

Stuttering Language Disorder of an Adult Male in Bondowoso: A Case of MR AG



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ABSTRACT: Stuttering is a condition where a person experiences language insufficiency caused by a person's psychological condition. The more unstable the person's emotions, the more chaotic the sentence structure produced by that person will be. This study aims to determine the form and factors causing the stuttering experienced by MR.AG. This research uses a qualitative descriptive method using a psycholinguistics approach. The data in this research is in the form of verbal data, namely sounds, words, phrases, sentences, as well as non-verbal data in the form of expressions and gestures. The data source comes from an adult man who has a severe stuttering disorder, who lives in Petung village, Curahdami District, Bondowoso Regency, East Java, Indonesia. Data collection was carried out by means of observation and interviews. The results of the research showed that there were five forms of stuttering experienced by MR AG, namely repetition, pause, insertion, extension and circumlocution. The forms of repetition experienced by MR AG are repetition of sounds, both vowels and consonants, repetition of words, repetition of syllables and repetition of phrases. The pause experienced by MR AG lasted between 2 until 6 seconds. The form of insertion experienced by MR AG is the insertion of sounds " eeeee, eeeeb, eeed". Then the form of stuttering experienced by MR AG is the prolongation. The last is a form of circumlocution that occurs in MR AG. Based on the results of interviews and observations, it can be concluded that there are two main possible factors causing the stuttering experienced by MR AG. The first is neurological disorders and family pressure factors. There is a close connection between the dyslexia and epilepsy problems experienced by MR AG towards his stuttering.

KEYWORDS: dyslexia, epilepsy, MR AG, psycholinguistics, stuttering

I. INTRODUCTION

Language is a medium for communicating in society to convey ideas, notions, concepts and feelings (Chaer 2015:30). Human language can be viewed as a code that connects a collection of linguistic forms to several aspects of meaning (Caplan 1994:1024). When someone speaks, there is a complicated process in the human brain which is then spoken through the speech apparatus in the oral cavity (Chaer 2015:115). If the brain and speech apparatus are in normal condition, a person will be able to speak well, but if there are abnormalities in the brain and/or speech apparatus, language disorders will occur (Chaer 2015:148). One of the language disorders is stuttering.

Stuttering is a speech fluency disorder that occurs due to excessive anxiety when talking to other people. A person who experiences this disorder has difficulty conveying what he wants to say, so he stutters, repeats his words, and suddenly stops to finish his conversation (Saragih 2018). Stuttering occurs when a person experiences difficulty in articulating the concepts in their mind. In other words, people who stutter have problems in the language production process. According to Levelt in (Zenzi M. Griffin and Victor S. Ferreira 2006:21), language production is logically divided into three main stages: deciding what to express (conceptualization), determining how to express it (formulation), and expressing it (articulation) . People with stuttering have problems in formulating and articulating the concepts in their minds (Karniol 1995).

According to the Stuttering Foundation, 70 million people worldwide suffer from stuttering. If we look at it based on gender, men have a four times greater risk than women (Fadilah 2021). The phenomenon of stuttering is more common in children aged under 12 years with a ratio of 1:20 for children aged 2-5 years and 1:100 for children aged 7-10 years (Putri 2019). Most stuttering in children can be cured. About 75 percent of children recover from stuttering and the remaining 25 percent continue to stutter, and it persists as a lifelong communication disorder (NIH 2017).

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The stuttering phenomenon also occurred in a 21-year-old adult man who was called Mr. AG. Mr. AG lives in Petung Village, Curahadami District, Bondowoso Regency, East Java. In fact, those most at risk of stuttering are boys and teenagers, and it rarely occurs in adults. However, Mr AG's stuttering is something rare because Mr. AG suffered from stuttering from childhood until adulthood. Another unique thing is that Mr. AG not only has stuttering, but he also has other problems, namely dyslexia and epilepsy.

There are several researches about stuttering. The first research is research on stuttering language disorders conducted by Marisa Tomia, Grace Somelok and Elsa Latupeirissa (2019) which discusses speech disorders (stuttering) in SLB Negeri Batu Merah students, Sirimau District, Ambon City. Tomia et al studied stuttering disorders suffered by elementary school boys students. The results of the research show that there is a lot of repetition in pronouncing the vowels and consonants in the words to be said, both at the beginning, middle and end of sentences. The phenomenon of stuttering in boys is not rare because most stuttering sufferers are boys to teenage boys and can recover on their own after going through puberty. However, if after puberty you still experience stuttering then the stuttering language disorder can be said to be persistent stuttering.

The next research is a research from Ainun Rahmania Putri (2019). Putri researched stuttering in an American standup comedian. Unlike previous research which examined stuttering language disorders in children and adolescent boys. The results showed that the subject experienced language fluency problems and voice problems. There are 4 types of language fluency disorders experienced by the subject, namely repetition, extension, interjection and pause. Putri researched stuttering language disorders in adult men, but what was unique was that the research subject did not experience stuttering as a child, but the subject experienced stuttering language disorders at the age of 20, this happened because he had an accident when he was playing baseball which caused damage to his vocal cords.

