

CHAPTER II

THEORETICAL FRAMEWORK AND RESEARCH METHOD

2.1 Intrinsic Elements

The theories of intrinsic elements which are used in this study are the theory of character, characterization, and conflict.

2.1.1 Character

Character is one of the most important elements of a literary work. a character is a fictional figure who shows up in a story according to Kennedy and Gioia (1995: 67). Tison Pugh and Margaret E. Johnson state that a character is any person, animal, or other, who takes part in the events presented in a story (2014: 135). According to Pope (2005:133), there are two types of characters: the main character, also known as a major character and the minor character. A major character is highlighted to tell the story. In the majority of the story, the main character always shows up, whether as a subject or as an object. Pope (2005:135) states that minor characters will only appear briefly and seldom throughout the literary work, but that does not mean they will not make an impression when they do appear.

When discussing character, characterization will be undoubtedly related to character. According to Bennet and Royle (2004: 65), characterization is a process employed by authors to construct images of their characters for the audience or

reader. According to Jones, characterization can be done in two methods which are dramatic and analytic. The dramatic method uses a character's traits by using their actions, words, environment, and other characters' opinions of them to portray how they are characterized. While, the analytic method is a method to demonstrate character characterization through the characters' intentions, outward appearances, and inner thoughts (1968: 84).

2.1.2 Conflict

In a story, a character must face conflicts so that the plot of the story will run. Conflict is an important element in a story since it creates tension, intrigue, and interest in the narrative. A story without conflict can easily become tedious and unstimulating, which hinders the audience from engaging with the characters and the plot. Conflict enables the characters to show their vulnerabilities and values, leading to personal growth and character development.

Conflict is part of the plot as one of the intrinsic elements in literature. According to Johnson and Arp, conflict occurs when actions, ideas, desires, or will collide. Conflict is a fundamental element in many stories and can be categorized into two types which are internal conflict and external conflict. Both types of conflict can provide insight into a character's motivations, strengths, and weaknesses, and contribute to the plot's development. By understanding the different types of conflict, authors can craft engaging stories that keep readers invested in the characters and their journey. External conflict occurs when characters are opposed against another person or group of people (the person against

person conflict), and characters are pitted against an external factor such as physical nature, culture, or destiny (the person against surroundings conflict). Internal conflict occurs when characters are opposed against components within their natures (conflict between a person and himself or herself) (2017: 98).

2.2 Extrinsic Elements

Theories of extrinsic elements which are used in this study are theories of the symptoms of anorexia nervosa, the factors causing anorexia nervosa, the impacts of anorexia nervosa, and the treatments of anorexia nervosa.

2.2.1 The Symptoms of Anorexia Nervosa

Anorexia nervosa is an eating disorder where a person suffering from it intentionally starves themselves. Sheppard defines anorexia nervosa as a severe and complicated psychiatric disorder, commonly known as mental illness. It manifests itself via a significant disruption of eating habits, a difficulty or unwillingness to maintain a healthy normal body weight, and a strong dread of gaining weight (2010: 2).

Anorexia nervosa is one of the eating disorders explained in the *Diagnostic and Statistical Manual for Mental Disorders Fourth Edition* (DSM IV) by American Psychiatric Association. According to the DSM IV, anorexia nervosa is marked by persistent symptoms that include an aversion to maintaining a healthy body weight based on one's age and height, coupled with an intense fear of weight gain or fatness, even when underweight. Other symptoms that may be present include a distorted view of one's body shape or size, an unhealthy fixation on body

weight or shape that negatively impacts self-esteem, and a refusal to acknowledge the seriousness of one's low weight. Another symptom of anorexia nervosa is amenorrhea, which is defined as the absence of three or more menstrual cycles in females (1994: 544-545).

2.2.2 The Factors Causing Anorexia Nervosa

The factors of anorexia nervosa which are discussed in this study are the family factor and the psychological factor.

2.2.2.1 Family Factor

The first factor which causes anorexia nervosa is the family factor. Families of people with these conditions do not starve or compulsively feed their kids. In contrast, families have an impact on children's attitudes, actions, and personality traits in ways that may contribute to the development of disordered eating (Keel, 2017: 100). Individuals who suffer from anorexia nervosa may come from overprotective families and may also face familial enmeshment. As a result, individuals suffering from anorexia nervosa feel the urge to exert control over something, namely their calorie intake and weight (Keel, 2017: 90-91).

2.2.2.2 Psychological Factor

The second factor which causes anorexia nervosa is the psychological factor. Psychological factors associated with specific types of personality seem to be associated with an increased risk of getting anorexia nervosa. Patients suffering from anorexia nervosa are often perfectionists. They often have stringent, if not

irrational, expectations about how they should appear and act (Keel, 2017: 103). Patients suffering from eating disorders often feel elevated levels of depression or anxiety (Keel, 2017: 105).

