

Alternative processes of meaning and jargonaphasia: a case study

Processos alternativos de significação e jargonafasia: um estudo de caso

Procesos alternativo del significación y la jerga aphasia: estudio de caso

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Abstract

Introduction: Aphasias are changes of expression and/or understanding of verbal language (oral and written) that can be treated by speech therapy. Objective: To identify and analyze verbal and nonverbal production (alternative processes of meaning) of an individual supervised in speech therapy and an Interdisciplinary Support Group. The analysis of production/interpretation of verbal and non-verbal language was performed from excerpts produced through dialogical relations in individual therapy sessions and in the support group. Method: Data collection occurred over the years 2013 and 2014, through filming of individual speech therapy sessions and the Interdisciplinary Support Group. The individual is male, born in the state of Rio Grande do Sul, 61 years old, environmental technician at the Brazilian Institute of Environment; he suffered an ischemic stroke in the left cerebral hemisphere, in May 2010. The perspective of Discursive Neurolinguistics is the basis for interpretation of linguistic and cognitive data of the individual. Results: we verified different meaning processes (alternative or not) manifested by the individual during the therapies and/or experiences in the group, especially the concomitant use of gestures and speech and the use of gestures, drawings and writing instead of speech. Conclusion: This individual, clinically monitored, according to the aforementioned perspective, has demonstrated potential for expression and understanding, whereas processes – therapeutic and in the support group – favor verbal production/interpretation as well as the nonverbal/alternative processes of meaning attribution.

Keywords: Aphasia; Language; Speech therapy.

Resumo

Introdução: As afasias são alterações de expressão e/ou de compreensão da linguagem verbal (oral e

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escrita) passíveis de acompanhamento fonoaudiológico. Objetivo: Identificar e analisar a produção verbal e não verbal (processos alternativos de significação) de um sujeito acompanhado em Fonoaudiologia e em um Grupo Interdisciplinar de Convivência. A análise da produção/interpretação da linguagem verbal e da não verbal dá-se a partir de excertos produzidos em meio a relações dialógicas ocorridas em sessões terapêuticas individuais e no grupo de convivência. Método: A coleta dos dados ocorreu ao longo dos anos de 2013 e 2014, por meio de filmagens das sessões fonoaudiológicas individuais e do Grupo Interdisciplinar de Convivência. Sujeito sexo masculino, nascido no estado do Rio Grande do Sul, 61 anos de idade, técnico ambiental no Instituto Brasileiro do Meio Ambiente; sofreu Acidente Vascular Cerebral isquêmico no hemisfério cerebral esquerdo, em maio de 2010. A perspectiva da Neurolinguística Discursiva é a base para interpretação dos dados linguístico-cognitivos do sujeito. Resultados: Constatam-se diferentes processos de significação (alternativos ou não) manifestados pelo sujeito durante as terapias e/ou vivências no grupo, especialmente, o uso concomitante de gestos e de fala e o uso de gestos, desenhos e escrita no lugar da fala. Conclusão: Este sujeito, clinicamente acompanhado, segundo a perspectiva supracitada, tem demonstrado potencialidade de expressão e compreensão, visto que os processos – terapêuticos e de convivência - favorecem a produção/interpretação verbal e a não verbal/processos alternativos de significação.

Palavras-chave: Afasia; Linguagem; Fonoaudiologia.

Resumen

Introducción: Las afasias son cambios de expresión y/o comprensión del lenguaje verbal (oral y escrita), pasibles de acompañamiento. Objetivo: Identificar y analizar la producción verbal y no verbal (precesos alternativos de significación) de un sujeto que frecuenta terapia fonoaudiologica y un Grupo Interdisciplinario de Convivencia. El análisis de la producción / interpretación del lenguaje verbal y no verbal ocurrió a partir de extractos producidos durante las relaciones dialógicas en sesiones de terapia individual y del grupo de convivencia. Métodos: La recolección de datos se llevó a cabo durante los años 2013 y 2014, a través de la filmación de las sesiones fonoaudiológicas individuales y del Grupo Interdisciplinario de Convivencia. El sujeto es del sexo masculino, nacido en el estado de Rio Grande do Sul, 61 años, técnico de medio ambiente en el Instituto Brasileño del Medio Ambiente; sufrió un accidente cerebrovascular isquémico en el hemisferio cerebral izquierdo, en mayo de 2010. La perspectiva de la Neurolingüística Discursiva foi la base para la interpretación de los datos lingüísticos y cognitivos del sujeto. Resultados: Se encontró diferentes procesos de significación (alternativos o no) manifestados por el sujeto durante las terapias y / o experiencias en el grupo, sobre todo, el uso concomitante de gestos y habla y el uso de gestos, dibujos y escritos en lugar de la palabra. Conclusion: El sujeto, clínicamente acompañado, según la perspectiva antes citada, ha mostrado potencial de expresión y comprensión, mostrando que los procesos - terapéutico y de convivencia - favorecen la producción / interpretación procesos verbales y no verbales (procesos alternativos de significación).

