

While general investigations into various types of compensatory strategies in aphasia has occurred for nearly 50 years (e.g., Berman & Peelle, 1967; Schuell, Jenkins & Jimenez-Pabon, 1964), a more systematic approach to these phenomena is approximately a decade old. With the use of various kinds of analytic, interactional research strategies, more empirical and descriptive studies have revealed a great deal more about compensatory strategies; what they are, and how they are employed (e.g., Ahlsen, 1991; Milroy & Perkins, 1992; Simmons-Mackie & Damico, 1996). What have been missing with these studies, however, are both a greater theoretical basis underlying the emergence and usage of such compensations and a more dynamic perspective on the development of these phenomena in the trajectory of real individuals with aphasia.

This presentation employs two qualitative research methodologies, conversation analysis (CA) and phenomenology, to describe the evolution of several compensatory strategies within the conversational performance of a particular individual with aphasia.

It was the intent of this investigation to determine whether distinct compensatory strategies are established and employed by the individual with aphasia when linguistic limitations due to the aphasia necessitate extra-ordinary efforts to sustain conversational success. Further, this investigation attempted to determine if changes to these strategies occurred and why.

Based upon several audiotapes samples of the individual with aphasia during conversations before his stroke and then several taken approximately six months, twelve months, and twenty four months post onset, the trajectory of several specific patterns of interaction employed strategically to overcome communicative limitations were examined. Using a comparative analysis across the pre-onset samples and the post-onset samples, 11 strategies developed and employed between six months and twelve months post-onset were identified and then a subset of these (five) were analyzed, detailed and then followed as they continued to change over the second year post-onset.

The compensatory strategies identified were as follows listed in descending frequently of occurrence:

- **Reduces his speech rate but sustains the flow of his speech to accommodate his processing delays,**
- Uses revisions to move beyond word finding difficulties,
- **Employs “so” as a clausal conjoiner to overcome syntactic difficulties,**
- **Uses a question format (poses and answers his own question) to frame his content,**
- **Uses foreshadowing to frame his content and the interaction,**
- **Uses verbal/phrasal routines to establish fluency and efficiency,**
- Employs generic terms to overcome word finding problems,

- Employs various repair mechanisms to move beyond trouble spots,
- Uses various strategies to enhance social affiliation,
- Uses dyadic collaboration during his repairs,
- Uses various verification/affirmation strategies to encourage more participation by his conversational partner.

In focusing on these strategies – especially the five bolded ones – changes in frequency of occurrence, locus of usage, and effectiveness of the strategies were documented with actual CA data. Opinions regarding these strategies were obtained via both interviews and lamination discussions while listening to audiotapes with the individual with aphasia and his spouse. The data suggest that these strategies change and often disappear as their effectiveness and the necessity for these adaptations are modified with experience and with recovery of function. These data are discussed from an emergent design perspective as described by Perkins (2005).

### References

- Ahlsen, E. (1991). Body communication as compensation for speech in a Wernicke's aphasic: A longitudinal study. *Journal of Communication Disorders*, 24, 1-12.
- Berman, M. and Peelle, L. (1967). Self-generated cues: A method for aiding aphasic and apractic patients. *Journal of Speech and Hearing Disorders*. 32, 372-376.
- Milroy, L. and Perkins, L. (1992). Repair strategies in aphasic discourse: Towards a collaborative model. *Clinical linguistics and Phonetics*, 6, 27-40.
- Perkins, M.R. 2005. Pragmatic ability and disability as emergent phenomena. *Clinical Linguistics and Phonetics*, 19, 367-378.
- Schuell, H., Jenkins, J. and Jimenez-Pabon, E. (1964). *Aphasia in adults*. New York: Harper and Row.
- Simmons-Mackie, N.N. & Damico, J.S. (1997). Reformulating the definition of compensatory strategies in aphasia. *Aphasiology*, 11, 761-781.