

Voice quality analysis from a phonetic perspective: Voice Profile Analysis Scheme Profile for Brazilian Portuguese (BP-VPAS)

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Abstract

The present study aims at presenting the instructional material developed in the Brazilian Portuguese context to apply the Voice Profile Analysis Scheme-VPAS (PB-VPAS) for the perceptual evaluation of voice quality and at reporting preliminary data analyzed from a group of nine judges who attended a workshop on VPAS. The adaptation of the VPAS into Brazilian Portuguese was accomplished and the corpus to be used in the training of judges was built up. Furthermore, the voice quality database necessary for the application of the protocol was recorded, evaluated by two expert subjects and integrated into the instructive material of the BP-VPAS. Preliminary data from nine judges (linguists and speech therapists) who attended a PB-VPAS workshop using the material described (in 2 stages: before and after a 20-hour workshop on VPAS) are presented. The relevance of the application of PB-VPAS to the analysis of voice disorders and expressiveness uses of voice quality is pointed out.

1. Introduction

The present study aims at presenting the instructional material developed in the Brazilian Portuguese context to apply the Voice Profile Analysis Scheme-VPAS (Figure 1) for the perceptual evaluation of linguistic, paralinguistic and extralinguistic uses of voice quality settings such as marking utterance boundaries, conveying attitudes and emotions and indicating physical and pathological conditions. Preliminary data on the analysis of two evaluation tasks performed by a group of nine judges who attended a workshop on VPAS are also presented.

The phonetically-grounded investigation of voice quality has advanced recently as regards close inspection of its production and perception mechanisms, in a continuum which encompasses from the investigation of correlations between sound and meaning, in the field of speech expressivity, to those caused by disturbances in the system of production and perception of sounds in the field of dysphonia[2-5].

The adoption of theoretical models allows the deviation from the classically assumed dichotomy between normality and voice disorder. Voice quality under a phonetic perspective shows us the possibility to approach its study from a basic notion: the plasticity of the vocal apparatus.

The *Vocal Profile Analysis Scheme*-VPAS profile[1;6-8], which is based on a phonetically grounded description of voice quality[9], is the result of the continuous work of a team of researchers from *Queen Margareth University College (QMUC- Edinburgh)*. In the history of this long-standing project, they kept the tendency of a clear and user-friendly presentation of the profile, with all the components rated in accordance with the neutral setting.

The application of the *Voice Profile Analysis Scheme* (VPAS) in the Brazilian context led a group of researchers at LIAAC- PUCSP (Integrated Acoustic Analysis and Cognition Laboratory of the Catholic University of São Paulo) to systematize and improve the material aimed at instructional purposes. Experience in applying the model emerged in the following processes: investigating linguistic, paralinguistic and extralinguistic uses of vocal quality; investigating acoustic and physiological (eletroglottography, laryngostroboscopy and videokimography) correlates of settings of voice quality[10-11]; structuring a voice quality database; introducing the model in workshops and answering questions posed by learners about voice data collection procedures and application procedures in these workshops.

The phonetic description of voice quality model[10] analyzes voice quality in terms of an analytic unit: the setting, from now on defined as long-term muscular tendency. The possible voice quality settings include those of phonatory (basically defined in terms of vocal folds modes of vibration), vocal tract (supralaryngeal or articulatory) and tension (laryngeal and vocal tract) dimensions. The aforementioned group of settings is defined as variations from the reference condition (neutral setting) in which: the vocal folds mode of vibration is balanced (both in terms of adduction forces and longitudinal tension) without audible whispering or other noises.; the supralaryngeal vocal tract cavities are not characterized by any degree of constriction or expansion; the total distance between vocal cords and lips is kept intermediate without shortening or lengthening effects, and finally laryngeal and supralaryngeal tension is moderate[6-8].

The adoption of the neutral setting as reference can be considered a landmark in the investigation of voice qualities since it does not introduce a rupture between normality and voice disorder.

