and specify qualitative and quantitative performance, as well as the frequency and type of specific aphasic disorders (Voinescu, 1976, apud Kory Calomfirescu, Loloș, Kory-Mercea, 2015). At the same time, the quality of life is evaluatEditura

Aphasia therapy involves different types of approach such as language re-education therapy, melodic intonation therapy, art therapy and occupational therapy, drug therapy, computer-assisted therapy and assistive technologies, transcranial magnetic stimulation complementary to other types of treatment. (Dulămea, 2011). Recovery is a multidisciplinary approach. Therapy is based on detailed knowledge of the cognitive and linguistic qualities and disorders of the aphasic person, as well as on the identification of functional or damaged brain regions. The information received from these neurological and neuropsychological assessments is used to determine therapeutic interventions. Even if individualized therapies are approached in the first phase, group therapies are also useful, depending on the clinical form of aphasia.

"Over time, many attempts have been made to explain the recovery of aphasia. So far, two conclusions have been drawn: the first conclusion - the right hemisphere assumes its linguistic function, the second conclusion - there is an increased activity of the remaining cells in the left hemisphere" (Dulămea, 2011: 241).

2. Research methodology

Self-image largely depends on the self-esteem and self-conception developed in childhood, adolescence, adult life, the interrelationships and the emotional-psychological atmosphere in the family and circle of friends where the person with aphasic disorders has developEditura For these reasons, **the purpose** of the research is to study the impact that

aphasic disorder can have on self-image in people diagnosed with this type of language disorder.

2.1 Objectives and hypotheses

The **objectives** for this research are:

- The analysis of the literature with reference to self-image and aphasic disorder;
- The administration of valid psychological tools for self-image assessment in aphasic subjects;
- Identifying the impact of aphasia on self-image in people diagnosed with this type of language disorder;
- The development of a psychotherapeutic program aimed to improve self-image in people with aphasia, based on observations from the literature and the research results.

This paper aimed to verify the following **hypotheses**:

- We aimed that people who before the onset of aphasic disorder had a good self-image, currently do not show a large decrease in self-image;
- We aimed that aphasic people who have benefited from therapeutic intervention and have had family support have a lower self-image;
- We aimed that people who have been diagnosed with a form of fluent aphasia have a smaller decrease in self-image than people diagnosed with a form of non-fluent aphasia.

2.2 Research methods and instruments used in research

The methods and tools used to achieve our goals are as follows:

- The conversation method (where we were able to gather information about the subjects);
- The observational method (that provides a description of an individual);
- Anamnesis;
- The case study method (facilitates the exploration of a real issue within a defined context, using a variety of data sources);
- Use of personal data from medical records and biological materials;
- Self-Image Questionnaire (designed to assess the personality traits of a person):
- Burns Depression Scale (is a rating scale for depression);
- Self-Confidence Test (by Romek V. G.).

2.3 Number of participants

For this research, a number of 5 participants were selected, diagnosed with aphasic disorder. The criteria for including the subjects in the study was to be over 18 years old and to be diagnosed with aphasia. Another criterion is that the subjects do not have in the medical history another pathology that could affect the communication skills.

The time period from the onset of aphasia varies from case to case, from 6 months to 15 years. The meetings were arranged by mutual agreement with the subjects and their relatives, taking into account the fact that more meetings with them may be necessary, because they could get tired, due to the effort they would make to answer the questions.

The present research took place over a period of 6 months. The subjects' behaviors in terms of self-image, self-esteem, socialization and personal autonomy were assessEditura The activities carried out aimed to highlight if there are changes in self-image in people with aphasic

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disorders, but also after finding these changes, the implementation of an intervention program to improve self-image.

Tabel 1. Description of the participants

Participants	**Age**	**Gender**	**Environment**	**Type of aphasia**	**The period of time since the onset of aphasia**
A. Ș.	68	Female	Urban	Anomic Aphasia	6 months
A. P.	51	Male	Urban	Global Aphasia	4 yrs
D. N.	73	Female	Urban	Anomic Aphasia	15 yrs
S. E.	54	Male	Rural	Broca Aphasia	3 yrs
T. G.	62	Female	Rural	Global Aphasia	8 yrs

2.4 Case study presentation
Name: *A. P.*
Age: *51 yrs*
Gender: *Male*
Envinroment: *Urban*
Type of Aphasia: *Global*
Cause of Aphasia: *Ischemic stroke, Cerebral edema with intracranial hypertension*
Comorbidities: *Hypertension, epilepsy*
Mother tongue: *Romanian language*

One of the subjects of this study is A.P., aged 48, locksmith-mechanic by profession, married, resident in Milan, Italy at the time of the stroke, place of origin Roman, Neamt County. On May 12, 2016, following an undetected hypertension and genetic predisposition, the subject suffered an ischemic stroke and the appearance of a cerebral edema with intracranial hypertension, subjected to a decompressed craniectomy. The subject was hospitalized for a month in the Stroke department of the Citta Studi Clinical Institute in Milan, Italy, and after being medically stabilized, he was transferred to the Italian Capitanio Auxological Institute for a period of three months intensive recovery program for the diagnosis of right hemiplegia, global aphasia, apraxia and dysphagia, which occurred following a stroke.