Then research on stuttering was carried out by Irma Khoirot Daulay, Epiana Banjarnahor, Thio Tarigan (2021). Daulay et al researched the stuttering language disorder experienced by a 16-year-old teenage girl in Pasir Parupuk Tabing, Padang City. The results of the study showed that the subject had experienced stuttering since he was a child and continued until he was a teenager. The subject had this language disorder due to hereditary factors. This research is unique because it examines the phenomenon of stuttering language disorders in teenage girls, which is still rarely found because most cases of stuttering language disorders are experienced by boys until they reach adolescence.

The next research is research from Utami (2022) which examines the self-confidence of people with stuttering disabilities in the Indonesian Stuttering Community. The results of this research are that there is a very significant influence on the self-confidence of people who stutter if a person who stutters receives social support. The higher the social support, the higher the level of self-confidence of people with stuttering disorders in ISC (Indonesia Stuttering Community).

From the description above, it can be seen that research on the phenomenon of stuttering language disorders has been studied several times, including research on stuttering language disorders experienced by several elementary school age boys, then research on an adult man who had stuttering language disorders as an adult as well as research on stuttering disorders. Stuttering language experienced by a teenage girl. However, as far as researchers know, research on stuttering language disorders in adult men who have persistent stuttering disorders and are categorized as severe stuttering has never been studied. Therefore, this research will focus on examining the phenomenon of stuttering language disorders experienced by Mr. AG, an adult man who experienced persistent stuttering language disorders from childhood to adulthood and was included in the severe stuttering category. Therefore, researchers are interested in comprehensively examining this phenomenon, and this research focuses on the stuttering language disorder experienced by Mr. AG. The researchers are interested in researching what are the characteristics of stuttering language disorders and what factors cause the stuttering language disorders experienced by MR AG?

II. LITERATURE REVIEW

A. Psycholinguistics

Psycholinguistics is the study of how language is used and how language is acquired by humans. Darjowijoyo further explained that psycholinguistics is a science that studies the mental processes that humans go through in language (Darjowidjojo 2018:7). Then according to Sudarwati et al (2017:10), psycholinguistics tries to use linguistic and psychological knowledge to solve problems such as language learning, bilingualism, language disorders and so on. So, it can be concluded that psycholinguistics is a combination of two scientific disciplines, namely psychology and linguistics.

B. Language Disorder

When speaking, there is a process of expressing thoughts and feelings (from the brain) verbally in the form of words or sentences. The brain plays a central role in processing language. If someone experiences abnormalities in brain function or

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speech organs, this can cause language problems. Language disorders are situations where a person experiences difficulty in communicating, both in receiving and producing language (Indah 2017:41). Furthermore, Indah explained that language disorders have two impacts, namely delays in language development and deviations from standard language sequences. One of language impairment is stuttering.

Stuttering

According to Chaer (2015:153), stuttering is a disorder in speaking when speakers often experience obstacles that cause them to stop speaking suddenly. They then repeat the first syllable and the next word before finally managing to continue and complete the sentence. Sometimes, speakers face difficulties in pronouncing initial syllables, especially initial consonants or vowels. In some cases, they may choose different words and struggle to complete the sentence. People who stutter are often characterized by a tendency to repeat the first part of a spoken word or hold back sounds in the middle of a word.

A person who stutters will face difficulty in starting words due to disorders that occur in repetition, vowels, and articulation involving various parts such as the throat, palate, tongue, lips, and teeth. Stuttering often becomes worse when the person feels overly enthusiastic, tired, or stressed, or when they feel overly aware of the situation, rushed, or anxious. Situations such as speaking in front of a group or talking on the telephone can be very challenging for someone who stutters (Sari et al. 2020). Stuttering language disorders are included in psychogenic language disorders because this disorder is caused by mental disorders. This disorder can be revealed through variations in tone, intonation, voice intensity, volume, word choice, and fluency in speaking (Indah 2017:55).

From several explanations about stuttering above, it can be seen that stuttering is a condition where a person experiences language insufficiency caused by a person's psychological condition. The more unstable the person's emotions, the more chaotic the sentence structure produced by that person will be.

Stuttering Characteristics

According to Campbell and Hill (in Ward 2006:5), there are several characteristics of stuttering, namely repetition, pauses, interjection, prolongation and circumlocution.

1. Repetition: Repeating sounds more than twice as sounds and syllables, because the stutterer loses ideas, forgets, is nervous, so he finds it difficult to talk to the person he is talking to.
Word repetition that occurs in stuttering sufferers is divided into four types, namely:
 - Repetition of Sounds, for example: *i-i-i-ini*.
 - Repetition of syllables, example: *Ka-ka-ka-kakak*.
 - Repetition of words, for example: *I, I, I want to eat*.
 - Repetition of phrases, for example: *Brother wants brother wants you to eat this*.
2. Pause: There is a pause between spoken words, that is, having a pause, or holding back a word or words that cannot be said at all. Example: ".....(pause)...yes sis"
3. Interjection: addition of inappropriate sounds when speaking due to confusion, forgetting, nervousness, so that he is unable to express what he is thinking to the person he is talking to clearly, for example: "eh eh. I will go"
4. Prolongation: Extending the utterance of certain letters is by lengthening the sound of a word. like "mmmom, sssister"
5. Circumlocution: Substitute or replace alternative words to avoid problematic words. Example: *wwwhat then* diverts attention by changing the topic.

