CHAPTER II

THEORY AND METHODS

2.1 Theoretical Framework

This chapter deals with the theories used to analyze the main character Theo Faber of the novel *The Silent Patient*. The theories consists of intrinsic and extrinsict elements.

2.1.1 Intrinsic Elements

Analysis of the intrinsicts elements are focused on the character and conflict of the story.

2.1.1.1 Character and Characterization

According to Abrams, characters are people who appear in a dramatic or narrative work. A further understanding of characters is interpreted by the reader as having specific moral, intellectual, and emotional qualities based on inferences drawn from what they say in the dialogue and their distinctive ways of saying it, as well as what they do in the action (Abrams, 1999: 32).

There are two types of characters: main character and additional characters. A main character is defined as a key figure as a character that has a goal and must go through many narrative events even conflicts in order to attain the plot (Rojany and Economy, 2005: 112). While, additional character is a character whose interactions with the main character is required to advance the plot (Rojany and Economy, 2005: 120).

On the other hand, characterization is more complex to analyze because the writer needs to take great ability and understanding of people to convincingly define who a character is. The main goal is to develop characters who can advance the plot, not to delve into human psychology and motivation. (Arp and Jonhson, 2016: 142).

There are two types of characterization, direct and indirect characterization. Direct characterization is the way author depict their character directly through exposition or described by another character in the story. Whereas indirect characterization is the way author depict the characters visible to the readers by their action or their thoughts (Arp and Johnson, 2016: 143).

2.1.1.2 Conflict

Conflict does not necessarily occur among characters. Conflict can arise when a character confronted fate or is challenged with circumstances and a purpose that they have set for themselves (Abrams, 1999: 225). Conflict is defined as the opposing of two forces in a narrative plot (Holman and Harmon, 1986: 98).

There are two main conflicts, Internal conflict and external conflict. Internal conflict is a struggle within the protagonist's heart and mind. Because it occurs within the protagonist's ego and thoughts, this conflict does not entail any physical battle and is usually not observable in any visible form. Meanwhile, external conflict refers to a battle between the character against another character, against nature, against society, or against destiny. This confrontation is frequently characterized by a visible fight between the character and their adversary. It means

that the readers can see the character's suffering (Holman and Harmon, 1986:

107).

2.1.2 Extrinsic Elements

Analysis of the extrinsic elements focuses on Post Traumatic Stress Disorder (PTSD) theory adopted from American Psychiatric Association in Diagnostic and Statistical Manual of Mental Disorder (DSM-5).

2.1.2.1 Post Traumatic Stress Disorder Theory

Post-Traumatic Stress Disorder is a concept adapted from American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) under trauma and stressor-related disorders. According to American Psychiatric Association, PTSD can develop in someone where they go through an extremely stressful experience or series of traumatic events, such as war, rape, abuse, or threatened with death, major harm, or another threat to their physical integrity (2013: 274).

A traumatic event is something that hurts physically, emotionally, spiritually, or psychologically. As a result, it may feel physically threatened or excessively terrified. In other circumstances, the victims may be unsure how to respond or may be in denial about the impact of an occurrence (Boland, 2023). In particular, the traumatic experiences that cause PTSD are so extraordinary or extreme that it would be upsetting to anyone. These traumatic experiences usually happen quickly and overwhelm its capacity for effective response and are viewed as threatening to oneself or another (Schiraldi, 2009: 3).

2.1.2.2 The Causes of Post Traumatic Stress Disorder

According to Schiraldi there are several causes of post traumatic stress disorder occurring in a person. It divides into three causes which are intentional

human, unintentional human, and act of nature. In general, intentional human is man-made, deliberate, and malicious while, unintentional human is caused by accident or technological disaster. On the other hand, natural disasters are the least complicated and usually end fast compared to the other kinds. In this thesis, the analysis will be focused only on the intentional human causes.

