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Multidimensional analysis of self-concept in people with aphasia*

ABSTRACT: This study analyzes self-concept in individuals with aphasia across six key dimensions of psychosocial functioning. The research sample included 40 respondents with diagnosed aphasia who were evaluated using a standardized Self-Concept Questionnaire. Results reveal a differentiated self-concept profile with the lowest values in the area of meaning and self-realization (only 10% of respondents achieved above-average values), while relatively higher values were recorded in dimensions of social adaptability and anxiety resistance. Analysis of value distribution across individual dimensions shows a predominance of average values, suggesting potential for targeted intervention. The study overcomes methodological limitations of previous research by using a multidimensional approach to self-concept assessment and identifies specific areas requiring increased attention in the rehabilitation process.

KEYWORDS: aphasia, self-concept, language disorders

Wielowymiarowa analiza koncepcji siebie u osób z afazją

STRESZCZENIE: Badanie analizuje koncepcję siebie u osób z afazją w sześciu kluczowych wymiarach funkcjonowania psychospołecznego. Próba badawcza obejmowała 40 respondentów z zdiagnozowaną afazją, którzy zostali ocenieni za pomocą standaryzowanego Kwestionariusza Koncepcji Siebie. Wyniki ujawniają różnicowany profil koncepcji siebie z najniższymi wartościami w obszarze sensu i samorealizacji (tylko 10% respondentów osiągnęło ponadprzeciętne wartości), podczas gdy

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stosunkowo wyższe wartości odnotowano w wymiarach adaptacji społecznej i odporności na lęk. Analiza rozkładu wartości w poszczególnych wymiarach wykazuje przewagę wartości przeciętnych, co sugeruje potencjał do ukierunkowanej interwencji. Badanie przewyższa metodologiczne ograniczenia wcześniejszych badań, wykorzystując wielowymiarowe podejście do oceny koncepcji siebie i identyfikuje konkretne obszary wymagające zwiększonej uwagi w procesie rehabilitacji.

SŁOWA KLUCZOWE: afazja, poczucie własnej wartości, zaburzenia mowy

Introduction

Aphasia represents an acquired neurological language disorder that can affect various language modalities including spoken language, comprehension, reading, and writing (Rose et al., 2018). This disorder results from brain damage, most commonly following stroke, traumatic brain injury, or as part of neurodegenerative diseases.

In the classification of aphasia, various types of this disorder are distinguished. The basic division includes fluent and non-fluent aphasia, with primary progressive aphasia (PPA) being a significant category, which is further divided into logopenic, non-fluent, and semantic variants (Herrera et al., 2025). This classification enables more precise diagnosis and subsequently more targeted therapeutic approaches.

Horton (2006) emphasizes that aphasia is a complex disorder requiring a systematic approach to assessment and treatment. For effective therapy, it is essential to understand not only the linguistic but also the cognitive aspects of this disorder. In this context, Roelofs (2000) points to the close relationship between language and thinking in individuals with aphasia, which has significant implications for understanding their communication difficulties.

In clinical practice, it is important to perceive aphasia not only as an isolated language disorder but as a condition that significantly affects the overall quality of life of patients, including their social interactions and self-concept (Taylor & Maya, 2022). This comprehensive understanding of aphasia is key to a holistic approach to rehabilitation and support for individuals with this disorder.

Acquired language disorders, most commonly manifested as aphasia, represent a complex communication impairment that significantly impacts numerous aspects of an individual's life. Aphasia, typically resulting from stroke, traumatic brain injury, or other neurological conditions, affects not only communication abilities but also has far-reaching consequences for psychosocial functioning, including the self-concept of the affected individual (Nicholas et al., 2020). Self-concept, a multidimensional construct encompassing cognitive and affective self-evaluations, has increasingly become a significant research focus in neurorehabilitation and speech-language intervention.

Theoretical background

For the purposes of this study, a systematic literature review was conducted using the EBSCO database with the following search strategy: TX (aphasia or aphasic or people with aphasia) AND TI (self-concept or self-worth or self-perception or self-esteem). The search was limited to peer-reviewed articles in full text published in academic journals within the last 5 years. This strategy identified four relevant studies that provided the foundation for our theoretical framework.

Current research suggests that communication impairment can substantially change how individuals perceive themselves, their abilities, and their societal place. In their study, Nicholas and colleagues (2020) emphasize that self-perception of physical function significantly contributes to participation in cognitively and physically demanding activities after stroke, both in individuals with and without aphasia. This finding highlights the importance of subjective perception of one's abilities, which can often be a more significant predictor of social participation than the objective degree of impairment.