There are three levels of stuttering, namely normal stuttering, mild to moderate stuttering, and severe stuttering (Sekartini 2015).

Factors Causing Stuttering

The cause of stuttering is still a mystery. However, there are several clues that point to the cause of stuttering. According to Chaer (2015:153-154), states that there are several factors that play a role in causing stuttering;

- a) Stress factors in family life.
- b) Children's education is carried out harshly and firmly by shouting and not allowing children to argue and express opinions.
- c) There is damage to the dominant hemisphere of the brain
- d) Family hereditary factors.

According to Fraser (2022:23-24), there are several factors that cause stuttering, including family hereditary factors, problems with speech nerve muscle disorders, and stress due to the surrounding environment. Then according to the NIH (NIH 2017), the factors that cause stuttering are heredity from family members, damage to the brain, and psychological trauma.

From the several experts regarding stuttering language disorder, it can be concluded that stuttering language disorder is a condition where a person experiences language disfluency by repeating words, giving pauses or changing topics caused by

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several things, including problems with the child's growth, neurogenic disorders, due to hereditary factors. as well as pressure from the stuttering environment.

III. RESEARCH METHODOLOGY

This type of research is descriptive qualitative because this research will present, describe and explain in detail the phenomenon of stuttering experienced by Mr AG. This is in line with the several experts who state that qualitative research aims to gain a deep understanding of the phenomena experienced by research subjects, such as behaviour, perceptions, motivations, actions and other aspects as a whole (Sahir 2021; Kusumastuti and Khoiron 2019; Santosa 2017; Zaim 2014).

The data in this research is linguistic data in the form of verbal data and non-verbal data from Mr. AG. Verbal data is in the form of words, phrases, sentences, while nonverbal data is in the form of gestures demonstrated by research subjects as a result of the behavioural expression of the stuttering they suffer from. Apart from that, information from parents and relatives who knew MR.AG was also used as data in this study. The data source in this research is an adult man who has a severe stuttering disorder, who lives in Petung village, Curahdami District, Bondowoso Regency, East Java. Apart from that, parents and relatives who knew MR. AG was also the data source for this research.

The data collection techniques applied in this research are observation techniques, interviews. In this research, interviews were conducted in an unstructured manner with the consideration that the research subject was someone who had a stuttering language disorder and had never received education, so an unstructured interview would be more appropriate to use so that the subject felt comfortable and not psychologically burdensome. In the unstructured interview method or in-depth interview, the researcher only presents a few opening questions to the informants to stimulate them to provide comments or answers.

Apart from conducting interviews, the researcher also carried out participatory observation of the subject, in this case Mr. AG, because with participatory observation the subject will feel less burdened and more natural in communicating, so the data obtained is more valid in order to support all data collection activities so that data is not missed.

So that the results of observations and interviews produce valid data, data validity testing is carried out using triangulation techniques. According to Sugiyono (2022:224-225), the triangulation technique is a data collection approach that involves various different methods to obtain data from the same source, such as participant observation, in-depth interviews, and documentation. By applying triangulation techniques in data collection, it is hoped that it can increase the consistency, completeness and certainty of the data obtained in the research. To test the validity of the data, this research uses credibility tests including extending observations, increasing persistence, triangulation, discussions with colleagues, member checks, and negative case analysis.

IV. RESULT

A. Characteristics

Based on research, it was found that MR AG has all forms of stuttering including; repetition, pause, insertion, extension and circumscision. When Mr. AG is confused, he will stutter even more. This happens when he tries to explain something, explain a location, describe something, or retell an incident.

1. Repetition: Repeating sounds more than twice, sounds and syllables, words or phrases. This is because stutterers lose ideas, forget, are nervous, so they find it difficult to talk to the person they are talking to. MR. AG experiences all forms of repetition including repetition of sounds, syllables, words and phrases. In the repetition form, MR AG's stuttering occurs at the beginning, middle and end of sentences. If in a conversation MR AG feels uncomfortable, too excited, confused, tries to lie, panics then the repetition in MR AG's speech will occur more frequently. However, if MR AG is in a more relaxed condition, the repetition in MR AG's speech will decrease. MR AG will tend to repeat sounds or words that are close to stop-plosive consonants and nasals consonants.

a) **Sound Repetition:** Sound repetition can include various types of repetition, such as repeating consonant or vowel sounds.

Datum 1/PB :

Researcher : *"janda ya?"* ("is she a widow?")

MR AG : *"bbbukan mbak"* (nno sis)(recording1 minute 00.56-01.00).

In this dialogue, the researcher is discussing the love story of MR AG. The researcher asked about the status of his new girlfriend, whether she was a widow or not. MR AG seemed surprised to hear the question then he answered with some difficulty. Non-verbal data that can be seen in his facial expression is that his lips tremble slightly and his eyes blink several times, but his neck muscles do not appear too tense. This shows that he is not too nervous. Therefore, the form of speech is not

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too stuttering. This is proven by the fact that there is only one repetition of the consonant sound, namely the 'b' sound at the beginning of the sentence "*bbbukan mbak* (no sis)." In this speech, MR AG experiences difficulty in pronouncing the consonant sound /b/. The consonant sound /b/ is included in the bilabial plosive consonant category. There was extraordinary emphasis when he wanted to pronounce the consonant /b/ and in the end he repeated the sound and finally succeeded in saying the word he meant, namely the word "*bukan* (not)"

Datum 2/PB

Researcher : "*Cewekmu mana yang mana pakuwesi?*" (Which girl? Pakuwesi?)

