

Descriptions of Husband-Wife Communication  
Pre- and Post-Aphasia

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There has been increasing agreement among aphasiologists about the need for some form of intervention with persons who have close relationships with aphasic adults. The need for such intervention has been described by such investigators as Linebaugh and Young-Charles (1978), Newhoff and Davis (1978), Florance (1979, 1981), and Yorkston, Beukelman and Flowers (1980). However, there are still quandaries about how best to help aphasic adults and their families return to a stable life style that, although not what it once was, is more within the normal range.

One requisite for assisting patients and families to return to a more stable condition was discussed by Webster and Newhoff (1981). They suggested that a major goal of aphasia treatment is to help patients reemploy the kinds of intrafamily communication patterns they had used prior to the communication breakdown.

A major problem that arises when one considers helping patients reestablish former communicative roles is how one can determine a family's previous communicative patterns. It is quite possible to describe communication patterns ex post facto, that is, after the patient is diagnosed as aphasic. For example, observations of intraspouse communication have been made by such investigators as Newhoff et al. (1981) and Larkins and Webster (1981). It also is possible to obtain a family members' impressions of preaphasia communication patterns by means of questionnaires or interviews. There are obvious difficulties with designing questionnaires to give descriptive data. Likewise, the interview formats most generally used rely heavily on the use of open questions and leading statements. For example, a wife might be asked a question such as, "How did you and your husband resolve differences in the way you disciplined the children?" or she might be led to provide information by a leading statement such as, "Tell me about what happened when you and your husband disagreed on disciplining the children."

Although open questions and leading statements are useful interview techniques, they usually yield rather global information or impressions. This type of interview then, yields inferences that are not based upon descriptive data. The study reported here was the first in a series of investigations designed to explore the use of the Critical Incident Technique of interviewing as a means of collecting such descriptive data regarding intrafamily communication patterns prior to and following the onset of aphasia in one of the family members. The portion of the study reported here is that which dealt with communication between spouses.

The Critical Incident Technique (CIT) was described by Flanagan (1954) as "a procedure for gathering certain important facts concerning behavior in defined situations" (p. 327). An incident was defined by Flanagan as description of "any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act" (p.327). The CIT requires the detailed description of a situation, event, or activity. Flanagan recommended that incidents be described, "... while they are still fresh in the minds of the observer" (p. 329). However, he also emphasized that "...recalled incidents can be relied on to provide adequate data" (p. 340).

The CIT has been employed with various types of subjects. For example, Furokawa (1963) interviewed workers and asked them to describe incidents in which they interacted with their immediate supervisors, and Biolas and Wark (1967) asked subjects with known unilateral hearing losses to describe incidents in which they experienced difficulty related to hearing impairment.

However, review of the literature does not reveal that the CIT has been used previously to gather information about family members of aphasic adults. Again, the present investigators thought that perhaps the CIT could be employed to accumulate a number of descriptions of each subject's interactions with his/her spouse in both the pre- and postaphasic conditions. From these descriptions inferences about changes in roles and patterns could be made.

### Subjects

Seventeen spouses of aphasic adults served as subjects. The population contained 16 females and one male. Table 1 shows the demographic data on each subject. As can be seen, the variables of age, length of time married to aphasic spouse, or length of time since the onset of the spouse's aphasia were not controlled.

### Data Collection

Each subject was interviewed individually at the Memphis State University Speech and Hearing Center, the Veteran's Administration Medical Center in Memphis, or, if necessary, in the subject's home.

The CIT was used in all interviews. Prior to beginning any of the interviews, two investigators were trained to employ the CIT by means of roleplaying of interview sessions. Their practice sessions continued until they reached 100% agreement on the interview format and on the selection of incidents. Each investigator then worked independently to interview subjects.

