

Teaching Fellow:

Jack Isaac Rabinovitch

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Discussion Section:

Boylston Hall, Room 335 (up to change)

Section 1: Thursdays 3:00–4:00

Section 2: Thursdays 4:30–5:30

Office Hours:

Boylston Hall, Room G03

Mondays 12:15–1:15

Discussion Handout 1

September 9, 2021

Introduction

- (1) Some notes on Discussion Section:
 - a. You can find section handouts on canvas (Discussion Section 1 & 2 Folder in files), as well as (slightly modified) handouts through jackisaacrabinovitch.github.io/ling105
 - b. Feel free to email me about parts of the lecture that you don't understand, as well as what things you would like me to bring up in discussion
 - c. You can reach me by email, I will get back to you as soon as I can, but I will be more active/consistent in replying to your emails on Tuesday and Friday evenings. You can also meet me during my office hour, if your question is urgent. If you cannot make office hours in person, then let me know and I will send you a zoom link ahead of time for the office hour time.
- (2) IPA (International Phonetic Alphabet) help:
 - a. TypeIt Phonetic Keyboard at ipa.typeit.org
 - b. Weston Ruter's IPA Keyboard at westonruter.github.io/ipa-chart/keyboard
 - c. Interactive IPA Chart at ipachart.com

Places of Articulations

- (3) Place of Articulation:

Which part of the mouth is used to form a constriction

 - a. Active Articulator:

The part of the mouth which moves to form the constriction
 - b. Passive Articulator:

The part of the mouth which the active articulator 'targets' (moves towards)
- (4) Broad Categories:
 - a. Labial: uses the lips as active articulators
 - b. Coronal: uses the front ("crown") of the tongue as an active articulator
 - c. Dorsal: uses the back of the tongue as an active articulator
 - d. Pharyngeal: uses the pharynx as an active articulator

- e. Glottal/Laryngeal: uses the glottis/larynx as an active articulator
- (5) Labial:
 - a. Bilabial: uses two lips as articulators
 - b. Labiodental: uses bottom lip as active articulator against the top set of teeth
- (6) Coronal:
 - a. Interdental: tongue targets the space between the upper and lower teeth
 - b. Dental: tongue targets the teeth
 - c. Alveolar: tongue targets the alveolar ridge
 - d. Palato-alveolar: tongue targets behind the alveolar ridge; tongue bunches up to make contact
 - e. Retroflex: tongue targets behind the alveolar ridge; tongue curls back to make contact
- (7) Dorsal:
 - a. Palatal: tongue targets the hard palate
 - b. Velar: tongue targets the velum (soft palate)
 - c. Uvular: tongue targets the region around the uvula (dangly bit in back of mouth)
- (8) Others:
 - a. Pharyngeal: the root of the tongue retracts to close the pharynx
 - b. Epiglottal: the aryepiglottic folds interact with the epiglottis
 - c. Glottal/Laryngeal: the larynx constricts to close the glottis
- (9) Note: Some sounds are coarticulated. Most common:
 - a. Labio-velars (bilabial and velar coarticulation)
 - b. Alveo-palatal (alveolar and palatal coarticulation) (NOT Palato-alveolar)

Manners of Articulation

- (10) Manner of Articulation:

The way in which something is pronounced: how constricted the closure is

 - a. Stop (plosives and nasals): Closure of the mouth is complete.
 - b. Fricatives: Articulators are close together, but not completely closed
 - (i) Sibilants are fricatives which cause high frequency sound: 'hissing' sounds
 - c. Affricates: Closure is complete, followed by a delayed release
 - (i) Essentially a plosive followed by a fricative, written this way in IPA: [tʃ], [dʒ]
 - d. Approximants: not enough closure to cause turbulence!
 - (i) Liquids: contact between articulators but no closure
 - Laterals: liquids with airflow through the sides, like [l]
 - Rhotics: liquids with airflow through the center, like [ɹ]
 - (ii) Glides: also called semi-vowels, no contact whatsoever
 - (iii) Trill: repeated fast contact/closure
 - (iv) Flap/Tap: single fast contact/closure
 - (v) Vowels!

Other Dimensions

- (11) Phonation:
 How the larynx constricts to voice sounds:
 For now just two choices, voiced and unvoiced.
- (12) Nasality:
 How the velum is placed; whether or not it blocks airflow through the nasal cavity
 - a. Oral consonants are produced with a raised velum: nasal passage is blocked
 - b. Nasal consonants are produced with a lowered velum: air flows through the nose
- (13) Laterality:
 Whether or not the flow of air is released through the center of the mouth or the sides
 - a. Lateral: released through the sides, [l] blocks the center of the mouth so air flows through the sides
 - b. Non-lateral: released through the center; most sounds.

Sonority

- (14) Sonority:
 How sonorous a sound is (essentially how loud and open the sound is)
 - a. Sonorants: open and loud: include approximants and nasal stops
 - b. Obstruents: closed and relatively quiet, include plosives, fricatives and affricates