

# Plasticity Insights!

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“A person with aphasia may not know that: 1) they are unaware of the ingredients *needed* to activate the process of plasticity, and 2) they are unaware that the ingredients they *need* are ingredients they already have. It isn’t enough to “play” therapy twice a week. I don’t mean it in a bad way. But all too often, the person with aphasia assumes that the therapy they get twice a week is *all* the therapy that they get or should get. They probably haven’t been told that this particular “disease” requires an “all hands-on deck” approach to aphasia recovery.”

**Broussard Jr., T. G., *Stroke Diary, Just So Stories, How Aphasia Got Its Language Back (Vol III)*.** Stroke Educator, Inc. St. Augustine, Florida, 2018, pp. 194.

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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## Beyond Language Deficits: Nonlanguage Characteristics and Deficits of Aphasics.

By Tom Broussard, Ph.D.

I had a stroke and aphasia on September 26, 2011. I was an associate dean at The Heller School at Brandeis University when I fell down on Main Street, Waltham, MA. I lost my language and could not read, write or speak well.

As I got better over the years, I have made many friends with aphasia who had experienced other deficits that *weren't* language related but were rarely pointed out by their clinicians. It appeared that hemiplegia, language deficits and depression are at the top of the iceberg of stroke survivors’ deficits, and the rest are underwater, literally.

One scientist, Joseph Wepman applied his “whole person” concept (Wepman, 1958) to aphasia therapy in his book *Recovery from Aphasia* (Wepman, 1951). He described the symptoms of the disorder of aphasia going beyond language:

“The language disorder we are discussing is called aphasia. By definition, aphasia is any language problem resulting from organic disturbance of cortical tissue... The language problem manifests itself in the areas of symbolization, comprehension, and reproduction of concepts while the individual is using or attempting to use conventional spoken or written symbols. The brain defect which produces the aphasia is

seen to produce also many other far-reaching symptoms beyond the realm of language” listed in “Nonlanguage Deviations in Aphasia” (Table 1) (Wepman, 1951, pg. 33).

Wepman believed that aphasia is a language disorder with nonlanguage deficits as a result of the underlying damaged neural capacities that also affect the nonlanguage components of communication. He advanced his new theory that “aphasia is a disorder affecting the patient’s *total reaction pattern* due to a disturbance of the integrating capacity of the cortex” (Wepman, 1951, pg. 85).

“[Wepman] felt that the therapy should be directed toward aiding the brain in its ‘process of reintegration’” (Martin, 1975, pg. 74).

As Wepman said, “There is no right or wrong way. There is only your way. Whatever you do, stimulate your patients--be stimulating that means. Think of the whole patient, his needs to recover in a real world and to communicate with it. Make your language, your own verbal efforts in therapy, be the handmaiden of your thoughts. Always keep in mind that aphasia occurs only in people. Humanize your therapy; treat the person, not the language” (Wepman, 1972, pg. 214).

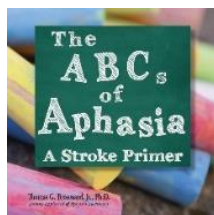
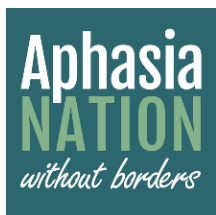
As Wepman stated so well, “A patient’s language doesn’t improve-he improves, and his language” as well as his nonlanguage deficits, “reflects it” (Wepman, 1972, pg. 438).

*Signed: 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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## *Recovery From Aphasia*, Joseph Wepman (1951)

### Nonlanguage Characteristics of Aphasics (pg. 33)

#### Table 1, Nonlanguage Deviations in Aphasia

1. Loss of attention and concentration
2. Loss of memory
3. Reduced association of ideas
4. Abstract-concrete imbalance (loss of ability to abstract; concrete concept formation)
5. Poor organizing ability
6. Poor judgment
7. Perseveration
8. Constriction of thought and interest
9. Reduced ability to generalize, categorize, group, or plan future action
10. Reduced general level of intelligence
11. Reduced ability to inhibit internal emotional forces which disturb the action of the intellect (Halstead's "power factor")
12. Inability to shift
13. Psychomotor retardation
14. Feelings of inadequacy
15. Egocentricity
16. Increased irritability and fatigability
17. Euphoria
18. Social withdrawal and seclusive-ness
19. Reduced ability to adjust to new situations
20. Catastrophic reactions
21. Reduced initiative
22. Disinterest in the environment, both physical and human
23. Externalization of behavior; a lack of introspection or self-criticism
24. Reduced spontaneity
25. Perplexity (a distrust of one's own ability)
26. Automatic verbalization
27. Impulsive behavior
28. Regressive, infantile behavior
29. Impotence (the inability to correct behavior one knows is wrong)
30. Posttraumatic psychotic behavior showing illusions, hallucinations, delusions, and extravagant behavior
31. Anxiety and tension
32. Convulsive seizures
33. Changing personality profile, the emergence and submergence of characteristics
34. Hemiplegia

Wepman J. M. *Recovery From Aphasia*. The Ronald Press Company. New York. 1951