







# RESPIRATION IN SPEECH: CONTROL, GLOBAL AND LOCAL EFFECTS

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### **BACKGROUND**

- Breathing is essential to man's ability to speak. The respiratory bellows provide the power to the vocal apparatus.
- Expiration in speech often continues until lung volume decreases below functional residual capacity.
- Speakers appear to achieve a compromise between ventilatory and speech demands on flow rates. How?

### **OBJECTIVES**

- How is the relative constancy of  $P_s$  achieved despite the continual change of relaxation forces?
- How to account for the relation between  $P_s$  and fundamental frequency  $(F_\theta)$  in intonation and stress patterns?

### **METHOD**

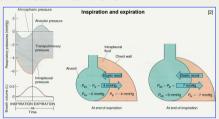
- Simultaneous recording of intraoral  $(P_o)$ , subglottal pressures  $(P_s)$  and or<u>al airflow</u>.
- $-P_s$  by direct tracheal puncture under the cricoid cartilage.
- $P_o$  with a tube inserted through the behind the velum.
- Oral airflow measured with a flexible rubber mouthpiece.
- All parameters, including the speech signal, synchronized with a *Physiologia* workstation [1]
- 2 subjects pronounced a set of English sentences with varying intonation and stress patterns.

### References

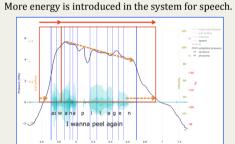
- [1] Teston, B. & Galindo, B. (1990). Physiologia: un logiciel d'analyse des paramètres physiologiques de la parole. Travaux Interdisciplinaires du Laboratoire Parole et Langage d'Aix-en-Provence (TIPA), 13:197–217. [2] Vander et al. (1998). Physiology The Mechanisms of Body Function. Mac Graw Hill.
- [3] Bouhuys, A. (1977). The physiology of breathing: a textbook for medical students. New-York. Grune & Stratton.
- [4] Demolin, D., Hassid, S., Ponchard, C., Yu, S. and Trouville, R. (2019). Speech aerodynamics database. Laboratoire de phonétique et de phonologie, CNRS-MR 7018, Sorbonne Nouvelle, Paris 3, ILPGA.

### CONTROL

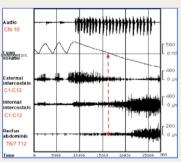
During speech an extra 6-10 hPa must be sustained above atmospheric pressure to provide the energy to speak. This is in addition to the ventilatory demands. Respiration functions as a dissipative system. How is it controlled in speech? By which neuromuscular mechanisms?



# Inspiration & expiration in speech

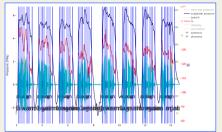


 $P_s$  is sustained by the expiratory muscles after the recoil of the lungs tissues.

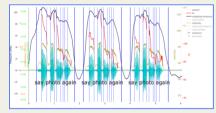


The external and internal intercostals muscles are the most important to regulate  $P_s$ . Not the diaphragm [3] What is role of the cervical and cranial nerves?

### GLOBAL EFFECTS



 $\Delta P_s$  = loss due the system's compliance + effects of changes in  $R_g$  and  $R_\sigma$   $\Delta P_s$  = 2 hPa. Short inspiratory air takes between sentences, larger between groups of sentences.

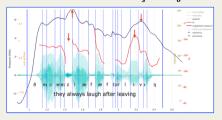


Effects of  $R_a$  on  $P_s$ 



Uvular trills  $P_s + 2 \text{ hPa}$ 

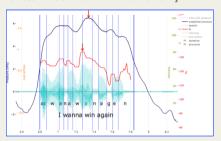
## Effects of stress on $P_c$ and $F_a$



When a  $F_0$  peak precedes the  $P_s$  peak in a stressed syllable, Rg triggers the rise of  $P_s$ 

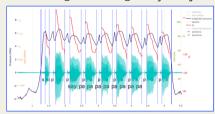
### LOCAL EFFECTS

Effects of  $R_g$  on vowels and voiced consonants;  $R_o$  on voiceless consonants and trills and  $R_g$  +  $R_o$  on voiced fricatives. Lexical and emphatic stress have a 1 to 2 hPa elevation of  $P_\sigma$ 

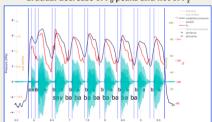


 $R_g$  can quickly be adjusted and make  $F_0$  rise before  $P_s$ . In this cas the thee  $P_s$  elevation is due to a higher  $R_s$ .

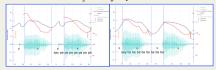
### Effects of glottal settings on $P_s$ and $F_0$



Gradual decrease of  $F_a$  peaks and not of  $P_a$ 



 $P_s$  and  $F_o$  in phase



**CONCLUSION:** Respiration in speech affects  $P_s$  and  $F_\theta$  in complex ways. It is regulated by the cervical and cranial nerves.