# *HOW TO COPE WITH LANGUAGE DISORDERS?*

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*Language disorders can be defined as a person's inability to understand others or share his/her ideas, feelings, emotions or thoughts. They can appear due to a medical problem, typically stroke. One of the most severe language impairments is* ***aphasia*** *alsoknown as the injury usually to the left hemisphere of the brain. The consequences of aphasia vary considerably from person to person and rehabilitation is based on the seriousness of the disorder as well as age, gender and level of education. There are factors that can negatively affect recovery such as, depression or social isolation as people suffering from aphasia cannot cope with the idea of being different from their fellow human beings. As little is known about aphasia in our country, this article aims to give useful information and recommendations for aphasic patients and their family in order to raise their awareness that aphasia can be partially or totally cured with help coming from others.*

*Keywords: aphasia, language disorder, depression, raise awareness, recommendation*

Language disorders may vary depending on their cause, position of the damaged area and severity. One of the most discussed and debated language disorders worldwide is aphasia. A lot of research was carried out on this topic however, in Romania little attention is attributed to this language impairment. There are specialized speech therapy practices where patients can undergo rehabilitation sessions but there are no specialized centers where aphasic patients can find information and support and can benefit from treatment or participate in research. Unfortunately, family members are overwhelmed by the news and believe that it is difficult to deal with the disorder. The aim of this article is to highlight the most efficient methods by which aphasic patients can be helped by their family members, friends or even a simple acquaintance to overcome the difficulties imposed by aphasia.

Defined as 'a disturbance of the comprehension and formulation of language caused by dysfunction in specific brain regions'[1] aphasia can affect one or more language levels: semantics, phonology, syntax or morphology. Aphasic patients are unable to convert nonverbal mental images, thoughts, into the symbols and grammatical organization that form language. Thoughts cannot be rendered into the words and sentences that represent them. Unfortunately, sometimes not only the auditory signals are affected but the visual and motor signs as well (sign language). Aphasia is not an illness and there is no medication for it. Though, studies have been performed to demonstrate the use of certain drugs (e.g. Piracetam, Bromocriptine) to enhance aphasia recovery, until now none of them is proposed for regular use in aphasia therapy.[2]

Aphasia is an intricate communication disorder that affects thousands of people each year. It is among the most alarming post-stroke cognitive disorders, but it may often be the result

[1] Antonio R. Damasio, *Aphasia*, in *The New England Journal of Medicine*, vol. 326, no.8, 1992, p. 531.
[2]K. Salter, R. Teasell, N. Foley, L. Allen. R. Teasell, N. Foley, K. Salter, M. Richardson, L. Allen, N. Hussein, S. Bhogal, J. Jutai, M. Speechley, editors. Aphasia. In: The evidence-based review of stroke rehabilitation (EBRSR) 16th edition. 2013. Available online at: www.ebrsr.com.



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of a tumor, head injury or other neurological damage. It does not affect patients' intelligence, but their ability to lead a normal life. Aphasic people know exactly what they want to say but may struggle saying it. With a high incidence in European countries aphasia is more common in men than women leading, in most of the cases, to death or a disability.[3] Aphasic patients often consider themselves inferior to other people and have the feeling that they have lost their personhood.[4] Aphasia is a multifaceted disorder which affects reading, writing, speaking or listening skills but other left hemisphere specific cognitive processes which are compulsory for language processing can also be affected, such as memory, attention etc.[5]

During the first year after being diagnosed with aphasia, recovery is possible even in the case of patients suffering from severe aphasia.[6] In order to develop an accurate treatment plan, it is imperative to perform a thorough language assessment. Some researchers are in favor of group evaluation by using standardized batteries[7], others believe that the 'group study' method is not the best alternative when it comes to aphasic patients.

Speech-language therapy is believed to be the basis of treatment of aphasia[8] but other rehabilitation methods, such as computer-assisted therapy[9] and community-based therapy[10] are also effective. The speech-language therapist will evaluate the aphasic patient's speech and language abilities in order to be able to develop a therapy program for him/her. The therapist's role is to help aphasic patients regain their ability to communicate with others. However, unfortunately, there are cases when a patient cannot be assisted by a speech-language therapist and his/her carer becomes responsible for his/her well-being. In such cases, carers are overwhelmed by the severity of the problem and are eager to receive help from others. Montgomery-West P. refers to the effects her husband's stroke and aphasia had on their lives but mostly on her own: 'He had survived the stroke, and the worst of the physical problems were solved in the hospital. But, as I stood outside the hospital, I had no idea where to turn or even who to ask about the problem the neurologist called "aphasia".'[11]

Four main difficulties are identified by aphasic patients when it comes to receiving information[12]:

- either they are not familiar with their needs or they do not know where to search for the desired information;
- they do not always receive the required information (lack of quality);

