УДК 371.9

On the speech restoration in polyglots with aphasias

Zh. A. Paylozyan

"Hrachya Acharyan" University, chair of pedagogics and psychology
0001 Yerevan, 3, Moskovyan str.

Key words: aphasia, polyglots, monolinguals, speech restoration, logopedic study

The theory and practice of speech restoration in patients with aphasias possess a great variety of methods, many of which have already become classical. However, all of them are orientated towards restoration of speech in monolinguals. Meanwhile, the number of polyglots all over the world has recently increased and the problem of aphasias and speech restoration in them have become rather urgent.

For the purpose of studying the aphasic disorders and the process of speech recovery in polyglots we conducted a special research [3], which involved 65 patients (20 women and 45 men) aged from 40 to 82 years, who suffered with various forms of aphasia (57 Armenians, 4 Russians, 1 Greek, 1 Kurd, 1 Georgian and 1 Assyrian). Among them 48 were bilinguals, 17 – polyglots;33 people had higher education, 16 of which – in Armenian, 17 – in Russian (12 Armenians, 3 Russians, 1 Georgian). One Armenian had received secondary education in Rumanian and higher education in Russian language.

The results of our research have demonstrated that the character of aphasia in polyglots is determined by the interaction of two groups of factors. The first group involves general factors, determining the clinical picture of aphasia and the character of speech recovery: the extent and localization of the affection focus, the form and degree of the aphasic disorders, etc. The second group is formed by the specific factors stipulated by the linguistic experience of the patient: correlation of the languages in the premorbid period, peculiarities of the linguistic medium, etc. It has been established that in polyglots side by side with general aphasic symptoms there are observed also specific ones, such as:

- increased interferention (so called pseudoparaphasies and pseudoagrammatisms);
- non-adequate, spontaneous switchings from one language to the other, combined with inability to switch at will;
- alteration of the status of languages – activation of the subdominant language and/or dialect, using only one of the recovered languages;
- forgetting the language;
- manifestations of interferention in writing: confusing letters from different alphabets, writing letters and some words only in one of the known languages.

There have been distinguished three main types of spontaneous recovery of languages:

Parallel recovery. The languages recover simultaneously in accordance with the premorbid knowledge and use. The speech disorders in each of the language system are expressed equally, and on the whole, the aphasic manifestations do not differ from those observed in monolinguals. The status of the languages is not changed.

Successive recovery. One of the languages, not necessarily the dominant one in the premorbid period, begins to restore faster than the others. The aphasic manifestations in this case may be more expressed only in one of the language systems. Understanding of the other language(s) may be disturbed. According to one of the patients with aphasia, she seemed to have forgotten one of the languages. In due course the "forgotten" language recovers and is used in conformity with the premorbid status. However, there are observed cases when one or more languages acquire new status. Our observations have demonstrated that it happens due to the logopedic studies conducted in one

language only or in result of the impact of the language environment, when in the communicative process only one of the patient's languages is used, which is not always the dominant one in the premorbid period.

Mixed recovery. Some manifestations of language interferention are characteristic of this type of recovery. They may be:

- phonetic – occurrence and intensification of the accent;
- lexical – contamination, words-layers from other languages;
- grammatical – transference of some grammatical constructions from one language into other one;
- writing – mixing up letters from different alphabets.

Differentiation of the mixed languages in audition is preserved in case of both motor and sensory aphasias. During the logopedic studies with the patients with acoustic-mnestic aphasias, for example, when the speaker changes the language from one to the other, they also start to use the latter.

At mixed recovery, one can observe activation of the subdominant language, occurrence of a dialect. Quite often patients begin to use actively the passive language (the one they have not actually spoken before).

At the initial stages of the language recovery, the cases of mixing of the languages, as well as changing from one language to the other are not realized by patients. At the same time, changing at will and translating from one to the other language is difficult, sometimes even impossible. Thus, the statuses of the languages, as well as the process of their choice and usage are disturbed. It has been noted that with restoration of speech and criticism, patients more seldom mix the languages. Both the conducted research and our own experience have shown that the parallel type of language recovery is observed more often than the others. For example, out of 65 patients involved in our study, in 28 – the parallel, in 14 – the mixed, and in 13 – the successive types were observed.

The specific manifestations of aphasia also have their impact on the process of speech recovery [3-4]. It is necessary, first of all, to differentiate the aphasic disorders from common manifestations of interaction of languages peculiar to the speech of polyglots [1, 2]. That is why in the process of the observation of the speech of a patent with aphasia one should find out in what language he/she got education, the type of the language knowledge (passive, active), the sphere (home, work, study, intercourse) and forms of their use (spoken, written). Such language characteristics will allow to develop the strategy of logopedic work.

It is widely accepted that the final goal of rehabilitation of the patient with aphasia is his/her return into the normal, not simplified speech environment, which means restoration of the whole system of the patient's relationships [5]. For a polyglot, as our experience in practice has demonstrated, it means the restoration of all "his/her" languages; otherwise, the communicative significance of the languages ignored.

As far as in the premorbid period each language performed definite functions and had its spheres of application, the process of speech restoration of polyglots should be built with simultaneous use of all their languages (on the principle of basing on the knowledge and skills acquired in premorbid). This principle allows to use the whole arsenal of the language means, to operate with a larger glossary, to draw language parallels and differentiations, to restore the associative connections, that will increase the efficiency of logopedic work. The logopedic studies must become a specific language microenvironment, helping the patient to "get used" to the languages again. For this purpose, we have elaborated and used *bilingual methods*: dosaging of languages, switching from one to another language, comparison, translation.