Palabras claves: Afasia; Lenguaje; Fonoaudiología.

Introduction

Aphasias are changes of expression and/ or understanding of verbal language (oral and written)1; there is a profusion of terms in the neurological, neuropsychological and neurolinguistic literatures to mention the difficulties of expression (Broca's aphasia, motor aphasia, expressive aphasia, non-fluent aphasia, anterior aphasia) and comprehension of language (Wernicke's aphasia, sensory aphasia, fluent aphasia, posterior aphasia). Aphasias result from an acquired focal brain damage, a fact which excludes language disorders that emanate from a global disorder of brain function, such as mental confusion, intellectual disabilities and dementia^{1,2}.

The jargonaphasia is characterized as the most severe case of fluent aphasia, and anosognosia² is a frequent symptom. According to current aphasia scholars who assume the enunciative-discursive perspective of language³, there are classical references in aphasiology literature that the jargonaphasic individuals do not recognize that they produce jargon: they talk mostly in abundance, thinking that their expression is adequate (they are deaf to their own jargon). Other researchers⁴ affirm that



the individuals produce jargon instead of silence (they are deaf to their jargon in order to avoid being reduced to the silence).

Jargon is classically defined as anosognosic disintegration of the semantic level^{4,5}; it refers to a heterogeneous field of language disorders, but maintains similarities: fluent production and unintelligible discourse6. Currently, there are authors⁶ who classify jargonaphasia in: i) semantic - full of real words with wrong combinations; ii) with neologisms - "normal discourse" and intelligible with distortions of words and difficulties to find the target word; iii) phonemic or undifferentiated jargon - "regular speech", but no or few real words are identified. For other authors⁷, jargonaphasia is an incomprehensible and meaningless production, with confused syntactic and semantic organization.

In addition to the aforementioned characteristics, it may occur an increased speech rhythm with maintenance of articulatory precision. Jargon can be found in all productive contexts of language use (dialogues, monologues, debates, poems, songs etc.), in metalinguistic activities, naming/denominating figures and objects, in descriptions of pictures and repetition attempts. The jargon can also be observed in reading aloud and writing^{5,6}.

Jargonaphasia is an obstacle to the treatment of the aphasic patient, which implies a difficult prognosis. It can be affirmed, therefore, that the jargon presence is one of the more complicated difficulties in the therapeutic treatment. However, currently, there are theoretical and methodological approaches that focus more on the subject who enunciates than on the mere analysis of pathological manifestations of language. The Discursive Neurolinguistics (DN) perspective, adopted in this study, is one of them.

DN is a theoretical and methodological perspective that incorporates linguistic theories that assume the indetermination and constitutive activity of language, the subjectivity and heterogeneity of language, the virtuallity of language, as well as the interrelation of the levels of linguistic analysis. Besides, the interactive dimension of language concepts and the conception that the brain organization and functioning occur through Functional Complex Systems are part of DN. It is adopted, therefore, in this perspective, the idea that language is constructed in the social interaction 1.11.12 – in the interlocution 1.3. It is in the interlocution of an aphasic individual with other speakers of the language that

the meaning production occurs, with verbal (oral and written) and nonverbal processes (alternative processes of meaning) ^{8,10,11,14}. Concerning it, the authors ^{8,10,11,14} clarify that the alternative processes of meaning are strong evidence that aphasic individuals perform linguistic and cognitive work, even when the linguistic components (phonological, morphological, syntactic, semantic and pragmatic) are missing and/or disorganized.

Alternative processes of meaning, according to the authors^{10,11,14}, occur through the possibility of intraliguistic and intersemiotic translations. They may be expressed by gestures/body; use of objects; establishment of relationship between objects; among others. Some of these alternative processes are predicted (official) – intralingua translation – while other are unofficial – intersemiotic translation. It is explained that intersemiotic translation appears as an expression that occurs in both aphasic and non-aphasic individuals; the difference is that in aphasia alternative processes of meaning are more recurrent.

