

ANALYSIS OF SPEECH, COMMUNICATION AND AUTISM DISORDERS AND THEIR IMPLICATIONS FOR LEARNING**ANALISIS GANGGUAN BICARA, KOMUNIKASI, DAN AUTISME SERTA IMPLIKASINYA TERHADAP PEMBELAJARAN**Alif Muhammad Zakaria^{1*}, Muhammad Zikri¹, Eva Latipah¹¹ Universitas Islam Negeri Sunan Kalijaga Yogyakarta

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E-mail: alifmuzas1307@gmail.com**Abstrak**

Anak usia sekolah di Indonesia mengalami gangguan bicara dan bahasa dengan persentase sebesar 5-10 %. Anak usia sekolah masuk dalam tahapan perkembangan *industry vs inferiority* sehingga gangguan bicara dan bahasa akan memiliki dampak yang negatif bagi perkembangannya. Penelitian ini berjenis data kualitatif dengan pendekatan *library research* yakni memanfaatkan sumber data sekunder berupa dokumentasi yang didapatkan dari artikel, buku, berita, majalah, dan sumber catatan maupun video. Analisis data dilakukan menggunakan *content analysis*. Hasil penelitian ini menunjukkan bahwa gangguan bicara dan bahasa menjadi salah satu gejala dalam autisme yang dapat dikenali sedari dini mungkin yakni pada usia 16 bulan. Adapun implikasi gangguan bicara dan bahasa terhadap pembelajaran adalah anak akan merasa kurang percaya diri, sulit dalam memecahkan soal matematika dasar dan prestasi akademik buruk. Autism disebabkan oleh multifaktor dan ditandai awal dengan ketidakmampuan membentuk hubungan sosial atau mengembangkan komunikasi sehingga berdampak buruk pada proses pembelajaran.

Kata Kunci: bicara; bahasa; anak; autisme**Abstract**

School-age children in Indonesia experience speech and language disorders with a percentage of 5-10%. School-age children enter the *industry vs inferiority* stage of development so that speech and language disorders will have a negative impact on their development. This research is a qualitative data type with a *library research* approach that utilizes secondary data sources in the form of documentation obtained from articles, books, news, magazines, and sources of notes and videos. Data analysis was performed using *content analysis*. The results of this study indicate that speech and language disorders are one of the symptoms in autism that can be recognized as early as possible, namely at the age of 16 months. The implications of speech and language disorders for learning are that children will feel less confident, have difficulty solving basic math problems and have poor academic performance. Autism is caused by multiple factors and is marked early by the inability to form social relationships or develop communication so that it has a negative impact on the learning process.

Keywords: speech; language; children; autism

INTRODUCTION

In Indonesia, children with speech and language disorders are reported to range from 5 - 10% at school age (Sari et al., 2015). School age is a very important age for child development because at this age a person is entering the school age phase, when viewed from the stages of the theory put forward by Erikson this stage contains industry vs inferiority so that if there are speech and language disorders, children will feel inferior because they are unable to adapt to the environment (Miller & Lang, 2022). Furthermore, children who enter the age of 0-6 years are considered as the golden age where development at this age will have an influence on development until the child becomes an adult (Wahidah & Latipah, 2021).

The fundamental difference between humans and other creatures is that humans communicate by speaking so that speaking is very important for human interaction as social beings. Speaking is the act of communicating with verbal articulation expressions, while language is knowledge of the symbol system used to communicate interpersonally (Dewanti et al., 2016). Basically, humans acquire language skills from birth who then inherit the first language skills from their mothers. Language acquisition occurs naturally when learning the first language (mother tongue). Language acquisition is usually obtained from native speakers of the language environment which refers to unconscious language acquisition and is not affected by language teaching.

Language acquisition is usually distinguished from language learning. Language learning relates to the processes that occur when a child learns a second language after he or she has acquired his or her first language. According to McNeill (in Matondang, 2019) there are three important aspects in the process of language acquisition, namely aspects of primary linguistic data, language acquisition devices (LAD) and language skills.