[3]Marcelo Berthier, *Postroke Aphasia. Epidemiology, Pathophysiology and Treatment*, in *Drugs Aging*, vol.22, no.2, 2005, p. 164.
[4]Martin L. Albert, *Treatment of Aphasia*, in *Arch Neurol*, vol.55, 1998, p. 1417.
[5] Malcolm R. McMeil, Sheila R. Pratt, *Defining aphasia: some theoretical and clinical implications of operating from a formal definition*, in *Aphasiology*, vol. 15, no 10/11, 2001, p. 905.
[6] A.C. Laska, A. Hellblom, V. Murray, T. Kahan & M. Von Arbin., *Aphasia in acute stroke and relation to outcome*, in *Journal of Internal Medicine*, vol. 249 (5), 2001, pp. 413-22.
[7] Harold Goodglass, Edith Kaplan, *Assessment of aphasia and related disorders*, Philadelphia: Lea and Febiger, 1972.
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[9]Martin L. Albert, *Treatment of Aphasia*, in *Arch Neurol*, vol.55, 1998, p. 1418.
[10] Lefkos B. Aftonomos, James S. Appelbaum, Richard D. Steel, *Improving outcomes for persons with aphasia in advanced community-based treatment programs*, in *Stroke*, vol. 30, 1999 Jul, pp. 1370-9.
[11] Penny Montgomery-West, *A spouse's perspective on life with aphasia*, in *Topics in Stroke Rehabilitation*, vol. 2:3, 1995, p. 1.
[12] Suzie Parr, Sally Byng, and Sue Gilpin, *Talking About Aphasia: Living with loss of language after stroke*. Buckingham: Open University Press, 1997, p. 91. Available online at: https://goo.gl/msZdKY, accessed November 9, 2017.



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- inappropriate information;
- the timing of receiving the information (too late).

So as to overcome such situations, the article aims to highlight some essential elements that need to be considered when dealing with an aphasic patient. According to Ardila[13] language can be re-learned to a certain degree in case of brain damage.

**1. Set the scene**

In order for the aphasic patient to feel at ease when he/she is spoken to, the place where he/she stays has to be as cozy as possible. Background noises and visual distracters need to be eliminated. The patient's seating has to be comfortable and he/she needs to see his/her interlocutor's face so as to be aided if he/she needs additional help (mimics, gestures etc.). The use of pictures, photos, drawings, books is recommended as they can help the patient better express himself/herself. It is suggested to use plainly drawn, simple images rather than vividly colored ones as they do not distract the aphasic patients' attention. He/she will focus on the image and not on its coloring.

**2. Be patient**

Aphasic patients are slow in expressing themselves, especially in the early stages of the disorder. You have to be aware that he/she will be the one who will guide the conversation. Immediate response should not be expected as aphasics need time to convert their thoughts into words they would like to utter.

**3. Speak clearly**

Before speaking you have to be certain that you have the patient's attention. The use of simple words such as, 'car' instead of 'automobile' and simple sentences are recommended. It is imperative to avoid 'child language'. You have to speak clearly and lower your voice at the end of a sentence. If you observe that the aphasic patient did not understand what you have been telling him/her, you must repeat yourself or rephrase the sentence. In order to avoid confusion, only one question should be asked at a time.

**4. Be aware of signs**

As aphasia is a communication disorder it is possible for the patient to use sign language so as to express himself/herself. You have to be aware of the signs the patient tries to communicate through mimic, gestures, pointing in order to understand what he/she tries to tell you. It is advisable not to pretend you have understood everything you are being told. In such cases, ask the patient to repeat what he/she told you or express it by using gestures or mimic. If you see that the patient is becoming tired you need to stop the conversation and let him/her rest for a few minutes.

**5. Pre-set phrases**

At the beginning aphasics are unable to communicate in a rightly manner. Learning pre-set phrases may help them express their thoughts, desires or wishes. Phrases like, 'Tea, please!' or 'Come!' are useful for easy communication with the patient.

**6. Create a book**

Sometimes, communication difficulties can take a longer time to recover. Family members may feel helpless in certain situations as they can't understand what the aphasic would like to tell them. In this respect, a great aid can be the creation of a book in which you may include words, pictures or photos that can assist the patient with conversations. If the aphasic is unable to express his/her thoughts he/she can simply open the book and point at the image of the word he was referring to.

[13]Alfredo Ardila, *Aphasia Handbook*, Florida International University, Miami, Florida, USA, 2014, p. 194.



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**7. Technology**

In the era of technology, computers and other gadgets are indispensable tools in our society. Different computer programs or apps have been designed for entertainment, learning or other interactive activities. [14] Due to technological advancements, nowadays, there are various software programs that offer therapy activities for aphasic individuals. However, due to 'cost, logistical issues, time commitment and services/resources required'[15] these novel technology devices are rarely used by aphasic patients.

**8. Acceptance**

Whenever we deal with an aphasic patient, no matter how difficult it is, we need to accept the situation and teach him/her to accept it as well. Acceptance is the key to success. Montgomery-West P. describes it as: 'Slowly, over a long period of time, our family acquired a degree of acceptance of aphasia as a disability. However, this acceptance should not be confused with or mistaken for happiness. […] But a degree of acceptance provided a step toward rebuilding our lives.'[16]

**9. Family help matters**

People use language to communicate in diverse social situations, but, for a person with certain limitations, family is the most important communication environment.[17] Family can have a major role in helping the aphasic patient regain his/her ability to speak. Due to their difficulties in communicating with others, aphasic patients often feel isolated and alone. Family has to provide them the necessary support to overcome their internal conflicts. In such cases the patient requires attention, understanding, encouragement and most significantly support.

Without doubt a sense of 'biographical disruption'[18] is caused by aphasia. Besides the changes that take place in their lifestyles due to the impairment, aphasic patients and their families have to learn how to cope with this condition.

Undoubtedly, aphasia has a negative impact on patients' communication skills, behaviour, daily activities but mostly on their quality of life. Research conducted in the last several years provided a more detailed understanding of the mechanisms that are crucial for aphasia recovery. Future research will certainly lead to the discovery of new treatment plans for patients suffering from aphasia.

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