

LATAH: A CLINICAL LINGUISTIC REVIEW

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Article History:

Received: 15th April 2020

Accepted: 26th June 2020

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Keywords:

Latah; Clinical Linguistics;

Phonology; Social Habits

This study describes the speech disorder in latah patients in terms of phonology with the Clinical Linguistic approach. Latah is a linguistic behaviour that occurs when someone is shocked, accidentally issuing words spontaneously and not aware of what he/she is saying. The the subjects of the study were severe latah sufferers namely latah echolalia, coprolalia, and automatic obedience, totalling 3 people. The words spoken by latah sufferers become research material and are reviewed from the phonological aspect in a clinical linguistic perspective. The main requirement for latah people is shock. Latah sufferers should be valued more. The surrounding environment has an important role for the recovery of latah sufferers because basically latah sufferers are caused by the surrounding environment. To reduce and cure latah, sufferers must find peace of life. The rest, the sufferers are encouraged to do relaxation exercises, meditation, and concentration on a regular basis. This activity will help sufferers to recovery.

INTRODUCTION

Human life cannot be separated from language. Language is a means to convey emotions, ideas and feelings. When speaking, there is a process of removing thoughts and feelings (from the brain) verbally, produced in the form of words or sentences. The brain receives, digests and understands language input through the ear. Good brain function and speech will make it easier to speak well. However, those who have abnormalities in brain function and speech will certainly have difficulty in language, both receptively and productively. This is called a language disorder.

Language disorders need to be examined with a variety of considerations including by conducting research on language disorders by comparing to normal people, we can consider the types of teaching techniques that can help children with language disorders to find out more about how the normal language acquisition development capacity. In addition, the privilege of each deviation will give us an understanding of the relationship between different language systems. For example, language in children with mental retardation will explain the role of intelligence in language development (Chaer, 2003).

One of the language disorders found in our environment is latah. Latah is a mental or psychogenic disorder that causes language not to be conveyed as the speaker wants. Psychogenic is a functional disease of unknown organic basis, therefore, it may be caused by conflict or emotional stress (Yap, 1952).

Latah is mostly experienced by adults and adolescents with the tendency more experienced by women, but this does not rule out the possibility of men. Latah speech disorder that occurs in adults in the form of words or actions that are revealed uncontrollably after the reaction when shocked is caused by one's mental disruption (Pamungkas, 1998).

Latah is an interesting part to study. This phenomenon is commonly experienced and found in the community. Latah becomes a trend among the people because latah cannot be separated from culture. Latah is a form of speech anomaly caused by actions or speech that occurs spontaneously because someone is shocked or surprised. Latah is very worthy to be investigated because it is a

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form of normal speech variation caused by mental (psychological) disruption of a person, and latah is a phenomenon that is commonly experienced by the surrounding community and at the present, latah is used as a lifestyle in everyday relationships.

This study looks at how a clinical linguistic review of latah speech disorders. This research will see its clinical implications without denying the role of linguistics. Later phonological and syntactic analysis of the phrases spoken by sufferers will also be observed.

Latah

Latah is often equated with echolalia, namely the act of parroting or imitating what other people do. In fact, echolalia is one of the classifications of latah disorders (Siregar, 2011).

Basically latah is an act of language when someone is shocked, accidentally issuing words spontaneously and not aware of what they say (Soenjono, 2003)

Latah sufferers often mention that their origin is attacked by latah is after dreaming of seeing a lot of male genital as big and along the eel. This latah has a correlation with hysterical personality. This infatuation is an "excuse" or reason to be able to talk and behave in porn, which in essence has sexual implications (Maramis; Chaer, 2003).

Latah only exists in Southeast Asia (Bartholomeow, 1994; Simon, 1983; Geertz, 1968), most perpetrators are almost all women and the words that are issued are generally related to swear or sex, whether it's mentioning male or female genitals. But in some cases, if the surprise is in the form of a word, the latah can also repeat the word.

Latah is a speech disorder whose origins are unclear, but due to incorrect brain nerve function. In general, latah happens because of the behaviour of the social environment of these latah sufferers.

