

Center for Aphasia



and Related Disorders

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# Aphasia News

## Winter Holidays Are Coming!

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### Have you Heard?

The annual  
Holiday Party is  
**December 4th**

*See page 7*

Dear Reader,

We're happy to present to you the fourth edition of *Aphasia News*, our newsletter from the Center for Aphasia and Related Disorders.

In this issue, we continue our series on the different types of aphasia with an article by Dr. David Wilkins on "anomic" aphasia. People with anomic aphasia have recovered most of their skills in understanding language, but still have some trouble finding the words they want.

We are delighted to have a letter from our long-time colleague Juliana Baldo, as well as contributions from our two interns. Logan De Ley provides us with a Face to Face interview about anomic aphasia. Mia Tegtmeier, visiting from Germany, writes about her experiences here in the United States as both a visitor and a student of Speech-Language Pathology.

And, last but not least, we include the invitation to our annual holiday party! It is always great fun and we hope you can come. Please also find a holiday greeting to all of you and your families from all of us at the Center.

We wish you all a wonderful holiday season!

Nina F. Dronkers, Ph.D.

## Aphasia Profile: Anomic Aphasia

By David Wilkins, Ph.D.

No matter who you are, you've probably experienced the situation where you're talking along and then, all of sudden, you get stuck because you can't seem to find the word you want. You may know the meaning you want to express, and you may even know the first sound of the word you are groping to find, or even the number of syllables it has. Still, the word eludes you. Or perhaps you've been speaking along, when suddenly you've heard yourself say something like 'Clinton' when you meant 'Bush', or 'candle' when you meant 'handle'. For most people, these occasional glitches in the word-finding system happen so rarely that they are usually laughed off. However, damage to the left side of the brain, especially to the language areas of the brain, almost inevitably leads to an increase in problems of word retrieval. Even people with a mild form of consistent word finding problem may feel they no longer have the vocabulary, or the fluency, they need to express themselves the way they used to, and so feel their own identity has been affected. At its worst, such problems can totally impede a person's ability to have coherent conversations.

The persistent inability to find the right word is known as *anomia* ["without names"]. Anomia is actually a symptom of all forms of aphasia, but people whose main language problem is word retrieval are diagnosed as having *anomic aphasia*. In other words, people with anomic aphasia tend to have good speech fluency, good repetition, good comprehension and good grammatical output, but significant naming problems. Some anomic aphasics have such difficulty selecting the right word that they often choose to paraphrase the concept behind the word they're looking for in phrases or sentences built out of words that they can easily retrieve. For instance, a patient who was diagnosed as having anomic aphasia was shown a drawing of a pair of tongs and asked to name it. Although he could not retrieve the word 'tongs', his fluent paraphrase was:

"I know what it is, it's a...it's a... Aww hell, it's there but I just can't get it".

"You pick up things with it." Similarly, when this same patient was shown a drawing of a noose, he referred to it as "a rope to hang someone with", and for a drawing of a beaver, he said "the one that eats wood". Such paraphrases are known as *circumlocutions* ["talking around" the problem]. They demonstrate that this patient has neither lost the concept that the picture is meant to evoke, nor the ability to build coherent sentences and phrases. It's just that he can't find the single word that appropriately names each picture.

While circumlocutions may be a characteristic feature of the speech of some people with anomic aphasia, the main characteristic displayed by others may be periods of slow and halting speech as they struggle to find the single word they are looking for. For instance, when shown a picture, they might say: "It's a, ummm, uhhh, a, a, a ,, I know what it is, it's a ... Aww hell, it's there but I just can't get it".

