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Language Development of Autism Children in Psychoanalytic Treatment

(Case Study at Southeast Sulawesi Autism Service Center)

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ABSTRACT

Symptoms of autism in general are usually detected at the age of children who have not reached the age of three years with varying levels in each child, ranging from mild to severe symptoms. These symptoms include constant difficulty socializing, including difficulty communicating and interacting with others verbally, difficulty using and understanding language and not using body language to convey meaning. Furthermore, entering the age of being able to speak but unable to establish conversations or interactions with other people. Children with autism will tend to repeat words or phrases spoken by others without forming their own speech style and not developing their own language skills.

The objectives to be achieved in this study are to describe the language development problems of autistic children who are currently under psychoanalytic treatment at the Kendari Autism Service Center and the factors that influence them.

The research findings show that the language development abilities of autistic children in the phonological form of autistic children in obtaining vowel sounds and diphthongs are good, but they are still lacking in obtaining consonants. More practice is needed so that they are able to pronounce perfect phonemes. Meanwhile, in lexicon skills, autistic children in Kendari's autistic service can master nouns with more numbers than verbal and adjectives. However, the phonological process that occurs in autistic children is very slow. This happens because they are sometimes like deaf people who can't hear what people are talking about. If called do not want to turn around. They also do not focus on interacting with other people, for example, if he is being spoken to, he will answer but his gaze is not on the other person. Almost more than half of autistic children are unable to speak well. Their speech tends to echolalia, literal, lack of rhythm, lack of vowels in the word produced, replacing or removing consonants contained in a word.

Keywords: Language Development, Autistic Children, Psychoanalytic Treatment

A. Introduction

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Symptoms of autism in general are usually detected at the age of children who have not reached the age of three years with varying levels in each child, ranging from mild to severe symptoms. These symptoms include constant difficulty socializing, including difficulty communicating and interacting with others verbally, difficulty using and understanding language and not using body language to convey meaning. Furthermore, entering the age of being able to speak but unable to establish conversations or interactions with other people. Children with autism will tend to repeat words or phrases spoken by others without forming their own speech style and not developing their own language skills.

Autistic children, in addition, often show impairments in language. About half of them were just silent. While the rest of the talking often engages in echolalia, meaningless repetition of sounds. For example, if we ask an autistic child, "What is your name?", then the child will answer "What is your name?"

Some of these symptoms appear also in children diagnosed with other disorders, so we would not label 'autistic' just because the child shakes his body. Therefore, Kendari started to open an Autism Service to try to help parents and autistic children get better therapists so that the psychological development of autistic children, especially the language development of autistic children, can be handled properly.

Based on initial observations, the Autism Service Center is equipped with various games and rooms that support therapy, such as a behavioral room, a physiotherapy room, a therapy room, a doctor's room, a play therapy room and several other rooms. The number of students is about 230 people with each therapist handling. From this initial observation, researchers have an interest in conducting research on how the language development of children with autism who are undergoing psychoanalytic treatment and what are the factors that support and hinder their language development.

B. Method

This type of research includes phenomenological qualitative research, namely research that examines natural linguistic phenomena (Emzir, 2008:35). That is, the data collected comes from the real environment and what it is, namely about the language development of autistic children in psychoanalytic treatment. In addition, the method used in this study is a descriptive method. This is because the data collected, analyzed, and presented descriptively. Qualitative research has characteristics, namely (1) the presentation of the results of this study in the form of a description of the object, (2) data collection with a natural setting, and (3) the researcher becomes an instrument. main.

The sources of data in this study are 230 autistic children who are registered as students at the Autism Service Center in Kendari, as well as therapists and psychologists who are considered to be able to provide information, while the data collection tools or research instruments are the researchers themselves. (Lexi J. Moleong, 2001:81).

