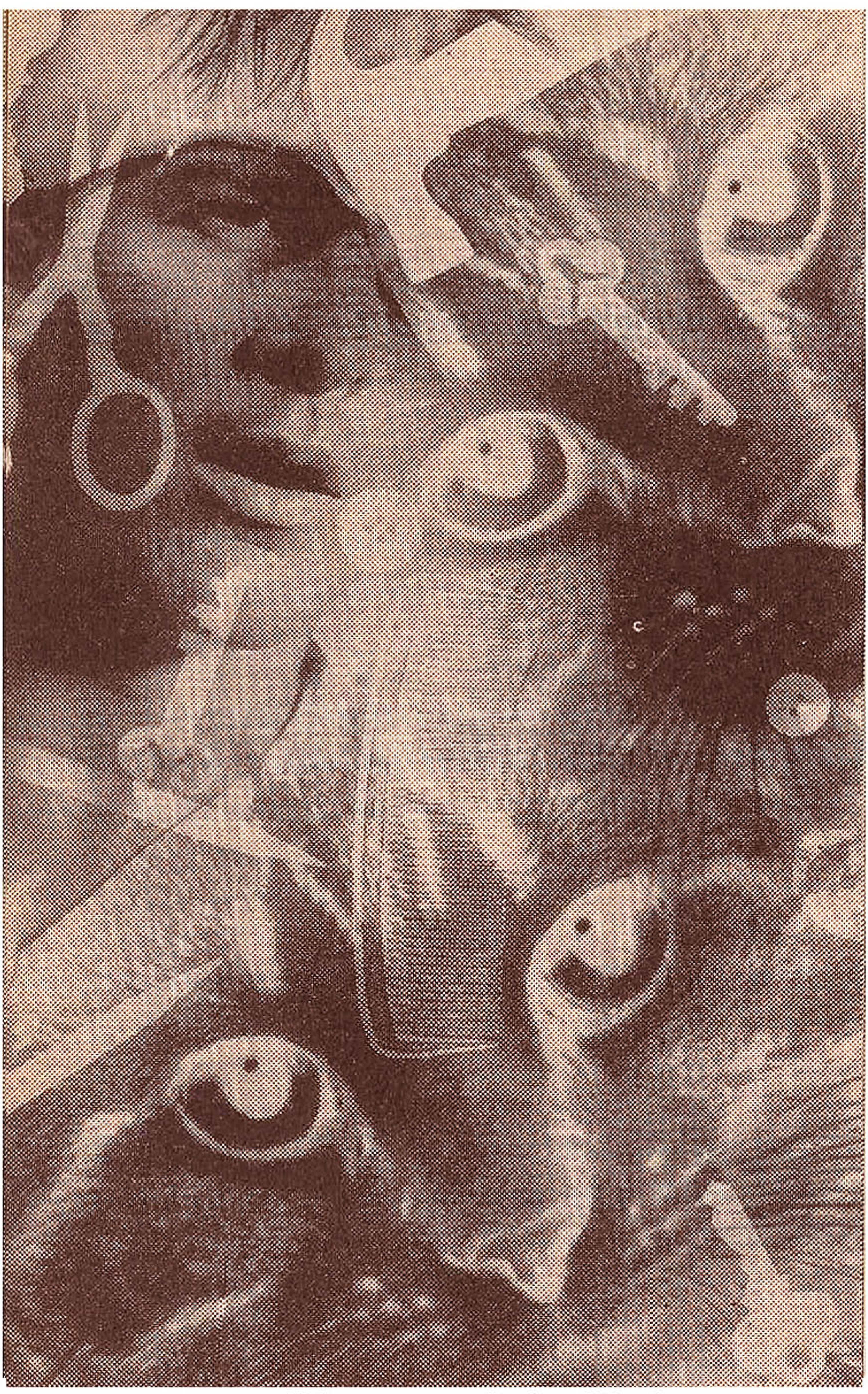
No Words to Say It

In the rare and baffling malady, aphasia, words won't work, and the fight to recover takes all of a man's courage



Photograph by Ted Burrows

As told to Matthew Diamond by Joe Martin

A MEDICAL officer and a chaplain came over to my bed. The chaplain asked: "What's your name?"

I thought I was going to say, "Joe Martin," but instead I heard myself saying, "I'll get you out! I'll get you out!"

"Have you forgotten your name?"

I was all set to say "No," but I heard myself saying "Yes." I raised my hand as if to protest and had a mental picture of myself saying, "Yes, I do remember my name. It is Joe Martin." But I repeated uncontrollably, "Back! Back! Back!"

The chaplain, slowly shaking his head, asked the major: "Is he still in a state of shock? His words are completely unrelated to what I ask him."

"No," replied the medical officer, a major. "This is not a case of delirium or hysteria. This patient was hit by shrapnel in his left eye and in the left side of his head. As a result, he has aphasia."

