

THE CHARACTERISTICS OF *CULTURE-BOUND SYNDROME* OF ACEHNESE SPEAKERS IN A SOCIOPSYCHOLINGUISTICS PERSPECTIVE

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ABSTRAK

This study aims to classify the characteristics of *Culture-Bound Syndrome* in Acehne speakers from the perspective of Socio-Psycholinguistics, particularly in Aceh Besar, Pidie, and Aceh Utara by comparing gender, age, and the education level of the patient. The researchers chose to use a case study approach to conduct data to be able to provide an overview of the characteristics of *Culture-Bound Syndrome* behaviour displayed. In analysing the data, the researcher refers to Spradley Theory who said that

analytical technique with four advanced paths, namely (1) domain analysis; (2) taxonomy analysis; (3) componential analysis; and (4) cultural values analysis. After the research done, the researchers found that the characteristics of *Culture-Bound Syndrome* in Acehne speakers are five characteristics, namely (1) *Coprolalia*, this research found that females more often use *Coprolalia* than males, more often in adult patients than in adolescents and elderly patients, and only appeared in patients with a low level of education; (2) *Echolalia* was found in adolescents, adults and the elderly, more often in female patients than in male, and more often used by lower education level than high level of education; (3) *Auto Echolalia* was only appears of females while in males and elder it is not found. Meanwhile, the most *Auto Echolalia* were found at adolescents than adults. If we look at the aspect of education level, the patients with a low education level more often than higher education level; (4) *Auto Obedience* was not found at category of females and adolescents; and (5) *Religio* was only appears in category of adult, elderly, males, and higher education levels. The last characteristic has never existed in the results of previous research studies, therefore, there is a need for a more in-depth study with a larger scope to examine this section.

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INTRODUCTION

Language is very decisive in human survival in the delivery of information, ideas, or expressions through sounds or symbols that come out of human articulation. According to Rizka (2017, p. 18) that the existence of language in people's daily lives cannot be separated from culture because it is a product of humans interacting with each

other. Language is a basic concept for humans fundamentally in interpreting reality and transferring values and expressing ethical sensibility in ways that vary. In Indonesia itself, not only is Indonesian the national language used by the community but there are also thousands of vernacular languages (regional languages) which still exist today, one of which is the Acehnese language. Acehnese language itself as stated by Asyik (1987) in Rizka & Zainuddin (2016, p. 1) that the speakers are divided into four dialects, namely *Pase dialect*, *Pidie dialect*, *Kutaraja dialect*, and *West Aceh dialect*. Like other languages, Acehnese can also be studied from various aspects such as Sociolinguistics, Semantics, Pragmatics, Psycholinguistics, or combining several disciplines.

One of the studies of language is Psycholinguistics, where the study links between language and thought in processing the product of a language. The link between language and thought or unique psycholinguistic studies, According to Arifudin (2010, p. 3) that the study of the process and Cognitive representation is behind the use of language. Psycholinguistics is divided into four fields of study, namely (1) language production, (2) language understanding, (3) bilingual lexicon, and (4) deviant language behaviour. In terms of language production, language comprehension, lexicon bilingualism, and deviant language behaviour, of course, cannot be separated from the context of the culture that surrounds it. Admit it or not, the existing culture makes a good contribution positive or negative in shaping individual behaviour including *Culture-Bound Syndrome* which is one of the unique aspects of the study to be studied. Since 1994, *Culture-Bound Syndrome* has been added to the list diagnostic and statistical manual of mental disorders (American Psychiatric Association, 2000). This statement arises because *Culture-Bound Syndrome* on average raises sudden verbal and nonverbal behaviour that causes some researchers to call it a mental illness, or a condition that is difficult to understand because as a result. This behaviour of *Culture-Bound Syndrome* is not only of interest to psychiatric researchers and anthropology but from various other scientific fields including researchers from linguistics. The emergence of various studies, slightly annulled that *Culture-Bound Syndrome* is not a behaviour of madness or the perpetrator is a mentally ill person, but merely as actions (behaviours) that arise in individuals due to loss of self-control.