Desdentado et al. (2021) further expand this perspective by pointing to the complex relationship between explicit and implicit self-esteem and psychological well-being in individuals with acquired brain injury. Their study revealed that both self-compassion and implicit self-esteem negatively correlate with anxiety and depressive symptoms, even when controlling for explicit self-esteem. This insight suggests that traditional methods of assessing self-concept, primarily focused on explicit self-evaluation, may provide only a partial picture of the psychological functioning of individuals with language disorders. In the context of rehabilitation for individuals with aphasia, group intervention also emerges as a significant factor. Boyd et al. (2020) document the positive impact of group singing on mood and state self-esteem, suggesting the potential of creative and socially oriented interventions for improving self-concept in individuals with communication difficulties. These interventions may represent a valuable complement to traditional speech-language approaches, particularly concerning psychosocial aspects of rehabilitation. Manot and Halder (2020), in their study focusing on cognitive functioning, self-esteem, and body image perception in oncology patients, highlight the interconnectedness of these constructs. Although their research did not primarily focus on individuals with aphasia, their findings regarding the negative impact of treatment on self-concept and cognitive functions are relevant to the population with language disorders, where similar sudden changes in health status and the necessity to adapt to new life circumstances occur.

However, existing research on self-concept in individuals with acquired language disorders exhibits several significant limitations. Most studies focus only on selected aspects of self-concept, lacking a comprehensive view encompassing various dimensions of this construct, such as social adaptability, work, academic

competencies, physical appearance, anxiety resistance, popularity in social groups, or meaning and self-realization. Additionally, there is a lack of research examining potential gender differences in the self-concept of individuals with aphasia, even though gender aspects may play a significant role in adaptation to acquired communication disorders.

Our research aims to overcome these limitations through a comprehensive assessment of self-concept in individuals with acquired language disorders using the Self-Concept Questionnaire by Dolejš, Dostál, Obereignerů, Orel, and Kňážek (2021). This instrument enables detailed analysis of six self-concept subscales – social adaptability, work and study, physical appearance, anxiety resistance, popularity in social groups, and meaning and self-realization – thus providing a comprehensive view of this issue. Special attention is paid to gender differences in individual dimensions of self-concept, which may contribute to a better understanding of the specific needs of men and women in the rehabilitation process after acquiring aphasia.

A deeper understanding of self-concept in individuals with acquired language disorders can significantly contribute to optimizing speech-language and psychological intervention, improving the quality of life of these individuals and their more successful reintegration into society. As Nicholas et al. (2020) note, rehabilitation professionals should be aware of the impact of various communicative, cognitive, and physical factors on participation after stroke, with the subjective perception of one's abilities potentially being a key factor influencing rehabilitation success and quality of life.

Methodology

Research instrument

This research aims to determine the level of self-concept in individuals with acquired language disorders. The research instrument used is the Self-Concept Questionnaire (QSC) by Dolejš, Dostál, Obereignerů, Orel, and Kňážek (2021). The questionnaire reflects various life themes that contribute to the formation of self-concept – family coexistence, functioning in professional or academic life, physical self-concept, balanced experiencing, acceptance by the social environment outside the family, happiness and satisfaction, and perceived transcendence and meaningfulness of existence. Specifically, the method contains six subscales: social adaptability, work and studies, body confidence, resistance to anxiety, popularity in society, and sense of meaning and self-actualization. According to the instrument's authors, the evaluation also includes a total score, which is the most reliable indicator.

The questionnaire is designed to measure the level of self-concept in adolescents (15–20 years) and adults (21–65 years). The presented questionnaire meets the methodological requirements for this diagnostic tool and was developed on a sufficient theoretical foundation. The Self-Concept Questionnaire has 36 items in its basic form but also an 18-item version. We chose the full version with 36 statements (table 1). Respondents answer the statements below on a four-point scale: strongly disagree/disagree/agree/strongly agree. The authors also provide guidelines in the questionnaire instructions for decision-making on this scale. Strongly disagree – the statement does not apply in 90 percent or more cases; disagree – the statement occasionally does not apply to the respondent; agree – the statement occasionally applies to the respondent; strongly agree – the statement applies in 90 percent or more cases (Dolejš et al., 2021).

