

SPEECH AND LANGUAGE DISORDER ON KING GEORGE VI IN THE KING'S SPEECH

Sofia Nurnisa

Sastra Inggris, Fakultas Bahasa dan Seni, Universitas Negeri Surabaya

sofianurnisa@mhs.unesa.ac.id

Adam Damanhuri

Sastra Inggris, Fakultas Bahasa dan Seni, Universitas Negeri Surabaya

adamdamanhuri@unesa.ac.id

Abstrak

Penelitian ini bertujuan untuk melihat apa penyebab gangguan berbicara pada masalah komunikasi seperti fungsi motorik mulut dan kecemasan antisipatif yang dialami King George VI dalam film *The King's Speech* serta bagaimana cara ia mengatasinya. Film *King's Speech* mengisahkan Raja George yang menderita kegagapan yang membuatnya mengalami gangguan dalam berbicara dan berbahasa sejak kecil. Penelitian ini menggunakan metode deskriptif kualitatif, yaitu mengamati data-data berupa perilaku dan fenomena yang dipaparkan melalui berupa uraian naratif. Data-data tersebut kemudian dikaji menggunakan teori dari Nathan Lavid dan Wendy Leiner. Nathan Lavid berpendapat bahwa kegagapan dapat dibagi menjadi beberapa jenis, yaitu *developmental stuttering*, kegagapan akibat stroke serta kegagapan sementara akibat lidah keseleo karena terkejut. Leiner menjelaskan bahwa penderita kegagapan dapat menerima beberapa terapi untuk mengurangi bahkan menghilangkan kegagapannya. Hasil penelitian ini menunjukkan bahwa King George VI mengalami language disorder karena menderita *developmental stuttering*, *anticipatory anxiety*, dan *brain plasticity*. Untuk mengatasi gangguan berbicara tersebut, King George VI melakukan *auditory masking*, *singing*, dan *speaking alone*. Ditemukan bahwa aliran bicara terputus tanpa disadari oleh pengulangan dan pemanjangan suara, suku kata atau frasa, dan jeda yang tidak disadari sehingga mengakibatkan kegagalan produksi suara. Untuk mengatasi gangguan berbicara tersebut, Raja George VI menjalani terapi wicara dan mendapatkan beberapa perawatan semisal *brain plasticity* dan *maneuvers*.

Kata Kunci: *Speech*, *developmental stuttering*, *anticipatory anxiety*, *brain plasticity*, *manoeuvres*.

Abstract

This research aims to locate the causes of King George VI's speech and language disorder in *The King's Speech* and how he copes with it. Speech disorders refer to a communication issue and the related areas such as oral motor function and anticipatory anxiety. The movie depicts the story of King George who suffered from stuttering leaving him with speech disorder since childhood. This study uses a qualitative descriptive method, which observes the data of behaviors and events, and is presented through narrative description. The data is examined using Nathan Lavid's and Wendy Leiner's theories on speech and language disorder. Lavid stated that stuttering comes into a few types: developmental stuttering and stuttering due to diseases such as stroke, and temporary stuttering caused by a sprained tongue due to surprise or panic. Leiner explained that people with stuttering can receive several rare therapies to reduce or even eliminate their stuttering. This research employs a descriptive qualitative method using Nathan Lavid's and Wendy Leiner's theories. The result shows that King George VI had been suffering from developmental stuttering, anticipatory anxiety, and brain plasticity. To overcome these disorders, King George VI underwent auditory masking, singing, and speaking alone. It was found that the flow of speech is unconsciously cut off by repeating and prolonging sounds, syllables, words, or phrases, and the failure to produce sound by an unknowing pause. To fix it, King George VI underwent speech therapy, Brain Plasticity and Maneuvers treatments.

Keywords: *Speech*, *developmental stuttering*, *anticipatory anxiety*, *brain plasticity*, *manoeuvres*.