During all this time the subject was surrounded by family and the presence of a team that aimed to recover and support him: neurologist, medical rehabilitation specialist, nurses neuropsychologist, physiotherapist, speech therapist, occupational therapist, social worker. The team was in close contact with both the subject and his relatives to establish concrete, realistic and timely objectives for the therapeutic intervention program. The subject followed a rehabilitation plan, the necessary interventions in this case being physiotherapy, speech therapy for remission of dysphagia, occupational therapy, speech therapy for remission of apraxia, speech therapy for language recovery, farmacology therapy, social interventions, counseling.

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After these three months, the subject was transferred to the Citta Studi Milano Clinical Institute, for cranioplasty surgery, necessary intervention to improve the quality of the subject's life, of the self-image. After the cranioplasty, an epileptic seizure occurred, so the subject was added to the treatment for hypertension, prophylactic treatment of stroke and analgesic treatment, and the treatment of epilepsy with levetiracetam. And then he was transferred to the Pio Albergo Trivulzio Rehabilitation Hospital, Milan, in October 2016, approaching a lighter rehabilitation program.

In February 2017, at the Don Carlo Gnocchi Hospital, Milan, the subject resumed a cycle of 15 neuromotor reeducation sessions and another 15 speech therapy sessions, on an outpatient basis. Speech therapy was carried out with the help of a speech therapist who was of Romanian origin and who together with the family formed a friendship for the benefit of the subject. At the end of the therapy sessions, there was a break of 3 months, during which time the subject returned to Romania, but with the help of family members he did various activities (myogymnastics, mathematical calculation, word repetitions, names of objects and images) that they learned from the specialists. In the fall of 2017, the subject followed a cycle of speech therapy sessions and occupational therapy sessions, in 2018 a cycle of physiotherapy sessions and robotic reeducation of the right upper limb, and in 2019 another cycle of occupational therapy and physiotherapy sessions.

The results obtained so far, from a medical point of view, show a very good physical recovery, with a motor deficit in the right upper limb, and from a speech therapy point of view it shows an improvement of verbal comprehension, an increase of automatisms, but with poor recovery of expressive skills. In all these years, after the stroke, the subject returned to Romania for 3 months in the summer, being always passionate about pigeon breeding (pigeon breeding), a passion that followed even after the diagnosis of global aphasia.

The family (wife, daughter, sister-in-law) offered him continuous support and encouragement during the recovery period, always being in harmony with each other. Before the diagnosis, the subject was a man who liked to spend time with friends, to meet, to keep in touch by phone, but then he began to refuse to meet with family friends, and if he met he did not stay long and he wanted to withdraw from the conversation, from the meeting because he couldn't make himself understood, his friends talked to him too fast and he couldn't understand everything he was told. He needs to be someone in the family with him when he is in a conversation with someone outside the family.

He retired a lot in raising pigeons, watching various videos on the Youtube application and he really likes nature walks. The subject doesn't like crowded places, preferring spaces with few people. As for the optimism he had before, it has not disappeared even now. In fact, this optimism made him want to go to recovery sessions, to recover as much as possible. Just like before, he gets anxious before an appointment or a meeting, but now he is preoccupied with knowing the route before leaving the house. His wife says that he still has moments when he is upset that he fails to return to work, that he can no longer be the head in the family;they have a pretty good financial situation. And yet he attaches importance to physical appearance, being concerned with taking care of the way he looks and dresses.

He used to smoke a lot, which was a risk factor for stroke, but now he refuses to smoke and does not like to sit next to smokers. He is concerned to strictly follow the doctor's instructions, following the farmacology therapy: atorvastatin, norvasc, cardioaspirin, levotiracetam. During the meetings with the subject, I noticed that he understood certain questions, but he also needed visual support. If he didn't understand something, he either became depressed or irascible, and he almost didn't want to continue the conversation. Oral production was not so rich, he preferred to answer closed questions with yes or no, his wife

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being very helpful in successfully administering the evidence needed for this study. He has verbal initiative, but when he sees that it is not understood, sometimes he withdraws from the discussion, other times he tries through images, objects or drawing to make himself understood. He can't read, and as for the spelling, he can only write his name.

2.5 Research results

Following the application of the investigative tools, we collected a wealth of information that was analyzed and interpreted, in order to make sense and turn into conclusions.

Tabel 2. Results of the applied tests

Participants	**Score** ***Self-Image Questionnaire***	**Score** ***Burns Depression Scale***	**Score** ***Self-Confidence Test (Romek V. G.)***
A. Ș.	Score: 31 Presents a slight decrease in self-image	Score: 13 Border score, towards mild depression	The subject has self-confidence, but tends to check his own opinions and behaviors in certain situations, asking for the opinions of relatives or specialist
A. P.	Score: 29 Presents a slight decrease in self-image	Score: 11 Border score, towards mild depression	The subject has little self-confidence, it would be advisable to work on his own assertiveness and to seek the help of a specialist
D. N.	Score: 36 Presents a slight decrease in self-image	Score: 9 Normal score, some moments of depression – the subject does not feel as good as he would like	The subject has self-confidence, but tends to check his own opinions and behaviors in certain situations, asking for the opinions of relatives or specialist
S. E.	Score: 12 Presents a severe decrease in self-image	Score: 34 Severe depression	The subject does not show self-confidence, distinguishing himself through shyness, anxiety. He needs social support and specialized help.
T. G.	Score: 16 Presents a moderate decrease in self-image	Punctaj: 26 Moderate depression	The subject does not show self-confidence, distinguishing himself through shyness, anxiety. He needs social support and specialized help.

