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Enabling frail older people with a communication difficulty to express their views: the use of Talking Mats™ as an interview tool

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Abstract

The aim of the present study was to obtain the views of frail older people with communication impairments using an innovative interviewing method, Talking Mats™. People with a communication disability are often omitted from qualitative research studies since they cannot respond to the more traditional methods of interviewing. However, their views are important and they may, in fact, have additional insights because of their communication situation. The 10 participants in this study were frail older people with a range of communication difficulties with causes including stroke, dementia and hearing loss. They had all recently (within 6 months) moved into care homes. Each participant was interviewed using Talking Mats™ to obtain their views on four aspects of their life: activities, people, environment and self. The findings are presented in a visual way, and the four life themes are discussed with reference to the different participants. Many insights were gained, such as the participants' views of the activities which they like and dislike, and the views of some of the people in the study about their nursing home environment. The advantages of the Talking Mats™ as an interview method for research, practice and policy in the care of frail older people are described. The study concludes that Talking Mats™ is a useful and enjoyable method of allowing frail older people with a communication disability to express views which they have difficulty conveying otherwise.

Keywords: communication disability, frail older people, quality of life

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Introduction

Previous research (Ulatowska & Chapman 1991, Burke & MacKay 1997) has shown that communication changes as people grow older. Older people use fewer proper nouns, more general nouns and more ambiguous references as they age. Au *et al*. (1995) reported that the size of individuals' active expressive vocabulary decreases quite markedly during the seventh decade of life. Older people also appear to focus much of their communication on telling their communication partner information which is related to past events (Boden & Bielby 1983). In addition, major alterations in lifestyle may occur and life-changing decisions need to be made. Partners and friends may die, health needs alter, there may be changes in the types of activities to which the older person has access, and there may need to be adaptations to where the older person lives.

Apart from the expected communication shifts with age such as hearing loss, illnesses such as Alzheimer's disease (AD) and stroke can have a profound effect on the ability of the older person to understand, make decisions and communicate those decisions to others. The communication difficulties of people with dementia have

been well documented (Bourgeois 1991, Whitehouse *et al*. 1998, Whitehouse 1999, Bryan & Maxim 2003). Typical difficulties experienced may include reduced vocabulary, finding the right word, comprehending abstract language, repeating questions or statements, digressing, disordered discourse, competence in solving problems and filtering out distractions. Kuhn (1999) discussed the problems associated with communication in people who develop AD. He described communication as the ability to send and receive messages, which relies on complex brain functions which may become damaged in the course of the disease. The above author emphasised that the deterioration in communication for people with AD may be gradual, with someone in the early stages usually managing to communicate as long as others provide some help. On the other hand, someone who suffers a stroke may find, in an instant, that the ability to understand and produce language is severely impaired. They may have a communication disability such as dysphasia and/or dysarthria. Dysphasia is 'a language disorder resulting from localised neurological damage. It may present the client with difficulties in the perception, recognition, comprehension and expression of language through both the verbal and/or written modalities' (Royal College of Speech and Language Therapists 1996, p. 158). Dysarthria is 'a speech disorder resulting from the disturbance of neuromuscular control. This is caused by damage to the central or peripheral nervous system, which may result in weakness, slowing, in-coordination or altered muscle tone, and changes the characteristics of speech produced' (Royal College of Speech and Language Therapists 1996, p. 160).

After a stroke, the person may or may not experience cognitive impairments, unlike dementia, which always has a cognitive component. These communication difficulties are all evident in nursing homes, and make it difficult for the residents to develop or maintain relationships and to express their views about their lives. Kovach & Robinson (1996) estimated that nearly half of nursing home residents never talk to other residents because of hearing and speech difficulties. Bryan & Maxim (2003) presented a case study of an elderly woman with AD living in a residential home whose behaviour was causing concern. They explained clearly the consequence of not understanding what a person with a communication difficulty is trying to express. They described the improvement in 'problematic' behaviour when a detailed analysis of the woman's communication provided an explanation of her distress. The Dementia Services Development Centre at the University of Stirling, Stirling, UK, has produced a number of publications exploring the communication of people with dementia (Killick & Allan 2001, Allan 2002).

The ESRC-funded research programme 'Growing Older, Extending Quality Life' consisted of 24 projects focusing on a wide range of topics concerning quality in later life. One of these projects was carried out at the University of Stirling to examine the views of frail older people when they move into care-home settings. The overall aim was to contribute to understanding the meaning of quality of life (QoL) for frail older people. There are a number of studies which have examined QoL of older people (Birren & Dieckmann 1991, Faden & German 1994, Peace *et al*. 1997). However, previous studies of the QoL of older people seldom focused on the perspectives of frail older people themselves, and those with communication difficulties were usually excluded (Farquhar 1995). There appear to be no measures which satisfactorily allow people with communication difficulties to express their point of view. Many existing measures are based on medical rather than social criteria and do not take into account issues such as difficulties with speech, language, fatigue, poor hand control and literacy while the person is completing the measure. Bowling (1997) described a wide range of health measures, but none of them take into account the specific difficulties which people with communication difficulties have in completing any of these measures. When seeking the views of people with communication difficulties, it is important to be creative in providing information in such a way that the person with the communication difficulty can understand what is being asked, is able to think about their views and can formulate their response in a way that is understood by the interviewer. Traditional ways of interviewing are problematic for people with disordered language caused by dementia or dysphasia caused by a stroke.

The ESRC project aimed to include frail older people with all types of physical and/or mental frailty, including communication impairment. In previous studies, a low-technology communication framework, Talking Mats™, was developed with different client groups, both with and without cognitive impairments, including people with cerebral palsy, motor neurone disease, stroke and learning disability (Murphy 1998, 1999, 2000, Cameron & Murphy 2002). These studies showed that people with varying degrees of communication disability could express their views when a visual framework was used. The Talking Mats™ framework was adapted to help the 10 participants in the present study express their views on four aspects of their life. The present paper explains how Talking Mats™ was used in this study, and presents the findings from these participants to illustrate the advantages of this method for research, practice and policy in the care of frail older people. Other methods of observation and interview are reported elsewhere (Hubbard *et al*. 2002, 2003).