Other people diagnosed with anomic aphasia might regularly produce words, but not the ones that they intended. For some people, the substituted word may primarily be related in meaning, as when a patient says "lasso" when shown the picture of a noose, "ice cubes" for the picture of a pair of tongs, and "muskrat" for the picture of a beaver. This suggests that the picture has triggered a host of semantically related words in the mind, and the wrong one got selected. Sometimes a picture appears to excite a set of words that are related by sound and a wrong, but similar sounding word, is selected. The selected word may begin with the same sounds as the target word, or they may rhyme or share similar syllables. For example, a person who primarily demonstrates this problem might say "thongs" for the picture of tongs, "telescope" for a picture of a stethoscope and "cart, noooo, part, no, chart, awww..." for a picture of a dart. Quite often the wrongly selected word is related to the correct name both by meaning and by sound. This is the case when a patient says

*Aphasia Profile: Anomic Aphasia (cont'd)*

“elevator” for a picture of an escalator, “sticks” for a picture of a pair of stilts, “penguin” for a picture of a pelican and “periscope” for the picture of a telescope. These various patterns of performance in naming tasks have led researchers to propose that our mental dictionary (our internal word store) is organized both by meaning and by sound. As such, the different responses to word finding difficulties that have been exemplified above may reflect problems with one or both of these forms of organization.

Another clue to how our mental word store may be organized comes from those rare few patients who have significant trouble finding certain very specific categories of words, without obvious problems in other domains of vocabulary. For example, there are patients who have a particular problem finding and producing nouns for concrete objects like ‘head’ and ‘apple’, but no problem with nouns for abstract concepts like ‘knowledge’ and ‘beauty’. There are other patients who have precisely the opposite problem; they can retrieve nouns for concrete objects, but not nouns for abstract ideas. Areas of vocabulary that individual patients have been observed to have special trouble with, in the absence of problems in other domains, include color terms; animals; tools; fruits and vegetables; body parts; and furniture. So, when someone is diagnosed with anomic aphasia, their speech-language therapist will often try to see if the word retrieval is restricted to one or a couple of domains, and then work with the person on that specific area of vocabulary.

More often than not, a patient’s anomia is not restricted to a particular semantic category, but is more general. Even in such cases of generalized anomia, not all areas of the vocabulary are equal. It is very common for proper names (like ‘David’, ‘Nina’, ‘Carl’) to be more difficult to retrieve than common nouns (like ‘apple’ or ‘head’), and common nouns are often harder to retrieve than adjectives (like ‘happy’ or ‘big’) or verbs (like ‘eat’ or ‘read’). Similarly, words that do not occur very commonly in

everyday talk, like ‘linguist’, ‘sphinx’ and ‘egregious’, are typically harder for a person with anomic aphasia to retrieve and produce than frequently used everyday words like ‘bed’, ‘carrot’ and ‘eat’. So, both the function of a word (proper noun, common noun, adjective, verb) and the frequency of a word (used rarely vs. used every day) are often

Therapies which emphasize conversational interactions ... may be better for mending word networks than ... simple word-based exercises.

good predictors of whether or not a person with anomia will have trouble retrieving that word. For this reason, speech therapists often try to help people with anomia by building therapy around word classes and word frequency. Interestingly, there are recent suggestions that therapies which emphasize conversational interactions

that reinforce the use of particular vocabulary may be better for mending word networks than exercises that specifically rely on simple word-based exercises.

Since people with anomic aphasia have good comprehension and are generally able to express themselves quite well, clinicians are especially encouraged to involve this group of clients in the design and evaluation of their own treatment program. It is often useful for people with anomia to note down examples of word finding problems that they have experienced in real life situations, and then discuss these with their therapist (and family and friends).

If you have more questions about anomic aphasia, or anomia more generally, do not hesitate to contact David Wilkins at wilkins@ebire.org or by phone at 925-370-4010.

*Face to Face*  
with Logan De Ley, M.A., Speech Pathology Intern

*Gail is a regular at our Stroke Support Group on Wednesdays, and has been a research participant in the Aphasia Center. She has been a math teacher in the Mt. Diablo Unified School District for 26 years, in the very schools that she attended growing up. Gail had her stroke before the age of 50, and recently met with me to talk about changes in her life in the couple of years since then.*

Logan: Other than the weakness on your right side, what symptoms did you have after your stroke?

Gail: Originally, I couldn't carry on a conversation. I could answer questions if they were 'yes-or-no,' or very simple. But I wouldn't come up with sentences at all. I was thinking that, "I wish I could say stuff." But, it just didn't ever come out. And, I thought, "Well, so what," or "Maybe they can read my mind." I know nobody can read my mind. (Laughs).

