

1 **Production of Mandarin consonant aspiration and monophthong in**  
2 **children with Autism Spectrum Disorder**

3 Yan FENG<sup>a,b#</sup>, Fei CHEN<sup>c#</sup>, Junzhou MA<sup>d</sup>, Lan WANG<sup>e</sup>, and Gang PENG<sup>b, e\*</sup>

4 <sup>a</sup>*School of Foreign Studies, Nanjing University of Science and Technology, Nanjing,*  
5 *China*

6 <sup>b</sup>*Research Centre for Language, Cognition, and Neuroscience, Department of Chinese*  
7 *and Bilingual Studies, The Hong Kong Polytechnic University, Kowloon, Hong Kong*  
8 *SAR*

9 <sup>c</sup>*School of Foreign Languages, Hunan University, Hunan, China*

10 <sup>d</sup>*School of Foreign Languages, Taizhou University, Zhejiang, China*

11 <sup>e</sup>*Shenzhen Institutes of Advanced Technology, Chinese Academy of Sciences,*  
12 *Guangdong, China*

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14 <sup>#</sup>The first two authors contributed equally to this study.

15 <sup>\*</sup>Corresponding author:

16 E-mail: [gpengjack@gmail.com](mailto:gpengjack@gmail.com)

17 Tel: (+852) 3400 8462; Fax: (+852) 2334 0185

18 Address: *Department of Chinese and Bilingual Studies, The Hong Kong Polytechnic*  
19 *University, Hung Hom, Kowloon, Hong Kong SAR, China*

20 **Production of Mandarin consonant aspiration and monophthong in**  
21 **children with Autism Spectrum Disorder**

22 **Abstract**

23 Impaired speech sound production adds difficulties to social  
24 communication in children with Autism Spectrum Disorder (ASD),  
25 while a limited attempt has been made to figure out the speech sound  
26 production among Mandarin-speaking children with ASD. The current  
27 study conducted both auditory-perceptual scoring and quantitative  
28 acoustic analysis of speech sound imitated by 27 Mandarin-speaking  
29 children with ASD (3.33-7.00 years) and 30 chronological-age-matched  
30 typically developing (TD) children. Auditory-perceptual scoring showed  
31 significantly lower scores for aspirated/unaspirated consonants and  
32 monophthongs in children with ASD. Moreover, the correlation between  
33 the developmental age of language and production accuracy in children  
34 with ASD emphasised the importance of language assessment. The  
35 quantitative acoustic analysis further indicated that the ASD group  
36 produced a much shorter voice onset time for aspirated consonants and  
37 showed a reduced vowel space than the TD group. Early interventions  
38 focusing on these production patterns should be introduced to improve  
39 the speech sound production in Mandarin-speaking children with ASD.

40

41 **Keywords:** Autism Spectrum Disorder; Mandarin-speaking children;  
42 Impaired aspiration; Reduced vowel space.

43

## 44 **Introduction**

45 Autism Spectrum Disorder (ASD) is a life-long developmental disorder affecting  
46 social communication and interaction (American Psychiatric Association, 2013).  
47 Among children with ASD, some fail to develop any functional language capabilities.  
48 Even those who are relatively verbal almost always have language disorders (Klinger  
49 et al., 2014). Previous literature has well-documented that children with ASD are  
50 impaired in pragmatic, syntactic, and lexical development because of social-cognitive  
51 impairment (Cheung et al., 2020; Kjelgaard & Tager-Flusberg, 2001; Naigles, 2016;  
52 Tager-Flusberg et al., 2005), while there are some controversial findings on their  
53 impairment of speech sound production. Empirical studies have indicated a strong  
54 correlation between the difficulty of speech sound production and the severity of  
55 language impairment in individuals with ASD (Wolk & Brennan, 2013). Defective  
56 speech sound production has a detrimental impact on daily communication. Thus,  
57 there is an urgent need to improve our understanding of speech sound production in  
58 young children with ASD to provide a potential reference for clinical diagnosis and  
59 early intervention.

### 60 ***Mandarin speech sound development in typically developing children***

61 There are around 1.4 billion people speaking Chinese in the world, including people  
62 from China, Singapore, Malaysia, etc. In China, the prevalence of children suffering  
63 from ASD has been as high as 0.7% in recent years (Zhou et al., 2020). There are  
64 many dialects differing in phonology in China. Among these, Mandarin (standard

65 Chinese) is a mainstream language with reference to Northern China dialects, which  
66 children need to learn and speak in kindergartens and schools in China (Li & To,  
67 2017). Moreover, Mandarin is well-known for its variety of voiceless consonants with  
68 subtle phonemic differences in the place and manner of articulation, such as retroflex  
69 versus alveolar and aspirated versus unaspirated consonants. These were reported to  
70 be challenging for native young children and also for non-native speakers (Wang &  
71 Shangguan, 2004; Xie, 2009). The unique features of Mandarin phonology and  
72 articulation offer us a valuable opportunity to explore the generalisability of the  
73 findings about speech sound production from English-speaking individuals with ASD  
74 in a cross-linguistic framework.

75         To better explore the impairment of speech sound production in children with  
76 ASD, we firstly need to understand the development of speech sound production in  
77 typically developing (TD) children. Li and To (2017), and Peng and Chen (2020)  
78 reviewed the speech sound development in Mandarin-speaking children, and  
79 summarised the general acquisition order of Mandarin tones, vowels, and consonants  
80 in TD children based on previous research (e.g., Chen & Kent, 2010; Li & Thompson,  
81 1977; Shi & Wen, 2007; Xie, 2009; Zhu & Dodd, 2000; Zhu, 2002). Zhu and Dodd  
82 (2000) is one of the early studies that comprehensively explored Mandarin speech  
83 sound acquisition in 129 native monolingual TD children (1;6-4;6) via picture naming  
84 and description tasks. They found that Mandarin lexical tones were the earliest  
85 acquired, followed by the acquisition of vowels and syllable-final consonants. The

86 acquisition of syllable-initial consonant system was the latest completed.

87 Besides the general developmental order, previous studies have reported the  
88 age of phonological stabilisation for specific phonemes in TD children. Researchers  
89 have found that TD children acquire [t] before the age of two, [p] and [t<sup>h</sup>] before the  
90 age of three, [k], [k<sup>h</sup>] and [p<sup>h</sup>] at the age of three, [tɕ] and [tɕ<sup>h</sup>] at the age of four, and  
91 [ts] and [ts<sup>h</sup>] at the age of five (Li & To, 2017; Si, 2006; Zhu, 2002; Zhu & Dodd,  
92 2000). Li and To (2017) reported that the two retroflex affricates [tɕ] and [tɕ<sup>h</sup>] are  
93 more challenging, and some TD children acquire these two sounds even after six or  
94 seven years old. With a larger sample size, Xie (2009) explored the developmental  
95 order of Mandarin syllable-initial consonants in 149 TD children (2;4-6;0) via picture  
96 naming and description tasks, and found that Mandarin-speaking TD children  
97 acquired unaspirated consonants earlier than the corresponding aspirated consonants.  
98 Such finding indicates that children may need more time to acquire the production of  
99 aspirated consonants. In terms of monophthong acquisition, Shi and Wen (2007)  
100 investigated the developmental order of Mandarin monophthongs among 40 TD  
101 children (1;0-6;0) via naming tasks and imitation tasks. The authors found that TD  
102 children acquire [a], [i], and [ɤ] at the age of one, [u] at the age of three, [ɿ] at the age  
103 of four, [ɨ] at the age of five, and [y] at the age of six. Via acoustic analysis, they also  
104 observed that the formants of [y], [ɿ], and [ɨ] were unstable in the spectrogram,  
105 reflecting the instability of tongue position during monophthong production in  
106 Mandarin-speaking children.