INTRODUCTION

Speech is an incredible part of our daily live (Wilson, 2012). It performs as a tool to convey thoughts,

interact, express oneself, and collect cultural products. Indeed, speaking provides an instrument to convey people's needs, giving the potential to share messages

(Chaer and Agustina, 1995: 26-29). It helps people connect and build intimate relationships with each other. Thus, people need better understanding and cognition to speak. This is because during, speech perception, cognition is actively required to understand a better speech and better understanding (Lunner, 2014).

When someone is unable to do a proper speech understanding and speech perception, it could create a misunderstanding. For instance, if someone has a hearing impairment, nerve disorder, brain injury, intellectual disability, drug abuse, physical disability like cleft lip or palate, and vocal abuse, it means that they have a speech disorder (Education, 2007). A speech disorder refers to difficulties in communication like stuttering, articulation disorder, language disorder, or voice disorder (Duffy, 2016), which badly impact children's educational progress and might occur from teenage to adults.

Every type of Speech disorder could vary from alight level that does not affect daily life to a more severe level, like blocks or the inability to produce sound or to understand and use a language. Even sometimes appear disorders and errors in human speech, which could be temporary or permanent. A speech disorder is a serious thing in communication, the sufferer hardly uses language in daily life and easily gets failure in connecting with others.

Shriberg (2010:3) defines Speech Disorder into three distinct types: 1). Speech Delay (SD) include 3 to 9- year-old children with significant speech sound deletions and substitutions that typically normalize with treatment. 2). Motor Speech Disorder (MSD), includes children with significant speech sound deletions, substitutions, and distortions that may not completely normalize with treatment. 3). Speech Errors (SE) includes speakers with speech sound distortion errors (typically on sibilants and/or liquids) that are not associated with the risk domains and adverse social, academic, and vocational consequences documented for SD and MSD, but may also persist throughout the lifespan.

One of the speech disorders is stuttering. Lavid (2003:3) explained stuttering as a general term that depicted a speech that did not follow the normal and conventional rhythm. When someone speaks too fast, confused, stuttered, nervous, startled, or missing words, they are tongue-tied which results in stuttering. Keeping in mind regarding the ins and outs of speech production, mistakes are predicted to happen every once in a while, mostly when someone is confused or talks too fast, and the first step to talking too fast is whether they are currently emotional or not. Being cognizant of what today is the trigger of stress that causes stutter-becomes speechless-and this happens to all of us. Stressor makes

us "confused" and stutter. When the cause is solved and eliminated is when we turn "lucid", and our speech turns back to the normal rhythm and flow.

Stuttering exists all over the world. One percent of the world population suffers from stuttering and this condition equally affected every ethnicity and culture. This is known through the various words employed in different cultures to depict stuttering. In Ethiopia, in the Amharic language, there is the word *mentebateb*. In Japan, they use *Domori*. Turkish says *kekelemek*. All cultures know and have words to portray stuttering.

The movie chosen for this research is *The King's Speech*, which premiered in 2010. This is a British historical drama directed by David Seidler. It narrated the story of Albert Frederick Arthur George (forward will be named as King George VI), son of King George V, who suffered from a disorder. King George VI, superseded his brother, David, who had been violating the government regulations. However, as King George VI is a stutterer, it made him unable to speak fluently, thus he had to undergo speech therapy. After doing the speech therapy for some time, King George VI managed to overcome his stuttering, he even delivered the speech of the declaration of war against the Germans and Nazis.

This research falls under the psycholinguistics scope. Psycholinguistics is a discipline that lies between psychology and linguistics and aims to find an acceptable theory of language and psychology that could explain the nature of language and acquisition (Hussey, 2011). Since the object of psycholinguistics is a language and psychic phenomenon, speech disorder is one of its related topics concerning the language process in the brain. Speech disorder affects the way people speak. People with speech disorders do know what they want to say, but they find it difficult to produce a sound that disturbs their communication. In the study of language and speech disorders, speech disorder generally covers fluency disorder, articulation disorder, and voice disorder (Lanier, 2010).