The primary linguistic data aspect is the input that children hear from people around them in the form of speech or words. Input in the form of primary linguistic data functions as a guide to children's language development, which means that children's language skills are influenced by what language they hear. Furthermore, Language Acquisition Device (LAD) is a series of innate cognitive structures that exist in the human mind, which allows a person to naturally and quickly learn language in childhood (Dash, 2023). LAD consists of universal language aspects and rules, in relation to the acquisition process, LAD receives input in the form of primary linguistic data, then identifies and distinguishes the input, thus, LAD functions to form the grammar of a language. LAD also forms language skills that are influenced by the input and processing that occurs, then shows language skills (language performance) as its output.

The study of speech, communication, and autism disorders

can be traced through the psycholinguistic landscape (Rakhmanita, 2020). Psycholinguistics is a form of development between psychology, the focus of the discipline of psychology is the study of human behavior while linguistics is a scientific study of human language, therefore psycholinguistics is the study of human behavior in language, be it visible or invisible language behavior (Natsir, 2017). In psycholinguistics, the field of study focuses comprehensively on the ability to capture what others say and understand what they mean; production, which is the ability to be able to say what you want to say; biological and neurological foundations that make humans able to speak; language acquisition, how each child acquires language (Rakhmanita, 2020).

On the other hand, psycholinguistics describes the psychological processes when a person utters the sentences he hears when communicating, and how language skills are acquired by humans (Chaer, 2015). Psycholinguistics discusses various kinds of language disorders, namely dyslexia, anomia aphasia, apraxia, alexia, and autism. An autistic child is someone who cannot communicate well because they have difficulty understanding a conversation. Parents as a figure who loses them have an obligation to accompany and take care of them because they have their own privileges, this special child sometimes makes pressure or stress but every parent has a way to overcome these problems

(Maharani & Arwan, 2022). On the other hand, besides autistic children, there are also difficulties in speech and communication, this is due to several factors, such as stuttering, cleft lip, damage to the brain and so on. One of the famous figures in this study discipline is Noam Chomsky who is known as the father of world linguistics, Chomsky said that if we study language then in essence we are studying the essence of man, language is a human differentiator with other creatures. This statement does not mean that only humans have a set of communication tools. Animals are called non-language but can still communicate (Muzaiyanah, 2015).

Research or studies relevant to this research include research conducted by Mawarda (2021) which focuses on language disorders in lisp sufferers suffered by children, adolescents and adults. Then the research conducted by Fitriani et al., (2022) which focuses on the form of speech and factors that cause the emergence of latah type psychogenic disorders. Furthermore, there is also research conducted by Khairina et al., (2020) which focuses on the factors that influence children's language disorders through psycholinguistic studies. The previous scholars' research described above shows that the study of the causes and when communication, language, and autism disorders can be known has not been discussed directly (implicit), the above research has also not directly discussed the impact of disorders on learning in the context of formal and non-formal teaching, therefore this



research places an element of distinction (standing position) based on the research previously described above.

Based on the description above, the author would like to take a deeper look at when speech, communication and autism disorders can be recognized, what causes them, and how they have implications for students in the context of learning. This writing is expected to be a reference reading in solving various cases of speech and communication disorders and autism. Furthermore, the purpose of this study is to find out how speech and communication disorders and autism experienced by students and to find out how the implications of speech and communication disorders and autism suffered by students in learning. The writing of this manuscript will also provide concrete examples in the context of learning for children with speech and communication disorders and autism.

METHODOLOGY

This research uses a qualitative method that emphasizes analysis to conclude the results of its research. This research is categorized as library research (literature) because the data sources used are library data related to the problems to be studied. The data sources used are books, journal articles, dissertations and so on (Azwar, 2014). The steps that the author will take in this study are to collect sources or data in the form of books and journal articles. For primary data, the author will refer to articles related to speech and communication disorders and autism.

