



**SPEECH DISFLUENCY AND LANGUAGE STYLE
IN ANXIETY DISORDERS AND DEPRESSIVE
EPISODES PORTRAYED IN THE MAIN
CHARACTER OF SOPHIE KINSELLA'S *FINDING*
AUDREY NOVEL**

A THESIS

**In Partial Fulfillment of the Requirements
for S-1 Degree Majoring Linguistics in the English Department
Faculty of Humanities Diponegoro University**

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PRONOUNCEMENT

I honestly declare that I wrote this thesis myself without taking the work of other researchers from any tertiary institution, either at the diploma, S-1, S-2, or S-3 degree. I also ensure that I do not take any material from other works except the references already mentioned.

Semarang, 17th June 2021

A handwritten signature in black ink, appearing to read 'Safira', with a stylized flourish at the end.

Nurul Aziza Safira Santoso

MOTTO AND DEDICATION

“If you stand up for Allah, He will help you and make your steps firm.”

Q.S Muhammad : 7

“Remind yourself of what you’ve been able to overcome. All the times you felt like you weren’t going to make it through, you proved yourself wrong. You’re more powerful than you think.”

Ash Alves

“Trust that things will work out maybe not exactly the way you have planned but in the way they are best for you. Even though what is best for you will not always make sense to you, your job is to keep going anyway knowing that your life will not be defined by your difficult days.”

Dhiman

*This thesis is dedicated to
My beloved mom, dad, sister, brother
and those whom I love.*

APPROVAL

**SPEECH DISFLUENCY AND LANGUAGE STYLE IN ANXIETY
DISORDERS AND DEPRESSIVE EPISODES PORTRAYED IN THE
MAIN CHARACTER OF SOPHIE KINSELLA'S *FINDING AUDREY*
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Semarang, 17th June 2021



Nurul Aziza Safira Santoso

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ABSTRACT

This research will be focused on psycholinguistics analysis. It discusses how speech and language are influenced by a person's condition, one of which is related to mental disorders. The objective of this research is to investigate the speech disfluency and the language style used by the main character in *Finding Audrey* novel who suffers from anxiety disorders and depressive episodes, as well as the accompanying symptoms. In order to analyze them, the writer uses the theory of language and brain, mood disorders, as well as speech disfluency and language style in anxiety disorders and depression. The data are collected using close reading and note-taking techniques then analyzed with the inferential method. The findings show there are four types of speech disfluencies that occur: repetition, sentence incompleteness, sentence changes, and filler "um". The language style uses by Audrey is represented by the greater use of self-reference words and negative emotion words, but the use of positive emotion words and social words begin to increase as she is getting better. Meanwhile, the symptoms of anxiety disorders and depressive episodes experienced by Audrey consist of cognitive, behavioral, and physical symptoms.

Keywords: speech disfluency, language style, anxiety disorders, depressive episodes.

CHAPTER I

INTRODUCTION

1.1 Background of the Study

Psycholinguistics is known as an interdisciplinary of linguistics and psychology. Psychology learns human thoughts, feelings, mental, as well as behavior and their interactions with the environment, while linguistics learns human language. Therefore, psycholinguistics discusses how language and human thoughts, feelings, mental, and behavior affect one another.

Language is defined as the process of transmitting information among thoughts, which are then formulated and expressed, and eventually reflected in speech. The process is complex because it requires the functioning of various organs that influence the mechanism of speaking, thinking, or processing thoughts into words. To acquire a language, Bloom and Lahey in Bogdashina (2005, p. 42) have identified significant elements for a child that must be satisfied, such as having a complete peripheral sensory and central nervous system, emotional stability, sufficient mental abilities, and exposure to the language. If there is a lack of or absence from at least one of the elements above, it may cause various impairments which leads to language or communication disorders.

Moreover, Bloom and Lahey in Bogdashina (2005, p. 25) distinguish language into three components: form, content, and use. The form relates to morphology (grammar), syntax (sentences), and phonological awareness, while

the content relates to what people express or topics represented in a message. Meantime, the use of language relates to the reason people speak (purpose), and the conditions of communication (context). However, not everyone speak normally. Some people may have language abnormalities either in regard of structure, content, or use. They may have difficulty in comprehending words they hear and read or have difficulty in talking with others, especially in delivering their feelings and thoughts.

Language abnormalities can have numerous potential causes, but it often linked to a health problem, especially brain disorder. Inside the human brain, both left and right hemispheres have an extremely important and distinct role in producing language. The left hemisphere controls speech in most people, while the right hemisphere contributes to the production and interpretation of prosody (Traxler, 2012, p. 516). An injury to the right and left cerebral hemisphere can impair people's communication ability, such as people who suffer from Broca's aphasia, Wernicke's aphasia, dyslexia, or sign-language aphasia. However, language abnormalities arise not only from acute brain injuries but also from people with mental disorders. In many cases, a person with mental disorders generally suffers from language abnormalities such as chaotic speech, incomprehensible speech, or misunderstanding another's speech.

