Case Study of Politeness Strategies in Speech Therapy for Clients with Language Disorders

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Abstract

This paper explores the application of politeness strategies by Speech Therapists in the context of interventions with clients experiencing Language Disorders. Language, serving as a tool for self-expression and social adaptation, becomes crucial in the process of socialization. However, individuals with Language Disorders face challenges in communication, impacting their ability to participate in society. Speech Therapists play a vital role in addressing these challenges through comprehensive interventions, employing various language strategies and methods tailored to individual client needs. The study employs qualitative research methods, focusing on speech acts and politeness strategies used by Speech Therapists during therapy sessions. Data collection involves observation and note-taking techniques, with primary data consisting of speech acts performed by therapists and secondary data providing additional information about therapists and clients. Qualitative data analysis is conducted concurrently with data collection, involving data reduction, display, and conclusion drawing. The findings reveal effective combinations of verbal and non-verbal speech acts, along with politeness strategies, facilitating positive responses from clients. The study emphasizes the importance of directive speech acts, both verbal and non-verbal, in conveying therapeutic messages. The politeness strategies, particularly the use of positive and negative politeness, contribute to minimizing client burdens and maintaining engagement. Additionally, the study identifies challenges faced by therapists in situations of client non-responsiveness, emphasizing the need for adaptability in therapeutic approaches. In conclusion, the research sheds light on the dynamics of communication in speech therapy for clients with Language Disorders. Effective combinations of speech acts and politeness strategies enrich the therapeutic process, fostering client engagement. However, challenges underscore the importance of therapists' responsiveness and creativity in tailoring interventions to individual client needs. The study contributes valuable insights to the field of Speech Therapy and highlights avenues for further research in optimizing language interventions for individuals with communication disorders

Keywords: *Politeness Strategies; Language Disorder; Pragmatics; Speech Therapy*

Introduction

Socializing and undergoing social adaptation require language as its intermediary. This aligns with Keraf's opinion (2004:3), stating that one of the functions of language is to serve as a tool for self-expression, social adaptation, and social control. From this, we can observe the importance of language as a part of the medium for socialization. However, not everyone is capable of performing these language functions. Someone with Language Disorder faces difficulties in their communication. Language Disorder, or in Indonesian, referred to as gangguan bahasa, is a disturbance in the understanding and/or use of oral, written, and/or other symbol systems. Language disorders may encompass language form, language content, and language function (ASHA, 2022). In terms of language form, the affected components include phonology, morphology, and syntax. Meanwhile, in language content, the affected part is semantics, and in language function, the affected aspect is pragmatics (Owen, 2016).

The scope of work carried out by Speech Therapists includes the rehabilitation of language disorders, speech production disorders, literacy issues, voice disorders, resonance disorders, cognitive disorders, fluency and rhythm disorders, feeding and swallowing disorders, auditory rehabilitation, and multimodal communication. The services provided by Speech Therapists include conducting assessments for clients in need of speech therapy. They also engage in therapy planning tailored to the client's needs, intervention and treatment, evaluation, consultation, and referrals.

In handling interventions, Speech Therapists utilize methods tailored to the client's needs. The method employed involves the use of speech acts as its foundation. For instance, when the Speech Therapist aims to introduce the names of animals to the client, they would produce speech acts to captivate the client's interest, enabling them to comprehend the material being taught.

Handling clients with Language Disorders involves specifically designing programs to enhance language and/or speech development to remove obstacles for the client to participate in society. Craig (2008), as cited by Law (2017), states that the treatment for clients with Language Disorder is considered complex due to its composition of diverse elements that vary based on the client's needs and existing theories.

Handling clients with Language disorders typically involves specific behavioral training, such as intonation, vocabulary, and sentence structure. Moreover, therapists, especially when dealing with clients with language disorders, often involving children, frequently use rewards when the client successfully performs the requested tasks or instructions. These rewards may include stickers, favorite foods, desired toys, and commonly used praises.

Language strategies can be employed in the treatment of clients with Language Disorder. One language strategy used is the Three-Sentence Grammatical Intervention Approach (syntax) (Balthazar, C. H., Ebbels, S., & Zwitserlood, R, 2020). In this approach, a thorough and detailed analysis of grammatical knowledge is conducted to support the selection of targets for intervention. These targets are explicitly explained and systematically presented using multimodal representations in engaging and functional activities.

In addition to using the syntactic approach, there is an approach that utilizes pragmatics. As conveyed by Parsons L, et al (2017), in interventions targeting pragmatic abilities, the achieved goals focus on nonverbal skills, with an emphasis on addressing the interpretation of body movements, facial expressions, and/or tone of voice. The intervention aims to address preverbal social communication behaviors and emotional social alignment during the introduction and response phases of treatment.