Participants and methods

Participants

The participants in the present study were the first 10 frail older people with communication difficulties to have moved into the care homes which were involved in the larger project at the time of the study. Participants who were medically unwell or who had no awareness of their surroundings were excluded. Nine of the participants were female and one was male, and their ages ranged from 70 to 94 years. Seven participants had a diagnosis of dementia, including one who had had several strokes and another who had Parkinson's disease; two had comprehension and expressive language difficulties (dysphasia) as a result of stroke, but no dementia; and one participant was deaf. Four participants had no intelligible speech and could only respond using Talking Mats™; four participants had speech that was significantly confused or contradictory, and Talking Mats™ appeared to help them to clarify their thoughts; the other two responded coherently while using Talking Mats™ to help their concentration and understanding. Permission was sought from each participant (or family member where the participant was not able to give permission) to video-record the conversation because it was important to ensure that the interviewer included the non-verbal communication that accompanied the conversation. In addition, a member of staff was present at the beginning of each visit to observe the consent procedure and confirm that the participant was willing to take part. Photographs of the participants' completed mats were shown to care staff only where the participant indicated that they wanted to do this.

Methods

Talking Mats™ is a visual framework that uses picture symbols to help people with a communication difficulty understand and respond more effectively. The symbols were presented to the participants in the form of a guided discussion with the minimum of verbal input (e.g. 'What do you feel about playing bingo?'). This reduced memory and language comprehension demands.

The Talking Mats™ framework is based on three sets of picture symbols:

- topics being explored;
- options relating to each topic; and
- a visual scale in order to allow participants to indicate their general feeling about each option.

Textured mats of approximately 60 × 30 cm in size were used to display and organise picture symbols. The symbols were Picture Communication Symbols © 1981–2004 Mayer-Johnson Co., PO Box 1579, Solana Beach, CA 92075, USA, and are used with permission. They were produced with the software package Boardmaker™ and attached to the mats with Velcro™, which allowed them to be moved as the participants formulated their thoughts. The symbols, produced in colour for the present study, were simple, clear and attractive, and covered a wide range of options representing QoL issues.

The topics for the guided discussion in this study were decided on the basis of a literature review, an initial analysis of group discussions with frail older people and general observations in care homes. The four topics presented were converted into picture symbols (Figure 1):

1 *Activities (things you do …):* This topic allowed the participants to consider how they spent their time, and to express their likes and dislikes with regard to different activities.
2 *Environment (noise, comfort, food …):* This topic was concerned with specific practical aspects of the care home.
3 *People (staff, residents, visitors …):* Maintaining and forming personal relationships is fundamental to QoL, and this topic allowed the participants to comment on their relationships with others.
4 *Self (what things about you make a difference …):* This topic presented options relating to the participants' views about their health, appearance and possessions.

There was a visual scale of three emotion symbols along the top of each mat (Figure 2): 'happy', 'not sure' and 'unhappy'. For those people who were cognitively more able, the emotion symbols were altered to provide a more subtle stimulus using facial expressions.

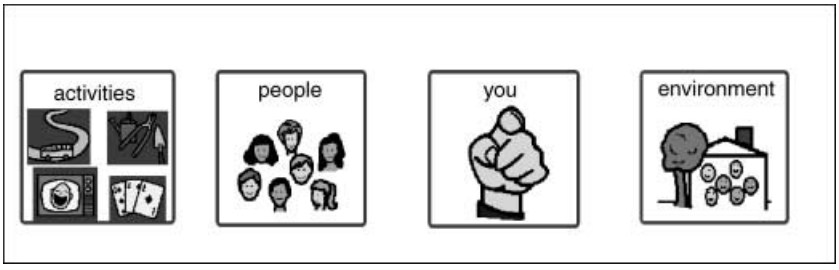

Figure 1 Topics presented.

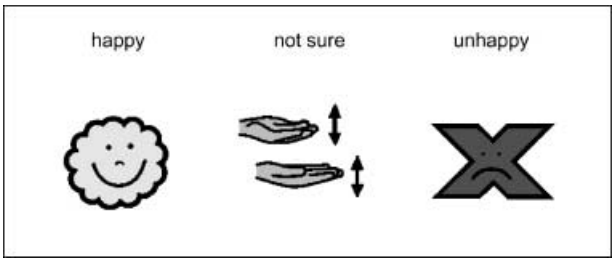

Figure 2 Emotion symbols.

The options relating to each topic were selected following observations in a range of care homes (Figure 3). The relevant options for each topic were presented to the participant one at a time in random order, using open questions wherever possible and giving the participant plenty of time to respond. The participant selected the options which were important to her or him, and placed them under the appropriate emotion symbol, thus building up a composite picture of her or his views. Blank squares were presented at the end of each guided discussion in order that the participant could add in any additional option if she or he wished.

The participant's responses were determined by both her or his verbal and non-verbal behaviour, which included speech, vocalisations, facial expression, eye contact, pointing, gesture and body language. Where a participant's responses indicated that she or he did not understand three or more options in one topic, or that she or he was tired or uncomfortable, the discussion was

The Picture Communication Symbols (PCS) are ©1981-2004 Mayer Johnson Co. and are used with permission - Mayer-Johnson Co., P.O. Box 1579, Solana Beach, CA 92075, USA

Figure 3 Example of the options presented to participants relating to 'environment'. NB The symbols are usually presented in colour.

stopped. The video recordings allowed the researcher to observe the participant's behaviour repeatedly to ascertain the security of the responses. The participant's choices were confirmed at the end of the discussion to check that she or he was happy with the completed mat. A digital photograph was taken of each completed mat in order to give feedback to the participant and to have a record of the person's views on each specific topic. Wherever possible, the participant was visited a second time to return the photographs of their first mat(s) and to check for agreement from the previous visit. Some of the participants were not well enough to be interviewed for a second time and the photographs of their mats were returned to them by post. Field notes were taken immediately following each visit and the video recordings were transcribed. Data from the mats, the field notes and the video recordings were analysed thematically, and these data were subsequently incorporated into the findings of the wider study (Tester *et al*. 2003, 2005).

