

Exploring the Impact of Yoga on Self-Perception in People with Aphasia

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Community for Aphasia
and Related Disorders

Background

Aphasia and Quality of Life

- As of 2021, there is an annual incidence of roughly 795,000 stroke occurrences within the United States. Roughly 425 of stroke survivors receive a diagnosis of aphasia (Rohde et al., 2018).
- Aphasia results in receptive and expressive language impairments that can lead to reduced quality of life (QoL) through contributing to negative self-perceptions, maladaptive coping mechanisms, and reduced life participation (Dietz et al., 2020).

Aphasia and Yoga

- The recent implementation of complementary and integrative care, such as yoga, has proven to improve general wellness, increase mindfulness practices in people with aphasia (PWA), and promote healthy coping mechanisms (Bislick et al., 2022).
- Preliminary research on yoga as a means of therapy for PWA, has indicated significant improvements in various aspects of language, such as attention and working memory, active recall of memory, and verbal fluency (Dietz et al., 2020).
- The yoga club at the Aphasia House at the University of Central Florida (UCF) has demonstrated the potential to increase resiliency and coping, as well as improve overall QoL (Bislick et al, 2024; Hall et al., 2025).

Purpose

To explore the effects of participation in an aphasia-friendly, adapted yoga club on self-perception and self-acceptance in people with aphasia.

Methods

Phenomenological qualitative study

- Focus groups of 2-3 PWA
- Semi-structured interviews
- PowerPoint, visual contextual supports; SCA

Inclusion Criteria of Participants

- Primary clinical diagnosis of aphasia due to ABI
- Active and ongoing participation in the virtual group yoga club at Aphasia House at UCF (min. 6 mos)

Participants ($n=6$)

- Interview 1: AN, BM, FP
- Interview 2: DJ, KS
- Interview 3: DM

Data Analysis

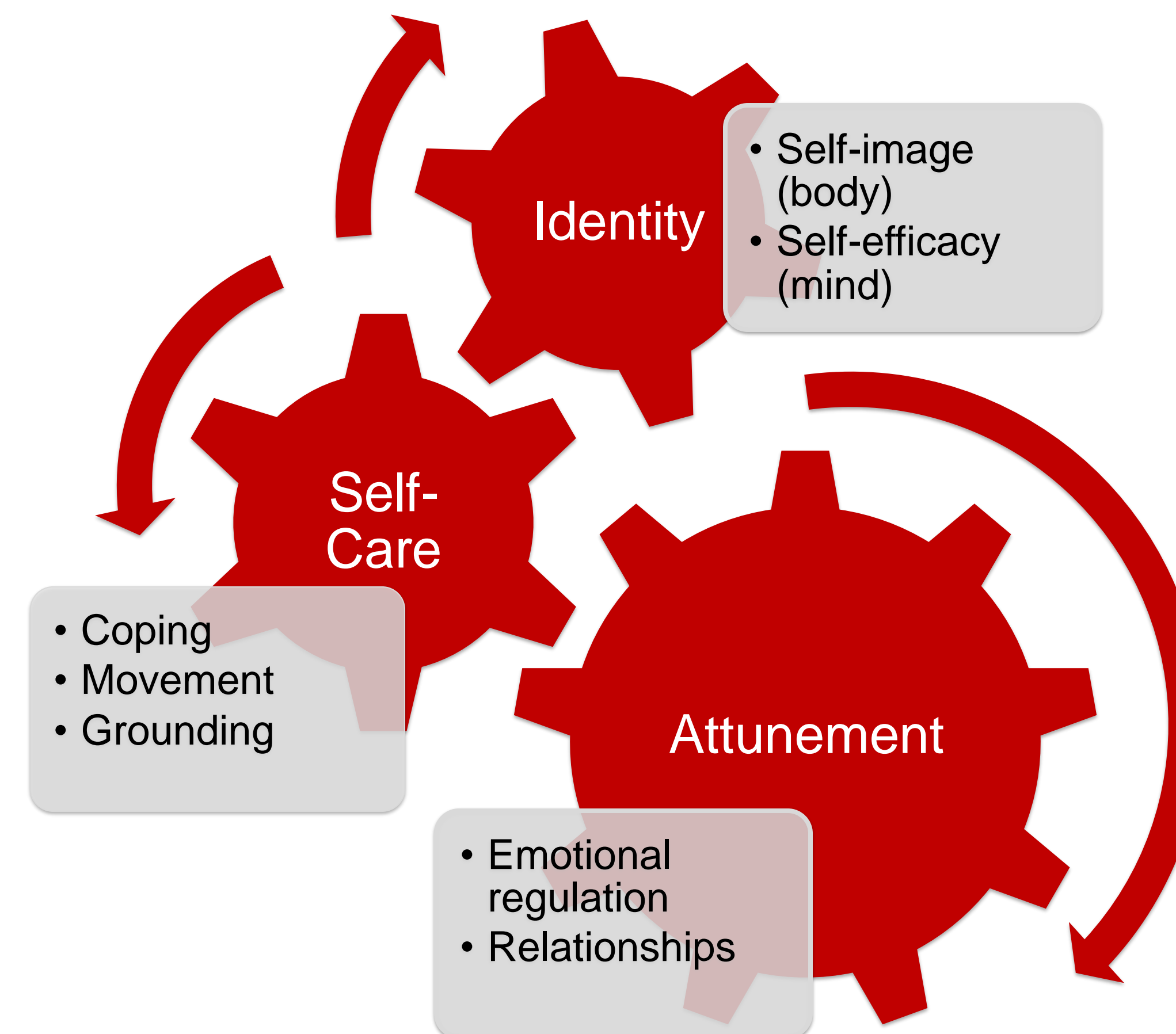
Interview responses were recorded, transcribed, sorted, coded, and analyzed to identify thematic trends across participants responses.

