CHAPTER II

LITERATURE REVIEW

This chapter reviews several theories related with the research and can support the analysis. Psycholinguistics and language impairment in children and adults. Those are language disorder; Receptive or Expressive. And also review Silver Linings Playbook movie.

The rather disparate observations in the preceding section illustrate just a few of the areas of interest in Psycholinguistics. Psycholinguistics is concerned with the processes by which language is understood and produced. It seeks to identify the nature of the representations which are processed in going from sound to meaning and from meaning to sound, and the mechanisms by which those representations are recognised, stored and retrieved. From a psycholinguistic point of view, language impairment is viewed as a breakdown at some point in these processes. Psycholinguistics can be defined as the study of the mental representations and processes in language use, including the production, comprehension and storage of spoken and written language (Warren 2013:4).

2.1 Psycholinguistics and Language Impairment in Children and Adults

The impact of psycholinguistic theory and methodology on assessment and then therapy in acquired aphasia was not matched in the developmental field. In the case of language-impaired children, language focused work involved linguistic description of their language output and input, largely for comparison with normal language development (one exception, perhaps, being early psycholinguistic work on phonological disorder in children). This focuses on linguistic description and comparison pre-empted investigation into the processes which lay behind the child's comprehension and production of language. Language-focused therapy was then driven by developmental norms rather than by the child's processing.

Another major shift giving rise to this book has been the recent surge of interest in extending psycholinguistic thinking to language-impaired children. This has in part been driven by psycholinguistically-based therapies with adults which strike a chord with "child" therapists. The original impetus, however, is the recognition that if psycholinguistic questions are not posed in relation to children, this is not for want of such questions. If children have specific dilliculties with language, those difficulties must arise at some point in their processing of the connections between sound and meaning.

Psycholinguistic questions about the point of breakdown in input/output processing are as pertinent to developmental as acquired disorders. However, they have appeared to be impossibly complicated by what we might term the ,developmental dimension".

In the case of language-impaired adults, it is assumed that they had full representations of the words and structures of their language prior to their stroke, and that these representations have become damaged or inaccessible following the stroke. Language-impaired children, on the other hand, are in the process of acquiring the representations of their language. We can still pose questions about which aspects of those representations they have and which they do not have, but

we cannot automatically attribute any limitation we observe to their processing impairment, as we can with adults. Why not?

First, a limitation in a child's representation may be due to their stage of development rather than their impairment. Children who are developing normally do not acquire adult representations instantaneously. Their acquisition of word and sentence structure is gradual, following patterns which are themselves the focus of psycholinguistic research. If a language-impaired child lacks certain information about words or sentences, this could be normal for their stage of language development or even for their age. If we are investigating their processing impairment, the aim is to identify constraints over and above those which occur in the course of normal development.

The second complicating factor with language-impaired children is that difficulties in processing some aspect of linguistic representations may result in difficulties further down the processing line. The most obvious illustration of this possibility is provided by deaf children acquiring spoken language. Here, the obstacle is known to occur at the earliest stage of input processing, but will affect all subsequent stages of input/output processing to some degree. This will limit the child's access to all aspects of spoken language representations. A similar situation may arise for children who have difficulties at later stages of input/output processing. A child who has difficulties in processing phonology in input and in establishing the phonological representations of words is likely to have difficulties with connecting phonological representations to meanings. Hence, a problem with word semantics could arise from a prior problem with

word phonology. Difficulties with semantics may, in turn, give rise to difficulties in connecting meanings to phonological representations in output. Hence, a problem in phonological output could arise from a prior problem with semantics.

These examples illustrate how processing difficulties may disrupt the child's development and organisation of full adult representations. But if the child's representations are different or are organised differently from the adult's, would we not expect them to break down differently? For example, if the child has a difficulty in speech processing, this might be expected to disrupt the development of phonological representations. In contrast, the adult who has already established phonological representations may preserve these in the face of speech processing difficulties.

On the other hand, the adult's established phonological General introduction 5 representations - or semantic representations for that matter - might be open to impairments which could not occur in a child who had not established such representations in the first place. This may mean that some patterns of impairment observed in an adult's representations may fail to turn up in observations of children. For example, we may encounter adults who process concrete words more effectively than abstract words, or vice versa. But we are unlikely to discover such differences in young children since their exposure to abstract vocabulary would anyway be limited. A flip side of the developmental dimension, then, is the possibility that adults may show processing impairments for which children will not be eligible.