It is worth noting that recent studies^{15,16,17} have discussed, especially, the gestural expressions in aphasia as intersemiotic translation. In these studies, the gesture has been analyzed as an adaptation of verbal to non-verbal language, a transmutation of a sign to other semiotic systems¹⁸.

This study aims to analyze the verbal production (oral/speech and writing) and nonverbal (alternative processes of meaning) of a jargonaphasic individual in speech therapy and also participant in a support group — both therapeutic spaces are guided by DN. This study results from the research "On language and other cognitive processes relationship: an interdisciplinary study on aging and encephalic pathologies in adults and elderly"; approved by the Research Ethics Committee of a University located in an inland city of the state of Rio Grande do Sul, where research was developed, under the number 0324.0.243.000-11.

Data collection occurred over the years 2013 and 2014, through filming of individual speech therapy and support group sessions – the Interdisciplinary Support Group (ISG). Participants of ISG are aphasic individuals, their families, Speech Therapy, Physiotherapy and Occupational Therapy students, postgraduate students and professionals of these areas.

Individual sessions were weekly, each session lasting for about 60 minutes; the ISG meetings also



occurred once a week, lasting two and a half hours. It is worth noting that a part of data was collected by the authors of this study and another part was extracted from the Linguistic-Cognitive Database of Elderly Individuals with Aphasias and Dementia Processes.

Methods

Clinical case presentation

WG, 61-year-old, male, born in a provincial city of the state of Rio Grande do Sul, Brazil; youngest son of a couple with two children. He lives, for 24 years, with his second wife and son. He served as environmental technician at the Brazilian Institute of Environment (IBAMA), between 2001 and 2010, and previously he worked in another public agency for nine years.

At the beginning of May 2010, he suffered an ischemic stroke in the left cerebral hemisphere (tomographic result). After the stroke, the patient was unable to walk, talk and perform his self-care activities independently. Even during hospitalization, he started physical therapy and speech therapy. After two months, the limb movements improved significantly. Concerning the language, his speech has presented (and still presents), most of the time, jargonaphasic characteristics; he also demonstrates inconstant verbal comprehension and difficulty to read and write. Currently, WG is independent for his basic self-cares, drives, has as hobby watching movies (especially action movies) and takes the bus (to promenade).

Three years after the stroke (2013), WG started speech therapy (twice a week) at the Clinic-School where this study was conducted and initiated to attend the weekly meetings of the ISG. During the year of 2014, one of the authors conducted speech therapy once a week and accompanied the ISG.

Results

The linguistic and cognitive data of this study are data-findings, considering that the language of aphasic individual, modified by the own aphasia, has several faces (such as the language of non-aphasic subjects) that may be grasped in the exercise of the living language and interpreted discursively 14. The data-finding reflects, thus, the reciprocal relationship between data and theory, is produced in the dialogic relationship between subject and

researcher/therapist, and the dialogue consists of a minimum unit of linguistic analysis^{11,14,19}.

The data of this study are presented according to the coding system (modified) established by the Database of Neurolinguistics - DN²⁰; they are arranged in individual tables divided into five columns: line numbering (produced utterances); initials of the speaker (initial name of each individual in the interaction); transcription of verbal utterances (orthographic mode); observations on the production conditions of verbal utterances (intonation marking); and observations on the production and interpretation conditions of non--verbal utterances. We aim, therefore, to explicit and detail the discourse of the subjects involved in verbal interaction, using the following markings: / (short pause); // (Long pause); - (syllabication); : (Short stretch); :: (Long stretch); [superposition of voices) and uppercase letters (emphasis on the segment)²¹.

The aphasic individuals are identified by the initials of their names (WG - subject of this study and GF - another participant of ISG) and the therapists/researchers are identified by the uppercase letter I (of investigator) followed by lowercase letters representative of their names (Ief and Iep).

The linguistic and cognitive data are analyzed according to the theoretical framework of DN. In the first data of WG, there is an episode which occurred in the ISG, on October 11, 2013. There are several members in the room seated in a large circle, talking about the need to eat well to maintain health, considering that one of the participants was not eating nothing but bread soaked in coffee; WG is seated at right and GF at left of Ief, which turns to WG, requesting help with suggestions for GF on how to go back to eat properly (Figure 1).



Figure 1. Data 1 (11/10/2013).

