

THE CENTER FOR SPEECH EXCELLENCE

Myth or Fact?

Often we hear conflicting comments concerning speech and language development. Well-meaning relatives and friends give advice while concern grows over a communication problem. In this fact sheet, we have presented some myths commonly passed along and also provided the information you need to make an appropriate decision. If you have concerns, call the office to ask questions. If we feel an evaluation is warranted, we will tell you. Sometimes it is a matter of employing some interventions at home first and we will tell you that, too. We understand normal speech and language development as well as the deviations and variations that can arise. When an evaluation is recommended, we will make recommendations concerning the need for therapy.

Adults

We have heard these comments from patients and their families:

M1. This is just my speaking voice-- I can't change it.

F1. Most of the time speaking voice can be changed. It may be that you are using the wrong pitch or improper breath control. New techniques can be learned to change both of these.

M2. I've been hoarse for a long time, but there's nothing that can be done about it.

F2. Hoarseness for a period of 3-4 weeks or more can be an indication of a physical problem with the vocal cords. Hoarseness is caused by irregular closure of the vocal cords. Normally, the two vocal cords come together with smooth edges. If they are swollen or have growths on them, the vocal cords don't come together smoothly. Air escapage causes a rough-sounding voice. Misuse or abuse of the voice through yelling, habitually speaking or singing at an unnatural pitch, exposure to irritants such as smoke and alcohol, or irritation caused by allergies can lead to hoarseness. You can learn how to protect your voice from misuse and abuse. In advanced cases, vocal nodules can form on the vocal cords, but can be reduced or eliminated by improved use of the voice. Some of the other problems need to be medically or surgically treated, accompanied by voice therapy. In the most serious cases, hoarseness can be one of the early symptoms of cancer.

M3. He had a stroke. He'll probably never talk again.

F3. Individuals who have strokes can and do speak again. It is important to have early consistent speech-language therapy for stroke patients. In addition, there are many recent advances in medications which can limit the amount of damage caused by a stroke and improve the chances of a more complete recovery from its effects.

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M4. She was in a car accident and can't speak plainly. The doctors have done everything possible.

F4. Oftentimes the speech therapy an individual receives in the rehabilitation hospital is not complete when it is time to go home. Further speech therapy can be of great benefit on an outpatient basis. In addition, other damage may become evident once the individual is more functional and can attempt new tasks. We have made significant gains in communication with accident victims seen on an outpatient basis.

M5. After a laryngectomy, the only thing you can do is use an artificial larynx.

F5. Many laryngectomy patients are successful with esophageal speech. This can be learned under the instruction of a Speech-Language Pathologist. It has the advantage of being able to speak at will, without holding something and without sounding mechanical.

M6. Of course you cannot change your accent.

F6. Have you ever seen an actor or an actress who does an entire movie using an accent that you know is not native to that person? You can do it too. You can add a new accent to your repertoire by learning the intonation and pronunciation of a different dialect, including standard American dialect. If you wish to reduce a southern accent or non-native accent during business meetings and go back to your usual accent at home, that is entirely possible. The SLP can instruct you and provide you the expertise of a trained ear and knowledge of speech production to guide your efforts.

M7. I have always had trouble speaking, but I'm too old to improve.

F7. The axiom "You're never too old to learn" was never more true than in response to that statement. Some of our most successful patients are mature adults who are improving their communication skills because they want to and need to for themselves and for their endeavors.

M8. Since I've retired, I have noticed my voice cracking---I guess it's just old age.

F8. Most likely, breath support and muscle usage have fallen into misuse, but not necessarily because of old age. Speaking less often and with fewer unfamiliar listeners can allow us to fall into poor speaking habits. You can learn techniques to strengthen your voice and eliminate the "cracking".

M9. I'm losing my hearing and will have to avoid situations where I cannot hear.

M9. Often adults who have a progressive hearing loss enroll in speechreading classes. In these classes one can learn techniques for "reading" lip postures, facial expressions, and gestures. These techniques are combined with context clues, sitting in an advantageous place in the room, and self-advocacy. Participants enjoy discussing management of hearing loss with others in the class. Best of all, participants learn new skills which make it possible to continue enjoying activities such as going out to a restaurant or attending church.

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