Results

Each mat reflected the opinions of the person completing it, and the names of the participants and places have been changed to preserve anonymity. Examples of different participants' views of the four topics are presented below.

Participants' views

Activities

How people spend their time and what activities they enjoy and do not enjoy are important issues in relation to QoL. All participants were presented with symbols relating to this topic first since these were the most concrete and easiest for the participants to understand.

All 10 participants were able to respond to this section using a variety of the communication methods described in the methods.

Louise, who had dementia and had been involved in a road traffic accident, completed mat 1 (Figure 4). Her speech was intelligible, and she had definite views and opinions, making rapid comments about every picture as she placed them on the mat:

Bingo: Good and well.

Bus trips: I like that, I like going for bus trips, not so much going abroad, but I like going round about, I've been to Arbroath.

Music: I love that.

Having a nap: Oh, I like that, I can tell you.

Having cups of tea: Oh, I love that.

Reading the newspaper: I am great reader.

Getting her hair done: Oh, I've just got it done, I didn't know they were coming, but I like getting it done.

Reading a book: I like that.

Pets: Oh, I love animals, I love animals better than humans.

She was able to describe things which she had previously enjoyed, but could no longer do:

Going shopping: That was my favourite.

Going to concerts: I would like it, but it doesn't happen, I've been a lot once myself.

Louise was also quite clear about things which she did not enjoy:

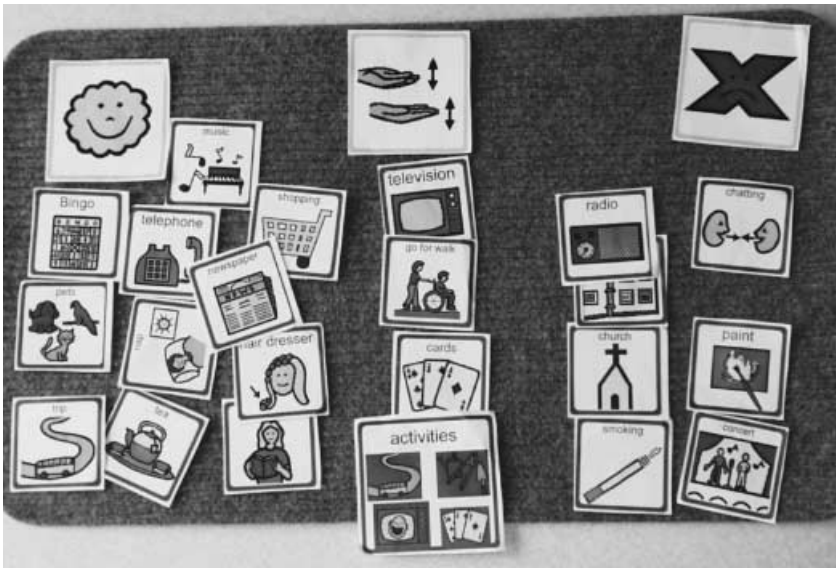

Figure 4 Example of Louise's completed mat on 'activities'.

Chatting to people: Well, that all depends on who, I never see any of them down there in the sitting room all day. No, I don't like that.

Listening to the radio: [She confused radio with the television at first, but when the researcher explained it again, she responded] No – I don't like it.

Looking at photographs: No, I am not fussy, my life's all went to hell.

Painting: No.

Smoking: Oh, I never smoked and I don't like others who do smoke, but my husband smoked.

Church: I used to be, but I stopped … Why did God do this to me? – And other people, all out with men and different things, and not a thing happens to them.

Louise's mat clearly illustrated her likes and dislikes, and the use of visual symbols in a semi-structured framework allowed her to focus and elaborate when she wanted on the options presented.

Barbara had had a severe stroke, could not walk, and had very little speech as she had both receptive and expressive dysphasia. She showed an interest in the picture symbols, responding mainly by nodding and pointing, and although she tired after 12 minutes, she was clearly able to express some views about her likes and dislikes.

She indicated that she liked music and vocalised 'like' (Figure 5).

She nodded clearly to bingo, and when shown the picture of pets, she said 'yes', and also responded to radio with 'yes'.

Barbara shook her head quite clearly to show that she did not like television, and shook her head and said 'no' for shopping. She pointed to the negative side of the mat for going out on trips and chatting to other people. She said, 'Don't like that,' in response to the picture of smoking.

She indicated with her facial expression that she was not sure about looking at photographs, reading the paper and having cups of tea.

Environment

It is important for older people to be able to express their views about the practical aspects of their surroundings both for their own satisfaction, and to let staff and family members know how they feel.

All 10 participants had moved into a care home within the previous 6 months. Symbols relating to the environment that they were living in and the surroundings were presented, and six participants completed this topic.

Morag had a diagnosis of dementia with no other medical problems (Figure 6). Her syntax and her articulation were intact, but her ability to connect ideas meaningfully was disordered, which made her speech difficult to follow at times. Despite her confused language, she was able to get back to the topic and it appeared that using the pictures helped this. Talking Mats™ also allowed her to elaborate and helped the researcher make sense of what she was saying. Although she was distracted and irritated by the Velcro™ on the back of the symbols, she verbally indicated quite clearly what she liked and what she did not like. She used the pictures as a stimulus and responded to all four sections, elaborating on almost everything that was presented to her. Her preoccupation with cleanliness and housework came out in her response to the picture symbols (the staff later reported that she spent a lot of time going round the nursing home tidying up after people):

Bedroom: It looks nice like that, anybody whose really, but you have got to pay attention to all those things and keep them all in very good condition.