Each subject was first asked to describe at least two incidents which illustrated his/her communicative interaction with his/her aphasic spouse prior to the onset of the spouse's aphasia. Then each subject was asked to describe at least two incidents that illustrated the present communicative interaction with the aphasic spouse. The interview format is shown in Table 2. The interviewers asked subjects to describe specific details of the time, place, people involved, and what was said for each incident reported. If subjects had difficulty describing an incident or omitted important information from their descriptions, the interviewer probed for more specific details. If subjects were unable to provide additional details about a particular incident after three probes, the interviewer discontinued probing and asked the subject to describe another incident.

Each interview was limited to approximately one hour, half of which was used for obtaining descriptions of communicative interactions prior to the onset of aphasia and the remainder used to obtain descriptions of present communicative interaction. The interviews were audio recorded. Each incident was then transcribed onto a 5x7 card. Each card contained the subject's description of the incident, including all details of time, place, people involved, and the feelings the subject experienced.

### Reliability

Reliability of transcriptions was determined on the basis of both intra-judge and interjudge agreement. Each investigator independently transcribed two of the interview tapes and two days later retranscribed the same two tapes. Intra-judge agreement was 100%. When both investigators had independently

Table 1. Demographic data on subjects and aphasic spouses

Subject number	Relation to patient	Age	Education	Work experience	Patient's age	Medical diagnosis	Type of aphasia	Onset date	PICA scores
1	Wife	53	H.S.	Housewife	63	CVA	NF	1/81	OA 10.83 (52%) G 12.70 (50%) V 10.92 (53%) GR 8.30 (60%)
2	Wife	44	<12	Housewife	43	CVA	NF	9/79	OA 12.73 (77%) G 13.78 (76%) V 12.95 (63%) GR 11.18 (82%)
3	Wife	54	<12	Housewife	54	CVA	F	7/81	OA 10.16 (46%) G 12.35 (44%) V 11.25 (50%) GR 6.82 (37%)
4	Wife	67	Post Gr.	Housewife	67	CVA	NF	3/80	OA 6.91 (17%) G 8.76 (15%) V 5.23 (27%) GR 5.55 (17%)
5	Wife	48	H.S.	Nurse Aide	50	CVA	NF	8/81	OA 9.70 (42%) G 12.55 (47%) V 7.53 (37%) GR 7.35 (48%)
6	Wife	51	H.S.	Food Serv.	54	CVA	F	1/81	OA 8.63 (32%) G 10.06 (21%) V 8.28 (39%) GR 10.45 (77%)
7	Wife	64	College	Housewife	73	Thrombosis	NF	4/81	OA 5.54 (9%) G 6.58 (6%) V 4.78 (23%) GR 4.68 (11%)
8	Wife	67	College	Housewife	73	CVA	F	6/77 5/78	OA 9.49 (40%) G 13.28 (63%) V 4.10 (18%) GR 8.03 (56%)
9	Wife	61	H.S.	Housewife	64	CVA	F	10/81	OA 7.66 (23%) G 8.38 (12%) V 7.78 (37%) GR 6.68 (39%)
10	Husband	54	Post Gr.	Insurance	56	CVA	F	6/80	OA 11.16 (56%) G 13.06 (56%) V 11.08 (50%) GR 8.67 (63%)
11	Wife	54	College	Housewife	60	CVA	NF	10/79	OA 9.96 (44%) G 12.62 (48%) V 4.52 (22%) GR 10.05 (74%)
12	Wife	61	College	Housewife	66	CVA	F	11/80	OA 11.87 (66%) G 13.49 (49%) V 13.30 (68%) GR 8.77 (64%)
13	Wife	54	H.S.	Housewife	57	CVA	NF	12/80	OA 13.91 (92%) G 14.58 (96%) V 14.53 (91%) GR 12.62 (90%)
14	Wife	64	<12	Housewife	67	CVA	F	5/74	OA 10.53 (49%) G 12.90 (54%) V 10.15 (46%) GR 7.63 (51%)
15	Wife	60	H.S.	Housewife	61	CVA	NF	11/80	OA 13.42 (86%) G 13.56 (70%) V 13.57 (72%) GR 13.13 (93%)
16	Wife	48	H.S.	Salesperson	54	CVA	NF	2/75	OA 11.55 (61%) G 13.75 (75%) V 11.82 (53%) GR 8.50 (61%)
17	Wife	56	B.A.	Housewife	63	Brain abscess	F	5/78	OA 13.10 (82%) G 13.61 (72%) V 13.70 (65%) GR 12.50 (89%)

Table 2. Interview format for Critical Incident Technique.

