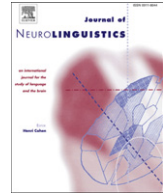




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# The use of the Bilingual Aphasia Test with a bilingual Mandarin–New Zealand English speaker with aphasia

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## ABSTRACT

This is a single case study of a 74 year old bilingual Mandarin–New Zealand English speaking man with aphasia. We compare his language ability on the Bilingual Aphasia Test with norms for New Zealand English speakers and the original BAT norms. There is a large and growing population of Chinese in New Zealand. The impact of communication disorders in this group has been minimally investigated in the literature. We investigate the linguistic and psychosocial consequences of living with bilingual aphasia.

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## 1. Introduction

New Zealand is a small island nation in the southern Pacific Ocean with a population of 4.4 million. English is spoken by approximately 98% of the population. Along with New Zealand Māori (4.5% speakers) and New Zealand Sign Language (<1% speakers) it is one of the three official languages of the country (Statistics New Zealand, 2010). New Zealand's changing ethnic composition is reflected in the increasing diversity of languages spoken. The number of multilingual people has continued to increase. Between the 2001 and 2006 censuses (the most recent one available), the number of multilingual people has increased by 19.5% (671,658) (Statistics New Zealand, 2010).

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### 1.1. *New Zealand Chinese*

Based on the 2006 Census ethnic Chinese is one of the largest and fastest growing immigrant groups in New Zealand with a 40% increase from the previous Census in 2001 (2001 = 105,057; 2006 = 147,570). Population estimates predict that this growth will continue exponentially and the New Zealand Chinese population is projected to reach 790,000 by 2026 (Statistics New Zealand, 2010). Between 2001 and 2006, the number of people in New Zealand able to speak Mandarin increased from 26,514 to 41,391.

The census data show that of the Chinese ethnic group, around 80% speak Mandarin as their native language or one of their languages. With the recent policy changes in China (Wang & Phillion, 2009), where Mandarin has been established as the official language of the country and all the compulsory schooling, official, political, judicial and economic systems in Mandarin, it is evident that the status of Mandarin has shifted and will impact on Chinese immigrants to New Zealand and other countries.

### 1.2. *Stroke in New Zealand*

Almost 7500 New Zealanders each year experience a stroke – as many as 20 people a day. At least 50% of these will die or be dependent on others for care one year after the event (Gommans et al., 2003). For many people who have had a stroke, the reliance on others for care is a consequence of having aphasia which renders them unable to live independently. In 2001, there were an estimated 32,000 survivors of stroke in New Zealand, with stroke being the greatest cause of disability in older people (Tobias, Cheung, & McNaughton, 2002). Given the projected increases in the population of older adults (Statistics New Zealand, 2010; WHO, 1999) this figure is expected to rise considerably in the next 20 years.

Approximately one quarter of people who have had a stroke will be left with chronic aphasia (Kauhanen et al., 2000) which means that around 16,000 people in New Zealand are living with aphasia (though the exact number is unknown). Despite this large number, relatively little is known about the impact of living with aphasia, either from the perspective of the person with aphasia or their family/caregivers. There is extensive research about changes in the motor, sensory, vision, cognition, and emotional abilities of stroke survivors (Kase et al., 1998; New Zealand Stroke Foundation, 2007) and their care needs in the community (Bakas, Austin, Jessup, Williams, & Oberst, 2004), but more research is needed to investigate the psychosocial consequences of living with aphasia in New Zealand. Such research is difficult if researchers and clinicians lack assessment tools appropriate for speakers of the different languages that are represented in the community.

### 1.3. *Differences between Mandarin and English*

It is widely assumed that when speaking another language the main problem for a bilingual speaker arises when the second language requires certain features that are not found in one's own language (see Schmitt & McCarthy, 1997). This being the case, we would expect a Mandarin speaker to have some difficulty when speaking English due to the relatively more complex phonological, morphological, and syntactical systems in English compared to Mandarin. With respect to phonology there are noticeable differences between Mandarin syllables ending only in a nasal and the final sounds of English (fricatives, affricates, plosives, and approximates). Morphologically, Mandarin is rather more straightforward than English. It is an isolating language in which each word generally only contains one morpheme (Li & Thompson, 1989). This means that functions carried out by inflections in English are formed other ways in Mandarin. The most common morphological processes for word formation in Mandarin are reduplication, affixation, and compounding. In terms of syntax, the somewhat less rigid word order of Mandarin creates problems when speaking English. Li and Thompson (1989) suggest that in Mandarin it is the meaning (e.g. topic prominence) not the grammatical function that governs the order in which basic words and phrases occur. Additionally, the use of copulas, articles and prepositions are difficult for Mandarin speakers when conveying information in English. Mandarin does not mark tense (only aspect). Tense is not specifically assessed in the BAT, however it should be considered when speaking with or instructing clients who are Mandarin speakers. If we add to these

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