Spouses of persons with aphasia tend to overprotect them (Croteau and Le Dorze 1999; Kinsella and Duffy, 1980). Overprotection can manifest itself in daily activities such as dressing oneself, planning activities, or preparing meals. However it is not known if this tendency also leads to overprotection in conversation, where the spouse would often 'speak for' the person with aphasia. Previous research has indicated that (1) persons with aphasia report frustration when others spoke on their behalf and (2) relatives and friends refrain themselves from 'speaking for' the person with aphasia (Le Dorze and Brassard, 1995). 'Speaking for' behaviors, defined as answering a question asked to another person**,** have been directly observed in an interview situation (Croteau, Vychytil, Larfeuil and Le Dorze, 2004). For some couples, these behaviours were frequent and seemed to have an impact on the participation of the person with aphasia in the conversation. However, it is not known whether these persons with aphasia were also overprotected.

The aim of the present research is to study the phenomenon of overprotection and 'speaking for' behaviors in conversation. More precisely, the aims are to determine the relationships between (1) reported overprotection, (2) 'speaking for' behaviors in conversation and (3) participation of persons with aphasia in conversation following 'speaking for' behaviors.

## Method

### Participants

Eighteen French speaking couples with one member having chronic aphasia participated in the study. Participants characteristics are presented in Tables 1 and 2.

### Measures

Spouses' perception of overprotecting. Perception of overprotection was measured by the overprotection-dependence scale of the Questionnaire on Resources and Stress for Families with Chronically ill or Handicapped Members (QRS, Holroyd, 1987). The reported internal consistency of this scale is $r = 0.67$ (Holroyd, 1987). This scale is designed to assess whether the patient is too dependant on assistance and overprotected by caregivers. Eleven items of this scale were employed such as 'It is easy to do too much for Mrs/Mr X.'. A 4-point scale was used.

Partners' perception of being overprotected. The short form (8 items, e.g. 'sometimes my spouse treats me like a small child') of the Overprotection Scale for Adults (OPSA, Thompson and Sobolew-Shubin, 1993) was used to measure the perception of being overprotected. For these authors, overprotection is defined as a perception on the part of the ill adult that he/she is overhelped, induced to be dependant, shielded from stress and in general not treated as an adult. The OPSA is internally reliable (Cronbach's alpha = 0.86). The same 4-point response scale as in the QRS was employed.

Interactive situation. We devised an interactive situation that would allow 'speaking for' behaviors to occur while maintaining a conversation natural enough to be considered a relatively informal exchange of ideas. First, the research was conducted in the participant's own home. Second, an interview format was used in which the participants were asked their opinions on topics of potential interest for their age group (e.g.: health care system, technology, etc). The interviewer asked a question on one of the topics to one member of the couple. Once that person had answered or tried to answer the question, other topic-related questions were addressed to him/her. When the interviewer judged that the topic had been adequately covered by a participant or that enough attempts at responding that been provided, she gave the floor to the second member of the couple. That person could then express his/her views on the same topic.

The participants were videotaped and the conversations were transcribed. Turns were segmented when a shift of speaker occurred.

'Speaking for' behaviours. For each triad, 15 consecutive minutes of the interactive situation were analysed. First, the spouses' contributions in the sections of the interview where the person with aphasia was clearly discussing with the interviewer were identified. Second, repairs and supportive behaviours (e.g. 'do it more slowly') on the part of the non-aphasic spouse were excluded. The segments where the non-aphasic spouse expressed an opinion or where he/she added information were labelled as 'speaking for' behaviors.

Rapid 'speaking for' behaviours. In order to establish the frequency of rapid 'speaking for' behaviors, the number of conversational turns the person with aphasia took between a turn when a major question was addressed to him/her and a 'speaking for' behaviour occurred were counted. It was decided, after reviewing all the material, to qualify as 'rapid' the 'speaking for' behaviors which were produced after 0, 1, 2, 3 conversational turns of the person with aphasia.

Minor participation. In the nine turns following the 'speaking for' behaviors, the participation that the person with aphasia had in the conversation was qualified as 'minor' if the number of turns qualified as contributive were less then those produced by the speaker. Verbal and nonverbal information were considered to establish if a turn was contributive. A turn was contributive if it added information to the outgoing conversation or if permitted to maintain the conversation with special emphasis (e.g., pronounced intonation or a strong reaction).

### Reliability

Reliability was established by comparing the results obtained by 2 trained independent observers for 4 couples. Point by point reliability scores were as follows: 89 % for 'speaking for' behaviors, 100% for rapid 'speaking for' behaviors and 98 % for the minor participation.

### Analysis

Pearson correlations were performed between each variable measured. Also characteristics of the person with aphasia were considered in the analysis i.e., severity of aphasia and motor disability.

## Results

Results of the correlations are presented in Table 3 and in Figure 1. Moderate and statistically significant negative correlations were found between severity of aphasia scores and FSI scores and between severity and minor participation. Positive correlations were found between FSI and QRS scores and between FSI and minor participation. Overprotection as reported by spouses (QRS) was positively related to 'speaking for' scores. There was also a moderate and significant positive relationship 'speaking for' and 'rapid speaking for' behaviors.