2.1.2.2.1 Intentional Human (Man-Made, Deliberate, Malicious)

Intentional human is caused deliberately or intentional by the human. Combat, civil war, and resistance fighting are the kinds of intentional humans causes. Abuse is also included such as physical abuse (beating, kicking, battering, choking, tying up, stalking, forcing to eat/drink, threatening with weapons, children abuse from adult) and emotional abuse (isolation, threats to leave or have an affair, intimidation, calling someone derogatory names, economic neglect, downplaying or denying abuse, taking away power/control, destroying property, sexual torturing, torturing pets, and physical neglect). Family violence/battery, robbery, mugging, criminal assault, and other violent crimes are also considered to intentional human causes (Schiraldi, 2009: 05).

2.1.2.3 Post Traumatic Stress Disorder Symptoms

There are eight criterion in the DSM-5 that are used to diagnose PTSD in a patient, namely (A) direct exposure to stressor, (B) intrusive symptoms, (C) avoidance symptoms, (D) negative alterations in cognition and mood, (E) arousal symptoms, (F) duration, (G) functional significance, and (H) exclusion. In this research, however, the analysis will be focused only on the relevant symptoms,

those are (B) intrusive symptoms, (C) avoidance symptoms, (D) negative alteration in cognition and mood, and (E) arousal symptoms.

2.1.2.3.1 Intrusive Symptoms

Intrusive symptoms is the second criterion of PTSD. It focuses on recurrent memories of the event, which often involve sensory, emotional, or psychological behaviour components. A common reexperiencing symptoms is disturbing dreams that repeat the event related to the major threats. Individuals may experience dissociative states that extend from a few seconds to several hours or even days, during which components of the event are relived and the individual acts as if the event is happening at that moment (American Psychiatric Association, 2013:275).

Dissociative reaction itself is a flashback where individuals feels or acts as if the traumatic events are repeating itself. Such reactions can occur on a scale, with the most extreme expression being a complete loss of consciousness of one's current surroundings (American Psychiatric Association, 2013: 273).

2.1.2.3.2 Avoidance Symptoms

Avoidance symptoms is a symptoms include avoiding locations and thoughts connected to the trauma, having trouble remembering what happened, showing a substantial loss of interest in other important elements of someone's life, having limited emotions, and feeling as though time is running out. The trauma-related stimuli are constantly avoided. The sufferers from avoidance symptoms frequently makes conscious effort to avoid thoughts, memories,

feelings, or talking about the traumatic event (e.g., by using distraction strategies

to prevent internal

reminders) as well as to stay away from things, places, situations, or people who bring up memories of it (American Psychiatric Association, 2013: 275).

2.1.2.3.3 Negative Alterations in Cognition and Mood

Negative alterations or mood changes related with the event begin or worsen following exposure to the event. These negative alterations can take many forms, including an inability to recall a crucial component of the traumatic event. Another form is persistent (always or almost always) and exaggerated negative expectations about significant parts of life, whether they apply to oneself, others, or the future.

Individuals suffering from PTSD may have persistent beliefs about the reason of the traumatic event, leading them to blame themselves or others. Following exposure to the event, a persistent negative mood state such as dread, terror, rage, guilt, and shame can be developed or worsened. Individual may also lose interest or participation in previously enjoyed activities, feel detached or estranged from others, and experience a persistent inability to feel positive emotions (American Psychiatric Association, 2013: 275).

2.1.2.3.4 Arousal Symptoms

Individuals with PTSD may have short fuse and even act aggressively verbally or physically with little or no provocation such as yelling at people, picking fights, or damaging objects. They might act recklessly or destructively, such as by driving recklessly, abusing alcohol or drugs excessively, or by harming themselves and attempting suicide. An increased sensitivity to possible risks, including those connected to the traumatic experience, is a common feature of

PTSD. Individuals with PTSD may respond strongly to unexpected stimuli,

showing a heightened

startle reaction or jumpiness to sudden movement or loud noises. Commonly reported concentration problems include trouble remembering daily details and maintenance of sleep are frequent (American Psychiatric Association, 2013: 275-276).

2.1.2.4 The Effects of Post Traumatic Stress Disorder in Relationship

Following a series of prolonged, repetitive, and severe traumatic events such as childhood abuse and torture, the individual may develop trouble regulating emotions or maintaining stable interpersonal connections, as well as dissociative symptoms (American Psychiatric Association, 2013: 276).