Hurlock (1980) explains that generally latah results from behaviour and social environment of latah sufferers. Teenagers who are looking for identity as

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an existence to be realized by their social environment by doing different behaviours is a characteristic of the immaturity of adolescents which is characterized by discrimination against those of different racial, religious or socioeconomic backgrounds; efforts to improve those who have different standards of appearance and standards of behaviour, and efforts of young people to attract attention by wearing flashy clothes, using unusual language, arrogant, boasting, and laughing at others.

In general there are four types of *latah* (Siregar, 2011), namely:

Echolalia

Echolalia latah by repeating the words of others. *Echolalia* may occur with varying degrees of intent to communicate. It may follow immediately after repeating the phrase, or occur days later, as in a child repeating a commercial. It can be correct or "changed" by word or structure changes. For a variety of reasons *Echolalia* may be troublesome. Indeed, autistic teenagers may use echolalic words that they themselves do not understand, which can lead others to overestimate the understanding abilities of the youngsters (Schopler & Mesibow, 1983).

Echolalia, on the other hand, is not necessarily simply meaningless. An adolescent may use an echolalic or memorized phrase like "Come on down" in an almost adequate way to ask others to come quickly to him. *Echolalia* can be less a linguistic issue during puberty and more a social or vocational one. A person who repeats TV advertisements loudly to himself is not very welcome in a sheltered laboratory or film theatre. Often teenagers with autism are going to have complex, but mostly realistic, dreams (e.g. constructing elevators, becoming a pharmacist) they're going to talk long regarding. *Echolalia* can be misinterpreted as evidence of auditory hallucinations or delusions when echolalic words are mixed in to these self-directed conversations (Schopler & Mesibow, 1983).

Ecopraxia

Latah in the form of mimicking the movements of others. That is, when seeing other people acting uniquely, spontaneously people who suffer from latah ecopraxia will mimic that person's movements over and over again.

Echopraxia is a tic which is characterized by repeated repetition of the actions or gestures of another person. This is closely linked to echolalia, which is the unconscious repetition of the voice of another person. A person with echopraxis may imitate the fidgeting, walking style, or body language of another person.

Coprolalia

Coprolalia is complex vocal tics consist of (brined words that can culminate in unprovoked outbursts of obscene word). Coprolalia consists of only fractions of scatologic words, such as "shi" or "fu," some consist of strings of unequivocal obscenities. Sometimes coprolalia is merely socially reprehensible but occasionally dangerous. Coprolalia is latah by saying taboo or dirty words. That is, when there is someone who surprised him spontaneously latah people will issue taboo or dirty words repeatedly.

Automatic Obedience

Automatic obedience is compliance with all instructions regardless with all consequences. This obedience carries out commands spontaneously when surprised, for example; when the sufferer is shocked by a cry of command such as "prostration" or "hug", he will immediately carry out that command.

Furthermore, Simon and Hughes (1985), divided latah into three types:

Immediate Response Latah

Immediate reaction latah consists of only strong responses to a shocking stimulus that others consider amusing: aggressive gestures of the body, assumption of normal defensive postures, punching. Throwing or falling holds objects, and sometimes "Naughty Talk". There is a continuum between natural sensitivity to potentially surprising stimuli in the Philippines and Malaysia, mild

overresponsiveness ("a little latak"), and the intense reaction that is typical of the latak mentioned in Western literature.

Attention Capture Latak

Attention capture latak requires matching, completing other-initiated acts and occasionally obedience. When shocked, latak is highly aroused. It is demonstrated by a high (increased) level of motion movements in out films. The acts of other individuals then cause matching, compliance, and similar behaviours.

In order to induce compliant behaviour in latak, it is not only necessary to induce a surprising response, but it is also important to pose the action to the matched or to obey the command in a framed and effective way. The presence of an audience, the unsuitable nature of commands, and the presence of individuals of higher status all increase the agitation and thus the susceptibility to this attention capture.

Role Latak

The term role latak 1 refers to the practice of choosing behaviours from the immediate response and attention capture latak group and rendering them idiosyncratically humorous performances deliberately. Whereas these performances involve behaviours that approximate the behaviours triggered by a surprising stimulus, they may be performed after an insufficient stimulus to cause a startle response like a gentle nudge.