When the researcher repeated the question, emphasising her bedroom, she immediately said, 'Oh, yes.'

Lounge: Yes, I like it if they keep them all clean and light.

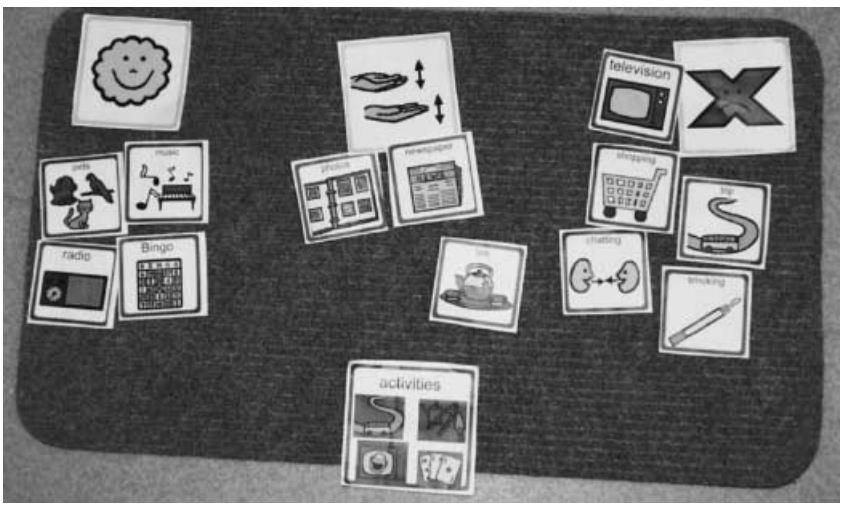

Figure 5 Example of Barbara's completed mat on 'activities'.

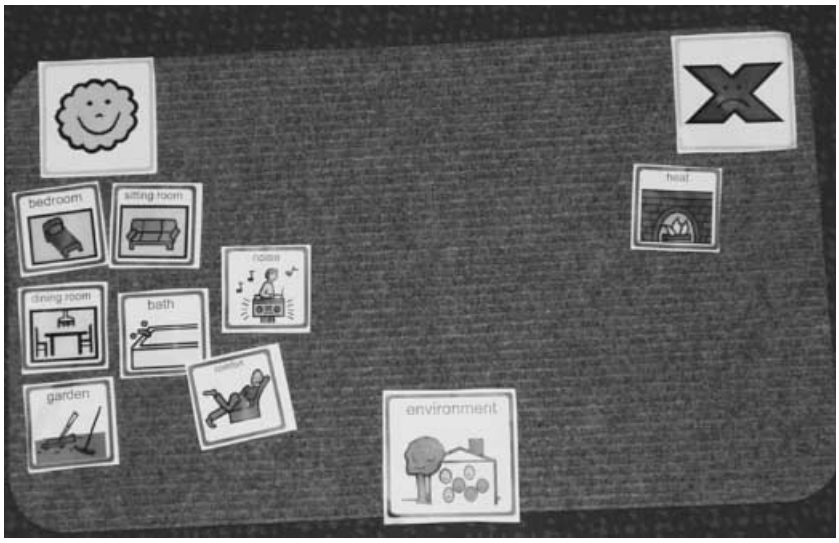

Figure 6 Example of Morag's completed mat on 'environment'.

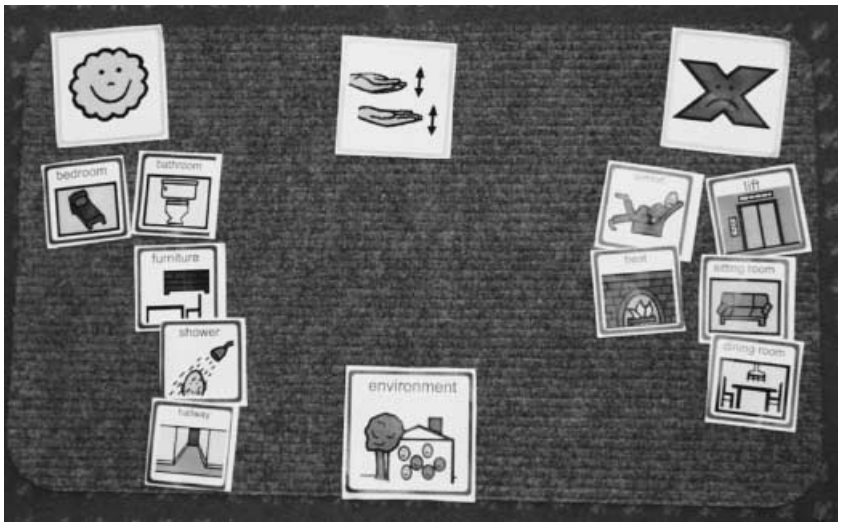

Figure 7 Example of Judith's completed mat on 'environment'.

When asked whether she preferred a shower or a bath, she finally said, 'I like a bath, but I hate being stuck in the bath when it's cold. I want someone who is more faithful about things.'

With regard to the garden, she said, 'That doesn't work out all right,' and she talked about something that had troubled her about gardens in the past. However, when asked about the garden of the care home, she said, 'Oh, yes.'

She later went back to the picture of the bathroom and said, 'Oh, I wish places were warmer – it's cold,' and when the researcher gave her the picture of heat, she indicated that she felt the cold and wished the rooms were warmer.

Judith had had a severe stroke and had no speech. She created the mat in Figure 7 by responding with nodding and eye-pointing. She concentrated very steadily throughout the interview and was not at all distracted. She indicated that she liked her bedroom and the bathroom. Her non-verbal responses indicated that she was happy with the furniture. She thought for a while about the shower, and finally nodded that she liked having a shower and that the hallways were fine.

On the negative side, she was very definite that she did not like the sitting room or the dining room. She also indicated that her chair was not comfortable and that she did not really like the lift. She was unhappy about the temperature in the nursing home – heat – but the researcher was not clear from her response whether it was too hot or too cold. On this visit, the researcher did not attempt to obtain any more detailed information, and sadly, Judith was not well enough for a further visit.

