Contribution of an Aphasic Case to Therapy

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Probably no other speech problem offers a greater challenge to the therapist than the adult aphasic. Not only is each case unique but the communication disorder makes it very difficult for the therapist to learn from the patient exactly what is going on in his mind. Occasionally the therapist is surprised at his own ingenuity in devising means to lead the patient from one developmental step to the next but more than likely the idea is applicable only to the one patient. In the case to be described the idea originated from the patient and could very well be applicable to some other cases.

The patient, a 60-year-old male, suffered an occlusion of the left internal carotid artery May 21, 1962, while on a fishing trip. The only sign of brain damage observable to his companion was loss of speech upon waking in the morning. There was no paralysis. In fact they went fishing that day but later started for home and the patient was hospitalized, from May 24th for 16 days, with secondary symptoms of diabetes mellitus and acute prostatitis. We first saw the patient June 11th. He had severe expressive difficulties. Almost the only oral response was, “I know what it is - I can’t say it”. He could not read orally nor write although printed text evoked some understanding. There was no paralysis nor paresis of the speech muscles but he could not imitate any speech sounds, syllables etc. He could not identify nor name numerical figures although his wife said he had “read” the stock market quotations while in the hospital. His wife also reported that he understood everything but this proved to be an exaggeration because systematic investigation proved that there were some receptive difficulties.

Treatment was undertaken, twice a week, starting with phonetic elements. Mirror practice was ineffective but visual impressions, f. i. watching the therapist’s mouth, were more easily mastered than acoustic. Large printed letters helped to reinforce the oral production of consonants, vowels and then syllables. In general the technique of remedial reading was followed having the patient pronounce the letters as he wrote them and then reading them. After about three weeks patient was able to attack words using phonetic approach, dividing


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longer words into syllables, etc. He kept a notebook for home practice. By August there was marked progress in oral expression, reading and writing but still a good deal of difficulty in reproducing speech (a story read phrase by phrase) from acoustic impression. It was evident when difficulties arose that the patient tended to use visual recall of words. He had the “urge” to spell out troublesome words from the beginning but was trained to rely on phonetic sounds, not the names of the letters.

In September the patient agreed to come four times a week and was quite diligent about home practice. One day he arrived with the announcement that he had found a very helpful thing for
practicing reading and he showed us a Gregg shorthand book. Then he explained that this alleviated the problem of reading words which were not spelled phonetically for instance the word “dough” which, of course in shorthand, was symbolized with the signs for “d” and “o”. The patient then explained that he had learned shorthand in High School and had utilized it throughout his business life. He was in the Real Estate business and would use shorthand when copying Court House records etc. We had been aware that the patient had been very much bothered by the aphonetically spelled words which appear so often in English and so his own discovery that he had at his disposal a means of overcoming this aspect of his speech problem was not only practically useful but obviously provided psychological benefits. He had been resentful of what he felt were juvenile procedures and here was a more adult “tool” which he had at his disposal. Thereafter his home practice included reading words from his shorthand dictionary. He happened on the idea of utilizing the shorthand books just at the stage of therapy when it could be helpful. It is doubtful whether it would have been of any help in the first stages of rehabilitation.

T. The most significant aspect of our case is that the patient himself found that shorthand reading relieves him of one difficulty in the complex aphasic disturbance. It seems worthwhile to report the case because there might very well be other cases of aphasia (especially English speaking patients) who
if formerly trained to use shorthand
could utilize this skill in the course of speech-language rehabilitation. Therefore it might be advisable in taking case histories to ascertain whether the patient has been previously trained to read and write shorthand.