

LANGUAGE DEVELOPMENT OF AUTISM CHILDREN IN ISLAMIC PSYCHOANALYTIC TREATMENT (Case Study at Southeast Sulawesi Autism Service Center)

Sitti Fauziah M¹, Abdul Rahman Jaya²

¹Kendari State Islamic Institute, Indonesia

²Kanwil of the Ministry of Religion of Southeast Sulawesi Province, Indonesia

Corresponding Email: uccy_pheat@yahoo.com

ABSTRACT

Symptoms of autism, in general, are usually detected at the age of children who have not reached three years old, with varying levels in each child, ranging from mild to severe symptoms. These symptoms include constant difficulty in socializing, communicating and interacting with others verbally, difficulty in using and understanding language, and inability in using body language to convey meaning. Therefore, even though they have reached the age when speech development should occur, the children are unable to establish conversations or interactions with other people. Children with autism tend to repeat words or phrases spoken by others without forming their speech style and not developing their language skills. The objectives to be achieved in this study were to describe the language development problems of autistic children who were currently under psychoanalytic treatment at Kendari Autism Service Center and the factors that influenced them. The research findings showed that the language development abilities of autistic children in the phonological form in obtaining vowel sounds and diphthongs were good. However, they were still lacking in obtaining consonants. More practice was needed so that they could pronounce perfect phonemes. Meanwhile, autistic children in Kendari's autistic service could master nouns with more numbers than verbal and adjectives in lexicon skills. However, the phonological process that occurred in autistic children was very slow. This happened because they were sometimes like deaf people who could not hear what people were talking about. If called, they did not want to turn around. They also did not focus on interacting with other people. For example, he would answer if he was being spoken to, but his gaze was not on the person spoken to. Almost more than half of autistic children were unable to speak well. Their speech pruned to be echolalia, literal, lack rhythm, lack vowels in the word produced, replacing or removing consonants contained in a word.

Keywords: Language Development, Autistic Children, Psychoanalytic Treatment.

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INTRODUCTION

Symptoms of autism, in general, are usually detected at the age of children who have not reached three years old, with varying levels in each child, ranging from mild to severe symptoms (Ladyani & Silaban, 2018; McDaniel et al., 2018). These symptoms include constant difficulty socializing, difficulty communicating and interacting with others verbally, difficulty using and understanding language, and not using body language to convey meaning. Therefore, even though they have reached the age when speech

development should occur, the children are unable to establish conversations or interactions with other people (Larasati et al., 2021; Bal et al., 2020). Children with autism tend to repeat words or phrases spoken by others without forming their speech style and not developing their 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 were in the form of echolalia, meaningless repetition of sounds (Widiarti et al., 2021; Lucero et al., 2021; Fusaroli et al.,

2019). 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 also appear 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 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 treated properly (Ackley et al., 2019; Adamson et al., 2019).

Based on the initial observations, the Autism Service Center is equipped with various games and rooms that support therapy. These include a behavioral room, a physiotherapy room, a therapy room, a doctor's room, a play therapy room, and several others. There are 230 students with each treating therapist. From this initial observation, researchers were interested in researching the language development of children with autism who were undergoing psychoanalytic treatment and the factors that supported and hindered their language development.

RESEARCH METHODS

This type of research is classified as phenomenological qualitative research; research that examines natural linguistic phenomena. The data were collected from the real environment and the language development of autistic children in psychoanalytic treatment. In addition, the method used in this study was descriptive. This was because the data were collected, analyzed, and presented descriptively. Qualitative research has characteristics, namely (1) the presentation of the results of this study is in the form of a description of the object, (2) data collection is done in a natural setting, and (3) the researcher becomes the main instrument.

The sources of data in this study were 230 autistic children who were the students at Autism Service Center in Kendari, as well as the therapists and psychologists who were considered to be able to provide information.

The data collection tools or research instruments were the researchers themselves.

According to Yusria et al. (2021), 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 do not tend to convey information on the results of their "packaging" themselves; and e) Those who are initially classified as "quite foreign" to the researcher so that it is more exciting to become a kind of teacher or resource person.