Many reasons for someone experiencing latak and trigger factors from this disease are also different, among others (Siregar, 2011):

Rebellion Factor

In this latak condition, someone can say things that are forbidden or taboo, without feeling guilty. This symptom is a kind of disorder of behaviour. This is more obsessive because there is an uncontrollable urge to say or do something.

Anxiety Factor

This latak symptom is present when the person has anxiety about something without being able to realize or control it. On average, in the lives of

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latah people, there are always authoritarian figures, whether it's from the father or mother or even outside the family environment. Latah is considered a way of child rebellion against the dominance of parents who are very pressing.

Conditioning factor

This factor is often referred to as latah because of infection. Someone who has a latah because they are conditioned by their environment, for example when he is latah, he feels cared for by his environment. By doing so, latah also an attempt for attention.

Clinical linguistics

Clinical linguistics as a branch of interdisciplinary linguistics is a combination of two fields of science, namely linguistics which talks about language with medical science.

Clinical linguistics is the study of analysing the ability of unique human language to be disturbed. This term is popularly known as 'language disorder' as understood generally by the initial concept. Clinical linguistics also examines disturbances including those resulting from disturbances in the process of language transmission or disruption of vegetative functions which are the basis of the theory of language evolution. This study covers all disorders encountered by speech and language therapists in various clinical contexts (Cummings, 2008; 2009).

Clinical linguistics has the aim to contribute greatly to science. The main purpose of this clinical linguistic study is to identify linguistic problems of language defects or language disorders and describe them systematically (Cummings, 2008; Ningtyas, 2016).

Broadly speaking, clinical linguistics has five main objectives: clarification, description, diagnosis, assessment, and intervention. Clarification is useful in clarifying various types of linguistic disorders. After clarification, the description is useful to provide a description and analysis of the language disorders suffered. After classification and description, diagnosis is made easier. At this time, medical personnel can diagnose what illnesses suffered by the

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sufferer. Meanwhile, assessment is useful to measure the extent or severity of the illness. Finally, Intervention is the handling of discussing what needs to be done so that the sufferer gets well (Ningtyas, 2016).

As described above, Clinical Linguistics is engaged in linguistics related to language disorders. This language disorder according to Chaer (2003) can simply be classified into two. First, disorders that occurs due to medical factors; such as abnormalities in brain function and abnormalities of speech devices. Second, the disruption caused by factors from the social environment, namely the environment of life that is not natural to humans, such as being excluded or isolated from the natural environment of human society.

According to Sidharta (via Chaer, 2003), medical language disorders can be divided into three groups, namely (1) speaking disorders, (2) language disorders, and (3) thinking disorders. All three disorders can still be overcome if the person with the disorder has normal hearing power; if not necessarily become difficult or very difficult (Ningtyas, 2016).

Chaer (2003) describes the conclusion that speech disorders can be grouped into two broad categories. Firstly, speech disorder that affects organic disorders; Secondly, psychogenic speech disorders; and thirdly, multifactorial disorders. Speech disorders based on this mechanism can be broken down into speech disorders due to abnormalities in the lungs (pulmonary), on the vocal cords (larynx), on the tongue (lingual), and on the oral cavity and oesophagus (resonantal). The disorder can be described as follows (Ningtyas, 2016):

Pulmonary Factor Disorders

Namely disorders suffered by sufferers of lung disease. People with lung disease have very little breathing power so that when speaking is filled with a monotonous tone, very small volume, and intermittent, although in terms of semantics and syntax there is no problem.

Disorders due to laryngeal factors

Disorders of the vocal cords that make the resulting sound become hoarse or disappear altogether, this disorder does not make semantic and syntactic

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abnormalities.

Disturbances due to Lingual Factors

Disturbances due to lingual factors can be caused by sprue or injured tongue that will feel painful if operated / moved. To prevent the emergence of this pain when speaking, the movement of tongue activity is minimized according to the wishes of the owner. For example, if the speaker wants to say the phrase "Of course that doesn't make me feel guilty" it might be pronounced to be "henhu ha its hihu hida hemhu hu helaha hel hala". On the other hand, in a person who has a stroke and his body is paralyzed, his tongue is also paralyzed. The medical term for this is knighting (which means the disruption of articulation).