The speech acts produced by the Speech Therapist fall within the realm of pragmatics. Pragmatics is a linguistic discipline that examines the relationship between language and the underlying context that shapes the understanding of language meaning (Levinson, 1983). Levinson (in Tarigan, 1986) states that

pragmatics is an examination of the relationship between language and context, which forms the basis for recording or reporting language understanding. In other words, it is a study of the language user's ability to connect and coordinate sentences with context accurately. Thus, pragmatics is a linguistic field that investigates the study of speech acts in terms of meaning. Pragmatics examines specific utterances in specific situations and focuses on the various ways in which language is a vessel for diverse social contexts.

Pragmatics is closely related to speech acts. Speech acts are individual phenomena that are psychological in nature. Their continuation is determined by the language abilities of the speaker in facing particular situations. The speaker is the person who speaks, while the addressee is the person addressed in the speech act. Speech acts have meanings, intentions, or purposes, thus requiring examination within the field of pragmatics.

Speech acts are also crucial in the learning process. In the realm of Speech Therapy, learning refers to the therapeutic process conducted by the client. During this therapeutic process or intervention, speech therapists will teach clients to understand objects, point to objects, match objects, name objects, mimic the therapist's speech, follow therapy instructions, and so forth. This aligns with Djajasudarma's statement (2012: 53) that speech acts are language-based actions.

Furthermore, during these intervention sessions, Speech Therapists also emphasize the importance of politeness in communicating with clients. Politeness is not only employed to create a conducive atmosphere but also to express behavior in a good and ethical manner. The principle of politeness is used to ensure effective communication.

The definition of psycholinguistics, according to Hartley (1982), is the study of the relationship between language and the brain in processing and producing speech and language acquisition. Lado (1976) states that psycholinguistics is a combined approach of psychology and linguistics or the study of language knowledge, language in use, language change, and related matters, which cannot easily be achieved or approached through either of the two sciences separately.

Pragmatics is one branch of linguistics that examines the speaker's intentions (Yule, 1996:3). The study of pragmatics is bound to context, meaning that when studying pragmatics, one cannot detach it from the existing context. Yule (1996) states in his book that pragmatics is the study of meaning conveyed by the speaker and interpreted by the listener.

Language politeness can be observed when communicating or interacting with others. Politeness in communication is inseparable from the principle of politeness itself. Brown and Levinson's (1987) theory of politeness is fundamental in pragmatics because politeness is a universal phenomenon in the use of language in social contexts. The most influential approach to politeness in this theory is the concept of face-saving. Face in this theory consists of positive face and negative face. A positive face is the positive image that a person has of themselves and the desire for approval. Meanwhile, the negative face is the basic human demand for territory, personal space, and rights to not be disturbed.

To carry out or implement face-threatening acts (FTAs), politeness is required. Brown and Levinson (1987: 60) formulated politeness strategies as follows:

1. **Bald on Record Strategy:** This strategy aligns with the principles in communication articulated in Grice's maxims (Grice 1975, as cited in Brown and Levinson 1987: 94). In this strategy, the speaker makes no effort to minimize the threat to the face of the hearer or to reduce the consequences of the face-threatening act. This strategy results in the hearer feeling uncomfortable, embarrassed, and surprised. It is commonly used between speakers and hearers who are already familiar with each other, such as between friends or family members. This strategy is often manifested through direct imperative sentences.

2. **Positive Politeness Strategy:** This strategy is used to show familiarity to hearers who are not close to the speaker. To facilitate interaction, the speaker tries to give the impression of shared identity and make it seem as if they have the same desires as the hearer. This strategy functions as a social lubricant with others. When using this strategy, the speaker hopes to create a sense of intimacy with the hearer, reflecting a close relationship and group cohesion. The strategy is also used to minimize the distance between the speaker and the hearer by expressing care and friendship. The goal is to minimize face threats.

3. **Negative Politeness Strategy:** This strategy is an action taken to redeem the negative face of the hearer and the speaker's desire to be free from burdens, aiming to ensure that actions and intentions are not disturbed or hindered. This action is a basic expression of respect found in positive politeness strategies. The difference is that this strategy is more specific and focused because the speaker presents supportive functions to minimize specific burdens as something unavoidable by the hearer.

4. **Off-record Politeness Strategy:** This strategy is implemented in a veiled manner and does not portray communicative intentions. In this strategy, the speaker removes themselves from the action by letting the hearer interpret an action on their own. This strategy is used to threaten the face but without taking responsibility for the action.

