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Art and culture associated with group speech and language therapy in the rehabilitation of post-stroke aphasia: a clinical experience report

Arte e cultura associadas à fonoterapia de grupo na reabilitação da afasia pós-AVC: um relato de experiência clínica

Arte y cultura asociados a la logopedia grupal en la rehabilitación de la afasia post-ictus: relato de experiencia clínica

Letícia de Oliveira Braga[1]
Bárbara Costa Beber[1]

Abstract

Introduction: People with aphasia experience a change in their social relationships as a result of their communication difficulties. Support networks and social support are directly associated with the quality of life of people with aphasia after brain injuries. Speech and language therapy and group interventions are fundamental for improving specific linguistic processes and stimulating social participation. Art and culture are also powerful allies in promoting mental health and preventing cognitive decline. **Description:** The objective of this communication is to report a clinical experience with a rehabilitation group of people with post-stroke aphasia, with a proposal for speech and language therapy associated with cultural activity in a Historical-Cultural Center. The group consisted of four individuals with non-fluent aphasia who participated in weekly sessions. These sessions included cognitive stimulation tasks, both direct and indirect language rehabilitation activities, artistic and cultural experiences, and discussions of topics and concerns relevant to the group. An increase in the bond of friendship between participants with aphasia was observed, as well as an improvement in resourcefulness, disinhibition and confidence

[1] Universidade Federal de Ciências da Saúde de Porto Alegre - UFCSPA, Porto Alegre, RS, Brazil.

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BCB: methodology, data collection, discussion of results, research design, administration and supervision of the study, review and correction of the final draft of the article.

Email for correspondence: barbaracb@ufcspa.edu.br
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in starting conversations in communication situations, in addition to an increase in vocabulary. **Final considerations:** this model of rehabilitation for people with aphasia, with a group intervention strategy combined with artistic and cultural activities, showed qualitative benefits for communication, socialization and quality of life of participants.

Keywords: Speech and Language Therapy; Art therapy; Aphasia; Communication; Rehabilitation.

Resumo

Introdução: Pessoas com afasia experimentam uma mudança em suas relações sociais em decorrência de suas dificuldades de comunicação. As redes de apoio e o suporte social estão diretamente associados à qualidade de vida de pessoas com afasia após lesões encefálicas. A terapia fonoaudiológica e as intervenções em grupo são fundamentais para a melhora de processos linguísticos específicos e para estimular a participação social. Ainda, a arte e a cultura são potentes aliadas à promoção de saúde mental e prevenção de declínio cognitivo. **Descrição:** O objetivo desta comunicação é relatar uma experiência clínica com um grupo de reabilitação fonoaudiológica de pessoas com afasia após Acidente Vascular Cerebral, associado a atividades culturais em um Centro Histórico-Cultural. O grupo foi composto por quatro pessoas com afasia não-fluente, que realizaram encontros semanais nos quais ocorreram tarefas de estimulação cognitiva, de reabilitação direta e indireta da linguagem, atividades artístico-culturais e discussões de temas e demandas pertinentes ao grupo. Observou-se o aumento do vínculo de amizade entre os participantes com afasia, a melhora na desenvoltura, desinibição e segurança para iniciar conversas em situações comunicacionais, além da ampliação do vocabulário. **Considerações finais:** este modelo de reabilitação de pessoas com afasia, com estratégia de intervenção em grupo combinada a atividades artístico-culturais, mostrou benefícios qualitativos para a comunicação, socialização e qualidade de vida dos participantes.

Palavras-chave: Fonoterapia; Arteterapia; Terapia de Linguagem; Afasia; Comunicação; Reabilitação.

