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The philosopher of ambiguity: exploring stories of spirituality of people with aphasia through the lens of Merleau-Ponty

Abstract

Spirituality as a concept has only recently begun to be considered in speech and language therapy research and practice, and phenomenology as a research methodology is also not widely used in SLT research. Yet, concepts propounded by the phenomenologist Maurice Merleau-Ponty arguably offer a useful theoretical framework from which to view certain aspects of SLT including the concept of spirituality and how this is expressed by people with a communication difficulty.

In this project, eight people with aphasia were interviewed about their spirituality. The interviews were transcribed, themes identified and stories created. These stories were viewed using one of the concepts propounded by Merleau-Ponty, namely ambiguity.

Background

Spirituality has only recently begun to be explored in the speech and language therapy literature (MacKenzie, 2015, 2016; Mathisen, Carey, Carey-Sargeant, Webb, Millar, and Krikheli, 2015; Mathisen and Threats, 2018; Spillers, 2007, 2011), in contrast to in healthcare in general (Cobb, Puchalski and Rumbold, 2012) and nursing in particular (for example, Bash, 2004; Swinton, Bain, Ingram and Heys (2011); Daly and Fahey-McCarthy, 2014), where a plethora of studies exists.

Defining a term such as spirituality is an impossible, and arguably a potentially reductive, task. The spiritual realm reaches into so many different facets of the human condition and experience – culture, art, nature, theology, philosophy – that it cannot be comfortably

minimised into a sound bite. Its power perhaps lies, in fact, in its inability to be reduced to a definable concept (Swinton and Pattison, 2010); spirituality means something different – but something equally important – to each person.

Yet, many authors have at least attempted a definition, and most people have an understanding of what spirituality is even if they have difficulty in then putting that understanding into words. It is perhaps useful to gather some of the terms which are frequently mooted in attempts to define spirituality, in order to start to create some of the vocabulary which may be helpful. Cobb, Puchalski and Rumbold (2012, p. vii) talk about "purpose and meaning of human existence", Swinton (2010, p. 19) of "meaning, purpose, value, hope and love" and Vanier (1999, p. 97) of how "spirituality flows from being fully human".

This vocabulary may be helpful for those of us with intact language skills, but what of those who struggle with expressing themselves through language? A recent hermeneutic phenomenological research project took the form of constructing stories of spirituality with people with expressive aphasia following stroke. These stories were then analysed and made sense of through the lens of the work of the philosopher Merleau-Ponty, in particular through his ideas around ambiguity.

Merleau-Ponty's philosophy has influenced much nursing research of recent years (Sadala and Adorno, 2002; Thomas, 2005; Hjelmblink, Bernsten, Uvhagen, Kunkel and Holmstrőm, 2007; Nyström, 2011; Kitzmüller, Hàggström and Asplund, 2013). Thomas (2005, p. 63) asserts that Merleau-Ponty is an "excellent fit for nursing", as he taps into the "antireductionist and antipositivist stance" espoused by many current nurse researchers and, indeed, nurse practitioners. Merleau-Ponty's philosophy focusses on the relationship of

our bodies to the world and to ourselves; according to Merleau-Ponty, our body is our means of being in the world. People who are ill or who have a new disability are "living an unreliable body" (Kitzmüller, Hàggström and Asplund, 2013, p. 24), which has a different way of being in the world to the body they once had. It is for this reason, amongst others, that he has been frequently cited in some health literature.

Although by contrast Merleau-Ponty's work has been little used in the speech and language therapy literature, his emphasis on embodiment, as well as his leitmotif of ambiguity, render his work highly applicable to people with communication impairment; indeed, one of the chapters in his magnum opus, Phenomenology of Perception, is entitled "The Body as Expression, and Speech", and he uses the phenomenon of aphasia to illustrate key concepts (Merleau-Ponty, 2002, p. 202). Aphasia is the disruption to receptive and/or expressive language, following damage to the language areas of the brain, most notably as a result of cerebrovascular accident or stroke. It is estimated that, in the United Kingdom, 33% of people who have a stroke will present with aphasia (The Stroke Association), and that there are approximately 350 000 people currently living with aphasia in the UK. Aphasia may affect the individual's ability to express language verbally or in written form, or their ability to understand spoken and written language. In severe cases of so-called global aphasia, both receptive and expressive abilities may be impaired.