According to Spradley in Sugiyono's quote, it is highly recommended that the social situation for the initial sample is a social situation in which it becomes a kind of estuary from many other domains. Furthermore, it is stated that the sample as a data source or as an informant should meet the following criteria:

a. Those who master or understand something through the process of enculturation, so that something is not only known, but also lived.
b. Those who are classified as still being involved or involved in the activities being researched
c. Those who have sufficient time to be asked for information
d. Those who don't tend to convey information on the results of their "packaging" themselves
e. Those who were initially classified as "quite foreign" to the researcher so that it was more exciting to become a kind of teacher or resource person (Sugiyono, 2009: 293).

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In collecting data, the researcher begins by listening to this in accordance with the listening method which explains that the listening method is a method that is carried out by listening to (tapping) the use of the language of a person or several people. (Kesuma, Tri Mastoyo Jati, 2007: 43).

The method of providing this initial data is in accordance with the conditions in the field, namely the listening technique, free engagement, and note-taking technique. The free-of-conversation listening technique can be done by listening to the use of language without participating in the conversation process and the note-taking technique is done by capturing data by recording the results of listening to certain data. This note-taking technique is intended to observe linguistic phenomena that occur in autistic children in psychoanalytic treatment. In addition, the data obtained fairly and naturally.

In this study also usedthe stage of collecting data according to specific phenomena that are directly related to the problem in question. The data collection in this study was carried out by means of observation, recording and note-taking techniques.

In this research, data collection uses observation or non-participation observation techniques. Researchers only listened without involving themselves while in the environment of autistic children, namely at the Autism Service Center in Kendari. Non-participating observations during the research were adjusted until the researcher obtained sufficient data. Researchers are in the environment of autistic children and mingle to listen to the language used in interacting.

The recording technique is a data collection technique by recording language observations. The recording technique is an advanced technique that is carried out by recording speech using a tape recorder, it should be noted that the recording process must be carried out as reasonably as possible so that the speakers of the data source do not realize that the conversation activity is being recorded. The recording technique in this study was to collect data on the use of language in children with autism, from sounds to two-way communication

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Meanwhile, field notes are a very important data collection tool used by observers when observing. Field notes are written notes about what was heard, seen, experienced, and thought in the context of data collection and reflection on data collection. Researchers use field notes so that the data collected can be well organized.

In processing data, researchers use the stages of data processing methods as follows:

a. The data collection stage, after all the data has been collected, then the existing data is checked by reading and understanding repeatedly.

b. The data selection stage, all the data that has been checked, then the researcher identifies the form of language contained in the data object and marks the words or sentences spoken by the child, followed by taking notes and numbering the marked words or sentences. This is intended to make it easier for authors to find and classify data. Stages of grouping data. The data that has been selected is then grouped into one. The grouping of data is based on the form of language found in the field.

From the stages above, the data was analyzed systematically to search for or find and compile transcripts of speech/language contacts, field notes, and other materials that had been collected by researchers. In this way, it is hoped that the researcher can improve his understanding of the data collected and enable him to present the data systematically in order to interpret and draw conclusions.

The data analysis technique in this study used informal analysis methods. In this method, ordinary words are used. (Sudaryanto Karyono, 2003:144). The reason for using the informal method in presenting the results of the analysis is because this research is descriptive. It means a description of the symptoms or conditions that occur in the object of research data.

C. Findings and Discussion

1. Symptoms of Autism by Age

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The symptoms of autistic children found in the Southeast Sulawesi Province Autism Child Service (modified from Galih Veskarisyanti, 12 Most Effective and Economical Autism Therapy, 2008:21-22), are:

a. Age 0-6 Months: Babies seem too calm (rarely cry), Too sensitive, quickly disturbed / disturbed, Excessive hand and foot movements, especially when bathing, Not "bubbling" (babbling), No social smile found over 10 weeks, None eye contact at the age of 3 months, gross/fine motor development often appears normal.
b. Age 6-12 Months: Difficult to be carried, Bites hands and other people's bodies excessively
c. Age 1-2 years: Stiff when carried, Does not want to play simple games (peekaboo), Does not produce words, There is a delay in gross and fine motor development, May not be able to accept liquid food
d. Age 2-3 Years: Unattractive to socialize with other children, Sees people as "things".

