

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

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.

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 assesses 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 (Pavrides, 2008: 23). Then, Pavrides (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

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

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, monotonous, 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

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

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.