

STATE ISLAMIC UNIVERSITY OF SUNAN AMPEL SURABAYA

#### **CHAPTER II**

#### REVIEW OF LITERATURE

In this chapter explains about the theories that researcher will use to analyze the problem. The first is the theory of phonetics and phonology by Vikner. It has realtion with the content in the language therapy that given to King George VI in the movie. He second theory is about speech disorder by Ellen Koslo. This theory will help the researcher to analyze the statements problem; the language productivity, the therapy and the process of the therapy.

# 2.1 Theory of Speech Disorder or Speech Defect by Ellen Koslo (Supports by Healthline.com)

Speech disorders can affect the way a person creates sounds. These sounds, of course, help us to form words and are necessary for communication with other people. Speech disorders can affect both adults and children. Certain voice disorders may also be considered speech disorders. There are some ways to identify whether a person has a speech disorder or not, including identify what kinds of speech disorder that a person has. Five common speech disorders are:

#### 2.2.1. Articulation disorders

Articulation is the process when sounds, syllables, and words are formed. The tongue, jaw, lips, teeth, and palate adjust the air stream

coming from the vocal folds (Crystal 1976: 8). Two common characteristic that appear in a person with articulation disorder are;

- 1. Sounds (mostly in consonants) will be substituted, left off, added, or changed. This problem has a close relation with phonetic matter.
- 2. Produce distorting sounds when talking.

Means the speaker speak something which is unclear or abnormal. An absurd sound which is not needed during the speak.

# 2.2.2. Disfluency or Stuttering

Some of the characteristic of disfluency or stuttering are;

1. Repeating sounds (most often seen in people who stutter).

If a person cannot say a sentence in a fluent way, repeating sounds, words, or parts of words or phrases. But, we have to look it not only in the first conversation, we must look it according to him/her continual conversation.

2. Adding extra sounds and words.

A person with this kind of speech disorder will always produces unmeaning words or sounds during his/her speech. They cannot specifically deliver a message. So, it will make the hearer confused to understand the meaning

3. Making jerky movements while talking (usually involving the head)

It also easy to identify a person with this kind of speech disorder by just look at their body expression. Along his/her speech, he will make a movement by hand like swinging finger or by the face mimic or sometimes shaking the head.

- 4. Blinking several times while talking.
- 5. Making a word longer (i.e. *I waaaaant milk*)
- 6. Visible frustration when trying to communicate.

A person with disfluency will have a great dislike while people ask him/her to speak. That person will show a clear frustration expression

7. Taking frequent pauses when talking.

Taking a pause while giving speech or talking may a good strategic to control our perspiration. But, too much pause in a speech is one of the indications that a person has speech disorder. And usually the pause is too long, unlike a normal people when talking.

#### 2.2.3. Voice disorder

Voice is the sound produces from the lungs through our larynx. Muscles of the larynx control the tension and length of the sound and they give the voice a particular tone and pitch. This kind of disorder is easy to recognize. So a person with voice disorder mostly has bad vocal quality and abnormal sound produced. These are the easy way to identify a person with voice disorder;

- 1. Pitch of the voice may change suddenly
- 2. Voice may be too loud or too soft
- 3. Person may run out of air during a sentence

#### 2.2.4. Muteness

Muteness or mutism, one of the serious speech disorder. It causes the speaker lack in producing sounds. It can be due to the unwillingness to speak even though the person has ability to speak.

Some people with speech disorders are aware of what they would like to say, but are unable to articulate their thoughts. It can makes them difficult to create their social life. But, this problem can be cure by some treatments. If treated early, they can get a normal way of speech. There are many treatments

which given depends on the type of disorder. In speech therapy, a professional therapist will guide the person with speech disorder through some exercises;

- a. An exercise to strengthen the muscles in the face and throat.
- b. An exercise to control the breathing while speaking.
- c. Muscle strengthening exercises
- d. An exercise to control breathing helps to improve the way our words sound.
- e. An exercise to do more fluent speech.

Some people suffer with nervousness or depression caused by embarrassment from a speech disorder. Talk therapy is really helpful in these situations. In talk therapy a mental healthcare specialist will discuss ways to improve your outlook of the condition as well as ways to cope with the condition.

Ellen also noted that untreated speech disorders may cause a person to experience a great deal of anxiety when talking to people. Over time, this anxiety can trigger anxiety disorders or a phobia of speaking in public. So, early treatment is a must. The treatments are includes talk therapy and anti-anxiety medications.

### 2.2 Phonetics and Phonology by Vikner

Fricatives are consonants with the characteristic that when they are produced, air escapes through a small passage and makes a hissing sound. Fricatives are continuant consonants, which mean that you can continue making them without interruption as long as you have enough air in your lungs.

Affricates are rather complex consonants. They begin as plosives and end as fricatives. A familiar example is the affricative heard at the beginning and end of the word "*church*". It begins with an articulation practically the same as the closure and hold phases of t, but instead of a rapid release with plosion and aspiration.

Some kinds of fricative according to their place of articulation

#### a. /f/ /v/ Labiodental Fricatives

A **labiodental** (from **labia** *lip* and **dental** *teeth*) fricative is a sound in which the flow of air out of the body is constricted by upper teeth to the lower lip, creating turbulence for the air, but not stopping its passage out of the mouth. English has two labiodental fricatives – /f/ in which the vocal chords are not used (voiceless) as in *fire* and *laughter*, and /v/ in which they are used as in *very* and *of*.

#### b. /θ/ /ð/ Dental fricative

A **dental** (**dental** *teeth*) fricative is a sound in which the flow of air out of the body is constricted by the tip touching the inside of lower front teeth and the blade touching inside of the upper teeth. The air escape through the gasp between the tongue and the teeth. Example words: *thumb*, *father*, *breathe*.

## c. /s/ /z/ Alveolar Fricative

An aveolar (alveola the ridge just behind the front upper teeth) fricative is the air escape through a narrow passage along the centre of the tongue, and the sound produced is comparatively intense. Examples: *zip, facing, rice, rise*.

# d. /J/ /3/ Palato-Alveolar Fricative

A palato-alveolar (palate the top of the mouth and alveola the ridge just behind the front upper teeth). The tongue is in contact with an area slightly further back than that for /ʃ/, /ʒ/. The air escapes through a passage along the centre of the tongue, as in /s/ and /z/ but the passage is a little wider. Examples: /ʃ/ Russia, measure; /ʒ/ Irish, garage.