

## Jargon Aphasia - A confusing state of affairs

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Jargon aphasia isn't a new or unfamiliar term in clinical aphasiology, but as one reads more in depth on the topic, considerable confusion as to the causes, definition, and characteristics of jargon becomes apparent.

Confusion arises from many sources. First, all authors don't appear to be describing the same behavior when they use the term "jargon aphasia". Secondly, there are different theories offered to explain jargon. Thirdly, there are a variety of classification systems used to categorize various kinds and types of jargon. In the midst of such diversity, however, there do seem to be some threads of common understanding and agreement.

Let's first look at some of the descriptions of language behavior that are included under the label, "jargon". The dictionary supplies us with several definitions of jargon, including: "a confused, unintelligible language; a strange, outlandish, or barbarous dialect; a hybrid language, simplified in vocabulary and grammar; the technical terminology or characteristic idiom of a special activity or group; obscure, and often pretentious language marked by circumlocutions and long words". It's obvious that this encompasses a broad range of verbal output. The term "jargon aphasia" covers a similar broad range of verbal behavior. Hughlings Jackson (1915) may well have been the person who initially contributed the term to aphasiology when he used the word "jargon", not to distinguish a separate type of aphasia, but instead to describe the language output of certain patients which was meaningless and incomprehensible to the listener, although it apparently had some meaning for the speaker. This notion of incomprehensibility, by the way, is one of the few areas of agreement and common understanding among authors.

From Jackson's time on, the term "jargon" has been used to describe a variety of aphasic disturbances, and this has generated the coining of new words, for example: neologistic jargon, undifferentiated jargon, paraphasic jargon, verbal paraphasia, phonemic jargon, and asemantic jargon. Thus, we find jargon used in reference to such diverse linguistic output as an undifferentiated flow of meaningless sounds and the fluent, grammatically intact, but inappropriate and irrelevant jargon and "officialeze" of the

patients described by Weinstein and his colleagues (1974). Some authors use the phrase "jargon aphasia" only to refer to this rambling, incoherent but structurally intact speech, and do not include as jargon aphasics patients whose problems consist primarily of neologisms and paraphasias.

In searching for an explanation of the causes of jargon, one also finds confusion and contradiction. One point of view is represented by those writers who view jargon as a negative phenomenon, that is, as a symptom of the aphasic breakdown of language. Schuell (1974), for example, views jargon as the result of severe impairment in the recall of learned auditory patterns and imperfect auditory feedback processes. The lack of control over verbal output is related to reduced auditory input. Cohn and Neumann (1958) offer the point of view that jargon results from a disruption of the sequential ordering of speech. A somewhat different explanation from these two is offered by Alajouanine (1956) who pointed out that the reason for jargon cannot be found in the breakdown of the intrinsic speech structure itself. He stressed that incomprehensibility and lack of meaning, rather than articulatory abnormality or lack of proper grammatical sequencing were the essence of jargon. Thus, we find him speaking of a "suppression of the semantic values of language" in jargon.

A quite different point of view has been put forth by Weinstein and his co-workers, who see jargon, in a sense, as a positive symptom. They view jargon and its analogues (cliches, puns, officialese) as an adaptive behavior and a form of denial, or anosognosia, in the presence of language deficit. In a group of persistent jargon aphasics whom they studied, they found considerable evidence for this point of view. This group of patients seemed quite unaware that they were not communicating, that they had speech or language difficulties. They tended to use jargon selectively, especially when they were asked questions regarding illness or hospitalization, or when in a testing situation. As a group they showed evidence of left hemisphere damage plus overall cerebral dysfunction, both neurologically and clinically. For example, they confabulated, were disoriented for time and place, and exhibited reduplicative delusions, behaviors which the investigators did not find in a control group of "standard" aphasics. This point of view, then, maintains that for persistent jargon to exist, there must be generalized cerebral involvement in addition to a left hemisphere lesion.

