Narrative Accounts of Language Recovery through Music Therapy

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Abstract

The language of healing involves the use of medical terminology related to critically ill patients and their recovery. The present research focuses on the role of music therapy as a nonverbal form of healing. A vast array of neurological disorders affect nowadays both young and elderly patients. Among the most devastating illnesses, the stroke or cerebrovascular accident (CVA), in medical terms, disables many patients who lose the power of communication. A stroke, among other terrible paralyzing effects, may cause a condition named aphasia, which is the loss of the ability to communicate normally due to the damage produced to the left side of the brain which is the centre of communication. The power of language in healing such patients is often beyond our grasp as the linguistic means used for this purpose may include confessions, incantations, and lyrics.

The present study will focus on the mechanisms of speech recovery through music therapy and its benefits on the life of patients with aphasia. In addition to listing different types of aphasia, with particular focus on Broca's aphasia, we bring to attention two medical cases of aphasic patients, of which one involves music therapy as a nonverbal recovery tool. The detailed narrative account of this successful case history provided by neurologist Oliver Sacks (2011) represents valuable evidence that supports the idea of the beneficial effects of enduring music therapy.

Keywords: *medical register, healing, music therapy, aphasia, speech recovery.*

1. Introduction

Music therapy applied to aphasic patients represents a challenging and interesting topic of research in the field of neurological recovery. Scientific articles, medical books and narrative accounts of therapists have addressed this topic over the years and their findings were encouraging in many critical cases of language loss and recovery.

Our transdisciplinary study will focus on the challenges that a patient with aphasia faces as soon as language recovery has begun. The next step is to explore the solutions available for aphasic patients. Finally, there will be discussions around two different cases: a woman who suffered a cerebrovascular accident and had recovered through music therapy and a man with progressive language loss who had music as his complete background since he was a musician by trade. Our findings are meant to reinforce the idea that music therapy can be a powerful tool which is beneficial to aphasic patients.

2. Background

Etymologically, aphasia means loss of speech, not only of the speech power but of language itself, of vocal expression, and language comprehension as a whole or in part. Metaphorically defined, "aphasia is a sort of ultimate disaster which, in effect, ends a person's inner life as well as their outer life".[1] This medical condition represents a major problem in people with cerebrovascular accidents (CVA). Patients can experience aphasia as a consequence of a stroke, a head injury, a tumour or a degenerative brain disease. During a migraine or a seizure, there might appear transient forms of aphasia. Many people have a complete or partial recovery from aphasia. Some patients with aphasia can speak at a normal rate while others find it difficult to speak slowly a few words. Other patients utter just a few words or phrases in normal circumstances, but when they become angry, they are capable of

1 Sacks, Oliver, *The Mind's Eye*, Picador an imprint of Pan Macmillan, London, 2011, p. 38.

uttering a lot of obscenities at a fast rate. In the worst cases of stroke, survivors struggle with the inability to speak at all. People with aphasia make errors in expressing themselves, saying a different thing from what they mean, something like "hey" instead of "may", etc. Some patients are aware of their errors while others are not.

3. Procedure and materials

3.1. Materials

In documenting for this article, we consulted medical journals, research articles, as well as neurological case histories such as *Musicophilia, Awakenings* and *The mind's eye* by Oliver Sacks. In the online searches, we have used the key words *aphasia* and *music therapy* together and we got 94 results on Wolters Kluver – 13 articles on stroke, 8 on aphasia, 14 medicine publications from the *American Journal of Physical Medicine*, 6 on Blood circulation, 6 from *Journal of Cerebral Blood Flow.* Fourteen journals have been selected for the present article.

3.2. Methodology of research

Neurologically affected patients face a multitude of challenges among which severe forms of aphasia that might be treated and improved. Our hypothesis is that music therapy is one of the viable options for linguistically impaired persons who suffer from aphasia.
The research questions to which we intend to respond to support this hypothesis are:

1. What are the challenges a patient with language loss faces?
2. Is music therapy a powerful tool in the language recovery of severely linguistically impaired patients?

