Language Learning: Part 1  by John Pavlish

December 15th of 2006, I had a hemorrhagic injury in my left temporal and occipital lobes. I learned that these areas of the brain control language and vision. Using language and vision have become the largest obstacles for me to overcome. I understood what happened to me when a hospital roommate of mine used his computer. I realized that I could not comprehend emails, books, or anything.

I began therapy fairly early on to relearn language and vision, not to mention the fact that attempting to do normal activities was a therapy itself. Going outside, even if I wore my helmet, gave me a chance to walk, read signs and talk to others. Being able to do these “normal” things was empowering and rewarding.

I’ve found that language is the gateway of essential ideas between people. Language is constructed of two communicating forms, which use different inputs for understanding mental ideas. Speaking is an auditory form of word ideas that are contained within the mind, while a listener understands the output.

Writing and reading are tangible forms of language that are constructed through symbols that convey ideas from the mind. Furthermore, people use their eyes in all forms of language. Vision aids walking, driving, and pleasure, such as playing video games. Thus, relearning language and vision would not just allow me to enjoy reading for pleasure, but more importantly, it would help me to stay in contact with my friends and family members.

I find it rather odd that I have relearned language in the order of speech, writing and reading, just like I did as a child. To be honest, I do not remember much when I awoke after my first surgery. I didn’t realize that I had difficulty speaking because I had tubes in every orifice of my body, nor did I recognize my peripheral vision was missing. But once I was able to breathe on my own, I tripped over words I knew, or thought I knew.

I remember trying to use the most descriptive words I could think of to communicate the pain in my body. However, these words surprisingly ended up as colorful profanity.

Continued on page 3
Who’s Who

John Pavlish

John Pavlish was a senior at the Massachusetts Institute of Technology working towards his bachelor’s degree in Material Science Engineering when he became sick. In December 2006, John became sick from a common cold. The cold initiated ITP, Idiopathic Thrombocytopenic Purpura, which led to a brain injury. Upon regaining consciousness from the brain injury he began participating in rehab in Boston.

John now lives with his parents in Issaquah, WA, and continues rehab at UWMC and at the Speech and Hearing Clinic at UW. In John’s free time he enjoys playing the piano, listening to music, and running. His goal is to be able to return to MIT and complete his engineering degree.

UW Traumatic Brain Injury Model Systems Website

Watch and download materials at www.tbi.washington.edu

TBI Documentary: “Living With a Traumatic Brain Injury”

TBI Documentary will also be available on BrainLine.org. This website is done under WETA, a non-profit TV station, and partially funded by the Defense and Veterans Brain Injury Center.

TBI Education Series Available

The TBI Education Series, a total of 8 sessions, covers a wide range of topics from brain injury basics to coping with the financial aftermath of TBI.

Conference on Traumatic Brain Injury as a Co-Occurring Disorder

In October 2007, the University of Washington Traumatic Brain Injury Model System and the Washington State Department of Social and Health Services: Aging and Disability Services Administration co-sponsored a series of presentations on “Traumatic Brain Injury as a Co-Occurring Disorder.” Each session focuses on the unique challenges presented to individuals and health care professionals who are providing support and services to people with both traumatic brain injuries and substance abuse issues. Over 700 individuals attended this two day event.

Videos of the presentations are now available for viewing or download at our website: www.tbi.washington.edu
The Natural History of Headache after TBI

Doctors and researchers know surprisingly little about headache after TBI even though it is the most common source of pain. Most of the information has come from studies of people who come to clinics after mild TBI complaining of chronic headache. These previous studies show that somewhere between 30-80% of persons with TBI have headaches. However, it is important to note that many people who never had a TBI also have headaches.

We don't fully understand if headaches after TBI are different from other headaches, or whether people who had headaches before a TBI have different experiences from others. Do some headaches start right away after injury and some after a delay? Do headaches have any effect on the ability to return to previous activities and work?

The University of Washington is the primary site for a multi-center study looking at the natural history of headache after TBI. Joining us are researchers from Mayo Clinic, University of Alabama, Medical College of Virginia, Moss Rehabilitation Hospital, University of Texas San Antonio, and Craig Hospital. We are interviewing people still in the hospital after a TBI and then again at 3 month, 6 months, and one year after their injury. Our goals are to 1) improve the health and well-being of persons with TBI by describing headaches, 2) lay the groundwork for future research on pain and headache management.

To accomplish these goals, we will 1) measure how often headache occurs, 2) describe headaches after TBI, 3) identify what predicts headaches, 4) examine whether different traits predict acute and chronic types of headache, 5) measure the effect of headache on activities, community participation, and employment, and 6) assess the types of treatments offered and their effectiveness.
Continued from page 3

Although it made sense, it was difficult. I realized that there are dozens, perhaps hundreds of words that show the faults of phonics. It made me want to learn a completely new language altogether like Korean or Spanish, in which the alphabets and grammatical organizations make structural sense.

Regardless of any language though, I just could not untap the ideas or words in my mind for writing. I noticed I had this weird dyslexia for writing “b” and “p”. I always misspelled words with these letters. Even if I typed them on the computer, where “b” and “p” are on opposite sides of the keyboard and use opposing hands, I still misspell them. Even writing main ideas was ethereal. I thought I was describing myself, but people were not sure if they understood exactly what I meant or not. It felt like I really was in a foreign land with an unknown language.

John will share his experience with learning to read and valuable resources in the next TBI Update.