MR AG : "*endak **aaabis** dah mbak*" (no ooover sist) (recording1 minute 02.00 - 02.09).

In this dialogue, the researcher is discussing the love story of MR AG. Researchers asked about his old girlfriend. MR AG didn't seem too surprised to hear the question then he answered with some difficulty. Non-verbal data that can be seen in his facial expression is that his lips tremble slightly and his eyes blink several times, but his neck muscles do not appear tense. This shows that he is not too nervous. Therefore, the form of speech is not too stuttering. This is proven by the fact that there is only one repetition of the vowel sound, namely the 'a' sound in the middle of the sentence "*endak **aaabis** dah mbak*". In this speech, MR AG has difficulty pronouncing the word "*abis*" which is characterized by the prolongation of the sound /a/ repeatedly. This happens because he has difficulty pronouncing the consonant letter /b/. The consonant sound /b/ is included in the bilabial plosive consonant category. There was extraordinary pressure and effort to pronounce the consonant /b/, then there was an extension of the vowel sound /a/ which was next to the consonant sound /b/ and then he succeeded in saying the word "*abis* (over)".

b) **Syllable Repetition:** a form of stuttering disorder that occurs when someone repeats certain syllables while speaking.

Datum 2/PS

Researcher: "*kamu dapat berapa kalau jemur ga?*" (how much money do you get when you work?)

MR.AG : "*dadapat ---(pause 3 second) seratusribu cuma*" (gegeget ----(pause 3 seconds) one hundred thousand rupiah only" (recording1 minute 03.00-03.08).

In this dialogue the researcher discussed MR AG's work, namely drying tobacco. Researchers asked MR AG's wages per day. Then MR AG answered that he only earned one hundred thousand a day and a night. Non-verbal data that appears are trembling lips, eyes that blink several times but the neck muscles are not too tense. From the non-verbal data in the dialogue, it can be seen that MR AG is in a relaxed state. The form of stuttering in this speech is the repetition of the syllable, namely 'dada' at the beginning of the sentence "*dadapat ---(pause 3 seconds) one hundred thousand only.*" In this data, it appears that MR AG has difficulty pronouncing the apico-dental stop consonant /d/. MR AG seemed to be trying hard to pronounce the sound by repeating the syllable /da/ before finally succeeding in saying the word "dapat (get)".

Datum 7/PS

Researcher: "*kamu pernah pacarana sama janda berapa kali ga?*" (do you ever have relationship with a widow?)

MR AG : "*pacaran **titiga** kali mbak*"(in love ttthree times sis" (recording 4 minute 09.45-09.51).

In this dialogue the researcher asked about MR AG's relationship with someone. MR AG seemed enthusiastic about the researcher's questions. The non-verbal data that appears is that MR AG did not blink a few times, his expression was still standard but his lips were shaking slightly. The form of stuttering that occurs in MR AG's speech is the repetition of the syllable "ti" in word three. Repetition occurs in the middle of a sentence. These data show that MR AG has difficulty pronouncing the apio-dental stop consonant /t/. He repeated the /ti/ syllable several times until he managed to pronounce the word "*tiga* (three)."

c) **Word Repetition:** one of the characteristics of stuttering, where a person repeats certain words repeatedly in conversation.

Datum 3/PK

MR AG : "*masak apa mbak?*" (what do you cook?)

Researcher: "*ah tak pikir kamu ga jadi akhirnya ga jadi masak rica-rica ga*" (ah I thought you didn't come here so I don't cook rica-rica)

MR AG : "*adoooh*" (OMG)

Researcher: "*makanya kamu pagi-pagi ditelpon og, nanti dah*" (it is your fault because you did not answer my call)

MR AG : "*baru baru baru bangun mbak*" (just just just wake up sis)(recording1 minute 04.50).

In this dialogue, MR AG asked the researcher about the researcher's cooking menu. However, researchers blamed MR AG because MR AG could not be contacted. However, even though he was blamed, MR AG did not feel intimidated and was still

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calm. Therefore, MR AG's non-verbal data is that his lips did not tremble too much and his eyes blinked several times, but his neck muscles did not appear to be tense. The form of stuttering in this dialogue is the repetition of the word '*baru* (just)' at the beginning of the sentence "*baru bangun mbak* (just woke up, sis)." From these data it is known that MR AG has difficulty pronouncing the bilabial plosive consonant sound /b/. When he tried to say the word "wake up" MR AG had difficulty starting the /b/ sound so he repeated the word "*baru* (just)" before the /b/ consonant sound until finally he managed to say the word "*bangun* (wake up)."

Datum 4/PK

Mr.AG : " Ini *bbaru baru* kenal semalem sama aku mbak (I just knew her last night, sis) "

Researcher : " oh baru kenal? (ooh just know her)"(recording1 minute ke 06.56-07.01).