The impact of one level on another, whether in children or adults, is increasingly the focus of therapy with both. One level may have negative repercussions on another, but the converse may also be true. A strength at one level may be exploited to strengthen another level or provide indirect access to it. For example, strength in a child's semantics might be actively used to consolidate weak phonological representations associated with semantics. An adult's strength in orthographic representations might be exploited to access or bolster phonological representations. Thus, the sort of interactions highlighted in the developmental field play an important role not only in theories about language processing and its impairment, but in generating and pursuing hypotheses about intervention. Because the researcher discussed about the language usage by the sufferer of bipolar disorder, the researcher choose language disorder to help her analysis.

2.2 Language Disorder (Language impairment)

Language disorder can be developmental (present from early childhood) or they can be acquired as the result of surgery, a stroke, an accident or old age (Field, 2003:53). In certain cases, this had a marked effect upon their ability to communicate in speech or writing. American Speech and Hearing Association (1982) states that language disorder is an ability to communicate because having some problems in communication. Such as in the "Silver Linings Playbook" movie, the main character as the sufferer of bipolar disorder have some problems when he use language to communicate with other people.

American Speech – Language – Hearing Association (ASHA) states a language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

1. Form of Language

- **a. Phonology** is the sound system of a language and the rules that govern the sound combinations. When people have a language disorder, they will speak fluent or maybe stutter.
- **b. Morphology** is the system that governs the structure of words and the construction of word forms. When people have a problem with morphem, they often speak untidy or deliver their speak with any repetition.
- c. Syntax is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence. When people have a language impairment, they can not speak focused on one topic.

2. Content of Language

a. Semantics is the system that governs the meanings of words and sentences. When they have a problem with semantics, they can not deliver their speak well. Because when they tells some stories, they just speak without pay attention with the meaning of their sentences.

3. Function of Language

a. Pragmatics is the system that combines the above language components in functional and socially appropriate communication. When they make communication with other people, they did not pay attention with people around them. So, sometimes their utterances can not understand by other people.

Language impairment results from the delayed or disordered development of the content, form, or use of spoken language. The content of language refers to what individuals talk about or understand. The form of language refers to the shape and sound of the units of language and their combinations such as word endings, the words, or sentence structure. The use of language refers to the reasons why individuals speak and the ways they construct conversations depending upon what they know about the listener and the context (Bloom, 1988). So, language disorder can means people who have trouble with their shape of language, their sound when they talk or make conversation with the others and the way to deliver their construct to the listener because of diseases.

Language disorder in children may be caused by; autism spectrum disorder, brain injury, damage to the spinal cord, hearing loss, learning disabilities. And language disorder in adult may develope due to stroke, traumatic of something that record in their brain, traumatic brain injury, or brain tumor. Language disorders that occur in children or adult are categorized as either receptive or expressive.

2.2.1 Receptive Language Impairment

A receptive language impairment is the difficulty in listening to and/or understanding language. The difficulty may be in the word level (vocabulary/word knowledge) and/or the sentence level (syntax/morphology) (Harris, 1994). A person with receptive language disorder has difficulty understanding language. Receptive language disorder affect a person's ability to understand what they hears.

The following characteristics may indicate some people that have difficulty in understanding language:

- 1. An inadequate attention span, particularly during conversation. It means when a person have receptive language impairment, she or he does not really attention what you are saying to them.
- 2. Poor listening skills. It means she or he does not become a good listener when you are telling them about something.
- **3. Difficulty following directions.** When you give some directions to them, they can not follow your directions well.
- **4. Poor memory for information presented verbally.** If you tell them some information, they cannot save your information and sometimes they only can receive a half from your information.
- **5.** Difficulty retaining concepts from one day to the next. When they have a planning or some concepts to do in the next day or tomorrow and when tomorrow comes she or he will do something that does not planned before.

18

6. Limited receptive vocabulary. She or he when telling you about something or

story about something, they usually use same vocabulary. And when he or she

get a new vocabulary, they need a long time to really understand and use it.

7. Difficulty understanding words with multiple meanings. It happens because

someone who have receptive language impairment, he or she only think and

focus of one word one meaning. It related with limited receptive vocabulary.

