

# VERBAL AND NONVERBAL MESSAGES IN THERAPEUTIC COMMUNICATION FOR CHILDREN WITH AUTISM IN HOMESCHOOLING & THERAPY PKBM RAISHA MAMUJU

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## ABSTRACT

This study aims to determine verbal and nonverbal messages as well as barriers that occur in therapeutic communication interactions between the significant other and children with autism spectrum disorders at Homeschooling & PKBM Therapy of Raisha Mamuju. This study uses a qualitative methods and descriptive approaches. Data collection was carried out by means of observation, documentation and in-depth interviews with informants, namely therapists or teachers (significant other) children with autism spectrum disorders in Homeschooling & Therapy PKBM Raisha Mamuju. The results of this study indicate that the significant other sends messages to children with autism spectrum disorders using verbal and nonverbal messages. Verbally, the significant other uses Indonesian spoken with the Mamuju regional accent, the vocabulary used is simple vocabulary that is easily understood by children, and the sentence structure is made as simple as possible. Nonverbally, the use of kinesic messages consisting of facial, gestural, and postural messages, then proxemic messages, paralinguistic messages, and messages through skin sensitivity (haptics) were found. In verbal and nonverbal interactions between the significant other and children with autism spectrum disorders, several causes of communication barriers were found. Communication barriers occur when the significant other sends too many messages to the child, difficult language or terms are conveyed, there is noise when interacting, the presence of the child with autism spectrum disorder is not present when interacting, the child responds too reactively, and the child does not try to listen to the message.

**Keywords:** Therapeutic Communication; Verbal Communication; Nonverbal Communication; Communication Barrier; Children with Autism

## INTRODUCTION

According to Rahmatrisilvia, et al. (2021:6) "Autism Spectrum Disorder is a neurodevelopmental disorder of the brain characterized by social, behavioral and communication disorders." The American Psychiatric Association (2013) explains that the characteristics of Autism Spectrum Disorder (ASD) can be identified through two conditions, namely communication and social relationships barriers and behavioral disorders related to specific and repetitive interests. Children with autism spectrum disorders will experience disturbances in their growth and development, thus inhibiting a lot of their physical, motor, cognitive, language, and social emotional development.

Obstacles encountered by the significant others when interacting with children who have autism spectrum disorders causes the significant others to have difficulty to send informative messages

which could support the children's cognitive and social communication skill development. However, communication itself is one of the main elements in a learning process, especially in the children's learning process, because communication is a mean to exchange messages to increase their knowledge. Sutirman (2006) mentions in teaching and learning activities, interpersonal communication is a must, in order to create a harmonious relationship between teachers and students. Although basically the effectiveness of this communication depends on both parties, the teacher as the controller has the responsibility to ensure effective communication during the teaching and learning process occurred.

Children with autism spectrum disorder cannot be left without treatment because they have the rights to health, education, and decent life in society. These rights are clearly supported in the Law of the Republic of Indonesia Number 8 of 2016 on Persons with Disabilities in Chapter III concerning the Rights of Persons with Disabilities, stated in Article 10 concerning the Right to Education, also in Article 12 concerning the Right to Health, and in Article 23 concerning the Right to Live Independently and be Included in the Community. Therefore, the provision of therapy and education must be given to children with autism spectrum disorders.

The process of therapy and learning for children with autism spectrum disorders requires professionals that specialized in dealing with children with autism spectrum disorders to ensure the learning and therapy process can run effectively and efficiently. Kreps and Thornton (1992) in Mulyana (2016) say that for professionals, in addition to their expertise in the health sector, if they do not communicate effectively in establishing client history, there will not be sufficient information available to specify the accurate treatment. A professional must also have communication skills, both the ability to send or understand verbal and nonverbal messages when interacting with children with autism spectrum disorders. By understanding the messages, professionals can minimize or properly handle the obstacles that occur when interacting with children with autism spectrum disorders.

The professionals referred in this study are therapists or teachers at Homeschooling & Therapy PKBM Raisha Mamuju, which is the only place for therapy and homeschooling for children with autism spectrum disorders in Mamuju City, West Sulawesi.

