

Paper

by Luluk Luluk

Submission date: 01-Feb-2021 09:51AM (UTC+0700)

Submission ID: 1498618955

File name: Revised_Manuscript-XLinguae_April_2020.docx (66.46K)

Word count: 6367

Character count: 38564

DOI:

Abstract

This study documented illocutionary acts employed by Indonesian children who had autism spectrum disorder (ASD). Twelve children were recruited using a convenience sampling technique. The data were gathered through in-depth observation and clinical intervention settings. These data were then analyzed qualitatively. The findings of this study portrayed that the participants employed three illocutionary acts in their communication. They employed directive (D), expressive (E), assertive, and speech acts (A) or DEA. Interestingly, the participants did not produce commissive and declarative utterances. Instead, they used declaration (D), interrogative (I), and imperative (I) speech acts. Based on the findings, it can be asserted that in terms of communication skills, the participants generally deployed simple directive, assertive, and expressive (DEA) speech acts with a direct literal speech act strategy. This study also suggested that in language learning and clinical intervention, teachers or therapists should consider the individual condition and understand the autistic children's illocutionary speech acts.

Keywords: autism spectrum disorder (ASD), children, language learning, clinical intervention

Introduction

Autism spectrum disorder (ASD) suffered by children is a severe problem in communication. Researchers have attempted to explore what factors influence its presence and proliferation (Lord, Elsabbagh, Baird, & Veenstra-Vanderweele, 2018), and how the sufferers convey messages in their communication (Yates & Le Couteur, 2016). Theoretically, autism spectrum disorder is a problem of behavioral and neurological aspects influencing people's communication abilities and interactions in the communities (Arakat, Bakr, & El-Sayad, 2019; Nalle & Klau, 2019). Based on survey data from the US Centers for Disease Control and Prevention (CDC) in 2014, the number of autistic people in the United States was within a ratio of 1:59. In particular, it ranged between 1 out of 42 males and 1 out of 189 females. The proportion of individuals with autism in Indonesia is still unknown. However, the number of individuals with ASD in Indonesia has been increasing. The data were taken and estimated from the total visit in public hospitals and psychiatrists at the children's developmental clinic during the past decades.

Moreover, it is predicted that the number of autistic children would reach 60% out of the total population of children all over the world (Wijayakusuma, 2004). This increasing number of autistic children has become an intriguing study background to be examined from various aspects, both medical and non-medical perspectives. In medical studies, myriad experts such as psychologists, pediatricians, and medical practitioners are examining this ASD. In Indonesia, communication disorders suffered by autistic children have been a mushrooming topic discussed by scholars. In the clinical autism intervention, the application of the Applied Behavior Analysis (ABA) method or Lovaas' method is consistently used to deal with autism, which was developed in the 1990s (Handoyo, 2009). The previous pragmatics study focusing on applied linguistics and communication disorders on autistic children was conducted by Cummings (2010). The pragmatics phenomenon called speech acts pattern (Searle, 1969) is an original and significant thought of the object of the study on applied linguistics (Cumming, 2010).

In the applied linguistics theory, Searle (1969) classified three types of speech acts, namely: locutionary, illocutionary, and perlocutionary act. A locutionary act is an act of saying something. However, the locutionary act has been less essential in speech acts research. While perlocutionary act is the act of affecting the interlocutors, it is also known as the act of affecting someone. The illocutionary act deals with the interlocutor's intention (Rahardi, 2005; Searle, 1969). Austin and Searle's notions of speech acts are related to normal speech between speakers and interlocutors. Both of them have not provided specific speech act theories for both children and adults who experienced communication disorders. Based on the theoretical findings, it is indicated that there has been a relatively small number of speech acts theory of speakers who experienced communication disorder.

