



Contents lists available <http://www.kinnaird.edu.pk/>

Journal of Research & Reviews in Social Sciences Pakistan

Journal homepage: <http://journal.kinnaird.edu.pk>



ASCERTAINING THE EFFECTS OF PHOTOVOICE AS AN EXPRESSIVE THERAPY ON THE VERBAL SKILLS OF PATIENTS WITH COMMUNICATION DISORDERS: AN EXAMINATION OF THE PATIENTS OF DYSPHAGIA & APHASIA

Sana Mukhtar¹, Humaira Shamim², Nayab Ali^{3*}, Huma Maqsood¹ & Shahibzada Nasir Mansoor⁴

¹ Department of Social Sciences, Shaheed Zulfiqar Ali Bhutto Institute of Science & Technology, Islamabad, Pakistan

² Department of Speech and Language Pathology, Riphah International University, Islamabad, Pakistan

³ Department of Sociology and Psychology, University of Swabi KP Pakistan

⁴ Armed Forces Institute of Rehabilitation Medicine, Rawalpindi, Pakistan

Article Info

*Corresponding Author

Email Id: nayabaup@gmail.com

Abstract

The present study was conducted with the objectives to 1) determine the effect of Photovoice as an expressive therapy on patients with communication disorders; and 2) evaluate the perceptions of people with communication disorders about their condition with respect to the difficulties they experienced in speech. Through participatory research approach, six participants (Male 66.7% & Female 33.3%) diagnosed with Aphasia (66.7%) and with Dysarthria (33.3 %) were selected from the Armed Forces Institute of Rehabilitation Medicine and Physiotherapy Clinic in Rawalpindi. Their Pre and Post analyses were recorded through Communication Checklist-Adults. Methodology involved training of the participants in capturing and captioning photographs. Through SHOWeD method, they were asked different questions to help them with a deeper insight for apt interpretation and narration. The analysis involved careful reviewing of the emerging themes, which turned out to be: "Being healthy is a blessing"; Post stroke feelings"; Memories and realities of life"; and Lack of emotional support". The whole process of training, therapy, and follow-up expanded over 4 to 10 days for each participant. The pre and post responses were statistically analyzed in terms of mean and standard deviation. Result illustration showed significant difference with $p = 0.04$ and an overall improvement in communicative skills of the participants. Based on the research findings, it can be safely concluded that Photovoice can be effectively used as an expressive therapy to increase willingness to verbally communicate, and improve a healthy expression in the patients of Dysarthria and Aphasia.



Keywords

Photovoice, Expressive therapy, Communication Disorders, Aphasia, Dysarthria.

1. Introduction

Communication disorders are all those disorders with remarkable impairment in comprehension, expression or in articulation (APA, 2013). American speech-language-hearing association (ASHA) defined communication disorders as an inability to express, comprehend any sort of concept, prototypes, or graphic symbols in any form (AS-L-H, 1993). Generally, people think that communication disorders do not cause many problems for the patients but they have a huge impact on the lives of the patients. Family is equally effected from this disorder as the patient is unable to comprehend them (McDonald *et al.*, 2016). Number of studies have highlighted communication disorders as well as neurogenic communication disorders following the traumatic brain injury and nervous system impairment (Coppens, 2016). Communication disorders in adults are most often neurogenic in nature and they are divided into four main types: Aphasia is the disturbance in production and understanding language, Apraxia is impairment of production and comprehending the socio-emotional part of the speech, Apraxia of Speech is an impairment of motor activity and Dysarthria is motor speech disorder that affects the production of speech (Khealani, 2008). The main aim of the study is to determine the effects of Photovoice as an expressive therapy and to analyze the perceptions of people with communication disorders about the condition and barriers in communication skills faced by them. Most of the literature clearly shows

that effective treatment for such patients with communication difficulties is the one that is more holistic and based on the patient's active participation can bring effective results in their overall improvement. The study aspired to determine the effects of photovoice as an expressive therapy; and to analyze the perceptions of people with Aphasia and Dysarthria about their condition and the barriers they faced in communication. So their unheard voices can be heard through the use of the photograph.