In this dialogue, MR AG said that he had a new girlfriend. MR AG's non-verbal data was that his lips trembled and his eyes blinked several times, but his neck muscles did not appear to be tense. The form of stuttering in this dialogue is the repetition of the word '*baru* (just)' at the beginning of the sentence "" *Ini bbaru baru kenal semalem sama aku mbak* (I just knew her last night, sis)." From the non-verbal data and non-verbal data in this dialogue, it can be seen that MR AG is in a relaxed state. From these data it is known that MR AG has difficulty pronouncing the dorso veral plosive consonant sound /k/. When he tried to pronounce the word "*kenal* (knew)," MR AG had difficulty starting the /k/ sound, so he repeated "*baru* (just)" by emphasizing the /b/ consonant sound until finally he managed to say the word "*kenal* (knew)."

d) **Phrase Repetition:** a phenomenon in speech disorders in which a person repeats certain phrases repeatedly while speaking.

Datum 1/PF

Researcher : "*yang mutusin kamu atau cewekmu?*"(who breaks the relationship?)

MR AG : "*saya haha* (me hahaha)"

Researcher : "*kenapa?* (why)"

MR.AG : "*ya gapapa mbak haha lama dah mbak lama dah mbak* (nothing haha it is long time sis long time sis)"(recording1 minute 02.11-02.17).

In this dialogue the researcher asked about MR AG's love story with his ex-girlfriend. In this dialogue, MR AG seemed so enthusiastic that he laughed out loud. The non-verbal data from MR AG is that his face does not appear tense and his neck muscles do not appear tense. The form of stuttering in the dialogue is the repetition of the phrase '*lama dah mbak* (long dah sis)' which is located at the end of the sentence "*ya gapapa mbak haha lama dah mbak lama dah mbak* (yeah nothing sis haha it is long time sis long time sis)".

Datum 3/PF

MR AG : "*pak ini ga ada ga ada titipan? Titipan apa? Paket. Ga ada. kakatanya abang mundur mundur mundur*" (sir, is there any deposit stuff ? what deposit? A package. Nope. Told by brother step back step back.)

MR M : " hahaha" (hahaha) (recording 6 minute 01.53-02.03).

In this dialogue, MR AG is telling a story about his experience with MR M when they caught a bus that was entrusted with a package by someone. MR AG seemed very enthusiastic about telling the story, his lips trembled and his eyes blinked several times. Therefore, there are several forms of stuttering when he tells stories. One of them is the repetition of the phrase *ga ada ga ada* (is there any?) in MR AG's speech. This repetition occurs at the beginning of the sentence "*Pak ini ga ada ga ada titipan? Titipan apa? Paket. Ga ada. kakatanya abang mundur mundur mundur*" (sir, is there any deposit stuff? what deposit? A package. Nope. Told by brother step back step back).

2. **Pause:** There is a pause between spoken words, that is, having a pause, or holding back a word or words that cannot be said at all. In MR AG's speech there is a pause of between 2-6 seconds. This shows that MR AG has a severe language disorder. Based on observations, when MR AG is in an uncomfortable mood, too excited, confused about retelling an incident, trying to lie and panicking, the pause between one word and another will be longer. In fact, the longest pause experienced by MR AG reached 6 seconds.

Datum 1/JD:

Researcher : "*kamu dapat berapa kalau jemur ga?*" (how much mooney do you get when you work?)

MR.AG : " *dadapat ---*(pause 3 seconds) *seratusribu cuma*" (gegeget ----(pause 3 seconds) one hundred rupiah only)(recording1 minute 03.00-03.08).

In this dialogue the researcher discussed MR AG's work, namely drying tobacco. Researchers asked MR AG's wages per day. Then MR AG answered that he only earned one hundred thousand a day and a night. Non-verbal data: Non-verbal data that

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appears is trembling lips, eyes that blink several times but the neck muscles are not too tense. There are two forms of stuttering in this speech, namely repetition of syllables and a 3 second pause in the middle of the sentence "dadapat ---(pause 3 seconds) one hundred thousand Cuma." From the non-verbal data and verbal data in the dialogue, it can be seen that MR AG is in a relaxed state. From this data it is known that he paused for 3 seconds because he felt confused about having to say the nominal because it was related to his dyslexia disorder.

Datum 6/JD

Researcher : "kerja dia?" (does she work?)

MR AG : "iya" ("yes")

Researcher : "kerja di?" (where?)

MR AG : " ini--- (pause 6 seconds) jjualan baju itu mbak diii apa peep aaapa sini dah mbak peep apa sini dah ya toko diiii Nangkaan itu Nangkaan agak keeeesana itu apa itu toko apa itu ga tau (" this—pause 6 seconds—ssells cloth sis iiii what peep whaat here sis peep what is that shop iiii Nangkaan that there what shop what I don't know (recording1 minute 09.28 – 09.51).

In this dialogue the researcher asked about the job of MR AG's new girlfriend. MR AG seemed confused about explaining the workplace he meant. This can be seen from non-linguistic data from MR AG, namely tense facial expressions, eyes blinking several times, lips trembling and then the neck muscles calming down. The form of stuttering in this dialogue is a 6 second pause at the beginning of the sentence "' ini--- (pause 6 seconds) jjualan baju itu mbak diii apa peep aaapa sini dah mbak peep apa sini dah ya toko diiii Nangkaan itu Nangkaan agak keeeesana itu apa itu toko apa itu ga tau." ("this—pause 6 seconds—ssells cloth sis iiii what peep whaat here sis peep what is that shop iiii Nangkaan that there what shop what I don't know. From this data it is very clear that MR AG is having difficulty explaining what is on his mind.

