

## Handling Latah Cases with The Counting Backward Method: Single Case Study

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### Abstrak

**Background:** Latah syndrome can be understood as a communication disorder because as a result of talkativeness the verbal interaction process does not run normally, impairs the smoothness of communication, and affects the individual's ability to interact effectively with other people. Latah is characterized by an excessive response to certain stimuli, which often interferes with the sufferer's daily life. Latah is a syndrome that is quite common in Indonesia, especially among women, but despite its high prevalence, the intervention methods used to treat latah have not been studied in depth.

**Objective:** This study aims to trigger the success of the backward counting method as a speech therapy intervention in talkative cases.

**Method:** The research used was a single case study, where a client with talkativeness was intervened using the countdown method for 10 sessions.

**Results:** The results of the study showed a significant increase in speaking fluency when calculating without any symptoms of latah after the intervention.

**Conclusion:** Clients are able to reduce their verbal talkative symptoms so that they can speak fluently when counting

**Recommendation:** Further research with larger samples is needed to confirm these findings and to develop more comprehensive intervention guidelines for elderly sufferers.

**Key words:** Latah syndrome, speech therapy, counting down, intervention.

## **INTRODUCTION**

Communication refers to sending and receiving messages, information, ideas, or feelings. Communication will run effectively when the speech, language, and hearing processes function properly. Disruption in any of these processes can lead to communication disruptions. Effective communication depends on a smooth and regular exchange of information. Communication isn't just about talking; but also about how one interacts with others. In my opinion, it is said that communication disorders are disorders in the ability to receive, send, process, and understand the concept or system of verbal, nonverbal, and graphic symbols. Latah syndrome can be said to be a communication disorder because it has symptoms that interfere with the flow of communication in natural conversations so that the ability to interact verbally with others becomes unsmooth. Latah is a disorder characterized by an automatic response in the form of repetition of words (echolalia) or actions (echopraxia) in reaction to sudden stimuli. Latah is a syndrome characterized by an exaggerated shock response associated with palilalia (repeating one's own words), coprolalia (saying harsh words), forced obedience, and involuntary vocalization in response to shock [1] [2] [3]

The most common symptoms of Latah include: [4]

1. Echoulia: The repetition of a word or phrase spoken to an individual by accident.
2. Echocardia: Imitating the actions or gestures of others.
3. Kopolalia: The accidental use of obscene language.
4. Forced obedience: Uncontrolled obedience to an order, even if the order is outrageous or contrary to cultural norms.

5. Excessive Shock Response: An increased reaction to a sudden stimulus, such as a loud noise or physical touch.
6. Uncontrollable movements: Behaviors that are reminiscent of stages of childhood development, such as sudden movements or actions such as dancing.

Latah syndrome has a fairly high prevalence in Asia, especially in several Southeast Asian countries such as Malaysia, Indonesia, and Thailand. According to a study conducted by Chiu in 1972, the prevalence of latah was below 1% (out of 13,219 Malays, 69 latah patients were identified). However, the same author estimates that latah occurs in 15% of Malay women.

In Indonesia, latah behavior is dominated by Javanese people or has a relationship with Javanese 60%, Sundanese 16%, Betawi 4% and 10% are found from the Bugis, Madura, Ambon, Minangkabau, and Aceh tribes [5] [6] [7] The etiology of Latah syndrome is a complex topic and is still not fully understood. Various theories and factors have emerged based on the initial triggers and characteristics of the symptoms. In theory, it is conveyed that training is often associated with stress and emotional factors. Especially emotional stress such as the loss of a loved one or significant life changes. Research shows that many individuals who develop Latah experience severe stress before the appearance of this condition. Latah is also often associated with cultural and psychological factors. Including strange dreams with sexual elements, have been associated with the appearance of Latah. In other theories, latah is believed to be an individual's way of expressing unconscious needs or overcoming the rigidity of their cultural environment. For example, one opinion states that Latah is a way to break very rigid socio-cultural rules. On the other hand, latah is classified as a neuropsychiatric disorder related to startle response because individuals who experience latah show a very exaggerated shock reaction to sudden stimuli. This reaction not only occurs on a physical level but also affects psychological aspects, including control of speech and motor movements. [8]

When a person with Latah experiences shock or shock, uncontrollable motor responses, and spontaneous speech can appear unconsciously. For example, they may suddenly shout, repeat other

people's words or actions, or perform unexpected motor movements. The phenomenon of Latah syndrome is usually researched through an anthropological or psychological perspective. An anthropological approach may focus on the cultural and social aspects of the latah, such as how cultural habits and norms affect the manifestation and understanding of the latah in society. Meanwhile, the perspective of neuropsychology may examine the latah from the point of view of mental or behavioral disorders, trying to understand the psychological mechanisms behind this phenomenon. However, looking at the latah through the lens of speech therapy provides a deeper understanding of its impact on communication in the patient. From the point of view of speech therapy, Latah Syndrome can be understood as a communication disorder because it interferes with the normal process of verbal interaction, impairing the smooth flow of communication which affects the individual's ability to interact verbally effectively with others. Latah reactions occur spontaneously and uncontrollably, which can confuse verbal communication. The individual may have difficulty speaking fluently or controlling what they say when they are shocked. As a result, their ability to communicate effectively can be impaired.