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I am going to ask you to describe a situation that would illustrate what communication between you and \_\_\_\_\_ was like before his/her stroke. (Pause until he/she indicates he/she has such an incident in mind.)

Probe 1

If there is no response say:

Can you think back to a situation where the two of you were doing something together?

Probe 2

If there is still no response say:

You can think of any type of situation with the two of you in it.

Final Probe for Eliciting Response

Can you think of a time, before the stroke, that the two of you were together, like at dinner time or on the way to church?

If still no response say:

Something may come to you as we continue to talk. Let's talk about what communication between you is like now.

The same opening statements and probes for obtaining descriptions of pre-aphasic behavior will be used to obtain descriptions of post-aphasic behavior making appropriate word changes where necessary.

If no probing is needed after the opening statement for obtaining descriptions of pre-aphasic behaviors, then the interview should include all of the following details:

1. What happened?
2. Where did it happen?
3. When did this happen?
4. What did he/she do?
5. What did he/she say?
6. How did you feel about what he/she said?
7. What did you say?
8. Was anyone else involved?
9. Is there anything else you want to tell me about this situation?

transcribed the incidents from the two tapes, comparison of their transcriptions yielded interjudge agreement of 100%.

#### Data Analysis

The incidents obtained were classified into categories according to the similarities of the situations described by the subjects. After categories had been formed, intra- and interjudge reliability of the classification of incidents were determined on the basis of both intrajudge and interjudge agreement. Again agreements were 100%.

#### Results

Table 3 summarizes the critical incident data collected. Although the time allotted to each interview was limited to approximately one hour, subjects were able to describe details of numerous incidents involving communication with their spouses. As anticipated, subjects were able to describe a larger number of more recent events than events that occurred in the period before their spouses became aphasic. Nevertheless, the 17 subjects reported a total of 73 incidents in the preaphasia period ( $\bar{X}=4.29$ ). Subjects reported a total of 109 postaphasia incidents ( $\bar{X}=6.41$ ).

Table 3 also shows the number of incidents in which a subject reported he/she initiated the communicative event. In the preaphasia condition subjects initiated 36 of the 73 incidents reported, or slightly less than one-half. In the postaphasia condition 54 of the total 109 incidents were subject initiated (also slightly less than one-half).

Table 4 presents inferences regarding whether the leadership role (termed here as manager) was assumed by the subject, or by the spouse, or was shared. Inferences were derived from subject descriptions of the person who initiated the communicative event and the one who terminated it. In many cases subjects stated who served as leader in a situation. As can be seen in Table 4, in the preaphasia condition subjects served as managers in less than one-half of the incidents described (45%). In the postaphasia condition they managed slightly more than half of the situations (56%). These data suggest that there was a tendency for subjects who assumed the leadership role in the preaphasia communication to continue to do so in the postaphasia condition. It is interesting to note that the aphasic spouse was inferred to be the manager of the situation in 43% of the incidents reported in the postaphasia condition. However, these data should be viewed with caution because of the large number of cases in which the leader or manager could not be determined.

Table 5 shows the number of subjects who reported emotions or feelings in relation to the incidents described. Not all subjects discussed emotions connected with incidents they reported in either the pre- or postaphasia condition. However, the total frequency of emotional expression was greater in the postaphasia condition.