3. **Interjection:** Insertion or addition of inappropriate sounds when speaking due to confusion, forgetting, nervousness, so that he is unable to express what he is thinking to the person he is talking to clearly. The form of insertion stuttering experienced by MR AG is inserting unnecessary sounds. MR AG did this accidentally because MR AG could not properly control what he said. The more excited, panicked, confused, enthusiastic, uncomfortable he is, the more insertions he makes into his speech. The insertion experienced by MR AG was the insertion of the sounds eeee, eeeeb, eeed when the subject wanted to say a word that began with a plosive stop consonant and a nasal.

Datum 1/IJ

MR AG : "lama ya mbak eeed mmasak rica rica ya mbak?" (is that long sis eeed ccooking rica rica sis?)

Researcher : "2 jam nga besok dah (2 hours nga .. how about tomorrow?) (recording1 minute 05:43-05:51).

In this dialogue MR AG asked about the duration of cooking rica-rica promised by the researcher. He seemed very enthusiastic about the topic. This can be seen from non-verbal data on MR AG, namely blinking eyes and trembling lips. The form of stuttering in this dialogue is the insertion of the eeed sound twice in one sentence. The insertion is in the middle of the sentence "lama ya mbak eeed mmasak rica rica ya mbak?" (is that long sis eeed ccooking rica rica sis?) From these data it can be seen that MR AG has difficulty pronouncing the bilabial nasal consonant /m/. There is an insertion of the sound /eeed/ when he wants to say the word "masak (cook)".

Datum 2/IJ

Researcher : " kamu baru kenal kok sudah nginep, Badean mana?" (you just recognize her. Why did you sleep in her house?)

MR AG : " booh ini—(pause 3 second) kan langsung di---(pause 4 seconds) aap apa ya ga sengaja itu mbak" (booh this—pause 3 seconds- directly --- (pause 4 seconds) wh what accidentally")

Researcher : " kok ga sengaja?" (how accidentally?)

MR AG : " ya kadang kadang---(pause 2 seconds) di wa saya langsung kamu mau eeed jjadi pacar aku? Ahahaha (ya sometimes—(pause 2 seconds) chatted by WA directly say do you eeed become my girl friend? Ahahaha/

Researcher : " terus?" (" then?")

MR AG : " seterusnya seterusnya—(pause 2 seconds) iya laalaangsung ----(pause 4 secondss) videocallan gitu mbak, oh ya video call (after that after that—(pause 2 seconds) ya langsung --- (pause 4 seconds) videocall sist) (recording1 minute 07.17- 07.37).

In this dialogue the researcher discussed MR AG's activities which were considered incorrect. Researchers criticized MR AG for staying at the house of a woman he had just met. MR AG seemed surprised and uncomfortable with the researcher's criticism. This can be seen from the non-linguistic data on MR AG, namely the eyes blink rapidly, the lips tremble, the head

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sways slightly and the neck muscles tense. Therefore, there are several forms of stuttering at once in MR AG's speech. One of them is the insertion of the sound 'eeed' in the middle of the sentence "'*ya kadang kadang---(pause 2 seconds) di wa saya langsung kamu mau eeed jjadi pacar aku? Ahahaha* (ya sometimes -(pause 2 seconds) chatted by WA directly say do you eeed become my girlfriend? Ahahaha)'. From these data it can be seen that MR AG has difficulty pronouncing the Medio-Palatal plosive consonant /j/. There is an insertion of the sound /eeeed/ when he wants to say the word "so". By starting with the sound /eeeed/ then continuing to emphasize the consonant /j/ until finally you can successfully pronounce the word 'jadi (became)'".

4. **Prolongation:** Extending the utterance of certain letters is by lengthening the sound of a word. If MR AG is in a state of discomfort, too excited, confused, trying to lie, panicking then what will happen is that the form and duration of extensions will be increasingly found in his speech. The lengthening carried out by MR AG tends to lengthen the sound when the subject wants to say a word that begins with a plosive stop consonant and a nasal.

Datum 1/PP

Researcher : "*terus?*" ("then?")

MR AG : "*saya yang yang bibilang ibu bu saya mmm mau nginep di—rumahnya temen gitu*" (I told mom, mom I want to sleep in my friend's house) (recording1 minute 01.06-01.13).

In this dialogue the researcher discussed MR AG's activities the previous night. The researcher asked a 'keep going' provoking question so that MR AG would continue his story. Then MR AG told the chronology of his mother allowing him to stay overnight at someone else's house. MR AG seemed enthusiastic about sharing his new experience. Non-verbal data that appears are trembling lips, eyes that blink several times but the neck muscles are not too tense. The form of stuttering in this speech is an extension of the letter 'm' in the middle of my sentence, which says that my mother wants to stay at my friend's house." From these data it can be seen that MR AG has difficulty pronouncing the bilabial nasal consonant sound /m/, so when he wants to say the word "*mau (want)*" there is a lengthening of the /m/ sound before finally succeeding in saying the word "*mau (want)*".