The study uses a descriptive mode of inquiry having in mind the clarification of terminology and the cases of two patients aged 58-60 that will be compared and contrasted. Hence, the article relies on a collection of Internet data and books representing research work of scholars

(medical doctors, speech therapists, researchers) from various parts of the world, which we selected using the sampling technique.

4. Language impairment vs. language recovery

4.1. Types of aphasia

Statistically, 85% of people who suffer from a stroke face language impairment when the left side of the brain is damaged.[2] Among the patients with language and speech disorders, there is a category of people who had a stroke and had "word finding problems" frequently during the conversation, which led them to replace the words they could not remember with *that, it, that thing*, etc. They become frustrated or even furious at this incapacitating situation, but they may find ways to surmount such difficulties by describing the objects or using gestures to help them communicate efficiently.

Another group of aphasic patients have serious problems understanding the others. Their comprehension problems might vary from mild to severe. Some may struggle to understand lengthy and complex sentences while others do not comprehend even very simple sentences. To help them, caregivers need to use simple language, familiar words, and repetition together with gestures and visual information.

According to the National Stroke Association, in *A Stroke Recovery Guide* aphasia affects more than mere speech:

> Aphasia is the loss of ability to communicate normally resulting from damage to the left side of the brain, the centre of communication. It may affect a person's ability to express himself through spoken language and to understand what others say, as well as the ability to read, write or deal with numbers. Intelligence is not lowered, although the inability to

[2] American Stroke Association, https://www.stroke.org/en/about-stroke/effects-of-stroke/communication-and-aphasia/stroke-and-aphasia, accessed July 28, 2024.

> communicate may leave the impression that the person with aphasia is less intelligent than he or she actually is. No two people with aphasia are affected in exactly the same way. The extent and range of deficits depend on the location and severity of the brain injury.[3]

Because aphasia creates a great array of communication problems there is a need to differentiate the ones that affect speaking, understanding other's speech, or issues related, such as reading and writing. Our present study will focus on the recovery probability through music therapy programs for patients with speech problems.

According to the parts of the brain impacted by the stroke, aphasia may be classified as "fluent" or "nonfluent". The neurologist or the pathologist can help to determine the type. Fluent aphasia leads to deficits related to comprehension and is associated with Wernicke brain area.

Nonfluent aphasia produces a failure in written and verbal language, the speech and writing are slow and difficult. The patient's speech might consist of short sentences or even single words as a response to a question, or to express his needs, or he might also use hand and face gestures. There are two types of nonfluent aphasia: *global aphasia* and *Broca's aphasia*. In global aphasia, the patient has difficulty with all the language functions that include comprehension and understanding, reading, talking and even repeating after the therapist. Global aphasia is the most severe form of aphasia:

> As the term indicates, there is great difficulty with all language functions – comprehension or understanding, reading, talking, or even repeating what is heard. Sometimes, the only thing that

[3] National Stroke Association, *A Stroke Recovery Guide,* https://www.scribd.com/document/264680710/A-Stroke-Recovery-Guide, accessed on May 12,2024.

> the person with aphasia can say is the same sounds or words over and over again.[4]

In Broca's aphasia, also called *expressive aphasia*, the patient understands much better than he can express. The patient's main problem is the conversation output which is slow and hesitant. My mother had a stroke and she could not express herself though she understood everything very well. She was affected on the left part of the brain in Broca's area and lost the ability to express herself. At times she could utter a few words or short sentences when she was deeply impressed by something, such as a beautiful hairstyle or a delicious meal. Our study will focus mainly on patients with Broca's aphasia and the probability of recovering their communication functions. According to Oliver Sacks in his book *Musicophilia,*

> Neurologists often refer to a "speech area" in the premotor zone of the brain's dominant (usually left) frontal lobe. Damage to a particular part of this – an area first identified by the French neurologist Paul Broca in 1862 – whether from a degenerative disease, a stroke, or a brain injury, may produce expressive aphasia, a loss of spoken language[5].