Table 1

Scales and items of the QSC-36 inventory (items marked with an asterisk are scored in reverse)

Scales	Inventory items
Social adaptability	1 Others at home are bothered by the way I behave.*
	7 I have no trouble getting along with people.
	13 I often get into troubles.*
	19 I often have a problem accepting the opinions of the others.*
	25 I often last only a short while in relationships.*
	31 I often get into conflicts with others.*
Work and studies	2 I am successful at work/school.
	8 I manage to fulfill my work/school duties.
	14 I am a good employee/student.
	20 I have an important role in the working team.
	26 I am slow at work.*
	32 I feel sure at work/school.
Body confidence	3 It bothers me how I look.*
	9 I look physically good.
	15 I would like to have a different body.*
	21 I am in good physical shape.
	27 I have quite a pretty face.
	33 I often tell myself I should do something with my body.*

Scales	Inventory items
Resistance to anxiety	4 I am often worried.*
	10 I get nervous.*
	16 I am often worried, but I do not know why.*
	22 I am often sad.*
	28 I am a well-balanced person.
	34 I often feel anxious.*
Popularity in society	5 I feel excluded by the collective.*
	11 I am rather unpopular.*
	17 I am usually the last one that is invited.*
	23 I have a lot of friends.
	29 People respect me.
	35 It is difficult for me to find friends.*
Sense of meaning and self-actualization	6 I know where my life should go.
	12 Once there will be something left after me.
	18 I see the meaning in my life.
	24 I have a good opportunity of self-realization.
	30 My future is positive.
	36 I manage to find meaning.

Source: Own elaboration based on Dolejš, M., Dostál, D., Obereigneru, R., Orel, M., & Kňáček, G. (2021). Self-Concept Questionnaire (SCQ): A Manual for Practical Application.

Characteristics of the research sample

The presented data represent a research sample of individuals with aphasia, who were examined regarding their social adaptation and other psychological characteristics. The total number of respondents in the sample is 40.

In terms of gender, the sample consists of 15 men (37.5%) and 25 women (62.5%), with an age range of 34 to 65 years and an average age of 58.98 years. Regarding employment status, the research sample includes retired individuals (old-age or disability pension), employed persons, and individuals in retraining or on maternity leave. The professional spectrum is very diverse – from technical professions (technician, IT specialist, car mechanic) through educational workers (kindergarten, elementary, and high school teachers) to services (beautician, hairdresser) and other specialized professions (lawyer, nurse).

Results

Distribution of values in individual self-concept scales

Detailed data analysis revealed interesting patterns in the distribution of values across different scales of self-concept. In most of the observed areas, average values dominate, while above-average values are generally represented the least (table 2).

Table 2

Sample of individuals with aphasia in individual subscales and total score

Assessment category	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in society	Sense of meaning and self-actualization	Total score
Above average	10 (25.0%)	10 (25.0%)	9 (22.5%)	8 (20.0%)	8 (20.0%)	4 (10.0%)	12 (30.0%)
Low	13 (32.5%)	11 (27.5%)	12 (30.0%)	11 (27.5%)	14 (35.0%)	15 (37.5%)	15 (37.5%)
Average	17 (42.5%)	19 (47.5%)	19 (47.5%)	21 (52.5%)	18 (45.0%)	21 (52.5%)	13 (32.5%)

Source: Own data processing.

In the area of social adaptability, the largest proportion of respondents (42.5%) falls within average values, with one-third showing low values and one-quarter achieving above-average results. A similar trend is evident in the work and studies scale, where almost half of the respondents (47.5%) achieve average values, while the remaining respondents are almost evenly divided between low and above-average values.

A significant predominance of average values is particularly evident in resistance to anxiety and sense of meaning and self-actualization, where in both cases more than half of the respondents (52.5%) fall into the average category. Interestingly, the sense of meaning and self-actualization scale shows the lowest representation of above-average values (only 10%), which represents the most significant disproportion among all observed areas.

Body confidence and popularity in society show similar patterns with a dominance of average values (around 45–47.5%) and lower representation of above-average values (20–22.5%). The total score is unique as it shows a relatively balanced distribution among all three categories, with a slight predominance of low values (37.5%).

This distribution suggests that while most respondents fall within average values of self-concept, there are significant differences between individual scales in the representation of extreme values. Particularly noteworthy is the area of sense

of meaning and self-actualization, where there is a significant deficit of above-average values, which may indicate a more general trend in this important area of personal development.