Datum 4/PP

Researcher : "*kamu kok bisa dapat nomornya dari mana?*" (how can you get her number?)

MR AG : "*ddd dari facebook hehe*" (ffrom face book hehe)

Researcher : "*oh dari facebook*"(oh from facebook)

MR AG : "*mangkanya mbak—(pause 2 seconds) ya dah*" (that's why sist -(pause 2 seconds) its okay (recording 1 minute 07:37- 07:48)

In this dialogue, the researcher asked about MR AG's introduction to his new girlfriend. MR AG admitted that he got the number from Facebook. MR AG seemed enthusiastic in explaining the beginning of his introduction. This can be seen from the non-verbal data from MR AG that his facial expression shines, his eyes blink several times and his lips tremble slightly when he stutters. There are several forms of stuttering in the dialogue, one of which is the extension of the letter 'd' at the beginning of the sentence "*ddd dari facebook hehe (from facebook hehe)*". From this data it can be seen that MR AG has difficulty pronouncing the apico-dental plosive consonant sound /d/ so when he wants to say in the word "*dari (from)*" there is an extension of the /d/ sound before finally successfully pronouncing the word "*dari (from)*".

5. **Circumlocution:** Substitute or replace alternative words to avoid problematic words. The form of circumlocution experienced by MR AG occurred when he felt so confused about explaining something that he substituted or substituted alternative words to avoid problematic words. As happened when MR AG, when he was explaining the location, explaining the reasons for an event, retelling an incident, he experienced such great confusion that some form of stuttering appeared and then he gave up by stopping his speech and choosing to change the topic of conversation.

Datum 1/CL

Researcher : "*kerja dia?*" (does she work?)

MR AG : "*iya*" ("yes")

Researcher : "*kerja di?*" ("where?")

MR AG : "*ini--- (pause 6 seconds) jjuualan baju itu mbak diii apa peep aaapa sini dah mbak peep apa sini dah ya toko diiii Nangkaan itu Nangkaan agak keeeesana itu apa itu toko apa itu ga tau*" (" this—pause 6 seconds—ssells cloth sis iin what peep whaat here sis peep what is that shop iin Nangkaan that there what shop what I don't know) (recording1 minute 09.28 – 09.51)

In this dialogue the researcher asked about the job of MR AG's new girlfriend. MR AG seemed confused about explaining the workplace he meant. This can be seen from non-linguistic data from MR AG, namely tense facial expressions, eyes blinking several times, lips trembling and then the neck muscles calming down. There are several forms of stuttering in this dialogue, one

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of which is circumlocution. It can be seen in the dialogue that MR AG had difficulty in describing the place he was referring to then in the end gave up by saying 'I don't know.' that shop iiii Nangkaan that there what shop what I don't know .

The research results showed that there are five forms of stuttering experienced by MR AG, namely repetition, pause, insertion, prolongation and circumlocution. The forms of repetition experienced by MR AG are repetition of sounds, both vowels and consonants, repetition of words, repetition of syllables and repetition of phrases. The pause experienced by MR AG lasted between 2 and 6 seconds. The form of insertion experienced by MR AG is the insertion of sounds eeeee, eeeeb, eeed. Then the form of stuttering carried out by MR AG is prolongation. When MR AG wants to say a word that begins or is close to the stop plosive consonant sound /b,d,j,g,t,k,p/ and nasal /m,n/ then MR AG will repeat the sound, syllable, word adjacent to the consonant. Then there was also the insertion of certain sounds when he was about to pronounce consonants that were difficult for him to pronounce, namely stop plosive /b, d, j, g, t, k, p/ and nasal /m, n/. Apart from that, there are also pauses and prolongation in letters adjacent to the stop plosive consonants /b,d,j,g,t,k,p/ and nasal /m,n/.

B. Factor

Until now, the factors causing stuttering are still a mystery. However, there are several clues that point to the cause of stuttering. The condition of stuttering occurs due to multiple factors that occur in people who suffer from stuttering, namely problems with child development, genetic or hereditary factors, neurogenic disorders and pressure from parents or family;

1. Child growth and development problems:

If it is related to children's growth and development problems. MR AG is growing and developing well. He has a tall body posture, has complete and well-functioning speech organs and his emotional development is also developing as it should. It was proven that he had not even just one lover. So, the growth and development problems that caused MR AG to experience stuttering were deemed inappropriate.

2. Genetic factors;

If a person in the family has someone who is stuttering, the risk of offspring experiencing stuttering is 60%. At first, researchers suspected that MR AG's father was stuttering because he was speaking haltingly. However, after in-depth observations it can be concluded that MR AG's father did not have a stuttering problem but had difficulty speaking Indonesian. So there is a gap in the process of translating Madurese as a mother tongue into Indonesian as a second language.

Then, according to the results of interviews with MR AG's mother, it was stated that none of MR AG's family, in this case his grandfather and great-grandmother, grandfather, father's grandmother, mother, uncle and siblings, had a stuttering language disorder. So it can be concluded that based on the results of interviews with MR AG's mother and observations of his entire family, heredity is not the factor causing MR AG to experience stuttering.