Phases of Thematic Analysis

- The first and second authors conducted semi-structured interviews with the participants;
- The first author transcribed the interviews;
- The first and second authors independently coded the transcribed interviews;
- The first and second authors convened for consensus on themes and codes.

Preliminary Results

Several themes emerged from the interviews, which then were further delineated by codes.



Yoga! Best ever! -DJ

Before Yoga Club

Attunement

*Before stroke, I
I'm patient. But after,
no patience. -FP*

Self-Care

*I was sleeping. Sad. Yeah.
-DJ*

*I had meltdowns.
-DM*

Identity

*Aphasia! It's low esteem.
-KS*

*Balance. Scared. Not sure.
-BM*

After Yoga Club

Attunement

*I have gained friends.
-AN*

*Honest. Truth.
-BM*

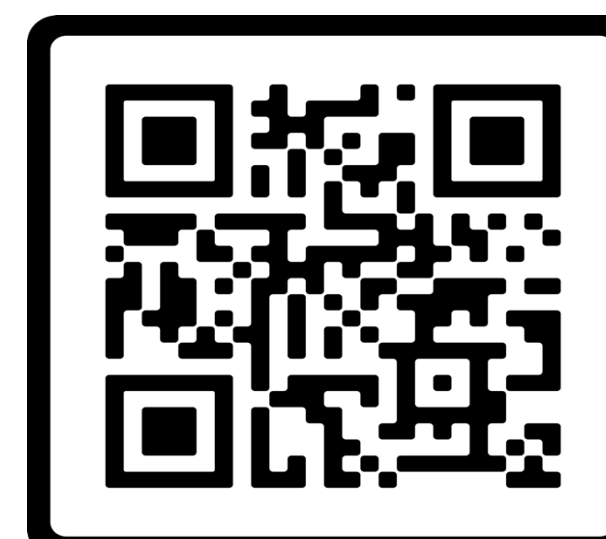
Self-Care

*I love meditation...because my
brain wanders. So I have to
slow down with it. So
meditation slows my brain
down. -DM*

Identity

*I am strong. I am strong.
I am strong. Yes.
-DJ*

Operational Definitions of Themes/Codes



SCAN ME

Discussion & Implications

- The practice of yoga transcends the weekly group experience.
- One-on-one conversations were more effective for discussing abstract concepts compared to focus groups.
- Having a spouse or communication partner present was beneficial, as long as they did not speak for the participant but instead provided talking points.
- Participants often expressed agreement with each other's answers. Responses that were in agreement were not independently coded; however, had they been independently coded, stronger arguments for themes would have emerged.
- The anxiety experienced by PWA regarding communication is notable. Participants in focus groups may have hesitated to solicit a position on a question based on how comfortable they felt with the other group members.
- Further exploration of these individual findings
- Future research should explore caregiver perspectives on the effects of yoga club on change in self-perception of PWA
- Compare participants' responses with those of their caregivers or spouse to explore mutuality

Limitations

- The limited sample size of six participants ($n=6$)
- Participants encountered challenges in conceptualizing the abstract concepts presented by the qualitative nature of the interview.
- Participants experienced difficulty distinguishing between questions being posed "before" and "after", despite the inclusion of contextual visual supports and supported communication techniques.

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References



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