CHAPTER II

LITERATURE REVIEW

This chapter explains several important theories related to the research. They are language disorder, expressive language disorder, receptive language disorder, mixed receptive-expressive language disorder, treatments, autism, characteristics of autism, language of autism, child language development, and previous studies which is relevant to this study.

2.1 Theoretical Bases

2.1.1 Language Disorder

To communicate with other people, of course there is a process of sending the idea and though verbally through words and sentence or nonverbally through facial expression or body language. Those processes are going so well if they are experienced by a normal person. Yet, it will be difficult for those who have deficit of brain function whether to produce or respond the language. This deficit is commonly known as language disorder. To get clear understanding what language disorder is, there are some descriptions from some experts about language disorder.

Language disorders, known as aphasias, are presumed to have as their cause some form of damage to some specific site in the hemisphere where language is located. The damage causes problems in spontaneous speech, as well as in the understanding of speech and writing (Steinberg, 1993: 186). The child

with receptive aphasia cannot understand written or spoken language, but the child with expressive aphasia can understand, but cannot use meaningful language. Karlin thought that many children showed a combination of both (Illingworth, 1971: 231).

Language disorder in children shows large variation. Children speak their first words between 9-18 months (Goorhuis-Brouwer & Schaerlaekens, 1994). By the age of 2 most children have at least 50 words of vocabulary and produce 2-3 word combinations (Rescorla, 1989). Language can be delayed, impaired, or a combination of the two. Delayed or disordered language development implies that the development of language comprehension and language production run more slowly as compared to children of the same age.

American Speech-Language-Hearing Association, the professional organization for speech-language pathologists, (cited in Owens, 2003, 4) defines language disorder as the impairment of comprehension and/or use of spoken, written and/or other symbol systems. Then, ASHA states that the disorder may involve (1) the form of language, which involve phonology (the sound system of a language and roles of how the sounds are combined), morphology (structure of words and how the words forms are constructed), and syntax (the order and combination of words to form sentences), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

Resuming the previous explanation, it can be concluded that language disorder is the impairment or the loss of language abilities to understand and use

the language to communicate because of having some problems including form, content, and function of language. Language disorder covers two types of basic problems. Those are receptive language disorder and expressive language disorder. In few cases, there is also mixed expressive-receptive language disorder that occurs in our society. Therefore, to get deeper explanation about what types of language disorder are, it will be explained as follows.

2.1.1.1 Types of Language Disorder

Language disorders are categorized as either receptive or expressive. A person with receptive language disorder has difficulty understanding language. A person with expressive language disorder has difficulty using language. Besides, Field (2003: 93) argues the problems of language disorder may be receptive (impaired language comprehension), expressive (language production), or combination of both.

2.1.1.1.2 Expressive language disorder

The first type of language disorder is expressive language disorder. It refers to the difficulties of using the language which is often a component in developmental language delay.

According to American Psychiatric Association (1994: 55), expressive language disorder is characterized by linguistic features include a limited amount of speech, week of vocabulary skill, word finding difficulties, vocabulary errors,

shortened sentences, grammatical errors, limited varieties of sentence types (e.g., imperative, questions), difficulty expressing ideas and slow rate of language development.

In short, by the previous explanation, it can be concluded that people with expressive language disorder has difficulty in expressing language to others, since they are unable to produce like what normal people can do and do not talk much.

2.1.1.1.2 Receptive Language Disorder

The second type of language disorder is receptive language disorder. In the contrary with expressive language disorder, receptive language disorder affects the difficulties to understand and comprehend what is being said or read. Students Support Services (2000: 1) characterizes this disorder as having difficulties understanding language. The difficulty may be in the word level or sentence level. The child also has poor listening skills, difficulty following directions, difficulty understanding word with multiple meaning or figurative language.

Further, Better Health Channel (2015: 1) argues that receptive language disorder is often associated with development disorder such as autism. There is no standard set of symptoms that indicates receptive language disorder since it varies from one child to another. However, the symptom may include; not seeming to listen when they are spoken to, lack of interest when the story books are read to them, inability to understand complicated sentence, inability to follow the verbal instructions, parroting words (echolalia).