This paper introduces the version of the phonetically-grounded protocol for the evaluation of vocal qualities [1] adapted to the Brazilian context (PB-VPAS) and presents instructional material on how to collect data for the purpose of describing vocal quality.

2. Methodological procedures

2.1. Instructional workshop material and corpus design

The adaptation of the VPAS to the Brazilian Portuguese context (Figure 2) followed a comprehensive theoretical critical review of the bases of the model profile [1; 6-9]. The version presented in this paper derives from the 2002 [10] and 2007 (Figure 1) versions of the profile [1].

In adapting the originally English design for BP applications, we introduced some modifications, considering more recent advances in speech science research related to

		Neutral	SETTING	moderate		extreme	
				1	2	3	4
D. PROSODIC FEATURES							
13. Pitch	Mean		High Low				
	Range		Minimised range				
	Variability		Extensive range				
14. Loudness	Mean		High Low				
	Range		Extensive range Minimised range				
	Variability		High Low				
E. TEMPORAL ORGANIZATION							
15. Continuity			Interrupted				
16. Rate			Fast Slow				
F. OTHER FEATURES							
17. Respiratory support			Adequate Inadequate				
18. Dysphonia			Absent Present				

Figure 1: Vocal Profile Analysis Scheme – VPAS (2007)

QUALIDADE VOCAL		PRIMEIRA PASSADA		SEGUNDA PASSADA					
		Neutra	Não neutra	AJUSTE		Moderada		Extrema	
				1	2	3	4	5	6
A. ELEMENTOS DO TRATO VOCAL									
1. Labial				Arredondamento/protrusão					
				Estivamento					
				Labiodentalização					
2. Mandibular				Extensão diminuída					
				Extensão aumentada					
				Mandíbula fechada					
3. Lingual ponta/lâmina				Mandíbula aberta					
				Mandíbula protruída					
				Extensão diminuída					
4. Corpo de língua				Extensão aumentada					
				Avançada					
				Recuada					
5. Faringe				Recuada					
				Elevada					
				Abaixada					
6. Velofaringe				Extensão diminuída					
				Extensão aumentada					
				Constrição					
7. Altura de laringe				Expansão					
				Escape nasal audível					
				Nasal					
8. Tensão do trato vocal				Denasal					
				Elevada					
				Abaixada					
B. TENSÃO MUSCULAR GERAL									
8. Tensão do trato vocal				Hiperfunção					
9. Tensão laringea				Hiperfunção					
				Hipofunção					
C. ELEMENTOS FONATÓRIOS									
10. Modo de fonação				AJUSTE		Presente		Graus de escala	
				Neutra	Não Neutra	Moderada	Extrema	1	2
11. Fricção laringea									
12. Irregularidade laringea									

Ocorrências em curto termo () quebras () instabilidades () diplofonia () tremor
Para ajustes de ocorrência intermitente assinalar (i)

DINÂMICA VOCAL		Neutra	AJUSTE	Moderado		Extremo	
				1	2	3	4
D. ELEMENTOS PROSÓDICOS							
13. Pitch	Médio		Elevado Abaixado				
	Extensão		Extensão diminuída Extensão aumentada				
	Variabilidade		Alta Abaixada				
14. Loudness	Médio		Aumentado Diminuído				
	Extensão		Extensão diminuída Extensão aumentada				
	Variabilidade		Alta Baixa				
15. Tempo			Interrompida				
Taxa de elocução			Rápida Lenta				
16. OUTROS ELEMENTOS							
Suporte respiratório			Adequado Inadequado Presente				

Figure 2: Brazilian Portuguese version of Vocal Profile Analysis Scheme – PB-VPAS (2007)