107           On the one hand, the studies mentioned above establish a basis for the current  
108 study to observe the speech sound development in children with ASD. On the other  
109 hand, these studies have proved that both auditory-perceptual analysis and acoustic  
110 analysis are necessary and important for investigating the development of speech  
111 sound production. The classical auditory-perceptual analysis could subjectively  
112 evaluate the general speech sound production from listeners' perceptual perspective  
113 which is important in speech communication, and the acoustic analysis could  
114 objectively uncover fine-grained production patterns in children with ASD and  
115 provide implications for clinical intervention.

#### 116 *Speech sound production in children with ASD*

117 Many studies on children with ASD focused on their impaired abilities in semantics,  
118 syntax, and pragmatics (Cheung et al., 2020; Naigles, 2016), while relatively limited  
119 attempts have been made to figure out their performance of speech sound production,  
120 and there are some controversial findings on the development of speech sound  
121 production in this population.

122           One of the controversial arguments is whether children with ASD show  
123 impaired speech sound production. Many studies have reported the impairments of  
124 speech sound production in individuals with ASD (Rapin et al., 2009; Shriberg et al.,  
125 2001; Wolk & Brennan, 2013; Wolk et al., 2016; Wolk & Giesen, 2000). Rapin et al.  
126 (2009) conducted a cluster analysis in 62 children with ASD aged 7-9 years. The  
127 authors demonstrated that around 24% of school-age children with ASD showed

128 significant speech sound disorders. However, some research demonstrated that speech  
129 sound production was relatively intact in children with ASD, compared with other  
130 language behaviours (Bartak et al., 1975; Bartolucci et al., 1976; Kjelgaard &  
131 Tager-Flusberg, 2001). For instance, Kjelgaard and Tager-Flusberg (2001) tested  
132 phonological, lexical, semantic, and grammatical skills in 89 children with ASD.  
133 They found that children with ASD had relatively intact speech sound production,  
134 whereas other abilities showed a large heterogeneity. However, this conclusion might  
135 underestimate the extent to which children with ASD experienced difficulties in  
136 speech sound production as single word articulation was only subjectively judged as  
137 correct or incorrect in this study. Although the auditory-perceptual binary  
138 classification is a classical method to analyse speech sound development in children,  
139 this may overlook many articulatory problems made by individuals with ASD (e.g.,  
140 producing aspirated consonants with inappropriate aspiration in Yang (2018)) and  
141 thus the binary perceptual judgement of correctness does not reflect the possible  
142 deficits in speech sound production. A quantitative measure, such as an acoustic  
143 measure, is necessary to understand the speech production skills in children.

144 Another controversial argument is whether children with ASD show typical or  
145 atypical production patterns. McCleery et al. (2006) compared the consonant  
146 production in 14 children with ASD (2;1-6;11) and 10 language-matched TD children  
147 (1;1-1;2) via both spontaneous production and imitation tasks. They observed similar  
148 production patterns in TD children and children with ASD in regard to developmental

149 difficulty and voicing. Both TD children and children with ASD produced more early  
150 developing sounds (e.g., /d/, /b/, /h/, /m/, /n/) than later developing sounds (e.g., /dʒ/,  
151 /l/, /ɹ/, /s/, /t/), and both groups produced more voiced consonants than voiceless  
152 consonants. Schoen et al. (2011) also found that speech-like vocalisation (e.g.,  
153 syllables) in children with ASD was similar to language-matched TD children, while  
154 children with ASD showed more atypical nonspeech vocalisation (e.g., a greater  
155 number of high-pitched squeal) than both age-matched and language-matched TD  
156 children. However, Wolk and Giesen (2000) observed a ‘chronological mismatch’ of  
157 speech sound development in children with ASD such that early developing sounds  
158 (e.g., /m/) were absent whereas later developing sounds (e.g., /θ/) were present.  
159 Moreover, Wolk and Brennan (2013) analysed typical/atypical speech sound error  
160 patterns using object-naming tasks in eight children with ASD aged 5-15 years.  
161 Results showed that all participants exhibited some typical error patterns (e.g.,  
162 pre-vocalic voicing, post-vocalic devoicing, fronting, stopping, and gliding) reflecting  
163 phonological delays, whereas some of them also showed atypical error patterns (e.g.,  
164 pre-vocalic devoicing, post-vocalic voicing, deaffrication, migration, and backing).  
165 Chenausky et al. (2021) also compared speech sound production in English-speaking  
166 TD children and minimally verbal children with ASD via acoustic analysis, and found  
167 a narrower vowel space produced by children with ASD. Indeed, some research has  
168 reported motor planning problems for the temporal sequences of the articulator  
169 movements in children with ASD, which may partly account for the impaired speech  
170 sound production and articulation errors (Mody et al., 2017; Pang et al., 2016; Wong



171 et al., 2020). Taken together, the controversial conclusions in the previous literature  
172 encouraged us to further investigate the speech sound production in  
173 Mandarin-speaking children with ASD.

174 Previous studies focus more on high-functioning children with ASD,  
175 especially those from English-speaking countries (Naigles, 2016). Recently, an  
176 increasing number of studies have set out to address this shortcoming. Wu et al. (2020)  
177 explored speech sound development in 16 Mandarin-speaking children with ASD  
178 aged three to six years via Mandarin picture naming tasks and imitation tasks. They  
179 found some typical developmental patterns (e.g., aspirated consonants were acquired  
180 later than unaspirated ones, which was also reported in TD children in Xie (2009)) in  
181 children with ASD. Besides, they also found that children with ASD acquired vowels  
182 earlier than tones, whereas chronological-age-matched TD children acquired tones  
183 earlier than vowels, indicating an atypical developmental sequence of Mandarin  
184 phonology among individuals with ASD. However, only an auditory-perceptual  
185 assessment was conducted by Wu et al. (2020), which was inadequate to objectively  
186 reflect production patterns in Mandarin-speaking children with ASD.