Anxiety disorders and depressive episodes are mental disorders which commonly found and involves complex patterns of disturbances of cognition, affect and emotion, physical, and behavior. Social anxiety disorder (SAD) and generalized anxiety disorder (GAD) are anxiety disorders that are frequently

found. SAD is a serious fear and worry in a social situation that leads to specific behavior. Undue anxiety attacks him when he meets new ones or in other activities involving himself and others. Meanwhile, a person with a GAD has excessive and unrealistic anxiety about many things. He tends to dwell on disasters that are not necessarily happening and cannot stop worrying about the common things of daily life. Finally, depressive episode is a heightened state of depression that may occur during a certain time.

GAD, SAD, and depressive episodes which are classified as mild mental disorders evidently affect the sufferers' speech production and language style. The sufferers may have disruptions on their mind which in turn influences their utterances or speech. The sufferers also may have a distinctive manner of expression as the result of their mental issues. These are phenomena experienced by Audrey, the main character in *Finding Audrey* novel written by Sophie Kinsella who suffers from GAD, SAD, and depressive episodes after being bullied by her classmates in school. Studies examining speech and language in GAD, SAD, and depressive episodes have not been widely discussed with literary works as the object of study. Thus, the researcher is interested in analyzing speech disfluency and language style in mental disorders experienced by Audrey.

1.2 Research Questions

Based on the background of the study, the problems are formulated as follows:

1. What are the speech disfluencies experienced by the main character of Sophie Kinsella's *Finding Audrey* novel as the sufferer of anxiety disorders and depressive episodes?

2. What are the language styles used by the main character of Sophie Kinsella's *Finding Audrey* novel as the sufferer of anxiety disorders and depressive episodes?
3. How are the symptoms of anxiety disorders and depressive episodes experienced by the main character of Sophie Kinsella's *Finding Audrey* novel?

1.3 Research Purposes

The purposes of this research are as follows.

1. To identify the speech disfluencies experienced by the main character of Sophie Kinsella's *Finding Audrey* novel as the sufferer of anxiety disorders and depressive episodes.
2. To describe the language styles used by the main character of Sophie Kinsella's *Finding Audrey* novel as the sufferer of anxiety disorders and depressive episodes.
3. To explain the symptoms of anxiety disorders and depressive episodes experienced by the main character of Sophie Kinsella's *Finding Audrey* novel.

1.4 Previous Studies

The study of speech and language in GAD, SAD, and depressive episodes has been widely discussed. In terms of speech disturbances caused by anxiety disorders, a study conducted by Sukriana et al., (2018) entitled *Speech Disfluency Analysis on Anxiety Sufferer Represented by Zayn Malik: A Psycholinguistic Approach* found 1369 speech disfluencies including silent pause, filled pause,

correction, repetition, stuttering like prolongation, and block. However, silent pauses and filled pauses appear the most in Zayn Malik's speeches. Meanwhile, related to speech disturbances caused by depression, a study examined by Pamungkas (2019) entitled *Gangguan Produksi dan Komprehensif Ujaran pada Penderita Depresi* pointed out that people with depression tend to utter sentences repeatedly and irregularly, jumping from one topic to another. In addition, people with depression produce speech that is both understandable and difficult to understand. Similarly, sentences that are spoken can produce both complete sentences and incomplete sentences.

In terms of the language used in GAD and SAD, a study conducted by Hofmann et al. (2012) entitled *Linguistic Correlates of Social Anxiety Disorder* showed that sufferers of SAD more often used positive emotional words. In addition, Geronimi & Woodruff-Borden (2015) in their research entitled *The Language of Worry: Examining Linguistic Elements of Worry Models* found that the possibility of GAD increased when the use of future tense was higher and the use of present tense was lower. Those were confirmed by a research carried out by O'Dea et al. (2021) that examined the connection between mental illness and linguistic features in blog content entitled *The Relationship between Linguistic Expression and Symptoms of Depression, Anxiety, and Suicidal Thoughts: A Longitudinal Study of Blog Content*. The findings suggested that linguistic features could identify individuals with mental illness but could not detect an individual's mental changes over time.

In relation to depression, a study conducted by Sethna et al. (2012) entitled *Depressed Fathers' Speech to Their 3-Month-Old Infants: A Study of Cognitive and Mentalizing Features in Paternal Speech* showed that depressed speech comprised more negative emotions. Bernard et al. (2016) in their study entitled *Depression, Language, and Affect: An Examination of the Influence of Baseline Depression and Affect Induction on Language*, indicated that depression and negative moods both affected pronoun use in which depression affected the use of first-person pronouns, while negative moods affected the use of third-person pronouns. In addition, a study examined by Zimmermann et al. (2017) entitled *First-person Pronoun Use in Spoken Language as a Predictor of Future Depressive Symptoms: Preliminary Evidence from a Clinical Sample of Depressed Patients* explained further about the tendency toward personal reference use. Symptoms of depression could be predicted through the use of the first person singular, especially in the forms of "me" and "my" and could be applied to positive or negative emotion words. Newell et al. (2018) in *You Sound So Down: Capturing Depressed Affect Through Depressed Language* also indicated that there was an inverse relationship between depression language and positive emotion, but there was a consistent relationship between depression language and perceptions of stress, particularly under threatening states. Moreover, an investigation carried out by Tolboll (2019) entitled *Linguistic Features in Depression: A Meta-analysis* suggested there was a slight positive correlation between depression and the first person singular, as well as depression

and use of negative emotion words. In addition, there was a slight correlation between depression and positive emotion words.