In various studies, it is stated that the *Culture-Bound Syndrome* that appears in the Indonesia, Malaysia, and parts of the Philippines are suffered by people belonging to the Malay family (American Psychiatric Association, 2000). In Indonesia itself, various studies have emerged about the *Culture-Bound Syndrome*. Among them, Hariyanto, et al (2013) and Christy (2015) who classifies *Culture-Bound Syndrome* into 4 types, namely (1) *Coprolalia*, which is a type of *Culture-Bound Syndrome* which if the sufferer is shocked or surprised to produce taboo language such as mentioning female or male genitalia spontaneously; (2) *Echolalia*, is the sufferer spontaneously producing the same words as the giver stimulus; (4) *Auto Echolalia*, almost the same as *Echolalia*, *Auto Echolalia* is also a characteristic that repeats words. But this characteristic is just repeating the word itself; and (4) *Auto Obidience*, *Auto Obidience* is verbal behaviour that usually carries out orders spontaneously when surprised or startled.

In several previous studies related to *Culture-Bound Syndrome* such as Pamungkas, et al (2017) which examines behaviour *Culture-Bound Syndrome* or *Latah Coprolalia* in Women

in the cultural sphere Mataraman found that women with *Culture-Bound Syndrome* from among natives or natives express *Coprolalia* in more vulgar language compared to immigrant women. Immigrants, according to him, in expressing *Coprolalia* using new and disguised terms. Different from 2017 which studied *Coprolalia* in women, Pamungkas and Djatmika (2016) also studied related *Coprolalia* in Jombang, the difference was that at that time the object of their research was men.

A similar study was also conducted by Fitriyani, et al (2018) who studied the verbal expression of *Culture-Bound Syndrome* adolescents in Sukoharjo Senior High School (SMA) concluded that adolescent patients with *Culture-Bound Syndrome* show the type of *Echolalia* with verbal expressions in the form of sentences because they have a final intonation. In addition, he also explained that the occurrence of *Culture-Bound Syndrome* is an environmental factor (peers) because the sufferer receives excessive attention and stimulation so that the behaviour continues to occur.

Departing from previous research, researchers feel the need to conduct a study about *Culture-Bound Syndrome* in speakers of the regional language, namely Acehese. However, the research that will be carried out is not only focused on the psycholinguistic aspect but will also be looked at the Social Category. According to Balton (2011) some of the social category such as race, religion, nationality, gender, age, educated or not and so on. So that this research is more interesting when compared between differences in gender, age, and education level of the sufferer of *Culture-Bound Syndrome*. In other words, this research will examine the characteristics of *Culture-Bound Syndrome* in speakers of the Acehese language from the perspective of Socio-psycholinguistics.

Specifically, this research aims to describe the characteristics of *Culture-Bound Syndrome* in Acehese speakers particularly in Aceh Besar, Pidie, and Aceh Utara by comparing gender, age, and the education level of the patient. Related to this, the researchers designed the formulation of the problem in this study, namely how are the characteristics of *Culture-Bound Syndrome* in Acehese speakers in a socio-psycholinguistic perspective?

METHOD

This research is a case study with a unique which is used to analyse problems or phenomena that are contemporary (Bungin, 2003). This study aims to capture more a variety of qualitative information with detailed descriptions rather than simple statements of numbers or frequency in the form of numbers (Sutopo, 2002, p. 183). According to Basuki (2006) case studies are a form of research (inquiry) or study of a problem that has particularity (particularity), can be done both with a qualitative approach and quantitative, with the individual (individual) and group targets, and even the wider community. There are three types of case studies, namely intrinsic case studies and instrumental case studies (instrumental case studies), and collective case studies.

Following the theory mentioned above, the researchers chose to use a case study approach because this research deals with the subject and the case is unique and aims to be able to provide an overview of the characteristics of *Culture-Bound Syndrome* behaviour that is subject is displayed. This case study approach is very suitable for use because this

approach views behaviour from the subject's point of view and not from the point of view of the people.

The subjects in this study are according to the scope of this study, namely Acehne speakers who suffer from *Culture-Bound Syndrome* with a total of 48 people. Subjects were taken according to the previously offered social aspects, namely based on gender, age, and education level from 3 regions in Aceh, namely Aceh Besar, North Aceh, and Pidie. Therefore, the researcher will take data from the subject as shown in the table below:

Table 1. Object of Research

Social Aspects	Region		
	Aceh Besar	Pidie	Aceh Utara
Gender	Men (3 persons)	Men (3 persons)	Men (3 persons)
	Women (3 persons)	Women (3 persons)	Women (3 persons)
Age	17-32 (2 persons)	17-32 (2 persons)	17-32 (2 persons)
	33-48 (2 persons)	33-48 (2 persons)	33-48 (2 persons)
	49-64 (2 persons)	49-64 (2 persons)	49-64 (2 persons)
Education	SD-SMA (3 persons)	SD-SMA (3 persons)	SD-SMA (3 persons)
Level	S1 – S3 (3 persons)	S1 – S3 (3 persons)	S1 – S3 (3 persons)

The data used in this study are words, phrases, and clauses as well as sentences that arise from informants with *Culture-Bound Syndrome* and are presented based on characteristics of *Culture-Bound Syndrome* as well as the serial number of lingual forms that appear, both in the form of words, phrases or sentences.