187 It is noteworthy that all studies we mentioned above adopted different  
188 methods for eliciting speech sound production, which may cause variations in  
189 evaluating children's performance (James et al., 2016; McLeod & Masso, 2019). One  
190 commonly used method is to collect spontaneous speech via picture/object naming  
191 tasks or by recording daily communication between children and parents or clinicians

192 (e.g., James, et al., 2016; Wolk & Brennan, 2013). However, it is difficult to use this  
193 method to elicit spontaneous speech in minimally verbal children with ASD,  
194 especially younger ones, since the lack of social motivation could curb speech output  
195 (McCleery et al., 2006). Speech sound production assessed by picture/object naming  
196 tasks may also be affected by the selection of testing items (James, et al., 2016) and  
197 the mental vocabulary size of children with ASD. The other method is imitation,  
198 which is more suitable for children with ASD who lack the desire to communicate or  
199 minimally verbal ones with small vocabulary sizes. Some research reported that  
200 spontaneous production and imitation did not cause different results in children  
201 (Johnson et al., 2004; McCleery et al., 2006; McLeod & Masso, 2019). These studies  
202 also claimed that the imitation task required much less time to complete and could be  
203 regarded as a valid alternative to the spontaneous conversation task (Johnson et al.,  
204 2004; McLeod & Masso, 2019). However, Wolk et al. (2016) argued that imitation  
205 may overestimate children's actual production abilities since speech models are  
206 provided. Considering the factors mentioned above, Wu et al. (2020) combined the  
207 picture-naming task and imitation task for assessing speech sound production.  
208 However, that still could not solve the issue caused by the differing natures of tasks.  
209 Even in the imitation task, different procedures may also make some differences.  
210 Edwards (2014) clearly distinguished imitation and emulation. Strictly speaking,  
211 imitation is defined as a process that people reproduce the form and result of an action  
212 (Edwards, 2014). In Wu et al. (2020), the experimenter read the target word and  
213 children could reproduce the word (i.e., result) via imitating the movement of

214 articulators (i.e., form). Different from imitation, emulation is a process that people  
215 reproduce the result of an action using their own execution. In this case, children's  
216 speech sound production may not be overestimated too severely, and researchers can  
217 also focus on the difficulty of speech sound production in children and avoid the  
218 possible effect of vocabulary size and social motivation. More investigations are  
219 needed to uncover and compare the role of different tasks in the assessment of speech  
220 sound production.

### 221 *The present study*

222         Mandarin consonant aspiration is unique in Mandarin phonology compared to  
223 English (the most widely investigated language in ASD research). Thus, the  
224 mainstream of speech sound production research focusing on English-speaking  
225 children with ASD did not include the production pattern of consonant aspiration. As  
226 we have introduced above, Wolk and Brennan (2013) found production problems of  
227 voicing in children with ASD, and voicing was reported similar to aspiration (e.g.,  
228 Lisker & Abramson, 1964; Whitehill, 2010). Moreover, the main acoustic difference  
229 between aspirated and unaspirated consonants in Mandarin is the temporal cue of  
230 voice onset time (VOT). The temporal processing deficits in individuals with ASD  
231 have been commonly observed with evidence from several behavioural and  
232 neuroimaging studies (Brodeur et al., 2014; Falter et al., 2012; Martin et al., 2010).  
233 Taken together, it is expected that Mandarin-speaking children with ASD may also  
234 show difficulties in producing consonant aspiration. And these are the reasons why we

235 aim to investigate consonant aspiration in this study. In regard to monophthongs,  
236 Chenausky et al. (2021) reported a narrower vowel space in children with ASD.  
237 Previous research has proposed that the narrow vowel space could influence speech  
238 clarity, and the size of vowel space might predict language development in young  
239 children (Liu et al., 2003). Thus, we also expect to investigate monophthongs in the  
240 current study.

241 Therefore, the first objective of this study is to figure out whether  
242 Mandarin-speaking children with ASD show difficulties in producing  
243 aspirated/unaspirated consonants and monophthongs using auditory-perceptual  
244 measurements. The second objective of this study is to investigate the production  
245 patterns of aspirated/unaspirated consonants and monophthongs in  
246 Mandarin-speaking children with ASD by performing quantitative acoustic analyses.  
247 The third objective of the current study is to explore the possible correlations between  
248 production performance and chronological age/developmental age of language/social  
249 impairment in children with ASD.

## 250 **Methods**

### 251 *Participants*

252 We recruited 27 Mandarin-speaking monolingual children with ASD (26 boys) aged  
253 3.33-7.00 years (mean age = 4.76, SD = 0.97) and 30 chronological-age-matched TD  
254 children (23 boys, mean age = 4.54, SD = 0.98) as the control group. Appendixes A

255 and B show the chronological age of each child. They came from different families  
256 speaking Mandarin and had no history of hearing impairment according to the parents'  
257 report. A consent form was obtained from each child's parent with a protocol  
258 approved by the Human and Animal Experiment Ethics Committee of Shenzhen  
259 Institutes of Advanced Technology, Chinese Academy of Sciences. TD children were  
260 recruited from mainstream kindergartens and primary schools in Mainland China,  
261 without explicit language impairments according to their parents' and teachers'  
262 reports. Children with ASD were diagnosed based on the diagnostic and statistical  
263 manual of mental disorders criteria (American Psychiatric Association, 2013) and the  
264 Childhood Autism Rating Scale (Ozonoff et al., 2005) by pediatricians and child  
265 psychiatrists with expertise in diagnosing ASD. All children with ASD completed the  
266 translated version of Psychoeducational Profile-Third Edition (PEP-3) (Schopler et al.,  
267 2005; Yu et al., 2019). PEP-3 is a standardised assessment with a referenced norm for  
268 children with ASD between the ages of 2 and 7.5 years. There are ten subtests in  
269 PEP-3, including cognitive verbal/preverbal, expressive language (EL), receptive  
270 language (RL), fine motor, gross motor, visual-motor imitation, affective expression  
271 (AE), social reciprocity (SR), characteristic motor behaviour (CMB), and  
272 characteristic verbal behaviour (CVB). The rating scale of each test item is from 0 to  
273 2: that is, "passing" (2 points), "emerging" (1 point), and "failing" (0 points). PEP-3  
274 also provides a score transformation system, in which the scores for all test items are  
275 converted into developmental ages based on a TD norm. The scores of PEP-3 subtests  
276 in children with ASD are shown in Appendix A. Their developmental age of language

277 ability ranging from 1.13 to 4.58 years (mean age = 2.21, SD = 0.76) was obtained  
 278 from the mean of the subtests of EL and RL in the PEP-3. The score of maladaptive  
 279 behaviour, obtained from the subtests of AE, SR, CMB, and CVB in PEP-3, was  
 280 regarded as an indicator of social impairment in children with ASD. Table 1 lists the  
 281 demographic information of ASD and TD groups.

282 Table 1. Demographic information of children with ASD and TD children.

	<i>n</i>	Chronological age (year)		Developmental age of language (year)	
		Mean (SD)	Range	Mean (SD)	Range
ASD	27	4.76 (1.01)	3.33-7.00	2.21 (0.78)	1.13-4.58
TD	30	4.52 (0.90)	3.33-7.00	N/A	

283 *Note.* *n* = number of participants, ASD = Autism Spectrum Disorder, TD = typically  
 284 developing, N/A = not applicable.

