A case of aphasia with motor and paraverbal fluency

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I. Aims: to investigate the libidinal drives and the defenses and their state in the first session of an aphasic patient.
II. Instruments: the David Liberman algorithm (DLA), a method designed for the research of libidinal drives and defenses (as well as their state) into the patient's and therapist' discourse.
III. Sample

A year ago Liliana suffered a stroke, slipped into a comma and had to be hospitalized for four months. Another consequence of the stroke was paralysis of the right part of her body. Before the stroke she was a successful accountant and an enthusiastic theatre student.

The interview with Liliana could be divided into four different moments. During the first (45% of the hole interview) the therapist began by asking what her name was: the patient laughed, sighed and said: "Towel, towel". This sequence had an histrionic paraverbal nuance. The therapist repeated the same question and the patient replied after a brief silence: "tuschar, tuschar" with the same dramatic tone. The therapist asked her if she knew why she was being interviewed, but, as Liliana remained in silence, he decided to introduce himself and then he told her of the interview he had held with her bother and her partner, adding what he knew about the stroke she had suffered. The therapist added that he wanted to know her and her feelings about what had happened in order to help her. "Yes", she said a few times and repeated: "Towel, towel, ta, ta, ta, ta, ta, towel, towel, towel". She showed the fingers of her left hand to the therapist, and he asked, "Are there a lot?", to which the patient replied, lowering her voice: "Towel". "Five?", asks the therapist, and the patient answered in the affirmative. The therapist said that she was telling him that she had been hospitalized for a long time. "Four months?", adds the therapist, "Like this?", he asks showing her the four fingers of one of his hands. "Like this, like this", answered the patient, showing the four fingers of her left hand. Then she added: "Towel, towel, towel, towel".

In the second moment of the interview (11%) the therapist asked Liliana if she had felt frightened at that time, and the patient said: "Towel" in somewhat emphatically. "No?" asked the therapist and the patient replied "No". The therapist then told her that he had learned from her brother and her partner that she used to take theatre classes, and then asked her if it was theatre for children or for adults. The patient replied: "towel", and began whispering "tuca, tusta". The therapist wanted to know what "tusta" was, but Liliana merely repeated the word "Towel".

In the third moment (22%) of the interview the therapist asked the patient the things she missed from before the stroke. After a silence, Liliana burst into tears. The therapist told her: "pain appears". After a moment, he asked her if she usually cried. The patient said no. The therapist then asked her if she used to cry before the stroke, but the patient continued to cry. The therapist then told her that it seemed she did not like other people to see her crying and that she wanted to be alone. Liliana nodded.

In the fourth moment of the interview (22%) the therapist asked how she felt with him in the interview. "Fine", the patient said and then repeated once again: "Towel, towel". After a silence, the therapist asked Liliana if her friends come to visit her. Then the patient said: "Adriana", to which the therapist said "A name is coming out, a name is coming out, Adriana". "Liliana", added the patient. The therapist then told her that at the beginning of the interview she could not say her own name. "Liliana", said the

patient again, laughing. The therapist told her: “Your name, that’s good”, and the patient said once again: “Liliana, Liliana”. Silently she shed fluent tears. When the interview was finishing, the therapist told her that they all had experienced strong emotions during the meeting they held together. He then added that soon other professionals would see her to carry out other assessments in other areas. “Towel”, the patient said, to which the therapist replied: “Towel has appeared again”.

## IV. Analysis

### IV.1. An overview: patient's words and displayed scenes

Due to her condition, Liliana was unable to elaborate a whole narration – although she was certainly able to express certain things with the help from the therapist. In consequence, our analysis will necessarily focus just on: 1) her words, and 2) the scenes she displays during the session. The patient compensates her inability to narrate with a surprising expressive display in front of the therapist. On the one hand, she merely repeats a few words, but on the other, the melodic tone of her voice increases the communicative function of these words. In addition, the gestures and movements Liliana makes during the interview should also be taken into account.