No	Initial of the speaker	Transcription of verbal utterances	Observations on the production conditions of verbal utterances	Observations on the production and interpretation conditions of nonverbal utterances
1	lef	Mister WG /	Reticent tone	Turning the body at WG.
2	lef	Give him the recipe	Imperative tone	Pointing the right hand to GF.
3	WG	Sieu nauntô: didevo /	Affirmative tone	Smiles; look at his hands holding a tissue.
4	WG	I cannot	Exclamatory tone	Smiles; blows the nose with the tissue.
5	WG	I'm not / Hmm ::	Reticent tone	Pointing the right index to another member of the group.
6	lef	Tell him how you do to ea /	Affirmative tone	Shaking, many times, right hand fingers in front of the mouth (gesture of eating).
7	lef	To go back to eat	Affirmative tone	Continues the gesture of eating.
8	lef	You should stimulate him to eat::	Reticent tone	Looking at WG (indicating he explains to GF how to gain weight)
9	lef	Show him :	Reticent tone Affirmative tone	Smiling moves the right hand from WG's place in direction to GF.
10	lef	Like this look / look this look/	Affirmative tone	Doing the gesture of eating.
11	WG	[Uh-huh:	Exclamatory tone	Nods the head, many times; laughs looking at the belly and holding it with both hands.
12	lef	Is still going to diet	Affirmative tone	Interpreting the gesture of WG as "it's possible to go back to eat: look how I'm fat".
13	lef	Look/ Look there/	Exclamatory tone	Points to WG Smiling
14	lef	Got a lit:le, fat isn't	Interrogative tone	Smiling
15	lef	Is eating/	Affirmative tone	Smiling
16	lef	Devouring / a SM	Exclamatory tone	Smiling
17	WG	Yeah: yeah:	Affirmative tone	Nods the head, many times; touches three times the belly with both hands, smiling and looking at the members of the group
18	WG	There look	Exclamatory tone	Smiling and touching twice the belly
19	WG	Sé muita coisa	Exclamatory tone	Smiling
20	lef	Is getting too fat	Affirmative tone	Smiling

Legend: / (short pause); : (Short stretch); :: (Long stretch); [(superposition of voices). (SM: Set meal)

At the beginning of the dialogue, it is clear that WG, when asked to indicate a diet for GF, says: "sieu nauntô didevo /" (line 3 - Figure 1), looks down, trying to avoid the request of talking demanded by Ief, and points at another member of the group, as authorizing this member to take his turn in the dialogue. It is interesting to note how the first words produced by WG were agglutinated,

characterizing a speech with phonemic and undifferentiated jargons⁶.

But soon after his verbal productions were entirely understandable: "I cannot" and "I'm not / Hmm::" (lines 4 and 5 - Figure 1). It is important to note that Ief interpreted as "I cannot say how I did," "Do not insist, I do not give a tip of how to go back to eat properly, ask others to do it," respectively. Ief, without speaking, interprets his

expressions (jargonaphasic and conventional), as well as his pointing with the right index finger followed by "hmm" as "ask to someone else to say it" and continues instigating him to take the role of speaker, talking and using gestures "Tell him how you do to ea /" and "to go back to eat" (line 6 and 7). After this approach, it is observed that WG takes his turn vocalizing/speaking "Uh-huh" (line 11), with help of gestures: affirmative (nod of the head) and indicating that he is sufficiently fed (touching the belly) and also sucking in the abdomen and smiling, which suggests he is overweight. Thus, it can be said that WG, for verbal insistence accompanied by Ief's gestures, joined the topic of conversation (he understood and responded to Ief's request) and therefore he occupied space in the interlocution getting support in the gestural and oral expressions of his interlocutor - he remained a linguistic and social subject^{8,11,22,23}.

Another interesting fact to highlight is that WG has interpreted immediately, in opposition to some literatures that indicate that jargonaphasic individuals have constant difficulties in understanding. Possibly, it was the cooperative approach of Ief that guided his (verbal and gestural) understanding and gestural production. It is possible to see, therefore, the gesture taking the place of the speech: the occurrence of intersemiotic translation^{11,14,15,24}.

WG's second linguistic and cognitive data, analyzed here, occurred in an individual speech therapy session working on reading and writing. The participants of the dialogue were Iep and WG.

For the aforementioned session, we selected a journal specialized in health. The journal was explored by WG with help from Iep (oralization of notes of the articles highlighted by the subject, with some parts of the text explained/clarified and other excerpts commented by the therapist), aiming to WG's verbal and non-verbal production.