The method of providing data in this study uses the method of listening (Sudaryanto, 1993, p. 135). Listening is done by using the basic techniques of tapping techniques, listening to conversational techniques, recording techniques, and note-taking techniques. In addition to using the listening method, the author also uses the conversation or conversation method. This speaking method uses basic techniques, namely fishing technique, face-to-face conversation technique, and note-taking technique.

In analysing the data, the researcher refers to the opinion of Spradley (2007). Spradley (2007, p. 199) suggests an analytical technique with four advanced paths, namely (1) domain analysis; (2) taxonomy analysis; (3) componential analysis; and (4) cultural values analysis.

RESULT AND DISCUSSION

1. The Characteristics of Culture-Bound Syndrome

Based on the data obtained, the Characteristics of Culture-Bound Syndrome in Acehne language speakers that found in the five forms, there are *Coprolalia*, *Echolalia*, *Auto Echolalia*, *Auto Obidence*, and *Religio* as follows:

Coprolalia

The word form in *Culture-Bound Syndrome* language is based on *Coprolalia* behaviour which is usually spoken by words in the form of genitals that appear spontaneously. The language that appears in the behaviour of *Coprolalia* can be seen from

the works produced by the informants in the form of words that refer to the genitals. This can be seen in data 1 and 14 below.

Utterance 1:

- R : *Hai, cuda* /hai, cuda/ (touching the informant arm spontaneously from behind)
 "Hi, Aunty"
 I : *anuek tét. Alah teukeujet teuh mantöeng, Ho kaneuk jak?* /anə? tet. alah təkəjət təh mantΛη, pajan troh/ (with a slow voice and waved)
 "Clitoris! Ah, you made me shocked, where do you want to go?"
 R : *Kuneuk jak u keudëe* / kunə? ja? u kədɛə /
 "I want to go to the store"

Utterance 14:

- R : *Apa, neubi rukok sibak?* / apa, nəbi rukə? siba? /
 "Uncle, give me cigarette, please?"
 (the informant gave a cigarette to the researcher)
 R : *ôh.. mangat that rukok leuh bu, heuh! Cok pulang* / oh, mangat that rukə? ləh bu, həh cə? pulan / (deliberately throw the cigarette to the)
 "Oh. it's so good to smoke after lunch, take it back"
 I : *Aneuk trueng!* / anə? truən / (aloud)
 "eggplant seeds" (in Acehnese, it refers to women clitoris)

Based on the data 1 and 14 that can be described that the characteristics shown by informant in the conversations are the phrase of genital which are taboo uttered in normal condition. The lingual produced by the informants can be known when the informants led lingual forms *anuek tét* /anə? tet/ and *Aneuk trueng!* /anə? truən/ after felt shocked and surprised that receive stimulus.

Echolalia

The language form in *Culture-Bound Syndrome* based on *Echolalia* which the sufferer spontaneously produced the same words as the giver stimulus. This can be seen in data 6 and 9 below.

Utterance 6:

- R : *ka trép neu adèe?* /ka trɛp nə adɛə/
 "Has it been dried for a long time??"
 I : *Goh trép, nyoe barô ku adèe.* /gəh trɛp, nyə baro ku adɛə/
 "Not long ago, I just dried this"
 R : *ôh... lônġ piké katrép* /oo.. loŋ pike katrɛp/
 "oh, I thought it was a long time"
 R : *Ka rudôk!* /ka rudo?/ (while hitting the bucket hard)
 "it's cloudy"
 I : *Ka rudôk!, Ka rudôk!, ee.. Ka rudôk!* /ka rudo?, ka rudo?, ee ka rudo?/
 (while taking the clothesline)
 "it's cloudy, it's cloudy ee.. it's cloudy"

Utterance 9:

- R : *Ho neuyak jak?* / hə nəya? ja?/

- "Where do you want to go?"
- I : *Kuneuk jak bloe eungkôt /kunɔʔ jaʔ bləɔ ɔŋkot /*
 "I want to buy some fish"
- R : *Eungkôt lam luweue /ɔŋkot lam luwɔə/* (saying loudly while pointing at the informant's pants)
 "the fish in your pants"
- I : *Eungkôt lam luweue!.. Eungkôt lam luweue!.. Eungkôt lam luweue! /ɔŋkot lam luwɔə.. ɔŋkot lam luwɔə.. ɔŋkot lam luwɔə..* (while holding his dick)
 "the fish in pants"

Based on these data can be described that language of *Culture-Bound Syndrome* sufferer which showed by informant spontaneously repeat these words or phrase because the informant was surprised by stimulation suddenly. The language displayed by the informant *Ka rudôk!, Ka rudôk!, ee.. Ka rudôk! /ka rudoʔ, ka rudoʔ, ee ka rudoʔ/* and *Eungkôt lam luweue!.. Eungkôt lam luweue!.. Eungkôt lam luweue! /ɔŋkot lam luwɔə.. ɔŋkot lam luwɔə.. ɔŋkot lam luwɔə..* are repetition of the words spoken by the researcher and informant mention these words not only once but over and over.

Auto Echolalia

The language form in *Culture-Bound Syndrome* is based on *Auto Echolalia* which the sufferer spontaneously produces the repetition of their own words after a stimulus. It can be seen in data 10 and 11 below.

Utterance 10:

- R : *Ho kajak beurökön hana deuh-deuh, trep ka hana meureumpök? /hɔ kajaʔ bɔrAkAn hana dɔh dɔh, trep ka hana mɔrɔpʌʔ /*
 "Where did you go before, long time no see"
- I : *Sibök bacut lawét nyoe, na buet bacut di Banda Aceh. /siboʔ bacut lawet nɔə, na buət bacut di banda aceh/*
 "A little busy lately, there's work in banda aceh"
- X : *Alah, Hana leuh-leuh lom? /alah, hana lɔh lɔh lom/*
 "Ah, was it finish yet?"
- I : *Hana, sibak rukok teuk sagai /hana, sibaʔ rukɔʔ tɔʔ sagai/*
 "Yes, just one more cigarette"
- R : *Beh ka, pajôh kuwéh-kuwéh dilè, ék neu? /bəh ka, pajoh kuweh kuweh dile, ek nɔh/*
 "Ok, let's eat cake first, do you want?"
 (while the informant was eating the cake, the researcher surprised him by clearing his throat loudly)
- I : *Mangat éh mangat yéh mangat /maŋat eh maŋat yeh maŋat/* (while showing the cake up)
 "tasty, eh tasty yeh tasty"

Utterance 11:

- R : *Panè kawoe? /panɛ kawɔə/*
 "Where did you from?"
- I : *kuwoe sikula /kuwɔə sikula/*
 "go back from the school"

- R : *Kapiyôh dilèe!* /kapiyoh diləə/ (pointing to a seat)
 "let's sit first"
 (when the informant sat down, the researcher was surprised by hitting the seat)
- I : *kuduek, éh kuduek, éh kuduek* /kuduəʔ, eh kuduəʔ, eh kuduəʔ/ (while sitting and getting up over and over)
 "I sit, Uh. I sit, Uh. I sit"

The language issued by the informant as above is caused by feeling shocked after the informant was surprised by the researcher so that he kept repeating the words he said. The informant language form can be identified that produced the language by quietly and quickly. The language displayed by the informant *Mangat éh mangat yéh mangat* /manjat eh manjat yeh manjat/ and *kuduek, éh kuduek, éh kuduek* /kuduəʔ, eh kuduəʔ, eh kuduəʔ/ are the result of repetition of their own words.

Auto Obidience

The form of *Auto Obidience* as sufferer of *Culture-Bound Syndrome* is usually carried out the orders spontaneously when startled. Identification appearance language form of *Culture-Bound Syndrome* can be seen from the verbal response of the informant who was surprised by the researcher. In other words, these characteristics produce language symbolically. It can be seen in data 17 below.

