

Accent control: Treatment improves communication

Sometimes language differences are 'berry funny'; sometimes they lead to serious problems

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Maria Zubieta is being "treated" at Saline Community Hospital — treated for an accent. Zubieta, a native of South America who now lives in Ann Arbor, has found her accent sometimes stands in the way of being understood.

"I have to be careful when I see and say the word 'sheet,'" she says, "because some people think I am saying what I don't mean to say."

Her concern is not uncommon. For people who speak English as a second language, an accent can leave them on the edge of communication rather than include them as a comfortable part of it.

Saline Hospital's answer is a "Foreign Accent Reduction Course," which it offers both to employees and to area residents.

"We are not trying to get rid of accents or change identities," says Maria Metzger, a speech pathologist who teaches the course. "Rather, we work on specific pronunciations that trouble the speaker and help close the cultural gap."

Speech therapists customarily deal with neurogenic or pathologic speech problems. These frequently accompany head injuries, strokes, Parkinson's Disease, and other traumatic health problems.

When dealing with accent reduction, the problem is not pathological, in the sense of diseased, but cultural, in the sense of different.

"We have found that if people can express themselves clearly, their comfort level and their effectiveness in the work place increase dramatically," Metzger says.

Born in German-occupied Poland of Ukrainian parents, Metzger was raised bilingual. Her own English, totally unaffected and natural, is flawless.

As a speech pathologist, she is sensitive to the frustrations of patients whose physical disabilities have affected their speech. Using techniques of speech retraining and the Compton Accent Improvement Program, she now is helping people whose accents cause similar frustrations.

The Compton method was developed by Arthur J. Compton, director of the Institute of Language and Phonology in San Francisco.

Metzger says most people who speak English as a second language know the structure, the grammar, and the basic vocabulary. "(But) they seldom, if ever,



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Marie Metzger, right, works with Maria Zubieta of Colombia to improve her pronunciation of English.

get help speaking the second language they have learned to read and write proficiently," she says.

Metzger stresses the difference between "raw" language and "real" communication, saying that the accent reduction course goes beyond learning how to pronounce words to including intonation, inflection, eye contact and body language.

"In some cultures, you say a lot just by the way you shake hands," she says.

Among her students are Zubieta and Vicki Galindo, both physical therapists at the hospital. The two are natives of Columbia, where they were friends, learned physical therapy and basic English together.

Metzger says Zubieta has a very good ear and learns quickly from her mistakes. But she continues to be self-conscious about "b's" and "v's." "Sometimes I say 'bowl' instead of 'vowel,'" she admits good-naturedly.

South Americans with a Spanish-based language have trouble pronouncing or distinguishing between such words as "wish" and "which," confusing the "sh" sound with the "ch" sound. They will also substitute the long "e" for the short American "i," saying, "I heat

the ball" instead of, "I hit the ball." Metzger gives her students several sentences to repeat, one after another until correct. The sentence, or question might be, "Can you teach me how to pitch the ball?" The repetition can come out in a variety of ways, but usually, "Can you teach me how to peach the ball?"

Metzger says different languages have different accent idiosyncracies when transposed into spoken English: The sounds made by the letters "r" and "r'" are common Japanese problems, whereas the French, as most people know, don't pronounce their "h" sound. Spanish-speaking natives will frequently add "es" before an English word, such as, "es school."

With the aid of flash cards, laped exercises, a mirror, and the instructor's lips (called facial models), students aim for at least a 50 percent improvement in their speaking skills by the end of the 13-week program. The mirror reflects back to the student an image of her face and mouth when pronouncing a word. The instructor's mouth becomes a literal lip-reading model. The long "e" becomes a smile and a flash of teeth, while the short "i" drops the smile and comes more from the back of the throat.

Ask Zubieta if she is embarrassed to be corrected, and she says, "Oh, no. Sometimes it is berry funny." Then she laughs at what she has just said.

Such is not always the case with employees with accents, nor with their employers. Accents have become legal grounds for cases of discrimination. Recently, the Equal Employment Opportunities Commission filed suit against a California company for violating the civil rights of an Indian-born employee dismissed for the way he spoke English.

The EEOC predicts that such legal actions will increase, given immigration patterns. Immigrants from Mexico, Korea, Hong Kong, China, the Dominican Republic, Haiti, India, and Jamaica seem to face greater discrimination in hiring and promoting because of their accents than immigrants from Western Europe, according to the agency.

At Saline Hospital, on the wall of the speech therapy department is a large poster with pictures of people from all over the world. The poster says, "The joy of communication is ageless."

Saline Community Hospital will sponsor public demonstrations of accent reduction on March 24 and April 22. For details, call 429-1516.

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