Previously, Prasetyoningsih (2016) contended that interlocutors' speech acts strategy used by autistic children has slight attention from scholars. Generally, the notions of speech act strategy refer to a normal human speech. Wijana (1996) documented three speech act theories. First, based on the continuity way of expression; second, based on the literal expression, and the last is based on the intersection or combination of both. Normal speakers in normal speaking practice generally apply the above-mentioned theoretical types and speech act strategies (Tharian et al., 2019). Children who experience certain neurological disorders tend to cause brain malfunctions, and it affects their growth and development deficits. According to Alloy, as cited in Delphie (2009), one of the results of a neurological study discussed the cause of autism, which was derived from brain deficits or abnormalities and occurred inside one of the brain nerves (*cerebellum, limbic, dendrites, and megalencephaly*). This abnormality may affect cognitive ability, interaction and communication, emotions, and behavior.

Studies on children with certain neurological disorders, as well as autism, are still scant. However, one study on speech acts of autistic children was conducted by Crystal and Varley (1998). Their study investigated the exchange of clinical conversations of autistic children. The results showed that none of the speech roles performed by the autistic children was meaningful related to the standard speech roles performed by previous therapists. Another similar study was conducted by Bishop and Norbury (2002). They found that there was an increasing number of children with a pragmatic disorder who had difficulty in speaking. Pragmatic disorders are characterized as difficulty in perceiving or understanding the conversation, including language use, both receptive and productive skills. This kind of disorder was previously known as a semantic-pragmatic disorder.

Clinical pragmatic study in Indonesia has gained much attention; for instance, a study on speech acts in a clinical context has been conducted by Prasetyoningsih (2014). Her study investigated the language use of therapists in the intervention of autistic children with communication disorders. The participants of the study were the therapists who deal with autistic children with communication disorders. The therapeutic acts of the therapists were classified based on type, function, and communication strategy. The results indicated that the three types of therapists' speech acts (directive, assertive, and expressive) were used in clinical intervention. Conducting a study that focuses on speech acts strategy used by autistic children has always been an interesting and central reason (Searle, 1983 & Wijana, 1996). Moreover, such studies seem sparse in academia, particularly in the Indonesian context. Informed by this scant empirical research, the present study seeks to explore illocutionary acts employed by twelve Indonesian autistic children in terms of their communication, social interaction, and behavior disorders.

Methodology

This study employed a case study design. According to Creswell (2014), this design can be deployed to explore activities carried out by one or more people in situated practice. In this design, researchers attempt to capture meanings from an event (Merriam, 2010). Contextual settings are the primary source that researchers observe in a case study design. The goals are to understand and "how" and "why" a phenomenon of event runs (Ridder, 2017). Thereby, under this framework, the present study was carried out. In the context of this study, the researchers

use the design of a case study to observe how twelve autistic children produce illocutionary acts in their communication.

This study recruited twelve Indonesian children purposely (Gall, 2014). They were all autistic and trained to communicate verbally in one private hospital in Malang, East Java, Indonesia. They have been experiencing communication disorders for several years, and, at the time of this study was undertaken, they were in a clinical intervention in the hospital.

Table 1. Participants' Demography Information

No	Participants (pseudonym)	Sex	IQ	Ages	Second language	ASD (years)
1	Fina	female	normal	8	Indonesian language	5
2	Andrew	male	normal	8	Indonesian language	5
3	Ria	female	normal	7	Indonesian language	6
4	Johan	male	normal	9	Indonesian language	5
5	Rudi	male	normal	7	Indonesian language	6
6	Angga	male	normal	8	Indonesian language	6
7	Lusi	female	normal	9	Indonesian language	5
8	Imelda	female	normal	9	Indonesian language	5
9	Yuli	female	normal	10	Indonesian language	6
10	Amel	female	normal	9	Indonesian language	6
11	Zidan	male	normal	7	Indonesian language	5
12	Romi	male	normal	8	Indonesian language	6

From the frameworks of a case study design and to capture meanings of naturally occurring phenomena, this study employed a non-participant observation method (Creswell, 2014). The recording technique aimed to obtain videotapes of illocutionary acts employed in the children's communication. The researchers were assisted by two therapists working in the hospital. They both invited children to communicate. When the communication took place, the videotapes recording was run within 45 minutes to an hour. The recording was deemed satisfactory and ended if verbal data from the children were obtained.

