

Accent on aphasia

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One consequence of the rise in immigration and internal migration in the UK in recent years is that listeners frequently encounter speakers with different accents. In the NHS a culturally-diverse health workforce is beneficial in many ways, not least in providing a shared language and background for the range of patients receiving care; but there may be challenges too. Research amongst adults with no communication or cognitive difficulties has shown that an unfamiliar accent has a detrimental effect on comprehension, and that listeners have greater difficulty with non-native accents. A similar pattern of difficulty has been observed in adults with aphasia. If such an individual has difficulty understanding someone with a different accent that may have significant implications for their rehabilitation and participation in the community.

This study involved 12 adults with chronic aphasia, due to a dominant hemisphere stroke, with an average age of 60 years. The participants presented with a wide range of communication difficulties and levels of severity. We asked them to listen to six narratives from the Discourse Comprehension Test prior to answering eight yes-no questions for each story. Three stories were presented in a standard accent familiar to all the listeners (Southern Standard British English, SSBE) and three in an unfamiliar native Glaswegian accent. The questions were presented in SSBE.

We found no difference in participants' overall performance on the task between the familiar and unfamiliar accents. This is unsurprising, given previous accent research with people with aphasia, where significant difficulties in comprehension tasks have only been observed for non-native accents. It is also possible that listeners' linguistic and world knowledge and the context provided in the narratives aided comprehension in the task. However, we did observe an effect of accent in an analysis of the type of information required by the questions: the participants made significantly more errors on questions tapping implied information (which has to be inferred from other information in the narrative) than those drawing on stated information (which is given in the narrative) in the unfamiliar accent. No such difference was found for the narratives in the familiar accent.

These findings pose challenges for speech and language therapists, and all those who work with those with aphasia. Although native – regional – accents may not cause the same level of comprehension difficulty as a non-native accent, our research shows that problems with some unfamiliar accents may only become evident with increasing processing demands. For example, the increased demands of an unfamiliar accent combined with complex information may be particularly problematic for people with aphasia. There may also be implications for work with other client groups: for example, there is some evidence that children with speech difficulties as well as people with dementia also have particular difficulty understanding information presented in an unfamiliar accent.

Speech and language therapists therefore need to be aware of the possible impact that their own accent, as well as others, may have on the performance of clients – and be able to make adjustments to client's assessment and management.

Further reading

Brookshire, R.H. & Nicholas, L.E (1993) *Discourse Comprehension Test*. Communication Skill Builders, Inc. Tuscon, AZ.

Dunton, J., Bruce, C. & Newton, C. (in press) Investigating the impact of unfamiliar speaker accent on auditory comprehension in adults with aphasia. *International Journal of Language & Communication Disorders*