L: Did it feel like it was hard to get your mouth around the words, or more like that the words just weren't coming?

G: They weren't coming. The words just wouldn't come at all. It's really funny, because a long time ago, when I first had my stroke, I would be talking, and when a word didn't come, I would substitute the word "temperature." I'm not sure why, I would just substitute that word. My mom laughs about it, because that's sort of the funny joke. Then that went away.

L: Did you ever have difficulty understanding what others were saying?

G: At first, right after the stroke...it wasn't like I didn't understand them, but people would have to repeat themselves. There was a time when I didn't really pick things up to read them, because I guess I didn't understand them. But since then, I can pick up the newspaper and read it and understand it. I trained to be an ESL (English as a Second Language) tutor, and I wasn't sure if I was going to be able to read the manual and follow it. It is sort of written in this weird way, but I could understand it.

L: How has your stroke changed your lifestyle?

G: Since I am not working, I have had to replace my time with other constructive things. You know if I wasn't going to the "Y" and going to support groups I'd just be sitting at home. I've become involved with a retired teachers' group. I am also involved in a sorority, Beta Alpha, an association of women teachers. Next month I am going with one other woman from our chapter to Sacramento for the Northern District Meeting. So I am getting involved somewhat, and that's good.

L: Have you felt that your aphasia has held you back from participating in these activities?

G: I don't think my aphasia holds me back. But when I can't say something, when I have difficulty, I think: maybe I'll stop speaking...stop trying to fill the space with talk. Which I guess is OK. Usually, I try to say something, but when I find it's difficult, or I find I am not making sense, I just stop right there, and let it go; let somebody else take it. Going to that Northern District meeting in Sacramento, I think, in that circumstance, where I don't know anybody, I will be even more quiet. I guess I need to feel comfortable with people first.

L: Did you find that any of your friendships changed, or that friends drifted away?

G: Yes, somewhat. This one friend, she didn't come through like I thought she would. It really distressed me at first. She just didn't handle my illness very well, and eventually we just didn't make it as friends anymore. But some of my friends have also been very close and supportive.

L: How has your stroke or your aphasia affected your relationships with your

family?

G: Well (my parents), they understand...but they don't really know. They don't understand exactly what I'm going through. They want everything to be normal. It's not, because I've had a stroke.

L: How about with your boyfriend?

G: Nothing's different...except he wants me to do everything and be normal...and I've had a stroke. That sounds like a terrible excuse. I don't mean it to be an excuse. I just haven't gotten whole again, I guess.

L: It sounds like your family members are perceiving you as "all better now."

G: Yeah, because I look better. I look OK, so everything should be OK. And I guess it is...but it's not. You know, I don't have a job. I'm not going to be working for a while, and they don't understand that.

L: What has been helpful or not so helpful for you in your rehabilitation?

G: Having my mom driving me to all of those activities was very helpful. The YMCA project, 'Project Recovery,' has been very, very helpful to me. I've been there for about a year and three months, and it's been so helpful I just can't believe it.

L: Is that a support group?

G: No, it's working out. Working out with other stroke people. The instructor has each of us working out with different equipment and machines. It's strengthening all

I want to ... get the thought across that I am really grateful for all my help and all my support.

**Letter from Juliana Baldo, Psychology Professor**

of me, but also working on my weak side.

It's really funny, doctors say different things. But there was this one doctor at Kaiser who said to me, "Oh yeah, you'll be down for maybe two weeks, and then you'll be up and at 'em again." So I thought, I was going to be sick for two weeks, then I'd be up and going to school, and everything was going to be normal. But, after I spent all this time trying to do this stuff (rehabilitation), I'm thinking, "That guy was crazy. This is not two weeks' worth. This is much more than two weeks' worth." You know he just said that, I'm sure, to make me hopeful for the future. But it was very unfair to say that. And I thought, "I don't know who he is, but I don't like him." Another doctor told me that I was going to be left handed! But I have an occupational therapist who is very encouraging. That's the most important thing.

L: Was there anything that got in the way of your rehabilitation?