3. Neurogenic Disorder

Ward explained that stuttering can occur due to neurological damage such as stroke, head injury and epilepsy. According to Travis and Orton in (Ward 2006:36), stuttering is caused by an imbalance in hemisphere function. Under normal conditions, it is the left hemisphere that takes the role of processing language so as to produce coherent and comprehensible speech, whereas in cases of stuttering there is interference with the left hemisphere which causes the right hemisphere to take over the role of producing language.

MR AG apart from having a stuttering language disorder, he also has problems with epilepsy and dyslexia. The family said that since childhood, MR AG often had high fevers accompanied by seizures until finally he was diagnosed by a doctor as having epilepsy. Until now, MR AG often experiences seizures (epilepsy) when he feels tired. It is very likely that MR AG's stuttering was caused by damage to the left hemisphere caused by his epilepsy. This is because when someone experiences a seizure there will be damage to the person's nervous system. This is in line with Ward's statement (Ward 2006:22) which states that epilepsy can cause neurological damage to one or both hemispheres. However, in MR AG's case, the left hemming sleeve was damaged.

Under normal conditions, it is the left hemisphere that takes the role of processing language so as to produce coherent and comprehensible speech, whereas in cases of stuttering there is interference with the left hemisphere which causes the right hemisphere to take over the role of producing language. So, in MR AG's case there was an imbalance between the left hemisphere and the right hemisphere which caused what he was going to say to be disturbed.

Evidence that MR AG's left hemisphere was damaged is; MR AG has dyslexia. MR AG's mother said that MR AG could not read or write and did not know the nominal value of money. Even when he was at school, MR AG would break his pencils and eat his books every day because he really hated studying. According to Mar'at (2015:85), the left hemisphere in someone who has dyslexia is immature (disordered). The dyslexia experienced by MR AG proves that there is a problem with his left hemisphere which causes him to experience stuttering.

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The next evidence is that MR AG does not experience stuttering when he sings. Based on research conducted by Ward (2006:15), it is stated that singing activities are managed by the right hemisphere. This is very different when someone wants to speak, it is the left hemisphere that plays a role in producing language. MR AG's fluency in singing proves that MR AG's right hemisphere is very dominant compared to his left hemisphere. Therefore, MR AG experienced a stuttering language disorder because the left hemisphere as a language controller was impaired.

4. Pressure

If children's education is carried out harshly and firmly by shouting and not allowing children to refute and express opinions, the risk of experiencing stuttering will be high. Based on the results of interviews with MR AG's mother, interviews with MR AG and observations of MR AG's daily life, it can be concluded that MR AG has received harsh treatment from his mother since childhood.

According to MR AG's mother, from childhood until now MR AG's mother always scolded MR AG and did not even hesitate to hit MR AG. This statement was reinforced by a statement from MR AG that his mother was very fierce. MR AG said that he was not afraid of anyone but he was only afraid of his mother because her mother was very fierce and often hit him. It turns out that the shouting and beatings that MR AG experienced since childhood caused psychological problems. So it is very likely that family pressure also played a big role in causing MR AG to experience stuttering.

So, it can be concluded that from the four possible factors causing stuttering, neurological damage and pressure from the family are the dominant factors causing MR AG to experience persistent stuttering. This is in line with Ward's statement (Ward 2006:4), that stuttering in adults is relatively rare and can be identified in one of two forms, namely: neurogenic stuttering (NS) which arises due to damage to the nervous system, or psychogenic stuttering, stuttering. (PS) which can appear after a traumatic experience.

V. CONCLUSION

Based on the results of data analysis, it can be concluded that there are five forms of stuttering experienced by MR AG, namely repetition, pause, insertion, extension and circumlocution. The forms of repetition experienced by MR AG are repetition of sounds, both vowels and consonants, repetition of words, repetition of syllables and repetition of phrases. The pause experienced by MR AG lasted between 2 and 6 seconds depending on MR AG's psychological condition at that time. The more chaotic the psychological condition, the longer the pause duration will be. The form of insertion experienced by MR AG is the insertion of sounds *eeee, eeeeb, eeed*.

Then the form of extension experienced by MR AG was an extension. If MR AG is in a state of discomfort, too excited, confused, trying to lie then what will happen is that more and more forms of extension will be found in his speech. Lastly, there is a form of circumlocution that occurs with MR AG, namely when he feels he is in a situation that makes him confused and has difficulty pronouncing a sentence, he will immediately change the topic which can save him from saying that sentence. MR AG will find it difficult if asked to explain the location, describe something and retell an incident. This will make him confused then some form of stuttering appears and, in the end, he gives up his efforts by changing to another topic.

There are two main possible factors causing the stuttering experienced by MR AG. The first is neurological disorders and family pressure factors. There is a close connection between the dyslexia and epilepsy problems experienced by MR AG and the stuttering language disorder he experiences. Epilepsy causes damage to the left hemisphere which functions as a language producer. Dyslexia and stuttering are evidence that his left hemisphere is impaired. Apart from neurological damage, the possible cause of MR AG's stuttering language disorder is pressure from the family.

This study examines stuttering language disorders in adult men who are included in the severe stuttering category. Research on the phenomenon of stuttering in adult women is interesting because stuttering in adult women is still very rare. This is because men are 4 times more at risk than women and the largest percentage of stuttering sufferers are children and teenagers. So, a suggestion for further research is research on stuttering language disorders in adult women.

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