

Poster presentation

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## Examining the possibility of an acquired deficit in audiovisual temporal perception for speech and musical events

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### Background

Multisensory interactions between audiovisual-speech inputs have primarily been investigated in healthy participants with only a limited number of studies identifying patients with a disruption of audiovisual perception as a consequence of other neurological deficits. A specific disruption of audiovisual speech integration has, in fact, never been reported until recently by [1]. They described patient AWF who experienced a temporal mismatch in audiovisual speech in the absence of any language/sensory impairment. Similarly, patient RW reported perceiving auditory-speech as occurring earlier in time than the corresponding visual-speech. Initial testing revealed that RW indeed appeared to have a problematic temporal percept of audiovisual speech. Methodological problems, however, led to the inconclusiveness of these results.

### Materials and methods

In the present experiments, video clips with auditory/visual delays of  $\pm 300$ ,  $\pm 200$ ,  $\pm 133$ ,  $\pm 66$ , and 0ms were presented to RW. RW had to decide on each trial whether the auditory- or visual-signal appeared to have been presented first. The video clips consisted of: a female British-English speaker uttering /aba/ and /aga/ and the bird's-eye views of a female's fingers playing the piano notes 'c' and 'f'. All video clips were 800ms long.

### Results

Analysis of RW's data revealed the absence of any impairment in the temporal perception for either speech or non-speech events. Specifically, RW's sensitivity to the asynchrony present in speech and music was 67ms and 70ms, respectively. These values are similar to those previously obtained for healthy participants [2]. Comparison of RW's data with controls revealed no differences [ $F < 1$ , n.s.], with control participants' sensitivity to asynchrony

in speech and music being equal to 66ms and 76ms, respectively.

### Conclusions

The methodological problems of previous testing could have led to RW being misdiagnosed. However, well-controlled experimentation revealed that RW's temporal percept was within the temporal limits of normal participants.

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### References

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