Research Methods

Research on a case study of politeness strategies used by speech therapists during the intervention process with clients with Language Disorders aims to provide an overview of politeness strategies employed by a Speech Therapist when intervening with clients experiencing language and speech delays. The forms of these politeness strategies will be explained and described as they are using text.

According to Moleong (2021), qualitative research aims to understand phenomena experienced by research subjects holistically and descriptively using words and language in a specific, natural context, employing various natural methods.

A study can be classified as qualitative if it exhibits characteristics such as intensive exploration, the researcher's prolonged participation in the field, careful documentation of events, reflective analysis of various field documents, and detailed reporting (Sugiyono, 2022).

Data in this study are categorized into two types: primary data and secondary data. Primary data are used to address the research questions, while secondary data complement primary data to assist in the analysis process.

Primary data in this research consist of the speech acts of the Speech Therapist during interventions with clients with Language Disorders. The primary data aim to address the research question regarding the pragmatic strategies employed by the Speech Therapist during interventions with clients with Language Disorders. Secondary data used in this study include information related to the Speech Therapist and clients with Language Disorders.

The method and technique used for data collection involve the observation method with observational and note-taking techniques as its advanced form. The author observes and takes note of the language used by the Speech Therapist during speech therapy interventions with clients with Language Disorders.

Observational technique is a method of data collection through observation. Through observation, the researcher learns about behaviors and the meanings behind those behaviors (Sugiyono, 2022). In this

research, the author directly goes into the field to collect data in the form of speech acts performed by the Speech Therapist during speech therapy interventions.

Another technique used in this study is the note-taking technique. Note-taking is a method of gathering data by recording relevant forms of language use in written form (Mahsun, 2012).

The next step involves analyzing each speech act. The data analysis technique employed is qualitative data analysis. This analysis occurs concurrently with data collection and continues until a certain period. Miles and Huberman (as cited in Sugiyono, 2022: 133) state that activities in qualitative data analysis are interactive and ongoing until completion.

The activities in data analysis involve several stages, including:

1. **Data Reduction:** In this stage, a process of selection, concentration, simplification, abstraction, and transformation of the data obtained is carried out. The collected data is then reduced to make it more straightforward. This research focuses on politeness strategies in the speech therapy process. After data collection, transcription is performed, and the data are sorted according to the research focus.

2. **Data Display:** In this stage, data presentation is conducted according to the issues, such as types of speech acts and politeness strategies used, types of politeness that support or do not support the speech therapy process, and the reasons why certain speech act types in politeness strategies influence the speech therapy process for clients with Language Disorder.

3. **Conclusion Drawing/Verification:** This stage involves drawing conclusions based on the data findings obtained during the research process. The conclusions ensure the relevance and accuracy of the research results by referring to the compiled data.

With these stages, data analysis can yield a profound understanding of the politeness strategies used by Speech Therapists in the speech therapy process for clients with Language Disorders.

Result and Discussion

This study has discussed the politeness strategies employed by Speech Therapists when handling clients with Language Disorders. The use of politeness strategies in speech therapy for clients with Language Disorders has yielded various findings. This is evident from the analysis conducted on the speech acts uttered by Speech Therapists during interactions with clients in therapy sessions. The theories used for analysis include Searle's theory of speech acts and Brown and Levinson's theory of politeness.

Speech Therapists, in their work, are inevitably engaged in speech acts. This necessitates careful consideration of every speech act and word choice as therapists play a crucial role in the progress and development of the clients they are handling. The combination of verbal and non-verbal speech acts, along with the type of politeness used, is expected to elicit positive responses from clients with Language Disorders.

The following are effective combinations of verbal and non-verbal speech acts, as well as politeness types used by Speech Therapists when dealing with clients with Language Disorders.

Context: Terapis wicara mengajarkan cara memproduksi fonem /m/ pada klien dan meminta klien untuk menirukan pengucapannya.

Therapist B: Gitu ya caranya. Kalau ini apa? /m/, mmmmmm (terapis wicara menunjukkan gambar fonem /m/ dan mencontohkan cara pengucapan dan memegang pipi untuk merasakan getaran yang muncul saat pengucapan fonem /m/)

Client : (klien mengikuti dengan memegang pipinya sendiri) mmmmm

Therapist B : (terapis wicara memberi isyarat jempol ketika klien mampu menirukan yang dicontohkan oleh terapis) tos!