Aphasia can be operationally defined as the acquired state of language impairment that can be present in all language components such as phonology, morphology, syntax, semantics, and pragmatics, along with language modalities (reading, speaking, writing, etc.) and both at output and input levels (Coppens, 2016) The estimated stroke incidence in Pakistan is close to 250 per 100,000 populations, which means that there are 350,000 new stroke patients every year ((Khealani, 2008).) Dysarthria refers to all those speech disorders that are neurogenic in nature and are characterized by impairment in the strength, speed, range, balance, tone, or accuracy of movements required for all components of speech production (Duffy, 2013). Number of studies has been done and has focused the people with disability such as intellectual disability, autism spectrum and aphasia beside other vulnerabilities. Another study has highlighted experience of Aphasic patients and how they handle

communication difficulties through a semi structured interview. Thematic analysis indicated loss, frustration, uncertainty, fear, longing for the past and moving forward (Johansson *et al.*, 2012). Number of researchers has clearly portrayed the barriers created by aphasia on the communication, psycho social wellbeing and on level of participation. There have been number of evidence where people with aphasia have co morbid conditions of depression, anxiety, and low self-esteem (Ross *et al.*, 2006). It is difficult for the patient with aphasia and dysarthria to produce or comprehend verbal or written language. Producing or comprehending written or verbal language is highly compromised in these individuals (Graber *et al.*, 2014). People with aphasia and dysarthria often shows social withdrawal, social isolation, marked signs of depression and remain aloof as any sort of communication is highly challenging for them. In this situation staying socially active is the healthy way of tackling the problem related to their illness. It also has an effect on improved Quality of life (QoL). People who are socially connected are observed to be participative and engaged in wide array of activities (Sable & Gravink, 2005). Number of studies indicate that treatment that consider the communication within specific communication and social connectedness are more appropriate and enhance the quality of life of the patients with chronic aphasia (Ross & Wertz, 2003). Patients of aphasia in such rehabilitation services show remarkable improvement in their QoL (Sarno, 1997). They

have behaviors such as social withdrawal and avoidance which further leads them to the depression. According to social cultural theory, social interaction enhances the self-identity and self-esteem (John-Steiner & Mahn 1996). Within this context if people are made to tell their stories that result in helping individuals to gain meaning in their life (Clayton, 1975). In the scenarios like stroke Biographic Narrative approaches are helpful as building stories of life plays vital role in redevelopment of the self-identities, esteem and efficacy. Remarkable sustained improvement has been noted on the ALQI scale even after three months without any treatment. Subjective assessment revealed remarkable increase in “happiness” and significant decrease in confused state of mind and distress (Corsten *et al.*, 2014).

Evidence shows that till 2013 there was limited literature on the effectiveness of android or smart phones applicability in treating aphasia. Number of researchers analyzed the use of smart phone for the patient with Aphasia that often results in increased social involvement and effective management of the aphasia. However, they stress the point that there is a need to improve the easy access and mobile applications for such patients (Brandenburg, 2013).

On these basis one recent study held in Pakistan to increase the expressive skills of the patients of Broca’s Aphasia through Verbal Expressive Skills Management Program (VESMP). The participants were patients of chronic Broca’s aphasia age 40 and above, from general hospital YUSRA and

Railways General Hospital, Pakistan. The patients received the therapy through VESMP, the content of which was in Urdu. It was downloaded on their smart phones and session held for 8 weeks (which consist of almost 4 VESMP sessions per week). The result were significant when pre and post score were calculated for all the verbal expression domains (understanding, spontaneous speech, naming, reading, written expression and imitating others etc.) (Shamim, 2017). Photovoice is a qualitative research approach and a new technique that could be effectively used with patients who have communicative disorders. It is mostly used in participatory research to document and reflect reality. Participants may be of any age group or social status. This approach is specifically useful for individuals being discriminated due to language or other disabilities. It is a process whereby vulnerable individuals can identify and reflect their personal and social needs. Through their art of capturing and captioning, participants bring new insights and perspectives which raise awareness of hidden or overlooked issues and aspects of their personalities and ailments with respect to the community. These photographs are collaboratively interpreted through small and large group discussions. Based on the discussions, narratives are developed, highlighting specific themes. The emerging themes can be utilized to promote dialogue and mobilize the participants through policies developed to better understand and address the latent personality and community issues.

Photovoice was developed by Wang and Burris (1994, 1997), initially to enable rural women of Yunann Province in China to bring change at policy level for their benefit. The approach is particularly helpful for those who have problem in articulating their community's prevalent issues (Wang & Burris, 1997). Photo voice as a participatory research approach has been widely used to explore mental illnesses and other disability. In one of such study conducted with 7 individual's age (age ranges 38 to 51 years) under psychiatric outpatient treatment for more than 2 years, the perception of adults with chronic mental illness was explored. The themes identified were "need to be valued, need for control safety and mastery, need for self-esteem, used of varied coping skills, need of support, Why me? and the need for activity". The whole approach also worked as an expressive therapy because the patients express their feelings in an utmost manner (Thompson *et al.*, 2008).