In Latah syndrome, the flow of verbal communication is often disrupted by sudden, uncontrollable speech and movement behavior. When a person with Latah experiences shock or shock, uncontrollable motor responses, and spontaneous speech can appear unconsciously. Clients with latah often experience echolalia (repeating other people's words) and echopraxia (imitating other people's movements) unconsciously. As a result, their ability to communicate effectively can be impaired, especially in situations where they often experience stimuli that trigger Latah. Symptoms of this latah can cause confusion, misunderstandings, and difficulties in keeping the purpose and content of the conversation intact. Not to mention that the unexpected nature of Latah syndrome can pose significant social and emotional challenges. Individuals may feel embarrassed or anxious about their condition, which could hinder their ability to communicate effectively. This can lead to social isolation, difficulty in activities, and relationships.[7] [9]

To overcome this, one of the methods that can be used is concentration training with the counting backward technique. This method involves the client performing a cognitive task that is simple but requires concentration, such as counting down from a certain number. This method helps clients to distract themselves from the stimuli that trigger the lat, so they can focus more and control their automatic responses. With consistent practice, Clients are taught to count down silently whenever they feel like training, which in turn can help them reduce the frequency of echolalia and echopraxia, as well as improve overall speech and communication fluency.

## **METHOD**

This study uses qualitative research with a pretest-posttest experimental design and single subject research (Single Subject Research). This method involves in-depth observation of an individual before and after a particular intervention. The existence of a pretest measures the subject's initial condition, while the posttest evaluates changes after the intervention is applied. This design is useful in speech therapy because it allows the therapist to monitor changes after being given specific and adaptive interventions according to individual needs. The researcher assessed the number of symptoms of verbal fatigue that occurred when counting 1 to 20 by being given stimulus after being given intervention in the form of speech therapy as many as 10 sessions with a duration of 30 minutes each session using the counting backward method.

## **PARTICIPANTS**

The research subjects were selected using a purposive sampling technique, where subjects who had symptoms of speech fatigue and complaints of speech disorders were specially selected. This criterion ensures that the subject is relevant to the research objectives. Data were collected through three main instruments: interviews, to explore the subject's experiences related to disability; observation, to observe behavior and speech patterns in natural situations; and tests, to assess specific speaking skills.

**CASE DESCRIPTION**

A woman (M) aged 71 years. It is known that the beginning of the client experienced training, namely after the client got married. The client got married at the age of 16 and the client was unable to remember how long the condition had been in place. The trigger for fatigue that the client remembers that the fatigue starts from the moment the client once dreamed of seeing male genitals.

Based on the results of interviews and observations, every time there is an object that falls, the client is easily shocked. Client frustration is often used as a joke for friends and their environment. If the failure does not appear, the client is able to follow the instructions requested, conduct conversations by others in a clear and understandable manner. The implementation of speech therapy tests for the patient is carried out informally through two activities: counting and conversation, respectively carried out in conditions without stimulus and with stimulus. On the stimulus-free test, the Client is asked to count from 1 to 20 and participate in a simple conversation in a calm environment without distractions. This process is observed and recorded to identify the client's fatigue. Next, in the stimulus test, the client is asked to repeat the same activity of counting and conversing—but this time given a stimulus in the form of a jolt or word that usually triggers the tongue response. The test aims to see how the stimulus affects the client's speech. This process was recorded to see the change in speech due to the stimulus. The results of these two stages of the test were then compared to evaluate the client's verbal and non-verbal fatigue characteristics without and with no stimulus. The data can be seen in the following table

Table 1. Symptoms of client fatigue



## **HANDLING**

### **A. Therapeutic goals**

Reduced the client's verbal fatigue symptoms by 100% when counting from one to twenty.

### **B. Duration and Frequency**

The frequency of therapy is carried out with as many as 10 meetings and 1 evaluation with a therapy duration of 40 minutes each meeting starting from the opening, core activities, to closing.

### **C. Therapy Methods**

The method used is Counting Backward. Using numbers when providing treatment for bic fluency disorder has an important advantage over reading texts or retelling a story. When performing exercises the calculation of linguistic needs is lower, but mental activity is still necessary. By doing this exercise, client monitoring skills can also be improved. Another advantage of this math exercise is that emotions rarely play a role when counting down.