People

Relationships are fundamental to QoL. Since the older person's relationships change when they move into a care home, it is important that they are given the opportunity to consider and express their feelings about the people in their life. Five participants completed this topic.

Peggy had dementia and completed the mat in Figure 8. She was easily distracted and tended to digress. Talking Mats™ helped her to focus on the topic under discussion and prompted her to express her very definite views. The mats provided a means to have a guided conversation, and even though she was very emotional and cried frequently, she commented that she found it worthwhile and was keen to continue, as the following extract from the video transcript shows:

Researcher: What do you feel about your family?

Peggy: Family – I suppose they are all right. You know people make too much of families. I think we get a family and that's it. I mean, it was put on to us …

Researcher: What about your family? Do your family visit you now?

Peggy: Oh aye, I've got a great brother, I mean he's very good. [Upset] My sister's dead, I've got a brother …

Researcher: What do you feel about the nurses?

Peggy: The majority nice.

Researcher: What about the other residents here, the other women that live here, what do you feel about them?

Peggy: [Upset] Some are all right, there are some who exasperate me, but then I am not a nurse so I am not an angel, and I mean, see the nurses in here with them.

Researcher: Are they very patient?

Peggy: [Nods, upset]

Researcher: It's difficult though, isn't it?

Peggy: [Upset] Don't mind me.

Researcher: So, on the whole, have you got any special friends?

Peggy: No, not really …

Self

Inviting people to communicate their feelings about themselves allows them to express their identity in terms of appearance, possessions, physical and mental abilities, and limitations. Four participants completed this topic.

Gordon was a 78-year-old man who was deaf, but reluctant to use a hearing aid (Figure 9). Consequently, staff found it difficult to communicate with him and had problems ascertaining what he wanted to do. The visual scale presented to him was more complex, with facial expressions rather than a simple positive and negative. Gordon was a quiet man who said he liked to keep to himself and that nothing really riled him. He was quite reticent at first, but gradually elaborated more as the interview progressed. Gordon put nothing on the negative end of the scale in any of the sections and began by saying, 'It takes an awful lot to make me angry.'

He made the following comments in response to the symbols relating to self:

Hearing aid: Well, I don't have one, but I need to get one.

Privacy: Oh, yes, I do like my own space.

Speech was important to him. When the researcher commented on his accent, he said, 'Oh, I have no intention of losing my accent.'

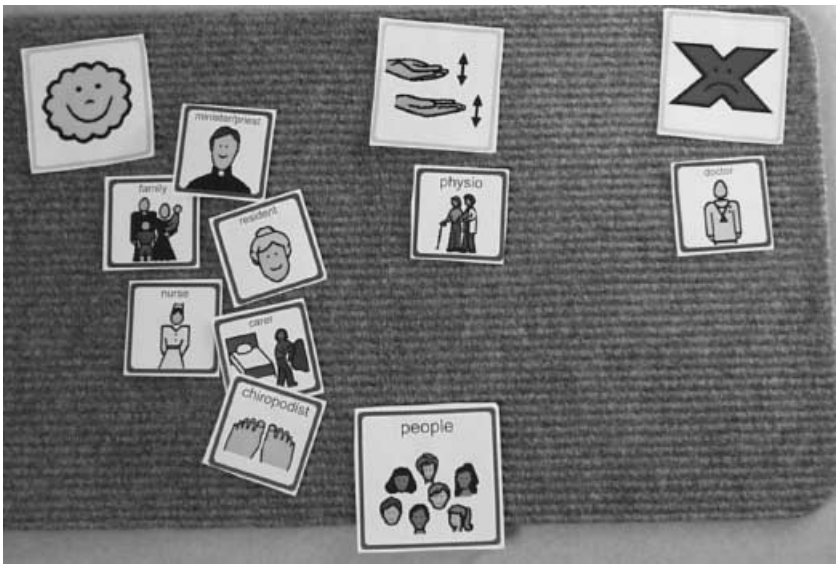

Figure 8 Example of Peggy's completed mat on 'people'.

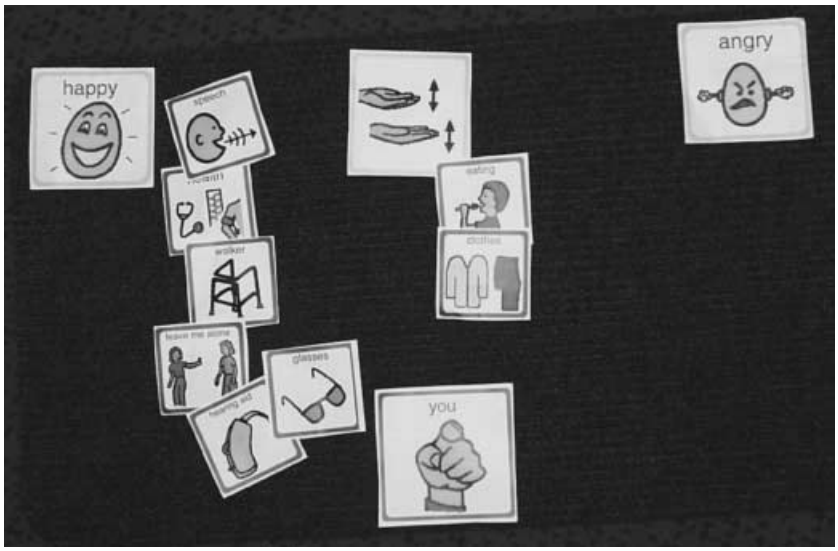

Figure 9 Example of Gordon's completed mat on 'self'.

Clothes: Well, my clothes are … I like to dress reasonably well, but I am not a mod!

Pain: Oh, I can stand a lot of pain.

He just missed out the things that did not matter to him, such as his looks.