General evaluation of voice quality	Key-sentences	
	<p><i>O objeto de estudo da Fonética é essa complexa, variável e poderosa face sonora da linguagem: a fala.</i></p> <p><i>Na cidade de São Paulo a contribuição que cada grupo étnico ou regional deu à cidade é vista em cada esquina. Italianos, japoneses, árabes, judeus, portugueses, coreanos e pessoas de todo o país ajudaram e muito a construir esta metrópole. São Paulo é hoje uma metrópole cosmopolita um lugar onde todos se sentem em casa.</i></p> <p><i>A Roberta gosta muito de comprar livros de fotos de pássaros. Ela também costuma ir ao jardim zoológico para ver suas aves preferidas: a arara, a garça, o sabiá, o periquito, o tico-tico, a coruja e o tucano.</i></p>	
Specific settings	Key-sentences	Key-segments
Phonatory and lingual body settings	<p><i>A Lara guarda figuras de pássaros em uma caixa e suas preferidas são a da arara, da patativa, da garça, do canário e do sabiá amarelo</i></p> <p><i>Liliane diverte-se imitando os trinitos do periquito, do bicudo, do bem-te-vi e do tico-tico.</i></p> <p><i>O garoto tirou muitas fotografias do tucano, da coruja, do pombo e do jaburu.</i></p>	<p>low central and mid-high vowels</p> <p>high front vowels</p> <p>high back vowels</p>
	<p><i>Soube que a Casa dos Bispos é visitada por turistas todos os dias e que o roteiro de visita dura cerca de duas horas para ser percorrido</i></p> <p><i>Detesto ir à casa dele, pois fica do outro lado da cidade e o acesso é difícil.</i></p>	<p>Oral, posterior and mid-high and high vowels</p> <p>Alveolar fricative consonants</p> <p>Alveolar fricative consonants</p>
	<p><i>Não mencionei anteriormente, mas minha mãe morou muitos anos em Santos, numa mansão à beira mar.</i></p>	<p>Nasal vowels</p> <p>Alveolar fricative consonants</p>

Figure 3: Corpus designed to evaluate vocal qualities in Brazilian Portuguese - PB-VPAS

3.2. Preliminary report on the analysis of voice quality evaluation tasks

Preliminary analysis of data obtained in the first and last training session showed that judges were able to identify phonatory and vocal tract settings better at the last session, specially the first group. For the sake of space, the confusion matrices related to supralaryngeal settings displays only lips, tongue (tip and body), pharynx and nasal cavity settings in Figures 4 and 5, respectively to Stages 1 and 2. The phonatory settings were represented by a group of long-term adjustments, including vertical position of the larynx, displayed in Figures 6 and 7.

	LR	Spr	LTA	LTRe	FTB	BTB	PCon	PExp
LR (N=18)	6	0	0	0	0	2	0	6
Spr (N=18)	0	4	0	1	1	1	0	0

LTA (N=18)	1	2	3	1	3	0	1	1
LTRe (N=09)	0	1	0	0	0	0	3	0
FTB (N=18)	1	2	3	0	4	3	1	0
BTB (N=09)	0	1	0	0	0	1	1	1
Pcon (N=18)	0	4	0	1	1	1	4	1
PExp (N=27)	4	0	2	3	3	1	5	4

Legend: LR: Lip Rounding; Spr: Lip Spreading; LTA: Lingual tip advanced; LTRe: Lingual tip retracted; FTB: Fronted tongue body; BTB: Backed tongue body; PCon: Pharyngeal constriction; PExp: Pharyngeal expansion

Figure 4: Confusion matrix of vocal tract settings (lips, tongue and pharynx) related to voice quality judgment in Stage 1

LR (N=18)	LR	Spr	LTA	LTRe	FTB	BTB	PCon	PExp
Spr (N=18)	1	3	0	0	0	0	0	0
LTA (N=18)	1	0	6	0	0	0	0	1
LTRe (N=09)	1	0	0	1	0	0	0	0
FTB (N=18)	0	1	3	1	1	1	1	1
BTB (N=09)	0	1	0	0	0	0	1	0
PCon (N=18)	1	3	0	0	0	0	3	2
PExp (N=27)	1	0	0	0	0	0	4	0

