

UNDERSTANDING LANGUAGE DIFFICULTIES

The skills required to hold a conversation are highly complicated. We have to:

- Understand what the other person is saying;
- Work out what we want to say;
- Choose the right words with which to respond and put those words in the right order;
- Be able to speak or make sounds;
- Speak at the right volume and speed; and
- Modulate our tone and expression.

If certain parts of the brain are injured any one of these stages can become impaired. These types of difficulty with language are often referred to as 'aphasia' or 'dysphasia'. Very simply, there are two main types of 'aphasia': expressive aphasia, which is concerned with talking and expressing ideas in speech, and receptive aphasia, which talking and expressing ideas in speech, and receptive aphasia, which is concerned with understanding what others are saying.

Very often a person may have an expressive aphasia and be unable to speak more than one or two words, but may still be able to understand much of what was said. Alternatively a person may be able to speak but may have difficulties understanding other people, especially if the words used are abstract, or if there is noise or other distractions. When both problems are evident we refer to the condition as being a 'global aphasia'.

One very common problem with expressive aphasia is 'word-finding difficulties'. The person knows the word but cannot find it. He may often say, "The word is on the top of my tongue." Sometimes he will find a similar word or an approximation of the word that he is looking for. It is like trying to find a book in a library: after some searching you find the right shelf, but then you pick out the wrong book.

So instead of calling a picture of a pair of handcuffs by the proper name the person with word-finding difficulty comes up with 'cufflinks', or 'hankers'. This has the effect of restricting the person's vocabulary and often means that his conversation is not as fluent as it might be, or sentences are shorter, words are substituted and circumlocutions occur.

For most people the ability to speak and use language is controlled by the left side of the brain. There is a special area concerned with producing speech (Broca's area, between the frontal and temporal lobe) and another area for understanding the speech of others (Wernicke's area, further back between the temporal and parietal lobes). These two areas are connected by numerous pathways but are quite distinct. Wernicke's area and Broca's area may be separately injured in a stroke, but by the very nature of head injury both are likely to be damaged.

It is useful to remember that these brain skills of producing and understanding speech are different from the ability to produce the actual sounds of language. When people have that problem – their speech is slurred, or too loud, or too quiet – it is often because the muscles in the throat and mouth needed to produce speech are

damaged. This is quite usual early on after injury, and with time comes recovery, although some people are left with permanent difficulty.

This difficulty producing the appropriate sounds of speech is known as 'dysarthria' and is often caused by damage to the brain stem, as opposed to 'aphasia', which results from damage to the cerebral cortex.

EXERCISES FOR COPING WITH AND TREATING LANGUAGE DIFFICULTIES

1. Coping with word-finding difficulties:
 - a) Search your memory in an organised way according to various categories and sub-categories. For example, when trying to think of a person's name, ask yourself, 'Is the person male?'; 'Is the person a member of my family?' Or search letters of the alphabet: 'Does his name begin with A, B, C ...?'
 - b) When searching for the name of an object describe it, talk around it, or draw a picture of it. Don't get hung up on getting the word exactly right.
 - c) Create an image of the object in an appropriate scene, then attempt to describe the scene.
 - d) Attempt to generate a sentence using that particular word.
 - e) Use gestures and signs associated with the word.
 - f) Remember that it is getting your message over that matters, not getting the words or sounds exactly right.

2. General advice for helping people with a head injury who have difficulties understanding language:
 - a) Do not speak very quickly; try to use short sentences with familiar words. Accompany your speech with slightly exaggerated gestures and facial expression, and other signs of non-verbal communication. But remember you are talking to an intelligent adult, not a handicapped child.
 - b) Reduce background noise and other distraction.
 - c) Try not to jump from one topic to another in conversation.
 - d) If the person speaks slowly or has difficulty word finding, resist the temptation to speak for them or finish their sentences. Give the person time to put over what they are trying to say.
 - e) Do not pretend that you understand if you do not, as this will lead to frustration for both parties.
 - f) If you understand part of what the person is saying, repeat those words back so that they don't have to go through it all again: 'you say your mother was born ... where?'
 - g) Watching somebody's lips carefully improves understanding.

3. Examples of tasks used to improve expressive language skills (best to be carried out under the supervision of a speech therapist):
 - a) Describing pictures.
 - b) Retelling a short paragraph after somebody else has read it.
 - c) Matching words to pictures.