"Aphasia!" Unable to speak my thoughts, I looked questioningly at the major.

The major said, "We don't know all the answers about aphasia yet. The left half of the brain controls movement and feeling of the right side of the face, the right arm, leg, etc. Martin was hit in the left side of his head and, therefore, his whole right side is paralyzed."

This began to make sense to me. But why, when I knew perfectly well what I wanted to say, couldn't I say it?

The major continued: "In most right-handed people, the part of the brain that controls the ability to speak is in the left hemisphere. Aphasia is the loss of some language function. It may be speech, or reading, or writing, or the understanding of these. There are many varieties of these disabilities. One patient may identify objects by touch, while another can tell by looking, but not by feeling. For example, one patient could identify a typewriter if he saw it, but if you asked him to feel the keys and other parts while blindfolded he could not tell what it was.

"Some patients know what they want to say but can't say it. Some can speak but have forgotten the words. Some can speak perfectly but cannot understand what is said to them. No two cases of aphasia are ever alike."

The chaplain looked continually in my direction.

"Sergeant Martin," answered the major, "has what is called expressive aphasia. He understands everything but can't express what he wants to say."

He then held up a pencil in front of me and asked, "Joe, what is this?"

I heard myself reply, "A paddle."

"Has his intelligence been affected?" the chaplain was asking.

I listened desperately to the doctor's answer: "No, I hardly think so."

They walked away. I listened to their footsteps along the corridor. Heavy throbbing filled my head. Something big was going to happen to me, but I couldn't name it.

MY FIRST concern was how my wife, Mary, would react. I wondered which one of my disabilities would shock her most; my lost eye, my partial paralysis, or my aphasia. And that reminded me that I would be unable to say to her the many things that I had been waiting for 17 months to say. How would I make myself understood?

Mary's almost perfect composure when she saw me baffled me for quite a while. She practically disregarded the patch over my eye, and if the deep gash in my head stunned her she didn't show it. I sensed, too, that she merely asked questions to which I could reply "yes" or "no." I later learned that she was told all about the effects of my brain injury and what it had done to my speech and to my right side. When my attempts to say something produced gibberish, Mary merely smiled understandingly. She knew and understood. It made her visits one of the greatest aids toward my recovery.

A NEUROLOGIST later explained my case to me. He said, "As soon as you feel better, we are going to cover up that deep hole in your head. That is what we call a cranioplasty. A snugly fitting piece of metal is inserted into the skull defect. This will serve as a protection against further injury and will restore the shape of your head."

The next day an officer came over to me and placed an assortment of articles on my bed. There was a hammer, a pencil, a key, a button, a comb, and a pair of scissors. He pointed to the hammer and asked me what it was. The nearest I could get to its correct name was "hammock." He went down the line pointing to each article, asking me to name it. I messed them all up. I became angry with myself and burst forth with a barrage of profanity that showed not even a trace of aphasia.

The psychologist laughed and said, "Joe, you have no speech trouble when you swear, do you."

"Hell, no!" I replied.

"Well," he said, "there are two things which most aphasia patients can do in spite of their severe speech difficulty. One is swear and the other is sing. You just swore beautifully for me. Now let me prove to you that you can sing."

He began to sing *Roll Out the Barrel* and had me join in. It felt wonderful to hear whole words and sentences come out of my mouth again. But when the song was finished and I tried to ask him why it was possible for me to sing, but not speak, I found myself lost for words again. He must have anticipated my question for he said: "You see, Joe, singing is not really speech. Singing an old familiar song is something that you learned by rote a long time ago. You continue to do these things automatically long after the part of the brain which controls speech has been knocked out. As for your swearing, let me prove to you that it isn't really speech by asking you to say the first word of one of your favorite expressions. Now then, say the word 'son'."

I tried but all I could get out was "bun." That made me even angrier with myself, and I let out an oath in which I not only said "son" but gave the rest of it all due emphasis.

"You see, Joe, swearing is an emotional outburst. It is just like crying or laughing. You may be using sounds or words while you are doing any one of these, but it isn't speech."

He went on to test my reading and writing. The words on the printed page stood out like old familiar faces in an album, but I couldn't say any one of them. Since my right hand was paralyzed, I had to write with my left, but the awkwardness was hardly as bitter to me as the fact that I was unable to write my own name.

When the examination was over, the psychologist said to me: "Joe, you and I will see this thing through. You will relearn the alphabet so you can pick out letters you want to form into words. You will learn to read again with the help of pictures. A handwriting expert will teach you how to write with your left hand. You're going to attend a singing class where you can sing some old-time songs with other patients suffering from aphasia. Joe, if you won't lie in your corner feeling sorry for yourself, you'll go a long way toward being the guy you once were."

