

CHAPTER II

GENERAL DESCRIPTION OF THE OBJECT OF THE STUDY

2.1 DESCRIPTION OF THE AGING PEOPLE

2.1.1 Physical Development

As we grow older, there is one set of changes that we can observe- physical one. Our physical abilities peak at around ages thirty and become decline gradually thereafter. People in their later forties, fifties, and sixties often experience decreases in visual acuity and the ability to perceive depth. .

In addition, we can also see that people in late adulthood (over 65 years) often experience size decrease. Their organs become less efficient. Moreover Syper states that there are also perceptual and sensory changes in late adulthood, which affect communication. There are also a decreasing sensivity in vision, hearing, taste, and smell, which accompany aging. Hearing impairment is common cause of reduced communicative ability among the elderly. There are difficulties for the elderly to acquire and store new information in memory, either as a result ability to encode material or to retrieve it. Many things influence learning but in general older people find it harder to learn new things. Changes in respiratory system make it harder to control breath supply for speech and hence there are changes in voice quality and speech (Syper :1992: 238). In this case, we can see decline in comprehension and expressive language ability.

According to Crystal (1989: 60) the ability of speech in the aging is also likely to be affected by reduction in the efficiency of the vocal organs. The muscles of the

chest weaken; the lungs become more little elastics, the ribs less mobile. As the result, respiratory at age 75 is only about half of that age 30, and this has consequences for the ability to speak loudly, rhythmically, and with low tone. The cartilage's joint muscles and tissues of the larynx also deteriorate, and this affect the range and voice quality of voice produced by the vocal fold, which is often, breathy, and characterized by tremor. In addition, speech is affected by pores movement of the soft palate and changes in the facial skeleton, especially around the mouth and jaws.

2.1.2 Variables That Influence Speech and Language Characteristic in Aging

According to Walker et. Al (in Lass: 1981:152:156) The speech and language characteristics combine both perceptual and physical, so it is obvious that combination of variables would influence the functioning of the characteristics in the aging. There are at least five variables in this case, including living situation, social milieu, health, education, and sex.

It is obvious that general changes in living situation occur throughout the aging process. The individual moves from living with others to living alone, to living with children, to living with only adults, to living with family, or to living with strangers. Although all of these changes may influence communication, but it has become evidence that the living situation which has important role in affecting the speech and language characteristics in the aging is the institutional residence.

In the institution, one's social contacts are generally found to be with other aged people. The only exception would be with caretakers and with and with others who have communicatively handicapping conditions (Bakdash, 1997). Carlson(1972) has

suggested that monotonous interactions, i.e., institutional interaction, contribute to sensory deprivation. Such suggested changes in interaction and the resulting sensory deprivation would undoubtedly result in speech and language, which affect communication.

As one approaching old age, the optimal situation occurs when life continues with a husband or a wife in a home environment. In this setting, lifelong friendship can continue and lifelong interests and activities are encouraged. Communication occurs naturally and is spontaneously maintained. Typically there are also close family members in the immediate environment, a factor which also contribute to the maintenance of communication skills.

In the instance wherein one spouse is left alone in old age, the communication process undergoes another change. In this event, the aging individual will reach other existing support system, such as family members, friends and associates, and the community at large

In the event that an individual has lost family members and friends and has no supporting system available, he or she faces the most destructive environment with respect to the maintenance of the speech and language system. For example, the person whose only contact with society in his involvement with a social organization has little opportunity for the maintenance of social communication skills. The receptive communication skills might be maintained with the use of mass media such as television, radio, and the newspapers; however expressive skills are not met by the media, and this skills will possibly diminish in the event that individual is isolated from the society.

Whether this individual lives alone or with others, the person who continues to be active in these activities will tend to maintain these communication skills.

The third variable is the health. There are certain physical aspects of aging, which are, not considered to be debilitating health problems. These non-restrictive health problems include circulatory problems, such as high- blood pressure, respiratory problems such as asthma, orthopedic problems such as arthritis and bursitis, endocrinic problems such as diabetes and gout, and sensory problems such as reduced- visual acuity and high frequency hearing lost.

These non-debilitating types of problems would not necessarily affect communication, but they would change the way in which the individual interacts in society. For example, the person with presbycusis would not avoid talking with other but he would tend to restrict conversation in noisy environments.

However, the debilitating aspects of aging, which are not considered being variables in the communicative process itself, do have an effect on communicative interactions. These debilitating aspects include visual problems such as glaucoma, cataract, severe respiratory problems such as emphysema, and motor problems such as severe rheumatoid arthritis, broken bones and lost of a limb, which do not affect psychological and communication function but would limit physical activity. These debilitating health problems would not affect the speech and language system per se, but they affect the activity of the individual and therefore, communication. Not only is the verbal communication affected but other language system are interrupted such as reading and writing.