Regarding the words she uses, two of them stand out: “Towel” and “Liliana”. Just the first can be analyzed using the DLA computerized program. It corresponds to GPH. The analysis of the scenes displays in the verbal level (speech acts analysis) becomes difficult because of the fact that the patient merely voices isolated words, which, nevertheless, constitute phrases. Some of them are repetitions of the therapist’s words (for instance, the word “nothing”), while with others Liliana expresses agreement with what the therapist says: “Yes”. The agreement expresses A2, while repeating the words of the therapist corresponds to GPH. Other words, such as “fine”, for instance, are answers to the therapist’s questions about her feelings, and correspond to O2. Regarding the scenes she displays during the session, the most important manifestations are not the already studied verbal components but the paraverbal ones, some onomatopoeias and a histrionic intonation with clear melodic modulations take relevance. Both traits belong to GPH as well.

If we consider the session as a whole, the scenes displayed by the patient would seem to express the great efforts made to answer the first question of the therapist, i.e. her name, until in the end she is able to do it. The global scene goes through nominative impotence (A2 and GPH and failed defense in accordance with the goal) until she says her own name (A2 and GPH and successful defense in accordance with the goal). During a long part of the interview (until the beginning of the fourth moment) the patient tries to substitute the absence of words for gestures, tonal modulations, and other kinds of sounds, as well as a few monosyllables, all of which allow the therapist to infer and reconstruct certain scenes from Liliana’s recent history. These expressive resources that make up for the absence of words are basically GPH.

The dysphoric version of A2 present in speech acts is accompanied by dysphoric versions of IL through what she narrates. Likewise, the lack of verbal resources seems to be a re-edition of trauma (IL and failed foreclosure of the affect). However, the patient appeals to GPH compensatory histrionic resources (gestures, melodic tones, and so on) which turn out to be successful. These resources are dramatizations (mimicry); they do not constitute repetitions of what the patient has heard from others, but are, rather, paraverbal and gestural components. The scenes in which the patient appeals to the same word (“towel”) accompanied by different gestures and intonations is similar to those theatre exercises, where a neutral word is intentionally repeated, but with gestures and paraverbal variations that convey the real significant nuance to others.

Regarding the tears emotionally shed by the patient (as in the fourth moment), they seem to indicate not the failure of the foreclosure of the affect (because in that case the patient would cry in anxiety). In contrast, crying in this context might well be the expression of a partial substitution of the pathogenic defense (foreclosure of the affect) for a functional defense inherent to O2. Something different in part takes place in the third moment, when the patient fights back her own tears, because she prefers to cry alone. At that time a partial lifting of the defense is neutralized by an increase of it. In the third moment, the change was merely transitory, whereas in the fourth moment, the change was sustained until the end of the hour (Table I).

Table I

Paraverbal analysis

Moments 1st to 3rd

| | | | |
|---|---|---|---|
| IL | Foreclosure of the affect | Successful | Complementary |
| GPH | Repression+ histrionic traits of character | Successful | Main |

Moment 4th

| | | | |
|---|---|---|---|
| O2 | In accordance with the goal | Successful | Main |

Speech acts analysis

Moments 1st to 3rd

| | | | |
|---|---|---|---|
| IL | Foreclosure of the affect | Failed | Main |
| A2 | In accordance with the goal | Failed | Complementary |
| GPH | In accordance with the goal | Failed | Complementary |

Moment 4th

| | | | |
|---|---|---|---|
| A2 | In accordance with the goal | Successful | Complementary |
| GPH | In accordance with the goal | Successful | Main |

Narration

| | | |
|---|---|---|
| IL | Foreclosure of the affect | Failed |

IV.2. The patient's words and the progressions and regressions of her Ego

Regarding the repertoire we have described above, we should focus on the function of the different groups of words used by Liliana. The most important group (towel, ta, some onomatopoeias, the grunts) is part of the core of her dominant expressive resources. Other words (jargon) point to greater regression, to a temporary loss of consensual language, while others (her own name, the name of her friend) constitute more complex progress, compared to her more permanent and stereotyped group of resources.

The patient goes back to the most elemental forms of expression (i.e., either from the resources that are most frequently available to the use of jargon, or else, from the most developed language, to average resources) when she is forced to cope with disappointment, for instance, when the therapist asks her questions she is unable to answer or when he tells her that other professionals will came to interview her. Regression to more elemental forms of expression influences A2 and the defense in accordance with the goal (the nominative absence is increased in the patient). However, it does not affect GPH, because she is able to sustain her histrionic attitude at all times.