Based on the explanation above, it can be concluded that receptive language disorder refers to the difficulties of understanding and comprehending the sentences or utterances that someone says or reads to them.

2.1.1.1.3 Mixed Receptive-Expressive Language Disorder

Some people have symptoms of both receptive and expressive language disorder, well known as mixed Receptive-Expressive Disorder as the last of types. Looking at the phrase used, it may be analyzed that mixed receptive-expressive language disorder is a combination of both receptive and expressive which suffered altogether by a person. This statement is strengthened by APA (1994: 58) that an individual with Mixed Receptive-Expressive Disorder has the difficulties associated with expressive language disorder (e.g., limited vocabulary, errors in tense, and difficult to produce complex sentence) and also in receptive language development (e.g., difficulty understanding words, sentences, or specific types of words).

Mixed receptive-expressive language disorder (Tots, 2004, cited in Purwaningsih, 2011, 14) identifies developmental delays and difficulties in the ability to understand spoken language and produce speech. A person who has mixed receptive-expressive language disorder will not only have the inability to understand and/or use words in context both verbally and nonverbally, but also have inability to express ideas, inappropriate grammatical pattern, and inability to follow directions.

Briefly, mixed receptive-expressive language disorder is a combination of the difficulties either in understanding the language or producing the language that is said to them. They may also have problems in both understanding and speaking words or sentences. This deficit can be overcome to help the autistic people by some treatments. It can help the sufferer to be able to communicate with others although the deficit is not totally recovered. The following subtopic explains more the treatments for autistic sufferer.

2.1.2 Treatments

Every problem must be a way. It becomes the problem when parents have children who suffer disturbance in their brain that affect language disorder and difficult in communicating such as autism. According to Medical Dictionary, treatment can be defined as the management and care of patient and the combating of a disease or disorder, called also therapy. Some treatments may be not only done by the therapist but also the family. Many treatments can be given by the parents to help their children improve their language and social communication, such as speech-language therapy, verbal behavioral therapy, and animal-assisted therapy.

Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic, intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies,

or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing, and those that impair comprehension or spoken, written, or other symbol system used for communication. (MassHealth, 2005: 1)

Speech and language therapist asses people with communication difficulties and help people to overcome and/or adapt to arrange of communication problems. The technique which the speech and language therapist uses to help someone's communication difficulties will depend on the particular problems which they have. For example, if they have difficulty understanding the meanings of words (receptive), the sufferer may be asked to match words to pictures and judge whether words have the same meaning. If they have difficulty finding the words that want to be said, the therapy might include practicing naming pictures and repeating words your therapist says (Stroke association, 2012: 2-3).

The purpose of speech and language therapist is to increase language and communication ability especially language production by how children can express their idea in words. Besides, it also helps the sufferer to recover as much as their speech as possible and/or find alternative ways of communicating.

A family also can help the autistic child by teaching him verbal and non-verbal communication using always talking, and manipulation. In this case of always talking, the family always explains to the sufferer and shows the activity that can improve their understanding. In the manipulation method, the family or

therapist might manipulate the speech tools with other tools. In addition, playing and talking, using pictures, books, and objects can use to stimulate language development by interacting with them.

Another theory of therapy given to autism sufferer is verbal behavioral therapy. It teaches communication using the principles of Applied Behavior Analysis and the theories of behaviorist B.F Skinner. In this case, Verbal Behavior Therapy focuses on four types one of them is echoic or repeated word. It is important as the student needs to imitate to learn (autism speaks, 2014: 37).

In doing the therapies above, it can use the approach of Animal-Assisted Therapy (AAT). This therapy is firstly introduced by Boris Levinson who used pet as therapeutic work to help patients with autism by using a dog. He stated that pets give comfort to autistic child and can exert his healing influence on the child twenty-hours a day, every day of the week (Pavlides, 2008: 23). Then, Pavlides (2008: 70) also explained that AAT animals include dogs, cats, rabbits, birds, horses, and dolphin. Animals in AAT provoke attention and engagement, reinforce task completion, stimulate conversation, and social integration (ibid, 77).

Further, animal is also successful to improve socio-communicative abilities of children. Animal as communicative partners gives children a sense (Salamon, 2010:147). Although many different types of animals have been used, dogs are the most commonly used and discussed in the literature. Therapy dogs seem to be able to support the development of verbal communication skill and

care-taking practices that lead to improve understanding of personal responsibility (Turner, 2001: 22).