Good communication is needed in therapy and learning for children with autism at Homeschooling & Therapy PKBM Raisha Mamuju, so that children can receive information from professionals without interference or obstacles. Therefore, professionals must understand the verbal and nonverbal communication used during the teaching and therapy process for children with autism spectrum disorders, so that there is an improvement after doing therapy and learning on the development of children with autism spectrum disorders, as the purpose of this therapy and learning is to improve the cognitive and social-communicative abilities of children with autism spectrum disorders, so that children are prepared to live amid the general public.

Teachers who are able to create effective communication in the learning process can make it easier for students to understand the material presented and implement it, contribute to student learning success, create a conducive and interactive learning environment, and can increase motivation and interest in learning (Miftah, 2019). In the teaching and learning process for

children who have autism spectrum disorders, effective communication is still needed, so that the learning process is effective and efficient, children are able to understand the material and the teacher's orders and carry it out properly. Effective communication can also create a conducive learning environment, and teachers can increase the learning motivation of children with autism spectrum disorders.

The purpose of this study was to analyze verbal and nonverbal messages used by therapists or teachers in minimizing or overcoming communication barriers that occur when teaching or doing therapy for children with autism spectrum disorders at Homeschooling & PKBM Therapy, Raisha Mamuju.

## **METHOD**

This study uses a qualitative research approach. According to Creswell (1998) in Satori & Komariah (2010:24) "qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore social or human problems." Qualitative research is conducted to obtain research results that contain contributions to theories, so that some new knowledge is obtained related to the problems studied.

This research is conducted with descriptive approach. Referring to Noor (2011:35) "through descriptive research, researchers try to describe occurrences and events that become the center of attention without giving special treatment to these events."

The primary data needed is gathered using interview and observation technique. Purposive sampling is used as a tool for informant selection on this research. Satori and Komariah (2010) said that in purposive sampling, informants as research subjects are selected according to personal considerations of the researcher in accordance to the research topic. In addition to primary data, researchers also utilize secondary data obtained from books, articles and online news as supporting data or for triangulation purpose.

Based on the informant selection technique that has been described, the researcher selected 7 people. Out of the 7 people, 3 teachers or therapists were interviewed regarding verbal and nonverbal messages and communication barriers they encounter while counseling children with autism spectrum disorder. Researcher also carry out observations and create documentation of the learning and therapy process conducted by the therapist or teacher to 4 children with autism spectrum disorders.

In this study, three qualitative data collection techniques were used. Data collection techniques with in-depth interviews were carried out with therapists or teachers. Observational data collection techniques are carried out during the learning and therapy process. Researchers observed verbal messages and nonverbal messages conveyed by therapists or teachers to children with autism spectrum disorders. Data collection techniques through documentation are carried out to take data in the form of photos and audio-visual recordings when the learning and therapy process are carried out.

The location chosen to conduct this research is Homeschooling & PKBM Therapy PKBM Raisha Mamuju, which is located at Graha Nusa 2 Housing Phase 2 Block D12, Simboro,

Simboro and Islands District, Mamuju Regency, West Sulawesi.

## RESULTS AND DISCUSSION

According to Hardjana (2003) verbal communication is communication using words, both oral or written. By expressing these words orally or in writing, human can express emotions, views, ideas, describe facts, data or information, have dialogue with each other regarding thoughts, or argue and quarrel with others. Verbal communication in this study was seen from the use of speech expressed by the significant other towards children with autism spectrum disorders during therapy, learning or social interactions.

From interviews with the three significant others related to verbal and nonverbal messages used in sending messages, it was found that the verbal messages were conveyed using Indonesian with simple sentence structure. Several significant others also used the Mamuju regional accent when sending informative messages to children with autism spectrum disorder. The use of Indonesian in the interaction between significant other and children with autism spectrum disorders is done to create effective and efficient communication so that the communication purpose is achieved. Verbal messages conveyed by the significant other to children with autism spectrum disorders are related to orders to do tasks or light daily conversations. Furthermore, there are four types of nonverbal messages found in the results of interviews with the three significant others, namely kinesic, proxemic, paralinguistic, and skin sensitivity (haptics).