G: I hate to say this but, along with the good of being at home and my parents taking care of me, when I was staying with my parents...they took too good care of me. You know my mom would always cook, that's just the way she is, so I couldn't learn to do stuff. I couldn't do anything there, so now that I'm home, I'm doing those things.

G: I want to make sure that I get the thought across that I am really grateful for all my help and all my support. My parents were wonderful to take me in. My boyfriend was very supportive. I got involved with a lot of things with my Mom. She took me to classes and stuff; she took me to all the support groups. She really got me involved. She said, "You need to get involved with things that have to do with stroke." Although she couldn't say 'stroke.' I would say, "Mom, I had a stroke," and she would say, "Yeah, yeah your 'illness.'" But she was very helpful. If I didn't have them I don't know what I would do.

L: What institutional obstacles did you encounter?

G: Well, my driver's license was taken away and I had to get my driver's license back. It was just a pain. I had to go into Oakland, because they don't give driver's licenses out here anymore. I had to call all these people. It was the most frustrating thing I've ever had to live through in my whole entire life.

L: Any parting comments, something that you would like to share with other stroke survivors?

G: Get involved in as many different things as you possibly can, to further your speaking ability and your physical ability. There is so much you need to do for rehab, and rehab takes a long time.

Hi everyone!

I'm now well into my first semester here in the Psychology Department at Scripps College in southern California. So far, so good. I've had a really good time meeting people, and I've been very impressed with the intellectual caliber of the students here. In addition, everyone's been incredibly welcoming and helpful, including students, staff, and faculty.

I'm really enjoying the environment here—people are very open and interesting, but also are well rounded and know how to enjoy life. There are a lot of really great talks and meetings that I can attend around the college, including things like art openings and special guest lectures. One bad thing about being here is that I think I'm getting the Freshman 15 — 15 pounds that is. The food here is so good, and it seems that every event I attend is accompanied by an amazing buffet!

I am currently teaching two courses, "Introductory Psychology" and a seminar on "Language and the Brain," both of which I'm enjoying very much. It's really nice to have such small classes (only 14 in my seminar), because it's much more interactive. Next semester, I'll be teaching "Cognitive Neuroscience" and "Research Methods."

I've still been able to keep up with goings-on at the VA by phoning in for lab meetings every Wednesday morning. This has been a great way to keep up my research, and we've got a number of ongoing projects. I also just went to the Academy of Aphasia conference in New York with Nina, and we presented research from the lab.

Perhaps the worst thing about being here is that I really miss everyone! But I think about you a lot, as I share with students all I've learned about aphasia. Thank you for teaching me so much.

I am planning on coming up next summer to work on research projects at the VA. So I hope to see you all soon. You're in my thoughts.

Juliana

## German experiences in California

By Mia Tegtmeier, S.L.P.

As soon as I was asked to write about my experiences as a German Speech Pathologist coming to California, I knew that I could not leave out my general impressions about the country and the people I have met.

First of all, I should tell what moves a German student to decide to work in the United States. I was asked this question, not only by many people here, but also by several friends in Germany. They all imagined it is pretty difficult to work in an English-speaking country without being a native speaker, especially in this field. I have to admit that I had similar doubts before I made the final decision to apply for this internship. However, as my studies in Germany are mostly based on literature written in English, it really seemed worthwhile to accept this challenge. In addition, my desire to come to California was strengthened by my curiosity for this place, about which I had heard and read so many positive tales. My interest piqued when I was told about the Center for Aphasia and Related Disorders in Martinez. By being in research, I could work behind the scenes where my job would not require perfect English. This seemed like the perfect place.

After having coped with an immense amount of paper work to get the final work permit and visa for three months, here I was at the VA Clinic in Martinez starting my internship the first of September.

Immediately, the first day was a pleasant surprise to me. I had expected a large Center with many employees, which often causes rather impersonal contact among the personnel. Instead, I found a smaller team that I got to know as very open and friendly people. This made me feel welcome and continually supported.

Many people asked me to explain whether I had already graduated as a speech pathologist or if I was still studying, and I recognized how much the American and the German school systems differ from each other. In Germany, we do an apprenticeship program, which after three years gives you your license.

