

## CHAPTER IV

### CONCLUSION AND SUGGESTION

#### 4.1. CONCLUSION

The data presented in the previous chapter show some general conclusion about altered phonemes among the three mentally retarded children in SLB Cacat Mental Aditama Bagian C Wisma Permai Surabaya. Concerning the deletion, in which phonemes may merge from formerly occupied position, all of the respondents mostly delete phonemes in initial and in medial position. Only very view can be found concerning final deletion. Most of the deletion also involved only consonant sounds. Vowel deletion is found only in respondent C when he tries to pronounce *esa*. He deletes the *front middle upper vowel* / e / so that it becomes /sa/. One general deletion occurs is the deletion of *dorsovelar* sound, / k /, / g /, / ŋ / in various positions, either in initial, medial or final position. For instance, respondent A deletes / k / in *waktu* so that it becomes / watu /. Respondent B deletes / ŋ / in *gabung* so that it becomes / abu /. Respondent C deletes / g / in *gigi* so that it becomes / igi /. The production of dorsovelar phonemes, in which the speaker must raise his back of the tongue to the soft palate, is found quite difficult to acquire. This case is similar to the theory of language acquisition in normal children that children tend to acquire easier phonemes first like bilabial / p /, / b /, and / m / and they tend to acquire the more difficult ones later. Those three respondents also frequently delete *lamino alveolar* / s / in initial position. Respondent B ,for example, delete / s / in *saya* so that it becomes / aya / and respondent C deletes / s / in *siap* becoming / iyap /. The phonemes deleted above seem to be quite "difficult" phonemes due to their production, so the three respondents tend to delete them.

A general conclusion can also be drawn from metathesis or replacement of phonemes of the three mentally retarded students. The metathesis seems to occur in any possible positions: initial, medial and final. Most of the replacements involve consonant sounds, only very few can be found concerning vowel metathesis. One of the very rare vowel metathesis is found in respondent B when he tries to pronounce the word *iseng*, he replaces *front high upper vowel / i /* with *central middle vowel / ə /* so that it becomes / əsəŋ /.

One constant metathesis that occurs among the three mentally retarded students is the replacement of apiko alveolar / r / with another apiko alveolar / l / in any possible positions. Even though those two sounds are produced quite similarly the same, which is by raising tip of the tongue to the alveolar ridge, / l / is preferred to replace / r / because the production of / r / is more difficult than / l /. / r / requires extra vibration. As also in normal children language acquisition, / l / is acquired former than / r / or is used to replace / r / sound. It can be seen in the utterance of respondent A, for instance, when she pronounces the word *roti*, she alters / r / with / l / so that it becomes / lɔti/ or respondent B and C who replace / r / with / l / in the word *lari* so that it becomes / lali /.

Those three respondents also always replace *lamino palatal / ʃ /* with *lamino alveolar /s/* in initial and medial positions. /s/ is used to replace / ʃ / because /s/ is quite similar to / ʃ /. Both of their productions require the raising of the tongue to the alveolar ridge, but /s/ requires tip of the tongue, meanwhile / ʃ / requires blade of the tongue, so the latter phoneme is more difficult to pronounce and it will ease the children if they exchange it with an easier one, /s/. In producing the word *asyik*, for instance, respondent A and B replace / ʃ / with / s / so it becomes /asik/.

A constant metathesis can also be discovered when the three respondents try to utter *labiodental* / f / and / v /. They usually replace *labiodental* with *bilabial* / p /. *Labiodental* / f / and / v / are produced by moving lower tip and upper front teeth. Those phonemes have the closest relation with bilabial production, which is by moving the tongue and lips together. Also similar to the children language acquisition, they tend to exchange /f/ and /v/ with the easier phoneme /p/. For example, respondent A and B replace / v / in *vas* with / p / so that it becomes /pas/.

An interesting replacement is the exchange of *lamino alveolar* / z / with *medio palatal* / j /. This metathesis only occurs in initial position when they try to utter the word *zat* which is exchanged into /jat/. Those respondents also often replace / kh / with / k / or /h/. It is assumed that / kh / phoneme production is quite difficult. Meanwhile / k / and /h/ have close correlation with /kh/ and they are simpler than /kh/. Respondent C, for instance, replaces /kh/ with /k/ in *khawatir* becoming /awati/ and respondent B replaces /kh/ with /h/ in the word *akhir* which becomes /ahil/.

As stated previously, all of the respondents are able to pronounce vowel sounds adequately well. Yet, all of them can not pronounce diphthongs at all, they always exchange the diphthongs into monophthongs. A diphthong, the combination of two monophthongs, is more difficult to produce than monophthong. Therefore, they tend to exchange those two phonemes. One constant diphthong metathesis is *up close backward diphthong* /au/ with *back middle lower monophthong* /ɔ/. For instance, all of the respondents replace /au/ with /ɔ/ in the word *lampau* so that it becomes /ampɔ/.