Photography was also used for people with dementia to evaluate the project by giving the camera as a source of communication to such people. The participants were asked to take photos of their work routines by avoiding the human subjects. The technique of applying Photovoice was also helpful because of their memory impairment as it was easy for them to take pictures and then make captions about them. The photographs taken were later categorized into four main themes: 1) effects of dementia, 2) impact of their memory impairment on their families, 3)

their experience of working in hardware project and 4) getting acquainted with new companions. (Evans *et al.*, 2016). One research study tried to explore the experience of Parkinson disease through Photovoice. As the study was qualitative in nature so the themes concluded were searching happiness, making things confidential, and to look for purpose of the life after the illness and urge to stay socially connected. The people living with Parkinson disease also expressed their management difficulties in performance of daily routine activities (Greer *et al.*, 2014).

Due to communication difficulties people with aphasia or communication difficulties were generally excluded from qualitative studies (Lloyd, 2006). However, later, one of the researchers proposed a model “Aphasia talks” in which photography was used as a means of communication in persons with Aphasia. The major focus remained on the past, present, and future themes to get an idea about their lives before and after stroke. The photo helped the patients to express themselves in a detailed manner. Seeing the success of the experiment, it was later emphasized that such programs should not be limited to treatment of Aphasia but could prove equally helpful for all post stroke patients. (Levin *et al.*, 2007). Throughout the history of social sciences visual research methods had been extensively used in the form of photography, drawing, art and film. Researchers have taken this into account and focus on the uses and limitations of the Photovoice with people having

communication difficulties such as aphasia. It was also noticed by the researcher that photography has proven to be an effective tool of communication and has aided the aphasic patients during interviews or while narrating their stories. It has the tendency to minimize the researcher biasedness as pictures cannot be manipulated. The participation of the patients with chronic aphasia also revealed that photography has not only helped them to communicate effectively, but also in rapport building and in raising their self-efficacy as part of the research. The same research has also proposed the idea to replicate the same findings in different setting and with other people of acquired communication disorders (Brown *et al.*, 2013).

2. Material and Methods

The current study is Qualitative in nature following participatory research approach. A non-probability approach was applied for collecting data from Armed Forces Institute of Rehabilitative medicines, and clinic named Physiotherapy Clinic due to the availability of Aphasia and Dysarthria patients. It took approximately four months in giving intervention to six participants individually, doing follow up of post intervention, interpretation and analysis of the data. Tool used in the research was standardized Communication checklist-Adults and was used for pre and post analysis. Methodology included encouraging the 6 participants to practice taking photographs in presence of the principal researcher, followed by a set of questions. The emphasis was not on taking artistic pictures but just to have technical

understanding of cameras. The participants were simply taught to use On and Off button and the shutter button of the digital cameras. Digital Cameras used were 3 Nikon 14 mega pixels and 2 Cameras of Kodak 14 mega pixels. These cameras were intentionally selected because of the large shutter button that was easy for the participants to click. SHOWeD method was used for initial interpretation and to give an insight to patients. It was also used to facilitate the conversation between the participants and the investigator. Participants were directed to take pictures for 4 or 5 days and then a meeting was held with each of them to discuss their photographs. They were also made to narrate their stories by making captions for each photograph they selected to capture. Data were carefully analyzed after each session of Photovoice. During interpretation and analysis process, similar SHOWeD method was used with the participants.

S stands for What do you See here?

H stands for What is Happening here?

O stands for How does this relate to Our lives?

W stands for Why does this strength, concern or situation exist?

E stands for How can we become Empowered through our new understanding?

D stands for What can we Do? (Speziale *et al.*, 2011).

Later, all the participants were actively involved in sharing their ideas about the perspective of the other participants. It was done by showing them pictures of other participants. Manual method was

used for carefully reviewing and defining codes and sub themes for the photographic data. Descriptive analysis was used for the demographics and Paired Sample Test for Pre and Post analysis of the Communication Checklist-Adult done by using the Software Statistical Package for the Social Sciences (SPSS) Version 20.