The statement regarding the use of language to achieve goals is in line with what Wittgenstein (1953) and Clarks (1994) stated in Mulyana (2016), that human uses language to achieve goals and not without purpose. Language is used to fulfill purposes such as persuading, providing information, solving problems, and entertaining. Language is a tool or instrument used by humans to achieve their goals.

Liliweri (2017) explains that nonverbal communication is the process of conveying messages without pronouncing words, where messages can be seen from body language, facial expressions, gestures, gazes, and body postures, including objects worn such as clothes, jewelry, shoes, hairstyles and other types of accessories. In this study, the nonverbal messages that researchers saw in the significant other's interactions with children with autism spectrum disorders can be seen through several types, namely kinesic messages, proxemic messages, paralinguistic messages, and skin sensitivity.

The verbal and nonverbal communication found in this study, through direct observation of the therapist or teacher, was analyzed using conversational analysis theory by Jenny Mandelbaum (2008) in Budyatna (2015). Researchers focused on verbal and nonverbal messages used in therapeutic communication between significant other and children with autism spectrum disorders.

**Table 1. Abbreviations and Symbols**

| Abbreviations and Symbols | Explanation                              |
|---------------------------|--|
| AI                        | Children with autism spectrum disorder 1 |
| SY                        | Children with autism spectrum            |

|                      |   |
|----------------------|---|
|                      | disorder 2  |
| UL                   | Therapist/teacher 1   |
| FA                   | Therapist/teacher 2   |
| =                    | shows a direct transition, without a pause between two utterances |
| □                    | rising intonation   |
| □                    | down intonation   |
| -                    | emphasis  |
| (0.2)                | shows the number of idle in seconds                               |
| ;                    | vocal extension   |
| [nonverbal messages] | shows nonverbal messages performed when interacting               |

Kinesic messages are nonverbal messages that are shown through body movements. This study will focus on three main components, namely facial messages (facial expressions), gestural messages (body parts), and postural messages (body posture).

The results of interviews with the significant other related to kinesic messages when interacting with children with autism spectrum disorders shows the significant other dominantly used facial and gestural messages when doing therapy, teaching, or interacted socially. Details were explained in the results of observations, fragments of interactions between therapists or teachers with children with autism spectrum disorders.

**Fragment 1**

- 1 U: ayo [memegang pulpen] baca ini, [menunjuk kata menggunakan pulpen] bacalah kalimat-kalimat berikut dengan nya;ring [raut wajah netral]
- 2 A: [mengucek-ngucek mata]
- 3 U: hem hem hem hem [menepuk-nepuk kaki AI agar duduk rapi] naik apa tadi ke sini? Baca ini dulu baca dulu ini

**Fragment 2**

- 1 S: he;wan
- 2 F: ya (0.1) lanjut [melipat tangan di atas lutut, postur badan membungkuk, raut wajah netral]
- 3 S: komodo adalah hewan pe;;ma (0.2) pemaka, pemaka;(0.1)nan

The first verbal and nonverbal messages discussed were related to communication using kinesic messages. When using kinesic messages, the significant other combines the use of facial expressions, gestures or body postures to express something. In the first sentence in fragment 1, it can be seen that the use of therapeutic communication techniques focuses on assertive attitude, where assertiveness is an important factor when interacting with children with autism spectrum disorders, so that children listen more. UL gave a commanding gesture to read by pointing at the writing in the book accompanied by a verbal message “bacalah kalimat-kalimat berikut dengan nyaring” (read the following sentences aloud) which was intended for AI to focus on finding answers and completing tasks, but the response given by AI was a tired body gesture while rubbing their eyes without any verbal messages, which eventually made UL give another nonverbal gesture to tidy up her sitting posture by gently patting her feet and a verbal

message of “hem hem hem hem” as shown in Figure 1.



Figure 1. UL Focuses SY

The gestures and facial expressions in Figure 1 show UL’s assertiveness. UL gave the gesture of patting AI’s feet with an upright posture, eyes pointing to the feet and mouth closed. Serber, Alberti and Emmons (in Marini & Andriani, 2005) explain that messages conveyed with an upright posture will make the message conveyed more assertive. UL did a technique of focusing on AI using assertiveness to ask her to improve her posture to focus more on learning. As stated by Christoff and Kelly (Fensterheim, 1995), there are categories of assertiveness, one of which is request assertiveness. Request assertiveness is carried out in order to achieve changes in children’s behavior so that they are focused when learning. In that regard, what UL did was request assertiveness.