Client : (klien tos dengan terapis wicara)

In the above conversation, it appears that the Speech Therapist uses a combination of verbal and non-verbal speech acts, along with politeness strategies in their utterances. The type of speech act employed is directive with an interrogative function, as realized in the speech *"Kalau ini apa?"* in addition, this is accompanied by non-verbal speech acts *"(terapis wicara menunjukkan gambar fonem /m/ dan mencontohkan cara pengucapan dan memegang pipi untuk merasakan getaran yang muncul saat pengucapan fonem /m/)"*. The non-verbal speech act here takes the form of a directive speech act with a demonstrating function. The politeness strategy used in the verbal expression is bald on record, which is task-oriented *"Kalau ini apa?"*, negative politeness with the function of minimizing the burden *"/m/, mmmmmm"* and in non-verbal speech *"(terapis wicara menunjukkan gambar fonem /m/ dan mencontohkan cara pengucapan dan memegang pipi untuk merasakan getaran yang muncul saat pengucapan fonem /m/)"* The therapist uses negative politeness with the function of minimizing burden.

The client responded well to the instructions provided by the therapist and provided feedback in the form of pronouncing the /m/ phoneme. The client's response reflects active engagement in the therapy session, a willingness to learn, and the ability to respond to instructions positively. The client demonstrates an understanding of the concept of the /m/ phoneme and actively participates in interactions with the therapist.

After receiving a positive response, the therapist provides positive reinforcement manifested through non-verbal speech acts *"(terapis wicara memberi isyarat jempol ketika klien mampu menirukan yang dicontohkan oleh terapis)"*. Positive politeness is also seemingly used by the therapist with the function of giving praise when the client can perform tasks assigned by the therapist. This positive reinforcement can help motivate the client to participate and improve their speaking skills.

While working, speech therapists often encounter challenges when handling clients. Besides factors related to the client's condition, which may make it difficult for them to understand given instructions, there are occasions where the failure stems from how the speech therapist communicates with the client. The selection of speech acts, gestures, intonation, and politeness strategies used can impact the communication with the client. The following are patterns of combinations of verbal and non-verbal speech acts, as well as less effective politeness types, used by the Speech Therapist when dealing with clients with Language Disorders.

Context　　: The therapist asks the client to name the objects seen in the book's pictures and to mimic the therapist's speech

Therapist A : *Lihat. Rayan. Palu. Gambar Palu. Ayo coba dibuka dulu. Rayan lihat! Rayan, rayan dibuka, rayan. Rayan! Hei! Dibuka ! Ray lihat ini gambar apa ya? (terapis mengambil tangan klien dan mencontohkan cara pegucapan fonem /s/) se.. ssss… se.. se.. sepatu. Sepatu pakainya dikaki. Ayo buka lagi rayan! Sayur apa ini? Timun. Ya ayo dibuka lagi. Apa ini ya? U… dang!*

Client　　　: Dang

In the example conversation above, there is a realization of several speech acts used by the Speech Therapist when handling clients with Language Disorders. The Speech Therapist employs directive speech acts with a requesting function in the utterance *"ayo coba dibuka dulu"*. This speech act is used by the therapist as a form of instruction to be carried out by the client. Furthermore, the therapist also appears to use directive speech acts with commanding and questioning functions in the utterance "*Rayan lihat! Rayan, rayan dibuka, rayan. Rayan! Hei! Dibuka ! Ray lihat ini gambar apa ya?*". In that speech act, the therapist is repeatedly calling the client's name and asking the client to look. This is intended to keep the client focused during the therapy session. Assertive speech acts with the function of informing are realized in the utterance *"Sepatu pakainya dikaki."* In that speech act, the speech therapist intends to describe objects according to their uses, so that the client gains an understanding of the objects being referred to by the therapist. In addition to verbal speech acts, the speech therapist also utilizes non-verbal speech acts as a means of communication with the client. *"(Terapis mengambil tangan klien dan mencontohkan cara pegucapan fonem /s/)"* in that non-verbal speech act, the speech therapist uses a directive speech act with a demonstrating function.

The politeness strategy used in this speech act is positive politeness with the function of employing solidarity markers. This is realized in the utterance "*Rayan lihat! Rayan, rayan dibuka, rayan. Rayan! Hei! Dibuka ! Ray lihat ini gambar apa ya?*". It is evident in the utterance that the therapist calls the client's name when giving instructions. The direct politeness strategy with the function of task-oriented instructions is realized in the therapist's utterance *"Ya ayo dibuka lagi."* The therapist gives instructions in the form of invitations so that the client is willing to follow the therapist's commands. The response given by the client seems less effective because the client only responds verbally to the last word uttered by the therapist. This may be influenced by the therapist's communication pattern of repeatedly asking the child to focus. However, overall, the client also appears to participate in the activity and is comfortable with the physical contact provided by the therapist.