One of the types of speech disorders is stuttering. Stuttering is a speech disorder where the flow of speech is unconsciously cut off by repeating and prolonging sounds, syllables, words, or phrases, and the failure to produce sound by an unknowing pause or resistance. Stuttering is a general term depicting a speech that didn't follow the normal and conventional rhythm (Lavid, 2003:3). Furthermore, Lavid, (2003:3) clarified that the medical condition of stuttering is called "developmental stuttering", this is to differentiate between prolonged stuttering with the condition of stuttering that happens once in a while which happens to all people. Developmental stuttering is not caused by

talking too fast, angry, confused, nervous, or shocked and cannot be fixed through the said situations.

Meanwhile, developmental stuttering is more than just the inability to speak fluently. It is related to the secondary motor function and a type of anxiety called anticipatory anxiety. Lavid (2003: 6-7) elucidated that secondary motor tics are unconscious movements that occurred when someone is stuttering. It is an involuntary skeletal muscle contraction accompanying the development of stuttering. Tics typically strike facial and neck muscles. In some cases, lower body muscle contraction may follow. Anticipatory anxiety is fear of stuttering and is suffered by a stutterer when they feel anxious if they are going to stutter, it will worsen their stuttering instead (Lavid, 2003: 9).

In dealing with developmental stuttering, one could undergo speech therapy. Lavid (2003: 47-48), said that there are several exercises in speech therapy, namely, brain plasticity and maneuvers. Furthermore, Lavid expounded that brain plasticity is an exercise to hone the brain's ability in responding to the surrounding condition. Meanwhile, maneuvers are an exercise that covers adaptation, auditory masking, choral speech, delayed auditory feedback, impersonating others' voices, singing, speaking alone, speaking with a metronome, and whispering. Lavid (2003: 48) explained that all of these exercises in maneuvers could improve one's fluency.

If Lavid is more focused on the handling of developmental stuttering along with the therapy session, Lainer (2010: 70) focused more on the daily maneuver of what things should and should not be done by a person suffering from developmental stuttering. Other than that, Lainer (2010:70) added a tongue exercise to the treatment of developmental stuttering. It aims at the same thing, to expedite speaking ability. Tongue exercise is carried out by touching the tip of the tongue to various locations in the mouth or moving the tip of the tongue across the mouth palate from the frontmost (right behind the teeth) to the hindmost part (where the soft part of the roof is) multiple times.

There were several previous research that studied speech disorders. Haley Wilson (2012) and Robert T Sataloff's (2011) study on speech disorder revealed what language and speech disorder is, their correlation, and their varieties. Other research is Tuada and Wasafitri which examined the speech disorders in the movie *Malaikat Juga Tahu*. The result found two characteristic of speech disorder: audible and silent Main theory blocking, and repetition of one syllable full words (Tuada, 2018). However, Wasafitri studied the stuttering of the main character in the movie *A Fish Called Wanda* and found that the main character experienced a repetition of incomplete syllables, repetition of gestures,

fixed postures, and strange behaviour (Wasafitri, 2014). Meanwhile, research on *The King's Speech* has also been done before. Darmayanti, Mawa, and Wulandari (2021) examined the acquisition of stuttering and the three types of speech impediment in *The King's Speech*. However, research on *The King's Speech* that employs Nathan Lavid's and Wendy Leiner's theory on speech and language disorder has never been done before.

The distinction between this and the previous research is from the formal object, here, the writer is focusing on the causes of King George VI's speech and language disorder and how he copes with them. The theory in use is Nathan Lavid's and Wendy Leiner's theories. The writer aims to fill the discrepancy with a different object and to show how he overcomes his stuttering.

According to the above description, this study is enticed to analyze 1) The context cause of speech and language disorder suffered by King George in *The King's Speech*, and 2) How he overcome them, based on his circumstances. Therefore, the study could reveal the type of language and speech disorder of King George VI, and the treatment he undergoes to overcome it.