The verbal data were then analyzed by applying qualitative analysis procedures adapted from Miles and Huberman (1994) covering the transcription, reduction, identification, interpretation, verification, and conclusion approaches, respectively. This study attempted to re-interpret the leading theory of illocutionary acts by Rahardi (2005) and Searle (1983). They categorized five types of illocutionary acts: (a) assertive act, (b) directive act, (c) commissives act, (d) expressive act, and (e) declarative act (Castleberry & Nolen, 2018). However, the way of speech acts performed by autistic children was analyzed using the theory of speech acts

strategy developed by Wijana (1996).

Results

The results of this study uncover the characteristics of autistic children with communication disorders and the pattern of illocutionary acts employed. The autistic children with communication disorders have several challenges, for instance, having speech lateness and flat expression, being repetitive or using rigid language, being unable to imitate utterances, having difficulty in understanding what others say to them, and rarely do they start simple communications. The characteristics of this communication disorder are following the DSM IV criterion, which is qualitative impairment in communicating, shown at least one of these disorders.

Language learning in the clinical intervention of the autistic children with communication disorders implemented the ABA method with the one-child-one-therapy system. To overcome these challenges, the autistic children were treated by implementing communication therapy in their language learning. Furthermore, they were trained to imitate certain utterances of language and sound. To express themselves (e.g., smile and laugh), they were trained to use language appropriately, and then they were treated to understand what others say to them (receptive). They were also stimulated to start speaking and to communicate with their social environment, even in simple utterances. According to US Preventive Services Task Force (2006), generally, a child is said to have speech lateness or communication disorder if he or she is experiencing these following criteria: being able to make factual statements (*true speech*), on occasion, their statements may appear later, or even they do not appear at all, the existence of irregular sounds, syllables, and words, their language skills are below the standards of normal-child ability at the same age.

The observation results on speech acts of the autistic children with communication disorders showed the presence of the illocutionary acts employed by them. The autistic children, in general, were only able to use simple limited speech acts. For instance, short and incomplete speech acts consisting of one or two words were used. Interlocutors can only understand the speech acts in limited ways. Moreover, autistic children with communication disorders tend to have less imagination. Based on the data analysis, there were three types of illocutionary acts employed by autistic children.

First, directive speech acts (D). It is a speech that requires interlocutors to do the action as what was expected by the autistic children. Based on the directive acts data analysis, it was found that the forms of imperative, request, rejection, and question appeared in the speech acts. The form of imperative speech acts is, for example, the pronunciation of the word "take" in Bahasa Indonesia, which is known as "ambil" was pronounced as "embi". The autistic children intended to make the interlocutor understand what they wanted. The form of the request speech acts is, for example, the pronunciation of the word "ask" in Bahasa Indonesia, which is known as "minta" was pronounced as "ita" (while raising hands), in which the autistic children asked for something to the interlocutor. The form of rejection speech act is, for example, the pronunciation of the word "no" in Bahasa Indonesia, which is known as "tidak" was pronounced as "dak" (while shaking their head), in which the autistic children expected the interlocutor not to do something. The form of question speech act is, for example, the pronunciation word "what" in Bahasa Indonesia known as "apa" was pronounced as "pah" (high intonation), in which it means asking for something to the partner said.

The second type is the expressive speech act (E). Expressive utterances are expressions showing the psychological condition or feelings of the speaker. Based on the expressive speech acts data analysis, it is found that the use of speech acts in the form of complimenting and thanking expressions existed in the communication. The form of complimenting speech acts expressions is, for example, the pronunciation of the word "good" in Bahasa Indonesia, which is known as "bagus" was pronounced as "aju" (while nodding head). This was the expression of feelings. In order that the speakers do something in line with the expectations. The expression

of gratitude was shown when the autistic children said '*aci*' to mean '*terimakasih*' which means "thank you" in English. This indicates that the autistic children thanks to the interlocutors.