2. Language Development of Autistic Children in Southeast Sulawesi Autistic Children's Services.

In general, language disorders are experienced by children with hearing loss or often known as deaf, but when explored further, various conditions of special needs also have an impact on their language development disorders, including children with autism. The language development disorders include the quality and quantity of language that is not suitable for children of their age. An understanding of language development in general and the limitations of children with special needs can be the basis for developing their language skills.

Language development is experienced by children through certain stages. The stages are as described by Laura E. Berk (2003) as follows:
a. Prelinguistic development
b. Phonological development
c. Semantic development (semantic development)

d. Grammatical development (grammatical development)

e. Pragmatic development (pragmatic development)

f. Developmental of metalinguistic awareness

2.1 Early language development (prelinguistics) of children with autism

According to Tampubolon (1991), there are three types of pre-linguistic utterances, namely: crying, cooing and babbling. Meanwhile, according to Harlock, 6th Edition, babies use to express hunger, pain, fatigue and unpleasant body conditions.

At the beginning of language development, children with autism at the Southeast Sulawesi Autism Service generally reach the echolalia stage like children in general. However, after a child is one year old, differences begin to occur according to the child's limitations. In children with autism, information from outside cannot be captured clearly so that language acquisition is hampered, as well as visual limitations affect the understanding of words related to visual objects.

2.2 Phonological Development of Autistic Children

Berk (2003) states that phonological development is a complex process and depends on several things, including following the sound sequence, producing sounds and combining the two so that they become a word or phrase that can be understood. At the beginning of preschool, phonological development experienced a lot of improvement. Children's vocal maturation is influenced by children's efforts to correct their phonological errors from the adults around them. Although in this development the autistic child is accompanied by a therapist to pronounce a word correctly, the child pronounces the word incorrectly. The therapist keeps repeating with the intention that the autistic child can know the correct pronunciation.

Language disorders in autistic children at the Southeast Sulawesi Autism Service occur in terms of phonology, namely articulation disorders. This disorder consists of four kinds, namely: omission (deletion of phonemes), substitution (phoneme replacement), addition (addition of phonemes) and distortion (random phonemes). Several causes that

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allow the occurrence of articulation disorders include: cleft palate, vocal cord abnormalities, thick or short tongue (cedall). In addition, articulation disorders are also found in autistic children or children with special needs with brain damage and hearing damage. In autistic children, phonological disorders of pitch disorder were also found, including voices that were too high or too low, screaming, or hoarse (unclear) voices.

2.3 Semantic development of children with autism

Pronunciation errors in autistic children do not mean they do not understand it, but gradually the pronunciation will be more perfect as the therapist assists with oral massage techniques and strategies. Word mastery in children has stages based on the type of word. In this development, it is often found that the words spoken by children are not in accordance with the context, for example: buses, trucks, cars, all are said to be cars, even the pronunciation is not perfect.

However, this will gradually disappear as the therapist assists with continuous repetition so that it introduces the child's vocabulary to more and more clearly. During this developmental period, the therapist maximizes communicative interactions (responds to every child's speech, expresses everything in words).words, as well as saying things that the child encounters at the same time and repeats them on other occasions.

Language disorders in terms of semantics are most often experienced by autistic children. Autistic children in Southeast Sulawesi Autism Service are not able to understand well the meaning of a word so that the presence of a therapist is very much needed to be able to help provide understanding and repeat every word that is said correctly.

2.4 Syntactic development of children with autism

Syntax includes phrases, clauses and sentences. Phrases are constructions consisting of two or more words that form a unity with a certain meaning. According to Brown (1973 in Berk 2003) that the combination of words that develop in the early stages. In children with

autism, language development difficulties become more complex by adding adjectives, nouns and connecting words.

Syntactic language disorders in autistic children at the Southeast Sulawesi Autism Service through stuttering (stuttering) and cluttering (speaking too fast). The beheading of syllables, words in stuttering causes the meaning of sentences to be difficult to catch. Phrases, clauses that are skipped or not spoken because they are too fast or unclear in the case of cluttering also have the same effect.