### 285 ***Materials and procedures***

286 Sixteen Mandarin consonant-vowel syllables carrying high-level tone were chosen  
 287 and shown here in Pinyin and the corresponding International Phonetic Alphabet: bū  
 288 [pu], pū [p<sup>h</sup>u], bō [po], pō [p<sup>h</sup>o], dē [tɤ], tē [t<sup>h</sup>ɤ], gā [ka], kā [k<sup>h</sup>a], jī [tei], qī [tɕ<sup>h</sup>i], jū  
 289 [tɕy], qū [tɕ<sup>h</sup>y], zī [tsɿ], cī [ts<sup>h</sup>ɿ], zhī [tʂɿ], chī [tʂ<sup>h</sup>ɿ]. These syllables included six pairs  
 290 of voiceless aspirated and unaspirated consonants and eight monophthongs with  
 291 reference to Zhu and Dodd (2000). As previous studies reported that the high-level  
 292 tone was the earliest acquired tone for native Mandarin-speaking children (Li &

293 Thompson, 1977; Li & To, 2017; Zhu, 2002), we chose syllables with the high-level  
294 tone to reduce the difficulty of tasks. Also, controlling the tone of each syllable was to  
295 reduce the impact of the tone-context effect. To avoid causing fatigue in children with  
296 ASD, we had to shorten the duration of the whole experiment and used these 16  
297 Mandarin syllables as materials in this experiment.

298         The 16 Mandarin syllables were firstly pre-recorded by a female language  
299 teacher aged 27 years from Northern China using Praat (Boersma & Weenink, 2020)  
300 with a 44 100 Hz sampling rate and 16-bit resolution. The language teacher taught  
301 Mandarin, and had reached the category A of level 2 in the Putonghua Proficiency  
302 Test. Those who have reached this level generally have the standard pronunciation of  
303 Mandarin speech. Both ASD and TD children were asked to stay in a quiet aural  
304 rehabilitation room (a soundproof booth) with parents and listen to computer  
305 playbacks of pre-recorded audio files. Only auditory information was given to the  
306 participants to avoid giving visual information for imitation. This could avoid children  
307 imitating the movements of the speaker's articulators, such as the movement of lips.  
308 All children were instructed to imitate (similar to "emulate" in Edwards (2014)) the  
309 speech sound twice after hearing the pre-recorded sound. The sounds produced by  
310 children were recorded using an external microphone (SHURE MV51) connected to a  
311 laptop with Praat (44 100 Hz sampling rate, 16-bit resolution). The microphone was  
312 fixed around 10 cm away from the children's mouth.

313 *Data analysis*

314 Although the experiment was conducted in a quiet room, there was irrelevant noise  
315 from children and parents on-site during the recording. We excluded productions with  
316 irrelevant environmental noise that were impossible to extract acoustic information  
317 from speech sounds. If one of the two productions per syllable had irrelevant  
318 environmental noise, the other clear production without noise was used for further  
319 analysis. The exclusive criterion was only environmental noise. If both productions  
320 were clear, we chose the first production to conduct further analysis.

321 We recruited five Mandarin-speaking raters from Northern China (26-29 years  
322 old, three males), who majored in linguistics with a Master's degree for  
323 auditory-perceptual scoring. All raters had normal hearing according to self-reports  
324 and were familiar with the scoring and disordered speech. The raters independently  
325 assessed the children's production of monophthongs and aspirated/unaspirated  
326 consonants separately. As we mentioned in the introduction, a binary scale (correct or  
327 incorrect) may not be fine-grained enough and a 5-point scale has been supported in  
328 some previous studies (e.g., Chen et al., 2019; Strand et al., 2014). Therefore, we used  
329 a five-point scale from completely accurate (five points) to completely inaccurate  
330 (one point). Recordings of ASD and TD children were randomly presented to the  
331 raters, and they were blinded to the child's group to prevent bias. Inter-rater reliability  
332 was assessed by the intra-class correlation coefficient (ICC, Koo & Li, 2016). The  
333 two-way random-effects model, absolute-agreement, and the mean-rating ( $k = 5$ ) were  
334 used to assess the rating reliability across the five raters. There was a good to



335 excellent agreement for monophthong scoring ( $ICC = 0.884, p < 0.001$ ) and  
336 consonant scoring ( $ICC = 0.908, p < 0.001$ ). No intra-rater reliability was measured in  
337 this study. Pearson correlation analysis was conducted to explore the relationship  
338 between the production scores and chronological age/developmental age of  
339 language/social impairment in the ASD group.

340 For quantitative acoustic analysis of aspirated/unaspirated consonants, VOT in  
341 milliseconds from the release of sound (i.e., the onset of burst) to the onset of vocal  
342 fold vibration (i.e., the beginning point of periodicity) was extracted manually in Praat  
343 (Abramson & Whalen, 2017). VOT is a widely used acoustic indicator of aspirated  
344 and unaspirated consonants (Chao & Chen, 2008; Lisker & Abramson, 1964).  
345 Aspirated consonants tend to show longer VOTs than unaspirated ones in Mandarin.  
346 For acoustic analysis of monophthongs, the measurement of frequencies of the first  
347 and second formants (F1, F2) was defined as the articulatory-referenced locations  
348 based on the stability of formant patterns in Praat (Kent & Vorperian, 2018). F1 has  
349 been demonstrated to be inversely correlated with tongue height (i.e. the higher the F1  
350 frequency, the lower the tongue height), and F2 is associated with tongue backness  
351 and lip rounding in previous research (i.e. the higher the F2 frequency, the more front  
352 the tongue position and the less rounded the lip) (Delattre, 1951; Lee et al., 2016).  
353 Formant values in Hertz were converted to the Bark scale using the formula in  
354 Zwicker and Terhardt (1980). The Bark scale is a psychoacoustical scale to map  
355 acoustic features to auditory perceptual representation. The purpose of this

356 transformation is to reduce the influence of physiological and anatomical  
357 inter-speaker differences and maintain the separation of vowel categories (e.g., Flynn,  
358 2011). This method was widely used in previous studies on the measurement of vowel  
359 space (e.g., Most et al., 2000; Neumeier et al., 2010). Vowel space size was defined  
360 as a triangle area determined by three corner vowels (i.e. /i, a, u/) and calculated by  
361 the formula (1) proposed by Liu et al. (2009), where F1i represented the F1 of /i/, F2a  
362 represented the F2 of /a/ and so on. Because the age range of participants in this study  
363 was wide, which may lead to some individual differences in the size of vocal tracts,  
364 we further conducted 1:1 gender- and age-matching to compare the vowel space of  
365 TD children and those with ASD with 15 participants in each group.

$$\begin{aligned} 366 \text{ Vowel space size} = & \text{Absolute value } \{[F1i \times (F2a - F2u) + F1a \times (F2u - F2i) + F1u \times \\ 367 & (F2i - F2a)]/2\} \end{aligned} \quad (1)$$