In this data, there is the reading of an excerpt about food that can be freely consumed in a diabetic diet. First, I asked WG to read silently and after to read with audible vocal intensity, knowing that he tends to read at low intensity.

Figure 2. Data 2 (16/10/2014).

N°	Initials	Transcription of	Observations on	Observations on the
	of the	verbal utterances	the production	production and interpretation
	speaker		conditions of verbal	conditions of non-verbal
			utterances	utterances.
1	WG			Is seated with the journal over
				the table; reads silently.
2	lep			In silence; waiting for WG start
				the reading and observing him.
3	WG	Ebistolegi	Affirmative tone	Starts the reading following the
		xebatatalison		letters and/or syllables with the
				right index finger
4	WG			Looks at lep and laughs
5	lep	Uh-huh ::	Reticent tone	Nods the head, following WG's
				reading.
6	WG	Epoiz xe tatalison a	Affirmative tone	Reads and looks at lep.
		estidos a esteis		
7	WG	/unintelligible segment/	Affirmative tone	Reads and looks at lep.
8	WG	Cobara estodos por	Affirmative tone	Reads and looks at lep.
		quando quis tudo		
		nimétudi		
9	lep	What have you	Interrogative tone	Looking at mister WG.
		understood of this text		
		mister WG		
10	WG	Ou só de tudi	Affirmative tone	Taking with the left hand a paper
				sheet to write and/or draw; takes
				the pen with the right hand and
				draws a traffic light.
11	lep	Which of them are	Interrogative tone	Pointing to WG's drawing.
		these foods?		
12	WG			Points with the index finger to
				the green light.

Legend: / (short pause); (Long stretch).





WG reads the article in silence as Iep's request, and as soon as he ends he looks at the therapist who immediately requested him "to read aloud".

The oral reading of WG was initially marked by phonemic and undifferentiated jargons⁶, except at the end of line 3 and in the middle of line 6, when appears "Alison" - person's name. In line 7 (Figure 2) his speech was at low intensity so it was not possible to transcribe it.

At no time of WG reading there was adequate grapheme-phoneme relationship, although in lines 3, 7, 8 and 10 (Figure 2) appear identifiable words as belonging to Brazilian Portuguese. However, WG used the index finger to follow the letters, syllables and words while reading. WG smiled and looked several times to the therapist, as if he was checking if the interlocutor accompanied him, that is, seeking to verify if the interlocutor followed him in his reading.

WG maintains prosody and good articulation while reading; even if his reading is full of undifferentiated jargons⁶, the extension of words and sentences read by WG (in his way) coincides with the number of syllables and words of the text, respectively. This data is in agreement with the hypotheses raised by classical authors^{4,23}: the words are presented organized according to the language characteristics, although there are phonemic selections combined in no regular/conventional way.

During WG's reading, we observed short pauses, use of expression out of the reading context, and repetitions of some excerpts. These facts can be interpreted as active processes in the search for meaning¹¹.

After reading, Iep asks WG to orally report what he understood of the text. WG says "Ou só de tudi" (line 10) and realizing that his expression does not correspond to his intention of speech, besides being habituated to the fact that in speech therapy session he can build statements with the help of other semiotic resources and have cooperation of the therapist 11,25, WG takes the pen and draws a traffic light aiming to prove that healthy food (listed in the article) have "green light".

The act of drawing is interpreted as an alternative process of meaning and, again, it is evident that WG adheres to the topic of conversation, introduces himself as speaker using other semiotic process, making thus a intersemiotic translation – now, differently from Data 1 – he replaces speech by drawings.

Conclusion

WG's linguistic and cognitive data have been produced in a clinical context that has in the interlocution (dialogue between the aphasic individual and the therapist/researcher) the privileged place of meaning production; they strengthen the conception that the assistance of an aphasic individual cannot be performed through the repetition of words, analyzed alone or trained, but through social practices, such as those reported here (to opine and conclude – Data 1; to read and comment – Data 2).

WG demonstrates he understands the speech of his interlocutors, most of the time, as well as his jargonaphasic speech. When he cannot express himself verbally, he uses alternative processes of meaning (in certain situations, concomitant gestures to speech, supporting it, in others, drawings instead of speech).

The perspective of DN has been presented as a productive theoretical and methodological proposal for the development of therapeutic and coexistence processes of jargonaphasic subjects. Indeed, this perspective is important to the development of other studies focused on jargonaphasia – one aphasic manifestation still insufficiently researched in the national speech therapy literature.

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