The similarity of this study with previous studies is the review of speech and language in anxiety disorders, especially in GAD and SAD, as well as in depression, while the differences lie in the research object and methods. Most previous researches involved the sufferers of anxiety disorder and depression as the object of research. They are quantitative research that used field research as the method of collecting data either in the form of case studies or interviews. The collected data then measured with LIWC (Linguistic Inquiry and Word Count Program) and other related tools or softwares. However, there was also a study that used descriptive qualitative method and library research as the method of collecting data. It was the study conducted by Sukriana et al. (2018) that used Youtube videos of Zayn Malik as the object of research. In line with Sukrina et al., the researcher also used the descriptive qualitative method with *Finding Audrey* novel written by Sophie Kinsella as the object of research. Meanwhile, in order to collect the data, the researcher used close reading and note-taking techniques.

1.5 Scope of the Study

The present study focuses on psycholinguistics discipline since the research examines the human brain and language. It investigates the processes that occur in brain while producing and perceiving language. To avoid broadening the discussion, the researcher limits the study and focuses on the investigations of speech disfluency and language style used by Audrey, as well as the

accompanying symptoms as the sufferer of GAD, SAD, and depressive episodes, in *Finding Audrey* novel written by Sophie Kinsella. The researcher uses language and brain theory, anxiety disorders and depressive episodes theory based on Statistical Manual of Mental Disorders (DSM-5), speech disfluency theory by Mahl and Kasl (1965), and language style based on linguistic variables available in Linguistic Inquiry and Word Count (LIWC). This kind of scope is made based on the mostly found examples relating to the phenomenon of GAD, SAD, and depressive episodes in a real life.

1.6 Writing Organization

This study is written in several chapters as below:

CHAPTER 1 INTRODUCTION

This chapter provides sufficient information for the readers to understand the topic being researched. It consists of several subheadings or sections such as background of the study, research problems, purposes of the study, previous studies, scope of the study, and organization of the writing.

CHAPTER 2 THEORY AND METHOD

This chapter consists of two sections, theoretical framework or some theories related to what the researcher intend to investigate, and methodology that presents the research design which describes the data, methods that will be used to collect the data, and methods that will be used to analyze the data.

CHAPTER 3 RESULT AND DISCUSSION

This chapter is the most important section since it must answer the research problems that have been formulated. This section describes logically and

coherently the research results obtained based on the data analysis with the theory used.

CHAPTER 4 CONCLUSION

This chapter presents the summary and highlights the key points of the study. This section also provides suggestions related to future research that can be carried out based on the limitations of existing research.

CHAPTER II

THEORY AND METHOD

2.1 Theoretical Framework

This section reviews the underlying theories of the research. It elaborates the definition of psycholinguistics, the relationship between speech, language, and brain, the explanation of mood disorders (Generalized Anxiety Disorder (GAD), Social Anxiety Disorder (SAD), and Depressive Episodes), language impairment, speech disfluency and language style in GAD, SAD, and Depressive Episodes.

2.1.1 Psycholinguistics

Psycholinguistics, as suggested by Warren (2013, p. 4) explores mental depictions and the processes involved in language use, either in terms of production, understanding, or storage of spoken and written language. Further, Antonius (2018, p. 13) argued that psycholinguistics examines the psychological and neurological aspects of language in relation to language acquisition, language understanding, as well as language production and expression as a means of communication between people. Thus, it can be concluded that psycholinguistics explores many things in-depth, especially relating to language and the human mind, either how infants acquire their first language, how vocabulary stored in their mind, how people manage words into information, what neurological activity corresponds to reading, speaking, and listening, or how brain damage affects language.

2.1.2 Speech, Language, and Brain

Speech and language are sounded the same, but they are different. Speech refers to spoken or vocal communication, while language refers to words and symbols. It can be spoken, written, or expressed with body language and gestures. Both speech and language are processed and controlled by the human brain, especially by the largest part of the brain, the cerebrum. Further, each is outlined in more detail as follows:

2.1.2.1 Speech

Speech as stated by Field (2003, p. 6) is characterized by its involvement with vocalization. To produce speech, there are two factors that determine the ability of the speaker to produce language. They are the shape, size, and position of the articulators that are used, and ability to breathe and utter sounds at the same time. In line with Field, based on Speech or Language Impairment Evaluation Guidance (2018, p. 5), speech consists of the following areas of articulation, voice, and fluency. In the use of verbal communication, everyone is equipped with the ability to speak, but the ability is not always the same, some are normal, some are not. Therefore, if there is someone who has difficulty in the following areas of articulation, voice, or fluency, it means that he has a speech impairment.

2.1.2.2 Language

Language is a system of communication that comprises a set of sounds and writing used by human beings to express themselves. According to Field (2003, p. 5), there are four important characteristics of language: it represents something

other than itself, is under individual control, is systematic or structure-dependent, meaning that words can be combined into phrases and phrases can be combined into sentences, and finally works in two distinct modalities: speech and writing. Language is always important since it influences people's writings, reading comprehension, phonological awareness, and their interactions with others. Therefore, when someone has difficulty in understanding or explaining thoughts, ideas, and feelings, it means he has a language impairment.

