

STUTTERING IN THE CHINESE POPULATION IN SOME SOUTH-EAST ASIAN COUNTRIES: A PRELIMINARY INVESTIGATION ON ATTITUDE AND INCIDENCE¹

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There are, at present, great gaps in our knowledge of the incidence of stuttering in different cultures. Although research is being done on attitudes towards stuttering in different cultures (St. Louis et al, 2000) there is little data being gathered on such topics as incidence, assessment and treatment of stuttering in Asian cultures. A recent article on the subject (Reese et al, 1999) indicated that stuttering has never been a subject of serious study in China and so there are presently no reliable data. This paper represents our informal attempt to gather information presently available about stuttering in the Chinese population. To learn more about the incidence of stuttering among Chinese, we looked at regions having large Chinese populations.

Efforts to gather information on this population met with limited success. One author of this paper, Dr. Joseph Jordania, made initial contact with the Multicultural Interest Group of Victoria, Australia, which led to contact with the Speech, Language and Hearing Association in Singapore. One contact led to another, and a total of twenty-eight respondents were identified. Most of the

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respondents are Speech-Language Pathologists (with a few associates from the related spheres), working in South-East Asian countries with a predominantly Chinese population. Thus, the information presented in this paper is anecdotal; it relies on personal opinions and while it can only be considered a 'population of convenience', it is a start.

A two part informal questionnaire was developed representing the interests of the two authors of this paper and was submitted to those respondents who expressed willingness to participate. In view of the significant lack of information in this area, all information was gratefully accepted and included in this paper.

The personal experiences and opinions of three Chinese stutterers was included as well, since they offer unique insights into the subject under discussion. B.M. is a 25-year-old man from Guangzhou (Canton) in Guangdong province who describes himself as a 'closet stutterer' and rates himself as 'moderate' in severity. E.T. is a 19-year-old male who was assessed by a professional Speech-Language Pathologist as a severe stutterer. G.F. is a 20-year-old male moderate stutterer, who participated in professional speech therapy and describes his experience at school and in his family.

DATA COLLECTION

An initial informal questionnaire was sent to all respondents by Dr. Joseph Jordania. It was designed to investigate the following: the number of stutterers seen/treated by the respondent, languages spoken by the stutterers (and whether or not they stuttered in all languages they spoke), the age range and gender of the stutterers seen, severity assessment, the existence of concomitant health/mental problems and secondary behaviours, treatment results, the respondents background, credentials and working experience with the Chinese population. Three additional questions were added after some respondents indicated that such questions could provide interesting insight into the problem. These questions were designed to find out whether the respondents have ever heard of a famous Chinese who did (or does) stutter, what the respondents think about the incidence and prevalence of stuttering between two different populations (Chinese and Indian, two of the sizable populations in some of the countries of the South-East Asia), and whether respondents remember (among their school

friends, University friends, relatives, etc.) knowing Chinese stutterers who did not receive any treatment

A second questionnaire was sent by Dr. Sheree Reese to those respondents who indicated their willingness to answer additional questions designed to ascertain information about **(1)** the training and credentials of the respondents, **(2)** their approaches to assessment and treatment, and **(3)** attitudes within the culture.

The questionnaires were sent to SLPs working in Singapore, Taiwan, Hong Kong and Malaysia. (Unfortunately, currently contact with SLPs in mainland China is difficult. In fact, the profession of Speech-Language pathologist does not formally exist in China). Whole or partial responses were received from 28 individuals: 23 from Singapore, 2 from Taiwan, 2 from Hong Kong and 1 from Malaysia.