Merleau-Ponty is known as "the philosopher of ambiguity" (van Manen, 2016, p 130), which perhaps also qualifies him as an apposite philosopher when a nebulous concept such as spirituality is under consideration; Thomas (2005, p 73) says of him that he identifies as "the philosopher who does not know". Although Merleau-Ponty has thus far been little used in the speech and language therapy literature, this key aspect of his philosophical stance also

makes him an "excellent fit" (Thomas, 2005, p. 63) for thinking about aphasia and spirituality.

Merleau-Ponty (2002, p. 89) asserts that between the worlds of empiricism (physiology) and intellectualism (psychology), there exists a third way, where ambiguity lies, but that "this ambiguity is not some imperfection of consciousness or existence, but the definition of them" (Merleau-Ponty, 2002, p. 387). In a study of the nebulous concept of spirituality with participants with at times ambiguous language output, this concept of a third way provided a useful framework for analysis and understanding.

Methods

In keeping with much qualitative research (Holliday, 2007, p.120), I will employ the first person pronoun, which refers to the lead researcher. I recruited eight people with aphasia from both an acute rehabilitation ward and stroke groups by purposive sampling (Silverman, 2006, p. 306; Robson, 2011, p. 275). Three participants had suffered a stroke that led to aphasia less than 4 weeks prior to the interview. Five participants had been living with their aphasia for more than 9 months. All participants presented with reduced expressive language skills in the context of good auditory comprehension. Ethical approval was gained from the NHS and the University Faculty Ethics Committee respectively.

Group 1: people who had been living with aphasia < 4 weeks	Group 2: people who had been living with aphasia > 9 months
Liam	David
Amy	Francesca
Rosemary	Leanne

	Joel
	Peter

The phenomenological research question was:

What is it like to express your spirituality when you have aphasia?

Each participant was interviewed using a conversational approach (Kim, 2016); a loose topic guide served as an aide memoire for me, containing questions such as " what gives your life meaning?" and "what does the word spirituality mean to you?", but was not rigidly adhered to, allowing participants to create their own narrative. Participants used speech to communicate, but also non-verbal, so-called total communication methods (or ramps (McVicker, 2007)), such as writing key words, gesture and facial expression.

All conversations were audio recorded. In order to analyse this phenomenological study arising from a constructivist epistemology, a flexible analytic approach propounded by Braun and Clarke (2006) was used. Thematic analysis was used for "identifying, analysing and reporting patterns" (Braun and Clarke, 2006, p 6). The first step was to familiarise myself with the data (Braun and Clarke, 2006, p 160); I achieved this by listening several times to the recorded interviews. Each interview was listened to and the transcripts read multiple times in order to dwell with (Heidegger, 1962, p 80; Finlay, 2011, p 229) and immerse myself in (Robson, 2011, p 476) the data. I found this an invaluable strategy, because by listening to the interview again, I could re-imagine myself with the participant, and could then remember gestures or facial expressions which I had not noted down at the time. As I transcribed the interviews, I listened to the recordings multiple times, not only

noting the verbal responses, but also the non-verbal, such as gesture, facial expression and intonation.

Initial codes (Braun and Clarke, 2006, p. 18) were generated and noted on the transcripts; on each script, I highlighted words and phrases that seemed important, and gave broad names to the theme they illustrated, such as "trauma of the stroke", "life meaning" or "connection". Themes were searched for, reviewed and named (Braun and Clarke, 2006, p. 22) at first in tabular form, then woven into complete stories for each participant; only a small sample of the stories are quoted here. Because spirituality is notoriously difficult to define, or perhaps defies definition altogether, I had no preconceived ideas as to what themes might arise during the conversations. The thematic analysis, then, was inductive in approach, and it was only when I came to analyse groupings of data together (that is, all the conversations with people with aphasia) that themes common to several participants started to be discovered.

