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Psychosocial Implications of Foreign Accent Syndrome: Two Case Examples

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Research on foreign accent syndrome (FAS), a rare form of speech disorder that typically follows some form of neurological insult, has concentrated almost exclusively on its neurogenic origins and motoric features, to the virtual neglect of its psychosocial implications for the patients who experience it. In this article we draw on the concepts and methods of personal construct theory to analyze two cases of FAS, demonstrating the significant and sometimes sweeping reconstruction of these persons' sense of identity in the social world.

Foreign accent syndrome (FAS) is a rare speech disorder characterized by the sudden emergence of speech that sounds foreign to native speakers of the language, usually following neurological trauma (Whitaker, 1982). Fewer than 40 cases of FAS have been reported worldwide since 1919, from a variety of countries and involving a variety of languages. For example, there have been reports of Norwegian speakers acquiring German or British accents (Moen, 1990; Monrad-Krohn, 1947); a Spanish man who developed a British accent (Ardila, Rosselli, & Ardila, 1988); and English speakers developing French, Scottish, German, and Nordic accents (Dankovicova et al., 2001; Graff-Radford, Cooper, Colsher, & Damaso, 1986; Gurd, Bessell, Bladon, & Bamford, 1988). There are also many cases in which the reported "foreign accent" is considered "nonspecific" or is heard as having a different country of origin by different listeners (Coelho & Robb, 2001).

Similarly, FAS has been attributed to different types of neurological trauma. For example, Coelho and Robb (2001) reported 14 cases in which left cerebrovascular accident (CVA) was determined to be the cause of the FAS, one case in which right CVA was the cause, and two cases in which closed-head injuries were determined to be the cause. In a larger review of FAS cases however, Aronson (1980) reported that only 56% (14) of FAS cases were from CVAs, with 24%

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(6) from head trauma. Aronson also noted that five cases (20%) were found to have a negative or equivocal neurological diagnosis.

Not surprisingly, identifying the underlying neural basis for FAS has also proven elusive, due to the low number of cases reported in the literature and the even fewer cases that have included details on lesion localization. Blumstein and Kurowski (2006), however, in summarizing the information available, reported, “these findings suggest that the foreign accent syndrome emerges as a consequence of damage to the speech output motor system affecting the primary motor cortex and either cortico-cortical connections with it or its cortico-subcortical projections” (p. 352).

Patients with FAS do not typically sound “pathological,” with few, if any, features that resemble neurogenic speech disorders such as aphasia, dysarthria, or apraxia of speech (Di Dio, Schulz, & Gurd, 2006). Whitaker (1982) suggested four criteria for a diagnosis of FAS: (1) The accent is considered by the patient, by acquaintances, and by the investigator to sound foreign; (2) it is unlike the patient’s native dialect before cerebral insult; (3) it is clearly related to central nervous system damage (as opposed to an “hysterical” reaction); and (4) there is no evidence in the patient’s background of being a speaker of a foreign language.

PSYCHOSOCIAL IMPLICATIONS OF FAS

On their CD, *The Best of and the Second Best of Car Talk*, Tom and Ray Magliozzi (2002) presented a letter they received about a Massachusetts man who had developed a French accent following a motor vehicle accident. In their inimitable style, Tom and Ray laugh it up, which makes for highly entertaining radio as they play up the bizarreness of the story with a slight skeptical undertone. Their treatment of the topic, however, is not simply an attempt to be amusing or entertaining. FAS is so rare and unlikely that most people react with the same skepticism and amusement when confronted with such a story. This highlights one of the vastly underaddressed aspects of FAS—the psychosocial impact of the problem on the individual. A search on the electronic database MEDLINE for the term “foreign accent syndrome” yielded 186 results. Adding the term “psychosocial,” however, reduced that number to just one article (Munson & Heilman, 2005); and, even in that article, the psychosocial implications of the problem constituted only a minor aspect of the report.

That is not to say that psychosocial implications have been completely ignored in the literature. One of the earliest and best-known cases of FAS was reported by Monrad-Krohn (1947) and referred to the psychosocial impact of the problem faced by a Norwegian woman who, in 1941 during the German occupation of Norway, developed a German accent following head trauma and was ostracized by her village. Miller, Lowit, and O’Sullivan (2006) also reported on a case of FAS and insightfully commented on its psychosocial impact on the patient. Their report was of a 64-year-old woman from Newcastle, England, who developed FAS following an aneurysm. Although she remained fully intelligible, people in her community thought she was Italian, or sometimes Polish or Czech. Miller and colleagues recognized that, for this woman, her accent was “part of her character, her identity” (p. 407) and that she saw the FAS as “causing a rift between the past and the present” (p. 407). They also described the problems this woman had with past friends being afraid of her, wondering why she was talking in a strange way, and wondering if she had gone out of her mind. Her reaction was to fear going out and meeting people and a sense of loss and confusion. Eventually, they reported, her “real” friends and family, and later the woman herself, came to accept the FAS.

Not all reports of the psychosocial impact of FAS, however, are negative. Some researchers have reported that patients with FAS have shown little concern over the change in accent (e.g., Coughlan, Lawson, & O'Neill, 2004; Ryalls & Whiteside, 2006), whereas others have reported that patients have used their perceived "foreignness" to cover for word-finding difficulties also associated with their neurological trauma (e.g., Dankovicova & Hunt, 2011; Ryalls & Whiteside, 2006).