RESULT AND DISCUSSION

Language disorder suffered by King George in *The King's Speech*

A. Developmental stuttering

Developmental stuttering appears gradually. It happens during the period when children learn language skills. Disfluency like the repetition of syllables, hesitance, and prolongation of syllables is a normal part of language development, and many children show the symptoms of stuttering while they learn to speak. Developmental stuttering distinguishes from the normal disfluency found when a child learns language when the disfluency is followed by secondary motor tics like tension on the face, and significant anxiety towards one's speaking ability (Lavid, 2003: 25).

1. Suffered since childhood (onset on childhood)

The King's Speech shows the presence of speech disorder that Albert Frederick Arthur George suffered from. The speech disorder is stuttering. However, Lavid (2003) divides stuttering into two types, temporary stuttering which happens only once in a while, and continuous stuttering. Continuous stuttering, medically known as developmental stuttering, could be recognized through its characteristics, for instance, the common

onset of this particular stuttering is at the age of two to five years old.

In *The King's Speech*, in minute 23, through the dialogue between George and Lionel, George clarifies that he started stuttering at the age of four or five years old.

Extract 1

- Lionel : "When did the defect start?"
George : "I've always been this way."
Lionel : "I doubt that."
George : "Don't... tell me, it's my stammer."
Lionel : "It's my field. I can assure you, no infant starts to speak with a stammer. When did your's starts?"
George : "Four or Five."
Lionel : "That's typical." (Hooper, 2010)

Developmental stuttering starts in childhood, usually appearing between the age of two to six years old, and could continue until adulthood (Lavid, 2003: 11). Developmental stuttering is usually followed by the parent's misdiagnosis. Customarily, the parents will force their children to keep talking or pressing them to show that they are not stuttering. These things instill an anxious feeling towards the children and grow the memories of stuttering and fear in the children instead.

2. Stuttering at the beginning of a sentence

Developmental stuttering might be marked by the typical stuttering that only starts at the beginning of a sentence. Developmental stuttering often pulls someone into feeling frustrated because their stutter happens at the start of a sentence. One of the most common times to stutter is while picking up a phone call; starting the word "hello" could be hard for those who stutter (Lavid, 2003: 5). In *The King's Speech*, many scenes show George stutters at the beginning of a sentence, one of those scenes is in minute 32 when King George VI was requested by his father to practice his speech.

Extract 2

- George : "S..S..sscience, I'm able to"
George : "T..t..This Christmas day"
George : "Sss..ss..Speak to my all" (Hooper, 2010)

Lavid (2003: 16-17) explained that someone with developmental stuttering could have some difficulties speaking even a word out but will never stutter on the last syllable. The above scene shows that George is stuttering at the beginning of a sentence, the stutters always happen at the starting syllables. However, when speaking the last syllables, George is always able to speak fluently.

As George has adhered to the difficulties to speak at the beginning of a sentence since his childhood, he

was mocked for a name that refers to his condition. Even George's brother, David, has a name to call George's difficulties to start a sentence. This shows in the dialogue between George and David in minute 60.

Extract 3

- David : "That's what this is about. Brushing up, Hence the elocution lessons. Thats the scoop around town."
George : "Iii..I'm trying to."
David : "Yearning for a larger audience, are we, B-B-Bertie?"

3. Secondary Motor Tics

Developmental stuttering is marked by secondary motor tics. Secondary motor tics is an involuntary movement that happens when someone stutters. Secondary motor tics are indicated through an involuntary skeletal muscle contraction that always follows the developmental stuttering. This contraction usually happens on the face and neck muscles. In some cases, lower body muscle contraction could follow the development of developmental stuttering. Some people who suffered from developmental stuttering might stomp their foot on the ground or shake their whole body (Lavid, 2003: 6-7).

In minute 20, George begins the session of his therapy with Lionel, George shows a gesture that indicates the symptoms of secondary motor tics. In his dialogue as he stutters, George shows an expression that indicates the contraction around his neck and shoulder. Almost in all of George's stuttering scenes, there is always an expression pointing to the contraction around the neck, tongue root, and sometimes shoulder. Other than the one in minute 20, it is also displayed in minute 23 when George was forced to read by his father, and also in minute 60 when George was ridiculed by David.

