The Treatment of Anomia Resulting from Output Lexical Damage: Analysis of Two Cases

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This study describes a treatment project, carried out with two anomic subjects. RBO and GMA failed to name pictures correctly as a consequence of damage to phonological lexical forms; their ability to process word meaning was unimpaired. Words that were consistently comprehended correctly, but produced incorrectly by each subject, were identified. Some words were treated, whereas some served as the control set. A significant improvement was observed in both subjects. As predicted by the model of lexical–semantic processing used as the theoretical background for the study, improvement was restricted to treated items and did not generalize to untreated words, not even to words that were semantically related to those administered during treatment. Improvement was long-lasting, as shown by the fact that 17 months post-therapy GMA’s performance on treated words was still significantly better than before treatment. These results are discussed in relation to the claim that cognitive models can be profitably used in the treatment of language disorders.

INTRODUCTION

Failure to provide the correct name when presented with the corresponding picture is the most common finding in aphasia (Goodglass & Kaplan, 1983) and can be the only language disorder in the unusual patients with ‘‘pure anomia’’ (e.g., Kay & Ellis, 1985; Miceli, Giustolisi, & Caramazza, 1991). The pervasiveness and persistence of word-finding deficits have stimulated...
several studies aimed at seeing if, how, and for how long they can be amelio-
rated. The results unanimously suggest that naming failures can be remedi-
ted to some extent and for some time (e.g., Basso & Chialant, 1992; Hillis,
1989; Howard, Patterson, Franklin, Orchard-Lisle, & Morton, 1985a,b; Mar-
shall, Pound, White-Thompson, & Pring, 1990; Myers, Pease, & Goodglass,
1978; Patterson, Purell, & Morton, 1983; Podraza & Darley, 1977; Pring,
White-Thompson, Pound, Marshall, & Davis, 1990; Seron, Deloche, Bast-
tard, Chassin, & Hermand, 1979; Weigl, 1961, 1970a,b; Wiegel-Crump &
Koenigsknecht, 1973). The present paper deals with two controversial issues
related to recovery from anomia.

The first issue concerns which words are affected by treatment. Is recovery
limited to treated words, or does it generalize to untreated items? If the latter
were the case, does improvement generalize to all words, or to just some
words—for example, to untreated words semantically related to the words
used during treatment? The literature provides contrasting answers to this
question. In early group studies (Seron et al., 1979; Wiegel-Crump & Koe-
ngsknecht, 1973), widespread improvement was reported: treated words
showed the greatest improvement, but untreated words in the same semantic
category as the treated words, and untreated words from unrelated semantic
categories also improved significantly. More recent studies have not reported
such generalized improvements, but have described, instead, two contrasting
patterns. In some single-case studies (Hillis, 1989; Hillis & Caramazza,
1992; Marshall et al., 1990) and in a group study (Marshall et al., 1990),
the greatest improvement was observed on treated items, but performance
accuracy on untreated words in the same semantic category as the treated
words also increased, suggesting transfer of improvement within the same
semantic domain. In other single-patient studies (Hillis, 1989; Hillis & Cara-
mazza, 1992; Marshall et al., 1990) and in a group study (Howard et al.,
1985), improvement was restricted to treated items. For example, Howard
et al. (1985a) found that naming of a picture to which no response had been
provided on baseline testing was facilitated if, before a further attempt at
naming, the corresponding word was presented in a comprehension task, but
not if another semantically related word was presented in the comprehension
task. Thus, there is general agreement that naming accuracy improves follow-
ning various types of prompts or treatments, but it is unclear whether treatment
results in item-specific or generalized improvement and how one or the other
outcome can be predicted or accounted for.

Cognitive models of semantic–lexical processing invite a more principled
approach to this issue and encourage the search for theoretically driven pre-
dictions and interpretations of the various patterns of improvement (but see
Caramazza, 1989). The model that provides the background for the present
study (Fig. 1) has been discussed in detail in several publications (e.g., Cara-
mazza & Hillis, 1990; Hillis & Caramazza, 1991; Miceli, Giustolisi, & Cara-
mazza, 1992). The assumptions of the model that are relevant to the produc-
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