In addition to that basic requirement, I have joined a special program at the University of Aachen to learn about neuropsychology and various research methods. The internship at the VA offered me the possibility to put these theoretical issues into practice. This will be very helpful for my work in the future, as I now understand much better how many different steps it takes, and how much work is needed, before a paper can finally be published.

The guidance of the Center's Director, Nina

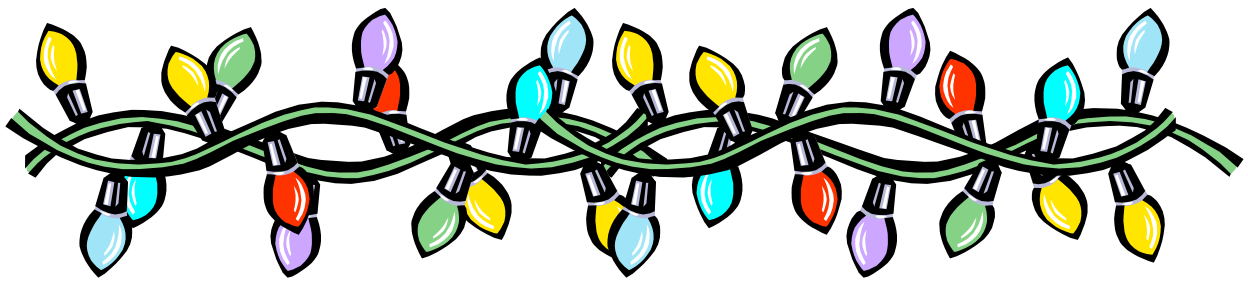
Dronkers, has been very helpful for me to better understand the different mechanisms of the brain, and why damage to certain regions would cause special kinds of symptoms. In my opinion, this is very important for a speech pathologist, in order to get effective therapy results. I was also offered the opportunity to join her class every Monday at the University of California at Davis. That has been a great pleasure for me.

I could never talk about the VA Clinic without mentioning the Aphasia Support Group that meets for two hours every Wednesday afternoon. It was really a pleasure for me when my fellow intern, Logan, and I were asked to guide the group during our internship. This offered me the great opportunity to also do some speech therapy in a group setting. It has been really fun to do all the planning for these group meetings with Logan, as we implemented many different activities based on either German or American speech therapy ideas. What I liked most about the group was the easy going, relaxed and familiar atmosphere that makes learning so much easier and, of course, much more fun. This was a new experience for me, as aphasia groups in Germany are often rather serious and inhibiting.

Last, but not least, I appreciated being in contact with the speech therapists who work in the VA Outpatient Clinic. It was very interesting to exchange the different treatment and diagnostic programs and to learn about the different educational programs concerning speech pathology in the U.S.

The only thing that instead surprised me in a negative way is the American health care system compared to the German model. Although patients in Germany suffering from aphasia are in general prescribed about 50 sessions of therapy, it is often very difficult for many Americans, outside of the VA, to get much therapy at all. In my opinion, people in Germany should appreciate their health care system more than they do. There, all medicine and all doctor visits are covered, and it is taken for granted.

Looking back at the three months I have spent in the Bay Area, I have to say that I am so glad I made the decision to come here. Working and living here was definitely invaluable to me. In conclusion, I would like to say thank you to everybody, both at the Center and also outside of work, who made my time here in California one of the greatest experiences of my life.