This research delves into the politeness strategies applied by speech therapists when interacting with clients with Language Disorders. In this analysis, speech acts, both verbal and non-verbal, are based on Searle's speech act theory and politeness theory from Brown and Levinson. Speech therapists, acting as therapists, must be judicious in choosing speech acts. In successful conversations, it is observed that therapists tend to use directive speech acts. This is evident when therapists instruct clients to mimic the pronunciation of specific phonemes, such as the production of the /s/ phoneme. This approach helps convey the therapeutic message clearly and stimulates client engagement.

Therapists also incorporate non-verbal speech acts by showing pictures of phonemes and making body movements to clarify the concepts taught during therapy sessions. This strategy aims to facilitate the client's understanding of therapy material, especially in the context of learning phonemes and naming objects. The dominant politeness type is Bald on Record, realized when the therapist provides stimuli during therapy sessions. The form of these stimuli includes commands that refer to therapy goals.

In situations where the client shows non-responsiveness, the therapist continues to use the same speech act approach, but the client's response is limited. This may be influenced by various factors, including the client's level of engagement and understanding. Here, the challenge for the therapist is to remain effective in communication, recognize potential barriers, and adjust therapy strategies.

The research also reflects some patterns of less effective combinations of speech acts and politeness. In one conversation, the therapist seems to face difficulties when the client provides only limited verbal responses, even though the therapist has repeatedly called the client's name to maintain focus. This indicates the need to adapt to the client's specific needs and demonstrates that strategies that work in one context may not always succeed in other situations. Overall, these findings affirm that an effective combination of speech acts and politeness strategies can enrich the speech therapy process and enhance client engagement. However, challenges and obstacles remain part of the dynamics of

interaction, prompting therapists to remain responsive and creative in developing the best therapeutic approach.

Conclusion

In performing their duties, speech therapists use speech acts with a combination of verbal and non-verbal speech acts. The speech acts used by speech therapists when dealing with clients with Language Disorders are assertive verbal acts (informing, stating, reminding, demanding, affirming), directive acts (asking, commanding, requesting, showing, prohibiting), and expressive acts (praising and greeting). For non-verbal speech acts, assertive (affirming), directive (commanding, requesting, showing, prohibiting), and expressive (praising and greeting) acts are used. Assertive and directive speech acts are more dominant when dealing with clients with Language Disorder.

Speech therapists use verbal and non-verbal politeness strategies when dealing with clients with Language Disorders. Bald on Record politeness strategy, both verbally and non-verbally, is more dominant. The forms of verbal politeness strategies used are the Bald on Record politeness strategy, positive politeness strategy, negative politeness strategy, and off-record politeness. The forms of non-verbal politeness strategies are Bald on Record politeness strategy, the positive politeness strategy, and the negative politeness strategy.

The types of speech acts and politeness strategies that support the therapy process are the selection of assertive, directive, and expressive speech acts, which can create variations according to therapy needs. Assertive is used to inform about the material, directive to actively involve the client, and expressive to provide positive support. Direct politeness strategy, such as giving orders, and positive politeness strategy, such as giving choices and praise as a form of reward, can create a conducive therapeutic environment, thus enhancing the client's abilities according to the therapy program's goals. The use of negative politeness is seen when guiding clients in overcoming difficulties, using an indirect approach by providing various clues leading to the intended object, helping facilitate the client's understanding creatively.

There are several speech acts and politeness strategies that do not support the client-handling process. Therapists who appear to use directive speech act intensively and repeatedly make clients uncomfortable. This can be considered overstimulating for clients, potentially worsening the response given by the client. Client non-responsiveness is a major obstacle, for example, when the recording device is distracting. For this, therapists need to find ways to regain the client's attention and adjust their communication approach according to the client's interests and abilities. In politeness strategies, the excessive dominance of direct politeness when giving instructions or warnings gives the impression of a lack of attention to the client's comfort and engagement. The use of a combination of direct and negative politeness strategies in one conversation can create confusion or conflicts in the client's interpretation of the message.

The use of speech acts and politeness strategies plays a crucial role in supporting or hindering the client-handling process. Assertive, directive, and expressive speech acts are used to provide instructions, ask questions, and give positive reinforcement. Clarity of the message in directive speech acts helps clients understand the given material, while the use of expressive speech acts when giving praise is a manifestation of positive reinforcement. Direct politeness strategy, positive politeness strategy, negative politeness strategy, and indirect politeness strategy are applied to create effective interactions with the client. Success in the speech therapy process is also influenced by the clarity of the message in directive speech acts and positive support through politeness strategies. The clarity of the message conveyed enhances the client's understanding of therapy material, while positive support creates a conducive environment for client engagement and provides positive reinforcement for client achievements.

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