

Communication

Communication involves a lot more than just words. Factors such as how loud or fast we speak, our tone of voice, the look on our face, and our body language combine with the sense of the words to convey feelings and meanings. Language in this broad sense is a huge part of how we communicate who we are. Language impairments are therefore incredibly frustrating for the person with stroke and their family. People with language impairments are at risk of low mood or depression.

Words are processed in and accessed from the left side of the brain: if a stroke damages this side, speaking and understanding can be affected.

Expression and body language are accessed from the right side of the brain, so if this side is damaged expression may be reduced or absent, eg, speech may be flat, monotonous, like a robot.

Speech can also be altered (slurred or indistinct) if control of the tongue and/or voicebox is affected by the stroke.

Speech and language

You may hear the words aphasia, dysphasia or dysarthria used by doctors or therapists when discussing difficulties with speech or language after stroke. Dysarthria refers to the loss of control over the tongue and/or voicebox. Aphasia and dysphasia refer to difficulties with processing or accessing words

I couldn't make the right words come out.

- Slurred speech – this can be mildly slurred, or very difficult to understand
- Slow and hesitant speech, or stuttering
- Flat speech, with little expression or 'melody'

- Weak voice
- Using unrecognisable words, which may pour out quite fast
- The words to express an idea come out wrong
- Being unable to find the right words, or talking around the topic
- Being unable to say a word even though it can be 'seen' in the mind, and might have been used easily in another conversation
- Being unable to repeat a word when asked to, even short words
- Talking too much, interrupting others
- Talking about things that have nothing to do with the topic of conversation
- Finding it hard to switch from talking to listening or vice versa
- Repeating words or phrases, or swearing
- Substituting like-sounding words, eg, saying 'fry' instead of 'fire'
- Difficulty following what has been said.

The person experiencing any of these speech and language problems can feel very frustrated.

What helps

- Speak *to* the person, not about them as though they are not there or can't hear you
- Speak to the person more slowly, but don't shout; their thought processes may be working at a reduced speed but treat them with respect
- Make sure the person can see you – if you are on the side affected by the stroke, the person may not know you are there (**see page 53**). Position yourself more in front of the person and ask them to look at you as you speak
- Use body language (facial expression, gesture, demonstration) to help get across what you are saying to the person

- Don't ask too many questions at once. The person may be able to respond to one thing at a time, but become confused when dealing with several ideas
- Ask simple yes/no questions, eg, 'Would you like some orange juice?' (or simply 'Orange juice?') rather than 'What would you like to drink?' Instead of asking 'Do you take milk and sugar in your tea?' say just 'Tea?', then 'Milk?', then 'Sugar?' – allowing the person to process the individual components of the message
- Allow plenty of time for their response – don't finish sentences for them, even if you think you know what they're trying to say
- Encourage the person to use their hands when talking, or to write (if possible) or draw pictures to help get their ideas across
- Give information in manageable 'chunks', one at a time
- Tell the person what is happening, what you are doing... explain, reassure, try to anticipate what the person would like to know or hear about. (But also allow them enough opportunity to respond.)
- Be a good listener
- Don't pretend to understand when you don't. Ask the person to say it again, or say it in different words. Narrow it down to a topic – 'Is it about you?' Sometimes you will need to try again later
- Don't be impatient!
Communication may take much longer than normal and the person will be discouraged if they feel you are annoyed or not aware of their efforts to respond
- Persevere with the communication process. It is too easy for family/whanau or visitors to decide conversation 'isn't working', and not bother to communicate, or let visits drop off.

Conversations were a bit like a 'live' television interview with someone on the other side of the world – 'Good morning, how are you?' (pause) 'I'm fine.'

Writing

Difficulty with writing may be purely due to muscle weakness or incoordination, but inability to write usually occurs along with inability to speak; both are forms of language or expression through the use of symbols and arise in the same part of the brain.

I used to practise, practise, practise, because I knew I couldn't do without writing.

- Having to learn to write with the hand not normally used
- Finding it hard to recall exactly what movements are required to form letters
- Loss of spelling ability
- Writing the letters of a word in the wrong order, or repeating them several times.

What helps

- Using a computer (word processor) and a spellchecker can overcome many problems. Keyboard functions can be adapted for one-handed use.

Reading

Reading involves taking in symbols (letters), interpreting these and reordering them as meaningful words. A person with stroke can have difficulty with any of these processes:

- Not understanding what they have read aloud
- Inability to concentrate on reading
- Difficulty seeing, or not seeing all the text (**see page 70**)
- Needing more time to take in what is read
- Finding it especially difficult to make sense of symbols other than letters, such as numbers, music notes, traffic signs

- Reading very slowly, letter by letter
- The enjoyment of reading can be affected because of the physical difficulty of holding a book at a comfortable angle, turning pages or wrestling with a newspaper.

What helps

- Placing a ruler under the line being read reduces the visual 'clutter' and makes reading easier
- Sit at a table to read (a large table to read a newspaper)
- Using large print books or text that isn't too cramped together.