# Stroke Support Group Annual Holiday Party!

*When: Wednesday December 4,  
12:00-2:30 p.m.*

*Where: C.R.E.C. Tahoe Ward*

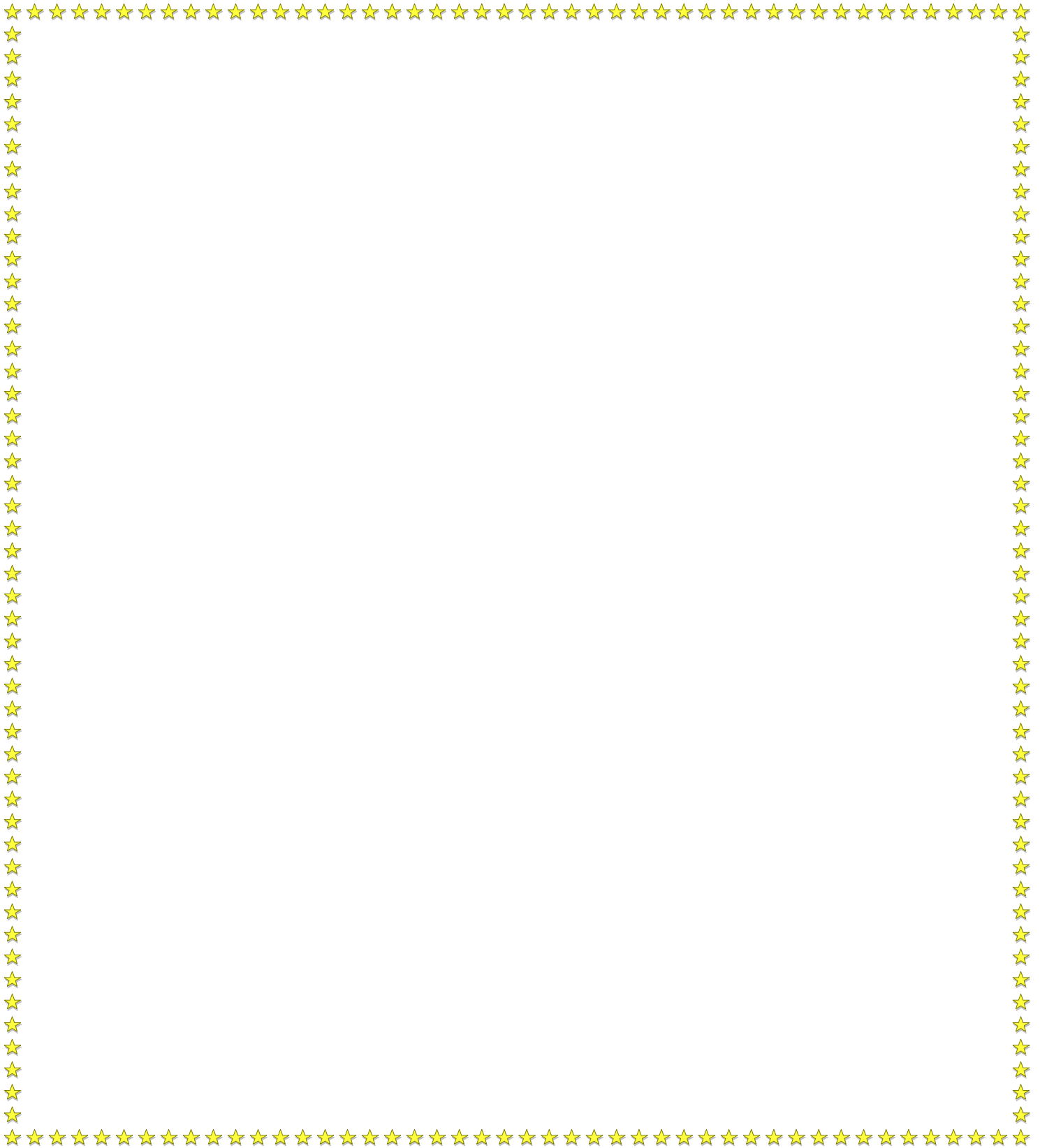


*What to bring: -a dish or drinks to share,  
if you are able  
- a wrapped ornament to exchange*



*Questions: call Carl (925) 372-2423*

# Game Zone/Exercises







# Aphasia News

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## Contributors

*Thanks to:*  
Nina Dronkers  
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Juliana Baldo  
Mia Tegtmeyer  
Carl Ludy  
Jenny Ogar  
Luci Varian

We would also like to thank the members of the Stroke Support Group and their families, the Speech Pathology staff, and the East Bay Institute for Research and Education.

## Newsletter Information

If you would like to receive this newsletter or you have comments/suggestions, call Carl Ludy at (925) 372-2423, or e-mail him at [ludy@ebire.org](mailto:ludy@ebire.org), or write to:

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We welcome your comments and questions!

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