2.1.2.3 Brain

The primary part of the brain which deals with human needs is the cerebrum or neocortex. It is responsible for various crucial aspects of motor movement, cognition, and sensation. The cerebrum is divided into four lobes and each has important parts, such as frontal, temporal, parietal and occipital (Field, 2003, p. 8). Cognitive function occurs in the frontal lobe, the hearing occurs in the temporal lobe, vision in the occipital lobe, and sensing in the parietal lobe. The language function is highly dependent on specific areas within these lobes, but there are areas deep within the brain that are involved as well, namely subcortical areas.

There are two hemispheres inside the human brain, the left hemisphere which contributes to speech control, and the right hemisphere which produces and interprets prosody (Traxler, 2012, p. 516). Prosody is one of the language's components called the music of speech, such as intonation, tone, stress, and rhythm. Prosody is divided into two common types, linguistics (or syntactic) and non-linguistics or emotion (Sastra, 2011, p. 103). Prosody linguistics provides

new information, the meaning of words, and syntactical function, while emotional prosody expresses the speaker's emotional state.

2.1.3 Mental Disorder

Mental disorder is an illness that affects a person's emotional state. They may occur occasionally or for a long time (chronic), and can lead to behavior changes and difficulty to deal with routine activities. There are many types of mental disorders based on the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders). Two of the most common mental disorders are anxiety disorders such as generalized anxiety disorder (GAD), as well as social anxiety disorders (SAD), and mood disorders such as depression.

2.1.3.1 Generalized Anxiety Disorder

Everyone experiences anxiety symptoms, but usually only occasional and momentary, and do not cause problems. However, anxiety can cause problems when the symptoms persist and are severe, as it will interfere with daily activities. Generalized anxiety disorder (GAD) involves excessive and uncontrollable worry about day-to-day events or activities, and occurring for at least six months (Rector et al., 2016, p. 12). It is characterized by a wide range of symptoms that cut across cognitive, behavioral, and physical domains: (1) cognitive: e.g., “something bad is going to happen,” “I could go crazy from worrying.”; (2) behavioral: e.g., avoidance of activities that could cause excessive worry about what could happen; (3) physical: e.g., muscle tension, inability to relax, restlessness, irritability, being easily fatigued, sleep disturbance, and difficulty concentrating.

2.1.3.2 Social Anxiety Disorder

Rector et al. (2016, p. 9) explained social anxiety disorder involves an obvious and persistent fear of social situations in which embarrassment may occur. Based on the DSM-5 (2013, p. 202) fears might be associated with social interactions, being observed, and performing in front of others. Further, it is characterized by following symptoms: (1) cognitive: anxious thoughts (“I’m losing control”), anxious predictions (“something bad is going to happen.”), and anxious beliefs (“only weak people get anxious”); (2) physical: excessive physical reactions such as heart racing, muscle tension, inability to relax, restlessness, irritability, sleep disturbed by worry. (3) behavioral: avoidance of crowded situations, restricted activities due to excessive worries about what could happen.

2.1.3.3 Depressive Episodes

Based on the DSM-5 (2013, p. 163), depressive episodes is a period of depression that persists for at least two weeks with at least one of the symptoms, either depressed mood or loss of interest or pleasure. Depressive episodes are further indicated by the following symptoms: (1) cognitive: diminished ability to think or concentrate, full of indecisiveness, recurrent thoughts of death and suicidal ideation, or a suicide attempt; (2) physical: significant weight loss or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy. (3) behavioral: depressed mood most of the day, even nearly everyday (sad, empty, hopeless, appears tearful), markedly diminished interest or pleasure in almost all activities, feelings of worthlessness or excessive or inappropriate guilt.

2.1.4 Speech and Language Impairment

The use of both right and left hemispheres is important in an attempt to achieve effective communication. If there is an impairment that occurs in the left hemisphere, a person will not be able to use grammar correctly, and his speech becomes chaotic denying linguistic rules and structures. Conversely, if the impairment occurs in the right hemisphere, the person will not be able to use the language appropriately (intonation, tone, stress) so that the interlocutor will be difficult in understanding what is being felt and thought (Sastra, 2011, p. 36-37).

In the case of mood disorders such as GAD, SAD, and Depressive Episodes, there is no injury in the sufferer's brain, but the sufferer has an overactive amygdala (Ferry, 2012, p. 64). An overactive amygdala will make the sufferer deals with intense fear. This condition can increase the risk of excessive anxiety when interacting with other people. The amygdala will constantly assess the environment whether there is a threat or not. When the amygdala feels that there is no danger, it will do nothing and a person will feel secure. On the other hand, when it notices that there is danger, it will alert a person with anxiety. This condition then affects his speech and language.

