Advances in Social Science, Education and Humanities Research, volume 485
Proceedings of the 3rd International Conference on Language, Literature, and Education (ICLLE 2020)

Representative Speech Acts of People With Multiple Aphasia (Case Study on Khairudin)

Cici Nurfauzianah Has[1]

[1]*Indonesian Language Education Study Program, FBS Universitas Negeri Padang, Padang, Sumatra Barat 25131, Indonesia*
Email: cicinurfauzianahas@gmail.com

ABSTRACT
This study was assesed based on representative speech acts. The purpose of this study was to obtain factual data on representative speech acts spoken by Khairudin, aged 60 years, and diagnosed with multiple aphasia since 2018. This study used a qualitative type with descriptive methods, and used data collection techniques in the form of techniques of lisnening, free, competent, noted and recorded record. The result of data analisys found data in conversations (1), (2), and (3), in the form of representative speech atcs reported. Data on conversation (1), such as one, two, three, means that it is the first. In the conversation data (2) it was found that Khairudin told him that he did not perform Friday prayers, such as ciko, ciko Lailahailallah, meaning 'here, here, Lailahailallah'. Furthermore, Khairudin intends to inform that five prayers should be performed at the mosque, such as ha iko ha, meaning 'ha this ha'. In conversation (3), ha iko kan tigo limo is found, meaning 'ha is three five'. The speech meant, Khairudin wanted to tell him that he bought glasses for Rp 35.000,00. Next data, which is ndak do do kan? Iko ndak ado, ha iko, meaning 'no right? This doesn't exist ha'. Khairudin intends to tell him that the glasses for Rp 30.000,00 he is looking for do not exist.

Keywords: *Representative speech acts, Wernicke aphasia, Sensory aphasia*

1. INTRODUCTION

Research on language disorders is not new, especially in the study of affasiology. Aphasiology is the study of aphasia and the development of language disorders that occur in damage to the left hemisphere [1]. In this regard, Feldman states that 95% of cases of aphasia are caused by damage to the left hemisphere [2]. Aphasia is a language disorder caused by brain injury that results in damage to the left hemisphere which is the center of language [3]. Aphasia is the sufferer's error in expressing thoughts, such as there is no continuity between what is thought and what is expressed [4]. This means that people with aphasia have difficulty in pronouncing language, both spoken and written, as well as difficulties in understanding language. In this regard, the common characteristics seen by someone suffering from aphasia are stuttering speech, unclear pronunciation, and changes in the sound of the speech output [5]. Typically, people with aphasia experience language disorders both phonologically, morphologically, syntactically, semantically and pragmatically [6].

In addition, aphasia also affects a sufferer's ability to speak, read, write, memory and other cognitive domains [7]. Aphasia can affect both adults and children. One of the causes of language disorders such as aphasia, which occurs in adults, is caused by injury to the brain which is often caused by a stroke [8]. In this regard, a study conducted by Ellis, et al. Stated that there were 100,000 strokes accompanied by aphasia out of a total of 795,000 stroke cases that occurred annually in America [7]. Reinforced by Ali, et al who stated that aphasia caused by stroke obtained a percentage of about 12-38% [9]. In addition, a study conducted by Purnomo, et al. Found that in Indonesia cases of aphasia, out of 303 patients who had a stroke, 36 patients had aphasia [10]. Apart from stroke, other possible causes for a person to experience aphasia include brain damage due to head trauma, tumors and infections in the brain [11].

Based on the National Aphasia Association (in Santoso, et al), aphasia is divided into several special characteristics, namely anomic, conductive, transcortical, wernicke, sensory, broca, and global aphasia [12]. However, the focus of this study is only on Wernicke's aphasia and sensory aphasia. Wenicke's aphasia is a linguistic disorder of receptive disability [13]. The case of Wernicke's aphasia sufferer has a unique phenomenon, namely difficulty in understanding the language spoken by the speech partner, and vice versa. Wernicke's aphasia is a language disorder in which the sufferer is unable to understand language both verbally and visually, and the sufferer can only express his thoughts and words by chattering without clear meaning [14]. Not only that, sufferers of Wrenicke's aphasia show a spontaneous and meaningless way of speaking. A person suffering from

Wernicke's aphasia is very poor at speaking and understanding the language of other speakers. Wernicke's aphasia sufferers can only speak according to their own opinions and perceptions. Sufferers are fluent in speaking unclear and chaotic words. Wernicke's aphasia sufferers can compose cohesive phrases and clauses but there is no coherence and clarity of communication objectives [1].