8. Difficulty categorizing related words or concepts. She or he difficult

following directions. Because of that, she or he difficult to categorized the

related words or concepts.

9. Difficulty understanding figurative language. Because she or he does not

understand words with multiple meaning. It make them difficult to understand

figurative laguange. So, if make conversation with people that have receptive

language impairment, you should be to the point.

10. Difficulty with concepts of space, time and quantity. She or he does not

really know and understand about concepts of space, time and quantity around

them.

Example of Receptive Language Impairment:

Susi: "I like red apple. Don't you?"

Putri: "Yeah.. I like red."

(Putri have receptive language impairment. When susi said "red apple", she only

pay attention on the word "red". It means Putri have poor listening and inadequate

attention).

2.2.1.1 Impairment in Language Form

Difficulty comprehending simple sentences. It means that the sufferer of receptive language impairment, they will difficult to understand a simple sentence.

e.g. Can the child point to pictures or perform an action from a spoken t arget sentence?

e.g. Do they understand Cat vs. Cats?

Both of examples are the simple sentences that difficult to understand by the sufferer of receptive language impairment. Because they can not differ singular word or plural word.

2.2.1.2 Impairment in Language Content

Difficulty understanding vocabulary used in the grade level curriculum.

The sufferer of receptive language impairment have a limited vocabulary.

e.g. If the theme is The Sea, do they comprehend words in this category?

They can not understand what the purpose of "The Sea", except they accept some explanation about it.

Difficulty pointing to a picture or performing an action based on a given target to display comprehension. Because the sufferer of receptive language impairment can not focused on one point.

e.g. Point to the picture that shows "the whale is in the water".

They did not understand how the way to pointing the picture.

2.2.1.3 Impairment in Language Use

The sufferer of receptive language impairment have a difficulty comprehending social language and react age appropriately, difficulty using appropriate eye contact, difficulty using turn taking appropriately and difficulty displaying comprehension of social greetings.

Based on explanation about receptive language impairment, understanding spoken language is a complicated process. The child or adult may have problems with one or more of:

- Hearing a hearing loss can be the cause of language problems. A hearing loss is not a receptive language problem itself, but means that the child has less exposure to language than hearing children.
- 2. Vision understanding language involves visual cues, such as facial expression and gestures. A child with vision loss won't have these additional cues, and may experience language problems.
- 3. Attention the child's ability to pay attention and concentrate on what's being said may be impaired.
- **4. Speech sounds** there may be problems distinguishing between similar speech sounds.
- **5.** Verbal memory the brain has to remember all the words in a sentence in order to make sense of what has been said. The child may have difficulties with remembering the string of sounds that make up a sentence.
- Word and grammar knowledge the child may not understand the meaning of words or sentence structure.

2.2.2 Expressive Language Impairment

An expressive language impairment is difficulty with the production of language that adequately represents the child's / youth's intended message and may include problems with word retrieval, word use, sentence formulation, and/or conversational skills (Harris, 1994). A person with expressive language disorder has difficulty using language. Expressive language disorder affect a person's ability to express themself with words.

The following characteristics may indicate some people that difficulty in producing language:

- 1. Speaks in words, phrases, incomplete or inaccurate sentences. It means when people have expressive language impairment, when she or he make conversation their sentences often incomplete.
- 2. Relies upon gesture to supplement or substitute for oral language. When she or he tell you about something, they often changeable.
- **3.** Uses pronouns, plurals, and possessives incorrectly. When he or she do conversation the placement of uses pronouns or plurals not match.
- 4. If they have expressive language impairment, she or he has difficulty with the agreement of subjects and verbs, telling a story or describing an event or procedure in a logical sequence. So, if they wanna tell some stories, they just say it without regard to subjects, verbs or logical sequence.
- **5.** Uses run-on sentences. When a person who have expressive language make a conversation or telling story, she or he often uses run-on sentences. If the other

people did not really understand with the conditions, they can not follow and the main point or the topic of the story.

- 6. People who have expressive language impairment, she or he has limited expressive vocabulary and also difficult to find the appropriate word (s) to express meaning overuses filler words such as "ah" or "um".
- 7. Avoids speaking in class. It means they avoid speaking in front of a lot of people or some grups. Because, they has difficulty interacting with peers or adults.

Example of Expressive Language:

Hana: "What do you think about this party?".