None of these reports, however, has in any formal way investigated the psychosocial implications for the individuals with FAS. The purpose of this article is to report specifically on the psychosocial implications of FAS for two women from the Midwest United States. In doing so, we will draw on the conceptual and methodological resources of personal construct psychology (Kelly, 1955/1991), which is well tailored to the study of personal identity in a social field. In particular, we will report our use of both quantitative and qualitative assessments of these two women, using repertory grid technique and self-characterization methods, respectively (Crittenden & Ashkar, 2011; Hardison & Neimeyer, 2012), to reveal how they viewed themselves in the aftermath of their development of this syndrome, and its implication for their relationships with significant others.

TWO CASES OF FAS

The two cases reported here involve two women, both of whom were born and lived in the Midwestern United States. Neither woman had traveled extensively outside the country, and neither had traveled specifically to the location with which her accent was associated. Nor did either woman have any close friends or family with an accent like the one each developed. One aspect that makes these cases unique is that both women developed FAS following reconstructive jaw surgery to correct temporomandibular joint (TMJ) problems. Both surgeries were performed in the same facility, with the same anesthesiologist, and by the same surgeon, who reported that he had performed many of these surgeries previously without incident.

Case 1: Fiona¹

Fiona was a 46-year-old woman who sustained injuries in a motor vehicle accident approximately eight years prior to being seen for this evaluation. During the accident, her face and jaw struck the steering wheel and, over a four-year period, her jaw became misaligned, causing severe TMJ dysfunction, accompanied by significant pain. About four years after the accident, Fiona had surgery to correct the TMJ, which involved significant jaw restructuring, and her mouth was wired shut for a period of time. Following recovery, Fiona's speech was characterized by what she described as an Irish accent. Fiona had been living with FAS for approximately four years at the time of the assessment.

Case 2: Victoria

Victoria was a 43-year-old woman who reported a genetic condition called *prognathism*, which resulted in abnormal growth of her mandible. This condition resulted in TMJ dysfunction and other dental misalignments. About 18 months prior to this evaluation, Victoria had surgery to

correct the TMJ dysfunction and shorten the mandible. Upon recovery from the surgery, Victoria reported that her speech was characterized by a British accent. Victoria had been living with FAS for approximately 18 months at the time of the assessment.

Basic Assessments

Linguistic analysis. A communications specialist with experience in modern languages performed a linguistic analysis to determine if the perceived accents could be identified as typical of particular geographical locations. The specialist's report indicated that Fiona's accent was identified as a "slight Northern Irish accent, not a deep southern Irish accent such as you would find in Cork or Dublin, but more like Galway or Belfast. It sounds well-educated, not working-class." In Victoria's case, the linguist reported that he had "eliminated all British regional accents such as London Cockney, East Anglian, Yorkshire, Manchester, Liverpool, Scottish, Welsh, and Irish." He stated that her accent "sounds like what you might encounter slightly west and south of London, but not as far as Cornwall or Dorset, for example. Her accent is neither working-class nor aristocratic (upper-class), but relatively well-educated."

Motor-speech evaluation. A standard motor speech assessment was conducted with both women. An oral mechanism examination showed no evidence of diminished strength or mobility for the tongue, lips, or jaw muscles. Timing and coordination for speech movements were considered to be within normal limits. Stress testing (counting to 200, one number per second) showed no reduction of the accent over time. An acoustic measurement was made for four vowels (/i/ as in "heed," /u/ as in "food," /o/ as in "god," and /æ/ as in "hat"). The first and second formats for each vowel produced by the participants were compared to standard American English and British English values. In both cases, values for the two participants were in a mid-range between the two standard values (i.e., neither American nor British). Aside from the obvious accent of their spoken speech, no other speech deviations were noted for either woman. When asked to "put on" an accent, however, neither woman could produce speech that sounded like her premorbid (American accented) speech, nor could either produce any other type of accent.

MRI evaluation. Both Fiona and Victoria underwent MRI examinations. The examinations for both patients, however, were inconclusive due to artifact from metal braces and implants from their surgeries.

Neuropsychological assessment. The same neuropsychological test battery was administered to both Fiona and Victoria by a qualified neuropsychologist. This battery included a memory test that examined visual and auditory learning and memory; various executive functioning tasks (ability to plan, switch between cognitive sets, and produce words based on phonemic and semantic categories); an effort test to ensure patients were putting forth adequate effort; a short IQ test; a test that estimated premorbid IQ; academic achievement tests (measuring spelling, arithmetic, and reading comprehension); sensory-motor tasks; language tasks (sentence repetition, auditory confrontational naming, visual confrontational naming, and visual receptive naming); and a series of personality tests that assessed anxiety, depression, personality traits, and psychopathology.

Results of this assessment for Fiona indicated performance commensurate with expectation on all tests, with above-expected performance up to very superior range on some. Notably, no indicators of anxiety or depression were evident.

Results for Victoria also indicated performance commensurate with expectation on most tests. Victoria, however, did perform almost one standard deviation below expectation on a test of receptive vocabulary. She was also below expectation for the executive functioning tasks, as well as for areas of attention and concentration. Again, however, there were no indications of elevated levels of anxiety or depression.

Psychosocial Assessments

The psychosocial assessment was the same for both women and included an interview and completion of a repertory grid and a self-characterization. Interviews were conducted individually, with the two lead authors present and prior to the other assessments. As the repertory grid and self-characterization tools may be unfamiliar to some readers with interest in FAS, a brief explanation of each is presented prior to presentation of the findings.