The following is a summary of some of the information we gathered:

- 1.** Most of the information received came from professional SLPs whose experience varies widely from several months to more than 10 years.
- 2.** The respondents work predominantly in either acute care, 'public' hospital settings or private practices.
- 3.** Referrals are primarily from medical doctors or government doctors in response to parental requests.
- 4.** Most of the respondents reported having received their credentials in countries other than where they were practicing (predominantly the United Kingdom, United States, or Australia). Their degrees ranged from bachelors to masters degrees.
- 5.** If we take into account the total working experience of all our respondents and the number of stutterers seen by them the mean will be less than one and a half stutterers per year seen by an average SLP in South-East Asian countries. This may be a reflection of a very low referral rate.
- 6.** Respondents reported incorporating both subjective and objective observations in their assessment. Informal questionnaires are frequently used. They reported evaluating oral motor function, language, frequency of dysfluency (in syllables per minute), types of dysfluency and the

presence of secondary or associative behaviors. Only one mentioned assessment of articulation or phonology.

- 7.** Respondents reported working on 'easy onset', reduced rate, rhythm, prolongation of initial sounds, 'smooth vs. bumpy talking'. Counseling and behavior modification were only mentioned by one respondent; two mentioned incorporating home programs in their treatment plans.
- 8.** Without exception, all respondents reported negative attitudes towards stutterers by parents and society. Parents attitudes ranged from concerned support and understanding to annoyance and the attitude that the child who stutters is 'lazy' and 'doing it on purpose'. In addition, the stutterers themselves exhibited low self-esteem, lack of confidence and a 'warped' perspective of their own fluency.

Bearing in mind the shortcomings of our information as mentioned above on one hand, and it's importance as the first actual data on stuttering in Chinese population on the other hand, we can outline the following two major conclusions:

- 1.** Some of the information provided by our respondents is comparable to reports from the research literature. This includes the following:
 - Chinese of all ages are prone to stuttering, although there are many more children in the stuttering population than there are adults;
 - There are more male stutterers than female stutterers among Chinese;
 - Chinese bi- and tri-lingual stutterers stutter in all of the languages that they speak, and stuttering is often less pronounced in one (usually their first) language;
 - Moderate and severe stutterers often display secondary characteristics, such as facial tics and head/shoulder movements;
 - Reported assessment techniques used to identify stuttering are comparable to those used in other European countries and the

USA. (although no consistency between our respondents was identified.)

- Results of speech therapy are improved when therapy is conducted in early childhood, or the earlier the intervention the better the results. Therapy has a lower success rate when it is conducted among adults
- Chinese stutterers have the same social pressures and problems (fears of all kinds of verbal communication and feelings of insecurity) as described in research literature.

2. Some information, provided in the answers of our respondents, differs from that of the research literature. This includes the following:

- The referral rate among Chinese is very low (less than one and a half stutterers per year in the caseloads of SLPs);
- The number of hidden or 'concealed' stutterers who do not seek professional speech therapy is not big as well. Therefore, the information received from our respondents does not support the view that the main portion of Chinese stutterers never go to SLPs and remain in families.
- While current approaches to therapy were mentioned, less emphasis was placed on dealing with feelings and emotions than the traditional easy onset, continuous phonation, etc., techniques.
- Comparison of the stuttering populations of Chinese and Indians in Singapore and Malaysia also points to a very small number of stutterers among Chinese.

However interesting and provoking it might seem to speculate on the possible reasons for the low number of stutterers among Chinese (many unique features of the Chinese language, culture and history may provide an array of possible reasons) it seems premature to build any hypothesis. Our research represents only the first attempt in this sphere and by no means the conclusions deduced in it should be considered as final. Preliminary research based on 28 informants cannot represent the biggest population of the world. It is obvious that more

research is needed. Only after the new independent research on a larger sample will it become clear whether our conclusion about the low stuttering incidence among Chinese will be supported.

And finally, we should not forget, that even if the incidence in China is much lower than in most of the European countries and the USA, we are still looking at hundreds of thousands (or even millions) of Chinese stutterers, trying to cope with their condition without the help of available professional SLPs. Establishing the specialty of Speech-Language Pathology in China would lead to more available means of therapy and would generally improve the life condition of hundreds of thousands (and maybe millions) of Chinese.

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