The third type is the assertive speech act (A). The assertive speech act is the utterance to express something containing the truth. The data analysis found that the use of speech in the form of statements and information existed. The statement uttered, for example, was the pronunciation of the word "*done*" in Bahasa Indonesia, which is known as "*sudah*" which was pronounced as "*uda*," this was the expression to confirm that the interlocutor has done something. The expression of information was shown when autistic children uttered "*tired*" in Bahasa Indonesia, which is known as "*capek*" was pronounced as "*apet*" This indicates that autistic children told their tired condition with the hope that the teacher (therapist) ended the learning process.

Discussion

The findings of this study indicated that the difference of illocutionary acts uttered by normal and autistic children existed. Based on the theory of illocutionary acts from both Searle (1969) and Rahardi (2005), the theory of the illocutionary act is classified into five elements: directives, assertive, commissive, expressive, and declarative. This theory is related to regular speakers. The result of this study showed that the autistic children with communication disorders could only use three types of illocutionary acts, these are, directive (D), expressive (E), and assertive (A) or abbreviated as DEA speech acts. In language learning, autistic children do not use commissive and declarative acts. Besides, they have limitations in producing and understanding utterances (Radtke et al., 2019; Bertilsdotter Rosqvist, 2019; Bobrowska-Korczak, Gałtarek, Rosiak, Giebułtowicz, & Kałużna-Czaplińska, 2019; den Houting, Adams, Roberts, & Keen, 2018). The results of this study also captured that, in language learning, the autistic children used direct literal speech act strategies (John et al., 2019). Direct speech strategy is a way of conveying messages using direct speech acts. Meanwhile, the literal speech act strategy is a speech strategy that means the same meaning as the words (Capone, 2006). In doing a speech act, the autistic children employed three types of direct speech strategies: declarative (D), interrogative (I), and imperative speech acts (I) – also called DII speech strategy.

The direct literal declarative speech act strategy employed by the autistic students aims to report, explain, or inform about something. The example of this strategy was found when they said '*ipis*' (meaning they wanted to urinate or to go to the toilet). Several studies have confirmed this finding (Sadoughi, Liu, & Busso, 2017; Licea-Haquet, Velásquez-Upegui, Holtgraves, & Giordano, 2019; Hellbernd & Sammler, 2016). The second was a direct literal interrogative speech, which is a kind of utterance employed to obtain answers from the hearer (Urbanik & Svennevig, 2019). In clinical intervention, the autistic children used direct literal and limited direct interrogative speech. For example, they said '*po*' to mean '*apa*' (what) (in a high pitch). They have not been able to use interrogative utterances such as why and how. The autistic children could use one form of interrogative 'what' which is often asked repeatedly (Ozerov, 2019). The third was a direct literal imperative strategy. An imperative act is an utterance involving the ordering or commanding of others in order to do something as expected by the speaker. In language learning, these autistic children often used immediate and brief imperative strategies. In general, the command act is only understood by limited interlocutors (people who are close to autistic children). The form of direct-literal imperative direct speech strategy also spread. For example, they pronounced '*inyem*' instead of '*minum*' (drink). It means they have the therapist get a drink (Heinemann, 2006; Webman Shafran, 2019; Van Olmen, 2019).

The results showed that autistic children use direct-literal imperative speech act strategies 3rd simple patterns. They have not been able to use indirect strategies (AlHammadi, 2017). The results of this study are in line with the opinion of Wijana (1996), who states that speech act strategy, based on the continuity of the expression, are grouped into two: direct and indirect strategies (Monshizadeh et al., 2019). A direct speech act strategy is the way speakers convey

messages using direct words (without being interpreted based on the context). Indirect speech strategies are way speakers use other words to refer to what exactly means (the meaning of the speech must be interpreted by context). The results of this study also explored the characteristics of autistic children with social interaction disorders (Parola et al., 2019) and the patterns of illocutionary acts. They encountered several challenges, namely (a) an apparent interference in terms of nonverbal behaviors such as eye contact, facial expression, gestures, and movement cues for social interaction, (b) the inability to develop peer relationships appropriate with the level of development, (c) the inability to empathize or sympathize the joy of others, and (d) incapacity to relate emotional reciprocity with others. The characteristics of this communication disorder meet the DSM criterion, which is considered as a qualitative interference in social interaction indicated by at least the emergence of two interference (Loukusa et al., 2018; Peeters, 2009; Loukusa et al., 2018).