Analysis

The completed mats and the video-recorded data were examined using cognitive mapping (Jones 1985). This process involved extrapolating the pictorial, verbal and non-verbal responses which related to the broad themes presented to the participants, and examining the ways in which the participants responded to using Talking Mats™. This process allowed the researcher to compare patterns and to highlight unique reflections. The following graphs show the synthesised results from all the participants. However, the findings should not be generalised since the numbers are small. In addition, not all participants completed each topic and not all options were chosen within each topic.

Synthesised results

Activities

There were a number of activities enjoyed by participants (Figure 10), the most popular being listening to music (60%). The activity most disliked was smoking (60%). There were a number of other activities which the majority of participants enjoyed, such as attending church services, looking at photographs, watching television and listening to the radio, but it is also important to note the range of views of the participants.

Environment

There were more positive than negative comments about the environment (Figure 11). Four out of the six participants (67%) who completed this topic indicated that they were

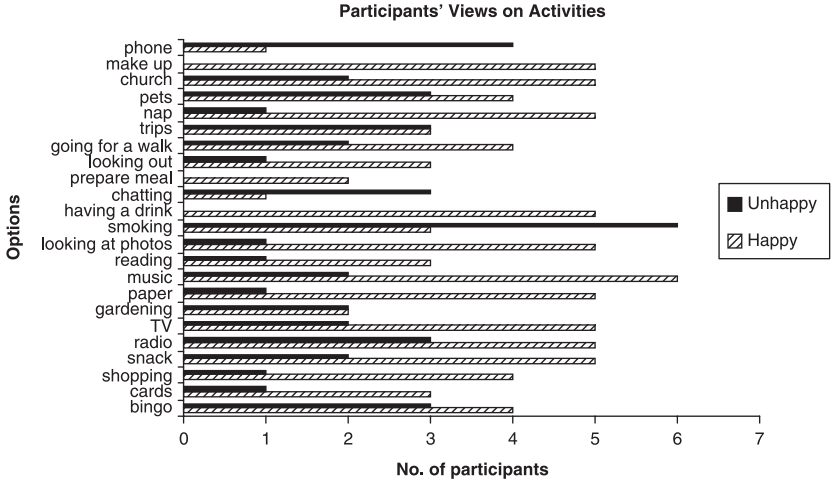

Figure 10 Participants views on activities (n = 10).

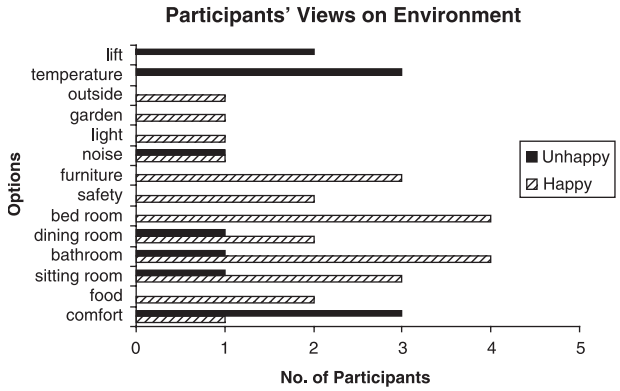

Figure 11 Participants views on environment ($n = 6$).

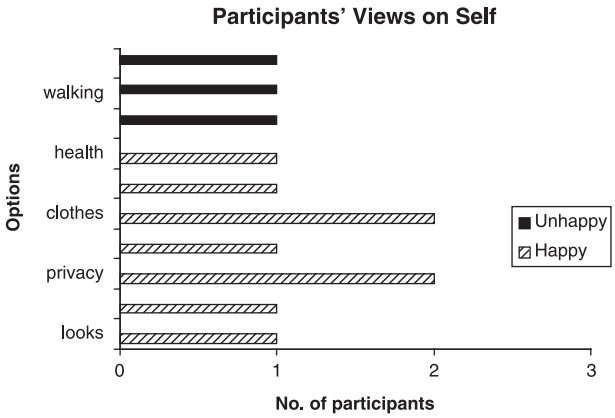

Figure 13 Participants views on self ($n = 4$).

happy with their bedroom and the bathroom. However, three (50%) were not happy with the temperature and their general comfort in their nursing home.

People

Four out of five participants (80%) indicted that they were happy with their family and the staff (Figure 12). No one indicated that they unhappy about the other residents, but only two indicated that they positively liked the other residents. The physiotherapist, doctor and minister were the only three people placed at the negative end of the mat by anyone.

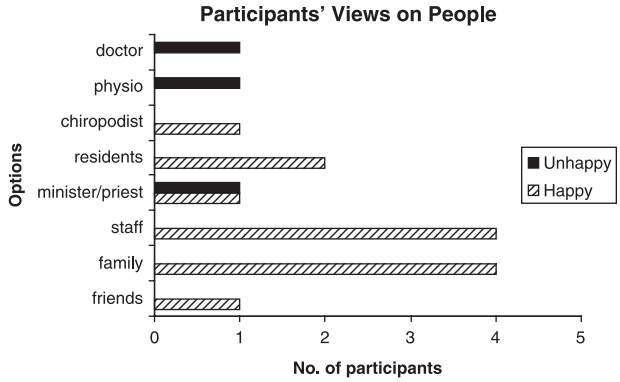

Figure 12 Participants views on people ($n = 5$).

Self

Only four participants completed this topic (Figure 13), and the only options chosen by more than one person were privacy and clothes.

Discussion

Talking Mats™ was used as an innovative approach to interviewing frail older people that helped them think about topics in a different way. It was not used as a stand-alone tool, but rather, as a resource employed alongside a range of supports such as speech, signing, gesture and facial expression to maximise successful communication. The participants in the present small study all had difficulty communicating for a variety of reasons, and it appeared that Talking Mats™ provided them with a means of expressing views which they would have had difficulty doing otherwise. As well as providing valuable information for the researcher, using Talking Mats™ was a satisfying and enjoyable experience for many people in this study. No one reported finding the symbols childish, and several indicated that they liked using Talking Mats™ and found it helpful.