People who have fluent aphasia (Wernicke) immediately experience damage to the posterior sensory area, the temporal lobe, in which the center of speech regulation is located. The posterior sensory area is the auditory center or what is called Wernicke's area. This linguistic disturbance causes sensory areas, which can also be considered sensory aphasia, as well as Wernicke's aphasia [15]. In sensory aphasia, the sufferer experiences loss of spoken and written language. This disorder is very complicated because there is a disturbance in the lexicortical which is an associative area between visual, sonsoris, motor and hearing [1]. In addition, linguistic disorders in the form of Wernicke's aphasia usually experience the phenomenon of infantile or childhood amnesia, which is a phenomenon for adult aphasia sufferers who have lost language, but still have the ability to remember some vocabulary of their first language [16]. Based on this explanation, aphasia is not a simple matter, but rather a complex clinical entity.

The main factor of Wernicke's language disorder and Sensory aphasia is the difficulty in speaking words in the communication process, for example representative speech acts. Representative speech acts are contained in Searle's theory, namely speech acts that ask his narrative to the truth of what he is saying [17]. Representative forms of speech include speech acknowledging, demanding, showing, mentioning, reporting, giving testimony, stating something [18].

The relationship between brain damage and language disorders is getting the attention of experts. Research on aphasia has usually been carried out by researchers from various scientific studies. However, no one has researched representative speech acts on research objects with multiple disorders such as Wernicke's aphasia and sensory aphasia. This is evident in the research conducted by Suryani [18] regarding the utterances found in post-stroke Broca aphasia sufferers. The results of his research found that speech acts in Broca's aphasia sufferers after hemorrhagic type stroke were representative speech acts and experienced emotional cognitive impairment, directive and experienced cognitive-memory disorders new, expressive, commissive and experienced new cognitive impairment memory, the last one was declarative. . The five speech acts have deviations.

Next is Suryani and Suantoko [19] with a study of speech deviation from Broca's aphasia sufferers after hemorrhagic type stroke. The result of the research is that there is language cognitive impairment in post-stroke Broca affasai sufferers in the form of deviation of representative, directive, expressive, commissive and declarative speech acts. In addition, this study also found that in addition to media therapy in the form of drug administration, language therapy can also be done. In addition, there are other researchers who conduct research on aphasia, such as Santoso, Andayani, and Setiawan [12] regarding pragmatic studies on language vocabulary and phonetics, with the object of research being global aphasia sufferers. The results of the research findings are that the pragmatic aspects of the object of the research are influenced by several things such as the previous speech context, the experience of speech partners in interacting with speakers, the use of gestures and intonations. When referring to this research, it is interesting to know what forms of representative speech acts are found in individuals who experience Wernicke's aphasia and sensory aphasia. In connection with what has been explained, research in studying multiple aphasia, namely Wernicke's aphasia and sensory aphasia needs to be done. Research is studied from the foundation of pragmatics.

2. METHOD

This study was conducted to find linguistic disorders in terms of pragmatic science, in speech output of Wernicke's aphasia and sensory aphasia. This research is a qualitative research. Qualitative research, resulting in data from research in the form of speech forms or utterances produced by sufferers of Wernicke's aphasia and sensory aphasia. This research uses descriptive method. Descriptive research is a research method that seeks to present and interpret research as it is [20]. Related to this, the purpose of descriptive research is to systematically describe facts, objects, or objects as they are, in accordance with the characteristics of the subject being studied appropriately. In this study, the utterances of multiple aphasia sufferers were described and analyzed based on the summary analysis. This study aims to find the speech forms of the research object itself.

Furthermore, the data of this study are utterances spoken by sufferers of Wenicke's aphasia and sensory aphasia. The data from this study are in the form of utterances spoken by sufferers of multiple aphasia as the object of this study. The data source of this research is a man named Khairudin, aged 60 years. Khairudin was diagnosed with Wernicke's aphasia and Sensory aphasia since 2018. It started when Khairudin suffered from heart disease, and was operated on. At that time the doctor advised Khairudin to finish the medicine the doctor gave him, but Khairudin was reluctant to follow the doctor's advice. After one year, Khairudin suffered from paralysis, as well as suffering from aphasia. Khairudin works as an educator at SMK, but because he suffers from aphasia, Khairudin undertook an early retirement. The informants of this study were Khairudin's wife, Zanidar, and Khairudin's children, Nurfadhilah, and Fardiansyah.