Utterance 17:

- R : *Jinoe berita mandum masalah Covid* /jinəə bərita manduəm masalah kəphit/
 "All news about the Covid now"
- I : *Tadeungöe dilèe pue dipeugah* /tadəŋləə diləə puə dipəŋah/
 "listen to what is being said"
- R : *Paléng dipeugah masalah Vaksin* /paləŋ dipəŋah masalah phaksin/
 "It's just talking about vaccines?"
- I : *Ikah kaleuh ka Vaksin?* /ikah kaləh ka phaksin/
 "Have you vaccinated?"
- R : *Ilông kaleuh sigöe, droneuh kaleuh?* /iləŋ kaləh sigləə, drənəh kaləh/
 "I've been vaccinated once, have you?"
- I : *Gohlom, hana meutumeung jak lom* /gəhləm, hana mətəməŋ jaʔ ləm/
 "No, I haven't had time to go yet"
- I : *Kacok pipèt siat!* /kacoʔ pipət siʔat/
 "Please get a pipette!"
 (the researcher took a pipette and gave it to the informant)
- R : *Neusuntik!* /nəʊsuntiʔ/ (aloud and spontaneously)
 "Inject!"
 (Suddenly, the informant took a dropper and injected it into his hand)

The researcher's order to inject the informant was responded by injecting a pipette into his hand spontaneously that showing the informant produced the language symbolically or verbally based on orders from the researcher.

Religio

One of the characteristics of *Culture-Bound Syndrome* found in this study is *Religio*. Actually, this feature has never been disclosed by previous researchers. However,

researchers found that some experienced *Culture-Bound Syndrome* and produced language by mentioning prayers or religious readings spontaneously after being shocked. The findings can be seen in Data 23 and 24 below:

Utterance 23:

- R : *Baroe ho neujak? Hana neujak meungajar?* /barəə hə nɔjaʔ, hana nɔjaʔ mɔŋajar/
 “Where did you go yesterday? didn't you teach?”
- I : *Hana mangat badan baroe long buk* /hana maŋat badan barəə lonŋ buʔ/
 “I didn't feel well yesterday”
- R : *Singöh bèk tuwöe na rapat beh* /sinʔʌh bɛʔ tuwʌə na rapat bəh/
 “Don't forget to have a meeting tomorrow”
- I : *Jeut buk* /jɔt buʔ/
 “Ok mam”
- (after that the researcher hit his desk)
- I : *Astaghfirullahaladzim!* /astagh^hfirullahalāθim/ (One of the prayers of forgiveness in Islam)
 “I ask forgiveness from Allah the Almighty” (The informant said it loud and fast while rubbing his chest)

Utterance 24:

- I : *Hèk that lawét nyoe, buet hana abéh-abéh* /hɛʔ t^hat lawet nyəə, buət hana abeh abeh/
 “So tired lately, the work is not finished”
- R : *Pue yang jeut lon bantu?* /puə yaŋ jɔt lon bantu/
 “How can I help?”
- I : *Neupeugèt berkaih pangkat long siat* /nɔpɔget bɛrkaih paŋkat lon siʔat/
 “Please help me make a promotion file”
- R : *Jeut, gampang nyan* /jɔt, gampaŋ ŋan/
 “Ok, take it easy”
- (Then he rolled up the papers and hit the table)
- I : *Subhanalladzi yusabbihurra'du bi hamdihi walmalaikatu min khiifatih* /subhanallaθi yusabbihurrāʔdu bi hamdihi walmalaikatu min k^hifatih/
 (One of the prayers in Islam which are said when you hear the thunder)
 “Glory be to Allah that the thunderbolt and the angels glorify him by praising him out of fear of him” (The informant said it loud and fast while rubbing his chest)

The language issued by the informant as above is caused by feeling shocked after the informant was surprised by the researcher so that he said the prayers in his religion. The informant language form can be identified that produced the language by loud and quickly. The language displayed by the informant *Astaghfirullahaladzim!* /astagh^hfirullahalāθim/ and *Subhanalladzi yusabbihurra'du bi hamdihi walmalaikatu min khiifatih* /subhanallaθi yusabbihurrāʔdu bi hamdihi walmalaikatu min k^hifatih/ are the result of religiosity prayers which is out of context spontaneously.

2. Social Classification in Culture-Bound Syndrome

From the results of the study, there were 68 (sixty-eight) cases found that fall into the category of *Culture-Bound Syndrome* with various informants' social backgrounds. Therefore, the researchers classified it based on the informants' social background as follows:

Gender

The informants who identified as having *Culture-Bound Syndrome* were 18 people which classified by gender (male and female). The results found in the field showed that males with *Culture-Bound Syndrome* showed the characteristics of *Coprolalia* as many as 3 people (33.33%), *Echolalia* as many as 1 person (11.11%), *Auto Obedience* as many as 2 people (22.22%), and *Religio* as many as 3 people (33.33%). In this case, the Males have not been found showing the characteristics of *Auto Echolalia*.