2.2.3 The Impacts of Anorexia Nervosa

According to Jane Ogden, physical and psychological issues are related to anorexia nervosa. Anorexia nervosa may result in infertility, but it can also result in suicide, heart attacks, infections, irregular heartbeats, valve collapse, slowed growth, osteoporosis, and probable learning deficiencies. Psychologically, anorexia nervosa can cause depression and anxiety (2010: 220).

Anorexia nervosa can also give impact the relationship between the people suffering from it and the people around them. According to Sheppard, anorexia nervosa is an eating disorder which makes people who suffer from it isolate themselves from people around them. The semi-starvation may lead to mood and personality changes. As a result, the close personal relationship and family ties of a person suffering from anorexia nervosa can be greatly affected (2010: 99).

2.2.4 The Treatments of Anorexia Nervosa

Anorexia nervosa is typically treated through the collaboration of healthcare professionals with specialized knowledge in the treatment of eating disorders, such as doctors, mental health specialists, and dietitians. There are treatments for anorexia nervosa according to Joel Yager, *et al.* The first one is nutritional rehabilitation and the second one is psychosocial treatments (2006: 75-78).

2.2.4.1 Nutritional Rehabilitation

The first treatment of anorexia nervosa is nutritional rehabilitation. According to Joel Yager *et al.*, anorexia nervosa patients who are malnourished experience higher resting energy expenditure (REE), which is attributed to their energy wasting. This resistance to weight gain can pose significant challenges to their recovery. This increased REE is linked to various factors such as anxiety levels, physical activity, including fidgeting and exercise, nausea and vomiting, and other forms of energy expenditure not related to exercise. Weight-restored anorexic patients may require an additional 200-400 calories to maintain their weight compared to individuals who are matched with them based on sex, age, weight, and height (2006: 75).

2.2.4.2 Psychosocial Treatments

The second treatment of anorexia nervosa is psychosocial treatment. There are several psychosocial treatments. They are structured inpatient and partial hospitalization programs, individual psychotherapy, family psychotherapy, and support groups.

The first psychosocial treatment is the structured inpatient and partial hospitalization programs. To help individuals with anorexia nervosa, most inpatient programs utilize various behavioral interventions, such as individual and family psychotherapy, empathic nursing techniques, nutritional counselling, and group therapies. These therapies are designed to improve the patient's understanding of topics such as eating, exercise, and body image (2006: 76).

The second psychosocial treatment is individual psychotherapy. McIntosh *et al.* conduct a randomized controlled trial with 56 adult women who are acutely ill with anorexia nervosa and receiving outpatient treatment. It was found that nonspecific clinical management (20 weekly sessions), a manual-based therapy consisting of guidance, support, and education delivered by specialists in the treatment of eating disorders, was as effective as or more effective than cognitive behavioural therapy (20 weekly sessions). Only around 10% of the 56 women had a very favourable outcome, and 20% had significantly improved by the end of these treatments. The remaining 70% either do not complete therapy or make only minor or no advances (2006: 77).

The third psychosocial treatment is family therapy. Family therapy is typically helpful for reducing the negative impacts of anorexia nervosa. It can also be useful for addressing family-related issues that may contribute to the persistence of an eating disorder, especially in adolescents (2006: 77).

The fourth psychosocial treatment is support groups. Support groups refer to forums that offer counselling and opportunities for individuals to exchange their experiences with others who share the same conditions or goals. However, at present, there is a lack of information on the impact of support groups facilitated by professionals or advocacy organizations, which provide mutual aid, advice, and education on disordered eating for patients and their families (2006: 78).

2.3 Research Method

This part discusses the research approach and the method of data collection for the study.

2.3.1 Method of Data Collection

In gathering the data, the writer uses the library research method. According to Mary W. George, library research is a method that involves utilizing known facts, exploring unknowns, testing hypotheses with rigorously applied logical procedures, validating findings, assessing outcomes, repeating the process, and presenting explanations of discoveries that contribute to advancing knowledge (2008: 22-23). The writer collects the data from the dialogue and pictures of the film, books, internet.

Khotari explains that primary data is data that is collected for the first time and is therefore considered original (2004: 96). The primary data of the study is Paul Schneider's film entitled *For the Love of Nancy*. Secondary data, on the other hand, are the data which is already collected by other people and is passed through the statistical process (2004: 96). The secondary data of the study are from books and some sources from the internet.

2.3.2 Research Approach

The writer uses descriptive qualitative research as the research design. According to Creswell, qualitative research is conducted in a natural setting, uses the researcher as the instrument, and frequently employs a theoretical perspective (2009: 175-176). In this study, the writer will use a psychological approach. A

psychological approach is an approach applying psychological theories in analyzing a character's personality in a story according to Rohrberger and Woods (1971: 13). The writer uses the contextual method in analyzing the intrinsic elements and extrinsic elements of Paul Schneider's film entitled *For the Love of Nancy*. According to Beard, context refers to what goes with a text, rather than what is in it (2001: 6).

The symptoms of anorexia nervosa, how anorexia nervosa is developed, the impacts of anorexia nervosa, and the treatments of anorexia nervosa will be discussed in this study.