In collecting the data, the researcher began by applying the listening method. It is a method that was carried out by listening to (tapping) the use of the language of a person or others. The method of providing this initial data was in accordance with the conditions in the field, including 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 conversion process. The note-taking technique was done by capturing data by recording the results of listening to certain data. This note-taking technique was intended to observe linguistic phenomena in autistic children in psychoanalytic treatment. In addition, the data was obtained fairly and naturally (Wilkinson et al., 2020).

This study also used the stage of collecting data according to specific phenomena that were directly related to the problem in question. The data collection in this study was carried out through observation, recording, and note-taking techniques. In this research, data collection used observation or non-participation observation techniques. Researchers only listened to the children without involving themselves in the environment of autistic children at Autism

Service Center in Kendari. Non-participating observations during the research were adjusted until the researcher obtained sufficient data. Researchers were in the environment of autistic children and mingled to listen to the language used in interaction.

The recording technique is a data collection technique by recording language observations. The recording technique is an advanced technique 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. Meanwhile, field notes were 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 data collection and reflection on data collection. Researchers used field notes so that the data collected can be well organized.

In processing the data, researchers used some stages of data processing methods as follows: a) In the data collection stage, after all the data had been collected, the existing data were checked repeatedly by reading and understanding; and b) In the data selection stage, after all the data had been checked, the researcher identified the form of the language contained in the data object and marked the words or sentences spoken by the child, followed by taking notes and numbering the marked words or sentences. This was intended to make it easier for authors to find and classify the data. Next, in the data grouping stage, the data that had been selected were then grouped into one. The data grouping is based on the form of language found in the field.

From the stages above, the data were analyzed systematically to search for or find and compile transcripts of speech/language contacts, field notes, and other materials that researchers had collected. 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 to interpret and draw conclusions.

The data analysis technique in this study used informal analysis methods, in which ordinary words were used. The reason for using the informal method in presenting the analysis results is that this research was descriptive. It means that this research is a description of symptoms or conditions that occur in the object of research data.

RESULTS AND DISCUSSION

1. Symptoms of Autism by Age

The symptoms of autistic children found in Southeast Sulawesi Province Autism Child Service 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", no social smile found over 10 weeks, no 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. Still, when explored further, various conditions of children with special needs also impact their language development disorders, including children with autism. Language development disorders include the quality and quantity of language that are not suitable for children. Understanding 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 described by Alcantara et al. (2020) and de Leon (2021), as follows: a) Prelinguistic Development; b) Phonological Development; c) Semantic Development; d) Grammatical Development; e) Pragmatic Development; and f) Developmental of Metalinguistic Awareness

a. Early Language Development (Prelinguistic) of Children with Autism According to Su et al. (2018) and Edmuns et al. (2019), there are three types of pre-linguistic utterances: 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 Southeast Sulawesi Autism Service generally reached the echolalia stage like children in general. However, after a child reached one year of age, differences occurred according to the child's limitations. In children with autism, information from outside cannot be captured clearly, so language acquisition is hampered (Sampuro et al., 2020; Purbasari, 2020). Visual limitations affect the understanding of words related to visual objects.

b. Phonological Development of Autistic Children

Berk (2003) stated that phonological development is a complex process and depends on several things, including following the sound sequence, producing sounds, and combining the two to 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 their 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 (Subiantoro, 2019). The therapist keeps repeating with the intention that the autistic child can know the correct pronunciation.

Language disorders in autistic children at Southeast Sulawesi Autism Service occurred in phonology, namely articulation disorders. This disorder consists of four kinds; omission (deletion of phonemes), substitution (phoneme replacement), addition, and distortion (random phonemes). Several causes that allow the occurrence of articulation disorders include cleft palate, vocal cord abnormalities, and thick or short tongue. In addition, articulation disorders are also found in autistic children or children with special needs with brain damage and hearing damage (Baykal et al., 2019). 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 (Marrus et al., 2018; West et al., 2019).

c. Semantic Development of Children with Autism

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

However, this will gradually disappear as the therapist assists with continuous repetition so that it introduced the child's vocabulary more and more clearly. During this developmental period, the therapist maximized communicative interactions (responds to every child's speech, expresses everything in words), and saying things that the child

encounters at the same time and repeats them on other occasions (Gonzales et al., 2018).