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2.6 Interpretation of results

Hypothesis nr 1 - we aimed that people who before the onset of aphasic disorder had a good self-image, currently do not show a large decrease in self-image

Self-image influences our behaviors, in other words, if you have a positive self-image, it will make you relate harmoniously to those around you, but if your self-image is negative, it will make you have disruptive relationships.

Following the analysis of the informations obtained, we observed that most subjects (4 in number), following those reported by them and their relatives, before the onset of aphasic disorder had a good overall self-image, with an active social life, trusting in their thoughts and actions, each with its own particularities.

For the first three subjects, the results of the applied tests showed a slight decrease in self-image, due to the degree of communication impairment, for the fourth subject, the self-image shows a moderate decrease, and for the last subject before the disorder aphasic did not have a good self-image, following the tests shows a severe decrease in self-image.

Given the results obtained, we can say that the research hypothesis according to which people who before the onset of aphasic disorder had a good self-image, currently do not show a large decrease in self-image, has been confirm.

Hypothesis nr 2 - we aimed that aphasic people who have benefited from therapeutic intervention and have had family support have a lower self-image

Family support increases the chances of people with aphasia to get the best results in speech therapy and medical recovery, changing their attitudes, behavior and successes and playing a key role in working with specialists for their benefit.

Analyzing the results we can see that most participants in the study benefited from therapeutic intervention, some to a greater extent and others to a lesser extent, and the involvement of the family and its support for some of them was obvious and extremely important.

Thus, following the anamnesis and the results of the tests, we can state that the research hypothesis according to which the persons who benefited from therapeutic intervention and had the support of the family has a lower decrease in self-image, was confirm.

Hypothesis nr 3 - we aimed that people who have been diagnosed with a form of fluent aphasia have a smaller decrease in self-image than people diagnosed with a form of non-fluent aphasia

Those with fluent aphasia, most of the time, are not aware of the difficulties they have, while those with non-fluent aphasia are aware of the difficulties they have, presenting a dysphoric affective mood.

Thus, the self-image in those with non-fluent aphasia can undergo major changes through loss of self-confidence, loss of interest in socialization and reintegration. Following the results, only a slight decrease in self-image is observed in subjects diagnosed with a form of fluent aphasia, and in those diagnosed with a form of non-fluent aphasia a moderate to severe decrease in self-image.

Given the results obtained, we can say that the research hypothesis that people who have been diagnosed with a form of fluent aphasia has a lower self-image than people diagnosed with a form of non-fluent aphasia has been confirm.

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Conclusion and recommendations

In conclusion, we can specify that the purpose of this paper to highlight the impact that aphasic disorder has on the self-image of the person with this language disorder has been achieved, as well as the proposed objectives. From the analysis of the literature with reference to self-image we could observe the implications of self-image in a person's life, how the self-image is formed and developed and the role it plays in the personality structure. The three hypotheses proposed for this research paper were confirmed, based on the results of the anamnesis and the tests appliEditura The limits of the study are given by the small number of participating subjects. The results obtained cannot be extrapolated on a larger scale and are representative exclusively of the number of subjects.

For this work, the knowledge of the experiences of aphasic people was an important contribution in understanding their needs and encouraging a psychotherapeutic approach, in which self-image could be improvEditura The role of the psychotherapist and the family is to help the subject to identify their own resources and to energize them, thus achieving a harmonization of the subject from an emotional and cognitive point of view.

This paper can be a starting point for the integration of aphasic people, by choosing appropriate methods for interaction with them, but also for understanding their limits. Each case of aphasic disorder has a high degree of uniqueness, some may have mild aphasia, but others severe aphasia. The approach to cases with aphasic disorders will be individualized, requiring a holistic, integrated approach, in which the family and relatives have an important role in supporting the aphasic person.

It is necessary that the research can be extended to several cases, in order to reach results that would be useful for specialists to intervent promptly in the recovery of aphasia by developing psychotherapeutic programs that improve self-image and/or prevent its decline, by reintegrating into the family and society without them losing confidence in themselves and isolating themselves from those around them. Social and emotional support is a construct of great importance, which strengthens the need to support aphasic people and their families, so that they function at an optimal level in society. It can increase personal skills, the perception of control, the sense of stability, contribute to the recognition of what matters to oneself and can have a positive effect on the quality of life of the aphasic person and their relatives.

Through its actions, society makes its mark on the psychological well-being of peope. It is important the attitude of society, which has a moral obligation to value people with aphasia in a real way and not to develop negative stereotypes and inappropriate attitudes.

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