In the process of speech recovery in polyglots, switching from one to the other language is especially efficient: at sensory forms of aphasia it activates and concentrates the patient's attention, resulting in better verbal contact, overcoming estrangement of word meaning, and positively influences the expressive speech efficiency.

At motor forms of aphasia, switchings facilitate disinhibition of speech, surmounting of preservations, embolophrasias, and speech inertness, as well as restoration of the verbal activity corresponding to the language situation. The simultaneous use of languages is strongly recommended at presence of language specialization, as in cases when the "everyday" and "professional" languages are different.

The process of logopedic work with polyglots greatly depends on the type of recovery of languages. At parallel type of recovery, it is expedient to alternate speaking and writing tasks in different languages. In the stage of speech inhibition there are used automatized speech

rows, songs, verses, proverbs and sayings, titles of newspapers, magazines and TV programs, the same tales and stories in different languages. In later stages of restoration, we suggest the patients to compare the words, which have similar pronunciation but different meanings in different languages, such as *love* in English and *լավ – good* in Armenian. Such words are actualized in expressions and sentences in different languages.

Translation we use when it is necessary to make the contextual and associative connections of words. The patient, for example, is suggested to give the translation of a definite word, choosing out from two or three words in the other language, which belong to the same (or different) semantic field(s); to translate a word (word combination, sentence); looking at the picture to choose the most suitable translation of the word or the sentence (two or three varieties of translation are suggested). The word *պայուսակ* - a bag in Armenian, for example, may be translated as *ранец, портфель, дамская сумочка* in Russian.

In case of the successive type of recovery, the language, which has recovered first in the initial stage of the logopedic therapy becomes the main language of the studies, and the logopedician dubs all the tasks into the other language.

For restoration of the "second" language the means of spontaneous teaching (radio, TV, newspapers, magazines, language of the speech environment) are effective. When the "forgotten" languages begin to restore, it is useful to draw various language analogies, to compare grammatical constructions, proverbs, metaphors. Comparison and translation are equally efficient in case Quite often in the process of speech restoration, the use of one or the other language begins not to correspond to the degree or situation of its use before the disease. In such cases, one can observe definite reactions manifested by the patient, as well as by his/her family members: surprise, discomfort, joking, constraint, bewilderment, etc. That is why the choice and adequate use of the language should be controlled from outside, especially in case of the mixed type of recovery. During the studies, the professional realizes the control. The logopedician, for example, ask the patient to define to which language a definite word belongs to, if there are words-layers from other languages in a definite sentence. Out of the studies, the speech environment under the logopedician's obligatory supervision realizes the control over the adequateness of the language used. Such methods as reminding, correction, advise, instruction, etc. are also used. Our experience has demonstrated that the degree of using one or their language greatly depends on the speech environment of the patient. By control from outside it becomes possible to inhibit or stimulate using of the languages and to restore their place and significance in the general system of a person.

Simultaneous use of more than one language in the process of speech recovery has also a psychotherapeutic effect. The catamnestic data and spontaneous statements of polyglot patients have convinced that the use of the languages by them in future is determined by the conducted logopedic therapy. Patients with recovered speech often state that they are able to use all their languages due to that they have used them all in the process of the studies. Our experience has shown that those patients, who used only one of the languages during the studies, subsequently have definite discomfort, tension and logophobia when trying to use the other languages [3]. Thus, the suggested approach to speech restoration with consideration of the language factor improves the efficiency of logopedic therapy and is effective in case of various combinations of languages.

Поступила 12.05.07

Աֆազիաների ժամանակ բազմալեզու անձանց խոսքի վերականգնման վերաբերյալ

Ժ.Հ.Փայլոզյան

Հիմնվելով անցկացված հետազոտության, ինչպես նաև երկարամյա գործնական աշխատանքի արդյունքների վրա, հեղինակը ներկայացնում է բազմալեզու հիվանդների մոտ աֆազիաների բնույթը և առանձնահատկությունները: Քննարկվում են այս կոնտինգենտի մոտ լեզուների ինքնաբեր վերականգնման տիպերը:

Հատուկ ընդգծվում է լոգոպեդիկ աշխատանքի ընթացքում աֆազիայով տառապող բազմալեզու հիվանդի բոլոր լեզուների օգտագործման անհրաժեշտությունը, ինչն ունի ոչ միայն կոմունիկատիվ, այլ նաև կարևոր հոգեթերապևտիկ նշանակություն:

О восстановлении речи при афазиях у многоязычных

Ж. А. Пайлозян

Основываясь на результатах проведенного исследования, а также многолетней практической работы, автором представлены характер и особенности афазии у многоязычных пациентов. Обсуждаются основные типы спонтанного восстановления языков у данного контингента больных.

Особо подчеркивается необходимость одновременного использования нескольких языков в процессе логопедической работы с многоязычными пациентами, что имеет не только важное коммуникативное, но и психотерапевтическое значение.

References

1. *Белл Р. Т.* Социолингвистика: цели, методы и проблемы. (Пер. с англ.), М., 1980.
2. *Вайнрайх У.* Языковые контакты. (Пер. с англ.), Киев, 1979.
3. *Пайлозян Ж. А.* Восстановление речи при афазии у билингов. Канд. дис., Ереван, 1996.
4. *Пайлозян Ж. А.* Из опыта коррекционно-педагогической работы при афазии у многоязычных. Дефектология, М., 2002, с. 82-84.