Disturbances Due to Resonance Factors

This causes the sound produced to become nasal. Examples of sufferers due to this resonance factor are cleft people, people with paralysis in the soft palate (velum), and sufferers of myasthenia gravis (disorders that cause muscles to become weak and get tired quickly).

Clinical linguistics not only focuses on the phonological level in the research but also dives at a broader level of linguistics, namely grammatical, pragmatic, semantic, sociolinguistic, critical discourse analysis, etc. However, the outline of the clinical linguistic framework can be classified into three (Hanke, 2014), namely: Reception Disabilities / Reception Disorders, Central Disabilities / Central Disorders, and Production Disabilities / Production Disorders

Reception Disabilities or Reception Disorders related to the inability of humans to catch speech spoken by others. The organ that has an important influence on this problem is the ear. Reception Disabilities itself can be broken down into two types, namely conductive deafness and sensorineural deafness. In conductive deafness, the problematic part of the ear lies in the auditory canal, while in sensorineural deafness there is a problem in the eardrum.

Production Disabilities or Production Disorders related to a person's inability to produce an utterance. A body tool that is influential or disrupted, that is a human tool

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Whereas, Central Disabilities or Central Disorders are associated with disorders or abnormalities in the linguistic part of the brain. This disorder is known as aphasia. This disorder is closely related to neurolinguistics.

Phonology

Phonology is the part of linguistics or language that analyses language sounds. Crystal (2008) mentioned that Phonology is a branch of linguistics which studies the sound systems of languages. According to Bird (2002), Phonology is the systematic study of the sounds used in language, their internal structure, and their composition into syllables, words and phrases. Phonology has two branches of science, phonetic and phonemic. Phonetics is a part of phonology that studies how to produce language sounds or how a language sound is produced by human speech devices. Phonetics provides objective ways of describing and analysing the range of sounds humans use in their languages. More specifically, articulatory phonetics identifies precisely which speech organs and muscles are involved in producing the different sounds of the world's languages (Giegerich, 2002). Phonemic is a part of phonology which studies the sound of speech according to its function as a differentiator of meaning (Chaer, 2009).

The phonemes or sounds of language cannot stand alone, but are interrelated in a series of sounds when communicating. Therefore, phonetically and phonemically, the results are interrelated and have an impact on sound changes. It is said to be phonetic if the change does not cause the phonemic identity to change, whereas it is said to be phonemic if the change causes the phonemic identity to change (Inggit et al., 2017).

In its form, Muslich (2008) describes that phonemes are the smallest sound units in language. Phonemes function to distinguish meaning. As the smallest linguistic form that distinguishes meaning, phoneme forms are not only in the form of segmental sounds (both vowels and consonants), but can also be suprasegmental elements (both pressure, tone, duration and pause). Although the presence of this suprasegmental element cannot be separated from segmental sounds, as long as the sounds of the language can be empirically proven as elements that distinguish meaning, they are called phonemes.

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Phonemes can change with several types of changes. The example of phoneme disimilation, the words *warna-warni* in Bahasa Indonesia, [*warna-warni*] is the result of the morphological process of repeating the basic form of *warna* [*warna*]. After repetition, [a] in the basic form [*warna*] changes to [i] so it becomes [*warna-warni*]. Example of a phoneme change, *me + pukul = memukul* (phoneme / p / changes to / m /).

Muslich (2008) classifies phoneme changes as follows:

Assimilation

Assimilation is the change of sound from two dissimilar sounds into the same or almost the same sound. This happens because the sounds of the language are spoken sequentially so that the potential for mutual influence or influence. For example, the word *sabtu* in Bahasa Indonesia is commonly pronounced *saptu*, visible sound / b / changes to / p / as the influence of sound / t /.

Assimilation rules are phonological, but they reflect the coarticulation phonetic process which was discussed in the previous chapter. Coarticulation produces "sloppiness" in speech thus promoting simple articulation. This is part of the language's assimilation laws as this behavior is regularized.

Other examples of English assimilation rules are those which devote the nasals and liquids to prior adjacent voiceless non-sonorant consonants in the setting. The rules make the nasal consonants voiceless in "wise" and "snow," as well as in "slow" and "quality" liquids. The phonetic basis of these laws is that in shifting to vibration mode the vocal cords are sluggish since voiceless nasals and liquids do not contrast with their voiced counterparts.