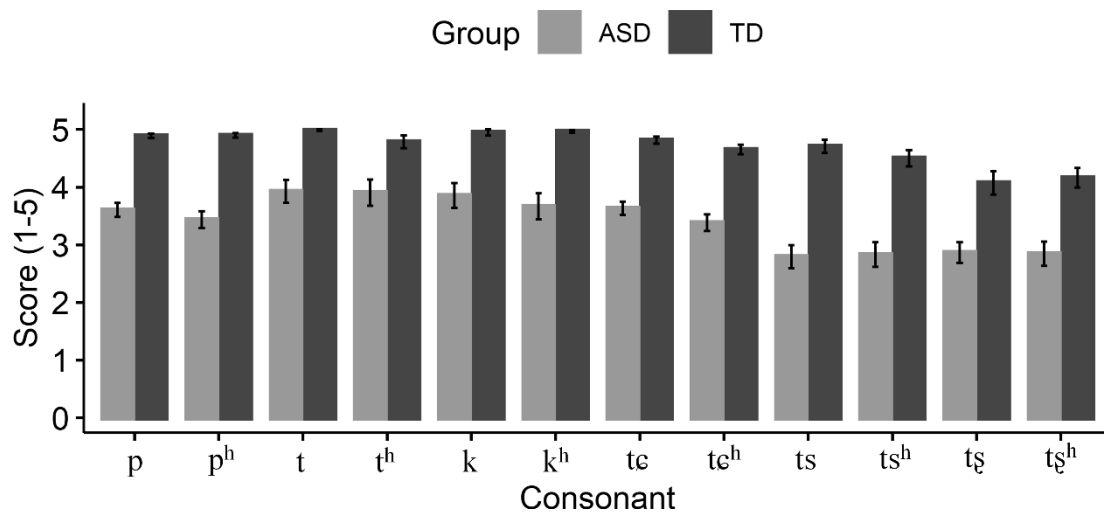
368         Given the potential context effect of different consonants and monophthongs  
369 and individual differences across subjects, linear mixed-effect models (LMMs) in R  
370 (R Core Team, 2019) were adopted. To examine whether Mandarin-speaking children  
371 with ASD showed difficulty in producing aspirated/unaspirated consonants and  
372 monophthongs, the production scores were compared in TD children and children  
373 with ASD. To figure out the production patterns of children with ASD, VOT of  
374 aspirated/unaspirated consonants and the vowel space of monophthongs were  
375 compared between the two groups. The packages of lme4 (Bates et al., 2015) and  
376 lmerTest (Kuznetsova et al., 2017) were used to create the LMMs. There were four

377 LMMs in total. Bonferroni correction was used to conduct multiple comparisons.

## 378 Results

### 379 *Production score of aspirated/unaspirated consonants*

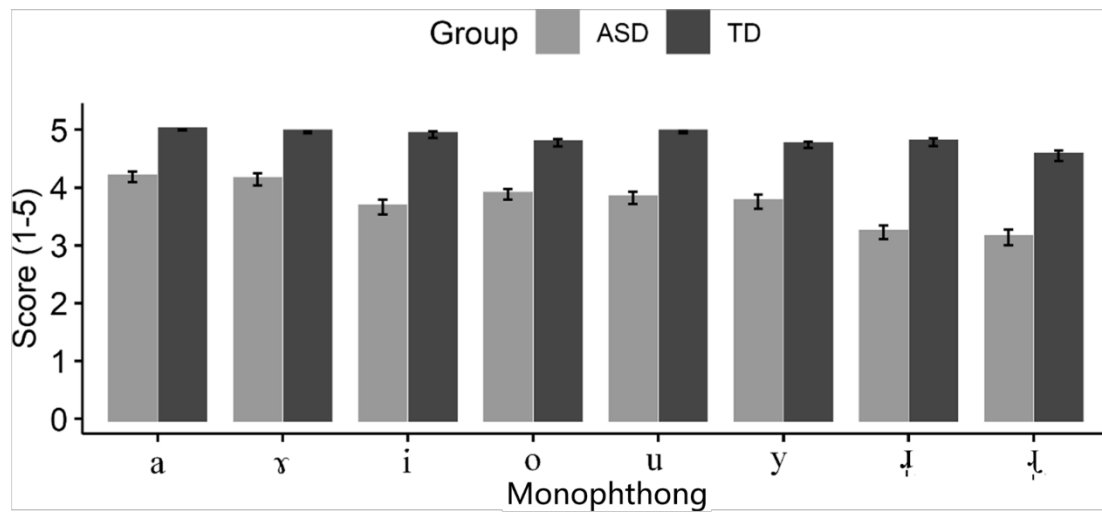
380 The scores for consonants in ASD and TD groups are shown in Figure 1. We used an  
381 LMM to describe the scores of consonants averaged across the raters as a function of  
382 *group* (ASD versus TD). The model included a fixed factor of *group*. In addition, it  
383 included random factors for *subject* and *syllable*. The mean score of consonants was  
384 3.425 in the ASD group and 4.726 in the TD group ( $\beta = 1.303$ ,  $SE = 0.147$ ). This  
385 difference was estimated to be reliable ( $\chi^2 = 49.36$ ,  $p < 0.0001$ ), indicating an  
386 impaired production of aspirated/unaspirated consonants in children with ASD.



387

388 **Figure 1.** Scores for Mandarin aspirated/unaspirated consonants in ASD and TD  
389 groups. *Note.* Error bars = +/- 1 standard error, ASD = Autism Spectrum Disorder,  
390 TD = typically developing.*Production score of monophthongs*

391 The scores for eight Mandarin monophthongs in ASD and TD children are shown in  
392 Figure 2. An LMM was created to describe the scores of monophthongs averaged  
393 across the raters as a function of *group* (ASD versus TD). The model included a fixed  
394 factor of *group*, and random factors of *subject* and *syllable*. The mean score for  
395 monophthongs was 3.724 in the ASD group and 4.833 in the TD group ( $\beta = 1.110$ ,  $SE$   
396  $= 0.110$ ). This difference was significant ( $\chi^2 = 58.34$ ,  $p < 0.0001$ ), revealing an  
397 impaired monophthong production in children with ASD.