Table 3

Descriptive statistics – total sample of individuals with aphasia

	Mean	Median	Mode	Standard deviation	Variance	Minimum	Maximum	Range
Social adaptability	47.725	48	37	14.8807	221.4353	20	72	52
Work and studies	48.625	49	49	16.93984	286.9583	20	74	54
Body confidence	45.975	45	62	14.71	216.384	20	80	60
Resistance to anxiety	49.525	49	37	12.64909	159.9994	21	76	55
Popularity in society	47.4	48	60	15.58072	242.759	20	71	51
Sense of meaning and self-actualization	43.95	47	50	13.11087	171.8949	20	72	52
Total score	46.675	46	20	17.14402	293.9173	20	79	59

Source: Own data processing.

The statistical analysis (table 3) revealed interesting patterns in respondents' self-concept across different areas. The overall average score reached 46.7 points (median 46), suggesting a balanced distribution of responses. Significant here is the highest standard deviation (17.1) and variance (294) among all measured scales, indicating considerable variability in respondents' overall self-evaluation. The range of the total score varied from 20 to 79 points. Among the individual subscales, resistance to anxiety emerged as the strongest area with an average of 49.5 points. This subscale showed the most consistent responses with the lowest standard deviation (12.6). The second strongest area was work and studies (average 48.6 points), which, however, paradoxically showed the greatest variability in responses among the subscales.

Medium values were recorded for social adaptability (average 47.7 points) and popularity in society (average 47.4 points). An interesting finding is the high mode (60 points) for popularity in society, which significantly exceeds the average value.

Similarly, for body confidence (average 46 points), a high mode of 62 points was recorded, suggesting a frequent occurrence of above-average ratings in this area.

The lowest average values were found in the area of sense of meaning and self-actualization (44 points), with the difference between the mean and median (47 points) suggesting a slightly asymmetric distribution of data.

A common feature of all subscales is the minimum value of 20 points (with the exception of resistance to anxiety – 21 points) and similar range (51–60 points). The average values of most subscales range between 44–50 points, indicating consistent measurement across different aspects of self-concept.

Overall, while respondents showed the highest self-confidence in the areas of anxiety management and work-study competencies, they were least confident in the area of personal meaning and self-actualization. Significant variability in the total score then suggests marked individual differences in overall self-concept among respondents.

Analysis of value distribution in self-concept subscales in women with aphasia

Statistical analysis of individual self-concept subscales in the female part of the respondents revealed interesting patterns in the distribution of values. Across most of the observed areas, average values dominate, with their representation differing across individual subscales.

In the area of sense of meaning and self-actualization, the most significant concentration of average values (64%) was recorded, with almost one-third of female respondents (32%) showing low values and only one respondent (4%) achieving an above-average result. A similarly significant predominance of average values was found in popularity in society, where 60% of female respondents achieved average results, followed by 24% with low values and 16% with above-average results.

In the areas of work and studies and resistance to anxiety, more than half of the female respondents (52%) achieved average values, with the remaining respondents evenly divided between low and above-average values (24% each). A similar pattern, only with a slightly lower representation of average values (48%), was observed in social adaptability and body confidence.

The most uniform distribution of values was recorded for the total score, where 40% of female respondents achieved average values, 32% above-average, and 28% low values. This distribution suggests that while average values prevail in individual subscales, women's overall self-concept shows a more balanced distribution across all assessment levels.

This analysis shows that although most women rate their abilities and characteristics as average, there are significant differences between individual areas of self-concept, with the most significant disproportion evident in the area of sense of meaning and self-actualization (table 4, table 5).

Table 4

Women with aphasia – by individual scales and categories

Subscale	Category	Count	Percentage
Social adaptability	average	12	48
Social adaptability	above average	7	28
Social adaptability	low	6	24
Work and studies	average	13	52
Work and studies	low	6	24
Work and studies	above average	6	24
Body confidence	average	12	48
Body confidence	low	7	28
Body confidence	above average	6	24
Resistance to anxiety	average	13	52
Resistance to anxiety	low	6	24
Resistance to anxiety	above average	6	24
Popularity in society	average	15	60
Popularity in society	low	6	24
Popularity in society	above average	4	16
Sense of meaning and self-actualization	average	16	64
Sense of meaning and self-actualization	low	8	32
Sense of meaning and self-actualization	above average	1	4
Total score	average	10	40
Total score	above average	8	32
Total score	low	7	28

Source: Own data processing.

Detailed statistical analysis of self-concept in a group of 25 women revealed interesting patterns across individual subscale (table 5). All subscales showed average values close to 50 points, however with significant differences in variance and consistency of responses.