The author tries to analyze some speech and communication disorders and autism impact on learning. As for the secondary data, the author takes from journal articles and information media related to the topic of discussion.

RESULT AND DISCUSSION

It can be seen based on the results of qualitative research data processing that if there is a disturbance in language, the level of speech development of a child is below the level of quality of speech development in general, further this can be seen from the accuracy of the child's use of vocabulary (language) when with their peers talking / talking, in an article written by Muzaiyanah (2015) mentioned the stage of development in a child, seen in Figure 1.

Figure 1 shows the stages of language development in children from 0-4 years old, where the stage contains two functions, namely receptive and expressive. By referring to the table of speech development above, children are said to experience speech delays or language difficulties if their abilities deviate from these standards. Furthermore, quoting the opinion of an expert on child neurological development, Prof. Dr. Herdiono, Sp.A (K), Professor at the University of Indonesia Faculty of Medicine in the youtube channel "About Children" with the video title "Speech Delay in Children" states that if a child at the age of 16 months cannot say a single word then the first thing that needs to be done is to consult a child development specialist. Although the development



and growth of children have differences, if such events are encountered, it is necessary to take preventive measures to

be more aware of the symptoms of autism which also has a correlation with speech delay disorders.

| Fungsi reseptif | | Fungsi ekspresif | |
|---|----------|---|--------------|
| Perkembangan | Usia | Perkembangan | Usia |
| Bereaksi terhadap suara | lahir | Oooo-ooo | 6 minggu |
| Tersenyum sosial | 5 minggu | Guu-guu | 3 bulan |
| Orientasi terhadap suara | 4 bulan | A-guu, a- guu | 4 bulan |
| Menoleh pada suara bel - Fase I - Fase II - Fase III | 5 bulan | Mengoceh | 4 – 6 bulan |
| | 7 bulan | Dadada (menggumam) | 6 bulan |
| | 9 bulan | | |
| Mengerti perintah 'tidak boleh' | 8 bulan | Da-da tanpa arti Ma-ma tanpa arti | 8 bulan |
| Mengerti perintah ditambah mimik | 11 bulan | Dada | 10 bulan |
| | | Mama, kata pertama | 11 bulan |
| Mengerti perintah tanpa mimik | 14 bulan | Kata kedua dan ketiga | 12 -13 bulan |
| Menunjuk 5 bagian badan yang disebutkan | 17 bulan | 4 – 6 kata | 15 bulan |
| | | 7 – 10 kata | 17 bulan |
| | | Kalimat pendek 2 kata | 21 bulan |
| | | 50 kata, kalimat terdiri dari 2 kata | 2 tahun |
| | | 250 kata, kalimat terdiri dari 3 kata | 3 tahun |
| | | Kalimat terdiri dari 4-5 kata, bercerita Menanyakan arti kata Menghitung sampai 20 | 4 tahun |

Figure 1. Stages of Language Development in Children

Speech and Communication Disorders

Speaking ability is a very important ability for humans because speaking ability is related to the ability to communicate carried out by humans as social beings. According to Azizah (2017) speech is a form of language through pronunciation that is intended to convey certain intentions and a very effective form of communication to interact. Hikmawati (2018) adds that the function of communication is as a

material for conveying ideas, ideas, or thoughts conveyed by the speaker. This will be easily done by normal children because they acquire language naturally and are able to acquire and learn a language. However, for some other children who experience deficiencies and difficulties in acquiring and learning language, it will be difficult to communicate, causing language and speech disorders. Language and speech disorders include articulation disorders, voice disorders, aphasia (difficulty using



words, usually due to bruises or injuries to the brain), speech or language delays and so on. Sidharta (in Matondang, 2019) categorizes speech disorders into three categories, namely (1) speech mechanism disorders that implicate organic disorders, (2) multi-factor disorders, (3) psychogenic speech disorders.