The data collection techniques in this study were listening, free, competent, note-taking, and recording techniques. This method is worth using, to avoid

psychological problems with the object of research. Meanwhile, equipment that helps collect data, namely recording devices in the form of Samsung A6 plus type devices, writing aids, such as books and pens. The procedure of this research is observation, then data collection, then data reduction and data sorting based on the research focus. After the data was collected, the data analysis technique in this study was carried out by transcribing the recorded data in written language, identifying and classifying the research data, then interpreting the data and concluding the data. The research sample was written with the conversation code P (1), and the conversation number was coded N (1), so that was the last data.

3. FINDINGS AND DISCUSSION

3.1. Finding

The findings of this study are shown in the linguistic condition of Wernicke's aphasia and sensory aphasia at moderate levels. This can be seen from how the utterances and vocabulary are formed from the research object. Khairudin is only able to say short vocabulary, for example yes, this, iko, one, two, three, four, five, don't know do, ciko, ado, ndak ado, and there. Khairudin speaks Indonesian passively, and speaks the regional language actively. This means that Khairudin uses the local Ocu language, the Jawi-Jawi Kampar dialect, rather than Indonesian in communicating. Even though the speech partner uses Indonesian, Khairudin still uses the regional language in communicating with the speech partner. Khairudin, allegedly experiencing the phenomenon of child-healthy amnesia. Through this short vocabulary, Khairudin tries to communicate with speakers. In this case, Khairudin as a speaker, formed a communication that was difficult to understand the meaning and meaning. The form of speech between Khairudin (Kh) and Nurfadhilah (Nr), Fardiansyah (Fd), and Zanidar (Zn), can be seen in the speech as follows.

Conversation (1)

1.	*Kh*	*: iko satu, dua, tiga (sambil membolak-balikkan kalender)* (‘ini satu dua tiga’)
2.	*Fd*	*: sekarang tanggal berapa?*
3.	*Kh*	*: satu dua tiga empat lima ha iko lah* (‘satu dua tiga empat lima ha ini lah’)
4.	*Fd*	*: apa? Maret?*
5.	*Kh*	*: iya Maren (berbicara tidak jelas)*
6.	*Kh*	*: ha itu (berbicara tidak jelas)(gerakan sambil menunjuk tanggal di kalender)*
7.	*Nr*	*: salah Pa, sekarang tanggal satu. (menujuk angka satu di kalender)*
8.	*Kh*	*: iya! Satu, dua, tiga, tiga, satu dua, tiga (sambil menunjuk tulisan bulan di kalender)*
9.	*Nr*	*: ini ha bulannya, Ferbuari, Maret. (menunjuk tulisan bulan di kalender)*
10.	*Kh*	*: iya ini ha, satu, dua, tiga, empat, lima.*
11.	*Nr*	*: salah Pa, sekarang ini (sambil menunjuk angka satu di kalender)*
12.	*Kh*	*: iya ini ini ha. (sambil menunjuk ke tulisan bulan Maret)*

Context:
The speech occurred at night, when Khairudin and his two children were in the family room, suddenly Khairudin took out a calendar, and invited him to communicate with his two children, Nurfadhilah and Fardiansyah.

Data in P (1), based on the context of the speech incident, it appears that Khairudin is trying to communicate with his son, and intends to tell something, but Khairudin's speech partner does not understand what Khairudin is trying to convey. Khairudin took action to report something, then the speech partner tried to understand it, so that a response emerged from speech partners such as N (2). In data N (2) to understand what Kh was trying to convey, Fd tried to ask to find out what Kh meant. But Kh also couldn't understand the questions Fd asked as in data N (2). In the next data, Fd was still trying to understand what Kh was trying to convey, then Fd asked questions like data N (4), but the utterances spoken by Kh such as data N (5) did not match in terms of his vocabulary.