The highest average values were achieved in the resistance to anxiety subscale (50.72 points), which also showed the most consistent responses with the lowest standard deviation (11.73). This subscale was also characterized by the highest

minimum value (34 points) and a relatively smaller range of values (34–73 points), suggesting more stable self-evaluation in this area.

Table 5

Women with aphasia – descriptive statistics

	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in society	Sense of meaning and self-actualization	Total score
Count	25	25	25	25	25	25	25
Mean	49.96	49.24	46.96	50.72	49.52	45.12	48.4
Median	50	49	47	49	52	47	50
Standard deviation	14.26	15.59	14.2	11.73	14.48	10.76	15.96
Minimum	20	20	22	34	20	20	20
Maximum	72	74	70	73	71	62	70

Source: Own data processing.

In contrast, the work and studies subscale, with an average of 49.24 points, showed the greatest variability in responses (standard deviation 15.59) and the largest range of values (20-74 points). Similarly, high variability was shown by the total score (standard deviation 15.96), suggesting considerable individual differences in overall self-concept.

The lowest average values were recorded in the area of sense of meaning and self-actualization (45.12 points), with this subscale showing the second lowest standard deviation (10.76) and the lowest maximum value (62 points) of all subscales. Interestingly, the median (47 points) was higher than the average, suggesting a slightly negatively skewed distribution.

Other subscales – social adaptability, body confidence, and popularity in society – showed average values between 46–50 points with standard deviations around 14, suggesting a medium level of variability in responses.

Overall, while women show the highest and most consistent self-evaluation in the area of anxiety management, the greatest variability is found in the area of work and studies. The lowest self-evaluation appears in the area of sense of meaning and self-actualization, which may be an important finding for further research or interventions.

Analysis of self-concept value distribution in men with aphasia

Statistical analysis of self-concept in male respondents revealed specific patterns in the distribution of values across individual subscales. The results show a prevailing tendency towards low and average values, with a smaller representation of above-average results.

In the area of social adaptability, low values dominate, exhibited by almost half of the respondents (46.7%), while one-third achieve average values and only one-fifth show above-average results. A similar pattern appears in sense of meaning and self-actualization, where low values again prevail (46.7%).

Particularly pronounced results were recorded in popularity in society and total score, where in both cases more than half of the respondents (53.3%) show low values. For popularity in society, it is interesting that the smallest group (20%) achieves average values, while approximately one-quarter of respondents achieve above-average results. The most uniform distribution of values appears in the area of work and studies, where 40% of respondents achieve average values, one-third low values, and approximately one-quarter above-average values. In the area of resistance to anxiety, average values dominate (53.3%), but this subscale also shows the lowest representation of above-average values (13.3%).

Body confidence represents one of the few areas in which average values prevail (46.7%), followed by low values in one-third of respondents and above-average results in one-fifth of them. This analysis generally suggests that men in this research tend towards lower self-evaluation, with above-average values being least represented in most subscales. This trend is most pronounced in popularity in society and in the total score (table 6, table 7).

Table 6
Men with aphasia – by individual scales and categories

Subscale	Category	Count	Percentage
Social adaptability	low	7	46.7
Social adaptability	average	5	33.3
Social adaptability	above average	3	20
Work and studies	average	6	40
Work and studies	low	5	33.3
Work and studies	above average	4	26.7
Body confidence	average	7	46.7
Body confidence	low	5	33.3

Subscale	Category	Count	Percentage
Body confidence	above average	3	20
Resistance to anxiety	average	8	53.3
Resistance to anxiety	low	5	33.3
Resistance to anxiety	above average	2	13.3
Popularity in society	low	8	53.3
Popularity in society	above average	4	26.7
Popularity in society	average	3	20
Sense of meaning and self-actualization	low	7	46.7
Sense of meaning and self-actualization	average	5	33.3
Sense of meaning and self-actualization	above average	3	20
Total score	low	8	53.3
Total score	above average	4	26.7
Total score	average	3	20

Source: Own data processing.

Table 7

Men with aphasia – descriptive statistics

	Social adaptability	Work and studies	Body confidence	Resistance to anxiety	Popularity in society	Sense of meaning and self-actualization	Total score
Count	15	15	15	15	15	15	15
Mean	44	47.6	44.33	47.53	43.87	42	43.8
Median	41	49	43	43	36	47	39
Standard deviation	15.63	19.52	15.89	14.25	17.18	16.55	19.19
Minimum	20	20	20	21	20	20	20
Maximum	72	74	80	76	71	72	79

Source: Own data processing.