## Discussion

Results demonstrated relationships between overprotection as reported by spouses and 'speaking for' behaviors and between 'speaking for' behaviors and minor participation in conversation by person with aphasia. In other words, those spouses that reported overprotecting had a tendency to 'speak for' the person with aphasia and this also tended to be related to less participation on the part of the person with aphasia. On the other hand, a spouse that reported less overprotection,

tended to ‘speak for’ less often and the aphasic person’s participation was less negatively affected.

Moreover, the other relationships between aphasia severity and the degree of motor impairment and minor participation in conversation suggest that care must be taken in interpreting the results. Other research is needed to identify the relative importance of each variable to a person with aphasia’s participation in conversation. It appears possible that aphasic persons with severe motor impairment are at a higher risk for overprotection and overprotection in conversation.

All aphasic clients whose spouses overprotect them may experience decreased participation in conversation. They may need some support to increase their participation if they perceive it to be less satisfactory. They may also need to discuss in a therapeutic context issues related to overprotection. Conversational therapy could be offered to couples if and when aphasic persons perceive their spouse’s ‘speaking for’ behaviors as less helpful.

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Table 1
Characteristics of the Participants with Aphasia

| Name | Age | Sex | Education | Years post CVA | Type of Aphasia[a] | Severity of aphasia[b] | FSI[c] |
|---|---|---|---|---|---|---|---|
| PA1 | 65 | F | 9 | 2,2 | mixed | 1 | .09 |
| PA2 | 69 | F | 13 | 2 | Broca | 4 | .52 |
| PA3 | 71 | M | 7 | 4 | Wernicke | 2 | .19 |
| PA4 | 62 | M | 11 | 7,11 | Broca | 2 | 0 |
| PA5 | 63 | M | 12 | 7,6 | Broca | 1 | .27 |
| PA6 | 82 | M | 15 | 4 | Wernicke | 1 | .02 |
| PA7 | 70 | M | 15 | 7,9 | Broca | 1 | .50 |
| PA8 | 59 | F | 4 | 2,5 | Wernicke | 4 | .02 |
| PA9 | 66 | M | 9 | 1 | Wernicke | 2 | 0 |
| PA10 | 71 | M | 12 | 12,3 | anomia | 4 | .04 |
| PA11 | 56 | M | 17 | 12,8 | mixed | 2 | 0 |
| PA12 | 59 | M | 12 | 8 | mixed | 4 | 0 |
| PA16 | 58 | F | 7 | 4,6 | sub-cortical | 2 | .48 |
| PA17 | 54 | M | 20 | 2,2 | Wernicke | 4 | 0 |
| PA19 | 72 | M | 6 | 2,3 | mixed | 2 | 0 |
| PA20 | 55 | F | 12 | 3,7 | anomia | 4 | 0 |
| PA21 | 62 | M | 12 | 1,3 | anomia | 4 | .02 |
| PA23 | 64 | F | 11 | 1,8 | Broca | 1 | .70 |

[a] Based on the response on the protocole Montreal-Toulouse Examen de Aphasie (M1B) (Nespoulous, Lecours, Lafond et al, 1986).
[b] Based on the aphasia severity rating scale of the Boston Diagnostic Aphasia Evaluation (Goodglass & Kaplan, 1983).
[c] Functional Status Index (Harris, Jette, Campion & Clerry, 1986). (o=no motor disability)

Table 2
Characteristics of the Non-Aphasic Spouses

| Name | Age | Sex | Education | Length of relationship (years) |
|---|---|---|---|---|
| S1 | 66 | M | 7 | 40 |
| S2 | 69 | M | 10 | 52 |
| S3 | 70 | F | 3 | 47 |
| S4 | 62 | F | 9 | 41 |
| S5 | 63 | F | 9 | 40 |
| S6 | 83 | F | 10 | 51 |
| S7 | 67 | F | 13 | 40 |
| S8 | 61 | M | 7 | 38 |
| S9 | 65 | F | 11 | 41 |
| S10 | 64 | F | 14 | 40 |
| S11 | 54 | F | 17 | 31 |
| S12 | 58 | F | 12 | 37 |
| S16 | 66 | M | 7 | 47 |
| S17 | 49 | F | 16 | 9 |
| S19 | 72 | F | 5 | 44 |
| S20 | 54 | M | 17 | 35 |
| S21 | 53 | F | 10 | 12 |
| S23 | 69 | M | 9 | 43 |

Table 3

Correlations Between Characteristics of Person with Aphasia, Overprotection, Overprotection in Conversation and Participation in Conversation (N = 18)

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. FSIA | -- | -.54* | .49* | .21 | -.05 | .20 | .43* |
| 2. Severity | | -- | -.36 | .32 | -.36 | -.39 | -.56** |
| 3. QRS | | | -- | .25 | .45* | .34 | .38 |
| 4. OpSA | | | | -- | -.12 | -.41 | -.40 |
| 5. 'Speaking for' | | | | | -- | .54** | .64** |
| 6. 'Rapid Speaking for' | | | | | | -- | .44* |
| 7. Minor Participation | | | | | | | -- |

*$p < .05$. **$p < .01$.

Figure 1

Representation of the Significant Correlations Between the Variables Studied