### **D. Method steps**

The steps for this method can be described as follows:

1. Counting Forward: The client is asked to calculate forward from 1 to 30 with full concentration.
2. Counting Backwards: The client is asked to count down from 30 to 1 with full concentration.
3. Counting Down with One Stimulus: The client is asked to count down from 30 to 1 with full concentration. Stimulus is given at the mention of the numbers 25, 20, 15, 10, and 5. If the client experiences the practice more than 2 times, the exercise must be repeated.
4. Counting Down with 2 Subtraction and One Stimulus: The client is asked to count down from the number 20 to 2 with a subtraction of 2 in a row (e.g., 20, 18, 16, etc.) with full concentration. Stimulus is given at the mention of the numbers 14 and 6.

5. Counting Down with Multiple Stimulus: The client is asked to count down from 30 to 1 with full concentration. Several types of stimulus are given at the mention of the numbers 25, 20, 15, 10, and 5.
6. Counting Down with 2 Subtraction and Multiple Stimulus: The client is asked to count down from 20 to 2 with 2 consecutive subtraction with full concentration. Some stimulus is given to the mention of the numbers 16, 10, and 4

E. Assessment Criteria

Assessment criteria are an essential component of speech therapy that ensures that the therapy process runs in a structured, measurable, and effective manner, with a clear focus on the desired outcome. The assessment criteria in this case serve as a very important tool to measure the progress and effectiveness of the interventions provided to the client. There are two criteria used as assessment indicators. Namely the response criteria and success criteria.

The Response Criteria that are set will assess every error that arises when counting, it will be given a score. The total number of losses will be calculated after the client completes the task.

F. Success criteria

The author uses 4 success criteria including successful, moderately successful, unsuccessful, and unsuccessful in the form of a number interval made based on the difference between the results of the initial test ability and the final test ability.

To see the increase in clients, the calculation method is as follows:

|         |           |          |
|---------|-----------|----------|
| O1      | X         | O2       |
| Pretest | Treatment | Posttest |

In a qualitative study with a pretest-posttest experimental design, the success of the intervention was assessed based on the difference in percentage between the results of the initial test (pretest) and the final test (posttest) in reducing the symptoms of latah in clients.

This assessment uses four criteria in the form of numerical intervals, namely the success in evaluating training clients, where the calculation method is as follows:

$O1 - O2 =$  Total reduction of training.

Percentage of total reduction in verbal fatigue symptoms:

Deduction percentage =  $\frac{(\text{Initial test result} - \text{Final test result})}{\text{Initial test result}} \times 100\%$

Initial test results

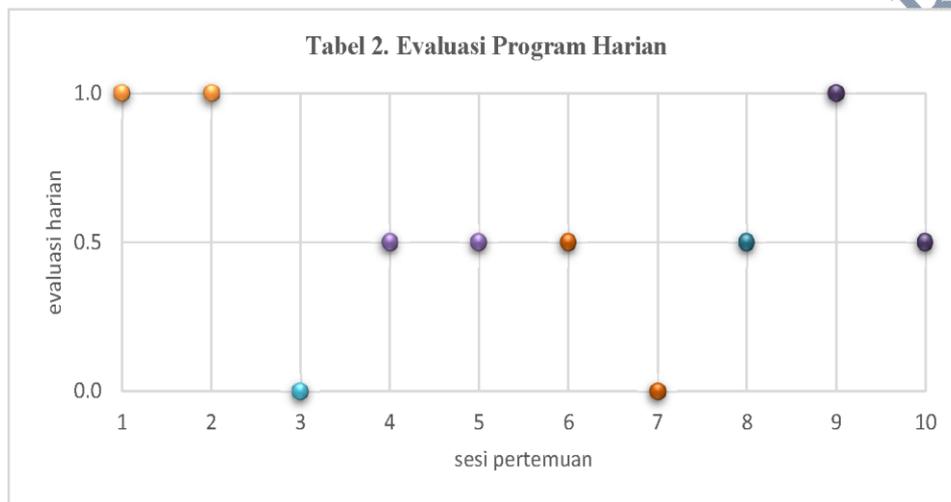
The criteria for client success are:

- 1) Successful: if the percentage of the number of reduction in verbal symptoms is 76% - 100% of the verbal deficit at the initial test.
- 2) Quite successful: if the percentage of the number of reduction in verbal symptoms is 51% - 71% of the verbal deficit at the initial test.
- 3) Less successful: if the percentage of the number of reduction in verbal symptoms is 26% - 50% of the verbal deficit at the initial test.
- 4) Unsuccessful: if the percentage of the reduction in verbal dysphoria symptoms is 1% - 25% of the verbal dysphoria at the initial test.