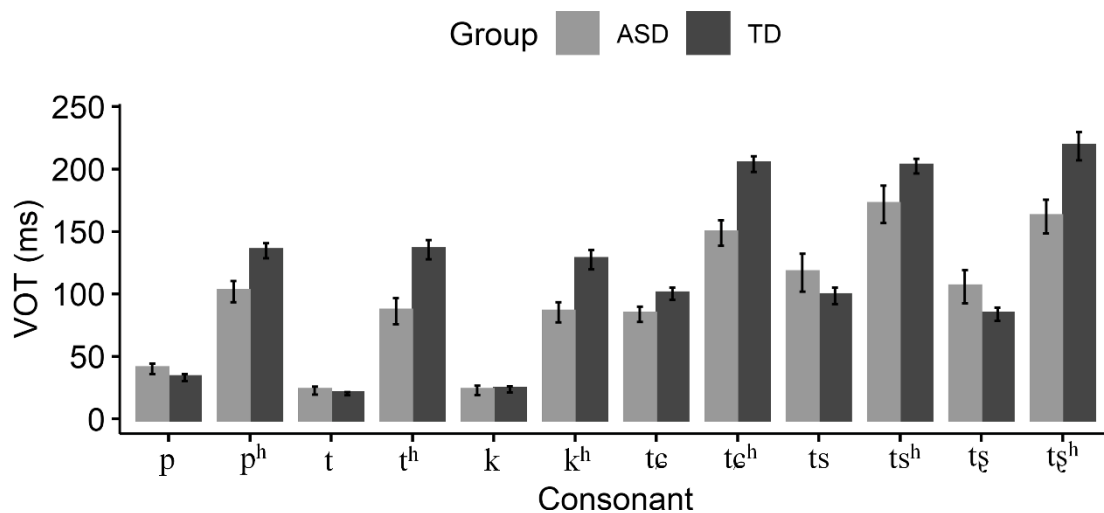
398

399 **Figure 2.** Scores for Mandarin monophthongs in ASD and TD groups. *Note.* Error  
400 bars = +/- 1 standard error, ASD = Autism Spectrum Disorder, TD = typically  
401 developing.

#### 402 ***Correlation analysis***

403 There was a significant positive correlation between developmental age of language  
404 and consonant score ( $r = 0.453$ ,  $p = 0.018$ ). This indicated that the production of  
405 aspirated/unaspirated consonants was better with an increased developmental age of

406 language in children with ASD. However, no significant correlation was observed  
 407 between chronological age and consonant score ( $r = -0.321, p = 0.102$ ), suggesting  
 408 that their production of aspirated/unaspirated consonants may not necessarily improve  
 409 with chronological age. There was no significant correlation between social  
 410 impairment (mean = 35.87, SD = 11.47) and consonant score ( $r = 0.179, p = 0.371$ ) in  
 411 children with ASD.



412  
 413 **Figure 3.** VOT of Mandarin aspirated/unaspirated consonants in ASD and TD groups.  
 414 *Note.* Error bars = +/- 1 standard error, VOT = voice onset time, ASD = Autism  
 415 Spectrum Disorder, TD = typically developing.

416 Similarly, a significant positive correlation between monophthong score and  
 417 developmental age of language ( $r = 0.568, p = 0.002$ ) was found in children with ASD.  
 418 This demonstrated that the production of monophthong improved with increased  
 419 developmental age. However, there was no significant correlation between  
 420 chronological age and monophthong score ( $r = -0.363, p = 0.063$ ) in the ASD group.  
 421 This revealed that the production of monophthongs in children with ASD may not

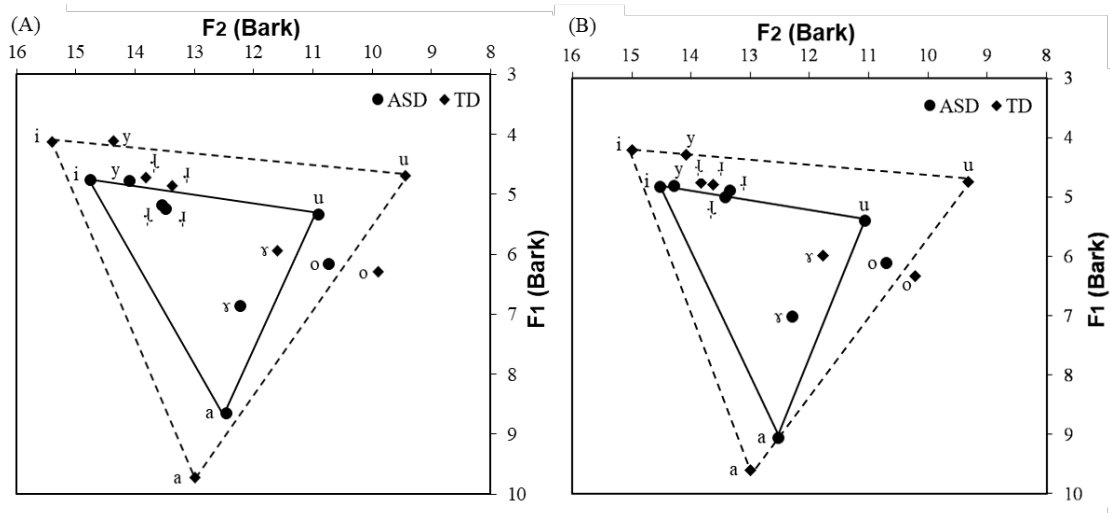
422 necessarily improve with increased chronological age. No significant correlation was  
423 detected between social impairment and monophthong score ( $r = 0.295, p = 0.135$ ) in  
424 children with ASD.

#### 425 ***Production patterns of aspirated/unaspirated consonants***

426 Figure 3 shows the VOT of aspirated/unaspirated consonants in ASD and TD groups.  
427 We created an LMM to describe the VOT of consonants as a function of *group* (ASD  
428 versus TD), and *aspiration* (aspirated versus unaspirated). It consisted of fixed factors  
429 of *group*, *aspiration*, and the *group*  $\times$  *aspiration* interaction, and random factors of  
430 *subject* and *syllable*. The mean VOT for aspirated consonants in the ASD group was  
431 125.559 ms, and that in the TD group was 170.443 ms. The mean VOT for  
432 unaspirated consonants in the ASD group was 65.753 ms, and that in the TD group  
433 was 61.911 ms. We observed a significant interaction effect between *group* and  
434 *aspiration* ( $\chi^2 = 68.01, p < 0.0001$ ). For both groups, VOT for unaspirated consonants  
435 was significantly shorter than that for aspirated ones (for the ASD group:  $\beta = 60.85,$   
436  $SE = 18.97, t = 3.208, p = 0.028$ ; for the TD group:  $\beta = 108.60, SE = 18.90, t = 5.747,$   
437  $p = 0.0001$ ). The difference in VOT of unaspirated consonants was not significant  
438 between the two groups ( $\beta = 2.62, SE = 7.26, t = 0.361, p = 1.000$ ). However, children  
439 with ASD produced shorter VOT for aspirated consonants than TD children ( $\beta =$   
440  $-45.13, SE = 7.25, t = -6.229, p < 0.0001$ ).

#### 441 ***Production patterns of monophthongs***

442 Figure 4 (A) shows acoustic vowel space measured by F1 and F2 in the Bark scale  
 443 across ASD (solid line) and TD children (dashed line). Figure 4 (B) presents the  
 444 vowel space of 1:1 gender- and age-matched TD children and those with ASD with 15  
 445 participants in each group. The vowel space was described in the LMM as a function  
 446 of *group* (ASD versus TD). The model consisted of a fixed factor of *group*, and a  
 447 random factor of *subject*. The mean vowel space was 7.18 in the ASD group and  
 448 15.76 in the TD group ( $\beta = 8.581, SE = 1.620$ ). The difference was estimated to be  
 449 significant ( $F = 28.07, p < 0.0001$ ). The results showed a significantly reduced vowel  
 450 space in children with ASD. After 1:1 gender- and age-matching, we still found the  
 451 pattern that each child with ASD (mean = 6.31) consistently showed a narrower vowel  
 452 space than the age-matched TD child (mean = 14.14). The difference was also  
 453 significant between the two groups ( $F = 15.26, p = 0.001$ ). The similar patterns  
 454 between the whole group comparison (i.e., 27 ASD vs. 30 TD) and the 1:1 gender-  
 455 and age-matching comparison (i.e., 15 ASD vs. 15 TD) (also see Figures 4 (A) and  
 456 (B)) indicated the robustness of such finding.