The explanation above can be concluded that speech and language therapy, verbal behavior therapy with the approach of Animal-Assisted therapy might give beneficial treatment to children who have neurodevelopment disorder, such as autism. Children with autism mostly have difficult to communicate with others. The following explanation will discuss autism phenomenon clearly.

2.1.3 Autism

This study investigates language disorder of autism. So, it is better to describe several autism definitions and phenomenon follows from some experts as follows.

Autism is one of disturbance groups in children. The term autism was firstly introduced by Leo Kanner in 1943. According to Kanner, autism is the disorders which are shown by the lateness of speech acquisition and the inability to use communicative speech, echolalia/ repeating the words, pronoun reversal, and impaired relationship with other people, repetitive and stereotyped play activities, and normal physical appearance (Kanner, 1943: 249-250).

Other definition of autism comes from Simmons (2006: 3) that is a neurologic disorder involving serious impairment of abilities to interact and communicate socially. Generally, people on the autism spectrum have great difficulty making friends and understanding social rules. In addition, autistic

people usually respond differently to their surroundings. Some autistic children remain mute throughout their lives. Others may be delayed, developing language as late as the teenage years. Inability to speak does mean that autistic children are not intelligent.

2.1.3.1 Characteristics of Autism

There are some criteria for children who suffer autism. They are difficulties with non-verbal communication, inappropriate facial expression, unusual use of gestures, and lack of eye contact, strange body postures, lack of mutual or shared focus of attention, odd pitch intonation, faster or slower rate than normal, unusual rhythm, monotone, repetitive, and echolalia (Teaching Student, 2000: 36).

The characteristics are strengthened based on DSM-IV. According to American Psychiatric Association in the book of Diagnostic and Statistical Manual of Mental Disorder Fourth Edition (1994: 70), there are some characteristics for autistic disorder. The first is social interaction impairment. It can be seen if the autistic have difficulty making eye contact with others, show little gestures or facial expression when interacting, failure to develop peer relationship, and seem uninterested in sharing enjoyment with other people.

The second is communication impairment. In this case, the autistic have delay in, or total lack of, the development of spoken language, have difficulty starting or continuing a conversation, have stereotyped and repetitive use of

language. The last is stereotyped or repetitive behavior, interest, and activities. The autistic boy may perform repetitive routines and have difficulty with changes in these routines.

Field (2004, 27) also stated that the condition is characterized by a withdrawal from linguistic interaction with others. The sufferer is often mute or uses language in a non-communicative way. The symptoms of autism appear between the ages of one and three, and are sometimes misdiagnosed as deafness. They include delayed cognitive and linguistic development and a reduced ability to react to people, events and objects.

In the conclusion, autism is a kind of disease that occurs in brain damage and occurs throughout the autistic life. Thus, it may disturb their language ability in producing and using the language or understanding what someone says. People with autism always avoid eye contact and do not want to interact with other people. One of the characteristics of people who suffer autism is difficult to communicate verbally and nonverbally. The next topic will give clear information about the language of autism.

2.1.3.2 Language of Autism

Language is the important aspect of human life. They use language to communicate or express what they feel to others. However, not all people are perfect. There are some people who have weakness in producing and understanding the language, they are autism sufferer.

Communication problems are often one of the first indicators of possible ASD. These may include a failure to begin gesturing, a seeming noninterest in other people, or lack of verbal responding. Poor social interaction and poor language and communication skills are extremely characteristics of children with ASD (Schuler & Prizant, 1987, cited in Owens, 2003: 44).

In the autism case, there is a combination of cognitive and social deviation. Children with autism may be only mute or they only repeat some words what they heard. All communication aspects are difficult to be reached, except phonological aspects. Phonologically, their articulation is clear enough although they often appear some errors in mentioning the object. Besides, they also suffer lower syntactic and semantic ability, because they often imitate the phrase or sentence that they heard or *echolalia* (Indah and Abdurrahman, 2008: 126-127).

