**Verbal Patients Who Say Little: A Syndrome of Nondominant-Hemisphere Deficits**

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Educational Objectives:
- To provide practical guidance for approaching patients with nondominant hemisphere deficits.
- To aid psychiatrists in understanding and treating these patients.

**Case History**

Mrs. Smith, a 44-year-old housewife, was referred for psychotherapy because of her inability to communicate. She presented with a marked reduction in her usual verbal output. She had been noted to talk less than usual for several years and had become increasingly withdrawn. Her speech was often hesitant and of short duration. She used few words, often prefacing her statements with "I don't know" or "I'm not sure." Her thought processes were slow, and she required time to respond to questions. Her affect was flat, and her behavior was guarded. Her motor speech was sluggish, and her articulation was not impaired.

The patient's history revealed that she had been hospitalized for depression several years ago. Since that time, her depressive symptoms had subsided, but she had continued to experience difficulty with communication. Despite her efforts to improve, her verbal output had decreased significantly. Her family had noted a change in her personality, and her friends had described her as "distant and reserved." She reported feeling "lost" and "empty," and her sense of self was diminished.

**Diagnosis**

Mrs. Smith was diagnosed as having a syndrome of nondominant-hemisphere deficits. This syndrome is characterized by a reduction in verbal output, decreased affect, and difficulty in initiating and sustaining conversations. The deficits are attributed to damage to the nondominant hemisphere, typically the left hemisphere, which is responsible for language production and comprehension.

**Treatment**

Psychotherapy was deemed essential to address Mrs. Smith's communication difficulties. Cognitive-behavioral techniques were employed to encourage her to express her thoughts and feelings more freely. Verbal reinforcement was used to encourage her to speak more, and her speech was frequently prompted with questions. A variety of exercises were used to improve her verbal output, including role-playing scenarios and guided discussions.

**Results**

After several sessions, Mrs. Smith showed improvement in her verbal output and affect. She began to express her thoughts more confidently and was more engaged in the therapeutic process. Her family observed a noticeable change in her communication style, and she reported feeling more connected to her loved ones. The therapy was continued, and further improvements were noted in her ability to communicate effectively.
Therapist's Reaction

The therapist, with his or her own agenda and personal issues, can also become a problem in the therapy. Patients who are not equipped to deal with the therapist's agenda may find themselves in a situation where they are not able to focus on their own problems. The therapist's agenda can lead to a lack of empathy and understanding, which can make it difficult for the patient to feel heard and understood. This can lead to a lack of trust and respect between the therapist and the patient, which can further exacerbate the patient's difficulties.

The therapist may also become too involved in the patient's life, either by providing too much guidance or by becoming too emotionally involved. This can lead to a lack of objectivity on the part of the therapist, which can make it difficult for the patient to gain a realistic perspective on their own problems. The therapist may also become too close to the patient, which can lead to a lack of boundaries and a lack of professional distance.

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