As humans, we use language to express whatever we desire from the deep within our inner man, thoughts, feelings, and desires, they are there at the snap of a finger. Unfortunately, after a stroke, a patient with expressive aphasia loses the ability to communicate verbally and this leads to frustration, isolation, anger, and even worse, the surrounding community tends to treat such persons as idiots, their identity being

[4] National Stroke Association, *A Stroke Recovery Guide*, accessed on May 08, 2015, https://www.scribd.com/document/264680710/A-Stroke-Recovery-Guide.

[5] Sacks, Oliver, *Musicophilia,* Picador an imprint of Pan Macmillan, London, 2011, p. 32.

completely forgotten. Fortunately, this situation may be reversed, researchers and especially music therapists have discovered that patients can sing old songs, hymns, and parts of operas. How could this be possible? In a stroke where Broca's area is primarily affected, especially in patients who lost completely the ability to speak, as documented by researchers like Oliver Sacks in his book *Awakenings* while working with post-encephalitis patients at Mount Carmel Hospital, New York, "music has been the profoundest non-chemical medication for our patients." [6]

4.2. Music therapy and its value in language recovery

As speech therapists invested sometimes years in treating neurologically affected patients with aphasia in Broca's area without enjoying the longed-for results, turning to music was the next step they undertook. Oliver Sacks, a devoted physician at Mount Carmel Hospital in New York, mentions that:

> Music therapy is invaluable for some patients with expressive aphasia; finding that they can sing the words to a song, they are reassured that language is not wholly lost, that they still have access to words somewhere inside them. The question is then whether the language capacities embedded in song can be removed from their musical context and used for communication. This is sometimes possible to a limited extent, by reembedding words in a sort of improvised singsong.[7]

The aim of speech therapists working to aphasic patients is improved communication, but in such cases, most often speech is completely gone. The patient may mime or try to utter words only to find out he has

[6] Sacks, Oliver, *Awakenings,* Picador an imprint of Pan Macmillan, London, 2012, p. 233.
[7] Sacks, Oliver, *The Mind's Eye,* Picador an imprint of Pan Macmillan, London, 2011.

forgotten them; therefore, we must analyse how a stroke patient may benefit from music therapy. Where could he find the recovery path to the storage of information and how would it be possible for a patient to access it again, are the main questions for the medical team. Who can benefit from music therapy is the next question that the researcher poses, and in which we manifest a keen interest too. The good news, according to the *British Association for Music Therapy*, is that:

> Musical participation and response do not depend solely on the ability to speak, music therapy is a particularly effective clinical intervention for people who have difficulty communicating verbally. For people affected by disability, illness or injury, working with music therapists can be life-changing. Children with autism can develop emotional, social and communicational skills. Someone with an acquired brain injury as a result of an accident can be helped to regain their speech. An older person frightened by the isolation and confusion brought on by dementia can, through the powerfully evocative nature of music, connect with these memories again and share these with others.[8]

People may benefit from music therapy even after a terrible illness or sudden injury because the ability to sing has a different "switch" in the brain and the memories of seemingly long forgotten songs together with the evocative nature of music couple up into a life-changing experience.

Neurologic Music Therapy uses music as a therapeutic tool to address cognitive, developmental, and other goals for those with disabilities. It focuses on using individuals' preserved music skills to facilitate changes in non-musical functions. Research shows that many

[8] British Association for Music Therapy, *What is Music Therapy?*, https://www.bamt.org/music-therapy/what-is-music-therapy, accessed on July 26, 2024.

children with autism have enhanced musical abilities despite speech issues. Neurologic Music Therapy consists of 20 evidence-based techniques and is grounded in the neuroscience of how music impacts the brain. It requires a trained professional to design music exercises based on clients' therapeutic targets and evaluate their progress in meeting behavioural criteria.