So far we don't see much agreement as to what to include under the label of jargon, nor do we find a concensus as to the reasons for jargon. What about classification systems? Alajouanine (1956) described three kinds of linguistic behavior which he called "jargon". He distinguished between undifferentiated jargon-similar to verbal stereotyped utterances except that there is a constant flow of meaningless sounds, asemantic jargon, which contains neologisms- specific new terms devoid of linguistic meaning, and

paraphasic jargon, in which real words are substituted for one another, particularly on naming. His descriptive categories, while a step toward clarification, are different from those of Cohn and Neumann (1958), who differentiated three types of jargon in this way: syllabic jargon, in which individual words are distorted; phrase or sentence jargon, in which phrase and sentence structures are disordered enough to disturb information exchange; and paragraph-level jargon, in which the sequence of thoughts loses its thread or coherence. Other writers have done detailed linguistic analyses of the verbal output of individual patients, categorizing types and frequency of errors. At least one of these classification schemes, Alajouanine's, related the three types of jargon he described to stages in the evolution of jargon toward more normal speech.

There are some other areas of disagreement also. For instance, we find contradictory statements about whether the patient with jargon aphasia is aware of his communication failure. Alajouanine (1956) states, "The patient never doubts for an instant his speech is normal. It is amazing to see such a patient uttering in a confident and natural way utterly meaningless words or extraordinary sentences". Weinstein and his co-workers (1966) agree with Alajouanine about this, for they report: "The patient behaves as if neither he nor his auditor has any difficulty in understanding him". Taking the opposite point of view, we find Cohn and Neumann describing: "Nearly all individuals exhibiting jargon output, to variable degrees, are aware of their defective verbal communication".

We do not even find a consensus of opinion as to whether jargon is an aphasic symptom! Writers such as Schuell (1974), Alajouanine (1956), and Cohn and Neumann (1958) consider the neologistic, paraphasic, and irrelevant utterances which we associate with jargon aphasia to be an essential part of the language disturbance. Bay (1964), on the other hand, considers the jargon responses to be superfluous and nonessential to the basic problem of symbolic deficit, but rather related to the overall disturbance of brain function. Somewhere between these two points of view is the position taken by Weinstein and his associates, who view jargon as a manifestation of a combination of left-hemisphere damage and generalized cortical disturbance.

I would like now to raise the question, "Are there not some areas of agreement as to what jargon aphasia is, or what its characteristics are?" There are indeed. First, there seems to be no argument that verbal output in jargon aphasia is largely incomprehensible to the listener, although it may have meaning for the speaker. Secondly, there is agreement that jargon is characterized by a fluent, non-effortful flow of sounds and words. All authors described varying degrees of auditory impairment in jargon aphasia, and this type of verbalization is generally associated with temporoparietal lesions, and is often linked with the terms "sensory aphasia", "fluent aphasia", and "Wernicke's aphasia".

Briefly summarized in Table 1 are those points of general agreement about jargon and also those on which there is confusion or contradiction in the literature.

In summary, I have attempted to make the point that a lot of jargon has been used to define and describe the phenomenon of jargon aphasia. One problem seems to be that different authors are not talking about the same populations of patients when they use the same label to categorize them. The disoriented, confabulating, denying patients described and studied by Weinstein and his colleagues are not the same kinds of patients as those whose speech is characterized by some neologisms and paraphasic errors, but who don't show the symptoms of diffuse brain involvement that Weinstein's patients did. Research is needed in order to answer the questions, whom shall we call jargon aphasics, and what purposes might jargon serve for the individual. Where does this leave us? Perhaps the best course is to accept a fairly broad definition of jargon as any speech output that is incomprehensible to the listener, and include under the label "jargon aphasic" those persons in whom this incomprehensible speech is a persistent symptom, concentrating instead on further investigation of the purposes which jargon might be serving for the person who attempts to relate through jargon to a linguistically confusing world.

Table 1  
Areas of Agreement and Disagreement or Contradiction as to  
the Nature of Jargon Aphasia

Areas of Agreement

1. Verbal output is largely incomprehensible to the listener, though it may have meaning for the speaker.
2. Jargon is characterized by a fluent, noneffortful flow of sounds and words.
3. There are varying degrees of auditory involvement in jargon aphasia.
4. This type of verbalization is generally associated with temporoparietal lesions.

Areas of Disagreement or Contradiction

1. What kinds of verbal behavior shall we call "jargon aphasia"?
2. Is the producer of jargon aware of his failure to communicate?
3. Is jargon aphasia a manifestation of more diffuse cerebral involvement (the left hemisphere - plus syndrome?)
4. Is there an element of denial (anosognosia) in jargon aphasia?
5. Is jargon a negative symptom, or is it a form of adaptive behavior in the face of diminished language facility?

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