2.1.5 Speech Disfluency in GAD, SAD, and Depressive Episodes

Culatta & Leeper (1990, p. 59) stated there are two types of disfluencies, normal and abnormal disfluencies. A normal disfluency can be found in an infant who is passing through the stage of language learning. This is called development disfluencies. Meanwhile, stuttering, neurogenic dysfunction, psychogenic, and language delay are abnormal disfluencies. Speech disfluency experienced by

people with GAD, SAD, and depressive episodes is included in psychogenic disfluencies because it is emotionally based. Kasl & Mahl (1965, p. 425) argued that speech disorders have no conventional semantic function and are not part of the deliberate communication of consciousness that occurs among people. This sort of disorder is a common phenomenon, which is usually found in the language of psychoneurotic patients. Further, Mahl and Kasl elaborate on the speech-disturbance categories:

Table 1. Speech-disturbance Categories (Kasl & Mahl, 1965)

Category	Examples	Category	Examples
1. <i>"Ah."</i> Wherever the ah sound occurs it is scored. Less frequent variants are "eh," "uh," "uhm."	Well . . . ah . . . when I first came home.	6. <i>Sentence incompleteness.</i> An expression is interrupted, clearly left incomplete, and the communication proceeds without correction.	Well I'm sorry I couldn't get here last week so I could . . . ah . . . I was getting a child ready for camp and finishing up swimming lessons.
2. <i>Sentence change.</i> A correction in the form or content of the expression while the word-word progression occurs. To be scored, these changes must be sensed by the listener as interruptions in the flow of the sentence.	Well she's . . . already she's lonesome. That was . . . it will be 2 years ago in the fall.	7. <i>Tongue-slips.</i> Includes neologisms, the transposition of entire words from their "correct" serial position in sentence, and the substitution of an "unintended" for an intended word.	We splat the bitches (for "split the beaches"). He was born in their hou(se) . . . hospital and came to their house. The reason that I don't . . . didn't seem to feel the love for him (son) that I felt for J_____ (daughter)
3. <i>Repetition.</i> The serial, superfluous repetition of one or more words—usually of one or two words.	'Cause they . . . they get along pretty well together. He was . . . he was sharing the office.	8. <i>Intruding incoherent sound.</i> A sound which is absolutely incoherent to the listener. It intrudes without itself altering the form of the expression and cannot be clearly conceived of as a stutter, omission, or neologism (though may be such in reality).	If I see a girl now I'd like to take out I just . . . dh . . . ask her.
4. <i>Stutter.</i>	It sort of well l . . . l . . . leaves a memory.		
5. <i>Omission.</i> Parts of words, or rarely entire words, may be omitted. Contractions not counted. Most omissions are of final one or two parts of words and are associated with sentence change and repetition.	She mour . . . was in mourning for about 2 years. Then their anni . . . wedding anniversary comes around.		

2.1.6 Language Style in GAD, SAD, and Depressive Episodes

In the case of anxiety disorders and depression, several studies had confirmed linguistic features used by the sufferers which was obtained from the Linguistic Inquiry and Word Count (LIWC) analysis results. LIWC is a tool that evaluates one's emotional, cognitive, perceptual, social, and biological that are represented in his/her verbal and written speech (Dos Santos & Vieira, 2017, p.

189). There are many categories available in LIWC in which each category has its meaning and can be used as a marker of a psychological state of a person, such as (1) self-references, which shows people tend to be more insecure, nervous, and possibly depressed, (2) social words (e.g., they, she, us, talk), which shows people are more outgoing and more socially connected with others, (3) positive emotion words (e.g. happy, love, good), which shows people tend to be more optimistic, (4) negative emotion words (e.g., sad, afraid), which shows people tend to see the world through negatively tinted glasses, etc. (Online Research Consortium, n.d.)

Anderson et al., (2008, p. 1122) in analyzing self-representation in Social Anxiety Disorder, also used LIWC linguistics variables such as (1) personal reference use, which reflects self-focused attention, (2) emotion words (both positive and negative), which reflect psychological symptoms, (3) social words (references to other people), which reflect behavioral symptoms, (4) sensory/perceptual processes (see, touch, listen), and (5) physical touch words (touch, hold, felt), which reflect physiological symptoms. Further, they explained that people with SAD used more self-referential words and negative emotion words, while words that refer to other people were less used. Besides, increased self-reference, sensory/perceptual process words, and physical touch words under conditions of social threat were consistent with the increase of self-focused attention. Nevertheless, the greater use of personal preference is evidently not only experienced by individuals with SAD. Rude et al. (2004, p. 1130) conveyed that depressed individuals also used more negative words and used "I" frequently.

2.2 Research Method

This section presents methods used in this research. It covers the explanation of types of research, data, population and sample, sampling techniques, method of collecting data, and method of analyzing data.

2.2.1 Types of Research

This study employed a qualitative method since it aimed to describe the data whose results were captured in words, images, or non-numeric symbols (George, 2008, p. 7). The researcher emphasized in depth-analysis in understanding a problem, tended to use analysis, and revealed more the process of its meaning.

2.2.2 Data

Data is a group of information that is collected through observation based on characteristics which are examined (Surahman et al., 2016, p. 159). In this research, the data were sentences or utterances spoken by the main character of *Finding Audrey* novel.

2.2.3 Population and Sample

Population is defined as a group of elements (object or person) whose characteristics are investigated, while sample is defined as part of the population that becomes the object of the research (Surahman et al., 2016, p. 84). In this research, the population was all of the dialogues conveyed by Audrey, the main character of *Finding Audrey* novel. Meanwhile, the sample involved was the selected dialogues of Audrey that reflected the speech disfluency and the language style in anxiety disorders and depressive episodes.