On the next occasion, Nr, another of Kh's said partners, tried to understand what Kh said, so that Nr told Kh, as in data N (7). However, Kh also could not understand what speech the partner said, so Kh made his own perception, as in data N (8). In that case, Kh tried to emphasize his utterances, but Kh was wrong to give his nonverbal gestures, such as saying one, two, three, however, pointing to the moon on the calendar. Furthermore, Nr tries to notify that the writing he points to is the name of the month as in data N (8). However, Kh also did not understand the speech of his speech partner and emphasized his speech as in data N (10). Nr still tries to convince Kh by telling like data N (11), and Kh also doesn't understand the speech of his partner. Based on this, thus Khairudin (Kh) experienced a deviation in the representative speech to report. The speech spoken by Khairudin (Kh) will not experience a deviation if the speech, likewise Fardiansyah's (Fd) answers will not guess, and ask questions like the data in N (2). The speech is as good as the following.

Kh : sekarang tanggal satu.
Fd : memangnya kenapa Pa?

The speech event contained in P (1) that occurred between Kh and his speech partners, namely Fd and Nr, did not happen well. This is because Kh is a sufferer of Wernicke's aphasia. When Kh tried to tell something to Fd and Nr, his speech partner did not know the meaning of Kh's speech and the form of nonverbal movements. Kh tried to perceive the meaning of his partner's speech himself. The speech spoken by Kh also contains speech that is unclear and meaningless. Besides having difficulty understanding the speech of his speech partner, Kh is thought to have difficulty hearing, because Kh is also a sufferer of Sensory aphasia.

Conversation (2)

1.	*Kh : ciko (menunjuk ke kiri) ciko (menunjuk ke kanan) lailahailallah* ('sini, sini lailahailallah')
2.	*Nr : ngapa Pa? ketiduran Papa?*
3.	*Kh : (berbicara tidak jelas) ndeh laillahaillah*
4.	*Nr : gak papa sekali-kali. Gak dengar Azan?*
5.	*Kh : tau do.*
6.	*Nr : gak kuat azannya ya?*
7.	*Kh : ciek ciko lah ado, ciko lah ado lai (berbicara tidak jelas).* ('satu sini sudah ada, sini sudah ada lagi')
8.	*Nr : nanti magrib salat masjid lagi.*
9.	*Kh : ha nya iko ha (sambil mengembangkan kelima jarinya)* ('ha nya ini ha')
10.	*Nr : ooo lima waktu?*
11.	*Kh : iyo, yang ko ha eihh (berbicara tidak jelas)* ('iya, yang ini ha, eihhh')
Context: The speech incident occurred during the day, on Friday. Khairudin and his son, Nurfadhilah, were sitting in the living room. At that time Khairudin was about to tell his daughter that he had fallen asleep, so he did not perform Friday prayers at the mosque on that day.	

The data on the conversation (2), namely the speech events that occurred between Kh and Nr. Based on the context of the speech incident, Kh performed representative speech acts to report or tell something. This can be seen in the N data (1). The nonverbal gesture shown by Kh led to the sound of the katib who was preaching at the mosque near Kh's house. Based on N (2) data, it seems that Kh's said partner, namely Nr, understood what Kh was trying to tell him, so Nr asked about it. Then Kh responded to the speech spoken by Nr, in this case it seems that Kh understood the meaning of Nr's speech as in data N (5). Nr tries to ask Kh again as in data N (6), but it seems that Kh does not understand the meaning of Nr's question, so Kh's speech is like in data N (7). When Nr said as in the data of N (8), Kh told him that he should pray at the mosque for five times, namely dawn, midday, asar, sunset, and isha. The speech spoken by Kh seems to be understood by his speech partners as in data N (10). In the case of the speech that occurred between Khairudin (Kh) and his son Nurfadhilah (Nr), it seemed to be going well, even though Khairudin did not fully understand the speech spoken by his speech partner, so there were some utterances spoken by Khairudin that did not match Nurfadhilah's question. The speech spoken by Kh can be said to have no deviation in representative speech acts if Kh does not speak like the data N (7).

Nr : gak kuat azannya ya?
Kh : iya.