The first question that any therapist should ask is what is the tool that music therapy has to use in order to benefit the patients, playing an instrument and even composing music. The following quote will disclose the hidden secret lying in the individuals' preserved music skills that will facilitate changes in non-musical functions.

In the article *Neurologic Music Therapy,* Thaut et al. present multiple benefits of music therapy in neurologic disorders:

> Music and speech, especially singing share multiple control processes with regard to auditory, acoustical, temporal, neuromuscular, neural, communicative and expressive parameters (Wan et al. 2010). In addition to the behavioural similarities, research has demonstrated that music and language have reciprocal cerebral neuro anatomical structures and similar patterns of cortical activation of Broca's area (left inferior frontal gyrus), the primary and secondary auditory cortices (i.e., bilateral temporal and right inferior frontal lobe), and the primary motor cortex that are involved in both music and speech processing (Brown, Martinez & Parsons 2006; Koelsch et al. 2004; Patel 2003). Recent neuro-imaging studies have also demonstrated that, while front temporal connectivity is significantly disrupted during spoken-word perception, this network is preserved during sung-word processing (Lai et al. 2012; Sharda et al. 2015). [9]

[9] Thaut, Michael H. and Janzen, Thenille Braun, *Neurologic Music Therapy* https://www.scribd.com/document/672530745/Neurologic-Music-Therapy.

In *Musicophilia*, Sacks (2011) dedicates an entire chapter to establishing the connection between speech and song, as well as between aphasia and music therapy. His first patient, who seemed to enjoy music, was Samuel, who had undergone a stroke and remained completely speechless even though the hospital offered him speech therapy for two full years. The moment that the music therapist, working in the hospital, heard the patient singing a known song "*Ol' Man River*" [10], uttering a few words from the song, she felt that music might be the way to give him hope. With half an hour session of singing three times a week, in just two-month Samuel was able to make short, but appropriate answers to questions. The hope of further recovery has risen for Samuel and many other patients with similar conditions.

4.3. Potential beneficiaries of speech recovery through music therapy

There are numerous categories of people who can benefit from and recover partially or even totally their verbal power from music therapy among which we can mention: children with special educational needs (SEN), adults with learning disabilities, Autistic Spectrum Conditions, children, adolescents, and adults in mental health settings, patients with neurological disabilities, older people.

According to the *Journal of Applied and Advanced Research*, there are amazing changes taking place in a variety of situations of patients with anxiety and agitation, aphasia, emotional and social deficits, motor disabilities, children with social interaction and adaptation skills problems, sensory and motor development, neurologic impairment, lung function deficits, clarity of speech, depression, brain injuries:

> A study in patients suffering from Alzheimer's dementia found significant reductions in anxiety and agitation in patients who received music therapy (Zare et al. 2010). Music therapy can help

[10] Sacks, Oliver, *Musicophilia,* Picador an imprint of Pan Macmillan, London, 2011, p. 232.

> to improve and restore many functions e.g. motor capacities in patients with Parkinson's disease (Bernatzky et al. 2011). Melody intonation therapy is a common method of treating aphasia (Stahl et al., 2011). Music therapy in stroke patients increases rate of recovery of emotional and social deficits. It improves their quality of life and social functionary by promoting the emotions and can improve motor rehabilitation (Jeong 2007). A Cochrane review provided evidence that music therapy may help children with autism spectrum disorder to improve their skills including social interaction, verbal non-verbal communication and social emotional reciprocity, social adaptation skills and improvement in quality of parent-child relationship (Geretsegger et al. 2014).