Repertory grid. A repertory grid (Kelly, 1955/1991) is an assessment tool with both quantitative and qualitative features, employed frequently by constructivist psychologists, and is designed to elicit a respondent's construction of some domain of experience (Neimeyer, 1993). Bell (1990) defined a repertory grid as "a set of representations of the relationships between the set of things a person construes (the elements) and the set of ways that person construes them (the constructs)" (p. 26). In particular, the grid is well suited to the study of personal identity in a social field (Jankowicz, 2003; Neimeyer, 2009), and the patterns of relationships among constructs have demonstrated reliability and convergent validity in a number of studies (Dempsey & Neimeyer, 1995; Feixas et al., 1992; Hardison & Neimeyer, 2007).

For this assessment the WebGrid 3 (<http://gigi.cpsc.ucalgary.ca/>), a web-based computerized repertory grid tool, was used to collect and analyze the participants' responses. Each participant met with the first author independently, and together they completed the WebGrid procedure. This involved first establishing the "elements" that would be on the grid. In this case we wanted to investigate the domain of "relationships," so we included three representations of the participant: one representing herself prior to the onset of FAS (me-past), one representing herself in the present (me-now), and one representing herself as she would ideally like to be (me-ideal). Added to these elements were close friends, family members, and one person who represented negative traits, for a total of approximately 10 elements and 10 constructs in each case.²

Once the list of elements was set, the WebGrid program guided the participant through the process of eliciting constructs by comparing and contrasting sets of three figures chosen randomly by the program, which are then used to rate each figure on a five-point scale (see Jankowicz, 2003, for a fuller description of this procedure and resulting output). In this way, the repertory grid for each participant was created (see Figures 1 and 3 for the repertory grids for Fiona and Victoria, respectively). For greater visual clarity in representing the results of each grid, the matrix of ratings it comprises was further analyzed by the WebGrid program using principal components analysis, yielding a map of relationships between construct dimensions and elements (see Figures 2 and 4).

Self-characterization. The self-characterization sketch is a qualitative method developed by Kelly (1955/1991) to assess personal meanings in response to the following instructions:

Write a character sketch of (client's name), just as if she were the principal character in a play. Write it as it might be written by a friend who knew her very intimately and very sympathetically, perhaps

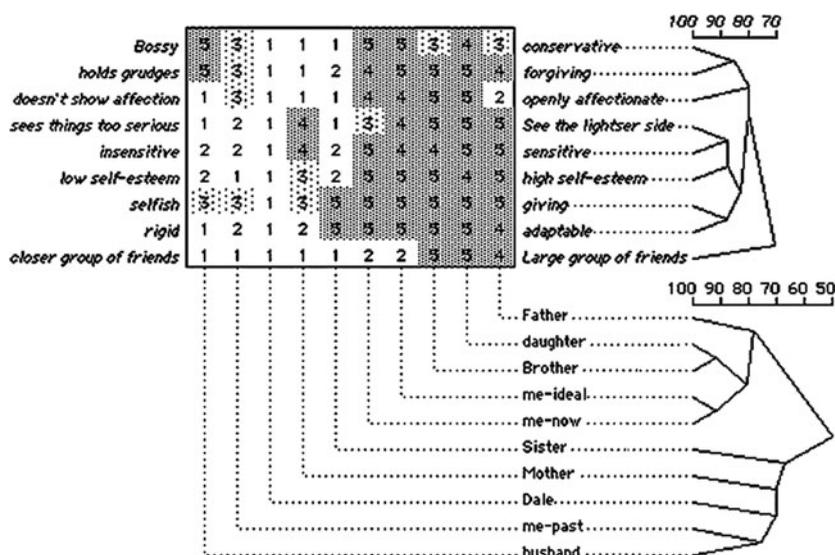


FIGURE 1 Repertory grid for Fiona including representation of clusters.

better than anyone really could know her. Be sure to write it in the third person. For example, start out by saying, (client's name) is ...

Kelly's instructions were designed to elicit less superficial aspects of the person but also to reduce the threat implicit in such an activity (Crittenden & Ashkar, 2011; Fransella, Bell, & Bannister, 2004). Research on the content and reliability of constructs derived from the self-characterization demonstrates that it particularly elicits self-descriptions falling into relational, personal, and emotional categories; that it can be coded reliably by independent judges; and that the "cognitive complexity" of the description it elicits is relatively stable over time (Hardison & Neimeyer, 2007).

Case 1: Fiona

In her interview, Fiona discussed at length the accident that caused her TMJ problems and how they led to the FAS. She appeared relaxed and at ease talking about how the FAS had impacted her life, indicating that it was, at first, embarrassing. She recalled the strange looks from people who knew her and the confusion her immediate family members experienced. Although Fiona did portray the FAS as "a problem," she was not able to elaborate on the negative aspects of the problem as they manifested in her daily life.