3. Results

Data scrutiny indicated that there were more males and there is only one participant who was single. This one participant was admitted in AFIRM since last year. Three of the participants were retired and age range respectively was 60 and 70 years. Among these participants 4 were diagnosed with aphasia (Broca's and Anomic Aphasia) and 2 with dysarthria (because of Parkinson disease and second patient has it after stroke). Ages were 45 years, 50 years and two participants were 60 years old and eldest one was 70 years respectively. Two of the participants added in the study were illiterate, two were matriculate, and two had studied till Intermediate Certificate level. Their occupations were (Army= 16.7 %, Retired from army and Government job= 50.0%, Housewife= 16.7 and in private job (attendant) = 16.7). Further Paired sample test was run to analyze the pre and post data obtained on Communication Checklist-Adults. The result indicates that there is overall significance of $p= 0.040$ that makes it more at the marginal level of significance. The Mean value for pre analysis is 31.50 and standard deviation for pre analysis is $SD = 17.49$, for the post analysis

Mean= 46.50 and SD = 6.979. Post analysis has the highest mean and SD is high for the pre analysis of CC-A. Though the overall results are statistically significant but the in-depth item analysis indicate that the significance is might be of other confounding factors such as the traditional treatment the participants were taken or the general improvement as result of the medication. The themes generated from the analysis revealed a deeper insight into participant conditions and a safer way of expression for them. The first theme is on *importance of health and protection*. The emphasis is given on the fact that without health life is nothing and one should take every measure to protect oneself from the diseases.

The second theme was *how a person feels after stroke by hoping every day that things will get better, by struggling with his or her motivation,*

self-actualization, and insecurities. There is hope every day that the new day will bring a change for them no matter how monotonous every other day seemed.

The Third theme is on *memories to be recalled and cherished upon*. Memories also brought along comparison of the things they used to do before and were not capable of doing now.

Fourth theme was major *emphasis of life, its reality, and mortality*. Life itself is not long-term or predictable. Different comparisons also reflected in this theme.

The fifth and the last theme highlighted the *lack of emotional support* the patients usually faced after the communication disorders such as Aphasia and Dysarthria. It also reflected their inhibitions and disabilities to be fully expressive and to seek enough emotional support from their families.

Table 1: Demographics of the participants (n=6)

| No | Variable | Frequency | %age |
|----|------------|-----------|------|
| 1 | Gender | | |
| | Male | 4 | 66.7 |
| | Female | 2 | 33.3 |
| 2 | Age | | |
| | 45 | 1 | 16.7 |
| | 50 | 1 | 16.7 |
| | 60 | 3 | 50.0 |
| | 70 | 1 | 16.7 |
| 2 | Education | | |
| | Matric | 2 | 33.3 |
| | F.Sc/F.A | 2 | 33.3 |
| | Illiterate | 2 | 33.3 |

| | | | |
|---|---------------------|---|------|
| 3 | Marital Status | | |
| | Single | 1 | 16.7 |
| | Married | 5 | 83.3 |
| 4 | Occupation | | |
| | Army | 1 | 16.7 |
| | Retired | 3 | 50.0 |
| | Housewife | 1 | 16.7 |
| | Private job | 1 | 16.7 |
| 5 | Reason for referral | | |
| | Aphasia | 4 | 66.7 |
| | Dysarthria | 2 | 33.3 |

Table 2: Mean and Standard Deviation of the Pre and Post Analysis

| Variables | Mean \pm SD | P value |
|-----------|---------------------|---------|
| Pre Test | 31.50 \pm 17.0490 | |
| Post Test | 46.50 \pm 6.979 | 0.04 |

| Caption by Participants | Sub Themes | Themes |
|---|---|-----------------------------|
| <ul style="list-style-type: none"> • “Health is wealth, 2nd person has the stick, he is dependent on the other and dependency is worst.” • “Through cleanliness we can protect ourselves from the diseases” • “At one side he is working for his survival and on the other side he is smoking to ruin himself.” • “Allah has made human brain so sharp that he invented this machine that helps in the recovery of paralyzed patients” | <ul style="list-style-type: none"> • Health is wealth, • Protection from illness and accidents, • cleanliness • Treatment | Being Healthy is a Blessing |
| <ul style="list-style-type: none"> • Army takes care of the nation. I want to join back army after getting well from here. Most of the patients have aim and their will power that improve their condition before time. • With the passage of time things will get | <ul style="list-style-type: none"> • Will power, • Things will get better, • Hope, • Good deeds, • Beliefs, • Insecurities, | “My Feelings” Post Stroke |

| | | |
|--|--|---------------------------|
| <p>better.</p> <ul style="list-style-type: none"> • Life is just like this clock. The time passes the same way. Before the end we should try to do good deeds. • Every day I wake up and hope that today will be new day and new sun, but nothing changes. • I feel as if I am like this dry grass. | <ul style="list-style-type: none"> • What I feel? | |
| <ul style="list-style-type: none"> • “I have worked with Dr. Ruth Pfau in Karachi. She was the lady with kind heart. We used to help patients, usually females, as their husband leave them and their kids. So we used to give them homes” | <ul style="list-style-type: none"> • Past Experiences, | Memories |
| <ul style="list-style-type: none"> • There is no use of life. If you are getting food, it’s better to just help others | <ul style="list-style-type: none"> • What is life?, My routine, | Reality of life |
| <ul style="list-style-type: none"> • I got tense because there are few things that I can’t express, Kids don’t listen to me and wife has the habit of manipulating things. These things hurt me but I stay quite) | <ul style="list-style-type: none"> • Relationships | Lack of Emotional Support |