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

d. 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 Vaiouli & Andreou (2018) and Brignell et al. (2018), words' combination develop in the early stages. For children with autism, language development difficulties become more complex by adding adjectives, nouns, and connecting words.

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

e. Pragmatics Development in Autistic Children

Pragmatics is concerned with how to use language in inappropriate 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 another 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, one of which is the therapist's illocutionary act function. This act is categorized into 3 language functions, which includes directive, assertive and expressive functions. First, the directive function is an utterance that expects the hearer to take action. The therapist wants the autistic child to take certain actions during the clinical intervention with this directive action. Based on the study results, it was found that the use of directive acts has the function of ordering or commanding, inviting or encouraging, forbidding or refusing, urging, asking, and agreeing. Through 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!
Ahmad look!

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, tells autistic children to focus and make eye contact when called by the therapist. Using repeated command speech, the therapist intends to tell the autistic child when called to look at the therapist and concentrate.

The therapist uses the function of inviting or encouraging autistic children to take any 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. Using simple speech, the therapist invites and encourages autistic children to imitate cat sounds as sung by the therapist.

Therapists use the function of rejecting or prohibiting to reject inappropriate responses from autistic children. The following is an example of a therapist's speech that rejects the actions of autistic children.

Context of identifying/naming Body Parts
 Ani : (fidgety while standing)
 Therapist: Not! (shaking head, pointing at chest)
 Ani : (pats head)
 Therapist: Not! No Ani!

In identifying or mentioning body parts, the therapist uses the speech "no" accompanied by a head shake. This utterance can reject 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 showed that the word "no" also emphasizes something that children should not do.

The therapist uses the request function 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.

Context imitating Motor Symptoms
 Addila : (plays with nail clipper)
 Therapist: Give me Addila! Give me that!
 Addila : (silence)

In the context of imitating fine motor movements, the therapist used the speech (Minta Addila!) Give me that! The utterance serves to ask or expect something from autistic children. The therapist asked the autistic child to give nail clippers to the therapist and hoped

not to play with nail clippers. Playing nail clippers can be dangerous for autistic children.

The therapist used the masking function to ask autistic children something in order to get information about something. The following is an example of a therapist's speech with a questioning function.

Context of Answering Social Questions
 Ardi : (silence)
 Therapist: What's your name? Where is your house? How many siblings do you have?
 Ardi : (answered in a low voice)

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 a thumb)
 Yes, Ine.

In 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 a thumb gesture). This speech function is assertive. 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 therapist used the function to express his attitude towards the response or action of autistic children. The following is an example of a therapist who used the function 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 : (fidgety)

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

Furthermore, the explain function is used to explain or describe objects or 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?)

Tira : (silence)

Therapist: It is fruit. It's an apple. It's round

Tira : (fidgety)

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

● Expressive function

An 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...

The therapist explicitly used "smart" and "great" speech in sound imitation activities. 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 to encourage and praise the positive actions of autistic children.

The thanking function is used to express gratitude for the responses and actions of autistic children under the therapist's expectations. The following is an example of a therapist's speech that functions to be 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 used "alhamdulillah" and "thank you." This utterance expresses the therapist's mood when the autistic child can take 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 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 (Ozyurt & Elikucuk, 2018).

The factors that support the language development of autistic children at Kendari Autism Service include 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, and smooth collaboration/communication between therapists. The attitude of acceptance of parents/family, and dynamic programs (Putro et al., 2021; Tiasari et al., 2020).

Meanwhile, the factors that hinder the development of children's social interactions are parents' overprotective attitudes and the negative perspectives of others toward autistic children. The overprotective attitude shown by their parents toward 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 (Wicaksono et al., 2021). Therefore, the subject usually does not allow children to play outside the house and prefers children to play inside the house.

CONCLUSION

The over-pronunciation of sentences for autistic children is 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 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 ad's intent and content and then repeats it, it will not provide good benefits for the autistic child.

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

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