Dissimilation

Dissimilation is the opposite of assimilation. Dissimilation is the change of sound from two sounds that are the same or similar to sound that is not the same or different. For example, the words *warna-warni* in Bahasa Indonesia, [*warna-warni*] is the result of the morphological process of repeating the basic form of *warna* [*warna*]. After repetition, [a] in the basic form [*warna*] changes to [i] so it becomes [*warna-warni*].

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Dissimilation is the phonological process in which one or more segmental features alter their values in order to distinguish it from a neighbouring segment. Contrary to the rules of assimilation that require a greater degree of articulation on the part of the speaker, the rules of disqualification notify the listener of a greater degree of sound contrast.

Vocal Modification

Modification of phonemes is the change in vowel sound as a result of the influence of other sounds that follow. This change can actually be included in the assimilation event, but because this case is classified as typical, it needs to be discussed separately. For example, the word *took* and *koko* are pronounced [toko], [koko]. Meanwhile, the words *tokoh* and *kokoh*, firmly pronounced [tOkOh], [kOkOh].

Neutralization

Neutralization happens when two sounds can discern meaning in at least one phonological context (e.g. word-initially) but sound the same in another phonological context (e.g. intervocally), whether sound A is transformed into sound B in the neutralization context or sound B is transformed into sound A, or both sound A and sound B are transformed into a third sound C. Neutralization is a change in phonemic sound due to environmental influences. For example, in the words / *sabtu* / and / *saptu* / or / *lembab* / and / *lembab* /, the two sounds do not distinguish meaning. Here it is seen that the function of distinguishing meaning becomes invalidated.

Zeroization (contraction)

Zeroization (contraction) is the elimination of phonemic sounds as a result of efforts to save or economize pronunciation. For example, the word is not replaced with no or no, it is replaced by me, how to replace it with how. The removal of some of these phonemes is considered non-standard by Indonesian standard grammar.

METHOD

This research was conducted in the Csitu Lama area, Dago Village, Coblong District, Bandung City. The study was conducted for 21 days from April 17 to May 8, 2018.

In principle, the population is a group of elements that are the object of a study (Arikunto, 2000). The population in this study is the entire community in the Dago Village, Coblong District, Bandung. The target population is the entire community of Coblong Village who suffer latah. However, due to time factors, the target population determined by researchers could not be fully found in the field, so the researchers set the focus of the survey population only in the area namely Jalan Csitu Lama.

Seeing the relatively large population, we cannot examine all members of the population, so in this study the researchers decided that the sample was the people who live in the Csitu Lama Street area, Coblong Village, Bandung District. Sampling is done by using non-probability samples. Sampling is done intentionally (purposive sampling), the researchers deliberately examine the research subject by first conducting a survey to find out the identity of the research subjects.

The subjects of this research are 3 people who are heavily latah. All research subjects studied were traders aged over 45 years. The identity of the informant is kept confidential on the basis of the wishes of the informant himself. To obtain the data needed, this study used three data collection tools (research instruments). The three intended tools include:

Observation

Observation reflects a systematic approach to data collection. Scientists use all their senses to analyse people in natural settings or circumstances which occur naturally. Field observation involves: sustained involvement in a environment or social situation. This research conducting direct observations on the object of research.

Interview

An interview is generally a qualitative research technique that involves asking open-ended questions to converse with respondents and collecting elicited data about a subject. In most cases the interviewer is the subject-matter specialist who aims to clarify the views of the respondent in a well-planned and conducted sequence of questions and answers. The informant who is expected to provide the necessary information are lajah patients and the surrounding community.

Literature Study

The literature analysis is intended to critically examine the segment of an existing body of information by summarizing, classifying and comparing prior academic reports, literature reviews and theoretical papers. This research examines some of the literature that contains the opinions or theories of experts relating to the problem under study.

The approach used in this study is qualitative. Qualitative procedures produce research that reveals qualitative data with approaches aimed at the background and individuals holistically or view them as a unified whole. The type of data in this study is qualitative data. Thus, the data source consists of primary data and secondary data (Maleong, 1998). The primary data or the object of focus in this study, the author took the respondent as a source of data in the study of 3 women in the Dago sub-district of Coblong.