## **RESULTS AND DISCUSSION**

In general, the speech therapy program given to clients with latah cases went well. The client showed a fairly cooperative attitude during the 10 therapy sessions so that the therapy process could run smoothly. In the report of the speech therapy study in Latah patients, the average achievement per session result of 55% showed that during the implementation of therapy, patients showed consistent progress, albeit gradually. It was obtained that some sessions where the target of the therapy program has not been fully achieved. This is due to several factors, one of which is that the client is still in the stage of learning the techniques provided by the therapist. In addition, the therapy materials and stimuli applied increase in difficulty from session to session, so it takes time for the client to adjust and master each step taught. The assessment of the achievement of the therapy

program target in each session is carried out on the following scale: A value of 1 is given if the therapy program target in the session is fully achieved. A value of 0.5 is given if the target of the therapy program has not been fully achieved, but there is significant progress. A value of 0 is given if the therapy target in the session is not achieved at all. The results of the daily session can be seen as follows:



To measure the success of the program and evaluate the abilities that have been achieved during the therapy process. So after the client underwent therapy for 10 sessions, a post-test was carried out. The results of this post-test will be compared with the results of the pre-test obtained before the therapy begins. The difference between the level of symptoms before therapy (pre-test) and after therapy (post-test) will be used to measure the success of the therapy performed. The reduction in symptoms from pre-test to post-test indicates how much improvement occurs during the therapy intervention, so it can be an indicator of the effectiveness of the therapy program applied. Based on the specific goal that has been set, which is to help clients reduce verbal symptoms such as echolalia and involuntary vocalization by up to 100% of the initial symptoms, the results achieved show significant success with a total reduction in symptom percentage by 95%. This means that, although it has not yet achieved a 100% reduction according to the original goal, this almost comprehensive rate of symptom reduction can be considered a very positive achievement.

In detail, the results of the comparison between the initial test and the final test showed a significant decrease in both types of verbal training symptoms experienced by clients. Symptoms in the form of echolalia, which are the repetition of words or phrases that others say involuntarily, are successfully reduced by 48% from their initial condition. This shows that almost half of the intensity of these symptoms is successfully controlled through interventions carried out. Meanwhile, symptoms of involuntary vocalization, or unconscious voices, showed a decrease of 47%. This is also a significant result, given that these symptoms are usually quite difficult to control without proper and ongoing therapy.

Table 3. Comparison of pre-test and post-test

| Symptom                  | Pre Test | PostTest | Reduction | Percentage of Reduction |
|--------------------------|----------|----------|-----------|-------------------------|
| Echolalia                | 29       | 0        | 29        | 48%                     |
| Involuntary Vocalization | 31       | 3        | 28        | 47%                     |
| Sum                      | 60       | 3        | 57        | 95%                     |

Based on predetermined success criteria, namely a reduction in symptoms to reach 95% of the total initial symptoms, this result can be considered successful. These success criteria are based on the goal of achieving a noticeable and sustained reduction in symptoms, so that clients can experience a significant improvement in quality of life. With a total symptom reduction of 95%, it can be concluded that the intervention carried out is effective in reducing the symptoms of verbal training in clients. The reduction in verbal training symptoms shows that the counting backward method used in the intervention has been able to have a positive impact. The counting backward method requires focused attention and cognitive engagement, which can help reduce anxiety and stress associated with speaking. This shift in focus allows individuals to speak more fluently, as they become less worried about the fear of speaking. In individuals with lattes, who tend to have high sensitivity to the environment and are easily stimulated by external stimuli, counting down can be a strategy to calm the overreaction. By shifting their focus away from the stimuli that trigger the lath, individuals can

reduce uncontrollable spontaneous responses and increase control over movements or speech that would normally appear in latah conditions. The counting backward method can also serve as a mindfulness exercise, helping individuals become more aware of how they speak and reduce tension. A relaxed state is often associated with increased speech fluency, which may contribute to a decrease in the frequency of latah episodes. On the other hand, Involvement in counting down often leads to a decrease in the speed of speech. Research shows that the frequency of incontinence tends to decrease when individuals speak at a slower pace, as this allows for better coordination of speech movements and reduces the complexity of timing. [10] [11]

## **CONCLUSION**

Overall, the results show the success of the intervention carried out in overcoming the symptoms of the client's verbal training. With a significant decrease in both types of latah symptoms, namely echolalia and involuntary vocalization after speech therapy using the counting backward method. This shows that the method has the potential to be effective in reducing latah symptoms. However, keep in mind that this research is still very simple, with a limited scope, and has not been supported by a more in-depth theory. Therefore, further research with a larger sample and a more comprehensive methodological approach is needed to ensure the effectiveness of this method and theoretically corroborate the findings.

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