Furthermore, females showed as many as 4 people (44.44%) had *Coprolalia* characteristics, *Echolalia* as many as 2 people (22.22%), *Auto Echolalia* also as many as 2 people (22.22%), and the rest had *Auto Obedience* characteristics (1 person / 11.11%). Similar to males, females with *Culture-Bound Syndrome* do not show complete characteristics. In this case, females have not found *Religio* characteristics. The data can be seen in the Chart 1 below:

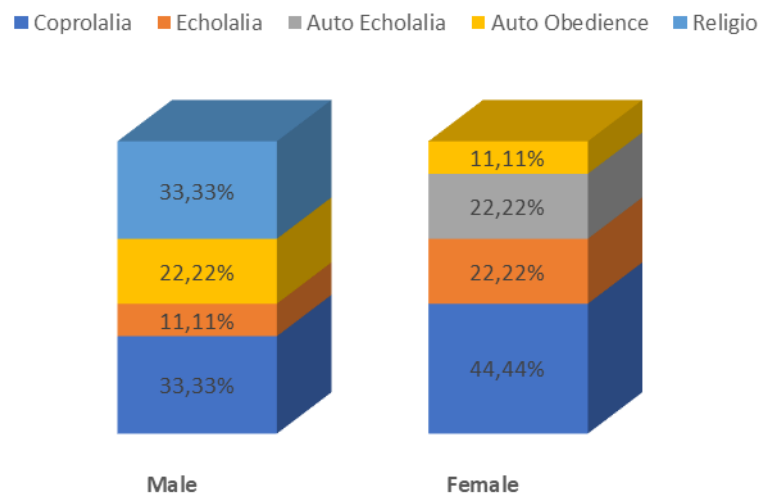


Chart 1. The Percentage of Culture-Bound Syndrome Characteristics based on Gender

Age

The informants who identified as having *Culture-Bound Syndrome* were 18 people which classified based on age where 17-32 as many as 6 people, 33-48 as many as 6 people, and 49-64 as many as 6 people. The results found in the field showed 17-32 years old had the characteristics of *Coprolalia* as many as 1 person (16.16%), *Echolalia* as many as 1 person (16.16%), *Auto Obedience* as many as 3 people (50.00%), and *Auto Obedience* as many as 1 person (16.16%). In this case, informants who 17-32 years old have not been found the characteristics of *Religio*.

Furthermore, informants who 33-48 years old showed as many as 2 people (33.33%) had *Coprolalia* characteristics, *Echolalia* as many as 1 person (16.16%), *Auto*

Echolalia also as many as 1 person (16.16%), *Auto Obedience* characteristics as many as 1 person (16.16%), and *Religio* as many as 1 person (16.16%).

Then, informants who 49-64 years old showed as many as 1 person (16.16%) had *Coprolalia* characteristics, *Echolalia* as many as 1 person (16.16%), and *Auto Obedience* characteristics as many as 1 person (16.16%). The informants who 49-64 years old had not showed the characteristics of *Auto Echolalia*, otherwise, this group showed the most *Religio* characteristics than other groups as many as 3 people (50.50%). The data can be seen in the Chart 2 below:

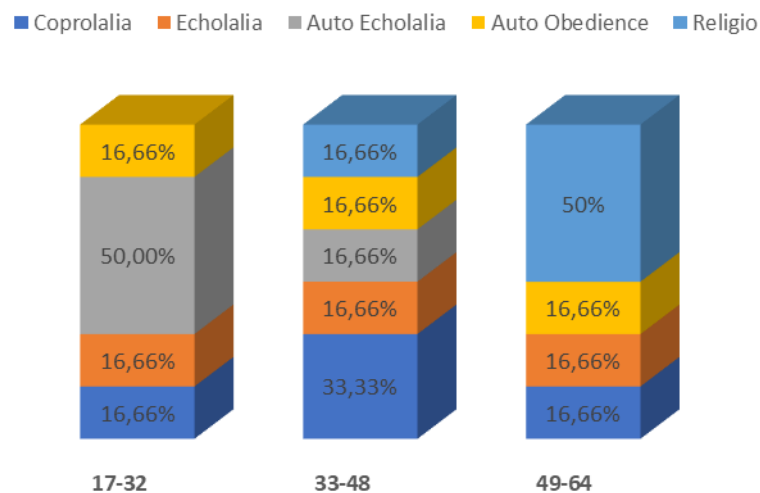


Chart 2. The Percentage of Culture-Bound Syndrome Characteristics based on Age

Education Level

The informants who were identified as having *Culture-Bound Syndrome* were 18 people which classified based on education level where SD-SMA (elementary until senior high school) as many as 9 people and S1-S3 (bachelor until doctoral) as many as 9 people. The results found in the field showed that the people who education level with SD-SMA had the characteristics of *Coprolalia* as many as 3 people (33.33%), *Echolalia* as many as 3 people (33.33%), *Auto Echolalia* as many as 2 people (22.22%), and *Auto Obedience* only 1 person (11.11%). In this case, informants who 17-32 years old have not been found the characteristics of *Religio*.

Then, informants who education level with S1-S3 showed as many as 1 person (11.11%) had *Echolalia* characteristics, *Auto Echolalia* as many as 1 person (11.11%), and *Auto Obedience* characteristics also 1 person (11.11%). The informants who education level with S1-S3 had not showed the characteristics of *Coprolalia*, otherwise, this group showed the most *Religio* characteristics than other groups as many as 6 people (66.66%). The data can be seen in the Chart 3 below:

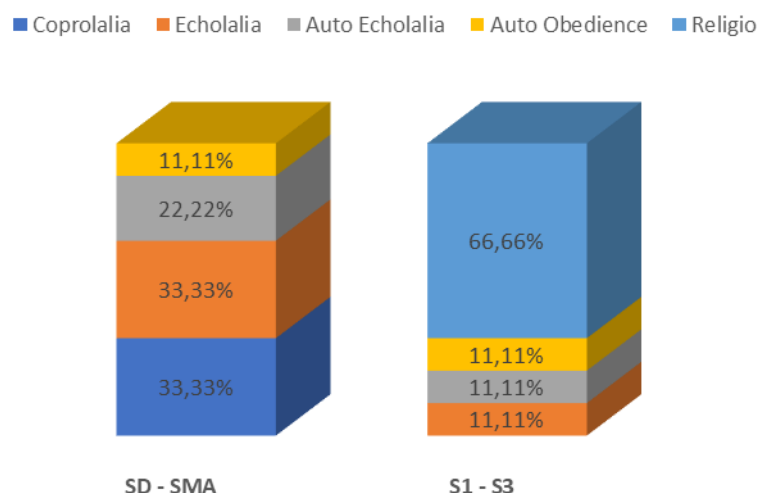


Chart 3. The Percentage of Culture-Bound Syndrome Characteristics based on Education Levels

Based on the results of the data collection described above, we can analyse that the language characteristics of people with *Culture-Bound Syndrome* in Acehnese speakers are five characteristics, namely *Coprolalia*, *Echolalia*, *Auto Echolalia*, *Auto Obedience*, and *Religio*. This finding is definitely different with the findings of Hariyanto, et al (2013) and Christy (2015) who only found four characteristics of *Culture-Bound Syndrome*.

The first characteristics, *Coprolalia*, is usually spoken by words in the form of genitals that appear spontaneously. This characteristic can be seen such as in Utterance 1 and 14. The language produced by the informants can be known when the informants led lingual forms *anuek tét* /anɔʔ tet/ and *Aneuk trueng!* /anɔʔ truəŋ/ after felt shocked and surprised that receive stimulus. Based on the results of the data, females more often use *Coprolalia* than males. Similarly, research from Pamungkas & Djatmika (2016) and Pamungkas, et al (2017) shows that females use *Coprolalia* more often than males. In this study, females have used *Coprolalia* reached 44.44%, but males only 33.33%. Furthermore, when viewed from the aspects of age and education level, *Coprolalia* appears more often in adult patients (33.33%) than in adolescents and elderly patients, each of which shows only 16.16%. On the other hand, *Coprolalia* only appeared in patients with a low level of education (SD-SMA), which was 33.33%.