The following discussion considers how Talking Mats™ could be used with people with different communication abilities.

People with comprehension difficulties

For people who have difficulty understanding and following conversations, the use of Talking Mats™ appears to help in several ways. First, the task of understanding what is said is simplified by separating the strands of the topics to be discussed into manageable chunks (Grisso & Appelbaum 1995). For example, when seeking views on activities, the participants had the 'activities' symbol at the bottom of the mat as a reminder of the topic, and then had only to think about one option at a time such as pets and music (see Figure 5). Secondly, by asking consistent questions, the interviewer reduced the memory load of listening and remembering questions. Thirdly, illustrations are more easily processed than words (Hollins *et al*. 1996) and the use of picture symbols allows the options which influence the QoL issues to be easily personalised for individuals. Fourthly, participants can take as long as they need to consider the pictures, select them, move them around

and change them until they are satisfied that the final composite picture truly represents what they mean. When someone is asked something, they have to not only hear what is said, but they also have to recognise the meaning of what is said and remember it in order to respond. However, unlike speech, which evaporates as soon as it is spoken, symbols remain visible to assist the person's understanding and memory. The use of symbols helps people to relate different options, as in Morag's case, where the symbols allowed her to connect heat and the bathroom, and explain her problem with the cold. These points are particularly important for many frail older people who may find it difficult to understand and/or remember what is said to them.

People with a hearing loss

For people with a hearing loss who have difficulty responding to questions, the use of visual symbols may help their understanding.

People with no useful speech

For people with no useful speech, the combination of symbols and the visual scale enables them to indicate their views. Although they may not be able to explain their choices in more detail initially, it is possible to go into a deeper level of complexity using 'sub-mats' with more pictures. Sub-mats were not used in the present study, but their use has been explored in other projects (Cameron & Murphy 2002).

People with unclear speech

The use of Talking Mats™ reduces the physical effort for people whose speech is unclear or faint. People who fatigue easily and/or those with limited hand control because of their physical ability can use the Talking Mats™ simply by eye-pointing, or by indicating with nods or facial expressions, and using the interviewer to do the physical act of placing the symbols for them.

People with confused speech and language

For those who find it difficult to keep focused on the topic, the picture symbols act as a prompt without demanding that they answer a direct closed question. There is also a structure to follow provided by consistent questions, the methodical presentation of the symbols and the physical presence of the mat to remind them of the topic. This structure is particularly helpful for people with dementia, who are easily distracted and tend to digress.

People with language difficulties

People who have difficulties with language (e.g. because of dysphasia after a stroke) may find that the visual presentation of the topics and options helps them to arrive at a decision by providing information in small chunks supported by symbols. It gives people the time and space to think about the information, work out what it means, and say what they feel in a visual way that is easily recorded. Talking Mats™ could also be useful for people for whom English is a second language.

People with good speech and language

Even for frail older people with relatively good speech and language, Talking Mats™ appears to sustain their interest and helps them to consider their views in their own time because the focus of the conversation is on the mat rather than on direct, face-to-face interaction, which some people find difficult. It also allows them to elaborate each option while keeping them focused on the topic.

Talking Mats™ in research

People with communication disabilities are often excluded from research, especially interview research, because of the difficulties in explaining information and obtaining their views. Talking Mats™ provides researchers with a means of interviewing people both with and without communication difficulties. It gives the participant control of the selection and the placement of the symbols, and enables the interviewer to follow the participant's lead while ensuring that the topics she or he wishes to cover are still included. By asking a consistent question such as 'What do you feel about the staff here?' the interviewer is not leading the participant, whereas a question like 'Do you like the staff here?' could well result in a biased answer. In a more traditional interview, the participants may feel that they are being tested, especially if the interviewer has a pen and paper. In contrast, Talking Mats™ is perceived more as an activity that the interviewer and interviewee are working on together. Since the discussion is video-recorded, the interviewer does not need to take notes in front of the interviewee and non-verbal responses can be observed at a later stage. In the research context, this is important to ensure that the recording and analysis of data is carried out rigorously.

Talking Mats™ in practice

Talking Mats™ can be used with a range of client groups in different settings, and has implications for family members, care staff, therapists and other professionals involved in the care of older people. Its uses

include: getting to know someone; planning daily activities; developing and maintaining relationships; understanding challenging behaviour; and exploring differences of opinion (Murphy 2003). It is an insightful way of informing families and staff of people's genuine views, especially when it is a sensitive issue that is being discussed. It can be used in review meetings in order to include the views of the frail older person. Photographs of the completed mat(s) can be used as a 'visual report'. In a broader context, Talking Mats™ can be used to allow people with speech, language, reading and/or writing difficulties, who may not be able to answer verbal questions or complete written questionnaires, to be included in surveys or reviews of services. Talking Mats™ could be used in consultation exercises with a large number of nursing home residents. Their views could be collated and, ultimately, could inform policy.

Limitations of Study™

Because the numbers in the present study were small, one must be cautious about generalising the findings. A further study with a larger number of participants would strengthen the findings and the themes which emerged from this small cohort.

Although Talking Mats™ appears simple, considerable thought needs to be put into the planning and preparation of the symbols, and the interpretation of the results. The interviewer needs to be skilled at understanding the participant's views and must take care not to make assumptions. For example, if the participant places the symbol of a relative at the negative end of the mat, it should not be assumed that she or he dislikes the relative. It may simply mean that she or he misses the person. Therefore, it is important to confirm the interpretation with the participant or use a sub-mat to explore the issue in more detail.

It should not be assumed that all older people can use Talking Mats™. For those people who are unaware of their surroundings and have no understanding of simple visual symbols, Talking Mats™ will not be appropriate. In clinical practice, it may not always be possible to video-record the interview or discussion, and any non-verbal communication may be missed. The views expressed by the participant should not be seen as permanent. The views expressed on the Talking Mats™ are simply a snapshot at one point in time and may well change depending on the situation.