457

458 **Figure 4.** (A) F1 and F2 in the Bark scale of Mandarin monophthongs among ASD  
459 and TD groups. (B) Vowel space of 1:1 gender- and age-matched TD children and  
460 those with ASD with 15 participants in each group. *Note.* F1 = the first formant, F2 =  
461 the second formant, ASD = Autism Spectrum Disorder, TD = typically developing.

## 462 **Discussion**

463 This study intended to investigate the production of Mandarin aspirated/unaspirated  
464 consonants and monophthongs among native young children with ASD. The  
465 auditory-perceptual scoring results suggested that Mandarin-speaking young children  
466 with ASD exhibited a significantly impaired production of aspirated/unaspirated  
467 consonants and monophthongs. Besides, the production of monophthongs and  
468 aspirated/unaspirated consonants in children with ASD was found to be better with  
469 increased developmental age. However, no evidence showed that their production  
470 performance improved with increased chronological age or different degrees of social  
471 impairment. Furthermore, the quantitative acoustic analysis indicated that children  
472 with ASD produced a shorter VOT for aspirated consonants and a reduced vowel  
473 space for monophthongs, in comparison to age-matched TD children.

### 474 *Impaired production of aspirated/unaspirated consonants and monophthongs in* 475 *children with ASD*

476 In our study, TD children have obtained auditory-perceptual scores close to the ceiling  
477 (five points), with the exception of the two retroflex affricates [tʂ] and [tʂ<sup>h</sup>] (close to



478 four points) which were reported to be challenging even for TD children at six or  
479 seven years of age (Li & To, 2017). Compared to TD children, the  
480 chronological-age-matched children with ASD showed significantly lower scores for  
481 Mandarin aspirated/unaspirated consonants and monophthongs. This indicated an  
482 impaired production of aspirated/unaspirated consonants and monophthongs among  
483 Mandarin-speaking children with ASD, which is consistent with the findings in  
484 previous literature (Wolk & Brennan, 2013; Experiment 1 in Wu et al., 2020).

485         Additionally, the production performance was better with increased  
486 developmental age of language in children with ASD, consistent with the results in  
487 Wolk and Brennan (2013) and Wu et al. (2020). And we did not observe any  
488 significant correlations between chronological age and production scores. The two  
489 findings implied that their speech sound production may not necessarily improve with  
490 chronological age. Thus, the language assessment is necessary, and early interventions  
491 should be taken to improve their speech sound production.

492 *Production patterns of consonant aspiration and monophthongs in children with*  
493 *ASD*

494 We observed several production patterns in Mandarin-speaking children with ASD via  
495 the quantitative acoustic analysis. VOT for aspirated consonants in children with ASD  
496 was shorter than TD ones. Besides, there was a reduced vowel space in children with  
497 ASD, which was consistent with Chenausky et al. (2021).

498 For the unaspirated consonants, no significant difference in VOT was found  
499 between the ASD and TD groups in the acoustic analysis, while the  
500 auditory-perceptual analysis showed a significant difference in production scores  
501 between the two groups. It is noteworthy that the formant transition (reflecting the  
502 rapid changes of the vocal tract after the release of consonants) plays an important  
503 role in consonant perception (e.g., Walley & Carrell, 1983). In both  
504 auditory-perceptual and acoustic analyses, children with ASD underperformed in the  
505 production of monophthongs. Although raters were asked to assess the consonants  
506 without considering the following monophthongs, the formant transition accompanied  
507 by the following monophthongs might still affect raters' auditory-perceptual scoring.  
508 However, the acoustic analysis of VOT was not affected by the formant transition at  
509 all. Therefore, it is reasonable that the two analyses showed asymmetrical results.

510 Although the correlation results between production performance and social  
511 impairment in this study showed no evidence for the mechanisms underlying the  
512 difficulties of aspiration production in children with ASD, previous research indeed  
513 proposed several possible reasons. Firstly, previous studies reported that the  
514 impairment of social interaction in children with ASD impedes their development of  
515 speech production. It is well-documented that social interaction plays an important  
516 role in children's language development (Kuhl, 2000). Via social interaction, children  
517 could learn how to communicate with others in an intelligible and appropriate way.  
518 They may realise their speech errors and correct these errors to produce typical-like

519 speech sounds approaching their social partners during social interactions (McKeever  
520 et al., 2019). The speech attunement framework proposes that children need to engage  
521 in the ambient environment and to develop speech production to support intelligible  
522 and socially appropriate communication (Shriberg et al., 2011). However, the  
523 impairment of social interaction is an evident characteristic of children with ASD.  
524 Their development of speech production cannot be efficiently benefited from social  
525 interactions like TD ones, and their impaired speech production further hinders social  
526 interactions. The speech attunement framework posits that the challenges of social  
527 interaction may affect their abilities to monitor and correct speech errors, and thus  
528 they cannot develop appropriate speech production. Since we used the imitation task  
529 in this study, the data we collected may not fully reflect children's speech  
530 communication in real life. Therefore, no significant correlation between production  
531 score and social impairment was observed. Secondly, Pang et al. (2016) using  
532 magnetoencephalography found an abnormal latency and activation in the primary  
533 motor cortex, motor planning and executive control areas, and temporal sequencing  
534 and sensorimotor integration areas in children with ASD. Consonant aspiration  
535 requires speakers to coordinate the articulator movements to realise a burst of airflow  
536 and an immediate onset of phonation (Wong et al., 2020). Thus, the deficits of speech  
537 motor planning skills in children with ASD may degrade their performances on  
538 sequencing the articulatory movements that are necessary for the aspirated sounds.  
539 Thirdly, the perceptual deficit in children with ASD (Huang et al., 2018, Wang et al.,  
540 2017; You et al., 2017; Yu et al., 2015) may also limit their ability to perceive others'

541 speech and adjust their speech production to ensure an intelligible and appropriate  
542 speech production.