2.2.4 Sampling Techniques

In this research, the researcher used purposive sampling to obtain the sample. It is a sampling technique that relies on the consideration of the researcher who assumes that the purposed elements already exist in the members of the sample chosen (Surahman et al., 2016, p. 96).

2.2.5 Method of Collecting Data

This research used close reading and note-taking techniques as the method of collecting data. Close reading can increase the researcher's comprehension in reading a text (Payumi & Hartati, 2018, p. 188), while notes created are useful for recording information for later review (Biria, 2010, p. 79). Further, the researcher used the following steps: (1) reading *Finding Audrey* novel and comprehending the content, (2) finding out the data related to research problems, (3) writing down the important notes found in the novel, (4) organizing data into several parts based on their classifications, (5) transferring the data into the datasheet.

2.2.6 Method of Analyzing Data

The present research used an inferential method or a method used to analyze data by drawing conclusions from existing information. The researcher conducted a deductive process reasoning from the generalization to the specific conclusion, or it is called a top-down approach (Trochim, n.d.). The researcher began by studying what others had done related to the present research. Afterward, reading the existing theories they were studying, formulating hypotheses, collecting and analyzing data, and finally testing hypotheses (DeCarlo, 2018, April 28).

CHAPTER III

RESULT AND DISCUSSION

3.1 Result

Anxiety and depression are different conditions, but they commonly occur together. Both anxiety and depression are mood disorders that might disrupt someone's speech and language. These disturbances are caused by constant and excessive fear, worry, and sadness which affect someone's thoughts. Audrey, the main figure in *Finding Audrey* novel is an example of a mood disorder sufferer. She has anxiety disorders along with another mental health condition, namely depression. She experienced generalized anxiety disorder, social anxiety disorder, and depressive episodes at the same time. Those cause disturbances in Audrey's speech and differences in Audrey's language style.

In this section, the results are divided into three parts. The first part is the result of speech disfluencies experienced by Audrey, the second part presents language styles used by Audrey, and the third part covers the symptoms of anxiety disorders and depressive episodes experienced by Audrey.

3.1.1 The Results of Speech Disfluencies Experienced by Audrey

According to Kasl & Mahl (1965, p. 425), there are eight categories of speech disfluencies. They are fillers (*ah, eh, uh, or uhm*), sentence change, repetition, stutter, omission, sentence incompleteness, tongue-slips, and intruding incoherent sound. Based on those categories, Audrey only experiences four categories of

them all, namely fillers *um*, sentence change, repetition, and sentence incompleteness. Meanwhile, the other four categories, such as stutter, omission, tongue-slips, and intruding incoherent sound do not occur in Audrey's utterances. The table below presents the findings of Audrey's utterances reflecting the speech abnormalities in GAD, SAD, and depressive episodes in *Finding Audrey* novel.

Table 2. Data Results of Speech Disfluency Experienced by Audrey

No	Speech Disfluency	Frequency	Percentage (%)
1	Fillers (<i>ah, eh, uh, or uhm</i>)	3	15.79 %
2	Sentence change	5	26.32 %
3	Repetition	9	47.37 %
4	Stutter	0	0
5	Omission	0	0
6	Sentence incompleteness	2	10.53 %
7	Tongue-slips	0	0
8	Intruding incoherent sound	0	0
	Total	19	100

The table of data shows that there are 19 occurrences of language abnormalities experienced by Audrey. The first category that occurs most often is repetition. It occurs 9 times out of 19 with a percentage of 47.37%. Sentence change follows as the second most frequently occurring category. It occurs 5 times with a percentage of 26.32%. Then it is followed by fillers (*ah, eh, uh, or uhm*) which appears 3 times with a percentage of 15.79%. Finally, sentence change which appears 2 times with a percentage of 10.53%.

3.1.2 The Results of Language Styles Used by Audrey

According to Anderson et al. (2008, p. 1122) there are five linguistics variables that can be used to analyze self-representation in anxiety disorders. These linguistics variables also indicate Audrey's language style. They are the use of personal reference use, emotion words, social words (references to other people), sensory/perceptual processes, and physical touch words. Based on the data collected, all of these linguistics variables are found in Audrey's utterances. The table below shows the findings of Audrey's utterances reflecting the language style of people with GAD, SAD, and depressive episodes in *Finding Audrey* novel.

Table 3. Data Results of Language Styles Used by Audrey

No	Linguistics Variables	Frequency	Percentage (%)
1	Personal reference use	79	26.25 %
2	Emotion words		
	- Positive	77	25.58 %
	- Negative	77	25.58 %
3	Social words	53	17.61 %
4	Sensory/perceptual process words	12	3.99 %
5	Physical touch words	3	0.99 %
	Total	301	100

The table of data shows that there are 301 occurrences of linguistics variables used by Audrey. In this case, personal reference use gets the greatest occurrence. It appears 79 times out of 301 with a percentage of 26.25%. Emotion words are second only to the use of personal reference. Either positive or negative

emotion words have the same occurrence, 77 times with a percentage of 25.58%. Social words then follow in third place with 53 occurrences or with a percentage of 17.61%. Besides, there are sensory/perceptual processes in the fourth place with 12 occurrences or with a percentage of 3.99%. Finally, physical touch words which are the fewest of them all with only 3 occurrences with a percentage of 0.99%.