The fourth variable is the educational variables. The educational level certainly does influence the types of activity. For example, people with educational level

junior high and below, tend to enjoy the religious activity, service to other, taking care those less fortunate than themselves, and neighborhood activity. Those with a high school education and above tend to enjoy religious activities and special interest groups. The type activity however has no apparent relationship to the quality of communication so long as social contact continuous to be made

The last variable is sexual differences. Number of stereotypes exists pertaining to differences in the speech and writing in man and women. These stereotypes exist across all linguistic features. For instance, Kramer (1974) characterizes the stereotyped speech of women as being weaker and less effective than the speech of man. Compared with male speech, the female form is supposed to be emotional, endless, high-pitched, vague, euphemistic, sweetly proper, mindless, and silly.

2.2 Paralinguistic Feature of Speech

According to Rakhmat, what is meant by paralinguistic is the way people utter verbal signal. So, if verbal cues indicate what is being uttered, paralinguistic cues reflect how it is uttered (1985:87). In other words, we can say that paralinguistic is the medium through which words are spoken. While words or language represent the verbal channel of communication, paralinguistic is the agent of non-verbal channel of communication.

There are many views of what constitutes paralinguistic. Rakhmat (1985:292) says that paralinguistic cues consist of speech, voice quality, volume, tempo, and rhythm. While Scherer (in Scherer and Ekman, 1982:136) proposes that paralinguistic includes such aspect as intonation, voice quality, rhythm, and pausing. According to Poyatos (1988), paralinguistic is a term to designate some kind of

articulation of the vocal apparatus or significant lack of it, i.e. hesitation, between segment and voice articulation. These include all extra speech sound, such as hissing, slashing, whistling and imitation sounds- as well as a large variety of speech modification, such as voice quality (sepulchral, whinny, and giggling), very high pitch, or hesitation and rate of talking.

Additionally, Trager (in Kess, 1976:135) divides paralinguistic feature into vocalization and voice quality. There are five vocalization according to Trager, that is vocal noises, such as laughing, crying, yelling, clearing the throat and so on, vocal segregates the uh-uh-uh, uh-huh, and tsk-tsk (for affirmation, pause, sympathy or sarcasm), and the third type, vocal qualifier which provide modification of characteristics, such as the intensity (loud-soft continuum), the pitch (high-pitch, low-pitch continuum), and the extent (the drawled-speech – clipped-speech continuum) of the articulation. In this case, we consider paralinguistic as refer to such features of speech which include the intensity of speech sound or loudness, tempo, rhythm, voice quality (breathy, creaky voices) and vocal reflexes such as laughing, crying, yawning, and vocalization for negation, affirmation, and so forth.

Secord and Backman (1964,1974:49:50) propose that such paralinguistic features (vocal cues or voice quality) can be used to form impression and comparable position to language since they can be medium through which the cognitive organization of stimulus within an individual's mental structure is construed. Even, they can be more powerful as they can negate, amplify, or modify what constitute in verbal message. In turn, they become part of individual's patterns (which include language and speech variables) and indication of a person's identity from which his or her fellow counterpart make judgement and gives reaction to him or her.

Particularly about voice quality, Laver (1980) says that phoneticians have used the term 'voice quality' in two different ways. Some regards it has referring to those aspects of a person's speech that result from particular mode of vibration of the vocal cords (the voicing) used by the speaker. Other regard it as a more general term for all the personal attributes of speaker's voice, regardless of whether they result from actions of the vocal cords or other vocal organs.

Moreover, Laver explains that all speakers can be identified by listeners familiar with the sound of their voices, because of their relatively consistent quality running through everything they say. This voice quality springs from two types of factors, organic and phonetic. Organic factors include the dimensions, mass, and geometry of the speakers vocal apparatus, in terms of over all length of the vocal tract; the volume and the shape of the pharynx, mouth, and nasal cavities; the nature of the dentition, the size and the shape of the lips, tongue, and lower jaw; the structure that make up the larynx; and the volume and power of the respiratory system. People differ in the organic foundation of their voice quality as much as they do in details of their facial appearance, though not as much as in their fingerprints.

Organic factors influence voice quality change slowly overtime, through growth in youth and through atrophy in old age. Shorter- term pathological changes also occur, in ephemeral condition such as colds, laryngitis, or tonsillitis and in more serious chronic diseases.

2.3 Communication Pattern of the People in Panti Werdha “Hargo Dedali” Surabaya

It can be considered that the people in this institution are living with strangers; and this situation directly affects the speech and language characteristic, and therefore also affects communication. However, communication in this place occurs naturally and spontaneously. Even though they do not know each other before, almost all of them come from the same environment in the past, that is the military environment. They can communicate well and do their hobbies and interests together. Only few of them who cannot communicate well because they are too old and have some health problems.

There are at least three languages spoken in this institution-Indonesian, Javanese, and Dutch. However they mostly speak Javanese in their daily communication. They tend to speak Javanese even though most of them know Indonesian and a little bit of Dutch. They speak Indonesian only by chance or in formal occasion. The Dutch is spoken through the close friends in secret situation.

In addition the communication skills in this place is also maintained with the use of mass media such as television, radio, and newspaper.

CHAPTER III
PRESENTATION AND
ANALYSIS OF THE DATA