During the speech event, Nurfadhilah could also understand Khairudin's speech. In the speech incident, data N (7), Kh was unable to respond to the questions asked by Nr as in data N (6). This is natural, considering that Kh is a sufferer of Wenicke's aphasia, which is a language disorder in the inability to understand the speech of the other person. In addition, Kh is also a sufferer of Sensory aphasia, so Kh is less able to hear the call to prayer from a mosque not far from his house as in data N (4).

Conversation (3)

1.	*Nr : apa tu? Oo beli kacamata?*
2.	*Kh : (menunjukkan kacamata yang ditangannya)*
3.	*Nr : sendiri Papa beli?*
4.	*Kh : ha iyo do.* ('ha iya')
5.	*Zn : (melihat Kh hendak meminum minuman yang dibelinya)* *tengok tanggal kadaluarsanya dulu!* (Nr memeriksa dua buah kaleng minuman yang hendak diminum oleh Kh)
6.	*Kh : iyo itu samonyo.* (iya itu samanya)
7.	*Kh : ha iko kan tigo limo (berbicara tidak jelas, kemudian menuliskan 35.000 di papan tulis).* *('ha ini kan 35')*
8.	*Nr : ooo 35, dimana Papa beli?*
9.	*Kh : hemmm situ.*
10.	*Nr : pasar Loket? Iya?*
11.	*Kh : (mengangguk)*
12.	*Nr : 35 satu harganya?*
13.	*Kh : mengangguk*
14.	*Kh : (berbicara tidak jelas) ndak ado do kan? Iko ndak ado (sambil menulis angka 30.000) ha ko* *(tidak ada kan? Ini tidak ada sambil menulis angka 30.000, ha ini)*
15.	*Nr : oo jadi yang 35 yang Papa beli.*

Context:
The context in the speech incident that occurred was that Khairudin had just returned from the market and was sitting with his family. Then Nurfadhilah asked what object Khairudin was holding.

The speech event contained in P (1) is a form of representative speech event reporting or informing something that was spoken by Khairudin (Kh), with his speech partner, namely Zanidar (Zn), his wife, and his son, Nurfadhilah (Nr), this can be seen from the context of the narrative event. The speech incident occurred when Nr asked Kh what he was holding, seen in data N (1), then Kh showed the object he was holding as in data N (2). This means that Kh understands what his partner is asking. The same thing also happened to data N (3), and N (4), namely Kh was able to understand what was said by his speech partner. The form of representative speech acts to report Kh is found in data N (7), namely "ha iko right tigo limo (35)", meaning that it costs 35 thousand rupiah. This does not end there, Kh then tries to make his interlocutors understand the form of the speech spoken by him by writing the number 35,000 on his blackboard available in the family room. His partner, namely Nr, understood what Kh said as seen in data N (8). On the other hand, when his speech partner, Nr, asks something, Kh can easily answer questions raised by Nr, as seen in data N (9). Meanwhile, on data N (11) and N (13), Kh does not speak, but shows a body movement or nodding gesture which means yes.

Meanwhile, another representative speech act uttered by Kh is data N (14) "(speaking incoherently) don't pray for it? Iko ndak ado (while writing the number 30,000 ha iko. "The intention of the representative's speech was that Kh wanted to buy glasses that cost thirty thousand rupiahs, but the price of the glasses he wanted was not available, so Kh took the initiative to buy glasses that cost thirty-five thousand rupiah. Representative speech acts spoken by Kh can be understood well by his speech partners, this is because Kh does not only use verbal expressions, he also uses nonverbal gestures. However, Kh does not always understand what his speech partners say, Kh still has difficulty understanding the utterances spoken by his speech partners, such as in data N (6). In the speech contained in the data, namely "yes, samonyo" is incoherent, the form of the answer is spoken in the form of a command sentence spoken by Zn as in the data N (5), namely "look at the expiration date first!" This means that Zn ordered Kh u to check the expiration date of the drink before he drinks it. This is normal, because Kh is a patient with Weenicke's aphasia and sensory aphasia. Kh is sometimes able to understand the utterances spoken by his speech partners, as well as his speech partners, sometimes he is able to understand what Kh is saying, but this is not always the case.

