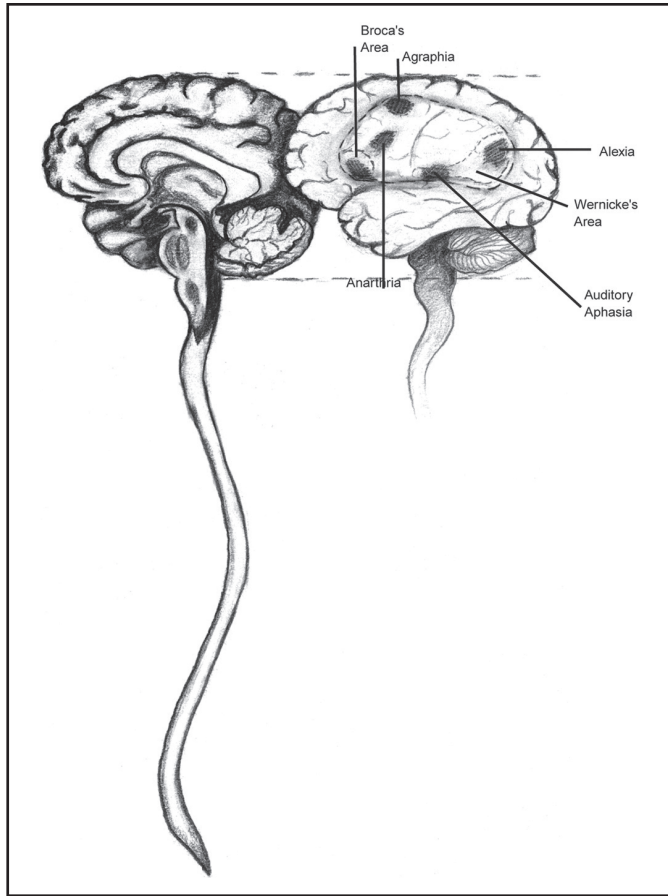


Figure 1-6. Approximate boundaries of expressive and receptive speech and language centers.



of neologisms, nonexistent words that sound like but are not words of the speaker's language” (Laakso, 2003, p. 163). Severe damage to the important speech and language centers of the brain, such as is seen in global aphasia, is considered irreversible.

In the anterior and posterior aphasia distinction, the dividing neuroanatomical line is the fissure of Rolando, also called the central sulcus or central fissure. The fissure of Rolando separates the frontal and parietal lobes. Anterior aphasia is non-fluent and agrammatic. Patients with anterior aphasia have problems writing, using expressive gestures, and repeating. Posterior aphasia is fluent albeit meaningless. Patients with posterior aphasia have problems reading and understanding the speech and complicated gestures of others. Damage to both regions is mixed or anterior-posterior aphasia.

LANGUAGE ENCODING DISORDERS

Language encoding is formulating and transforming cognitive information into an expressive linguistic code. It is the process by which humans express thoughts through speaking, writing, and expressive gestures. As Table 1-3 shows, the expressive aphasia disorders go by several diagnostic labels including Broca's, predominantly expressive, motor, non-fluent, and anterior aphasia. Clinically, the verbal encoding disorder is characterized by wordfinding problems, a language disorder, and verbal apraxia (apraxia of speech), a motor speech programming impairment. Agraphia