## IV.3. The patient's psychic structure and its changes

While before the stroke A2 was accompanied by a successful defense in accordance with the goal, after the stroke this mechanism failed. During the interview Liliana's pathogenic defensive system was successful, but in the last part of the interview the main mechanisms were replaced by others, which turned out to be more functional.
In general, the success of a pathogenic defensive system (which has failed in the extratransference world) during the first session is considered as evidence of the resistance of the patient (Maldavsky 2006). When these pathogenic mechanisms can be replaced with others in accordance with the goal, then we can predict that the patient is in a better position in order to face treatment.

# V. Discussion

## V.1. A comparison among the first interview of seven aphasic patients

We have microscopically studied the recorded first interview belonging to seven different aphasic patients with the same therapist. Each interview was thoroughly analyzed as a single case, with the aim of detecting 1) libidinal drives and 2) the defenses as well as their state both in the extratransference and during the interview. Concerning the scenes narrated or enacted, we noticed that one kind of A2 scene , which expressed the wish to control or master external and inner reality through rationalization, presented a dysphoric version (due to the loss of certain verbal abilities). This fact at the same time was an expression of the traumatic scene (IL) all over again, that is to say, a repetition of trauma during the session. However, the patient was able to respond to this stressful situation by means of another expressive style which included mimicry, gestures, exaggerations, a tendency to beautify facts, and so on (something that corresponds to GPH). Mimicry in particular could be considered as a new way of narrating facts, through the identification with the other. In addition, mimicry is usually blended with the expression of the affects (O2) and with catharsis (IL). However, some of the patients belonging to the sample remained apathetic, silent and withdrawn, using mechanisms of avoidance, opposition and/or engaging in banal conversation. This scene also corresponds to IL. We noticed that, when the therapist's interventions were able to

overcome this defensive system, the patient switched to the previous style described above (mimicry, etc). Despite this fact, an intermediate point between 1) avoidance and withdrawal and 2) mimicry, was noticeable: a moment when the patient felt great anxiety, and needed the therapist's full support, something which was not always easy.

All seven cases show the relevance of the same mechanism: foreclosure of the affect. When this mechanism is successful, certain histrionic traits and a tendency to express feelings appear at the same time. When foreclosure of the affect is successful/failed, certain successful traits of character, such as avoidance and opposition tend to predominate as a complement to the main defense. Also can occur that during the interview the foreclosure of the affect either fails (in which case, the patient is overwhelmed by anxiety) or is removed and replaced with a more benign mechanism.

## V.2. On the classification of aphasic patients

We would now wish to make two comments about our main criterion for the classification of aphasic patients: 1) descriptive and 2) structural.

The outcomes of our research lead us to the conclusion that the usual descriptive taxonomy for aphasic patients (i.e., fluent and non-fluent) should be reconsidered. Liliana's characteristics prevent us from placing her within one of these groups. Although from the verbal perspective Liliana could be considered as a non-fluent aphasic patient, from the paraverbal point of view she has rich expressive resources which correspond to fluent aphasia.

Let us now consider the second criterion used to classify patients with aphasia: the structural criterion. We should not forget that Tanner also thought that the two groups of aphasic patients ("traumatic" and "toxic") needed to be reexamined. The author tried to use concepts from psychopathology (i.e., psycho-pathological structures) in order to explain certain differences between two different clinical manifestations: 1) apathetic withdrawal, and 2) histrionic traits. We think that these differences could be better explained if we considered the main defense (foreclosure of affects) and its state.

We believe that there is a better way to explain these facts, i.e., by taking into account the main defense and its state. All these patients present at least some traits of a posttraumatic structure, but only some of them suffer from anxiety crises. This state is caused by the failure of the defense, which can also be either successful or successful/failed. In fact, we have begun our studies taking posttraumatic neuroses as a starting point, and focusing on the time when anxiety is unchained. However, as some other moments of the posttraumatic structure (in particular the euphoric state of the patient) are less known, we think that our paper might contribute to improve our knowledge of them.

## VI. Conclusions

1. It would seem that the differentiation that has been established between fluent and not-fluent aphasias can hardly help us advance towards the study of the differences in clinical structures.
2. Regarding the classifications of aphasias, from a clinical and theoretical perspective it would be wiser to focus on the defense (foreclosure of the affect), which can sometimes turn out to be successful and at other times can be successful/failed.