2.5 Pragmatics Development in Autistic Children

Pragmatics is concerned with how to use language in appropriate social situations. Children with autism will change the way they talk and become unclear according to the person they are talking to, the situation of the conversation and others. The opportunity to talk with a therapist with repeating techniques can improve a child's speaking ability. However, the above developments often do not go well when autistic children feel uncomfortable with the other person, so the therapist immediately intervenes early.

In the findings of this study, in addition to the language development of autistic children, there are also therapists' language acts into 3 language functions, namely the therapist's illocutionary act function, namely directive, assertive and expressive functions. First, the directive function is an utterance that expects the hearer to take an action. With this directive action, the therapist wants the autistic child to take certain actions during clinical intervention. Based on the results of the study, it was found that the use of directive acts has the function of ordering or ordering, inviting or encouraging, forbidding or refusing, asking, asking and agreeing. The use of commanding or commanding functions in a clinical context, through his speech, the therapist intends to instruct autistic children to take certain actions according to the therapist's expectations. In the context of therapist preparation,

Context of Therapeutic Preparation

Ahmad   *: (out of focus and no eye contact)*

therapist   *: Ahmad look! See! Ahmad! Ahmed look!*

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Ahmad   : (looks at the therapist)

The therapist's speech into command with a simple speech pattern (short speech consisting of one or two words) as in the quote has the function of telling autistic children to focus and make eye contact when called by the therapist. By using repeated command speech the therapist intends to tell the autistic child when called to look at the therapist and concentrate.

The function of inviting or encouraging is used by the therapist to invite autistic children to take an action as expected by the therapist.

Therapy Implementation

Context imitating sounds and words

Tina   : (stands up and doesn't focus)

therapist   : Let's sing! Imitate cat sounds!

Tina   : (silence)

therapist   : Let's imitate!

In the clinical intervention of autistic children, the therapist's speech is marked by the "let's" speech which has the function of inviting and at the same time encouraging the autistic child to be motivated to imitate sounds and words as expected by the therapist. By using simple speech, the therapist invites and encourages autistic children to imitate cat sounds as sung by the therapist.

The function of rejecting or prohibiting is used by therapists to reject inappropriate responses of autistic children. The following is an example of a therapist's speech that has the function of rejecting the actions of autistic children.

Context of identifying/naming Body Parts

Ani   : (fussy while standing)

therapist   : Not! (shaking head, pointing at chest)

Ani   : (pats head)

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therapist   *: Not! No Ani!*

Frag.

In identifying or mentioning body parts, the therapist uses the speech "no" accompanied by a shake of the head. This utterance has the function of rejecting the actions of autistic children who are fussy while standing when learning to identify body parts. By using the speech "no" the therapist intends to reject the wrong response or answer from the autistic child. So the results of the study show that the word "no" is also to emphasize something that should not be done by children.

The request function is used by the therapist to request or expect a response from an autistic child. The following is an example of a therapist's speech that has the function of asking or expecting.

P/V

> *Context imitating Motor Symptoms*
> *Addila*   *: (plays nail clipper)*
> *therapist*   *: Ask for Addila! Here ask!*
> *Addila*   *: (silence)*

Article Error

In the context of imitating fine motor movements, the therapist uses the speech Minta Addila! Here ask! The utterance serves to ask or expect something to autistic children. The therapist asked the autistic child to give nail clippers to the therapist and hoped not to play nail clippers. Playing nail clippers can be dangerous for autistic children.

The asking function is used by the therapist to ask something to autistic children in the hope of getting information about something. The following is an example of a therapist's speech that has a questioning function.

P/V

> *Context of Answering Social Questions*
> *Ardi*   *: (silence)*
> *therapist*   *: What's your name? Where is your house? How much is your brother?*
> *Ardi*   *: (answered in a low voice)*

Article Error

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In answering social questions, the therapist uses simple speech in the form of questions with short answers: what, who, where, where, how much and yes/no answers. This utterance serves to ask something to get answers or information about the identity of autistic children.