Disorders of speech mechanisms that have implications for organic disorders are caused by several things; (a) disorders due to pulmonary factors, this disorder is experienced by people with lung disease. People with lung disease have very little breathing power, so their speech is characterized by a monotonous tone, small voice volume, and intermittent, although in terms of semantics and syntax there are no problems; (b) disorders due to laryngeal factors, speech disorders due to laryngeal factors are characterized by hoarseness and loss of voice; (c) disorders due to lingual factors, a tongue that has a sore or injured will sting if moved. Therefore, there is stinging that causes the tongue activity to be reduced. Under these circumstances, the pronunciation of a number of phonemes becomes incomplete; (d) disturbances due to resonant factors, causing the resulting sound to become nasal, occurs in cleft people and also in people who experience paralysis of the soft palate (velum).

Disorders due to multifactors show several symptoms of speech disorders, including; (a) haphazard speech, is speaking very quickly, with

damaged articulation, added by "swallowing" a number of syllables, so that what is said is difficult to understand; (b) propulsive speech, this disorder often occurs in people with Parkinson's disease (damage to the brain that causes muscles to tremble, stiff and weak). Articulation is severely impaired because the elasticity of the tongue muscles, facial muscles, and vocal cords is largely dysfunctional and is followed by the volume of the voice becoming small, and the rhythm is flat; (c) mutism speech, people with this mutism disorder do not speak at all. Some of them may still be considered mute, that is, they deliberately do not want to speak.

Psychogenic speech disorders are variations of normal speech that reveal a disturbance in the human psyche. Some forms of this psychogenic speech variation include; (a) spoiled speech, spoiled speech is caused by asking for attention to be coddled such as when falling, getting hurt, or getting into an accident. There is a change in the way of speaking when it is normal; (b) feminine speaking, which is related to excessive feminine mannerisms. It is characterized by lips and tongue movements that attract attention and pronunciation that is done extra prominently or extra gracefully; (c) stuttering, speech that is chaotic because it often stutters, suddenly stops, then repeats the first syllable, the next word and after successfully pronouncing the words the sentence can be completed; (d) latent speech, imitating what others say, but latent speech is actually a syndrome.



In an article written by Masitoh (2019), it is stated that speech disorders can also be referred to as language disorders and expressive disorders (See Figure 1.1) besides that language disorders or disorders are one type of disorder in communication with an indication that someone has a disorder in the symbolic process, which means that speech and communication disorders have a relationship that cannot be separated. According to Efendi (in Masitoh, 2019) states that there are causes of speech disorders or delays, namely: First, are medical factors, medical factors are closely related to the lack of functioning of the central nervous system caused by injury or bruising, medical factors are also related to excessive drug use, young birth (premature), physical impact, stroke, and poisoning. Second, is the physiological condition, the physiological condition refers more to the ability of the organs involved in carrying out their functions to support the smooth running of children in pursuing their speech and language development tasks. These organs include the nervous system (senso-motor nerves), the condition of the hearing organs, and the speech organs. Third, is environmental conditions, this factor emphasizes the active role of parents or family in providing verbal stimulation, can encourage children to further improve the quality or quantity of speech and language.

Starting from the three factors that can cause speech disorders or delays

in children, namely medical, physiological and environmental factors, here are examples of types of speech and communication disorders: (a) Dysarthria, dysarthria is a condition in which the human muscles that are active when speaking become weakened or difficult to control. These muscles include the lips, tongue, vocal cords and diaphragm. Conditions that can cause someone to experience dysarthria are stroke, brain tumors, Parkinson's disease, autoimmune diseases of the nerves, old age, drug dependence or alcohol abuse, and side effects due to certain drugs (Melati, 2019); (b) Oral Apraxia, oral apraxia is a speech motor disorder that can occur at various ages. Children with oral apraxia have difficulty planning and producing appropriate sequences of speech organ movements for expressions that the interlocutor can understand. Oral apraxia has several levels, mild, moderate and severe. The barrier is moving the motor organs of speech such as the tongue, lips, larynx, and soft palate due to difficulties in language programming in the brain (Sitompul, 2019); (c) Fragile x syndrome (FXS) is a genetically inherited disorder that results in developmental problems and cognitive impairment or individual intelligence, this type is a trigger for autism. In an article published by Hallo Sehat, it is mentioned that some children with fragile X syndrome experience autism (autistic spectrum disorder), which affects speech or communication skills and social interaction; (d) Stuttering, is a condition where the child