#### Discussion

Further research is needed before definite suggestions can be made for use of the CIT as an efficient and helpful technique for learning about spouses of aphasic adults. Furthermore, although group data are reported here, this study does suggest potential applications for intervention with individual spouses. The CIT was shown to be a reliable interview technique that does not necessarily take more of a clinician's time than is usually devoted to obtaining background information from spouses. Furthermore, because the CIT yields descriptive information, it can be anticipated that

Table 3. Total number and type of critical incidents reported by each subject pre- and post- aphasia

Subject number	Relation to patient	Number of CI's reported		Number of CI's initiated by subject		Number of CI's with subject as manager		Number of CI's with initiator unknown		Number of CI's with manager unknown	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	Wife	8	10	6	8	3	4	0	0	0	0
2	Wife	3	5	1	4	1	4	0	0	0	0
3	Wife	3	10	0	0	0	5	0	0	0	1
4	Wife	2	2	0	2	1	1	0	0	0	0
5	Wife	5	10	2	6	4	3	0	0	0	0
6	Wife	6	6	4	4	3	2	0	0	0	0
7	Wife	2	2	1	2	1	0	0	0	1	0
8	Wife	1	3	1	1	1	2	0	0	0	0
9	Wife	8	13	3	4	5	12	0	0	1	0
10	Husband	6	3	2	2	3	3	1	0	0	0
11	Wife	5	7	1	2	0	3	0	0	0	0
12	Wife	3	7	2	4	1	5	1	0	0	0
13	Wife	3	6	3	1	3	3	0	0	2	0
14	Wife	4	6	3	5	3	6	0	0	0	0
15	Wife	4	6	1	4	1	2	1	0	1	0
16	Wife	6	6	2	4	3	4	1	0	1	0
17	Wife	4	7	3	1	0	2	0	0	0	0
Totals		73	109	36	54	33	61	4	0	8	1
Percentages				48%	49%	45%	56%	5%	0%	11%	1%

Table 4. Comparison of managers of communicative situations pre- and post- aphasia

Subject number	Number of CI's reported		Number of CI's with subject as manager		Number of CI's with shared management		Number of CI's patient managed		Number of CI's with manager unknown	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1 Wife	8	10	3	4	0	0	5	6	0	0
2 Wife	3	5	1	4	0	0	1	1	1	0
3 Wife	3	10	0	5	0	0	3	4	0	1
4 Wife	2	2	1	1	0	0	1	1	0	0
5 Wife	5	10	4	3	0	0	1	7	0	0
6 Wife	6	6	3	2	0	0	3	4	0	0
7 Wife	2	2	1	0	0	0	0	2	1	0
8 Wife	1	3	1	2	0	0	0	1	0	0
9 Wife	8	13	5	12	0	0	2	1	1	0
10 Husband	6	3	3	3	1	0	2	0	0	0
11 Wife	5	7	0	3	0	0	5	4	0	0
12 Wife	3	7	1	5	0	0	0	2	2	0
13 Wife	3	6	3	3	0	0	0	3	0	0
14 Wife	4	6	3	6	1	0	0	0	0	0
15 Wife	4	6	1	2	1	0	2	4	0	0
16 Wife	6	6	3	4	1	0	2	2	0	0
17 Wife	4	7	0	2	0	0	4	5	0	0
Totals	73	109	33	61	4	0	31	47	5	1
Percentages			45%	56%	5%	0%	42%	43%	7%	.9

Table 5. Number of subject emotions/feelings that could be categorized pre- and post- aphasia

Subject Number	Number of CI's reported		Number of CI's in which emotion/feeling expressed	
	Pre	Post	Pre	Post
1 Wife	8	10	4	7
2 Wife	3	5	1	0
3 Wife	3	10	1	3
4 Wife	2	2	0	1
5 Wife	5	10	2	3
6 Wife	6	6	5	2
7 Wife	2	2	0	2
8 Wife	1	3	0	2
9 Wife	8	13	4	0
10 Husband	6	3	4	3
11 Wife	5	7	5	3
12 Wife	3	7	1	5
13 Wife	3	6	1	7
14 Wife	4	6	1	6
15 Wife	4	6	3	4
16 Wife	4	6	4	4
17 Wife	6	6	6	6
	4	7	4	5
Totals	73	109	46	64
Percentages			63%	59%



clinicians will show high agreement on inferences that they make about the types of intraspouse communicative patterns revealed by the descriptions.