### 543 *Clinical implications*

544 We found that speech sound production in children with ASD may not necessarily  
545 improve with chronological age. Thus, we suggested that early intervention is  
546 necessary. Our study also uncovered some production patterns of children with ASD,  
547 providing direct references for the clinical intervention of speech sound production.  
548 Children with ASD were found to produce aspirated consonants with shorter VOT.  
549 Thus, intervention focusing on lengthening VOT of aspirated consonants may be  
550 helpful to children with ASD. Chen et al. (2019) designed a 3-D virtual pronunciation  
551 tutor with visible articulatory movements and airflow changes for Mandarin-speaking  
552 children with ASD. Aspirated consonants were accompanied by longer and larger  
553 airflow in the 3-D virtual tutor and the eye-tracking evidence showed that children  
554 with ASD exhibited more interests in the 3-D virtual tutor than real human face and  
555 indeed paid attention to the aspirated airflow of the 3-D virtual tutor. That was proved  
556 to be helpful to improve their consonant production ability.

557 Besides, we also found a reduced vowel space in children with ASD. Previous  
558 studies have provided evidence for the facilitative effect of larger vowel space on the  
559 development of speech discrimination skills and spoken word recognition in children  
560 (Liu et al., 2003; Song et al., 2010). Chen et al. (2021) also reported that children  
561 showed increased cortical response to formant-exaggerated stimuli. Therefore, input

562 with formant exaggeration may facilitate monophthong production in children with  
563 ASD. The infant-directed speech is often produced with expanded vowel space (Chen  
564 et al., 2021). In clinical intervention, clinicians could use infant-directed speech so  
565 that children with ASD could receive the input with formant exaggeration. Besides,  
566 the vowels with formant exaggeration could be generated by a formant synthesizer  
567 (e.g., Klatt-type formant synthesizer in Hanson and Stevens (2002)), and presented to  
568 children with ASD by computer-assisted language training.

### 569 *Limitations and future direction*

570 This study presented impaired production of aspirated/unaspirated consonants and  
571 monophthongs and their production patterns in Mandarin-speaking children with ASD.  
572 However, the findings could not be directly generalised to complex syllables.  
573 Previous studies reported that the stimulus characteristics of syllables could influence  
574 children's performance (Hodges et al., 2017), and clinical judgements of children's  
575 speech production may also be benefited from tests with di- or polysyllabic words  
576 (James et al., 2016). Thus, more complex testing syllables should be included in  
577 future research. Considering the difficulty of collecting speech production in  
578 minimally verbal children, we used the imitation task which may overestimate their  
579 production abilities. Besides, to exclude the interruption of environmental noise in  
580 tokens to the quantitative acoustic analysis, we only analysed one token per syllable  
581 of each child. The data set may not be large enough to powerfully reflect their  
582 production abilities.

583 In addition, a further longitudinal study may provide more solid data for the  
584 correlation between chronological age and language development. Besides, TD  
585 children's language abilities should also be assessed in the future to make a detailed  
586 comparison with children with ASD. Without cross-language investigation, our  
587 findings only focused on Mandarin-speaking children with ASD and could not be  
588 directly generalised to other native language speakers.

589 Furthermore, this study could not figure out the causal relationship between  
590 specific deficits (e.g., motor control deficit, or perceptual deficit) and the impairment  
591 of speech sound production. More attention should be paid to uncovering the specific  
592 deficits underlying the difficulty of speech sound production in children with ASD.  
593 Based on this, targeted intervention would be expected to improve their speech sound  
594 production.

## 595 **Conclusions**

596 The findings of this study indicated an impaired production of aspirated/unaspirated  
597 consonants and monophthongs in children with ASD, in comparison to  
598 chronological-age-matched TD children. Importantly, the quantitative acoustic  
599 analysis further demonstrated that Mandarin-speaking children with ASD showed  
600 shorter VOT for aspirated consonants and narrower vowel space. Specific  
601 interventions focusing on these production patterns need to be explored to improve  
602 their speech sound production in future research.

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609 **Disclosure of interest**

610 The authors declare no conflict of interest.

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857 **Appendix A.** Chronological age and standard scores of PEP-3 subtests of each child  
 858 with ASD.

Subject	Age	Communication			Motor			Maladaptive behaviour			
		CVP	EL	RL	FM	GM	VMI	AE	SR	CMB	CVB
1	4.08	12	15	13	10	7	8	12	11	12	6
2	4.67	13	15	14	13	13	13	12	12	13	13
3	7.00	7	6	7	9	11	8	10	8	10	4
4	5.17	11	13	12	12	13	12	11	11	14	9
5	4.17	9	8	9	10	11	12	10	13	11	4
6	4.92	3	12	12	1	1	3	5	5	1	3
7	6.00	7	7	7	5	2	6	7	7	8	7
8	4.50	3	13	13	1	1	3	5	5	1	3
9	3.67	13	15	15	12	12	11	12	13	14	10
10	5.00	9	10	11	9	8	10	9	10	9	7
11	3.33	15	14	14	12	12	13	13	13	14	7
12	3.33	9	11	11	9	8	11	10	10	9	7
13	4.25	15	15	15	13	12	12	12	14	15	12
14	4.75	9	11	11	8	9	11	9	9	10	6
15	4.00	9	10	9	6	6	9	10	8	11	5
16	4.50	11	13	13	12	14	11	12	11	14	12
17	5.00	12	11	13	12	12	11	12	10	11	10
18	4.85	10	10	12	8	10	11	10	11	12	5
19	4.13	5	7	8	5	6	6	10	7	9	5
20	3.56	9	11	11	8	9	11	10	9	10	6
21	6.38	3	5	4	1	1	2	4	4	1	3
22	5.77	6	6	8	10	9	5	7	9	6	3
23	5.33	8	10	10	11	12	9	12	12	9	8

24	6.58	8	8	9	11	9	11	10	10	9	4
25	3.53	8	9	11	7	5	12	7	6	5	5
26	5.96	11	11	11	11	13	12	13	13	13	10
27	4.10	6	7	8	5	2	9	5	5	2	3
Mean	4.76	8.93	10.78	10.96	8.57	8.65	9.04	9.74	9.65	9.74	6.74
(SD)	(1.01)	(3.33)	(3.13)	(2.84)	(3.79)	(4.12)	(3.34)	(2.54)	(2.76)	(4.13)	(3.05)
Range	3.33-7	3-15	5-15	4-15	1-13	1-14	2-13	4-13	4-14	1-15	3-13

859 *Note.* ASD = Autism Spectrum Disorder, PEP-3 = Psychoeducational Profile-Third  
860 Edition, CVP = cognitive verbal/preverbal, EL = expressive language, RL = receptive  
861 language, FM = fine motor, GM = gross motor, VMI = visual-motor imitation, AE =  
862 affective expression, SR = social reciprocity, CMB = characteristic motor behaviour,  
863 CVB = characteristic verbal behaviour.

864 **Appendix B.** Chronological age of each typically developing child.

Subject	Age	Subject	Age	Subject	Age
1	3.42	11	4.25	21	5.67
2	3.42	12	3.92	22	4.17
3	3.92	13	4.00	23	3.83
4	4.00	14	5.92	24	4.50
5	4.25	15	5.92	25	4.00
6	4.25	16	4.00	26	3.92
7	5.33	17	5.50	27	4.00
8	5.67	18	5.50	28	4.17
9	5.33	19	3.33	29	4.25
10	7.00	20	4.17	30	3.92