Lecture 3

Speech sound differences (accent/dialect)

Kinds of dialectical differences

- foreign dialect
- regional dialect
- subgroup membership
  - ethnic dialect
  - status dialect
  - teenlect

For each dialect, we can look at

- Differences in phonemes
- Differences in how morphemes are used
- Differences in semantics
  - vocabulary (lexicon)
  - expressions (idioms)
- Differences in syntax
- Differences in prosody

FOREIGN DIALECT

Differences in PHONEMES (sounds)

- Many sounds used in English are not found in other languages
- Some differences between English and Chinese
  - h, l, th, r
  - English has more vowel sound than Chinese
  - Diphthongs - shortened in "weigh" and "now"
  - Final consonants occur often in English but not so often in Chinese

- Many sound are used in other languages, but not found in English

Shibboleth - a linguistic difference that distinguishes on group from another

Differences in MORPHEMES

- In English to make a noun plural - add an "s"
- In some language to make a noun plural - only add a number

Differences in SEMANTICS

- Vocabulary
  - English as "phrasal verbs" - look up to, make do with, give in idioms (expressions)

Differences in SYNTAX (grammar)

- In English, the concept of "time" is handled with "verb tense"
In Chinese, the concept of "time" is handled by word order or context. Chinese does not have "article" - a, an, the. Difference in "shades of politeness". Difference in word order.

Differences in PROSODY

Chinese is a TONAL language. English is NOT a tonal language. In Chinese - changes in the pitch of a single sound can make a different word. In English - changes in the pitch are only used to emphasize or express emotion.

REGIONAL DIALECT

At least 10 regional dialects in the USA.

Differences in PHONEMES (sounds)

Differences in VOCABULARY

Differences in SYNTAX (grammar)

SUBGROUP MEMBERSHIP (e.g. status dialect)

Differences in PHONEMES (sounds)

Differences in VOCABULARY

Differences in SYNTAX (grammar)

Other "subgroup membership"
Black English
Teenlect
Gang Slang

We communicate in many ways! Not only "how we SAY the words". Or even in "the words/vocabulary we choose"

BUT ALSO WITH "Our body language"

Voice Disorders

Brief review of the anatomy. larynx - "the voice box"

Terms
Aphonia - NO voice
Dysphonia - disordered voice

Incidence of voice disorders - varies from 3-10 %
Examination of the voice
In EVERY case of a voice problem that lasts more than two weeks, a person needs to see a doctor (ENT). Doctor's exam may include:
- case history
- general physical exam
- possible psychiatric referral
- x-ray studies
- indirect laryngoscopy - using a light and mirror to see the larynx
- a rigid endoscope or flexible fiberscope may be necessary
- a biopsy may be necessary

Voice exam by a speech therapist:
- case history
- examination of the voice mechanism
- rating of the voice:
  - loudness
  - pitch
  - voice QUALITY

Hypernasality - too much nasal quality - inadequate velo-pharyngeal closure - sounds like they are talking through their nose
- myasthenia gravis
- paralyzed palate
- palate isn't long enough
- deafness
- cleft palate

Hyponasality - too little nasality (denasal)
- inflammation (allergies or a cold)
- deviated septum
- nasal tumors or polyps

Disorders of the Voice

May be a physical (organic) problem

Structural abnormalities - a few examples
- ankylosis
- laryngeal trauma
- congenital laryngeal web
- papilloma
- tumors - laryngeal cancer
  - early symptoms
    - hoarse voice
    - coughing up blood
    - leukoplakia - white spots on the vocal folds

Risk Factors
- SMOKING
- alcohol
- chronic inflammation
- dietary factors
- pollution

Treatment - laryngectomy
partial - removing one vocal cord
total - removing the entire larynx
stoma - a new way to breathe

Many accompanying problems
One of the BIGGEST problems - loss of speech

Treatment
artificial larynx
esophageal speech
voice prosthesis

Neuro-muscular disorders
paralysis of the vocal folds
a brain disorder that affects the muscles
cerebral palsy, myasthenia gravis, Parkinson's
Spasmodic Dysphonia
often misdiagnosed
no spasticity or paralysis
specific cause is unknown
more common in adults (40-50 years old)
person speaks with GREAT effort
treatment - botox injections in larynx

Physical disease
infections
endocrine imbalance

Other causes of voice disorders
Abuse
vocal nodules
caused by vocal mis-use
corrected by vocal non-use
prevented by vocal correct use
vocal polyps
contact ulcers
traumatic laryngitis

Psychopathic disturbance - Hysterical aphonia

A few helpful hints for a healthy voice

- drink lots of water
- avoid excessive/frequent throat clearing
- get plenty of sleep
- use good breath support when speaking
- don't use excessively long sentences
- minimize caffeine, alcohol and dairy intake
- avoid menthol throat lozenges (they can dry the throat)
- avoid smoking and harmful fumes (care exhaust, etc.)
- be aware of background noise - avoid vocal abuse.