Figure 2 FA when Teaching SY

The second interaction fragment exhibit the use of therapeutic communication techniques to encourage children with autism spectrum disorders to continue the conversation. In this fragment, for SY to continue reading. As seen in the first line of the second fragment, FA gave a nonverbal message to SY. The nonverbal message is a relaxed gesture by folding her arms over her knees and her posture slightly bent closer to SY. The nonverbal message also accompanied by a verbal message “ya, lanjut” (yes, continue). Both messages indicate that FA encouraged the children to continue reading what they have been reading. On the third line SY immediately continued reading.

FA's gestures and relaxed posture show a supportive and empathetic attitude towards SY, so that SY feels comfortable to continue reading. As stated by Devito (1997) that the existence of empathy and support in communication can create effective communication. FA shows her support and empathy by understanding the level of SY's ability to read. When he makes a mistake in reading, FA guides SY to read correctly until he did it. The result is that SY follows the direction well, so that effective communication is created in the second part of the interaction between FA and SY.

Findings from observations of kinesic nonverbal messages in conveying verbal messages show that kinesic nonverbal messages are dominantly used by therapists and teachers when focusing on children with autism spectrum disorders. Both facial expressions and body gestures to



express assertiveness in verbal messages are used in order to refocusing the children's attention. It is easier to achieve when assertiveness is seen not only from words but also through behavior. In addition to focusing, kinesic messages such as gestures and body postures are also used when the therapist or teacher encourages the child to continue talking. A more relaxed posture and gestures show that the therapist or teacher is ready to listen to the child's expression. Proxemic messages are nonverbal messages that are shown through distance and space settings. In this study, the use of distance and space is seen when the significant other is doing therapy, teaching and interacting socially with children with autism spectrum disorders.

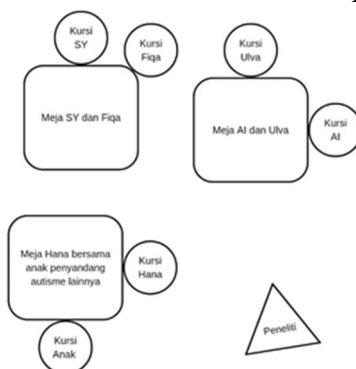


Figure 3 Study Room Layout

The results show that there are those who use distance and space settings when interacting with children with autism spectrum disorders. However, there are also those who only adjust the distance but do not change the arrangement of the room or the other way around, only use the arrangement of the space without adjusting the distance of interaction. Details are explained in the results of observations, fragments of interactions between therapists or teachers with children with autism spectrum disorders.

### Fragment 3

- 1 F: □me; □ma;
- 2 S: me□ma; me;ma;tikan (0.4) dah
- 3 F: [membuka lembar buku SY]
- 4 S: su□dah?
- 5 F: baca lagi, ibu FA minum dulu [FA berdiri dan berjalan ke arah dispenser]
- 6 S: [melirik FA, memainkan buku, melirik kesana-kemari]
- 7 F: baca □SY baca
- 8 S: [raut wajah termenung]
- 9 F: baca; SY baca [berdiri di dekat SY]
- 10 S: ini? [menunjuk tulisan]
- 11 F: yang paling atas [kembali duduk]

The second verbal and nonverbal messages discussed were related to communication using proxemic messages. Proxemic messages are seen in the arrangement of distance and space when doing therapy, teaching and social interaction with children with autism spectrum disorders. During the observations, children with autism spectrum disorders were arranged to study in the same room, room 'B', with the layout arrangement as shown in Figure 3. There

were several changes to the distance settings, such as when FA stood up from her place to get a water bottle but still interacted with children with autism spectrum disorder SY.