Primary data were obtained from the study site through observation and interview. Observation, namely collecting data by making direct observations on the object under study. This technique is used to recognize and find some data regarding objective conditions at the study site. Simultaneously with observation the recording, recording and shooting are carried out. The techniques used in this study are fishing techniques, record techniques, and note taking techniques (Sudaryanto, 1993). The recording technique is done by using a cellphone camera. Before the recording technique is carried out, the author first does the fishing technique, which is to provoke the respondent, namely by meeting the respondent at his residence and inviting him to talk for the sake of the data.

Interview is data collection by conducting in-depth interviews with research objects. The interview technique used is unstructured interviews, namely by asking a number of questions directly and as an instrument is the researcher himself. Then developed and deepened in accordance with the data needed. The information obtained is then recorded and recorded simultaneously.

Then secondary data is data obtained through sources of written material subjects such as: printed books, internet, articles, and other written works to retrieve additional information related to this research topic. Furthermore, collecting data was done by checking, reading, and recording documents related to research problems. Data were then analysed using Clinical Linguistics theory to obtain hypotheses and conclusions from this study.

FINDINGS AND DISCUSSIONS

Psychogenic Speech Disorders Latah Sufferers

In general, there are two types of latah that are suffered by patients include:

Echolalia

Echolalia that is latah by repeating the words of others. One of the occupants of the hostel shocked Informant A with the word '*jatuh*', then in a latah condition she experienced spontaneously. The informant said the word repeatedly, namely "*Eh jatuh... Eh jatuh...*" The same thing happened to Informants B and C with different scenarios.

Coprolalia

Coprolalia latah by saying taboo or dirty words. When Informant B was making a payment transaction with a boarding boy who was ordering food and chatting, a resident of the dormitory accidentally dropped a spoon from the second floor and almost hit Informant B, because of the shock informant B said '*K*ntol hitam jatuh*'. Similarly, Informant A and Informant C occur with different scenarios.

Latah Sufferer Utterance Production

The word production that comes out of the three informants who suffer from the latah echolalia cannot be viewed psychologically because pure sufferers only parrot without being able to decipher the theory or the nature of language and its acquisition. So, the hypothesis can be taken, if someone who surprised him/her issued good words with good language structure, then this latah sufferer will also issue words that are exactly the same as those spoken by those who surprised him/her.

But in the case of the Three Informants who also suffered from coprolalia latah which is latah by saying taboo or dirty words. The words spoken are *k*ntol hitam* and *p * ki hitam*.

Psycholinguistically, taboo words are obtained spontaneously. This latah has a correlation with hysterical personality. This infatuation is an "excuse" or a reason to be able to talk and behave in porn, which in essence has sexual implications. The hypothesis is the taboo words are issued spontaneously because of sexual invitation.

Based on the case above, the acquisition of Third Language Informant is quite good. In a latah state, the Three Informants can still record clearly the meaning of the words that were ordered to them. Means that the mother tongue that is instilled from childhood on the Three Informants is still good and not contaminated even though she is suffering from latah. This can be proven from the ability of the Three Informants to hear, understand, and finally carry out the commands spoken correctly.

From the results of this analysis, we can see that the latah people are unable to understand words that come out of their mouths. A pure latah only parrot the words he hears which he will spontaneously repeat. Even if someone speaks a foreign language that he does not understand at all, latah people will still follow the words that are not understood unconsciously and not controlled at all.

Those types of latah are in contrast to the automatic obedience type. This latah case makes the sufferer spontaneously follow the commands of people

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nearby. So, it can be concluded that sufferers will only follow what they understand from people who are nearby. This can simultaneously prove the language skills of these latak sufferers.

So, there is a possibility if a latak person whose first language is Javanese, he/she will not follow orders from someone using language that he does not understand.

Phonological Review

Phonological errors in people with language defects can include phoneme replacement, phoneme addition, phoneme removal, and assimilation (Blumstein, 1994 via Literature, 2007). Phonological errors or simplification errors are subtractions of a phoneme or a form of phonemic errors. The phoneme abortion does not only apply to a phoneme, but also to several phonemes of the same word, but also the abortion of elements with syllable structures.