3.1.3 The Results of Symptoms of Anxiety Disorders and Depressive Episodes Experienced by Audrey.

Anderson et al. (2008), stated that the use of emotion words, sensory/perceptual processes words and physical touch words can represent symptoms of anxiety disorders. However, all linguistic variables are actually able to identify symptoms of anxiety disorders and depressive episodes experienced by Audrey. Personal reference use and emotion words identify cognitive symptoms, social words identify behavioral symptoms, and sensory/perceptual processes and physical touch words identify physical symptoms.

3.2 Discussion

In this section, the phenomenon of GAD, SAD, and depressive episodes experienced by Audrey will be discussed in more detail. Explanations will be provided along with examples of each phenomenon, either related to speech dysfluences, language styles, or symptoms of GAD, SAD, and depressive episodes reflected in Audrey's utterances or dialogues.

3.2.1 Speech Disfluencies Experienced by Audrey

Based on the findings, there are four types of speech disfluencies experienced by Audrey in *Finding Audrey* novel, i.e. fillers (*ah, eh, uh, or uhm*), sentence change, repetition, and sentence incompleteness.

a. Repetition

Repetition gets the highest occurrence of all categories since anxiety disorders and depressive episodes sufferer such as Audrey has noises in her brain that she misinterprets as dangerous. The noises are uncontrollable. They come from her persistent fear and worry about many things, including unreasonable things. She may be afraid of being criticized or negatively judged by others, being rejected by others, or coming off as foolish by others. She is afraid of embarrassing herself. These existences of excessive and continuous fear and worry then influence her word production. It particularly happens when Audrey repeats the same word or phrase in her dialogue.

An example of Audrey's repetition happens when Audrey is asked by Dr. Sarah if she has interviewed anyone from out of the house. Audrey then answers that there is Linus, who is going to be interviewed, but he does not come over anymore, so she is pessimistic about whether Linus can be interviewed. Dr. Sarah then suggests that she ask Linus again to make sure. But Audrey refuses. Dr. Sarah understands that Audrey is actually afraid if Linus says no. Dr. Sarah then asked Audrey what she is feeling if Linus really does not want to come over. Audrey immediately answers by making repetition, expressing her negative emotions as if she could not accept Linus's rejection. She replies, "*I'm totally*

embarrassed,” I say miserably. “I’m dying. **I’m like**, oh my God. **Like**, I’m so stupid...” (p. 135). In this case, it shows that Audrey is fear of rejection. She thinks that rejection is negative. Rejection means she has done something wrong and people dislike it.

Besides, Audrey's repetition also occurs as she cannot explain herself because of her excessive worry about unreasonable things. It happens when Audrey is asked by Dr. Sarah why she says that she is stupid, but Audrey cannot explain why. “**Because — Because!**” (p. 136). In addition, when Frank knows that Audrey would like to meet Izzy — one of her friends who bullied her — and Izzy’s mother. Frank asks her reason why she wants to do this reckless act since she is still vulnerable. Again, Audrey cannot explain. “**I don’t know. Because — I don’t know.**” I clutch my head. “**I don’t know.**” (p. 227).

b. Sentence Change

Sentence change follows repetition as the category that appeared the most in Audrey's speech. For instance, when Linus asks Audrey when she is going to Starbucks. She answers, “*I’m not.*” I say it roughly, without even meaning to. “**It’s ... I can’t**” (p. 101). In this case, The sentence change appears as there is a correction in the content of expression. She initially says "it's" without continuing her words or explaining more, but she immediately changes it with "i can't". She corrects her words or expressions in order to feel better and to dispel her doubts.

Another example is when Audrey asks her Mum for a phone, but her Mum does not sure since Audrey had difficulty interacting with other people. Mum is curious about whom she is going to call. However, Audrey is apparently

intimidated by her mother's question, so she replies “*I just... I don't know. People.*” (p. 138). In this case, the sentence change occurs as there is a correction to the content of expressions. Initially, she says "I just" without completing her sentence but then corrects it with "I don't know. People." This shows that she is hesitant at first, but she then dispels her doubts by changing her sentence. She corrects her words so that she feels safe from feeling intimidated.

Overthinking also becomes the reason why Audrey often makes sentence change. She thinks too much about what to say, what she is feeling, etc. When Dr. Sarah asked her about people she interviews from out of the house, Audrey finds difficulties in expressing her feeling and thought about Linus. “*He used to come round to see Frank and I was going to interview him. Only now he doesn't come round anymore. So I thought ... I mean ...*” *I trail off, not sure what do I mean* (p. 135). The sentence change appeared as she is too concerned about the negative possibilities that might occur. She think that she will not be able to interview Linus since he does not come to her house anymore.