Hanum: "Nice. This party nice. Luxurious. This party luxurious. This party rousing".

(Hana only ask what Hanum think about the party, but Hanum have expressive language. She answer the question with putting some words and sentences together to express thoughts).

2.2.2.1 Impairment in Language Form

English grammatical morphemes (e.g. Plural -s. Past -ed) develop in a more or less predictable sequence. Present progressive usually develops first and third person irregularis one of the last to develop. The reason for this sequence of development lies in the linguistic complexity of the morpheme. An impairment in language form may show a child developing these morphemes in an unusual order or an inability to use grammatical morphemes appropriately.

2.2.2.2 Impairment in Language Content

Children who have expressive language disorders / delays in language content often give grammatically correct responses that do not make sense. They correctly use all the grammatical morphemes but give inappropriate responses (Lahey, 1988).

These children are sometimes described as hyperverbal. They have appropriate articulation, intonation and stress patterns but are weak in content. (Lahey, 1988). They may be the hardest to identify with the specific problem as they sound like everyone else except they lack appropriate vocabulary in their communication.

2.2.2.3 Impairment in Language Use

Children who have expressive language use delays / disorders have learned how to use language to code ideas but have not learned to use it to communicate. (Lahey, 1988). Ask whether the child: - Responds appropriately to social greetings? - Maintains the topic of conversation? - Initiates conversation with peers. - Uses non-verbal communication appropriately?

Based on the explanation about expressive language impairment, when you see difficulties with expressive language (using words and language), you might also see difficulties with:

- Behaviour the actions of a person, usually in relation to their environment (e.g. frustration due not being understood by others).
- 2. Receptive language (understanding) comprehension of language.

- **3. Participation** participating in group or class discussions.
- **4. Social skills** determined by the ability to engage in reciprocal interaction with others (either verbally or non-verbally), to compromise with others, and be able to recognize and follow social norms.
- **5.** Literacy reading and writing.
- **6. Fluency** the smoothness or flow with which sounds, syllables, words and phrases are produced when talking.
- 7. Planning and sequencing the sequential multi-step task/activity performance to achieve a well-defined result.
- **8. Executive functioning higher order reasoning and thinking skills.**
- Sensory processing accurate registration, interpretation and response to sensory stimulation in the environment and one's own body.

For both types of language disorder, the main problem may be with **form** (grammar or word order), **content** (that is words and their meanings) or **use** (the ability to understand and use language appropriately). And the causes of language disorders may include hearing loss, cognitive disability, emotional disturbance, a lack of exposure to language in the environment, or brain injury. Often, the cause of a language problem in a particular people is unknown.

Although the cause of language disorder is unknown. There are, however, some conditions that are commonly associated with language disorder.

2.3 Silver Linings Playbook Movie

Silver Linings Playbook is a film with romantic comedy drama written and directed by David O. Russell. This film was adapted from novel "The Silver Linings Playbook" by Matthew Quick. This film, released in 2012, starring Bradley Cooper and Jennifer Lawrence, Robert De Niro, Jacki Weaver, Chris Tucker, AnupamKher and Julia Stiles.

Patrick Solitano Jr. or familiarly called Pat Jr. (Bradley Cooper) has just come out of a mental hospital due to bipolar disorder suffered. Bipolar disorder is a mood disorder that can create the sufferer with emotions up and down. Pat Jr. himself had experienced an incident in which he was so angry when caught his wife, Nikki (Brea Bee) was having an affair. Then he beat his wife's infidelities almost to death. That's what made him sent to a psychiatric hospital. After 8 months of treatment in the mental hospital, Pat Jr. allowed to go home on the condition that may not contact with Nikki and limited not too much wandering around the house. Pat Jr. now lives with his mother, Dolores (Jacki Weaver) and her father, Pat Sr. (Robert DeNiro). Pat's father suffered from OCD (Obsessive Compulsive Disorder). He was also very fond of baseball. Her father recently lost his job. In the everyday world, Pat Jr. trying to control his emotions so that he can return reconcile with Nikki. Determined to regain his wife away from him, Pat meet his partner named Tiffany Maxwell (Lawrence). Tiffany offers to help Pat that he would get back his wife when he was willing to participate in a dance competition with Tiffany. The two became close because of the exercise in which they live. And father of Pat down their relationship, because they can often solve problems with each other. The film shows that everyone has obstacles in his life.