or individual finds it difficult to express the child's wishes or feelings to others so that the individual is unable to speak clearly. Individuals also experience repetitive habits (repeating) sounds or syllables especially at the beginning, sometimes stuttering speech is also heard as an extension of the voice. Sometimes also stop talking completely and try to repeat it (Rahayu et al., 2020).

Then Sastra (in Masitoh, 2019) suggests that handling speech disorders begins with patient identification such as medical history, speaking ability, hearing ability, cognitive ability, and communication ability. Then the treatment continues with the diagnosis of the disorder experienced by the patient. After the diagnosis is obtained, then the appropriate therapy is applied to the patient. Therapies that can be done include speech therapy, oral motor therapy, melodic intonation therapy.

Speech therapy is usually provided with audio or video and a mirror. In speech therapy children usually use the approach of playing dolls, role playing, pairing pictures or cards. Adult speech therapy usually uses the hands-on method, which is through exercises and practice. Articulation therapy in adults focuses on helping patients to produce sounds appropriately, including how to position the tongue appropriately, shape the jaw, and control the breath in order to produce sounds appropriately. Oral motor therapy, on the other hand, uses exercises that do not involve speech, such as drinking through a straw, blowing up a balloon, or blowing a trumpet. These exercises aim to train and

strengthen the muscles used for speech. Finally, melodic intonation therapy can be applied to stroke survivors who experience language disorders. The music or melody used is usually slow-paced, lyrical, and has a different pressure.

Autism

Autism comes from the Greek word *autos* which can be interpreted as self. If we talk about autism then it is a disorder and not a disease but it is a very complex disorder that is based on damage to the brain, autism can generally be detected from birth or toddler age, causing children to be unable to form social relationships or develop communication normally. Furthermore, autism is a complex developmental disorder involving communication, social interaction, sensory impairment, play patterns, behavior, emotions and imaginative activity. As a result, children are isolated from human contact and engrossed in their own world which is expressed in interests and behaviors that are fixated, sedentary and repetitive (Mansur, 2018).

However, according to the opinion of Winarno (in Rakhmanita, 2020) autism can be caused by two factors, namely, genetic and environmental. From genetic factors, it has been found that the autism gene is passed on by parents to several autistic children. Meanwhile, environmental factors are the contamination of the environment by toxic substances, food, and nutrition. The reality seen today is that autistic children always experience anxiety and cognitive impairment or



perceptual function so that they have limitations to communicate and socialize with the environment. Some experts explain that this happens because the center in the brain (brain center) that regulates the input of stimuli (sensing and processing) is impaired, especially in language skills. Autistic children's language acquisition is different from normal children. Normal children acquire their first word expression when they reach the age of a few months, while autistic people after a year or more. Disorders or congenital diseases in autistic children cause disruption of the communication system in interaction (Yani, 2017).

The following are the types of autism that lay people need to know according to Tyas (2020): (a) Autistic Disorder, this type is characterized by the inability of children to understand emotions so that people with this disorder cannot see problems from other people's perspectives, or in other words, have their own world. Most people with this disorder have better skills in art, arithmetic, and memory than other children. (b) Asperger Syndrome, this type of autism is characterized by the ability of individuals who can still interact with others and have empathy but the response given is minimal, this is because people with Asperger syndrome are more interested in themselves or things that are considered interesting to them. (c) Childhood Disintegrative Disorder (CDD), people with autism are shown to have delayed development of motor, verbal, and social functions.