Before presenting two relevant cases, it is important to establish how music generally works, what the secret of its power on people is. To this purpose, we can use the explanation provided by Thout et al in the chapter *Mediating Models*: the connection between music and speech is so strong and so intricate that in case one is lost the other takes over and helps out, which is something similar to hand-in-hand work. We need to understand how closely music and speech are interconnected while they share multiple control processes, they have reciprocal cerebral neuroanatomical structures and similar patterns of cortical activation in Broca's area. The frontotemporal connectivity during spoken-word perception is disrupted in aphasia while the sung-word network processing is preserved. The beneficial effects of music extend further than one could have thought of:

> Additionally, correlational studies show that typically developed children who undertake instrumental music training outperformed musically naïve children on tasks of verbal

memory, verbal fluency, and nonverbal reasoning (Forgeard et al. 2008; Ho, Cheung & Chan 2003).[11]

5. Data analysis and findings

In the following chapter we will present and analyse some data retrieved from two cases of severe aphasia accounted in narratives regarding the use of music as a therapeutic tool. This study focuses on content analysis attempting to answer some questions that have been raised by previous researchers. Therefore, the authors of this research will be working with data such as narrative texts in an attempt to answer the research questions.

As far as the limitations of the study are concerned, the envisaged challenges are related to the following issues:

a. Insufficient information about patients' lives before the cerebrovascular accident.
b. The length constraint of the research.
c. The varied approach on each case.

The first case studied for aphasia was the reputed musician Maurice Ravel[12] born in 1875. He was a perfectionist who was excessively dependent on his family in his youth. In 1932, he had a car accident while travelling in Paris and was struck with aphasia after it. He lost his capacity to express his ideas either in writing or performance. Ravel's loss was double-folded since he lost not only his personal life but also his creative one resulting in the loss of one of the 20th century's great musical geniuses.

The development of Ravel's condition was gradual over ten years of activity starting with blunders during concerts in 1927. Later in

[11] Thaut, Michael H. and Janzen, Thenille Braun, *Neurologic Music Therapy*, accessed on April 22, 2024. https://www.scribd.com/document/672530745/Neurologic-Music-Therapy

[12] Hektoen International – *A journal of Medical Humanities,* https://hekint.org/2018/11/14/the-neurologic-disease-of-maurice-ravel/ accessed on April 26, 2024.

1929, he could not find the needed words to express himself verbally. The loss of his ability to write and read occurred in 1933 while the loss of his ability to play the piano was the last and the greatest of all losses, "the loss of music" as his contemporary said. His multiple losses are medically named: the ability to speak (aphasia), write (agraphia), read (alexia), or carry out complex brain-directed movements or tasks (apraxia). To this may be added the "ugly word" *amusia* – loss of music. Amazingly, he has not lost his memory, judgment, and his ability to evaluate art or feel emotions.

The diagnosis given by the renowned neurologist Théophile Alajouanine was Wernicke Sensorial Aphasia on the left hemisphere with the partial loss of the meaning of spoken, read, or written words, compensated by an abundance of improper words used (invented words). Clovis Vincent, a well-known Paris neurosurgeon, operated on him to rule out a tumour, but found no significant abnormality. There was a short-lived improvement but by the end of December 1937, Maurice Ravel lapsed into a coma and died.

The second case documented by a medical specialist that we selected for our analysis is that of Patricia H[13], a brilliant woman, full of energy who ran an art gallery in Long Island while being a painter herself. She was around 60 years old, and led an amazing life filled with scouting expeditions, and evening parties, and had a husband as active as herself. Two years after her husband's death Patricia suffered a massive cerebral haemorrhage and lay in a coma for 24 hours before being found and taken to the emergency room. She underwent brain surgery whereby the blood clot was removed, but with little improvement.

In describing the patient's experience, the psychologist who treated her shares her feelings in the following words[14]:

[13] Sacks, Oliver, *The Mind's Eye*, Picador an imprint of Pan Macmillan, London, 2011, p. 32.

[14] Sacks, Oliver, *The Mind's Eye*, Picador an imprint of Pan Macmillan, London, 2011, p. 35.

> When I awoke the next morning in the hospital, I was totally (globally) aphasic. I could understand vaguely what others said to me if it was spoken slowly and represented a very concrete form of action… I had lost completely the ability to talk, to read and to write. I even lost for the first two months the ability to use words internally, that is, in my thinking.

