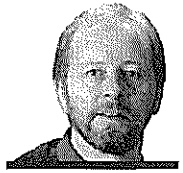
Where on earth did that accent come from?



Paul Warren

WATCH YOUR LANGUAGE

YOU may have noticed recent media coverage of a 10-year-old boy from York, in the north of England, who underwent surgery to remove excess fluid from around his brain following meningitis, and who emerged from hospital talking "posh".

Brain damage, which also results from strokes or head injuries, affects our language abilities in different ways. Everyone with a relative who has suffered brain damage will tell you a different story. The picture emerging from an accumulation of case studies — backed up by imaging research recording brain activity in normal language use — is that there is some localisation of language function. That is, certain areas of the brain are used more than others for particular aspects of language.

Damage to certain brain areas can selectively affect grammar, or vocabulary, and so on. So are there brain areas for different accents? This seems unlikely. Though research suggests that we store information about what different accents are like, based on our experience of different speakers from different speech communities, and that we can "tune in" to these accents when necessary, there is no support for the notion that different dialects are found in different parts of the brain.

Reports of accent change after brain trauma are relatively rare. Interestingly, speech in cases of what is known as foreign accent syndrome generally remains fluent and grammatical, and the pronunciation usually follows the general rules for the language. That is, it does not include sounds or sequences of sounds that you would not find in that language. This all suggests that language ability is relatively unimpaired — what comes out just sounds like a different accent.

So how did the boy in the York case end up talking "posh"? One surgeon commented that as the boy recovered from his operation he had very poor language abilities and appeared to have to relearn his pronunciation skills. The surgeon suggested that the "posh" accent resulted from the speech that the boy was exposed to during this relearning. The untested implications are that the medical staff had "posh" accents and that the boy did not spend much time talking with his family during recovery.

In some cases, it has been claimed that the newly acquired accent is one to which the patient had previously had a lot of exposure. It has even been argued that psychological factors are involved — the new accent has some special status for the patient.

But other work suggests that the new accent may be in the ears of the perceiver. One study involving an American patient found that different listeners reported the accent as Eastern European, French, Dutch, or Scandinavian. An Australian patient was variously judged as having an Asian, Swedish, or German accent. Responses depended on what accents the listeners thought the speech was most like, based on their own experience. Detailed expert analyses of samples of "foreign accent speech" reveal that they include some features associated with a particular accent, but also that there are many aspects of that accent that are not present. Tellingly, in cases where a different native-speaker accent is reported, speakers of that accent are generally reluctant to regard the patient as a speaker of their own accent.

Frequently, "foreign accent speech" involves prosodic aspects of how we talk — intonation, rhythm and timing. Errors in speech timing are important, because not getting the length of a vowel right can make it sound like a different vowel. The boy from York was reported as having elongated vowels, which might have contributed to his "posh" accent. According to his mother, he "no longer had short 'a' and 'u' vowel sounds. They were all long." Similarly, language learners' non-native accents may often have the right quality for the individual consonant and vowel sounds, but have inappropriate rhythm or other aspects of timing. So, in the case of foreign accent syndrome, maybe the problem is that the speaker no longer has accurate control of the timing of sounds and sound sequences. This all shows that the phenomenon of foreign accent syndrome is more complicated than some of the media reports suggest — you shouldn't hope to improve your accent through brain surgery.

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■ *Send your questions about language to* **words@dompost.co.nz**