Furthermore, Lavid (2003: 7), added that eye blinking, vibrating mouth and tongue, and irregular breathing are also common secondary motor tics. This behavior is related to developmental stuttering and not a separate medical condition. If someone suffers a severe muscle contraction while stuttering, they may suffer a seizure or breathing issue. However, this is not the case. Muscle contraction is only one aspect of the phenomenon of developmental stuttering and its severity varies from person to person.

4. Born left-handed

According to the common opinion, one's ability to use the right or left hand does not have an impact on

one's speech ability. However, Lavid (2003: 25) elucidated that the ability to use the right or left hand has a correlation to the brain in processing language. Language is an ability to speak, listen, read, and write, and in ninety percent of the population, this is placed on the left part of the brain. Ninety percent of these individuals are not left-handed and have more skills and dexterity in starting a motoric movement with the right part of their body. All of them are the people with the dominant left part of their brain to do daily chores. Apart from that, most left-handed people have the right part of their brain be left-handed and the left being dominant in language. The connection between being left-handed and developmental stuttering matched with what is found in the common population-that most of the stutterers are not left-handed or used to using their right hand.

In minute 53 dialogue during the therapy session, George explains to Lionel that he was born left-handed as in extract 5.

Extract 5

Lionel : "Are you naturally right hand?"
George : "I'm lefty, I was punished, and now I use my right." (Hooper, 2010)

Lavid (2003:25) stated further parallels between being left-handed and stuttering from the medical viewpoint, and how the brain systematically processes language. The ears convert the sound wave into nerve impulses and these impulses are carried to the primary hearing cortex in every temporal lobe. Language impulses from both primary hearing cortex are then sent to the Wernicke's area on the left superior temporal gyrus lobe.

The Wernicke then connects these impulses with the words to give meaning to those impulses. After these associations are done, the impulses proceed along the arcuate fasciculus-a nerve fiber arc across the temporal lobe, parietal, and frontal of the Broca's area on the frontal lobe. The Broca's area then received this integrated language impulse and was able to articulate the impulse by activating the area in the brain that controls the speech.

B. Anticipatory Anxiety

As the prior explanation, anticipatory anxiety is an anxiety that emerges in anticipation of stuttering. The way anticipatory anxiety works is that the subconscious feels anxious because the stutters have pushed the nerves not to speak, yet they are obligated to speak and force themselves to produce sound. Thus, it ensues in aggravates the stutters.

In the case of anticipatory anxiety, the people who suffer from developmental stuttering can speak fluently when they are not feeling anxious, when they are relaxed

and confident in their speaking ability. The scene in minutes 13 to 14 when George tells a tale to Margaret and Elizabeth, depicts the process of anticipatory anxiety surge. At the beginning of the story, George could speak fluently as in extract 6.

Extract 6.

George : "They're fly away, don't they lucky? (Oh, to fly away. Weren't they lucky?"
Elizabeth : "Papa, tell us a story. (Now papa, tell a story)"
George : "Can't I be a penguin instead?"
Margaret : "Well, no, I want a penguin story."
George : "Very quickly, once there" (Hooper, 2010)

The scene above shows that George could speak fluently when he feels relaxed and not under pressure. However, in the next scene when George starts to feel anxious, identified by the secondary motor tics, his stuttering reappears.

Extract 7:

George : "Once there... two princes... Princes Elizabeth... Princes Margaret... papa was a penguin... (George's speech was stopped as he was feeling nervous (anxious) of his stuttering)... this is because he was bewitched by wicked witch." (Hooper, 2010)

Another anticipatory anxiety also appears in minute 3. In the scene, George is reading a speech that contains a letter from his father in a public event to officiate a new radio station. Facing the citizens, George's anticipatory anxiety surges and makes his stuttering worsen. Starting with a swirling sight, then George shows symptoms of anxiety with his irregular breathing and difficulty in pronouncing sentences.