It was of interest that these subjects could describe as many preaphasia situations as they did even though time since onset was not controlled. This finding suggests that the CIT may offer a viable means of obtaining clues about the nonaphasic spouse's perceptions of typical intraspouse communicative patterns and his/her role in them. Such a data base would be useful prior to initiating home intervention or spouse training programs.

The finding that in this population intraspouse communication patterns remained relatively unchanged following the onset of aphasia in one of the partners may or may not be supported by further research. We had anticipated that nonaphasic spouses would report more initiating and leading of communication in the postaphasia condition than they did. Again, this may be an individual matter, but if this finding is substantiated by further research that compares individual patterns, potential implications can be seen. For example, if the wife of an aphasic patient perceives herself to be the less dominant or more passive member of the dyad in the postaphasia condition, it could be counterproductive to ask her to spearhead a home training program with her husband. On the other hand, if the wife perceives herself as the dominant figure, such an intervention program might be entirely appropriate.

Finally, spouses' descriptions of their own and their partners' behaviors are reports of their perceptions of situations. The postaphasia critical incidents can be compared with observations of present communicative events, such as those that can be described from videotapes of husband-wife interactions. Such a procedure could serve to validate spouses' reports. Such comparison of reports with present observed behaviors could also serve as a basis for further counseling for spouses.

We think the possible applications of the CIT are important enough to warrant further investigation. Therefore a second study is underway in which 20 wives of aphasic men are being interviewed. The interview procedure for the next study has been further refined. Currently we are probing subjects' perceptions of whether a given incident is or was typical of intraspouse communication or whether it is or was atypical or unusual. Another probe will inquire about subjects' perceptions regarding which partner was or is the leader (or dominant figure) in the communicative event. Interviews will be unlimited as to time, whereas the interviews conducted to date have been approximately one hour in length. Through analysis of individual as well as group patterns it is anticipated that specific suggestions can be made to aphasiologists for using the CIT with spouses of aphasic adults.

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#### DISCUSSION

- Q: When you find a spouse who is the nondominant person in the couple, do you think you can ask her to be the focus of home-training activities?
- A: Yes, I think you might be able to. I think the important thing that having this information would do would be to change the approach with which I asked her to do this. I think it's not a matter of whether she is the focus but rather a question of what she might do and how we would help her to do successfully whatever it was she could do.
- Q: You would try to get her ready for such activity?
- A: If it seemed essential, I would.
- Q: But do you think it is fair to the spouse to ask her to be the focus?
- A: Yes, if she can view this as being helpful in a way that is consistent with her role. You see, I have the benefit of knowing the protocols and in every case there was something that the spouse was doing to help manage the situation in which she viewed her husband as dominant. What are your thoughts on this?

Comment: Well I have found some spouses of patients that I work with, particularly the older females, who no matter how hard I try to help them simply cannot assume the dominant role with their husbands.

A: I appreciate your point, and if you back off in cases like that I would certainly agree with you.

Q: You interviewed one spouse in the couple and my question is whether you think the two people in the couple would agree about who in the couple was dominant?

A: I think in many cases they would not agree. We have already heard that people perceive their own roles and other peoples' roles differently. And you see we are dealing with perceptions here.

Q: Do you think spouses would report the same things if you interviewed them a second time?

A: That is a very interesting question and one that I think could easily be explored. My hypothesis is that whether or not they reported the same situations they would report the same types of patterns of interaction on a second interview, but that is hypothetical and we do not yet have data to support it or refute it.

Q: Do you have any feelings about how some of your so-called high level aphasic patients would handle the same situation?

A: I'm intrigued with the idea of coming up with an answer to your question, but that is a study on down the road.

Comment: I think with reference to the suggestion that you interview the spouses or the high level aphasic patients twice, if you do the second interview on down the road at a later time you might find that the elements of the situation are intact but that the interviewees are free of some of the initial constraints and you might find a freer description in your second interview.