Furthermore, the ABA method with a one-child-one-therapy system was applied to autistic children in their language learning and clinical intervention. To overcome their communication disorders, autistic children are trained to build a focus, to make eye contact, to communicate, to interact with peers, to express feelings, and to interact with the environment (Jovanović et al., 2019; Sandoval et al., 2019). The results of the observation on the speech act of the autistic children with social interaction disorders indicated that, in communication, autistic children are only able to use limited speech patterns (one or two words). It is a short speech within complete elements (Moreno-Rius, 2019). The speech act patterns of autistic children with social interaction disorder are almost the same as the speech of autistic children with communication disorders. They are also less able to imagine something. They only want to interact and communicate when stimulated repeatedly (Bharatharaj et al., 2018).

The autistic children with social interaction disorders used a direct-literal-based strategy based on interlocutors' stimuli. Moreover, they used three types of direct-speech act strategies, namely declarative, interrogative, and imperative acts (Wong et al., 2019). First, autistic children used a direct-literal and declarative-act strategy. They lacked the initiative to speak. The use of literally-direct and imperative-based strategies was based on teacher's or therapist's stimuli. For example, autistic children told the teacher (therapist) if they wanted to go home, eat, and urinate (Perini et al., 2019). Second, autistic children used the direct-literal and interrogative strategy. In a clinical intervention, autistic children impaired social interactions used direct and limited questions, for example, what and "sapa" (who). These questions were uttered in flat expressions (Tordjman et al., 2019). Third, autistic children used direct-literal imperative-strategy. In language learning, autistic children with social interaction disorders used direct-literal imperative, short, and without an eye-contact strategy. They likely lacked the motivation to talk (Tandon & Pradhan, 2019). In language learning, however, there were not any exclamations, and emphatic strategies use, for the autistic children with social interaction disorders were generally unable to express feelings, such as surprise or admiration upon something (Noiprawat & Sahachaiseri, 2010).

These limited direct-literal narrative acts met the general characteristics of autistic children with social interaction disorders, where they have difficulties in socializing or making friends, and rarely do they speak, or they speak with limited utterances. Moreover, autistic children are unable to join and gather with peers and the people around him. They prefer to be alone and engrossed. The results of this study explored (Kang et al., 2019) autistic children with behavior disorders and the type of illocutionary acts. They have several challenges. They are: (a) a preoccupation with one or more limited patterns of interest or abnormal stereotype, both in term of intensity or focus, (b) the obedience which is driven by routines or specific rituals (particular behavior) which is nonfunctional (not related to the function), (c) the stereotype and repetitive behavior movements (wiggling hands), and (d) the persistent preoccupation of the particular parts of an object (Remington et al., 2019). Characteristics of these behavioral disorders met with the DSM IV criteria, which are qualitative disorders in behavior indicated by at least one of the disorders.

The autistic children (Kaihua et al., 2019) used the ABA method with a one-child-one-therapy system and assisted by one assistant therapist. To overcome these disorders, autistic children get behavioral therapy (Zhao et al., 2018). In language learning, autistic children are trained to concentrate and cultivate new behaviors following social rules and are trained to interact with others (Aghai et al., 2016). Based on the speech acts observation result of autistic children with behavioral disorders, in learning language, it was found that illocutionary acts pattern of autistic children also existed. In communication, autistic children with behavioral disorders were able to speak with unique and straightforward speech patterns (Stadler, 2011). Moreover, they were often unable to focus. Thus, it appears irrelevance acts. The pattern of autistic children's acts with behavior disorders was challenging to be identified, for not only did they appear the irrelevant acts but also appeared certain strange acts (talking not to communicate).