Figure 1 presents the matrix of ratings derived from Fiona's repertory grid in the form of her five-point Likert rating of each element on each of her personal constructs. Dendograms or "tree diagrams" alongside the constructs and elements reflect their similarity, so that selfish vs. giving and rigid vs. adaptable are highly correlated in the way they are used to rate the various figures, and link somewhat more loosely to constructs relating to insensitivity and low self-esteem and their contrasts. In comparison, the construct about friendship networks relates only indirectly to these

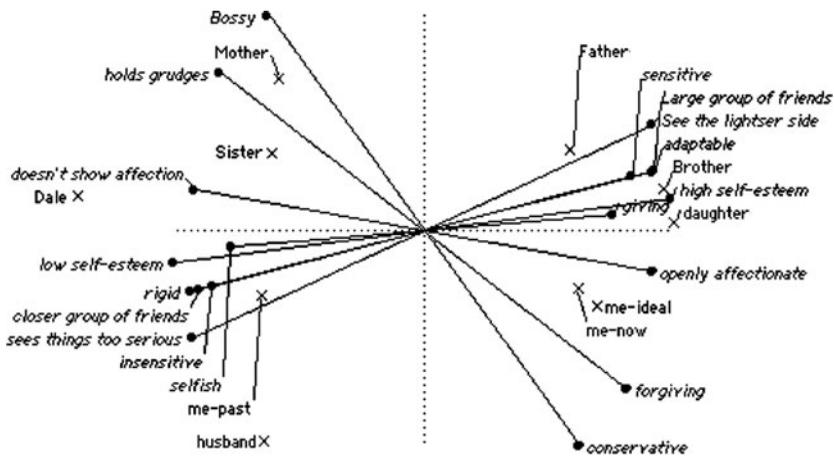


FIGURE 2 Principal components map for Fiona.

and other constructs bearing on being grudging versus forgiving and related themes. Likewise, the dendrogram for the various figures or elements suggested that Fiona sees herself now and her ideal self in similar terms across the various constructs, and different than her past self and several other significant figures. Although this fine-grained analysis of the grid can be useful in considering Fiona's constructs and element ratings in detail, a more visually interpretable representation of the data was useful to gain a clearer overall view of her interpretation of her identity in a social field.

Figure 2 provides this convenient visualization of Fiona's grid in the form of a principal components analysis of her ratings. Here, more acute angular distances indicate closer relations between the constructs, and proximity between elements reflects greater psychological similarity of the figures from the standpoint of Fiona's meaning system, just as closeness of elements to construct poles indicates that the latter provide good descriptions of the former. Thus, Fiona described herself in the past (pre-FAS) as most similar to her husband, and characterized by being rigid, taking things too seriously, being insensitive, selfish, and having a closer group of friends. Presently, however, Fiona depicted herself as having shifted toward the contrast poles of these dimensions, placing herself closer to the concepts openly affectionate and forgiving. In this, she much more closely approximated her ideal self, and aligned more closely with her brother and daughter, who epitomize giving, adaptable, high-self-esteem individuals.

Fiona's self-characterization was brief, which fit well with the themes of personal competence and the excitement of small accomplishments that emerged (see Appendix 1 for her full self-characterization). From the sketch, we learn that Fiona sees the world as a place where she is needed and orients to long-term projects. She views hardships as opportunities to demonstrate her capabilities and strengths. Echoing themes in the repertory grid, she underscores her giving, encouraging, and supportive stance with friends. Toward the end of the sketch, however, Fiona hints at finding it difficult to ask for help from others.

Fiona described herself as independent and self-sufficient, qualities that fit with her placement of her current and ideal selves in a quadrant of the grid unoccupied by other figures. She specifically

mentioned the FAS but appeared to be “challenged” by her Irish accent rather than seeing it as a disability. She described an internal locus-of-control, referring to drawing from an internal strength, and she viewed her upbringing as a positive influence in her life. Fiona also identified her friends and daughter as validating agents in her life, but other family members—notably her husband—were absent from the sketch.

Finally, Appendix 2 shows the constructs that Fiona implied in her sketch, indicating the pole with which she identified as well as the contrasting pole. Of note is that Fiona locates herself on what could be termed the “positive” pole for each construct, except for the final one.

The information from Fiona’s interview, repertory grid, and self-characterization indicated a strong, capable individual with a high level of self-esteem, who derives her self-worth from her ability to help others, while sometimes feeling isolated herself. It is evident that certain changes have occurred for Fiona since the onset of the FAS, with Fiona seeing herself in a more positive way at the time of the initial assessment. Significantly, these changes included a shift in her close relationships, away from her husband, mother, and sister and toward her brother, daughter, and father. In reviewing the repertory grid information where these changes were highlighted, Fiona was initially surprised but also confirmed that the information did reflect changes she noted in her relationships.

Three-Year Follow-Up

Fiona was contacted by phone by the first author approximately three years after the reported psychosocial assessment and discussed how things have changed for her over that period of time.

Physical/neurological changes. Fiona reported that she continued to have trouble with her TMJ and had a complete reconstruction of both joints a few months prior to the follow-up. As a result, her jaw was again wired shut for several weeks. She also reported that she continues to have trouble with multisyllabic words.

Accent changes. Changes to Fiona’s “Irish” accent were evident immediately when she answered the phone. Her accent now sounds more American, with occasional hints of the Irish accent. She reported that, at times, she has her “old voice” back. As the conversation proceeded, however, there were times when the Irish accent reasserted itself briefly. Fiona reported that she can control her accent (“sound normal”) much of the time, but when she gets stressed or tired, the Irish accent is still strong. She also stated that this also happens when she reads out loud to her daughter.