Resumen

Introducción: Las personas con afasia experimentan un cambio en sus relaciones sociales como consecuencia de su dificultad de comunicación. Las redes de apoyo y el apoyo social están directamente asociados con la calidad de vida de las personas con afasia tras lesiones cerebrales. La logopedia y las intervenciones grupales son fundamentales para mejorar procesos lingüísticos específicos y estimular la participación social. El arte y la cultura también son poderosos aliados para promover la salud mental y prevenir el deterioro cognitivo. **Descripción:** El objetivo de esta comunicación es relatar una experiencia clínica con un grupo de rehabilitación de personas con afasia tras un ictus, con una propuesta de terapia logopédica asociada a la actividad cultural en un Centro Histórico-Cultural. El grupo estuvo conformado por cuatro personas con afasia no fluida, con reuniones semanales y tareas de estimulación cognitiva, rehabilitación directa e indirecta del lenguaje, actividades artístico-culturales y discusión de temas y demandas pertinentes al grupo. Hubo un aumento del vínculo de amistad entre los participantes con afasia, una mejora en el ingenio, la desinhibición y la confianza para iniciar conversaciones en situaciones de comunicación, además de un aumento del vocabulario. **Consideraciones finales:** este modelo de rehabilitación para personas con afasia, con una estrategia de intervención grupal combinada con actividades artístico-culturales, mostró beneficios cualitativos para la comunicación, socialización y calidad de vida de los participantes.

Palabras clave: Logopedia; Arteterapia; Terapia del Lenguaje; Afasia; Comunicación; Rehabilitación.

Introduction

Aphasia is a communication disorder that occurs as a result of damage to areas of the brain responsible for language processing.[1] Stroke is the main cause of aphasia, but other neurological diseases can also cause it, such as traumatic brain injury, brain tumors, and neurodegenerative diseases.[1] People with aphasia experience a change in their social relationships due to their communication difficulties. Studies show that support networks and social support are directly associated with the quality of life of people with aphasia after a stroke.[2,3] Supporting the importance of communication for the quality of life of individuals, a study showed that the incidence of depression is higher among people who have suffered a stroke and had aphasia than among those who did not have aphasia.[4] In these cases, depression may be related to social isolation caused by the communication difficulties resulting from aphasia.

To date, there is no specific pharmacological treatment for aphasia. However, it is well established in the literature that people with aphasia benefit from speech-language therapy, which can be performed using different methods and perspectives.[5,6] Speech-language therapy is therefore the treatment of choice for aphasia. Group interventions can also be used and are useful for improving some specific linguistic processes and for stimulating social participation.[7] Thus, experiences that allow people with aphasia to expand their social circle and their communication repertoire are beneficial and increase their social participation in the community.

Art and culture also play an important role in the mental health and well-being of individuals. Cultural and artistic interventions can reduce stress and depression, which are important factors in preventing cognitive decline[8]. It is known that cultural activities promote social participation and communication, as well as can promote the well-being of individuals with aphasia, based on scientific evidence[2,3,8]. Furthermore, experiences with art and culture promote moments of intellectual entertainment and enhance the remaining capacities of these individuals who have survived a stroke, and provide neutral spaces for social exchanges with the people around them. In these moments, the person with aphasia could be a "person" and not just a "patient", in a fertile ground for cultivating significant emotions[9].

Social activities should be prescribed and planned according to the profile and needs of individuals, that is, social prescription should be centered on the individual and not only on the disease or health condition. Aspects such as socioeconomic and cultural profile, mobility and accessibility conditions, and interests of the person and their family should be analyzed before defining the social intervention activity. Once carried out, the activities should be evaluated mainly by the target audience (people with aphasia, for example), but also by family members and the implementing team to plan further actions. Finally, a sustainability plan for the actions should be in place, with the aim of encouraging the autonomy of participants in maintaining their social relationships and communication[8,10].

The experience reported is in line with the idea of "social prescribing", which can be understood as the referral of patients with a variety of social, practical, and emotional needs to non-medical forms of care that can promote well-being and address social determinants of health.[10] Although the concept is not new, its use has grown in recent years in an attempt to minimize the impacts generated by the COVID-19 pandemic. It is observed that the intervention model presented in this work fits into two of the reported modalities: increasing social interactions and promoting physical and mental well-being.[11,12] This corroborates Brazil's sustainable development goals as set out in the United Nations (UN).