Figure 4 FA when Sitting Beside SY and when Leaving the Seat

In the third fragment of the interaction of children with autism spectrum disorders SY with people in room 'B', initially FA set a close distance with SY, about 30-40 cm, or sat right next to SY. SY can be seen following FA's directions when sitting next to each other, but when FA got up from her seat to take a bottle of drinking water in her bag, SY did not follow FA's direction to keep reading. FA continues to do focusing techniques through verbal messages "baca, SY baca" (read, SY read) to SY at a distance of about 1.1 meters behind UL when taking her drinking water. The response given by SY remains unfocused, glancing here and there, playing with his book, then pensively waiting for FA to return.

Findings on observations of proxemic nonverbal messages show the distance setting when the therapist or teacher was carrying out the teaching process. The distance that FA uses when teaching is about 30-40 cm, but in certain situations FA changes the distance setting to about 1.1 meters while doing the focusing technique on SY. Edward T. Hall (1963) divided proxemic zones to determine how close a person is to other people in a communication relationship, there are intimate distance (0 – 18 inches), personal distance (18 inches – 4 feet), social distance (4 – 10 feet) and public distance (more than 10 feet). In FA's distance setting, she initially setting an intimate distance of about 30 – 40 cm (11.8 – 15.7 inches) then changing the distance to a personal distance of about 1.1 meters (3.6 feet).

The change of the intimate distance affect the response of SY. When the communication conducted within his intimate distance, SY hears and obeys FA's directions, but when SY and FA are at personal distance, SY no longer listen to FA's direction to continue reading. SY's response when the communication conducted on a personal distance are stop reading, toying with his book, glancing to different directions, and daydreaming. This behavior exhibited by SY concurs with what was expressed by Burgoon (1978) in West & Turner (2017), that human have certain expectations regarding nonverbal attitudes related to the distance of other people who can provide comfort to them. When someone's expectations are violated, someone's interest or attention will increase, hence the person will carry out certain methods in responding to violations that occur.

Paralinguistic messages are nonverbal messages related to how verbal messages are voiced. In this study, paralinguistic messages will be seen from three variables; the use of intonation, vocabulary emphasis, and the lengthening of consonant sound in significant other utterances and children with autism spectrum disorders while doing therapy, studying, and in social interactions.

The results of interviews show that when interacting with children with autism spectrum



disorders, the significant other sets the use of paralinguistics in certain situations. For example when having small talk, the significant other will use normal intonation and not put too much emphasis on words. When the significant other has to emphasize their orders, they use a fairly high intonation and place a lot of emphasis on the words spoken to the child with autism spectrum disorder. The details can be seen through fragments of interactions between therapists or teachers with children with autism spectrum disorders.

#### Fragment 4

- 1 F: baca lagi dibawahnya
- 2 S: □a;ku; adalah ada dan
- 3 F: tidak ada dan di sini, □aku a;da
- 4 S: aku ada □di ke;pu□la □di ke kepu ke ke kepu□la
- 5 F: lau;; □an
- 6 S: lau;an
- 7 F: ini L-□A la tambah □U lau A-N an, kepu;;lau;an
- 8 S: {la la {lau {A-N an Kepu;lau;an

#### Fragment 5

- 1 A: [mengucek-ngucek mata]
- 2 U: hem hem hem hem [menepuk-nepuk kaki AI agar duduk rapi] naik apa tadi ke sini?  
Baca ini dulu baca dulu ini

The use of intonation or tone, emphasis, and consonant lengthening is widely used by significant others when they are doing techniques to focus and identify themes on children with autism spectrum disorders. In the situation that occurred in Fragment 4, in the first line FA uses normal intonation to pronounce the verbal message “baca lagi dibawahnya “ (continue reading the text under). Then, SY responds by reading “□a;ku; adalah ada dan” (“i am, exist, and”). FA immediately focuses the child by confirming the child's reading using quite high intonation, lengthening the consonant sound, and emphasizing on the word ‘aku’ and ‘ada’ (‘i’ and ‘exist’) in the verbal communication of “tidak ada dan di sini, □aku a;da” (not exist and here, i exist). After that, SY corrected himself until he finds another difficult word, 'kepulauan' (archipelago) so he said the word many times until FA helped again by raising her intonation at the '-an' ending and emphasizing the word. Additionally, FA lengthened the pronunciation of the syllable 'lau' to ‘lau;;□an’. The last use of paralinguistics in Fragment 4 is when FA helps spell the word 'kepulauan' (‘archipelago’) to SY, the paralinguistic message conveyed along with the verbal message is “ini L-□A la tambah □U lau A-N an, kepu;;lau;an” (this is, L-A la, plus U lau, A-N an, kepulauan). From the verbal message, it can be seen that the intonation fluctuates when pronouncing several syllables, emphasis is also used every time she pronounces spellings such as 'la' 'lau' and 'an', and in the end there is a lengthening of the pronunciation of the word 'kepu;;lau;an' (archipelago). The use of paralinguistics is done to emphasize important words, in this case it is important to correct the child's pronunciation of these words, therefore the significant other emphasizes these words.