3.2. Discussion

In general, one part of the brain system contained in the human brain is the cerebrum. Within the cerebrum there is the left hemisphere as Wernicke's field. This field has a function to understand the speech spoken by the speech partner. Wernicke's aphasia is a type of linguistic disorder that occurs due to brain injury to the dominant hemisphere [21]. The dominant hemispheric region lies in the associative region between the visual, sensory, motor and auditory areas [22]. The damage that occurred in the area also resulted in disturbing the understanding of what was heard, and the understanding of what was seen was also disturbed. Therefore, typically, people with Wernicke's aphasia, are also diagnosed with Sensory aphasia.

Based on the results of this study, it is explained that language disorders in people with Wernicke's aphasia and sensory

aphasia, make communication that occurs between speakers and speech partners becomes obstructed. Both speakers and speech partners have difficulty understanding each other's speech that occurs during speech events. This is because Wernicke's aphasia sufferer, Kahirudin, finds it difficult to understand speech partners' speech and it is difficult to say something, even though Khairudin has tried hard to express speech to communicate, but often the speech he speaks is unclear, irregular and only makes meaningless sounds. . It is not uncommon for his speech partners not to know what Khairudin intended to convey if he did not know the previous context. In that case, the representative speech acts spoken by Khairudin often experience deviations or deviations in the speech act. In the results of this study, Khairudin as a speaker performs representative speech acts reporting or informing things such as in conversation (1), conversation (2), and conversation (3). However, there are some utterances in the form of representative speech acts of Kh as speakers who experience deviation or speech deviation. This is due to the inability of both speakers and speech partners to understand the utterances being spoken. This is as seen in conversation (1) and in conversation (2), but this is not found in conversation (3).

Based on the description of the data that has been stated, the results of the research in this study are different from the research conducted by Suryani [18], Suryani and Suantoko [19], and Santoso, et al [12]. This study took the research object of Wernicke's aphasia sufferers as well as Sensory aphasia, while the other research took the object of research on Broca's aphasia sufferers and global aphasia sufferers. Wernicke's aphasia suffers from an inability to understand speech. Broca's aphasia suffers from an inability to produce speech. Meanwhile, global aphasia sufferers are a combination of both Wernicke's aphasia and Broca's aphasia. In this study, sufferers of Wernicke's aphasia and and Sensory aphasia, namely Khairudin, tried to communicate with their speech partners, by doing a representative speech act, however, there were several speech acts that experienced representative speech act deviation. The same thing also happened to research conducted by Suryani [18], and Suryani & Suantoko [19], namely in the results of their research, the utterances spoken by Hy as a sufferer of Broca's aphasia after hemorrhagic stroke. Hy did deviate or deviation from representative speech acts. Apart from the deviation of the speech act, there are also deviation of directive, expressive commissive and declarative acts. However, a different form was found from the study conducted by Santoso, et al [12], when compared with this study. Research conducted by Santoso et a [12], emphasized more on pragmatic studies in terms of vocabulary and phonetics. The vocabulary mastered by global aphasia sufferers is very little. In addition, if you want to understand what speech is spoken by this global aphasia sufferer, the speech partner should know the context beforehand. Overall, the communication skills of people with aphasia both in this study and in previous studies were not good.

4. CONCLUSION

Based on the findings and discussion of this study, Khairudin as a linguistic disorder sufferer from Wernicke's aphasia and Khairudin's sensory aphasia, in carrying out representative speech acts, there were 3 conversations. Khairudin said the representative speech act was in the form of a representative speech act reporting or telling something to his speech partner. In representative speech acts spoken by Khairudin as a speaker, there are several utterances and forms of nonverbal movements that the speech partners cannot understand, such as in the conversation data (1). However, in conversation (1) and conversation (2), Khairudin experienced deviations or deviation in representative speech acts. Meanwhile, in the conversation data (3), there is no deviation in representative speech acts. Based on this, it is understood that the representative speech acts spoken by Khairudin will not be able to be understood by the speech partners if the speech partners do not know the context.

ACKNOWLEDGMENT

I would like to thank Allah SWT, to my parents who always supported me, to the lecturer of the Indonesian Language and Literature Education Master Program, Padang State University. I also want to say to my friends. also did not escape, to the ICLLE 2020 committee, and the publisher who helped me publish this article.

REFERENCES

[1] Indah, Rohmani Nur. 2017. Gangguan Berbahasa. Malang: Uin-Maliki Pers.

[2] Feldman, H. M. 2011. Language Learning and Development Language Learning with an Injured Brain. Language Learning and Development. 1(1): 265-288.