Thus, the evidence suggests that group speech-language therapy interventions, combined with artistic-cultural interventions, can maximize the health benefits of people with aphasia.[11,12] Therefore, the objective of this communication article is to report a clinical experience of speech-language rehabilitation for people with aphasia after stroke, with a group intervention strategy combined with artistic-cultural interventions.

Description

This is a report of a clinical experience with a rehabilitation group for people with post-stroke aphasia, with a proposal for speech therapy associated with cultural activities in a Historical-Cultural Center. The group was composed of four people

with non-fluent aphasia, treated at a neurology outpatient clinic of a public referral hospital in the southern region of Brazil. The services were part of the mandatory curricular internship in adult and elderly language of the undergraduate speech and language therapy course at a local public university. The hospital complex in which the speech therapy services took place has a Historical-Cultural Center that offers several cultural activities aimed at the community, such as theatrical plays, musical performances, exhibitions, art workshops and a museum that houses a permanent exhibition on the history of the hospital complex.

Throughout 2023, activities were carried out by the speech and language therapy service in collaboration with the Historical-Cultural Center with the aim of stimulating the participation and social communication of people with aphasia, as well as promoting the well-being of participants. The planning and definition of the activities were carried out prior to their execution, in face-to-face meetings of the speech and language therapy team together with the educational team of theHistorical-Cultural Center, to present the specificities of the group of people with aphasia and discuss which resources would be beneficial and feasible. The activities were organized to take place on the same day and time as the group's weekly meetings, lasting one hour. The intervention plan proposed activities of cognitive stimulation, direct and indirect language rehabilitation, in addition to discussions of topics and demands raised by the group itself.

The following cultural activities were conducted: a guided tour of the hospital museum, attending a theatrical performance, and a workshop on the restoration of historical photographs. The proposals were led by historians and the educational team of the Historical-Cultural Center. After each cultural activity, group sessions were held to explore the themes of the cultural activities as a strategy for linguistic-cognitive and communication stimulation. During these sessions, it was also possible to obtain feedback from the participants regarding the activities in collaboration with the Historical-Cultural Center. All the feedback from the participants was positive, including the desire to participate in other future activities.

The benefits of the intervention plan were assessed based on qualitative observations by the speech-language therapy clinical team and informal reports from participants. During the cultural activities, participants had the opportunity to socialize and communicate with other people, in addition to those who were already part of their social circles. The space and context generated the need to ask questions and make comments to the coordination team. Moments of more informal and spontaneous exchange between participants and the speech-language therapy team and among the group participants themselves were also observed. After the rehabilitation program, the speech-language therapy team identified positive results, such as increased friendships among participants with aphasia, greater ease and disinhibition in initiating conversations in informal situations, greater confidence in communication, and increased vocabulary.

This study demonstrated that the experience of a group intervention combined with artistic and cultural activities as a rehabilitation strategy for people with post-stroke aphasia provided qualitative benefits for communication, socialization and quality of life of the participants, both from the perspective of those involved and from the observations of the implementing team. The findings observed encouraged the authors of this study to share the experience, as they believe that this intervention model can be useful for other institutions that have similar resources and that are often not seen as therapeutic strategies. Furthermore, this type of intervention can benefit not only people with aphasia, but also individuals with other neurological conditions or even healthy people who are at risk of developing neuropathologies.

Final considerations

The combination of group speech-language therapy intervention with artistic and cultural activities can be beneficial as a rehabilitation strategy for people with post-stroke aphasia, especially with the aim of promoting social relationships, stimulating language, executive functions, memory, and attention, and expanding the linguistic and cultural repertoire of these individuals. It is suggested that research with experimental designs be carried out to provide more concrete evidence on the effectiveness of this type of approach, since the experience presented here has the potential to be used as a model of social prescription for people with aphasia in places that have access to artistic and cultural resources.

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