Furthermore, according to O'Neill (cited in Indah, 2011: 94) there are some categorizes of language of ASD which are echolalia, pronoun, repetition, and prosody. Firstly, echolalia is parroting the word what they heard, they usually echoing other's people phrase or sentences. Secondly, people with ASD usually have difficulties in using pronoun. The following is repetition. They like create agreement by using repetition. The last is about Prosody. Their speech is always flat, monotones, and also they fail to understand what other people speak which shows by the intonation pattern.

Further, the theory about language of autism is also explained by Carroll (1985, cited in Rofi, 2011: 13). He classified language problems of autism in

communication and their language development into four types. They are phonology, syntax, semantics, and pragmatics as follow.

2.1.3.2.1 Phonological Disorder

Talking about phonology, Boucher (cited in Carrol, 1985) stated that the autistic children obviously made some kinds of phonology errors such as substitution, deletion, assimilation, and addition. Then, Frea (cited in Mesibov, Shea, and Schopler stated that the prosodic characteristics of people with ASD are flat, expressionless speech, rapid, singsong intonation, errors in stress assignment.

2.1.3.2.2 Syntactic Disorder

The next language development of autism is syntax. Gleason (1998, cited in Rofi, 2011: 15) argued that the major difficulty faced by the autistic sufferers related to their capacity in syntax is echolalia. Echolalia has been defined as the repetition by the child of something heard in the speech of others. In this theory, echolalia in autism can be divided into two. They are immediate and delayed echolalia. The autistic sufferers are in immediate echolalia when they repeat some words what the child has just heard while delayed echolalia happens when they repeat some words at the past.

Another theory of syntactic disorder comes from (Bartolucci 1980). He found that children with autism were likely to omit certain morphemes,

particularly articles (a, the), auxiliary verbs, past tense, third-person present tense, and present progressive "ing".

2.1.3.2.3 Semantic Disorder

Mesibov, Shea, and Schopler (2004: 64) also described semantic skill in children with autism as the difficulty with words that changes meaning as the classic observation of Kanner (1943). They also use unusual words and phrases, and to have difficulty understanding the meaning of what is said to them (Lord & Paul, 1997).

2.1.3.2.4 Pragmatic Disorder

Wilkinson (1998) stated that nonverbal behaviors which are peculiar in autism are eye gaze pattern and gesture. Besides, they also get difficulty in turn-taking and persistent questioning is characteristic. Children with autism are also difficult to use language in conversation to share information.

Bruner (1981, cited in Mesibov, Shea, and Schoper, 2004: 64) described three basic pragmatic function of communication: 1) behavioral regulation of others (for example, requesting something to drink or protesting being touched); 2) social interaction (such as vocalizing to get attention); and 3) joint attention (such as pointing to something or commenting about it in order to share enjoyment of it with another person).

As well as the theory of Carroll (1985) above, APA (2005, 59) also gave description that the linguistic features of the production impairment in mixed receptive-expressive language disorder are similar to those that accompany expressive language disorder. The comprehension deficit is the primary feature that differentiates this disorder from expressive language disorder. The child may appear not to hear or to be confused or not paying attention when spoken to. The child may also follow commands incorrectly, or not at all, and give inappropriate responses.

2.1.4 Child Language Development

Children who have normal life will pass the development of language and have ability to speak and understand as others. In other hand, children whose brain are dysfunction, it may cause them having difficulty in producing or understanding the language.

Children's language development has some milestones from the first babbles and words to the development of vocabulary utterances of complex sentences. As Brown's stages of language development (cited in Santrock, 1998: 331), the first stage consist of children at the age of 12-26 months. Their vocabulary consists mainly of nouns and verbs with a few adjectives and adverbs, and word order preserved. The second stages consist of children at the age of 27-30 months, they are able to use plurals, past tense, *be*, definite and no definite articles, and some propositions. At the age of 31-34 months, they are able to use yes, no question, *WH* question and negatives and imperatives. Children are

embedding one sentence within another at the age of 35-40 months. At the age of 41-46 months as the fifth stage, they can coordinate of simple sentences and propositional relations. At the age of 5 years old, children are able to use rare or complex constructions.