Extract 8:

George : "I... I... (in a few mouth movements then he starts to speak)... I have receive... from him... mmm... Majesty, the kkk... the kkk... the kkk... the king... aaakkk... eeekkk..." (Hooper, 2010)

The scene above proves that anticipatory anxiety worsens George's stuttering. Anticipatory anxiety is a result of stuttering that is piling up by the awkward social situation where someone who stutters feels embarrassed in front of other people. Anticipatory anxiety is a result of stuttering, not the cause. The memory of the embarrassment and frustration because of losing control of the speech fluency is the cause of

anticipatory anxiety. When one revisits this memory, their anxiety grows and as a result, the stutter worsens.

C. Brain Plasticity

Brain plasticity is the ability of the brain to change in response to environmental and psychological stimulation. The basic principle is that the environment, with its various situations, stimulates the neurons in the brain, and the stimulated neuron then recruits the other neurons to join them. Additionally, continuous nerve stimulation will further increase the connection, and thus change the anatomy and the function of the brain to work better (Lavid, 2003: 47).

Further research emphasized that the brain does reorganize itself. Environmental and psychological experiences could cause brain modulation on a molecular level. Brain plasticity relies on the strength of neurology, and speech pathologists have several ways that can be used to manipulate brain function.

Brain plasticity is used in speech therapy to stimulate the neuron to respond by facing the person with developmental stuttering in a condition that could increase the connection of the nerve to its stimulant. This, for example, is shown in the scene in minute 87 where Lionel gives stimulation to George's brain to believe that he can speak fluently. Lionel manipulates a situation by provoking George as Lionel sat on the commoner's forbidden throne, angering George and showing that George has a voice and George will be heard.

Extract 9.

- George : "Listen to me, listen to me!"
Lionel : "Listen to you(?) by what right?"
George : "By Deviant right if I must. I am your King!"
Lionel : "No, you're not. You told me so yourself. You (said) you didn't want to. Why should I waste my time listening to you?"
George : "Because I have a right to be heard! I have a voice!"
Lionel : "Yes, you do. You (are such a person) have such perseverance, Bertie. You're the bravest man I know." (Hooper, 2010)

Brain plasticity is an exercise to hone the brain's ability in responding to the surrounding environment. The central purpose of brain plasticity is to manipulate a situation so it could give the brain stimulation that will grow trust in the speaking ability. The above scene shows that the situation George is facing makes him realize his

bravery to say his right and to speak fluently without being bothered by his stuttering.

D. Maneuvers

1. Auditory masking

Auditory masking is a form of maneuvers that is executed by distracting someone who stutters to not hear their voice. This is to avoid the stutterers feeling anxious, roughly, it is to circumvent the anticipatory anxiety to materialize. In his speech therapy, George begins his exercises with auditory masking maneuvers. It can be observed in the scene on minute 26. Auditory masking presents a significant result in minute 33 as George listens to his recording and realizes that he can speak fluently.

Extract 10.

- Lionel : "I'm going to record your voice and then play it back to you on the same machine."
George : "To be or not to be, that is the question. Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune, or to take arms against a sea of troubles, and by opposing end them? To die, to sleep no more, (and by a sleep to say the end is the heartache and the thousand natural shocks to flesh is heir to. 'Tis a consummation hopeless)." (Hooper: 2010)

Lavid (2003: 50) wrote that fluency could be refined when someone who stutters did not hear himself speaking. For instance, someone who stutters speaks better when they whisper. It gives a more extensive effect when the hearing is completely detached from the speech. Auditory masking is a maneuver that wholly prevents someone from hearing their speech. The speech is camouflaged by loud noises. Usually, white noises are played in the room or on a headset, in *The King's speech*, it is a piece of loud music. White noise is an effective disguise in speech therapy as it comprises all the sound frequencies that a human's ear can hear, and due to its nature to promote fluency.