The approving function is used by the therapist to approve the response or action of autistic children. The following is an example of a therapist's speech that has the function of agreeing:

Context of Ending Therapy

Ine   : (not focus)
therapist   : (calling Ine's name!)
Ine   : (looks at the therapist)
therapist   : Ok. (While gesturing thumb) Yes, Ine.

In the context of ending therapy activities, the therapist uses the "Ok" speech. The utterance serves to approve the response or action of the autistic child. When an autistic child can perform commands and actions correctly or as expected, the therapist usually uses speech, for example Yes, Ok. Ok Ine (while using thumb gesture). This speech function is an assertive function. This shows the therapist the truth of what he is saying.

- **Assertive Function**

The assertive function is used to express attitudes and provide explanations about something. The function of stating is used by the therapist to express his attitude towards the response or action of autistic children. The following is an example of a therapist whose function is to state.

Context Identifying/Mentioning Shapes

therapist   : (ask what shape this thing is?)
Ani   : Eat (Not focus and ask to eat)
therapist   : Oh, wrong. Not yet time.
Ani   : (fussy)

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In clinical interventions for autistic children, especially in identifying shapes, the therapist uses the speech "oh wrong", and "not yet" to express the attitude that the actions taken by autistic children are wrong. At the time of learning to identify the shape of objects and the therapist asked about what shape, suddenly the autistic child answered "eat". The therapist uses the "not yet time" speech which has the function of expressing his firm attitude that autistic children must comply with therapeutic activities.

Furthermore, the explain function is used to explain or describe objects or about something. The following is an example of a therapist whose function is to explain.

Context identifies/mentions objects

therapist   : (Ask the shape of this thing shape?)
Tira   : (silence)
therapist   : this fruit It's an apple. It's round
Tira   : Fussy

In the context of identifying or mentioning objects, the therapist uses the speech It is fruit. It's an apple. It's round. The utterance has the function of explaining or describing objects (what is meant is an apple). The results showed that this function is usually used by therapists to explain something related to learning materials.

- **Expressive function**

The expressive function is a speech act that expresses the therapist's feelings or moods. Expressive functions include the function of praising and thanking.

The function of praise is used to give praise or appreciation for positive responses and actions of autistic children. The following is an example of a therapist's speech that has the function of praising or appreciating:

Context Imitation Sounds and words

therapist   : (Tell an autistic child to imitate the sound of a chicken)
Ari   : (Imitates correctly)
therapist   : Andi is smart. Great yea...

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In sound imitation activities, the therapist explicitly uses "smart" and "great" speech. This utterance is intended to praise or appreciate the correct responses and actions of autistic children. In clinical intervention activities, therapists often use praise speech with the aim of encouraging and praising the positive actions of autistic children.

The thanking function is used to express gratitude for the responses and actions of autistic children in accordance with the therapist's expectations. The following is an example of a therapist's speech that has the function of being grateful and grateful.

Context of Ending Therapy
therapist   : (tells time to go home)
Tina   : (clears the table)
therapist   : Alhamdulillah. Thank you Tina.

At the end of the therapy activity, the therapist uses the words "alhamdulillah" and "thank you". This utterance serves to express the therapist's mood when the autistic child can take a positive action. For example, when the autistic child ends therapy activities, the autistic child suddenly clears the table. Knowing the attitude of this autistic child, the therapist gladly expressed gratitude and thanks. In clinical interventions for autistic children, this expressive function has educational content. Praising is a form of reinforcement (reinforcement) to what is done by children with autism. In clinical intervention activities, the therapist does not give punishment when autistic children make mistakes. In the therapist's language act there is no violence.

The factors that support the language development of autistic children are:owned by the Kendari Autism Service including: the availability of therapists who have an extraordinary educational background (PLB), psychologists and doctors who always monitor periodically according to a schedule determined by the therapist. In addition, the availability of adequate infrastructure facilities such as classrooms, teaching aids or learning media, development of children's skills according to the potential of each child. Smooth

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collaboration/communication between therapists. The attitude of acceptance of parents / family. And dynamic programs.