Patricia was unable to respond to the simplest commands such as "Touch your nose", and could count in sequences one, two, and three, but could not utter individual numbers or count backward. Her right side of the body was completely paralyzed and the doctor was afraid that there would not be too much recovery of her language functions despite the intensive speech therapy as well as occupational therapy. As a result of her inability to communicate during the next six months, she withdrew herself sitting alone, bereft of speech with a desolate look on her face. But a year later, Patricia improved because she developed a knack for understanding other people through their gestures and mime, and at the same time, she was able to express her thoughts and feelings by eloquent gestures and mime too. She would flutter a couple of tickets indicating she was going to the movies and thus invited a friend to go along with her. She has discovered the strength of paralinguistic communication.

Patricia's first recovery step was the paralinguistic approach to communication that allowed her to later gain recovery through music. Second step was the discovery of individual words by categories of objects, people, events. She received a book entitled "Patricia's Bible" that allowed her to communicate on the second by pointing to pictures. This book permitted her to share her thoughts, desires, and hopes and answer questions with "yes", "no", "fine", or noises of approbation, amusement, or disapproval. Five years later she could read gestures correctly through the heightened power of depiction.

Eleven years later after the stroke, when Patricia's speech specialist used music, such as familiar songs: "Happy Birthday" or "A

Bicycle Build for Two" in a sing-along therapy, suddenly she started getting out not only the feeling of the music, but the words too. Realizing that this is her hope, Patricia started carrying a tape recorder along with a cassette with familiar songs. She demonstrated an improved expression of "Good morning, Doctor Sacks", after listening and singing along the "Oh, What a Beautiful Morning!" Slowly but surely, she was able to express words that she missed for a decade. Doctor Sacks concludes that music therapy is [15]

> Invaluable for some patients with expressive aphasia, finding that they can sing the words to a song, they are reassured that language is not wholly lost, that they still have access to words somewhere inside them. The question is then whether the language capacities embedded in song can be removed from their musical context and used for communication. This is sometimes possible to a limited extent by reembedding words in a sort of improvised singsong.

As accounted by Oliver Sacks, more than regaining her expression of likes and dislikes, Patricia made friends in the stores, and at the mall, she knew what to buy and how to make others happy shopping for them little gifts, she was a plant lover and upon hearing others' conversations about plants, she motioned that she loved them too. In other words, her identity was regained, all her old loves and passions, such as tennis, swimming, drawing, and galleries of art, everything was back and she was truly a lucky and happy woman despite her limits imposed by the right-side palsy.

In analysing the two cases presented above more closely, we can observe that there are both similarities (close age, unconsciousness, brain surgery, accidents) and differences.

[15] Oliver Sacks, *The Mind's Eye*, Picador an imprint of Pan Macmillan, London, 2011, p. 48.

Table 1. A parallel of the two cases

Patient's name	Patricia H.	Maurice Ravel
Origin	New York, USA	Paris, France
Onset of language impairment	sudden	gradual (over ten years)
Event	cerebrovascular accident	
Age	60	58
Losses	Both receptive and expressive aphasia	gradual loss of speech (aphasia), writing (agraphia), reading (alexia), carry out complex brain directed movements or tasks (apraxia), loss of music (amusia)
Attitude	angry and depressed	very angry and violent
Recovery	paralinguistic recovery	No recovery of communication

Conclusions

The present study focused on the mechanisms of music therapy and its benefits on the life of patients with expressive aphasia. According to our research, the beneficial influence of music therapy upon patients with neurological problems, especially aphasia, can be proven by case histories of patients who benefited from it. As presented in Patricia's case, music was the last and the best part of her speech recovery treatment that worked and widened her capacity for communication, enriched the area of relations, and improved her self-esteem. In a word, the patient has rebuilt her lost identity and became a happy woman returning to society though blown by the permanent palsy on her right side. Her life was communication and this is exactly what she got back through various therapies crowned by music therapy. To prove that there are also limitations of music as a potential healing

tool when patients are too severely impaired, we could observe that, in Ravel's case, music did not function as a magic baguette since he could not recover his speech through it.

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