Individual's interactions with others may be impacted by these issues. In turn, the individual is impacted by how a loved one reacts to them. A vicious cycle that sometimes hurts relationships can emerge. Individuals with PTSD may feel numb and cut off from others. They can be less interested in engaging in sexual or social activities and may also feel a stronger desire to defend those they care about. They could appear tense or demanding (National Centre for PTSD, 2022).

Trauma survivors may frequently have trauma memories or flashbacks. They may go to considerable measures to avoid recalling such recollections. Survivors may avoid engaging in any activities that could trigger the past memories. Survivors frequently battle with extreme anger and urges. They may distance themselves from or criticize loved ones and friends. In addition, alcohol and drug issues, which can be caused by PTSD, can shatter intimacy and

friendships. There may be verbal or physical assault that occur too. In other circumstances, they may

be overly reliant on their relationships, family members, and friends. Support persons such as health care providers or therapists may needed (National Centre of PTSD, 2022).

The development and maintenance of social interactions, which depend, on the exchange of trust, are difficult for individual with PTSD, according to Dr. Fareri. He hypothesized that PTSD sufferers may not be able to effectively assess whether or not other individuals are trustworthy since their basic assessment systems frequently work abnormally as a result of their traumatic experiences. The increase electrical activity suggests that individuals with PTSD may exhibit heightened vigilance and are more alert to socially dangerous stimuli. This increased attentiveness involves both automatic and deliberate processes in the brain. "When we meet someone new, we make automatic judgments about their trustworthiness to determine whether that person is threatening or safe to approach," In other words, a negative social experience or trauma can make it harder to trust new people. (Saraiya et al. 2019).

Individuals who had trauma in their childhood often grow up in a dysfunctional environment and struggle to learn the same boundaries and behaviors that others seem to take for granted. As a child grows and develops, they look to their caretakers for guidance on how to interact with the world around them. If those caregivers behave in dysfunctional or unhealthy ways, children are likely to learn to follow those same bad habits, even if unintentionally. "For many, the effects of abuse manifest in dysfunctional interpersonal relationships as a

result of attachment disruptions at pivotal points in childhood development."

(Kvarnstrom, 2018)

Individuals who are neglected or abandoned by a caregiver in their childhood frequently battle with abandonment well into adulthood, even if they do not realize it on the surface. Although the underlying worry is that the partner will eventually leave, these ideas frequently surface ordinary settings, such as when partners leave the house alone and they are worried or find it difficult to calm themselves. Jealousy, or in more severe instances, possessiveness are frequent manifestations of this dread (Gillis, 2022).

2.2 Research Method

In this study, it focus on the method of collecting and analysing the data. The writer gathers the data from primary and secondary sources, while collecting the data uses library research and close reading methods. In analyzing the data, the writer uses textual and contextual methods as well as psychological approach.

2.2.1 Method of Data Collection

In collecting data, the writer uses library research method from texts. Library research method is a method of gathering information by learning and comprehending data from books, theories, notes, and documents that are related to the problems (George, 2008: 6). The writer also uses a close reading method to analyze the character in the text. Close reading is a method where the analysis focuses on the specific details or passage to conduct deeper meaning (Bucks County Community College, 2019).

In order to collect the data, the writer uses two kinds of data mainly from primary and secondary sources. Primary sources are information gathered by the

researcher. On the other hand, secondary sources are data gathered by someone else (George, 2023). In this study, the writer gathers the primary data from Alex Michaelides's novel *The Silent Patient* published in 2019 and secondary data taken from journal articles, reviews, books, and the internet.

2.2.3 Research Approach

In analysing data, the writer uses a textual approach for intrinsic aspects analysis, and contextual approach for extrinsic aspects analysis. A contextual approach is an approach that connects the learning process to real-life situations and provides a clear illustration of the subject being taught (Bevir, 2011).

Based on the background of the study that reveals about PTSD, the writer applies the psychological approach in literature to analyse the thesis. Psychological Approach is a method that focuses on the methods to find and illustrate specific repeated patterns. It concludes the the theory of psychology to understand literary works (Rohrberger and Woods, 1971: 15). Specifically, the writer will use the Post-Traumatic Stress Disorder Theory adapted from American Psychiatric Association to analyse the effect of PTSD on Theo Faber's romantic relationship.