Children who experienced irrelevant were treated through focused learning (Garnjost & Lawter, 2019). The irrelevance means speech deviant that does not match with the topic of the conversation. Autistic children with behavior disorders were easily affected by the surrounding conditions. When autistic children looked at or heard the surrounding conditions, they spontaneously responded in the form of irrelevant acts (Wilson et al., 2019). When autistic children experienced the irrelevance, they should be immediately given directive acts in the form of questions (*what* and *where*) and assertive acts in the form of a statement (*not* and *wrong*), which aimed to direct the conversation according to the topic. If the autistic children were still in irrelevance (speaking on his own and not related to the topic), they should be immediately focused (Mullins-Sweatt et al., 2019).

Based on the data analysis, it was found that three types of illocutionary acts appear. First, it is directive act (D). Based on the data analysis, the directive act is marked using the form of the command, question, and rejection acts (Ruytenbeek et al., 2017). The example form of command act is when the autistic children uttered "*Buka Pintu! Buka Bu*" to mean they asked the teacher to open the therapy door repeatedly. The example form of question act is when they uttered "*apa*" and "*siapa Bu*" to mean they wanted to get answers from the teacher (therapist). The example form of rejection act is when they said "*tidak*", "*enggak*", "*emoh*" to mean they expressed negative responses or rejected teacher's command, and this act was often pronounced over and over when the autistic children did not want to learn, and they were not in a good mood (Cao, 2009).

Second, it is an expressive act (E). Based on the data analysis, there were forms of compliment and gratitude acts. The examples of compliment acts were expressed when the autistic children uttered *clever*, *great*, and *good*. Those acts were expressed when they felt glad as they succeed in doing something. The examples of gratitude acts were uttered when they said "*makasih*" to mean they expressed gratitude to their teacher, for they had accustomed the autistic children always to behave positively (Ni & Sin, 2011). These three types of acts were usually used when the autistic children were in a *mood*, however when the autistic children were in a *tantrum* or being angry without any casualties, therefore there often be found several unidentified acts (utterances not for communication, but to excite emotions instead, such as shouting repeatedly). Third, it is the assertive act (A). Based on the data analysis, there were forms of statement or notification acts. The examples of statement acts are: "*mau*", "*ya*", and "*Ok*." Those acts were to confirm the state of readiness to do specific actions (Li, 2011).

Conclusion

The findings of this study indicated that autistic children with behavior disorders were capable of using three types of illocutionary acts, namely directive, expressive, and assertive acts. In language learning, they did not use commissive and declarative acts, but they often uttered the irrelevant acts, for the autistic children were easily affected by the surrounding conditions (Su, 2017). The results also documented that they used direct-talking strategies based on the stimuli from the surrounding conditions. Moreover, they used three types of literal direct-talking

strategies, namely declarative, interrogative, and imperative acts (Stadler, 2011).

Moreover, autistic children do not use exclamatory and emphatic strategies. Eventually, autistic children use illocutionary acts types of directive, assertive, and expressive with simple declarative, interrogative, and imperative (DII) direct-literal speech acts. This study offers practical implications for teachers in the schooling sectors and therapists in clinical intervention settings. Teachers or therapists can consider the individual conditions and mastery of the illocutionary acts of autistic children (Martin et al., 2019). It is also suggested that interlocutors (teachers, therapists, and parents) should be selective in using speech acts when communicating with autistic children. This study may be open to some limitations. First, given the importance of contextual and situational research participants, further studies are encouraged to investigate children with different cultural backgrounds from the present study. In addition, recruiting more autistic children and compare how male and female children employ different illocutionary acts would be more insightful.

Acknowledgments

Our sincere thanks are addressed to the medical staff of Rumah Sakit Islam UNISMA for their technical assistance during the research project enactment.

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7 soc. Prof. Luluk Sri Agus Prasetyoningsih
Department of Indonesian Language Education 1
Faculty of Teacher Training and Education, University of Islam Malang
Jl. M.T. Haryono NO. 193 Dinoyo, Malang, Indonesia
lulksap58@unisma.ac.id

Eko Suhartoyo, M.Ed 10
Department of English Language Education 1
Faculty of Teacher Training and Education, University of Islam Malang
Jl. M.T. Haryono No. 193 Dinoyo, Malang, Indonesia
suhartoyoeko@unisma.ac.id

M. Faruq Ubaidillah, M.Ed
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