The second characteristics, *Echolalia*, is the sufferer spontaneously produced the words same as the giver stimulus. This characteristic can be seen such as in Utterance 6 and 9. The language displayed by the informant *Ka rudôk!*, *Ka rudôk!*, *ee.. Ka rudôk!* /ka rudoʔ, ka rudoʔ, ee ka rudoʔ/ and *Eungkôt lam luweue!.. Eungkôt lam luweue!.. Eungkôt lam luweue!* /ɔŋkot lam luwəə.. ɔŋkot lam luwəə.. ɔŋkot lam luwəə../ are repetition of the words spoken by the researcher and informant mention these words not only once but over and over. In terms of social aspects, especially in terms of age, the results of this study are in line with research by Fitriani, et al (2018) that *Echolalia* appears in adolescent sufferers. However, besides adolescents, this study also found in adults and the elderly, each of the three groups as much as 16.16%. Furthermore, when viewed from the aspects of gender and education level, *Echolalia* appears more often in female patients (22.22%)

than in male which only as many as 11.11%. On the other hand, *Echolalia* also more often used by lower education level (33.33%) than high level of education, which was 11.11%.

The third characteristics, *Auto Echolalia*, is the sufferer spontaneously kept repeating their own words caused after feeling shocked. The language of *Auto Echolalia* issued such as on Utterance 10 and 11. The informant language form can be identified that produced the language by quietly and quickly. The language displayed by the informant *Mangat éh mangat yéh mangat* /maŋat eh maŋat yeh maŋat/ and *kuduek, éh kuduek, éh kuduek* /kuduəʔ, eh kuduəʔ, eh kuduəʔ/ are the result of repetition of their own words. In terms of social aspects, *Auto Echolalia* only appears of females in 22.22% while in males and elder it is not found. Meanwhile, the most *Auto Echolalia* were found at adolescents as much as 50.00% and adults only 16.16%. If we look at the aspect of education level, it is found that *Auto Echolalia* in patients with a low education level is 22.22% and only 11.11% at a higher education level.

The fourth characteristics, *Auto Obedience*, is usually carried out the orders spontaneously when startled. The data could be seen such as on Utterance 17 where the researcher's order to inject the informant was responded by injecting a pipette into his hand spontaneously that showing the informant produced the language symbolically or verbally based on orders. In terms of social aspects, the characteristics of *Auto Obedience* look different when viewed in terms of gender, where the results of the study show that only males who use these characteristics are 22.22% and females do not display these characteristics. Likewise, in terms of age, there is a difference between adolescents and adults or the elderly. Adults and the elderly both found the characteristics of *Auto Obedience* as much as 16.66%, but in adolescents, it has not been found. *Auto Obedience* is influenced by the sufferer's power, the more power he has the more these characteristics appear. However, this is only a preliminary analysis, therefore, this section is very interesting if studied more deeply. In the aspect of education level, both those with low education and those with higher education were found to have *Auto Obedience* characteristics as many as 11.11%.

The last characteristics, *Religio*, is produced language by mentioning prayers or religious readings spontaneously after being shocked. This characteristic has never existed in the results of previous research studies as far as authors know, therefore there is a need for a more in-depth study with a larger scope to examine this section. On this research, the characteristics of *Religio* can be seen on Utterance 23 and 24. The informant language form can be identified that produced the language by loud and quickly. The language displayed by the informant *Astaghfirullahaladzim!* /astagh^hfirullahalāθim/ and *Subhanalladzi yusabbihurra'du bi hamdihi walmalaikatu min khiifatih* /subhanallaθi yusabbihurrā²du bi hamdihi walmalaikatu min kh^hifatih/ are the result of religiosity prayers which is out of context spontaneously and quickly. In the social aspect which is classified based on gender, age, and education level, it can be analysed that *Religio* only appears in adult and elderly males with higher education levels. However. This study was only carried out on informants with Islamic religious backgrounds, therefore, it is very important to study which carried out on patients with other religious backgrounds.

CONCLUSION

Based on the result of the research above, we can conclude that the characteristics of *Culture-Bound Syndrome* in Acehnese speakers are different from previous findings. There are five characteristics of *Culture-Bound Syndrome* in Acehnese speakers, namely *Coprolalia*, *Echolalia*, *Auto Echolalia*, *Auto Obedience*, and *Religio*. As previously explained, this research does not only examine *Culture-Bound Syndrome* in the realm of Psycholinguistics alone but also relates social aspects to Psycholinguistics. If we look at *Culture-Bound Syndrome* with a social aspect, we can conclude that not all the characteristics of *Culture-Bound Syndrome* appear in certain social aspects. For example, *Coprolalia* does not appear in patients with higher educational backgrounds or *Religio* that does not appear in patients with low educational backgrounds, adolescents, and females.

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