Conclusion

Talking Mats™ is an innovative method of gaining views which the person with (or without) a communication disability may not be able to express otherwise. In qualitative research, people with a communication disability are often omitted because they cannot respond to the more traditional interview methods. However, their views are equally valid and they may in fact have additional insights because of their communication situation. Talking Mats™ is a tool that allows the views of frail older people to be expressed and included in research studies in a way that is enjoyable and worthwhile for them. It is also a useful tool at the personal level for family members, carers and staff who work with frail older people. At the policy level, Talking Mats™ could be used to obtain views of frail older people about services. Finally, Talking Mats™ could, in itself, improve QoL by simply allowing frail older people with communication difficulties to express their views in a meaningful way.

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References

Allan K. (2002) *Finding Your Way; Explorations in Communication*. Dementia Services Development Centre, University of Stirling, Stirling.

Au R., Joung P., Nicholas M., Obler L.K., Kass R. & Albert M.L. (1995) Naming ability across the adult lifespan. *Aging and Cognition* **2**, 300–311.

Birren J. & Dieckmann L. (1991) Concepts and content of quality of life in later years: an overview. In: J. Birren, J. Lubben, J. Rowe & D. Deutchmann (Eds) *The Concept and Measurement of Quality of Life in the Frail Elderly*, pp. 32–41. Academic Press, London.

Boden D. & Bielby D. (1983) The past as resource: a conversational analysis of elderly talk. *Human Development* **26** (6), 308–319.

Bourgeois M. (1991) Communication treatment for adults with dementia. *Journal of Speech and Hearing Research* **34**, 831–844.

Bowling A. (1997) *Measuring Health: A Review of Quality of Life Measurement Scales*, 2nd edn. Open University Press, Buckingham.

Bryan K. & Maxim J. (2003) Managing language and communication difficulties in Alzheimer's dementia; the link to behaviour. In: T. Adams & J. Manthorpe (Eds) *Dementia Care*, pp. 69–85. Arnold Publishers, London.

Burke D.M. & MacKay D.G. (1997) Memory, language and ageing. *Philosophical Transactions of the Royal Society: Biology Sciences* **352**, 1845–1856.

Cameron L. & Murphy J. (2002) Enabling young people with a learning disability to make choices at a time of transition. *British Journal of Learning Disabilities* **30**, 105–112.

Faden R. & German P. (1994) Quality of life: considerations in geriatrics. *Clinics in Geriatric Medicine* **10** (3), 541–550.
Farquhar M. (1995) Elderly people's definitions of quality of life. *Social Science and Medicine* **41** (10), 1439–1446.
Grisso T. & Appelbaum P.S. (1995) The MacArthur Treatment Competence Study. III. Abilities of patients to consent to psychiatric and medical treatments. *Law and Human Behaviour* **19**, 149–174.
Hollins S., Bernal J. & Gregory M. (1996) *Going to the Doctor*. Royal College of Psychiatrists/St George's Hospital Medical School, London.
Hubbard G., Cook A., Tester S. & Downs M. (2002) Beyond words: older people with dementia using and interpreting nonverbal behaviour. *Journal of Aging Studies* **16**, 155–167.
Hubbard G., Downs M. & Tester S. (2003) Including older people with dementia in research: challenges and strategies. *Aging and Mental Health* **7** (5), 351–362.
Jones S. (1985) The analysis of depth interviews. In: R. Walker (Ed.) *Applied Qualitative Research*, pp. 56–70. Gower Publishing Co. Ltd, Aldershot.
Killick J. & Allan K. (2001) *Communication and the Care of People with Dementia*. Open University Press, Buckingham.
Kovach S. & Robinson J. (1996) The roommate relationship for the elderly nursing home resident. *Journal of Social and Personal Relationships* **13** (4), 627–634.
Kuhn D. (1999) *Alzheimer's Early Stages: First Steps in Caring and Treatment*. Hunter House Publishers, Alameda, CA.
Murphy J. (1998) Talking Mats: speech and language research in practice. *Speech and Language Therapy in Practice* **Autumn**, 11–14.
Murphy J. (1999) Enabling people with motor neurone disease to discuss their quality of life. *Communication Matters* **13** (2), 2–6.
Murphy J. (2000) Enabling people with aphasia to discuss quality of life. *British Journal of Therapy and Rehabilitation* **7** (11), 454–458.
Murphy J. (2003) *Talking Mats™ and Frail Older People: A Low-Tech Communication Resource to Help People to Express Their Views and Feelings*. Department of Psychology, University of Stirling, Stirling.
Peace S., Kellaher L. & Willcocks D. (1997) *Re-evaluating Residential Care*. Open University Press, Buckingham.
Royal College of Speech and Language Therapists (1996) *Communicating Quality 2: Professional Standards for Speech and Language Therapists*. Royal College of Speech and Language Therapists, London.
Tester S., Hubbard G., Downs M., MacDonald C. & Murphy J. (2003) *Exploring Perceptions of Quality of Life of Frail Older People During and After Their Transition to Institutional Care*. Research Findings 24. ESRC Growing Older Programme, Sheffield.
Tester S., Hubbard G., Downs M., MacDonald C. & Murphy J. (2005) Frailty and institutional life. In: A. Walker & C. Hennessy (Eds) *Growing Older: Quality of Life in Old Age*. Open University Press, Buckingham (in press).
Ulatowska H.K. & Chapman S. (1991) Neurolinguistics and aging. In: D. Ripich (Ed.) *Handbook of Geriatric Communication Disorders*, pp. 48–55. Pro-Ed, Austin, TX.
Whitehouse P. (1999) Quality of life in Alzheimer's disease: future directions. *Journal of Mental Health and Aging* **5** (1), 107–111.
Whitehouse P., Orgogozo J., Becker R., *et al*. (1998) Quality of life assessment in dementia drug development. *Alzheimer Disease and Associated Disorders* **11** (3), 56–60.