The paralinguistic setting was also carried out by UL as shown in Fragment 5. When AI made a nonverbal message by rubbing her eyes, UL immediately gave a verbal message

accompanied by an emphasis on the pronunciation of “hem hem hem hem” to discipline AI to sit correctly. Then UL continued her speech with normal intonation, and only put emphasize on the command word “naik apa tadi ke sini? Baca ini dulu, baca dulu ini” (what did he ride to get here? Read this first to get the answer).

Setting the intonation or tone of the teacher's speech adjusts to the situation and emotions when teaching takes place. This is done to convey the intended messages correctly, such as when you want to emphasize something, the therapist or teacher will raise the intonation or tone of the voice. There are also emphasis and lengthening of the consonant. This is aligned with Rakhmat (1999) expression regarding the use of tone when speaking, i.e. the tone can express passion, fear, sadness, sincerity, and affection. Tone can amplify the impact of the spoken word. To make the therapist's or teacher's words more impactful, they use tone settings when talking to children with autism spectrum disorders.

Nonverbal messages through skin sensitivity (haptics) are nonverbal messages shown through physical touch. This study focused on nonverbal messages used through skin sensitivity when a significant other interacts with children with autism spectrum disorders. The results of interviews show the significant other uses nonverbal messages through skin sensitivity when the significant other carry out reward techniques, focusing techniques, playing, or when interacting normally with children with autism spectrum disorder. Details are discussed in the interaction fragments related to the use of nonverbal messages through skin sensitivity below.

**Fragment 6**

- 1 A: [mengucek-ngucek mata]
- 2 U: {hem hem hem hem [menepuk-nepuk kaki AI agar duduk rapi, raut wajah tegas] naik apa tadi ke sini? Baca ini dulu baca dulu ini

**Fragment 7**

- 1 S:[mendengar suara menangis, berdiri, berusaha beranjak]
- 2 F: [menahan tangan SY] □tidak, SY □tidak, SY
- 3 S: siapa itu?
- 4 F: tidak tahu [menarik tangan SY untuk kembali duduk]

The use of skin sensitivity through physical touch is commonly used by significant others when they are doing focusing techniques on children with autism spectrum disorder. As in the example of the situation that occurred in Fragment 6, when UL focuses on the child. UL conveyed her verbal message “hem hem hem hem” accompanied by a nonverbal message through skin sensitivity, that is tapping AI's feet so AI would straighten her seat.



Figure 5 UL Touched AI Leg to Focus

**Fragment 7** shows FA doing the technique of focusing on SY. FA held SY's wrist to restrain its movement while saying a verbal message “tidak, SY tidak, SY” (no, SY no, SY). SY gave

a verbal response with the question “siapa itu?” (who is that?), then FA immediately answered “tidak tahu” (I don't know) to stop the discussion while pulling SY's hand to sit back down.



Figure 6 FA Touches SY Hand to Focus

The touches made by therapists or teachers at homeschooling & Therapy PKBM Raisha Mamuju contain meanings. Interactions 6 and 7 show firmness to direct children with autism spectrum disorder to behave well when learning. As explained by Jones and Yarbrough (1985) in Devito (1997) regarding meaning through physical touch, guiding or ordering. Touch can be interpreted as guiding the behavior, attitudes or feelings of others. Guidance is able to convey a number of messages. The message given by the therapist or teacher in this case is an order. According to Hamalik (1992:72), "Obstacles are anything that hinders, impedes, obstructs that humans or individuals encounter in their daily lives that come one after another, causing obstacles for individuals who live it to achieve goals." The obstacles referred to in this study are barriers to verbal and nonverbal therapeutic communication that occur when significant others are teaching, doing therapy and social interaction with children with autism spectrum disorders. When there are obstacles to communication, it will disrupt the communication process, so that the communication process becomes ineffective and inefficient. Ineffective and inefficient communication is wasted communication because the message you want to convey is not well received.

