

A Mind of My Own: Memoir of Recovery from Aphasia

Harrienne Mills

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Review by James A. Moses Jr.

The author of this volume is a linguistically gifted woman who suffered a severe head injury that left her with memorial deficit and aphasic disorder from which she recovered over the course of approximately a year. In this work she presents an intensely personal, courageous, deeply introspective and ultimately triumphant account of the traumatic loss and the course of recovery of the centrally important faculties of comprehension and production of spoken and written language, among other cognitive skills.

Ms. Mills explores the phenomenology of her process of cognitive recovery from multiple personal and professional perspectives that are interleaved and interactive throughout the volume. This multifaceted perspective on Ms. Mills' recovery process is the greatest strength of her account. At the phenomenological level of self-description we are invited to share her direct cognitive experience at each phase of her recovery through extensive quotations from her letters and personal journals that were written during all phases of her recovery. These primary sources are presented in italicized form in the text. When she was in the relatively early stages of recovery she was confused by much of her sensory and cognitive experience. She suffered from particular difficulty with her efforts to understand of spoken language, to express herself verbally, and to engage in abstract thought, sequential reasoning, and voluntary action. Even at times of intense frustration, transient confusion, and cognitive struggling, she showed remarkable ability to recognize,

self-reflect, and comment on many key aspects of her experience and the nature of her difficulty with verbal comprehension and communication.

After each presentation of a key aspect of her acute recovery experience she has added her commentary from the viewpoint of her present, cognitively recovered perspective. These retrospective remarks were written 15 or more years after the end of her first year of recovery. We gain an understanding of the immediate experience of cognitive recovery as well as a retrospective interpretation of that experience after many years. She also has included quotations from the introspective works of classical Greek scholars (often in the original languages as well as in her own English translations of them) in addition to narrative published accounts of other contemporary authors who have recovered from aphasic disorder and other serious forms of illness. These varied classical quotations were gathered from her scholarly work before and after the head injury. The contemporary quotations were identified during her search of the clinical literature for information to help her to understand the diagnostic and phenomenological aspects of her aphasic disorder.

Ms. Mills also has provided her readers with the detailed clinical examination findings of multiple neurologists and a neuropsychologist who clinically examined her at various phases of her recovery. She quotes extensively from their professional reports about her physical and cognitive status to highlight the objective signs and symptoms that diagnostic and therapeutic professionals described during the course of her recovery. We see her mental and linguistic status at various phases of her recovery through the objective evaluations of interdisciplinary professionals as well as simultaneously from the perspective of her personal cognitive and affective experience. An exceptional feature of

this account is the intensely personal, “stream of consciousness” recounting of her step-by-step struggle to re-master each minute aspect her memorial and cognitive skills. For instance she recounts how she progressively awakened from deep coma, struggled to become re-oriented to her surroundings, worked to recall progressively more complex facts and features of her personal history, and gradually understood more and more complex spoken and written words and phrases in English and then modern and Ancient Greek. Through the content and narrative structure of her writings we understand better the process of linguistic recovery as a personal experience rather than as a theoretical abstraction or a diagnostic syndrome. This capacity for detailed and accurate self-description and self-analysis is a quite unusual feature of the cognitive recovery process.

Ms. Mills’ relatives provided extensive supportive care during her recovery. She includes their comments and observation in her narrative. They noted her use of over-learned or “automatic” speech or “stock phrases” that she used to compensate for word-finding difficulty. They also noted her initial difficulty with auditory comprehension that resolved before her difficulty with word finding and expressive language began to improve. Initially she recounts that “I could not differentiate between words, laughter, car horns, and engines. They all sounded much the same, and as such, obscured my attempts to understand my noisy environment” (Mills, 2004, p. 29). Very early in the course of her cognitive recovery her brother mentioned that she recognized and commented on the alien nature of her experience: “It’s strange,” “It’s odd,” “It’s unusual,” . . . (Mills, 2004, p. 24). While she was able to recognize that her cognition had changed adversely, she could not explain how or what had happened to her. Months later, when her sense of cognitive and personal self-awareness was much improved, she experienced a sense of

changed identity in response to awareness of the discrepancy between her cognitively disabled state and the very superior level of her pre-morbid cognitive ability. It is important to realize that cognitive improvement at times is associated with a paradoxical decline in the sense of well-being due to this sort of increased self-awareness.

She notes with regard to her ability to express her ideas verbally that: “It’s not so much that the English is gone or missing, as much as the idea is gone.” [Mills, 2004, p. 79]. While there was clear word-finding difficulty in her case, there was a greater difficulty of using language as a means of communication. The verbatim quotes from her writings at various phases of her recovery provide invaluable examples of the way in which her ability to make use of language to communicate ideas gradually and progressively improved through a series of stages. Even after 15 years following the accident she notes that “recalling the events, I often find myself searching for particular words to describe how I felt when facing various situations. Ah, words, words, words.” (Mills, 2004, p. 126)

Transient shallowness and disinhibition of affect are described during her recovery process that appear to be related to initial feelings of apathy about her prospects for improvement and transient personality change. These symptoms are relatively common after serious head injury and are associated with frontal lobe dysfunction that is typical after serious head injury.

