

# Aphasia Insights!

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*“To these various influences of action must be added the pleasure that lies in action itself, a pleasure so intense that many people live an active life for the sake of the activity...which springs perhaps from the fact that action more than anything else, gives us a realizing sense of our own existence and our own strength. (pg. 216-217.)”*

**The Education of the Will; The Theory and Practice of Self-Culture, (1914).**

**Jules Payot (1859-1939)** was a leading French figure in lay education, pedagogy and philosophy.

Stroke Educator, Inc. is committed to educating the wider public about stroke, aphasia and the 50 state *“Aim High for Aphasia!”* Aphasia Awareness Campaign.

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## All People with Aphasia Require a “Lifelong Learning” Approach to Our Own Recovery-Part 1.

By Tom Broussard, Ph.D.

I had my stroke in September 2011 and attended my first therapy session in October that year. Within a couple of weeks, I began to realize that I needed a recovery plan to get better. I talked with my therapist about the overarching context of recovery and made a note of it in my diary. Of course, the words I wrote didn't make any sense (see box).

*The therapist thought “us” thought and the “dullest” data (use alphabets, words) also ~~that~~ take the “context” (the issue using “data”) using nothing (all except always) all “me” they therapists always at “context” always the “data”*

*Diary, November 17, 2011.*

It made sense to me on the inside. But I couldn't express what I really wanted to say to anyone on the outside. Plus, I was still so “confused” (if I can use that word) I still couldn't plan for the recovery plan. Of course, at the time, I didn't realize that much of the “plan” didn't require a lot of planning!

I didn't know if there was a plan or not, and even if my therapist had told me, I likely forgot it as fast as it was said.

The “plan” was more ‘planning-in-action’ rather than a ‘plan-to-be-developed’ and executed later.

I wrote what I wanted to say but it was still too early for me to be able to “see” the errors I had committed. But thank goodness I kept a diary. The evidence saved me! Once I improved enough, I was *able* to see the difference in my writing and began to see some gold flecks of intelligence panning for words in my mind.

It didn't matter that the words I had been writing were wrong. What mattered was that I was writing at all. It was the act *itself* creating the motive force that induced changes in my brain that allowed me to read, write and speak again. Of course, I still didn't know any of that at the time.

It turned out that reading, writing and speaking however poorly all contributed to my improvement even though I was unaware that these activities were really the balm for the sore. If constant therapeutic activity is the key, shouldn't that be the plan itself?

A person with aphasia *wants* to know about their prospects of improvement. They *want* a plan for their future while still unable to (consciously) plan for the plan itself.

The patient may still not realize that persistent, lifelong practice of reading, writing and speaking is the *only* way to get better. It is the secret ingredient. Waiting for things to get better is not a beneficial (or therapeutic) activity.

Therapists provide a few hours of guidance before their patients begin a new “lifelong learner” appreciation with their new brain. The difference is that for many people, the term “lifelong learning” is often just a slogan.

After a stroke and aphasia, the mantra of “lifelong learning” *must* become an active condition for success for people with aphasia. Improving our language requires a lifelong learning approach to personal therapy and our own recovery.

Signed:

*Johnny Appleseed of Aphasia  
Awareness*