3.1 Being healthy is a blessing

The major focus of most of the participants was that being healthy and not being dependent on someone is blessing. Those people are lucky who are not dependent on others. All the selected participants seem to have great urge to be healthy again and they miss the time when they were independent.

One of the participant who is admit in hospital took such impactful photos and described that “Health is wealth; dosray bnday k hath mei stick hei. Woh dependent hei aur kesi p dependent hona bohat mushkil hota.”(Health is wealth, 2nd person has the stick, he is dependent on the other and dependency is worst.)

The statement clearly reveals that he is not happy with his dependent state. The same patient during the training session revealed that at times he got irritated and agitated when people would not understand his wants or wishes. One third of the participants’ responses were focused on their “sticks”. They had taken pictures of their sticks and stated that the dependency on stick made them feel gross. They were, however, also grateful that the same stick gave them physical support to move around. Their relationship with the stick was rather ambivalent. One patient described his disability by captioning the picture below:



“Mein ubh aphaj houn, isliya me ne yeh tasweer le” (I am disable so I took this picture).

While talking about health participants have revealed that most of the people nowadays are into unhealthy habits and lifestyles that leads to immature death.

In one of the picture where the cleaner was smoking the caption given was:

“aik taraf apnay ap ko abad krnay k liya kaam kr raha hei aur dosri taraf cigarette per aha hei apnay ap ko burbad krnay k liya” (at one end he is working for his survival and on the other hand he is destroying himself by smoking)

Pictures and captions shared shows that all the participant have the insight about importance of being health and ill health effects on life.

3.2 “My feelings”

Participants explained that after such condition of dependency, most of the patients lost hope. It was observed during the participants’ training that most of the patients went under several crying episodes. They thought that life would remain the same. One of them explained,

“Phool humari zindagi ki positive side dekhaty hain” (Flowers are the positive side of our lives.).

On another occasion same participants described that strong willpower had a significant effect on improving the health state. Another participant emphasized that

“Waqat k sath sath cheesin shahid bether ho jain” (Things might get better with the passage of time).

Number of Psychological factors plays vital role in the treatment, and in a journey toward betterment, that include perception, motivation, hope, will power and positive approach.

As the participant stated,

“Army takes care of the nation. I want to be fine and join back army. Patients gets better early if they have strong will power.”

Participants also revealed that they were psychologically satisfied that due to new technologies and research development there is now better treatment available for illnesses and diseases.

“Human brain is so sharp that it has invented number of machines and equipment’s that are helpful for the patients like us.”

The participants believed that enhanced technological advancement also had its toll on

society as it creates psychological implications which greatly affect them.

One of the participants illustrated his incompetence by taking picture of his hand,



“My condition is same as the condition of my hand is”he later elaborated on it by explaining that “I feel incomplete and shaky the way my hand is”.



“Hur roz souchta houn k shaihd kul ka souraj kuch behtri le k ai ga. Lakin hur din ek jaisa hei” I daily hope that tomorrow’s sun will bring new hope but again every day is the same.



“Mein is zameen ka tarah banjar houn”(I have become barren like this piece of land)

3.3 Memories

Almost all the participants have expressed their past experiences through photography. It was observed that participants were not much vocal about their past experiences as compared to once they took number of photographs.

One of the female Participants narrated whole story of her life by saying that

“I worked with Dr. Ruth Pfau in Karachi, who was a lady with a kind heart. We used to help patients, usually females, as their husbands had left them along with and their kids. So we used to provide them shelter.”

She took the picture of stool and elaborated that



“Poday achay lagtay hein. Bohat yaddien hein jo yaad ati hein. Betay betiyan yahan khiltay thy. Bhanjay bhanjiyan bhi.” (I like plants. This place reminds me of old memories. Sons and daughters used to play here. My neices and nephews too)

Almost all of these participants in their session revealed the cherished memories that help them to rejoice and to ponder upon those events. These cherished memories also helped them express

“When I was working with Dr Ruth Pfau, I had the same stool. I used to make medicines in pharmacy”.