Psychosocial changes. Fiona reported that she went through a divorce recently, stating that the divorce was not specifically related to changes that occurred after the onset of the FAS but were more related to actions by her husband that she was not willing to accept. As a single parent, Fiona has had a difficult time managing full-time work and taking care of her daughter. In keeping with her statements at the time of the initial assessment, Fiona reported relying heavily on her group of friends and stressed how important they are to her.

Fiona continues to “fight” against the FAS and reported still getting annoyed at the stares and questions about where she is from. She was clear that she was not willing to accept that the altered accent meant that she would change her self-concept, and she appeared to view the FAS as simply another life challenge to be dealt with, and not even her most pressing challenge.

Summary: Fiona

Despite some indications in the initial assessment that suggested changes in Fiona’s personal constructs, she has maintained a strong self-concept that centers on her confidence in her ability to cope with life situations. Although her divorce was precipitated by circumstances other than those surrounding her FAS, the changes in the alignment of her close relationships that were evident at the time of the initial assessment (particularly her movement away from her husband) may have played a role in Fiona’s willingness to alter the relationship with her husband in such a significant way. Fiona’s determination not to accept the changed accent as part of her self-identity may have played a role in her current ability to exert some level of control over the degree to which the Irish accent manifests itself.

Case 2: Victoria

The interview with Victoria included many descriptions of the difficulties surrounding her experience with FAS. She described how family and friends initially did not believe they were speaking to her when she called them on the phone. She also reported that she always felt “on show” and that both friends and family would “put her on the stage” and drag her over to people and say, “You’ve got to hear her talk.” These were frustrating times for Victoria. She stated that the first time she felt at ease after the onset of the FAS was when she went to New York for a conference and stayed at a hotel with people from many different countries. She noted that she was able to relax and be herself, as nobody stopped her to ask where she was from or ask her to speak just to hear her “funny” accent. Victoria indicated that she still feels “on show” sometimes but not as much as when the FAS was new.

From her repertory grid rating matrix (Figure 3), it seemed that Victoria construed her social world in terms of three fairly distinct clusters of constructs, bearing on an empathetic and accepting stance versus their contrasts; intimacy and conscientiousness versus superficiality and

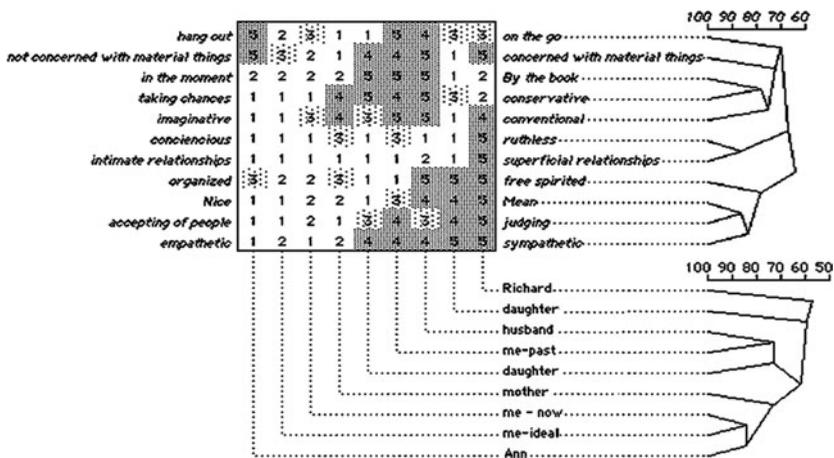


FIGURE 3 Repertory grid for Victoria including clusters.

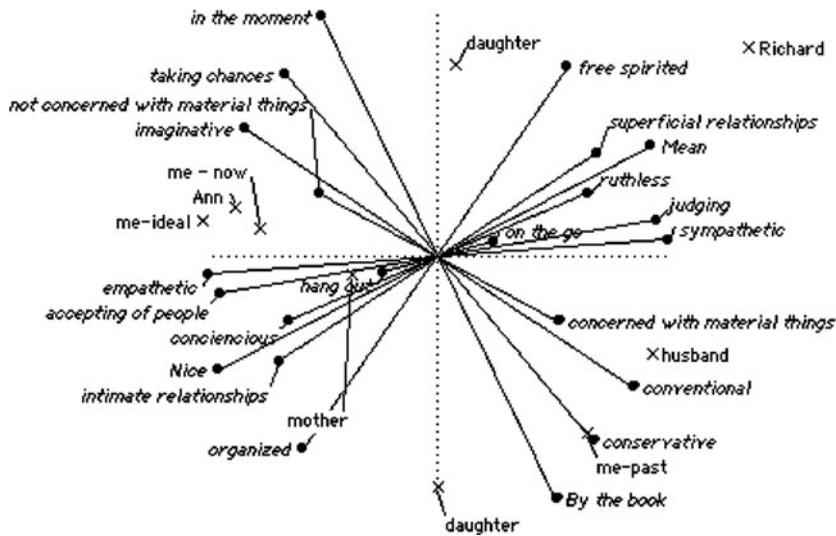


FIGURE 4 Principal components map for Victoria.

ruthlessness; and a large cluster of constructs suggesting a relaxed, adventurous approach to life versus a more rule-bound conventionality. In terms of relationships, the dendrogram of grid ratings indicated three main clusters, the first of which included Victoria’s past self, which was closely aligned with her husband and one of her daughters. The second cluster included Victoria’s current self, which aligned with her close friend and mother. The third, looser cluster included Victoria’s other daughter and the individual she perceived as having negative traits.

