

¹ The newsletter title has been changed from **Aphasia Insights** to **Plasticity Insights** to encompass brain function and plasticity as the foundation of all learning as well as recovery.

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“Aphasia, as has been pointed out, requires an environmental attitude in which to change. The aphasic patient is not just a person impaired in a communication skill but a living, adapting organism who like a flora of the countryside requires a fitting climate to enhance his growth and re-establish his identity.”

Wepman, Joseph M.

Chapter 43, *Aphasia Therapy: Some “Relative” Comments and Some Purely Personal Prejudices*,

Sarno, Martha Taylor. *Aphasia: Selected Readings* edited by Martha Taylor Sarno, New York University School of Medicine. Prentice-Hall, Inc., Englewood Cliffs, N.J. (1972).

Aphasia Nation, Inc. is committed to educating the wider public about stroke and aphasia and the “*Aim High for Aphasia!*” international Aphasia Awareness campaign.

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Plasticity Insights!¹

Martha Taylor Sarno: The ‘WHY’ of the “invisible” language disorder of aphasia.

By Tom Broussard, Ph.D.

This is the next in a series of articles about the science and scientists behind the brain, stroke, aphasia, plasticity, learning, recovery, and education.

Martha Taylor Sarno, M.A., MD (honoris causa), CCC-SLP, BC-ANCDs (b: New York, November 25, 1927) is an internationally recognized authority on communication disorders for over 60 years and has written over 75 articles, as well as several books and chapters on aphasia.

She was hired in 1949 and became the first Director of the Speech-Language Pathology (SLP) department of the Rusk Institute of Rehabilitation Medicine and remained the Director until stepping down in 2009 (1950-2009) (Duchan, 2020).

After 59 years leading the team, Sarno said, she had the good fortune “to have been the first speech-language pathologist who served as a member of a rehabilitation medicine team and therefore I had the opportunity to develop the first aphasia rehabilitation

program associated with the specialty of rehabilitation medicine” (Sarno, 2004)

In 1987, Dr. Sarno founded the National Aphasia Association (NAA) (www.aphasia.org) to help people with aphasia and their families, and raise aphasia awareness nationwide. She was president of NAA for 14 years.

Dr. Sarno recognized the social shift that was just starting with the renewed interest in aphasia therapy that had “emerged after the Second World War,



**Martha Taylor Sarno
(b: 1927)**

extending its scope to include the civilian population, which until then had been ignored” (Sarno, 2004). The change helped shape “the conditions that facilitated the introduction of aphasia rehabilitation

for civilians who had had strokes, as an integral component of the healthcare system” (Sarno, 2004).

There were very few speech therapists in the 1950s and there were “virtually no aphasia rehabilitation services and only 1,600 speech-language pathologists” at the time (Sarno, 2004). Since then, there has been an explosion of services with almost 200,000 speech-language pathologists today with hundreds of aphasia groups and websites.

But for all of that, Sarno described a new therapeutic model twenty years ago that is still struggling to get traction today. As she noted, “Aphasia not only disconnects the person from the community but invariably alters the person’s identity and sense of self” (Sarno, 2004).

This new intervention “incorporates the idea of an evolving self, with ample opportunities for facilitating a transition from one life to another as the self is reconstructed” (Sarno, 2004).

Many people with aphasia are provided with simulated role-playing activities as part of therapy that can be helpful but cannot replace “an authentic functional experience” with tools to help provide the social experience, interaction and engagement that ultimately induces plasticity and the resultant learning (Sarno, 2004).

The fractured healthcare system, rigid insurance rules, and the muddled motto of “managed care” are among the culprits that result in high costs and disappointing outcomes. It holds down costs with limited services and restrictive reimbursement, and often only offers up to 15-20 hours of formal speech therapy after being discharged from the hospital. Yet clinicians know all too well that aphasia recovery is a marathon that requires thousands of hours of personal, informal therapy in order to build and maintain the momentum needed towards improvement.

In any case, those few formal hours can do little other than help steer the ship towards a distant shore. Ironically, more hours aren’t necessarily what are needed either. As one stroke survivor said, “regardless of therapy, apps, or technology, nothing matters as much as continued

determination and work” (Meyerson et al, 2019). Motivation and practice are still the key to aphasia recovery.

Debra Meyerson, the author of [*Identity Theft, Rediscovering Ourselves After Stroke*](#) (Meyerson et al, 2019), has taken on the torch of Sarno’s persistent questions about the loss of identity and sense of self for a person with brain injury. Meyerson has identified that sensemaking, goal setting and small-win activities are needed for the long sail towards recovery (Meyerson et al, 2019).

As a result, it requires tremendous changes in the healthcare system given that “the American medical system is not organized to deliver optimal care and compassion to patients” with which health insurance “unfortunately has incentives to stop payments and coverage” (Meyerson et al, 2019).

The people within the systems are heroes for what they do for us but the stifled systematic structure itself is so siloed that one hand can’t see what the other hand is doing.

As Sarno remarked decades ago, it is still just as essential as today, “In the current climate, the challenge to change society’s view of aphasia will require a systemic and aggressive programme of public education at all levels. All avenues of education need to be utilized” (Sarno, 2004).

Much has happened good in the healthcare world during Dr. Sarno’s distinguished tenure but much more needs to be done to change the ‘why’ and the culture of the healthcare system and the “invisible” language disorder of aphasia.

Signed: *The Johnny Appleseed of Aphasia Awareness*

The author is a three-time stroke survivor and has aphasia as a result of the strokes. His language skills continue to improve.

He is Founder and President, Aphasia Nation, Inc., a non-profit organization whose mission is educating the wider public, national and international, about aphasia and plasticity, the foundation of all learning.

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6. The Whole Story newsletter, Spring, 2010, Rusk Institute of Rehabilitation Medicine, NYU Langone Medical Center, Clinician Spotlight, Martha Taylor Sarno M.A, MD (hc) CCC-SLP, BC-ANCDS.