A participant with the history of Traumatic Brain Injury stated;

“Whenever i see the bike , it reminds me of my accident because it was due to overspeeding that I lost control and was hit by an approaching car. Now I will buy a car for my family that is safer”.

Almost all the participants revealed their memories of past events through pictures. One of the participants prone to crying episodes recalled his duties as an accounts officer at a church, and he badly missed that time. He used to spend time with his friends, but he felt that the gathering now was not the way it was before. Another participant with dysarthria tries to capture his cherished memories by taking the picture of his courtyard.

themselves and they felt like verbally sharing them with someone. Photos helped them share some of their cherished memories.

3.4 Reality of Life

During Photovoice training it was observed that people have a deeper insight about the reality of

life. Almost 50% of them think that life is mortal and they have associated life with the clock. One of the participants symbolize life with the clock;



“Gharhi zindagi k tarha hei. Zindagi bhi isi tarha guzar jati hei. Is se phelay humin achay kaam krnay chahya aur logoun k madad krni chahya”(Life is just like this clock. The time passes the same way. Before the end we should try to do good deeds).

The same lady captioned another picture to describe about reality of life;

“Zindagi ka koi faida nahi hei agar khanay ko mil raha hei to bus gharibon k madad Karin” (there is no use of life. If you are getting food, it’s better to help others)

A different perspective of the same clock was given by another participant in which he stated that “things may get better with the passage of time”

3.5 Lack of Emotional Support

Emotional support is an important factor when it comes to catharsis or sharing. At times lack of emotional support aggravates psychological problems and feeling of hopelessness. Almost all the patients who participated in this research

shared that they have the emotional support. However, their captured photographs hinted at lack of emotional support at home. . One patient narrated through the picture he took during the session:

“Me pershan hota houn. Kuch baatin bta nahi sakta. Bachay baat nahi mantay and wife idhar ki baat udhar krti hei. Jo mujhy takleef deti hein. Mei samjha nahi sakta aur chup kr jata houn.”(I get tense because there are few things that I can’t express, Kids don’t listen to me and wife has the habit of manipulating things. These things hurt me, but I stay quite) Having the cameras in their hands, the patients exhibited increased self-efficacy, self-esteem, and self-actualization. Alarmingly, most of the caregivers displayed

negative connotations regarding the participants' ability to take pictures, which, at times seemed to undermine the participants' capabilities to do so. This very observation establishes the fact that emotional support and feeling of hope from the loved ones directly correlate with patients' health and recovery.

One of the major findings from the current study is that Photovoice, though is helpful in useful expression but it also enhance the memory skills of the patients. Patients with aphasia, TBI usually have memory retrieval issues. One of the patient with word retrieval problems face lot of improvement when he has to take picture of the things. His psychologist was working on his word retrieval during this time. Photography of those objects helped him retain the common nouns. Through Photovoice patients can themselves take the pictures of them and later work on recalling the names of such objects.

Use of camera to capture photographs is an effective tool as it provides an opportunity to the introverts to share their feelings and expressions, which helps them vent out their pent-up emotions. In the Pakistani society, males are brought up in a way to not be much expressive and empathetic toward others. In such case they also learn to hide their feelings and problems. During problems like stroke or associated communication disorders they become more isolated. In such scenarios, Photovoice is the safest way of expression and relieving stress in a more optimistic and acceptable ways. Photovoice doesn't allow anyone

to be submissive or suppressive. It provides the socially acceptable way of expressions. The use of camera indeed provides an indirect opportunity to its user to think back about their memories and correlate them. It was observed that people become more vocal when they discuss their cherished memories. It was also observed that they express more happiness when sharing good memories and started to cry while narrating painful events. Analysis of pictures by the participants also help in understanding the various dynamics including personality traits, reflection of someone's past, their way of thinking, their interest, fear and hopes. For instance, a clock was similar to life for one participant, yet for other it was associated with pain. Interestingly, it was observed that the training also brought joy to the patients. When asked from participants how they felt after taking photos, one of them expressed that he felt very happy and independent while capturing photographs. Another participant shared that it was a good activity for patients like them as it kept them busy and made them think about life from different perspectives. One participant shared that at times there are few things that cannot be expressed verbally, but they can be better expressed through pictures.

