

APHASIA: A DISORDER OF LANGUAGE

By Paige Nalipinski and Audrey Cohen

Imagine that you are on an airplane bound for England, but your flight is deferred to France due to bad weather, after circling for 2 hours. You get off of the plane in the middle of the night, exhausted, walk into the terminal, and are completely lost. The signs are not readable to you, you can't understand a word being spoken around you. Try as you might, you find nobody at this hour of the night who is able to translate for you. Even your gestures are met with questioning looks. You feel like sitting down where you are and crying from frustration.

If you have been in a similar situation, or can visualize yourself in this one, you have some idea of what an individual with aphasia experiences.

Aphasia is a loss or reduction of language skills due to brain injury. Most cases occur after a stroke, although many people with strokes are not aphasic. Individuals with aphasia may demonstrate difficulty in understanding and/or using spoken, written or gestural language. A person with aphasia may no longer be able to associate a word with the item or concept it represents. For example, when someone talks to you about a book, you have a picture in your mind of an object that goes with the spoken word "book". Even if there is not one in the room with you, you picture pieces of paper with either writing or photos, generally with a cover and a title. You have some knowledge of the word and what it represents. Similarly, we understand that written letters grouped together in a certain way represent objects or concepts. But for an individual with aphasia, the word may not sound or look at all familiar, or may call up the wrong mental image.

There are many levels of impairment within the realm of aphasia. There may be a complete loss of language, with no comprehension for the written, spoken or gestured word, no speech output, or at least no recognizable speech output. We call this a global aphasia, as all modalities of language are severely impacted. This extreme is at one far end of a continuum. At the other end is the individual who only loses what is being said if his speaking partner is talking very quickly, and using complex language. Or this individual may have periodic difficulty thinking of a specific word or item name that he wants to use. And there are many variations with some patients experiencing more difficulty with understanding spoken or written language, and others having relatively good understanding, but a hard time with formulating sentences and thinking of words for both speech and writing.

Regardless of the level of impairment, it is very important for us to be cognizant of the fact that a breakdown in language is not a breakdown in intelligence.

Many individuals with aphasia are able to use other modalities to communicate a message successfully as they can problem solve and call on their intellect to help them be creative in finding new ways to communicate. These alternate methods may be quite frustrating as they likely are far less efficient than the usual channels. For most aphasics, therapy can be beneficial. A speech-language pathologist should perform a thorough evaluation of the patient's language to determine specific strengths and weaknesses, so that an appropriate treatment plan can be developed. The evaluation helps in determining the skills that are most intact so that they may be used to facilitate and compensate for the more impaired areas. It may be determined that the patient will do best with individual, direct treatment, or a home program implemented by the family. Or the patient may only need to have his environment slightly altered to help maximize communication.

Below are some comments made by recovering aphasics regarding what it feels like to be aphasic:

Speaking

"I can't say the word. I know what it is but I can't find it."

"I see it, but I can't say it."

"Something keeps me from saying what I want to say."

Understanding

"When I'm tired, nothing makes sense to me."

"Listening has become a conscious thing-it takes a great deal more concentration and all of my energy."

"I do better if they don't change the subject."

"After a while, people's words just all pile on top of each other."

Reading

"I see the words on the page, but I can't make them out."

"I can read the headlines, but no more."

"If the story is 2 pages, OK. But if it's 5 pages, no."

Writing

"I have it in my mind, but my hand won't do it."

"I go to write *we* and I think of *when*, *where*, and other words and I get all mixed up."

"I can write lists of words, but not put it all together to say what is happening."

Hints for Communication with Patient's with a New Aphasia

Get Rid of Distractions

Get his/her attention. Turn off the TV. Talk to him/her face to face, one person at a time.

Simplify

Keep communication as simple as possible. Talk about one thing at a time. Speak in short sentences. Use plain, familiar words. Stick to familiar, personal topics.

Ask yes/no questions

Break things down into simple yes/no questions. Confirm an answer by asking the opposite: "Have you had any company today?" then, "Have you been alone all day?"

Give as Many Clues as Possible

Use pointing, gestures, pantomime and facial expressions as much as you can to help him/her understand what you are saying. Use redundant wording. Then reword and repeat.

Respect Him

Talk to him/her as an adult, using normal volume and tone of voice. Allow him/her every opportunity to communicate for himself/herself instead of you "talking" for him/her.

Allow Him Time

Give him/her plenty of time to understand when you talk. Also be patient and unhurried when he/she tries to tell you something. The more rushed the individual with aphasia feels, the harder it is to get things out. This individual needs time, time and more time.

Be Creative

If he/she can't say it, encourage other ways to communicate the idea. Can he/she point to it? Act it out? Draw it? If you write down 2 choices, can he/she point to the one he/she means?

Guess

Narrow down the subject by asking increasingly specific questions. "Is it about a person? Somebody at home? One of the kids?" Make statements about what you think he/she means to be sure you are on the right track.

Be Clear

Say "I don't understand" when you don't.

Expect Inconsistency

Sometimes words will come out and sometimes they won't. This will happen more when the individual is tired or upset, and this is a normal part of having aphasia.

Don't Bang Your Head Against the Wall

There will be times when you just can't figure out what he/she is trying to tell you, no matter what. You will probably both be relieved if you simply say "I just can't get it. Let's stop and we'll try again later."

If you or someone you know is experiencing aphasia, you may benefit from a full speech-language evaluation and subsequent therapy. A speech-language pathologist is a certified, master's level trained professional.

- National Aphasia Association (NAA) www.aphasia.org
- Aphasia Hope Foundation www.aphasiahope.org
- American Speech-Language-Hearing Association (ASHA) www.asha.org
- National Stroke Association www.stroke.org