[3] Subyantoro. (2013). Gangguan Berbahasa: Mengenali untuk Mengantisipasi Sejak Dini. Yogyakarta: Ombak.

[4] Violita, Nandi Chipko Alun. 2019. Gangguan Berbahasa pada Penderita Afasia Motorik Kortikal. Prosiding SENASBASA. 3(2): 795-802.

[5] Purnawati, Indri, Indah Ika Ratnawati, dan Nurliani Maulida. 2018. Kesalahan Fonologi pada Penderita Afasia Broca Pascastrok dalam Tinjauan Psikolinguistik. Jurnal Basataka. 1(1): 30-36

[6] Cahyaningtiyas, Isqi Agustin. 2019. Penggunaan Ekspresi Berbahasa pada Penderita Afasia Motorik Transkortikal. Prosiding SENABASA: Seminar Nasional Bahasa dan Sastra. 3(2): 509-517.

[7] Ellis, C., Urban, S., Ellis, C., dan Urban, S. 2016. Recovery and Clinical Outcomes Age and Aphasia: a Review of Presence, Type, Recovery, and Clinical Outcomes, Topics in Stroke Rehabilitation. 9357: 1-10.

[8] Sastra, Gusdi. 2011. Neurolinguistik: Suatu Pengantar. Bandung: Alfabeta.

[9] Ali, et al. 2014. Stroke Intervetions. International Journal of Stroke. 9(2): 174-182.

[10] Purnomo, A. M. et al. 2016. Angka Kejadian Kejadian Afasia pada Strok di Instalasi Rehabilitasi Medik RSUP Prof. Dr. R. D. Kandou Manado Tahun 2015. Jurnal e-Clinic. 2(4): 1-6.

[11] Dewi, Mutiara Indah Nirmala. 2019. Perubahan Bunyi Bahasa pada Penderita Afasia Wernicke (Kajian Pasien Mr. D). Jurnal Universitas Kebangsaan, 2(2): 68-74.

[12] Santoso, Nugroho Ponco, Andayani, dan Budhi Setiawan. 2019. Kajian Pragmatik pada Kosakata dan Fungsi Fonetis Bahasa Penderita Afasia Global. Bahasa dan Seni: Jurnal Bahasa, Sastra, Seni dan Pengajarannya. 46(2): 153-166

[13] Fadhilasari, Icha. 2016. Deviasi Linguistis pada Tuturan Penderita Afasia Broca Akibat Stroke. Buana Bastra. 3(1): 45-58.

[14] Nuryani dan Dona Aji Karunia Putra. 2013. Psikolinguistik. Tangerang Selatan: Mazhab Ciputat.

[15] Reni. 2004. Afasia Deskripsi Pemeriksaan dan Penanganan. Jakarta: Dharmaperwira-Prins.

[16] Brysbaert, M. dan Ellis, A. W. 2016. Aphasia and Age of Acquisition: Are Early-learned Words More Resilient? Aphasiology. 30 (3): 1240-1263.

[17] Akbar, Syahrizal. 2018. Analisis Tindak Tutur pada Wawancara Putra Nababan dan Presiden Portugal (Kajian Pragmatik). Sebasa: Jurnal Pendidikan Bahasa dan Sastra Indonesia, 1(1): 27-38.

[18] Suryani, Yunita. 2019. Tuturan Penderita Afasia Broca Pascastrok. Jurnal Bahasa, Sastra Indonesia, dan Pengajarannya. 2(2): 260-268.

[19] Suryani, Yunita, dan Suantoko. 2019. Deviasi Tuturan Penderita Pascastrok. Prosiding: SNasPPM. 4(1): 44-51.

[20] Darmadi, Hamid. 2014. Metode Penelitian Pendidikan Sosial. Bandung: Alfabeta.

[21] Sanjaya, Nur Arief. 2015. Gangguan Fonologis Keluaran Wicara pada Penderita Afasia Broca dan Afasia Wernicke: Suatu Kajian Neurolinguistik. Jurnal Arkhais, 6(2): 53-62.

[22] Damayanti, Riska. 2019. Gangguan Berbicara pada Afasia Wernicke. Jurnal Pendidikan Bahasa dan Sastra Indonesia, 3(2): 188-191.