Meanwhile, the factors that hinder the development of children's social interactions are the overprotective attitudes of parents and also the negative perspectives of others towards autistic children. The overprotective attitude shown by their parents to their children can hinder the development of social interactions of autistic children. The subject is very afraid when the child plays outside the house, because parents are afraid that the child will be lost and do not know the way home. Therefore, the subject usually does not allow children to play outside the house and prefers children to play inside the house.

D. Conclusion

The over-pronunciation of sentences for autistic children is basically not good for the language development of autistic children. The repetition of advertising sentences that do not match the portion or need will affect the child's concentration. So there needs to be attention from people around to be able to accompany and understand the speech of autistic children. The attention of parents and surroundings is very helpful for the language development of autistic children. There is nothing wrong when children listen to advertisements. But if the child does not understand the intent and content of the ad and then repeated it will not provide good benefits for the autistic child.

In addition, the language development abilities of autistic children in the phonological form of autistic children in obtaining vowel sounds and diphthongs are good, but they are still lacking in obtaining consonants. More practice is needed so that they are able to pronounce perfect phonemes. Meanwhile, in lexicon skills, autistic children in Kendari's autistic service can master nouns with more numbers than verbal and adjectives.

However, the phonological process that occurs in autistic children is very slow. This happens because they are sometimes like deaf people who can't hear what people are talking about. If called do not want to turn around. They also do not focus on interacting with other people, for example, if he is being spoken to, he will answer but his gaze is not on the other

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person. Almost more than half of autistic children are unable to speak well. Their speech tends to echolalia, literal, lack of rhythm, lack of vowels in the word produced, replacing or removing consonants contained in a word.

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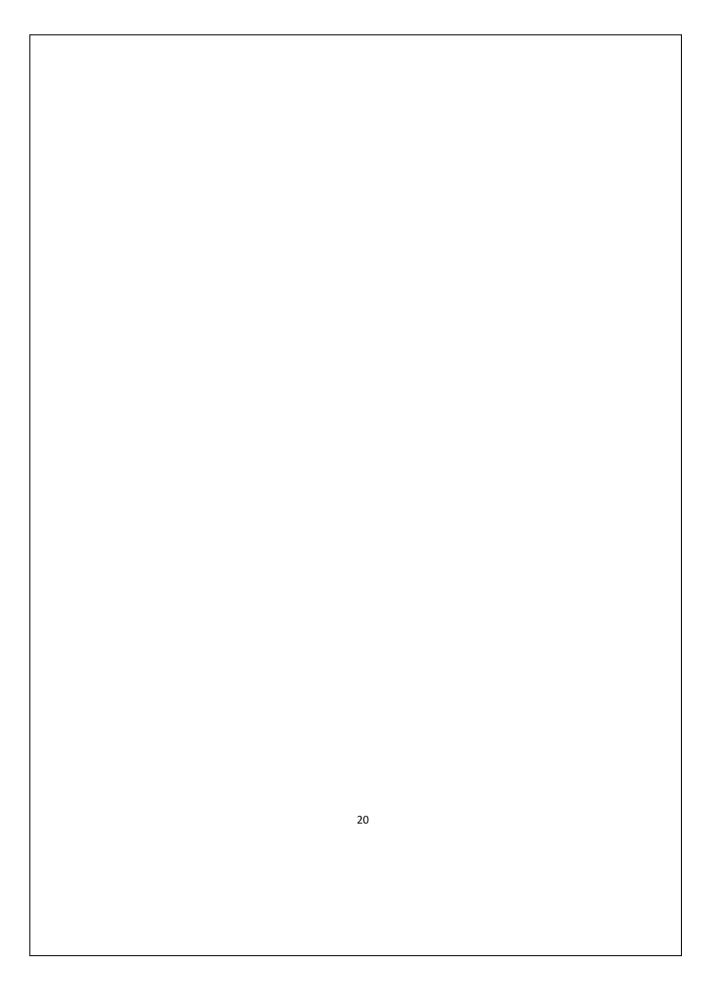
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