The Pavlovian model that higher cortical functions and the thought process itself are rooted in the linguistic processing of experience is very nicely modeled in the recollections and descriptions of the recovery process by Ms. Mills, her family members, and the professional treatment teams who worked with her during various phases of her

recovery. As her receptive and then her expressive language skills improved, so did her thought process become gradually more logical, coherent, sequential, organized, focused, detailed, and accurate. In an appendix to the volume she expertly analyzes her aphasic syndrome as a probable instance of “crossed aphasia” in which her right hemisphere appears to be dominant for language, even though she is right-handed. She comments correctly on the predominantly receptive initial phase of her aphasic disturbance and her subsequent anomic symptoms. She notes features of agraphia, alexia, apraxia, circumlocution, paraphasic word substitution, and post-traumatic amnesia during her recovery. She comments on the important feature of prosody, or the melodic intonation of language, which carries the emotional “tone” of spoken language, and which was disturbed at various phases of her own recovery. She also provides summaries from the clinical literature and from the literary writings of novelists to highlight the organization of language from the diagnostic perspective as well as from the phenomenological perspective of the aphasic individual. These explanations should prove to be of great value to patients and their family members who are struggling to understand the cognitive experience of the aphasic patient.

Her description of the process of re-learning basic self-care tasks such as taking a shower and re-learning how to wash her body with soap and a washcloth, for instance, provides a poignant and instructive example of the manner in which every component of every self-care skill had to be relearned, practiced over and over, and then “. . . moments later . . . I would have to figure it out all over again. I know it sounds crazy (it now does to me as well), but there simply are no givens, nothing is automatic, when your mind is not quite connected. Imagine life as an infant, for whom nothing can be assumed. Rather,

each activity must be shown, explained, consumed, assimilated, and fully understood. And usually not just once. They also have to be remembered.” (Mills, 2004, p. 47).

The experiential narrative in the volume is rich in this sort of personal detail of cognitive analysis and relearning of the smallest behavioral components of formerly basic, everyday self-care skills. Such abilities become automatic only when they are practiced thousands of times, to the point that they have become over-learned and finally routine. The struggle of such patients to understand specific components of any seemingly elementary concept or task or skill, to link those components together into a logical sequence, and to remember both the elements and their sequential order is a daunting task that Ms. Mills explains in great detail and with great insight.

Recovery of her memory and conceptual learning skills followed a similar course. She related that “. . . what I experienced was more like a series of specific moments. I was out of my element and my life felt like an assemblage of bits and pieces, with neither rhyme or reason.” (Mills, 2004, p. 49). The typical disturbance of frontal lobe function that follows serious head injury disrupts the ability to think sequentially. The patient’s cognition typically becomes perceptually stimulus-bound or descriptively concrete since they tend to focus on perceptual features of stimuli that are prominent, such as colors or shapes, regardless of their relevance to analysis or solution of the task at hand. The features that are most perceptually striking are those that are most likely to command the patient’s attention. There is a corresponding impairment of the capacity for “abstract attitude” in which one can think in terms of categories, concepts, and solution strategies rather than descriptive features alone. Mastery of the “concrete” or descriptive elements, such as perceptual recognition of primary colors, must have become over-learned before

one can inhibit sensory recognition alone in order to consider relationships among those perceptual elements as dimensional or categorical or abstract features, such as colors of the rainbow, shades of the same color, colors of spring time and so forth.

She reports that she became disoriented to time, and that this sequential time sense returned “very slowly.” She notes that “my ability to perceive those events as a series [underlining added] (not a scatter) of moments, much less my understanding the series of events, was out of the question” (Mills, 2004, p. 62). Disorientation to time is a very common feature of cognitive deficit that often follows serious head injury. It is related to disturbance of the ability to track a sequential series of related events and to organize them into spatial and temporal relationships.

An extensive and remarkably candid chapter of the book relates her return to social dating, her re-exploration of her sexuality after the head injury, and her diminished ability to recognize as well as to initiate nonverbal social cues. With regard to the latter she notes that: “I was perceived by others as being emotionally somewhat flat, and I often misinterpreted facial expressions, gestures, and body language in general. While not exactly language skills, these behaviors are necessary prerequisites for successful social interaction such as, well, love.” (Mills, 2004, p. 266). She chose to undertake this social re-learning phase of her recovery as a functionally and socially independent woman. Her ability to evaluate the risks, costs and benefits of various social relationships and the growth of her ability to learn from experience and to make adaptive choices of reciprocally supportive companions and intimate partners who shared her values and interests is a remarkable feature of the later acute phase of her recovery. It is associated

with important improvements in her capacities for personal and social judgment, independence, social reciprocity, and social competence.

After a year of recovery and rehabilitation Ms. Mills returned to teaching at the college level. She struggled with residual memorial and cognitive issues, but she had shown excellent cognitive recovery overall. She comments that when she is writing now, more than 15 years after the injury, she makes frequent use of reference works such as a dictionary and a thesaurus to aid her to find just the right word to express the precise meaning that she intends, whereas such aids to word-finding were unnecessary prior to her injury. She reports that she still struggles to a minor degree with word-finding difficulty, but this is certainly not apparent in her day-to-day interactions with her professional peers and colleagues. Ms. Mills concludes her with several insightful and inspiring lines: “I began writing the book to understand. It completed it in celebration. ‘I hope nothing, I fear nothing. I am free.’ Kazantakis’ Epigram” (Mills, 2004, p. 321).

I heartily encourage professionals who are concerned with the clinical, experimental, and theoretical aspects of language acquisition and rehabilitation as well as non-professionals who share an interest in language development and cognitive recovery from head injury to read Ms. Mills’ book. There is a great deal for all of us to learn from her experience and her exposition of it.