One of the attendants shared that the activity was quite productive as it demanded patients' mental involvement, which had a positive effect on their memory. It was also reported by attendants that patients at times did not practice speech sounds but preferred taking pictures. Therefore, it can be

concluded that Photovoice can be paired with the traditional therapy to help the patients of Aphasia and Dysarthria, and it works as a tool for expression and communication to help the patients safely and smoothly recover from the illness.

4. Discussion

Using the multifaceted approach of Photovoice in the study as an expressive therapy has revealed a major themes consistent with the some of the qualitative studies that have been done on the patients of the stroke. The themes highlighted in the study are consistent with the prior studies such as the first theme generated in the study is “Being healthy is blessing”. This finding is similar to the research conducted with Pacific youth to get their perspective on health and wellbeing by using Photovoice. The ideas and photos showed that the current practices followed by them are unhealthy and they rely too much on food and alcohol not good for health (Fukofuka, 2018). Participants of this study have also emphasized on their feelings and emotions post stroke. This is similar to the findings of the prior studies that have given focus on the experiences of life after stroke. They have shared their personal feelings through photographs and how they symbolize themselves with the dry tree and without communication they have the feelings of being in foreign country (Levin, 2007). Several studies have impacted the importance of memory enhancement through photography as patients with aphasia in result of TBI usually have memory retrieval issues (Vakil, 2005). Through photographs the participants have expressed wide

range of past memories. A similar finding was shared in a study where it has been noticed that people vocalize more when they are made to share their cherished memories and express with zest. The reason is mainly because they effectively relate themselves to those memories as compared to other non-relatable visual images. Recalling old memories especially if they bring positive vibes give energy to individuals and a boost of optimistic feelings. It also motivates them to share it with great detail as they consider themselves a meaningful source of sharing that specific information (Stuckey & Tisdell, 2010). The theme on reality of life shows that people with communication difficulties have feelings of hopelessness and loss of purpose in their lives. Several studies have also indicated that people with stroke and communication difficulties remain isolated and become a prey of social inhibition. Such patients usually take their condition as the actual reality of life. There is not much evidence found on the perception of stroke patients about life but some researchers have concluded somewhat nearer to the same perception. They considered their each day as handicapped as their own physical selves. Another harsh reality they most deeply felt was being deprived of participation in simple everyday activities of life. A study with younger stroke patients indicates similar perception of patients where they perceived the reality of life as “the paralyzed everyday”. They consider each day as handicapped as their own selves. Another harsh

reality they most deeply felt was being deprived of participation in simple everyday activities of life. (Roding et al., 2003).

5. Conclusion

To sum up it can be concluded on the bases of the study and analysis of the results that Photovoice can be effectively used as an expressive therapy for the people with communication disorders. . The results showed marked improvement in the expressive and verbal skills of the patients with aphasia and dysarthria. Beside this the Photovoice has also showed remarkable improvement in the participants sense of self-worth, increase tendency of self-actualization, and self-reflection. Moreover, the photographs taken by the participant also revealed the deeper insight of the people with communication impairment. Their perception about life, health, people around them, will power and emotional support they have post stroke has become quite evident. This study also concluded that use of Photovoice as a unique way of fostering the social interaction, catharsis, empowerment and participation by the patients with aphasia and dysarthria. Further the study echoes the importance of holistic approach where patients are not just biologically treated but handled via an all-encompassing approach. Photovoice as a holistic approach covers the socio, emotional, and psychological aspect of the life and ultimately results in increase motivation, optimism, emotional recovery and better quality of life. There is need to use same method with more such patients, in order to generalize the results.

References

- American Psychological Association (APA). (2013). Diagnostic and statistical manual of mental disorders (DSM-5). *American Psychiatric Pub.*
- Association, AS-L-H, (1993). Definitions of communication disorders and variations.
- Brandenburg, C., Worrall, L., Rodriguez, A.D., Copland, D. (2013). Mobile computing technology and aphasia: An integrated review of accessibility and potential uses. *Aphasiology*. 27(4):444–61.
- Brown, K., Worrall, L., Davidson, B., Howe, T. (2013). Reflection on the benefits and limitations of participant-generated photography as an adjunct to qualitative interviews with participants with aphasia. *Aphasiology* (Internet). 27(10):1214–31. Available from: <http://dx.doi.org/10.1080/02687038.2013.808736>
- Clayton, V. (1975). Erikson's theory of human development as it applies to the aged: Wisdom as contradictive cognition. *Hum Dev*.18(1–2):119–28.
- Coppens, P. (2016). Aphasia and related neurogenic communication disorders. *Jones & Bartlett Publishers.*
- Corsten, S., Konradi, J., Schimpf, E.J., Hardering, F., Keilmann, A. (2014). Improving quality of life in aphasia—Evidence for the effectiveness of the biographic-narrative approach. *Aphasiology*