Analysis

To 'do' phenomenology, one must always begin with the lived experience, but that experience may be hazy, ambivalent or undefined. Merleau-Ponty (1964, p. 160) urges us to eschew the "vagabond endeavours" of positivism which offer "assurance of unambiguous and accurate knowledge of the world" (Crotty, 1998 p. 18), and instead try to perceive the meaning of a phenomenon as it is given to us, in all its uncertainty and ambiguity. Lewis and Staehler (2010, p. 190) acknowledge that "a phenomenological investigation discloses an essential ambiguity at the core of our existence", and this is perhaps particularly apposite when one is endeavouring to reveal a facet of a person such as their spirituality, which is necessarily individual, unique and nebulous. Within this study, a light was shone on the

ambiguous concept of spirituality, expressed in the sometimes ambiguous language of people with aphasia.

The aphasic language of the participants contained neologisms and paraphasias, palilalia and fillers; the onus was often on me as listener to attempt to create certainty through facilitative techniques and listening skills, or the person with aphasia themselves to try to navigate this land of linguistic ambiguity, by creating their own landmarks in gesture, writing or drawing, developing "several ways for the human body to sing the world's praises and in the last resort to live in it" (Merleau-Ponty, 2002, p. 218). As communication changed following the stroke, so too did identity and sense of self; if, as Merleau-Ponty says, we only have access to the world via the lived body, if that body is altered, so must our experience of the world be changed.

Merleau-Ponty posits that there is nothing solely physical or completely psychological in experience (Merleau-Ponty, 2002) and so it proved in the stories of spirituality, where ambiguity also manifested itself in narratives of altered states of consciousness and visions.

Finally, although ambiguity abounded throughout the stories of spirituality, windows of clarity also asserted themselves, contrasting with haziness.

Ambiguity and the language of aphasia

Within the study, predictable aphasic errors were evident in the participants' interviews, such as word retrieval difficulties, paraphasias, neologisms, palilalia, overuse of fillers, reduced syntactic complexity, latency of response and favoured automatic words/phrases.

For example, David's output was characterised at times by lack of content words, or erroneous word choice, so that responses were unclear in relation to the subject at hand:

for example, he said "we don't really love really" in response to whether he was able to work after his stroke. He also sometimes produced unintelligible strings of phonemes, and 'empty' speech containing few content words but with good preserved syntactic structure which belied his inability to retrieve the target word at times. David wryly repeated my word 'struggling' as he attempted to offer his definition of spirituality, a reflection perhaps both of the complexity of the concept, but also of his word finding difficulties:

D: But…er…I find it very very…sort of…I can see all the world…erm…er…(*latency*) er…just because I didn't accept…that…you know…the…(*latency*) erm…I don't know…what's (*laughs*) cos I

S: You're struggling to…

D: Yeah

S: put it into words

D: Struggling, that's right

Joel often confused gender and pronouns in his word selection, which tended to lend parts of our conversation a confused and ambiguous tenor:

S: You were driving?

J: Yes

S: Wow, OK, OK. And were you alone in the car?

J: No, no…boy, well girl

S: Your girl?

J: No, boy

S: Your boy?

J: No, no, no…man

S: Do you mean your wife?

J: No no no because it was a female, no no, male

S: Male – right. A male relative?

J: No no no

S: A male friend?

J: There…er yes and

Joel was also the only participant in group 1 or 2 who habitually used neologisms, particularly the phrase [məʊ məʊ]. He seemed aware of this neologism and that it was not the intended word or phrase, and so it was often accompanied by an embarrassed laugh. In all the ambiguity of language and non-language, there was the added confusion of embarrassment. Francesca and David also used laughter which seemed to serve the role of camouflaging word finding difficulties. Similarly, Joel used the phrase "for now" when he had attempted to convey something but the words eluded him and his listener was not able to facilitate. It seemed to signify 'let's leave it, as I can't find the right words, and you can't help me'; perhaps another indication of ambiguity in the world of aphasia.