The overall pattern of Victoria’s self-perception in a social field was more evident in her principal component map (see Figure 4). Here, she depicted herself in the past, prior to FAS, as the epitome of conservatism, placed along with her husband in the quadrant of the grid characterized by conventionality, going by the book, and being concerned with material things. In contrast, her current self was closely aligned with both her friend and her ideal, shifting to the opposite ends of these dimensions to exemplify a more imaginative, less materialistic, risk-taking approach to life.

Victoria’s self-characterization was written in a chronological sequence and was quite detailed (See Appendix 3 for her full self-characterization). From the sketch, we learn that Victoria sees the world as an unpredictable, sometimes cruel and heartbreaking place that can often be disappointing. In her upbringing, rules were extremely important, contrasting the confining, workaday world with the broader horizons that beckoned to be explored. A sense of frustration and restlessness pervades the sketch until the final two paragraphs, when there is a change in tone, moving from disappointment and frustration to a sense of freedom and hopefulness. Victoria does not specifically mention the FAS in the sketch but does indicate the changes she experienced as she matures.

Embedded in Victoria’s description is a story that is clearly meaningful, establishing a kind of through-line from her adolescence to adulthood:

When Victoria was 16 years old, she set her alarm at 3 a.m. to watch Lady Diana Spencer marry a prince; when she was 34 years old, through silent tears, she redesigned the front page of the (local newspaper) on a Saturday night in August to announce Princess Diana's death.

This story seems to encompass Victoria's view of the world—full of hope and excitement that is too often dashed by heartbreak. It also suggests that the British accent she suddenly developed following her surgery could have moved her psychologically closer to an admired and perhaps idealized figure.

Finally, Victoria implied the following constructs in her sketch (see Appendix 4). In each case, the pole with which she identified initially is presented in bold, juxtaposed to the pole with which she identified in final paragraphs to suggest her perceived "movement" through the sketch. It is noteworthy that Victoria switched from one pole to the other on almost all of the constructs she used to describe herself and her world, and that these changes followed the onset of the FAS. Victoria's complete self-characterization is included in Appendix 1 to convey a fuller sense of her personal narrative.

The data from Victoria's interview, repertory grid, and self-characterization indicated a significant shift in her constructs following the onset of the FAS. After the surgery, Victoria developed a more hopeful and open view of the world that was in stark contrast to the rigid, disappointing world she had described previously, and a more imaginative, risk-taking lifestyle that accorded more closely with her ideals. These changes coincided with realignment of her close relationships, seeing her move away from her husband and daughters and closer to her mother and especially her close friend. When observing these shifts on her repertory grid, Victoria appeared surprised and indicated that they clearly reflected her current experiences.

Three-Year Follow-Up

Physical/neurological changes. Victoria reported that she has a continual problem with migraine headaches, with irregular "explosion" headaches that have sent her to the hospital on two occasions. MRI scans at these times have continued to show no specific brain lesion, but Victoria says there is a location on her left forehead (corresponding internally to the left frontal lobe) that she believes swells both internally and externally. Of particular concern for Victoria have been two episodes (separate from the explosion headaches) of what she termed "complete memory loss," during which she forgets things such as her name, phone number, and address. Victoria has implemented a strategy of creating messages to herself on her cell phone to inform her of her name and address, including a map of how to get home. She also reported the persistence of some mild word-finding problems but indicated that these appear to be reducing in frequency over time.

Accent changes. Victoria reported that she went to England "in search of someone who sounded like me." The reaction to her accent by people in England, however, was that they thought her to be from South Africa. It appeared that people in England recognized the "Britishness" of Victoria's accent (i.e., identifying it as from a previously British colony) but detected subtle differences that led them to assume she came from somewhere outside of England. Interestingly, nobody there believed she was from the United States, including immigration control, where she had some difficulty explaining the apparent "disconnect" between her documents and her accent.

Psychosocial changes. A number of significant changes have occurred in Victoria's professional and personal life since the initial assessment. She was recently laid off from the position she had worked in when first assessed and has taken a job teaching at a small college approximately 80 miles away from her home. She indicated that, prior to the changes in her outlook on life, she would never have considered a teaching job in which she had to speak in front of a group of people. Now, however, she appears to enjoy the interpersonal contact of working with students, with no negative issues stemming from her FAS. In fact, Victoria reported that she uses her foreign accent to help "break the ice" with the large number of foreign students who attend the college.

In terms of her personal life, Victoria reported that she is much more outgoing than she was prior to the onset of the FAS and that she finds this change satisfying. This less-inhibited personality she reported would appear to be related, at least in part, to her taking on an alternative role of a "foreigner" and using that role to engage in activities she would not have considered in the past. For example, during the interview, Victoria stated, "The accent has allowed me to say things and get away with saying things that I never would have been allowed to say as an American." She also indicated that she embraces this alternative role and that it is "freeing" for her, stating, "They're going to take me for a foreigner anyway, so I just play along. It's just like play acting," and "It's kind of a cloak that I wear. I feel like I can do anything." This alternative self that Victoria described also demonstrated greater self-confidence, as she indicated that, "Everyone enjoys talking to me now," and "People respond to me differently because of the accent, especially men." As a consequence of this, Victoria reported that her relationship with her husband has changed and that she only spends weekends at home with her husband and daughters. She stated a number of times that her husband does not understand how she has changed; that she now has "different desires, values, and strengths, and that she sees life completely differently" than she did in the past.