Even though there are many cases found concerning deletion and metathesis of phonemes, there is only one case discovered about insertion. This only deletion case occurs in the speech of respondent B. He adds a bilabial phonemes/ p / in initial position when utters the word *otot*. He alters the word into / pɔtɔt /. No other

insertion was found in other respondents' speech. So, we may say that the insertion found is very individual.

All of the alterations describe above only show one-phoneme alteration. Yet, in producing certain words, the respondents may alter more than one sound phoneme. They may delete or replace phonemes more than once in producing one word. This multiple alterations mostly occur in two-or-more-syllables words. For example, respondent A replaces /r/ with /l/ and /kh/ with /k/ in the word *tarik* so it becomes /talik/, respondent B deletes /kh/ and /r/ in the word *khawatir* so it becomes /awati/ and respondent C deletes /kh/ and /r/ in the word *akhir* so it becomes /ai/.

All description above shows one-type alteration only; deletion, metathesis or insertion. Yet, the informants may combine two types of alterations in uttering certain words. There are three possible combinations; deletion-insertion, insertion-metathesis and deletion-metathesis. The data finally shows that among the three possible combinations, there is only deletion-metathesis combination can be found. It means that the respondents delete and replace phonemes in one time in uttering one word. There is no other alteration combination found. One example of deletion-metathesis combination is when respondent A tried to utter the word *akhir*. She deletes /kh/ and replaces /r/ with /l/ so it becomes /ail/. Some other examples of deletion-metathesis from other respondents have been analyzed in the previous chapter.

Those are some general lines that can be drawn from the altered phonemes produced by three mentally retarded students who are studying at SLB Cacat Mental Bagian C Wisma Permai Surabaya. Some other examples were also found, but they are very individual.

One general conclusion which can be drawn is that all of the respondents hold the principle of simplicity in producing utterances. Reviewing the description above,

in general, the three respondents tend to delete or replace phonemes which are considered quite difficult to produce like dorsovelar /k/, /g/, /ŋ/; lamino alveolar /t/; labiodental /f/ and /v/, lamino palatal /ʃ/, and up closed backward diphthong /au/. In some cases they may delete those phonemes, but in other cases, as they hold the principle of simplicity, they exchange or replace the difficult phonemes with other phonemes which are easier to produce and have the closest way of production, like replacing labiodental /f/ and /v/ with bilabial /p/.

#### 4.2. SUGGESTION

Mentally retarded individual, because of their deficits, are so intellectually limited and developmentally slow that it may not be their advantage to place them in the regular school classrooms for instructional purpose. These individuals require special schools with special educational programs that can enhance their specific skills such as reading or to improve the cognitive development like memory or logic thinking. These special educational programs are important to improve their self-ability and social life because regardless of the level of severity of the retardation, a person who is mentally retarded can be helped and can develop new skills if they are properly trained and given carefully planned assistance.

Since mentally retarded people have deficits in their cognitive ability, they have also deficits in their language ability, because language and cognition are two inseparable parts. Many individuals with mental retardation suffer from speech disorder, as in the respondents of this study. They frequently alter phonemes when they speak. Therefore, one of the ways in improving their skill is emphasizing on the development of speaking, especially on the altered phonemes.

As has been analyzed previously, most of the altered phonemes are those which are considered difficult to produce. Generally, they are able to acquire “easy” phonemes like bilabial, which is similar to the theory of normal children acquisition that easy phonemes are acquired formerly. Therefore, their speaking learning must now be emphasized on the acquisition of more difficult phonemes like dorsovelar in order to reduce their speech disorder. Regardless the level of the IQ score, the younger they are taught so, the better achievement they may gain.

In this case, schools have important roles in teaching them with special methods so that they can speak better. Yet, participation of the family has also essential roles in enhancing their ability, because mostly they spend their times at home. When mentally retarded individuals are making mistakes in uttering words, they must be “reinforced” to utter them correctly. Even though it will not cure the disorder totally, it may reduce the level of mistake in their speech. If they are consistently trained, they will able to gain better achievement either in their self-ability or in their cognitive skills.

Being mentally retarded is such an unbleeful condition. These individuals are usually marginalized, regarded unworthy and underestimated. In fact, no one seems to expect being placed in such situation. Therefore, it is now time for us to look at them and judge them, more wisely. All they require is care, affection and assistance from their surrounding. Even though they suffer from numerous deficits, they can also be affectionate and loving individuals. We must never forget to realize that mentally retarded people entitled to the same rights that every person enjoys and to the same human dignity that we continually demand.

# **BIBLIOGRAPHY**