Ambiguity present in aphasic output during the interviews seemed to be exacerbated by emotive content, and mitigated by meaning-making content. When Peter described the traumatic day of his stroke, his language was lacking in content words (nouns, verbs, adjectives) and his gestures were indistinct:

S: No. So what were you thinking during that time?

P: (*hand movement, pause*) I was thinking about trying to get back in but obviously I wouldn't be able to…erm…I don't really know (shakes head) erm no

In contrast, he clearly conveyed information, about plants and grafting of plants in his garden (gardening being one of his identified meaning-makers), both verbally and using gesture:

"I did erm this was three different plants and I (*gesture with both hands, finger of left hand crossing fingers of right*) then er er created plants er er and then erm oh they would just small bits of erm they were just small bits of garden and I joined all of the things together and made it what I did was er if I can hoe (*gestures hoeing*)".

Similarly, Francesca had significant word finding difficulties in general conversation, and her responses often comprised only one or two words, but when asked about opera, she was able to name several favourite composers. Proper nouns are often problematic for people with aphasia (Beeson, Holland and Murray, 1997), so this is perhaps testament to the importance opera and composers held in her life.

Ambiguity in aphasic language lies not only with the speaker, however. Seemingly conflicting statements, may also have been in part due to my limitations as facilitator, since "[c]ommunication difficulty belongs equally to those with the impairment and those who struggle to communicate with them." (Hewitt and Pound, 2014, p 181).

For example David gives this response to a question about faith:

"I'm not that religious. I'm when I'd say I'm…I must admit I am very religious"

and Leanne at one point makes conflicting comments about her ability to remember and express learnt liturgy. Compare the following two interchanges:

S: Yes, OK, so things like…um…things that you would have learnt at an early age, I presume,

like the Hail Mary or the Our Father

L: Oh, yes (*emphatic*)

S: Do you remember those? Can you recite those now?

L: Oh, yes

S: OK so they're quite…almost automatic

L: Yeah

S: So they still come out fluently?

L: Yes

S: So…er…when it comes to saying…er…er…liturgy

L: (*gestures "zip" across mouth*)

S: Is that possible for you?

L: No no

S: No, so it doesn't…is familiar liturgy…so er like the Lord's Prayer

L: Yep

S: or Hail Mary

L: Yes

S: Are you able to say that?

L: No no (*shakes head*)

S: Absolutely not. So do you say it in your head?

L: Yes, uhuh

Amy in group 1 also gave what appeared to be conflicting information about whether or not her grandchildren had visited recently. This discrepancy may again have been a reflection of my inability to grasp fully what she was conveying, or perhaps it reflected Amy wanting to see them more than she did. Ambiguity of language in these examples cannot be mitigated either by the participants' total communication skills, nor by the facilitation techniques of the researcher.

This inability of the listener sometimes to understand the message was not confined to me. During the interview with Joel, his wife was at one point summoned in order to help him find a specific Bible verse. She was unable to understand which verse he was alluding to, and he said "no, no" in a frustrated tone. In this way, a glimpse was offered into their day-to-day existence, where ambiguity of meaning and an inability to clarify was rife.

The participants with aphasia attempted to mitigate the ambiguity in their aphasic output in a number of ways, many of which were successful. Francesca's speech output was limited and telegraphic; she tended to use single words or short phrases. To augment this, she used gesture on a number of occasions; for example, the word for a CT scanner eluded her, so she was able to gesture leaning back. She also gestured her father holding her hand, a gesture which was arguably more evocative than the spoken message alone would have been. She was able to cue herself in using sequences, particularly with numbers, for example, when she told me how old she was when she had a her stroke: "yes, thirty…forty…fifty-one".

Leanne also used gesture to good effect, such as when she zipped her mouth shut when I asked her if she was still able to recite liturgy in church. She also used facial expression and intonation to great effect; she was a poet, so perhaps this meant she had a natural affinity

for prosody. Writing, though, was her most used and most efficacious augmentative communication method; she wrote key words when the spoken form eluded her, which sometimes cued her in to uttering the spoken form, or sometimes simply enabled her interlocutor/reader to understand. Ambiguity was averted by this written record, which also acted as a referent to come back to during the conversation.