2. Singing

Sometimes, the best way to rebuild speech ability is by looking for new means on the other part of the brain. Music is one of the ways to do it. When the language center on the left part of the brain is broken, the therapist may utilize the music center on the right part of the brain through the melodic intonation therapy

technique. Even though the intervention of technology is very low, melodic intonation could grant fluency to a stutterer. Singing and the rhythmic beat is a segment of a therapy that utilizes the speech ability on the right brain that was unoccupied (Leiner, 2010: 77-78).

In minutes 52 to 53, George is having a dialogue with Lionel. However, this time George vocalized his dialogue through singing. This has made George able to fluently say what he wants to deliver without stutters.

Extract 11.

George : "You're barking up the wrong tree now, Doctor, Doctor."
Lionel : "See? You didn't stammer."
George : "Of course I didn't stammer, I was singing."
"Then she wouldn't feed me, far-far away." (Hooper, 2010)

The singing method is effective because it harmonizes the left parts of the brain that processes language with the right parts of the brain with creative functions like arts. The scene above confirms George's success and fluency in speaking when he sings. George chooses a song that he is familiar with and has heard frequently so he can harmonize the intonation and the beat of the rhythm of the song, thus it succeeds in improving George's fluency.

In the minute 98 scene, George shows fluency through singing too.

Extract 12.

I send to every household, (...) of my peoples, both at home and overseas. This message dooo daaa spoken with the same depth of feeling dooo daaa (day) for (that) each one of you, as if I were able to (Shit, fuck, bugger!...) cross your threshold and speak to you. For the secondtime of most of us, we have to... (Hooper, 2010)

Lavid (2003: 48) wrote that people who stutter could sing very well. It is acknowledged that singing is a right-brain phenomenon and it combines the brain circuits unoccupied with speaking, especially those that are mediated by the left brain. This might be the underlying mechanism of fluency produced through singing. Thus, singing improves the fluency of the person who suffers from developmental stuttering.

3. Speaking Alone

Maneuvers to improve fluency can be conducted both in a therapy room and unattended. Speaking alone is one of the maneuvers exercises that can be done alone. George has undergone this exercise too in his therapy. In minute 23, Lionel ensures that George could speak well

and fluently when he was grumbling or speaking to himself.

Extract 13.

Lionel : "Do you hesitate when you think?"
George : "Don't be ridiculous."
Lionel : "How about when you talk to yourself? Sometimes everyone grumbles, Bertie. (Everyone natters to themselves occasionally, Bertie.)" (Hooper, 2010)

Speaking alone, without the disturbance of their surroundings may improve fluency. Speaking in front of audiences could lower an individual perception of fluency. Lavid (2003:49), said that people who stutter tend to reckon that they stutter more than they do, and this perception induces anticipatory anxiety that in turn, further worsens the stuttering.

CONCLUSION

According to the analysis in the discussion, two major points can be concluded in accord with the objectives of the study. First, the context cause of George's speech and language disorders shows a condition of developmental stuttering. The developmental stuttering suffered by George can be identified by several characteristics such as the stuttering occurred when he was four to five years old, he had difficulty starting a syllable, and his speech disorder is accompanied by secondary motor tics, and he was born left-handed. In addition, the impact of King George's developmental stuttering is the emergence of anticipatory anxiety that will worsen the stuttering. Second, the way King George overcome his speech and language disorder based on his circumstances was through undergoing speech therapy. In the procedure of his speech therapy, he received treatments for brain plasticity and maneuvers. King George's brain plasticity treatments comprise stimulations to the neurons in the brain, where later the stimulated neuron recruits the other neurons to change the anatomy of the brain so it can work better. Then, the maneuvers treatments include auditory masking, singing, and speaking alone.

RECOMMENDATION

In terms of the initial objectives, this study has successfully recruited the sample of the king's speech disorder and how he cope with it in the King's Speech Movie, which then collected and evaluated under theories as the main data. The absence of data from real-world situations may be viewed as this study's weakness, though. Hence, further research is therefore anticipated to offer evidence-based clinical guidance on

efficient diagnosis and treatment of people with social communication impairments.

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