

Abstract

- Use LPC analysis-synthesis to manipulate tracheoesophageal speech
- On-line experiment with expert judges
- Rate perceived intelligibility (7-point scale)
- Modeling the source amplitude improved speech most
- Regularizing pitch had no effect
- Using a fully synthetic voice source decreased intelligibility

Introduction

Tracheoesophageal speech (TE)



Pulmonary driven air passes from the trachea \rightarrow prosthesis \rightarrow pharyngoesophageal (PE) segment \rightarrow oral cavity

- Voice" is generated by the neo-glottis in the PE.
- Intelligibility of TE speech often is low
- Lack of knowledge of the relation between intelligibility \Leftrightarrow underlying deficits
- Search for possibilities to improve therapy by modeling effects on speech

Speech manipulations

- Manipulate speech with LPC analysis-synthesis (Linear Predictive Coding)
- Compare LPC synthesis baseline to "improvements"
- \rightarrow Voice amplitude
- \rightarrow Pitch stability
- \rightarrow Source spectrum (pitch period shape)

Methods

Speech materials

• 16 TE speakers, Median age 58 (46-82) • 30 recordings of sentence: ook het weer heeft aan deze tocht meegewerkt /ok at wer heft an deza toxt meyawerkt/

(Eng: "The weather has also contributed to this trip")

Subjects

- 6 Experienced speech therapists/foneticians
- On-line experiment
- Perceived intelligibility on a 7-point scale

Stimulus synthesis

Four types of stimuli: **AS** baseline analysis-synthesis **El** regularized amplitude **EP** regularized pitch **NS** fully synthetic periods Synthesize only voiced parts (hand-labeled)



LPC stimulus construction

Manipulating Tracheoesophageal Speech

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Results: Response Consistency

Distribution of responses

- 4 types x 180 responses
- Distributed over 1-7
- Ratings were consistent*
- Trend *EI*>*EP*>*AS*>*NS*

* Ratings were consistent over judges: p < 0.001 for each of AS, EI, EP, and NS; ν =29, χ^2 > 99, Friedman rank sum test



Intelligibility of *original* speech (V) versus baseline AS stimuli (H)

- Original and AS correlatied
- ASR scores (%) on *original*
- AS responses (Z-values) • Weak correlation R<0.375*
- \rightarrow low quality synthesis from 1 Identification voiceless
- 2 LPC analysis-synthesis



ASR scores

 $p^* < 0.0002$

- 9 sentence, 149 word story read aloud by the TE speakers (carrier of stimulus sentence)
- NSVO: Phonological Features, average (%) recognition probability (ELIS Ghent Univ)
- *SPRAAK*: Word score (%) = number of words recognized (ESAT-PSI Leuven Univ)
- Bag-of-Words model of sentences \rightarrow No alignment

Stimulus quality and ratings

- Judges and ratings were consistent
- Rating task is feasible for speech therapists and phoneticians
- Original intelligibility differences were (somewhat) preserved in AS
- Synthesis quality is "fair" for low quality TE speech
- Synthesis quality is not good for normal speech



Analysis-Synthesis (AS)

Regularized Amplitude (*EI*)

Synthesis	Stimulus
	→ AS
	→ El
- F0	}→ EP
	→ NS



New Source (*NS*)

Results: Manipulation effects

Mean effect of manipulation relative to baseline AS

Perceived intelligibility
El Improves significantly
EP Has no effect
NS Decreases significantly
* <i>p</i> < 0.001





- Better baseline \rightarrow Worse effect
- Low quality speech improves, high quality speech deteriorates **p* <0.001

Hypo/hyper tonicity

- Expert rated Hypo/Hyper tonicity on 7-point scale
- Uncorrelated to *original* or AS
- Negative correlations

**p* <0.005

Discussion

- Perceived intelligibility of synthesized speech
- \rightarrow improves significantly with regularized source amplitude (*EI*)
- \rightarrow deteriorates significantly with synthetic source (NS)
- \rightarrow is unaffected by regularizing F_0 (EP)
- Low quality speech improves more than high quality speech
- Hypotonic improves more than Hypertonic speech

Conclusions

- It can improve intelligibility
- \rightarrow Modeling a regular voice period amplitude was beneficial
- \rightarrow Modeling a regular pitch period (stable F_0) had no effect
- Select speech features relevant to therapy
- \Rightarrow predictively synthesize speech after therapy?







Manipulating individual aspects of pathological speech is possible

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\rightarrow Replacing voice source with synthetic periods deteriorated quality
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