- (Internet). 28(4):440–52. Available from: <https://doi.org/10.1080/02687038.2013.843154>
- Duffy, J.R. (2013). *Motor Speech Disorders-E-Book: Substrates, Differential Diagnosis, and Management*. Elsevier Health Sciences.
- Evans, D., Robertson, J., Candy, A. (2016). Use of photovoice with people with younger onset dementia. *Dementia*. 15(4):798–813.
- Fukofuka, HST. (2018). Pacific youth views on health and wellbeing: a photovoice study. University of Otago.
- Greer, D., Cooper, C., Hermanns, M. (2014). Visions of Living with Parkinson's disease: A Photovoice Study.
- Johansson, M.B., Carlsson, M., Sonnander, K. (2012). Communication difficulties and the use of communication strategies: from the perspective of individuals with aphasia. *Int J Lang Commun Disord*. 47(2):144–55.
- John-Steiner, V., Mahn, H. (1996). Sociocultural approaches to learning and development: A Vygotskian framework. *Educ Psychol*. 31(3–4):191–206.
- Khealani, B.A., Hameed, B., Mapari, U.U. (2008). Stroke in Pakistan. *Journal of the Pakistan Medical Association*. 58(7): 400.
- Levin, T., Scott, B.M., Borders, B., Hart, K., Lee, J., Decanini, A. (2007). Aphasia talks: Photography as a means of communication, self-expression, and empowerment in persons with aphasia. *Top Stroke Rehabil*. 14(1):72–84.
- Lloyd, V., Gatherer, A., Kalsy, S. (2006). Conducting qualitative interview research with people with expressive language difficulties. *Qual Health Res*. 16(10):1386–404.
- Ma, X., Boyd-Graber, J., Nikolova, S., Cook, P.R. (2014). Speaking through pictures. Proceeding Elev Int Acn Sigaccess Conf Comput Access - Assets '09 (Internet), 163. Available from: <http://portal.acm.org/citation.cfm?doid=1639642.1639672>
- McDonald, S., Code, C., Togher, L. (2016). Communication disorders following traumatic brain injury. *Psychology press*.
- Roding, J., Lindstrom, B., Malm, Jan., Ohman, A. (2003). Frustrated and invisible--younger stroke patients' experiences of the rehabilitation process. *Disabil Rehabil*. 25(15):867–74.
- Ross, A., Winslow, I., Marchant, P., Brumfitt, S. (2006). Evaluation of communication, life participation and psychological well-being in chronic aphasia: The influence of group intervention. *Aphasiology*, 20(5):427–48.
- Ross, K., Wertz, R. (2003). Quality of life with and without aphasia. *Aphasiology*. 17(4):355–64.
- Sable, J., Gravink, J. (2005). The Path to community health care for people with disabilities: A community-based

- therapeutic recreation service. *Ther Recreation J.* 39(1):78.
- Sarno, M.T. (1997). Quality of life in aphasia in the first post-stroke year. *Aphasiology.* 11(7):665–79.
- Shamim, H., Naz, S., Sikander, M., Khan, G. (2017). Development of Verbal Expressive Skills Management Programme (VESMP) for Patients with Broca's Aphasia. www.ijmrhs.com *Int J Med Res Heal Sci [Internet]*. 6(6):138–43. Available from: www.ijmrhs.com.
- Speziale, H.S., Streubert, H.J., Carpenter, D.R. (2011). Qualitative research in nursing: Advancing the humanistic imperative. *Lippincott Williams & Wilkins*.
- Stuckey, H.L., Tisdell, E.J. (2010). The role of creative expression in diabetes: An exploration into the meaning-making process. *Qual Health Res.* 20(1):42–56.
- Thompson, N.C., Hunter, E.E., Murray, L., Ninci, L., Rolfs, E.M., Pallikkathayil, L. (2008). The experience of living with chronic mental illness: A photovoice study. *Perspect Psychiatr Care.* 44(1):14–24.
- Vakil, E. (2005). The effect of moderate to severe traumatic brain injury (TBI) on different aspects of memory: A selective review. Vol. 27, *Journal of Clinical and Experimental Neuropsychology.* 977-1021 p.
- Wang, C., Burris, M.A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Heal Educ Behav.* 24(3):369–87.
- Yorkston, K.M., Bourgeois, M.S., Baylor, C.R. (2010). Communication and Aging. *Phys Med Rehabil Clin N Am.* 21(2): 309.