Joel used a form of circumlocution in order to cue his listener into elusive words. For example, when he was unable to find the word 'apostle' or 'disciple' in his lexicon, he ingeniously counted to twelve, which, along with context, was enough to alert me to the intended word. At various times he used intonation to convey the message; at different times in the interview he expressed lack of equivocation (when it was suggested his word-finding problems must be frustrating), emphasis (such as when he asserted that he was still able to pray) and enthusiasm (for reading the Bible, for example).

Peter used physical prompts to try and cue himself in to words he was unable to retrieve; he often tapped his thigh as if coaxing out the target word. He also paused, giving himself time to find the word.

David was the person in group 2 closest to the stroke event, and he is the participant who used augmentative, total communication strategies the least. This may be because he was not yet at the rehabilitation stage needed in order to contemplate methods other than speech. May of his utterances remained ambiguous, with the meaning not quite understood.

Amy, Liam and Rosemary in group 1, who were even closer to their stroke event than David was to his, also used few total communication strategies to mitigate the ambiguity of verbal

output. Amy's use of the occasional gesture (such as hands together for 'prayer', or hand on head for 'blessing') was effective but infrequent. Rosemary used excellent eye contact and facial expression in the context of severely reduced verbal output which, although they helped in forging relationship and connection, did not facilitate language comprehension and expression per se. Of all the participants, Liam was the least able to mitigate the ambiguity of his aphasic output with any attempts at total communication. Our interview was peppered with pauses, as he struggled to process what was said to him and/or to formulate a response.

As a speech and language therapist, I attempted to use learnt skills to mitigate the ambiguity in the participants' output. For example, I checked back using mirroring or paraphrasing to ensure correct understanding, and I cued in participants by starting off a sentence for them, hoping they would be able to complete it. Participants were allowed plenty of time to respond and given non-committal responses (such as 'uhuh'), to show attentiveness. Questioning intonation was also employed to encourage further output or elaboration of what had been said. Throughout the interviews, I tried to keep a "phenomenological attitude" (van Manen, 2016, p. 32) of wonder, curiosity and attentiveness, employing active listening strategies, such as leaning forward, maintaining eye contact and nodding.

Artefacts were used during some interviews, in order to mitigate ambiguity. For example, artefacts were presented to Joel in the hope that they might stimulate some more discussion about spirituality and, in his case, Christianity. Nebulous and difficult concepts could be tackled when Joel had objects in front of him to refer to and to prompt

conversation. Some objects even seemed to stimulate remembered liturgy, such as the

communion wafer in this example:

J: (*struggle behaviour*) testament

S: Testament

J: Yes

S: Fantastic

J: Yes

S: Yeah, so the cup goes with this (*shows wafer*)?

J: Yeah, yeah (*struggle*) blood…the blood

S: Yeah

J: Hmm

S: So, this is the body, the cup is the blood

J: Blood, yeah

S: Yeah

J: Drink

S: Yep

J: In remembrance of me

Occasionally, despite these contingencies, ambiguity within interaction between me and the

participants with aphasia remained and conversation could not be repaired:

S: Yeah, so you have a quite a positive attitude?

L: I don't know, I don't know

S: No

L: I don't know

Aphasic language can be ambiguous in nature, with frequent linguistic errors made by the speaker, and misunderstandings on the part of the listener. Lewis and Staehler (2010, p 192) state that Merleau-Ponty's contention was that a "satisfying account of language can thus take its departure neither from isolated words, nor from a mere accumulation of words", suggesting that understanding of language depends on an understanding of interrelated aspects, rather than individual elements. This speaks to the way the participants attempted to mitigate the ambiguity of their now-impaired language system, by implementing myriad total communication startegies.