"The guy you once were." I hadn't thought about that since I was hurt.

MANY of the aphasia patients came to the singing class in wheel chairs or on crutches. Once we were comfortably seated around the piano and the Red Cross recreational worker struck up the first few chords, we were just a bunch of GIs letting some steam off through song.

The psychologist asked Johnny Colt to sing. He opened his mouth and nothing happened.

"Try to cough," was the next suggestion. Johnny contracted his chest and went through the motions of coughing, but still no sound came out.

The psychologist looked at Johnny with an amused twinkle in his eye, and abruptly asked, "Johnny, do you smoke?"

"No," said Johnny's grin as he shook his head.

He gave him a cigarette and lit it for him.

"Take a good drag and inhale it."

Johnny took a healthy puff and then began to cough his head off.

"Now, Johnny, make the same sound that you did when you coughed."

Johnny opened his mouth and emitted a low grunt.

"Now, let me see you get that sound up higher. Open your mouth as wide as you can."

There followed a crazy outburst of noise which terminated in a long clear note. Again and again, Johnny was made to give that sound and then he was told, "Hold that note and close your lips."

There followed a clear sound of "Mmmmm."

"Now make the same sound and open your lips."

Then it happened. Johnny spoke his first word: "Ma." After that is was a simple matter for the psychologist to get Johnny to say "I," "Me," "My," and so forth. Suddenly Johnny was asked to count up to ten, and to the amazement of everyone, he actually counted aloud: "One, two, three, four . . ."

Since none of us could communicate with other people, we were reluctant to participate in social activities. We dreaded a trip through the corridors alone for fear someone would stop and ask a question we could not answer. Later, feeling less sensitive about my condition, I talked and laughed with the fellow in the next bed, though my contribution to the conversation was merely an occasional word, a nod, or a grimace.

The alphabet of the Walkie-Talkie code—Able, Baker, Charlie, Dog—gave one aphasia patient his only means of speaking for some time after he was injured. In referring to a comb he would say: "*C*harlie-*O*boe-*M*ike-*B*aker."

For the first two months, the temptation to give up my battle was strong. The psychologist daily tried many techniques. We discovered one day that by tracing the spelling of a word with my finger and movements of my head, I could say a word and even write it. We worked hour after hour, and I kept a record of all the words I relearned. Soon I had enough of a vocabularly for a few simple sentences. The road was becoming less rugged, but it was still a long road.

I had difficulty saying "Missouri," my home state. I had a mental picture of the word, its spelling, and its pronunciation, but couldn't articulate it. The chief neuropsychiatrist supplied a tale about a cat which he had found and called Miss Zoorie. I liked the story, and whenever I wanted to name my home state, I thought of the major's cat.

IN THE course of eight months, I changed vehicles many times on my journey to recovery. From a bed patient, I progressed to a wheel chair, then to a walker, and then to crutches. Finally came the day that a brace was put on my paralyzed leg, and I could stand on my own two feet again. I had entered upon that phase of convalescence when a patient begins to feel the symptoms of his former self again, and I was happy. However, when I was told that I would be ready for discharge in a month, I felt that my improvement was a toppling house of cards.

"Joe," said the psychologist during our last interview, "one of the most crucial periods that a patient with permanent disabilities goes through is the time when he has to make peace with the fact that he is not going to be able to do the same things that he did before he was injured."

"Well, here it is," I thought.

The psychologist studied a paper held in his hand and said, "Joe, how would you like to be a gardener?"

"A gardener!" I cried. "What do I know about gardening?"

"There is a job open for you for which you can qualify with a little training," he replied. "It pays about $150 a month."

I tried to say something, but I couldn't. My speech seemed blocked by that frightening feeling that comes before a plunge into the unknown. I had this feeling at St. Lo, while inside a tank. It had come at the evacuation hospital when I first learned about my aphasia. It was present now.

After a few moments of silence, he spoke again. I thought I was listening, but I suddenly realized that I was totally unaware of what he was saying until I heard, ". . . and remember, Joe, within time you are going to recover even more language function and you will be getting more use out of your arm and leg. When that happens you will be able to put your other skills to work."

I couldn't sleep that night. There were too many confusing thoughts running through my mind.

"So this was to be the end of the line for me—a gardener! Just before I entered the Army, Mary and I had talked about my taking some courses in accounting and business administration. . . . Would I be able to qualify for that gardening job with my handicaps?

"What was it the psychologist had said? 'Joe, you will find a meaningful spot for yourself . . . $150 a month.' Not a fortune, but it ain't hay! . . . Well, Citizen Joe Martin, you've got one good eye, you walk with a limp, but you can walk, and nine times out of ten you can call a spade a spade and you can say 'Missouri' without thinking of the major's cat. And that ain't hay, either."

I finally fell asleep, still a little confused, but not unhappy.