Language continues to obey certain principles, following the rules of phonology, morphology, syntax, semantics, and pragmatics. Berk (2000: 390) concludes language development milestones at the age of 6-10 year, children master pronouncing signaling subtle differences in meaning regarding Phonology, understand humor and grasp word meaning on the basis of definition regarding Semantics. Regarding syntax, children are able to use a few grammatical structures, such as passive voice and infinitive phrase, continue to be refined. In addition, children around 4 to 7 years, they are able to use complex sentences. Regarding pragmatics, they have advanced conversational strategies, such as shading, appear, understand illocutionary intent expands and highly demand context improves. Besides, they also use language to predict, reason, and negotiate.

Every child is different each other. In fact, the child language developments above may be passed by children differently, especially who have brain dysfunction.

2.2 Previous Studies

The writer found some previous studies on psycholinguistics dealing with autism. The first is the study of autism case which was done by Retno Dwi

Ristanti (2011) entitled *Active and Passive Sentences Produced By an Indonesian Autistic Child Aged 5 Years Old.* She tried to find out active and passive sentences produced by an Indonesian autistic child aged 5 years old. Besides, the writer also proposed to find out what kind of sentence that dominates. The writer concluded that active sentences dominated the sentence which was produced. She also explained that the autistic child often omitted the subject and object in the sentence.

The second is belonged to Zainatul Mazidah (2012) entitled *Receptive Language Disorder of the Main Character of The Boy Who Could Fly movie*. She tried to find out kinds of receptive language disorder of an autistic boy. The writer was curious to know the types of receptive language disorder. Besides, the writer also described how the situation that caused the autistic boy experienced receptive language disorder. The writer of this study concluded that the autistic character experienced absurd response, odd response, relevant but not very polite response, and marginal relevant response. These happens when he was in crowded situation, feeling worried, disturbed, under pressured.

The third is from Syahridar Fiqri Abadillah (2013) entitled *Pemerolehan Bahasa Anak Autisme Di Day Care Psikiatri Anak RSUD Dr. Soetomo Surabaya Kajian Fonologi*. He tried to describe the language phenomenon of autism sufferer. The writer described the language acquisition of phonology on consonant sounds. Besides, he also described the ways how language acquired. The writer of this study concluded that children who suffer autism have very minim language ability to speak, because they are still not able to produce well

especially on V, Z, Sy, Kh letters. But, the ability to speak shows much improvement when they learn using repetition method.

The fourth, the study comes from Catur Adi Wicaksono (2013) entitled *Pemerolehan Kalimat Pada Anak Autis Slow Learner Di SDN Klampis Ngasem I No 246 Surabaya Suatu Studi Kasus*. In this study, he was curious to find out language phenomenon on slow learner autistic child aged 13 years old namely Ivan. He not only focused on sentences but also verb, noun, and numeral. As a result, the writer concluded that the language of autistic boy was very simple, because the autistic only said in one word and two words without giving the subject.

Looking at those previous studies above, they have similarity that focus on autism phenomenon. But, they also have some differences with this study. For the first previous study, it only discussed about the kinds of sentences which were produced by the autistic child and not discussing deeper what language of autistic child looks like. For the second previous study, it may similar with this study that talked about language disorder. But, it only discussed the receptive language phenomenon without presenting how expressive language is also impaired.

For the third previous study, it discussed phonological aspect especially language acquisition of consonant letter without describing how semantic and other aspect of language looks like on autistic child. The last previous study talked about the phenomenon of language in sentence and detected what kind of language competence that able to be produced by the autistic.

For the first, third, and fourth previous studies, they are quite interesting, because the data was taken from real human, so that, it shows the real language phenomenon on people with autism. But, it is more interesting when the data is taken from the movie; because how the phenomenon of autistics children is presented allows us to know their language development and disorder around their family and society.

Seeing those previous studies, this study is more interesting and deeper, because it tries to describe how language disorder experienced by the sufferer and shows how their speech and comprehend abilities looks like. Besides, it is more interesting because the writer also describe some treatment given to the sufferer to overcome his disabilities.

The writer does not intend to take a new topic of the research, but the writer continues the previous research in the same focus, but different theory, methodology and object. The writer tries to find language disorder phenomenon in mixed expressive-receptive language disorder. In this case, the data is taken from the character of the movie, namely Kyle as the autistic child character.