Ambiguity and identity

As well in the language of the participants with aphasia, ambiguity was also evident in their altered sense of identity. It is a well-documented fact (Ellis-Hill and Horn, 2000; Shadden, 2005; Simmons-Mackie and Damico, 2008) that people who have aphasia following a stroke may experience a feeling of lost or changed identity. In this study, participants exhibited some ambiguity in their role but were sometimes successfully finding new ones. For example, Leanne had been a novelist prior to her stroke, and now wrote literature in the form of poetry. David was no longer able to work or to engage in the drawing in which he was trained but was exploring sculpture as an alternative artistic medium. The first thing that Francesca said about herself was that she was an accountant; her identity seemed to be formed through her profession. Although no longer able to work as an accountant, she had forged a new role as helper at the stroke group to which she belonged. Perhaps this apparent fluidity of identity is reminiscent of Merleau-Ponty's assertion that ambiguity is a key aspect of his identity:

"I know myself only in ambiguity" (Merleau-Ponty, 2002, p 402).

Ambiguity and altered states of consciousness

Confusion around the stroke event also seemed to have created an atmosphere of ambiguity for some participants. Liam, for example, did not remember (or at least was not able to convey) what happened on the day of his stroke. David admitted that he did not know what was happening to him as he had his stroke: "I had nothing. I did no idea".

Altered states of consciousness that often surrounded the stroke event lent their own ambiguity to the participants' stroke stories. David recounted that he was conscious during the trauma of the stroke happening:

D: No, erm…I remember it all. I wish it wasn't

S: Do you? Right, so you weren't unconscious at all?

D: No

S: Right, so you remember it all

Leanne was conversely unconscious for three days, and during this time she reported that she saw graphic visions of angels and of her dead parents.

If, as McGilchrist (2010, p. 115) posits, "whatever can't be brought into focus and fixed, ceases to exist as far as the speaking hemisphere is concerned", perhaps if the speaking hemisphere is damaged and the so-called non-dominant hemisphere comes more into play, more nebulous, less "fixed" concepts are allowed to be entertained by the brain. During the interview, even Leanne herself appreciated the unlikeliness of the reality of these visions, or the identity of the beings depicted:

"….angels? (*questioning intonation*) I don't know…um…um…God? (*questioning intonation*) I don't know"

However, in a subsequent email, she is sure of their existence and identity:

"Angels: intense compassion and androgynous. The most real thing I have ever felt".

For Leanne, these visions are not nebulous or ambiguous, but clear and meaningful, and form an integral part of her spiritual story. Merleau-Ponty's discussions of ambiguity imply that we humans are uncomfortable with ambiguity and always strive for certainty (Lewis and Staehler, 2010, p. 190), but perhaps Leanne's enforced right hemisphere dominance made her more ready to embrace the hazy numinosity.

Ambiguity and windows of clarity

Although ambiguity was a recurrent leitmotif in the stories, windows of absolute clarity also existed, and these were thrown into sharp relief by their contrast with the ambiguity. For example, most participants were able to give a clear definition of what spirituality meant for them. David and Francesca, for example, maintained that spirituality for them was not about organised religion. It is the opposite for the two Christians, Leanne and Joel, who equated their spirituality with their faith tradition. Joel demonstrated a complete absence of ambiguity when asked what was important in his life; he conveyed this very successfully through emphatic intonation, gesture and repetition:

"Important is God (*lots of left hand gesturing and animated intonation*) other things, no...no God God God God (*emphatic*), so..."

Clarity also existed in the telling or retelling of the stroke story; the impression gained from asking the group 2 participants to say what happened to them was one of rehearsed or practised telling. In line with Frank's (2013, p. 53) view that "stories are a way of redrawing maps and finding new destinations" for people who have suffered or are suffering from

illness, it is as if through the telling and retelling of the catastrophe, these participants were somehow able to start to make sense of what happened to them. Developing Frank's (2013, p. 53) wreckage analogy, it is as if telling the story of the illness anchored the storyteller as he or she navigated the chaos.