Victoria was not hesitant to acknowledge that the FAS has changed her life and that, in many ways, she likes the changes that have occurred. The changes she reported during the follow-up interview appeared to reflect the "more imaginative, risk-taking lifestyle" that was identified from her repertory grid and self-characterization in the initial assessment.

Summary: Victoria

Victoria appeared to have embraced an alternative role facilitated by her FAS. This role provided Victoria with a means to explore life in ways she seemed to repress prior to the onset of the FAS. She also, however, continued to struggle with how to integrate this role with her "old" self and her old life. Consequences for Victoria's long-term relationships appeared to be significant. It should also be noted that Victoria's demonstrated disinhibition may have a neurological component (via the apparent frontal lobe lesion).

DISCUSSION

The two cases of FAS described in this article appear to be atypical compared to many of the reported cases in the literature, with the related etiology of the two cases as well as the absence of definitive neurological or neuropsychological evidence of trauma, making these cases distinctive. Perhaps the most surprising aspects of these cases, however, were the psychosocial implications of

the FAS for both women. Both Fiona and Victoria clearly identified significant, positive changes in their construction of personal identity following the onset of FAS. Although moderately positive aspects of the experience of FAS have been reported in the past (e.g., Coughlan, Lawson, & O'Neill, 2004; Ryalls & Whiteside, 2006), no reports have as yet indicated the sweeping and largely favorable changes reported by both Fiona and Victoria. The latter, in particular, appeared to revise her world view to an extent that would likely have implications for many of her life decisions in the future.

There is little evidence, however, that these changes were due in any simple way to the FAS as a speech disorder. Instead, in Fiona's case, the constructs that she identified as meaningful for her present and ideal selves were consistent with the constructs she identified as active for her in her self-characterization. This suggested that Fiona used the novel experiences introduced by her changed speech patterns to consolidate valued themes in her self-concept, and perhaps attributed more negative poles of constructs to her past self as a way to convince herself that she was better off in her current state (which includes FAS).

The reconstruction of social identity was even more profound for Victoria, as the contrasting construct poles that characterized her past and present selves in the repertory grid closely matched the construct poles identified in her self-characterization, reflecting a profound shift in her sense of self in highly valued directions. Furthermore, follow-up discussions with both Fiona and Victoria indicated that they interpreted the changes as having to do with the experience of being, as Victoria put it, "completely turned upside-down" through the effects of the FAS. It appeared that the experience afforded both women the opportunity to reevaluate what was important to them and the "lived experience" to empathize with those less fortunate. Intriguingly, similar changes are often experienced in constructivist fixed role therapy (Kelly, 1955/1991), in which clients are invited to "try out" a new social role in daily life, often exemplified in new ways of communicating and interacting with others, thereby freeing them to implement valued changes in their outlook and behavior that cannot be fully envisioned by the therapist (Neimeyer et al., 2003). For Fiona and Victoria, reentering life following surgery with a different accent seemed to have permitted them to redefine who they were in their own terms, and perhaps to restructure their important relationships, as well.

Clinical Implications

As this comparison of FAS to fixed role therapy suggests, the current study could carry important implications for the treatment of persons with speech disorders as well as for the field of psychotherapy. At the most basic level, the sweeping changes in social identity manifested in the cases of both Fiona and Victoria argue strongly for the assessment of the client's broader sense of self in light of a communication disorder, a point we have made elsewhere with reference to persons who stutter (DiLollo & Manning, 2007; DiLollo, Manning, & Neimeyer, 2003; DiLollo & Neimeyer, 2008; DiLollo, Neimeyer, & Manning, 2002). Clearly, a straightforward speech and language evaluation of such cases, or even a simple assessment of their anxiety or other psychological symptomatology, would seem to fall far short of capturing the profound ways in which an altered (or, in the case of stuttering, entrenched) way of speaking can shape a person's sense of self and relations with others. That this influence seemed positive as well as disruptive for Fiona and Victoria should also caution clinicians against reflexively assuming a "counteractive" stance, one in which their role is simply to mitigate or reverse troubling symptomatology. Perhaps

ironically, even cataclysmic changes in one's speech following trauma can introduce the prospect of "posttraumatic growth" of a kind documented by researchers in other areas (Tedeschi & Calhoun, 2004). Clinicians working with such cases would thus do well to adopt a constructivist orientation, joining clients in reviewing strands of consistency as well as change as they find new "voices" in a social world.

More speculatively, we might also suggest that the conscious cultivation of a client's speech as a means of experimenting with new social roles might play a role in creative psychotherapy. Of course, speech modification of a profound sort is precisely the goal of much speech and language therapy, which, for example, helps clients manage disfluencies in social situations to overcome a range of difficulties associated with stuttering and other life-limiting conditions. But it is possible that language coaching could also be used with normal speakers to help them project a more educated, deliberate, expressive, or engaging social identity, subtly altering their sense of themselves as social beings. Alternating between speech modification and reflective processing of experiences of using a modified voice could help consolidate this literal Pygmalion effect, with potentially profound consequences (DiLollo & Neimeyer, in press).

In closing, what these case studies highlight is something that most of the studies of FAS have failed to consider even briefly—that is, the *human* side of the problem. In the majority of reports on FAS, the impact on the person is not mentioned, and in those where it is, the detail is brief and lacks any real attempt to understand the experience. In this article, we have drawn on constructivist methods to address the experience of FAS and hope that future clinicians and researchers will spend as much time learning about the people behind the accents as investigating the accents themselves.