For example, when the word 'anjing' [anjin] is used as a curse, the word is said by the patient to be 'anjeng' [anjen]. The turn of the word 'anjing' into 'anjeng' is called assimilation, which is the change of sound from two dissimilar sounds into the same or almost the same sound. This assimilation is classified as phonetic assimilation because of its change from [i] to [e] in the scope of phonemes. But phonologically this assimilation process has no effects because the sound changes that occur due to the changing vowels do not affect the meaning of the word. However, at different times, sufferers say "anjing, nyjing, njing". The turn of the word 'anjing' into 'njing' is called apheresis zeroization, which is phonemic sound removal as a result of efforts to save pronunciation at the beginning of a word. If the word njing is not first mentioned, then phonologically the word is still able to be captured by the listener with the same meaning, which is anjing. Because on various occasions, the word dog is often expressed njing on occasion if someone wants to curse another person roughly.

The next word that appears is *k*ntol*. The word *k*ntol* is pronounced *tol* by latak sufferers [k*ntol] to [tol]. The analysis of the word *k*ntol* turns into *tol* is called zeroization which is classified as apheresis, which is the process of removing or dating one or more phonemes at the beginning of a word. If the word

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tol is not originally spoken in a complete manner like *k*ntol tol tol tol*, then phonologically, the word can be captured with different meanings by the listener. But on different occasions, the word *k*ntol* is clearly stated without any phonological changes.

The next word found is *copot*. *copot* pronounced by sufferers recklessly becomes *eh copot.. cepot .. copot*. This means that there has been an accidental assimilation process in the word *cepot*, which is changing the letter [o] to [e]. However, because the word is repeated many times, the assimilation process does not change meaning. This also applies to the word *jatuh* pronounced sufferers to be, "*eh jatoh ... jatoh, jatoh*," in terms of phonology, then the word undergoes an assimilation process namely changing the consonant [u] to [o]. However, this is not a problem because the assimilation process does not change the meaning of the word.

The next word that often appears is *P*ki*. Patients say this word when shocked to see someone (usually a woman) who appears suddenly in front of her, then she will spontaneously swear at the person with the words, *eh p*ki lewat*." Phonologically, the words above don't experience anything, because the words are mentioned according to the original ones.

From all of the words spoken by latak sufferers we can conclude that the words caused by latak sufferers are words that are not realized spoken by them. The words spoken by these latak sufferers are directly spoken without any phonological change from what they catch from their ears.

The words spoken purely from the results of parrot remain as the original without any slight changes. But there are also words that undergo phonological changes, from the original words they hear but do not change the meaning of the original word as in the word *jatuh* which turns into *jatoh*. In addition there are also words that are spoken differently from the original word and change the meaning after hearing it like the word *k*ntol* turns into *tol*. So, it can be concluded that the mistakes caused by latak sufferers are none other than because all the words spoken by those latak sufferers are spontaneous words.

CONCLUSION AND SUGGESTIONS

Latah is a psychogenic-based language disorder. Latah is mostly suffered by women and is only found in Southeast Asia. Latah sufferers often unconsciously issue taboo words. Taboo words issued by sufferers are obtained spontaneously. This latah has a correlation with hysterical personality. This infatuation is an "excuse" or a reason to be able to talk and behave in porn, which in essence has sexual implications. So it can be concluded that the taboo words are issued spontaneously because of sexual invitation. In the latah sufferer, the process of assimilation in phonology has no effect because the sound changes that occur due to the changing vowels do not affect the meaning of the word. In general, latah people will follow the words of people who surprise him/her spontaneously and precisely. So, it can be concluded that if a person shocking the latah person pronounces the word with the decapitation of the correct phrase, the latah person will follow it too, etc.

The main requirement for latah people is shock. Latah sufferers should be valued more. The surrounding environment plays an important role in the recovery of latah sufferers because basically, latah sufferer is a result of the surrounding environment. To reduce and cure latah, the sufferers must be able to find peace of life. The rest, they are encouraged to do relaxation exercises, meditation, and concentration on a regular base. This activity will help sufferers to recovery.

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