Conclusion

Ambiguity as a concept propounded by Merleau-Ponty proved a useful framework on which to analyse the verbal and non-verbal data collected in this study, because

- spirituality as a concept can be viewed as nebulous and unformed

- aphasia can result in ambiguities of expression and comprehension

- stroke and aphasia can result in a blurring of identity and roles

Spirituality may not be able to be definitively defined, yet the concept resonated with most of the participants in the study, so that nearly all of them were able to express what spirituality meant to them. Difficult, nebulous, partially formed ideas and concepts can be broached with people with aphasia, if we are prepared to dwell with the ambiguity, and if we offer facilitative listening, by employing a "phenomenological attitude" (van Manen, 2016) of openness and curiosity. Indeed, Merleau-Ponty (2002, p. 228) hints at the spiritual nature of human language itself, calling it a "revelation of intimate being and of the psychic link which unites us in the world and our fellow men" (sic).

Aphasia can create an atmosphere of ambiguity and misunderstandings. Salient features of expressive aphasia include word retrieval difficulties, which may result in neologisms, paraphasias, fillers or circumlocution. Syntax may be elusive, so that sentence structure becomes simplified or constrained. The inherent ambiguity within aphasic language,

however, may be construed as a benefit when one is discussing hazy, unformed concepts, such as spirituality. McGilchrist (2010, p. 83) speculates that the right hemisphere of the cerebral cortex is more comfortable with ambiguity and haziness than its left hemisphere cousin:

"the left hemisphere's affinity for what it itself has made (here language), well-worn familiarity, certainty and finitude, and, on the other, the right hemisphere's affinity for all that is 'other', new, unknown, uncertain and unbounded."

In most individuals, language predominantly inhabits the left hemisphere of the cerebral cortex. Patients with aphasia following stroke usually have their site of lesion in the left hemisphere. There exists the possibility that people with an impaired left hemisphere, where certainty abounds, use their unimpaired hemisphere to embrace ambiguity and all that is uncertain and unproven. They may revel in the ambiguity of the master (right) hemisphere, and therefore be more amenable to discussions of a numinous nature than their right-hemisphere-damaged counterparts, or, indeed, those with no impairment of the cerebral cortex.

McGilchrist further contends that in order to comprehend the whole in a narrative – that is, to understand not just the grammatical structure and lexical choice with which the left hemisphere deals, but also the nuances of prosody, inference and metaphor which are the preserve of the right (Bryan, 1988) – one is reliant on the master hemisphere:

"the understanding of narrative is a right hemisphere skill: the left hemisphere cannot follow a narrative. " (McGilchrist, 2010, p. 76).

The emissary (left) hemisphere "has a particular affinity for words and concepts for tools, man-made things, mechanisms and whatever is not alive" (McGilchrist, 2010, p. 55), whereas for the right hemisphere, "its utterances are implicit" (McGilchrist, 2010, p. 73), and therefore may be more adept at expressing the non-specific.

One might contend, then, that the right hemisphere and its propensity for the ill-defined and nuanced is better equipped to consider and communicate issues of a spiritual nature, perhaps not in words but through non-verbal communication strategies.

It may be that, as healthcare professionals, we need to dwell with this ambiguous output more, in order to understand our clients with aphasia, and to attend to their spiritual issues, as well as their physical and psychological ones.

Throughout the study, identities were sometimes obfuscated or altered. As people with aphasia often experience a change or loss of identity (Ellis-Hill and Horn, 2000; Shadden, 2005), an attempt was made to emphasise the identities of the participants in this study by giving them pseudonyms as opposed to a number or letter. As clinicians, we need to be mindful of potential feelings of lost or altered identity and strive to reinstate this through referring to past roles, employment and past-times in our interactions with clients.

Merleau-Ponty has been identified in the nursing literature as an "excellent fit" (Thomas, 2005, p 63) in terms of providing a conceptual framework, and so he proved in this study in relation to his ideas on the concept of ambiguity. The ambiguous concept of spirituality was explored with a client group who displayed some ambiguity of role post-stroke and who at times demonstrated ambiguities in their communication abilities.

Merleau-Ponty's (2002, p 387) assertion that ambiguity is a normal, natural, positive aspect

of the human condition validates the language of aphasia, and perhaps also the study of the

nebulous concept of spirituality with stroke survivors.

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