

# Aphasia Insights!

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*“Research on the neurobiology of learning and memory suggests that, for each new learning event, there is some necessary and sufficient change in the nervous system that supports the learning.*

*This neuroplasticity is, itself, driven by changes in behavioral, sensory, and cognitive experiences. In our view, this endogenous process of functionally appropriate reorganization in healthy brains is also the key to promoting reorganization of remaining tissue in the damaged brain.”*

**Kleim J, Jones T. (2008). Principles of experience-dependent neural plasticity: Implications for rehabilitation after brain damage. Journal of Speech, Language, and Hearing Research, 51, 225-239.**

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

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## *The Rosetta Stone of Aphasia Recovery:* Persistent and Repetitive Language Activities.

By Tom Broussard, Ph.D.

I had a small, clay model of the Rosetta Stone when I was young. It had letters on one side and was blank on the other. I would rub the stone in my pocket and could feel the letters, knowing that it was written (and translated) over two thousand years ago.



I didn't embark on any “new field of knowledge” until I had a stroke and aphasia on September 26, 2011 and could not read, write or speak well. That was the beginning of understanding that there is a Rosetta Stone for aphasia recovery too.

I started my speech therapy a month after my stroke and soon after, started my diary, recorded my voice and took many pictures of the world around me. At that time, I saved the



The Rosetta Stone (model)  
(Broussard)

evidence of my activities without knowing that those activities were the clues needed to solve the problem of

aphasia.

After a couple of months of persistent reading, writing, and speaking activities, I began to realize (although still somewhat vaguely) that the three language modalities were all damaged but in different ways.

It is hard to believe that Egyptian royalty, priesthood, armies and their society, were so modern thousands of years before our current “modern” society. Back then, the rulers used the Rosetta stone (and other stones) to tell the people “the news” about current events in three different languages. Today, the Rosetta Stone is considered the critical clue to any new field of knowledge.

That was when I wrote the words “Rosetta stone” in my diary. I had no conscious memory of why I wrote those words, but I remembered the *feeling* of the Rosetta stone and thought that that might help me in some way.

At that point, given that I was experiencing continued reading, writing, and speaking deficits, I started my own aphasia report card three months post-stroke. My grades in my speech sessions were going up and gave the appearance that my language was doing better but my aphasia report card told a different story.

I wrote this in my diary, “Communication report (Aphasia)” on December 16, 2011 with grades for Writing, Speaking, Understanding/Auditory, and Reading. Writing was D-, Speaking was C+, Understanding/Auditory was C+, and Reading was C-.

I had an appointment that day with my primary care physician (PCP) and brought my report card to show him. I told the doctor, as best I could, that my language was still terrible but improving even though my report card was demonstrably bad. I could see the disparities between the therapist’s reports and my personal report card but couldn’t express my thoughts to anyone else about the disconnect.

But I did start to wonder why it was that my language deficits were damaged so differently and I went looking for the common

denominator between them. I could see that speaking and understanding were much less damaged than reading and writing.

At that point, I assumed that part of the issue was evolutionarily driven given that humans have been able to speak (and etched into the brain) for over a million years while reading and writing were invented (with less etching) in the last tens of thousands of years.

As I became more (at least subliminally) aware of my deficits, I didn’t know that being *consciously* aware of those deficits was one of the active ingredients of *solving* the deficits. *Awareness* is an important step. *Educating* the patients about the structure, ability, and capacity of the remaining cells that induce plasticity is also very important.

But what is needed most is a written prescription that provides the behavioral treatment needed for PWA, their family and caregivers, at the start (not waiting until the end) of formal speech therapy. The prescription *must* outline the necessary steps that provide the habitual, long term structure needed to organize ongoing, persistent and repetitive language activities over and above the speech sessions which are often limited.

Quite accidentally, I was already working off a treatment plan for my aphasia recovery without realizing that they were highly

therapeutic and designed to induce plasticity every single day. The persistent and repetitive language activities *themselves* are the Rosetta Stone of aphasia recovery.

Signed: *The Johnny Appleseed of Aphasia Awareness*