Legend: LR: Lip Rounding; Spr: Lip Spreading; LTA: Lingual tip advanced; LTRe: Lingual tip retracted; FTB: fronted tongue body; BTB: Backed tongue body; PCon: Pharyngeal constriction; PExp: Pharyngeal expansion

Figure 5: Confusion matrix of vocal tract settings (lips, tongue and pharynx) related to voice quality judgment in Stage 2

RLar (N=18)	RLar	LLar	LHip	LHyp	Mod	Cvoi	BVoi
LLar (N=18)	0	5	1	0	5	0	1
LHip (N=18)	0	3	0	0	4	0	4
LHyp (N=18)	2	3	0	0	10	1	3
Mod (N=09)	1	2	0	0	6	0	0
Cvoi (N=27)	0	0	1	1	7	2	3
BVoi (N=18)	0	5	1	0	5	0	1

Legend: RLar: Raised larynx; LLar: Lowered larynx; LHip Laryngeal hipofunction; LHyp: Laryngeal hyperfunction; Mod: Modal Voice; CVoi: Creaky Voice; BVoi: Breathy voice

Figure 6: Confusion matrix of vocal tract (larynx) and some laryngeal (phonatory) settings related to voice quality judgment in Stage 1

RLar (N=18)	RLar	LLar	LHip	LHyp	Mod	Cvoi	BVoi
LLar (N=18)	1	5	4	0	7	0	0
LHip (N=18)	2	0	7	0	7	0	3
LHyp (N=18)	3	0	0	5	12	3	0
Mod (N=09)	0	1	1	0	6	2	0

Cvoi (N=27)	0	3	9	2	7	3	6
BVoi (N=18)	0	0	0	0	7	0	4

Legend: RLar: Raised larynx; LLar: Lowered larynx; LHip: Laryngeal hipofunction; LHyp: Laryngeal hyperfunction; Mod: Modal Voice; CVoi: Creaky Voice; BVoi: Breathy voice

Figure 7: Confusion matrix of vocal tract (larynx) and some laryngeal (phonatory) settings related to voice quality judgment in Stage 2

Trainees had better results at the last session, but still had difficulties in evaluating specific settings such as BTB (backed tongue body) and PExp (pharyngeal expansion). As the terminology of supralaryngeal settings is based on segmental phonetic description, linguists were found to have a better performance than speech therapists who were used to evaluating voice qualities in clinical settings with labels restricted to laryngeal activity. Otherwise, speech therapists did better in evaluating laryngeal settings. The functional aspects of laryngeal activity (especially the vibratory pattern of vocal folds) are much emphasized on speech therapy studies. That could explain the higher agreement between speech therapists and experts' labeling of laryngeal settings. Another difficulty faced by the trainees was labelling complex settings. As settings co-occur, they tended to describe only the setting they judged more salient and failed in pointing out related settings such as hyperfunction associated to raised larynx. Some additional strategies for the identification of the settings could be introduced in an extension of the course to improve trainees' performance.

4. Conclusions

The adaptation of the VPAS into Brazilian Portuguese was accomplished and the corpus to be used in the training of judges was built up. Furthermore, the voice quality database necessary for the application of the protocol was recorded, evaluated by expert subjects and integrated into an instructive material. The material was used to train judges and their performance was evaluated. Preliminary data on the analysis of the judges' performance indicate their progress in evaluating settings of voice quality.

As future perspective, the implementation of a continuous numeric scale of settings instead of scalar degrees (from 0 to 6) and a longer period of training are intended.

The relevance of the application of the protocol to the analysis of voice disorders and expressive uses of voice quality may be appreciated considering its usefulness for investigating compensatory mechanisms used by individuals in cases of voice disorders and its suitability for describing the combination of laryngeal and vocal tract settings used to express attitudes and emotion as well as to consider uses of sound symbolism and sound metaphors.

5. References

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