Comparison of men and women with aphasia

Based on the analysis of differences between men and women, it can be concluded that women achieve higher average values in all observed scales than men. The most remarkable differences were recorded in social adaptability (+5.96) and social popularity (+5.65). These results suggest that women may be more adaptable in these areas and better accepted in social groups.

Women's total score is also higher by +4.60, confirming their overall better results across all scales. Conversely, the most negligible difference was recorded in the area of work and studies (+1.64), suggesting that gender differences are less pronounced in this area.

These results may be useful for further research or practical applications, such as designing programs to improve specific skills in men. Statistical analysis based on standard deviations revealed significant differences in self-concept between men and women. Standard deviations, which measure the degree of variability of responses from the average, showed that women consistently achieve higher average values in all observed scales than men.

The most pronounced differences in standard deviations were observed in social adaptability and popularity in society, where women significantly exceeded men. Standard deviations pointed to a significant statistical difference between genders in these domains.

The area of work and studies showed the most minor differences in standard deviations between men and women, which statistically confirms that results in this sphere are most balanced between genders. In contrast, body confidence, sense of meaning, and self-actualization were characterized by more significant standard deviations, statistically documenting a greater diversity of responses in these categories.

Standard deviations also revealed that some areas, especially social adaptability, show a more consistent pattern of responses across respondents. This is in direct contrast to areas such as body confidence, where more significant standard deviations point to more pronounced variability in responses.

This statistical interpretation based on standard deviations thus clearly documents that while women generally show a higher level of self-concept, the degree of this superiority differs significantly across individual scales. Different values of standard deviations also point to the fact that some aspects of self-concept show more significant individual variability than others.

Conclusion

The presented study provides a comprehensive analysis of self-concept in individuals with acquired speech disorders, primarily aphasia, and represents a significant contribution to current scientific knowledge in this field. The results of our research reveal several key findings with potentially far-reaching implications for clinical practice and theoretical understanding of psychosocial aspects of language disorders.

First and foremost, it is evident that self-concept in individuals with aphasia exhibits considerable variability across different dimensions, with the lowest values recorded in the area of meaning and self-realization. This finding corresponds with the theoretical framework of Nicholas et al. (2020), who emphasize that subjective perception of one's abilities may be a more significant predictor of social participation than the objective degree of impairment. Our results further extend this hypothesis by identifying specific areas of self-concept that are most vulnerable.

A significant contribution of the study is the identification of gender differences in the self-concept of individuals with aphasia. Women consistently achieve higher values across all observed scales, with the most striking differences recorded in the areas of social adaptability and popularity in society. This finding expands current scientific knowledge, which has only marginally addressed gender aspects of self-concept in individuals with language disorders, and suggests the need for a gender-differentiated approach in rehabilitation.

From a methodological perspective, the study overcomes limitations of previous research by utilizing a multidimensional tool for assessing self-concept, which enables capturing the complexity of this construct. This addresses the criticism formulated by Desdentado et al. (2021), who pointed to the inadequacy of traditional methods of self-concept assessment primarily focused on explicit self-evaluation. The results of the study have significant implications for clinical practice. Identification of specific areas of self-concept that are most disrupted in individuals with aphasia allows for more targeted interventions focused on these domains. Particularly important is the area of meaning and self-realization, which showed the lowest values, suggesting the need to integrate elements focused on supporting the finding of meaning and personal growth into rehabilitation programs. This approach aligns with the findings of Boyd et al. (2020) regarding the positive impact of creative and socially oriented interventions on self-concept.

A limitation of the study is the relatively small research sample, which may limit the generalizability of results. Future research should include a larger and more diverse sample of individuals with aphasia, including longitudinal monitoring of self-concept development throughout rehabilitation. It would also be beneficial to examine the relationship between the objective measure of language

deficit and subjective self-concept, which could further deepen understanding of the psychosocial aspects of aphasia.

In conclusion, the presented study significantly contributes to understanding the complex relationships between language disorders and self-concept. The identification of specific patterns of self-concept in individuals with aphasia, including gender differences, provides a valuable theoretical framework for further research and practical applications in the field of neurorehabilitation and speech-language intervention. Integration of these findings into clinical practice may lead to optimization of rehabilitation procedures and improvement in the quality of life of individuals with acquired speech disorders.

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