NOTES

1. Names assigned to the two clients are fictitious and details of their self-characterizations have been disguised to respect their confidentiality.
2. Because the two clients had different numbers of family members and could decide when they had described the set of figures fully, the actual numbers of elements and constructs varied slightly, as noted in the Results section.

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APPENDIX 1: Character Sketch—Fiona

Fiona is the person to whom friends turn in good times and bad. She is available for consoling, encouragement, and support when the walls come crashing down. But most of all, she loves to share the smallest accomplishments with excitement, love, and praise.

Pursuing a master’s degree, Fiona keeps her shoulder to the grindstone. Extremely capable of tackling long-term projects, she juggles her everyday life of raising an eight-year-old daughter, school commitments, maintaining a household, and running a rental business from home.

After major surgery in January 2004, adjusting to the tribulations of life and a new voice has been a challenge. Constantly drawing from her internal strength, Fiona has a zest for life like no other. Appreciative of the smallest gestures, humble, and always giving, Fiona was raised to be independent, rational, and self-sufficient. Thus, she finds it difficult to take a compliment or to ask for help from others.

APPENDIX 2: Constructs That Fiona Implied in Her Self-Characterization Sketch

Pole with which Fiona identified	Contrasting pole
Available	Unavailable
Supportive	Unsupportive
Exciting	Boring
Persistent	Quitter
Capable	Incapable
Strong	Weak
Independent	Dependent
Rational	Irrational
Self sufficient	Needy
Guarded	Open

APPENDIX 3: Character Sketch—Victoria

Victoria is a private person. She was never one who had many best friends at once. A friend or two at once served her needs well. Most of the time, she filled her time with projects and books and magazines, which she’s always been addicted to. Those projects changed depending on what phase in life she was going through.

Victoria grew up in a very structured home, in a very straitlaced environment and never strayed from that path. She never tried illegal drugs nor alcohol until it was legal to do so and even then only drank sparingly. She had little interest in it or anything designed to help people “escape from daily life.” Escape from what exactly? There was always work to be done, projects to finish, goals to achieve and independence to claim. She eagerly left for college in August after finishing high school in May 1983 and never returned for any length of time. She would have flown farther if she could have arranged the finances to do so.

She has always felt that money has ruled her life. It’s a lesson she learned young from her parents, and it’s still being played out in her life. Money can’t buy you happiness but it can shape your life, her parents always said. Victoria started baby sitting at age 10 because she was already tall and being tall makes you look responsible. She accepted the responsibility and started earning money to pay for school tuition and clothes. She also learned to sew from her mother so she had some flexibility to make clothes for herself.

Victoria paid her way through high school and college with no student loans working many hours in college at the journalism school. Her degree in journalism and graphic design was very precious to her when she earned it because she felt like she really worked for it. She went to work almost immediately after interviewing at several places from Omaha, Nebraska, to New York City. That was one time she was very opposed to her parents’ suggestion, which was to go to work right away. She wanted to take out a loan and

backpack around Europe for six weeks before going to work. Her parents advice was to get a job because, “You can backpack anytime you want to.” She quickly found out that, that it’s not true. Once you are in the job market, you are sucked into it going from job to job with only a few days in between. She has never taken that backpacking trip.

When Victoria was 16 years old, she set her alarm at 3 a.m. to watch Lady Diana Spencer marry a prince; when she was 34 years old, through silent tears, she redesigned the front page of the newspaper at which she worked on Sat. night in August at 11:55 p.m. to announce Princess Diana’s death. That wasn’t the only time she cried at work. News is heartbreaking and cruel especially when people delivering the news have families of their own.

Victoria met Bob in the newsroom when she moved to South Carolina in July 1991. He moved into her apartment after knowing her 10 days. They married a year later on her parents’ anniversary, with family and friends gathered around them at a community center on the side of a mountain. They paid for their wedding expenses themselves and the total cost was \$300. Bob is an even more introverted person than Victoria but more intellectual.

Their two daughters, Jenny, 13, and Kate, 11, are a good blend of both parents. Both seem to be a little more social than either Victoria or Bob were growing up. Jenny still likes to be alone much of the time. Kate likes to be around people.

As Victoria ages, she finds herself drawn more to the outdoors and to animals. She is more sympathetic and kind than she was when she was younger. She has a much greater capacity to give than when she was younger. She likes to give money and time. She will give whatever she can to causes she really believes in. But she has less tolerance for organized religion now than when she was young. She wants to see results. Tangible results. She likes to see people coming together to solve problems and if they come together under the umbrella of organized religious groups, that’s to be tolerated. But much of organized religion focuses, she feels, on things that can’t be measured. Difficult to measure the results.

In so many ways, Victoria has become more relaxed as she’s aged. Try not to mind the clutter, fewer rules, live for today, go out of the way to meet people, might have to go in debt to travel while young, maybe a llama might like to live in her backyard are all things she’s contemplating.

APPENDIX 4: Constructs That Victoria Implied in Her Self-Characterization Sketch

Pole with which Victoria identified in first part of sketch	Contrasting pole with which Victoria identified at end of sketch
Private	Social
Structured	Relaxed
Straight laced	Spontaneous
Worker	*Time waster
Responsible	Live for today
Heartbreaking	Nurturing
Cruel	Kind
Sympathetic	Empathetic
Selfish	Giving

* indicates pole not identified with at end of sketch.