Based on the results of interviews with the significant other, there are several obstacles that are often encountered by the significant other when interacting with children with autism spectrum disorders. Communication barriers between the significant other and children with autism spectrum disorder can be caused by several things, for example when the significant other conveys too much message or information to the child at one time. Then, the use of language or terms that are difficult to understand when the significant other and the child communicate. Furthermore, because there is noise disturbance, such as screaming or crying from other children with autism spectrum disorders who are doing therapy or going to school. Then, some children often experience preoccupation, in which their presence is absent while in therapy or studying. Also overly reactive demeanor of children with autism spectrum disorders in responding to an event or expression. And the last, children with autism spectrum disorders often do not try to listen to messages conveyed by their significant other.

Communication barriers caused by too much information can be seen in Fragment 1 of the interaction. UL tries to get AI to finish her task but AI responds by rubbing her eyes. This nonverbal response is a sign that the AI is tired from too much information. UL, who saw the nonverbal response given by AI, immediately performed therapeutic communication techniques focusing on AI, so that these obstacles could be overcome. For obstacles related to message complexity, an example can be seen in Fragment 7. SY has difficulty spelling the word

'kepulauan' (archipelago). The difficulty experienced by SY occurred because of the arrangement of vowels and consonants in the word 'archipelago' was difficult for SY to spell. SY had to repeat it several times and had to be assisted to say the correct spelling by FA before SY managed to say the word correctly.

Furthermore, examples of communication barriers that occur due to noise disturbance can be seen in Fragment 7. In Fragment 7 when SY was reading a book, suddenly the voice of a child crying in the room next to him was heard. When he heard the sound of crying, SY suddenly stood up and wanted to get up from his seat towards the source of the sound. As a result, SY left his reading and had to be refocused. FA immediately held SY's hand before he managed to leave and tried to refocus SY by responding to SY's question regarding the noise indifferently. In addition to the noise disturbance, the child also responded reactively, which causes communication barriers to occur. The reactive response given was that SY suddenly stood up and wanted to get up from his seat after hearing a child crying from another room. His high curiosity made SY give a reactive response to the situation.

Preoccupation or absence of oneself in interactions is also a factor that can cause communication barriers. Preoccupation can be seen in Fragment 4. In addition to preoccupation, there are also obstacles due to SY not trying to listen when FA left SY temporarily to fetch water. It was seen that FA had given instructions to continue reading, but SY did not try to listen to these instructions and did not continue reading. At the same time, SY experienced preoccupation. SY played with his book then glanced around and finally got lost in thought. The preoccupation experienced by SY occurred until FA stood near SY and gave instructions to read. To overcome this obstacle, even though FA had tried to do a focusing technique, due to the wrong distance setting, FA several times failed to restore SY's focus to reading. FA managed to bring SY's focus back when she stood near SY.

## CONCLUSION

In applying therapeutic communication techniques, significant others use verbal and nonverbal communication to send therapeutic messages to children with autism spectrum disorders. Verbally, the significant other uses Indonesian spoken with the Mamuju regional accent, using simple vocabulary that is easy for children to understand, and the sentence structure is made as simple as possible, for example only subject + predicate, or subject + predicate + object. The use of nonverbal messages that were found are as follow: kinesic messages, proxemic messages, paralinguistic messages, and messages through skin sensitivity. Although the use and influence of these nonverbals varies for each significant other and children with autism spectrum disorders.

Communication barriers that are often encountered by significant others when interacting with children with autism spectrum disorders are caused by two factors, external and internal. Externally, barriers arise due to too much information being given to children with autism spectrum disorders, the complexity of messages that are difficult for children with autism to understand, and noise disturbances. Internally, barriers arise due to preoccupation, children with autism spectrum disorders who respond too reactively, and children with autism spectrum

disorders who do not try to listen.

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