People with this disorder experience normal development up to the age of 2 years, then will begin to slowly lose their skills. (c) Pervasive Developmental Disorder (Not Otherwise Specified), this type of autism is shown through the inability to respond to other people's behavior, a tendency to stick to routines, and difficulty in remembering things. In addition, what stands out about this type of autism is the interaction with imaginary friends.

A therapy that can be used to improve communication disorders in people with autism is communication therapy. This therapy is the most basic therapy. According to (Subyantoro, 2013), communication therapy does not emphasize that the child should be able to speak, but rather the ability to communicate with others. Another thing that can be done to treat autism is to conduct early intervention supported by the CFGF (Casein Free Gluten Free) diet, which is a diet for autism by not consuming foods and drinks that contain casein and gluten. This can support the process of improvement in psychological, neurological, physiological, and endocrine conditions. Furthermore, language intervention programs that can be carried out for people with autism include; (a) involving peers to communicate; (b) paying attention to the child's developmental level and learning style; (c) meaningful communication involving prelinguistic intentions and combinations of various words, for example: "what's your name?"; (d) communication occurs in a natural context so that the child is aware of differences and appropriate



communication in an appropriate environment; (5) involving many parties for the progress and success of the child.

Case Examples of Speech & Communication Disorders and Autism in Learning

An example of the existence of dysarthria disorder or what is called a lisp has been studied by Setiawan et al., (2022) within the scope of Early Childhood Education at PAUD An-Nuur Klari. In the study, it was stated that the presence of dysarthria disorder caused children to have difficulty in communicating and describing their ideas clearly, according to the study, children with dysarthria need to be given the opportunity to be listened to in telling stories so as not to lose confidence in the way they communicate. Then research conducted by Nurfadhillah et al., (2021) conducted on elementary school-age children (SD) Tegal Alur 02 Pagi stated that individuals with oral apraxia have difficulty acquiring basic arithmetic skills, such as counting and understanding numbers. They tend to find it difficult to solve basic math problems, and everything else related to counting or numbers.

The next case study was conducted by Ballerina (2016) on autistic children with mild categories, Ballerina said that one of the characteristics of autistic children is having obstacles in the attention span, which has an impact on the learning process due to the lack of social interaction skills and behavior patterns that are not the same as children in

general. So that autistic children need learning methods that are in accordance with their interests, this study states that it is necessary to assess, analyze problems, carry out intervention planning, implement interventions, and evaluate the interventions that have been given.

Muslihat & Hadrawi (2020) added that the learning implications caused by speech disorders are poor academic performance. Speaking, reading and writing skills are fundamental abilities that children must master when entering school age. Children who experience speech impairment will find it difficult to participate in learning activities such as answering questions, expressing opinions or ideas and understanding the conversations of teachers and classmates. If the child is unable to follow the lessons well, his/her performance at school may be unsatisfactory. Then children will find it difficult to socialize, they tend to be passive in interacting with their peers. Even though interacting with their friends is a good stimulus to encourage speech. But children with speech impairment will find it difficult to receive information, catch and respond to their friends' jokes. So, it is feared that children with speech disorders will withdraw from society and only busy themselves at home, making it difficult for them to socialize.

CONCLUSION

From the explanation above, it can be concluded that speech and



communication disorders are one of the symptoms in autism that can be recognized as early as possible, namely at the age of 16 months. The causative factors of speech and communication disorders are medical factors, physiological conditions, and environmental conditions. The implications of speech and communication disorders for learning are that the child will feel less confident (dysarthria), difficulty in solving basic math problems (oral apraxia) and poor academic achievement. Furthermore, autism is a disorder caused by multifactors and until now it has not been found exactly what causes it, but many studies believe that there is an abnormality in chromosomes, so that sufferers are unable to form social relationships or develop communication normally which will have a negative impact on the learning process. This leads to the need for assessment and evaluation of interventions as people with autism will only do what they are interested in.

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