Moreover, having rushing thoughts, or thoughts that are rapid and difficult to spell out, also makes Audrey often jumps from one expression to the next without correction. It happens when Linus advises Audrey not to meet Izzy and her mother. It is because Linus is afraid of what if she has a relapse, what then. The sentence change appears as Audrey cannot answer. She immediately says that she will be fine to convince Linus. *Then...* “*I wipe my dump face. I won't. I'll be fine. I'm better, in case you hadn't realized—*” (p. 241).

c. Fillers (*ah, eh, uh, or uhm*)

Fillers *ah, eh, uh, or uhm* emerge as the third most occurring category. It appears fewer than the silent pauses. The fillers generally occurs when Audrey is struggling with her low self-esteem. She adds fillers as she tries to convince herself of particular things. For instance, when Frank is about to go from Audrey's house, Audrey says "*Oh. Um,*" *I say as he reaches the door. "Maybe I could interview you for my documentary?"* (p.104). In this case, Audrey makes filler *um* because she is unsure about asking Linus to be interviewed, so the fillers occurs as an attempt by Audrey to convince herself that it is okay to ask such a question.

The occurrence of fillers is also shown when Audrey is challenged by Linus to talk to strangers. She starts the conversation with the stranger by saying "*Um, hi?*" (p. 203). The fillers appears as she is a little bit nervous talking to the stranger, but she tries to convince herself that it is okay to do so, that everything will be fine, and that the stranger will not attack her. She has to do so because she needs to increase her interactions with strangers as Dr. Sarah suggests since this is part of her therapy.

d. Sentence Incompletion

The sentence incompletion is the fewest occurrence of them all. It only happens twice. Difficulty experienced the most by sufferers of anxiety disorders and depressive episodes is getting the words out in front of others. This is what happens to Audrey. It is hard for her to talk to others so she often makes sentence incompletion. Having low self-confidence is one of the reason. She may feel awkward, uncomfortable, incompetent, or overall feel bad about herself, so she is

unable to speak naturally. For instance, when Audrey is filming — a kind of therapy given by Dr. Sarah in order to train Audrey to make eye contact with other people — she is a little bit unsure since she does not know what to be filming. *I'm Audrey Turner and I'm filming this because — (pause) Anyway* (p. 31). *My mum and dad bought me this camera. Another example is, "I was like, just get me the cheapest thing, but they wanted to, so ... That's the stairs. You can see that, right?"* (p. 31). These utterances belong to sentence incompleteness because Audrey expresses her sentence incompletely and continues without addition or correction.

Although Audrey is allergic to any contact and has excessive fears and worries about social situations, she is able to spell every word quite well when communicating. That is why anxiety disorders (GAD and SAD) and depressive episodes experienced by Audrey do not cause stutter, omission, tongue-slips, and intruding incoherent sound in Audrey's speech.

3.2.2 Language Styles Used by Audrey

The use of personal reference, emotion words, social words, sensory/perceptual processes words, and physical touch words are found in Audrey's utterances. All of them reflect language styles used by Audrey as the sufferer of anxiety disorders (GAD and SAD) and depressive episodes.

a. Personal Reference

Personal references are linguistic variable which is the most frequently used. This illustrates Audrey's focus on herself. As the sufferer of anxiety disorders, Audrey

focuses her attention on her self-condition which can make her anxious, then directs her attention in the form of negative judgments. For instance, when Audrey attends a consultation session with Dr. Sarah, what she says about herself are *"I feel stuck"*, *"I've been ill forever"*, *"I can't even talk to people. One new person comes to the house and I freak out. How can I go to school? How can I do anything? What if I'm like this forever?"* (p. 25-26). Moreover, Audrey also makes references to herself based on how she believes others see her. It happens when Dr. Sarah asks Audrey to interview some outsiders, but Audrey is hesitant because she thinks that the world is judging and talking about her. *"They are all talking about me."* (p. 83). Based on the two quotations above, it can be concluded that Audrey does not only has negative beliefs about herself based on her judgment but also based on others' judgment of her. Whereas, increased self-focused attention can lead to over-evaluation of herself.

In addition, Audrey's self-focused attention is shown when she insists on meeting one of her friends who had bullied her. Knowing Audrey's intention, Linus forbids her since her condition is still fragile and has not completely recovered. However, Audrey's response is, *"It (brain) is going to react fine," I say savagely. "I'm better. And if by any chance it doesn't, don't worry, I won't expect you to pick up the pieces."* (p. 242). This shows Audrey's self-centeredness, which is a sign of she is battling her anxiety and depression, so it makes her difficult to think clearly, including about the things she is worried about. Because, as an anxiety disorder sufferer, it is natural for Audrey to have irrational thoughts.

b. Emotion Words

Emotion words are the second most frequently used that represent Audrey's self-consciousness. The more she uses positive emotion words, the more optimistic she tends to be, otherwise, the more she uses negative emotion words, the more pessimistic she tends to be. Audrey's optimism is shown when Audrey meets Dr. Sarah and says that she makes very good progress. She even considered herself recovery and back to normal, "*So, anyway, I reckon I'm **done**,*" *I say as I finish my last story. "I'm **cooked**." "Cured." "You know. I'm **fine**. **Back to normal**."* (p. 196). The very good progress Audrey's made is that she has been courageous to have shoe contact, thumb contact, finger-to-hand contact, palm-to-palm contact, and jeans contact with Linus. In addition, Audrey also has the courage to call Natalie, her old school friend, and even asks her to meet up.

However, under certain conditions, there are times when Audrey feels pessimistic. For instance, Audrey's pessimism is shown when Audrey has a sudden loss of control over her feeling of fear when going to Starbucks. There, she freaks out after hearing someone who is complaining angrily. Arrives at home, she finds a Linus's handwritten note on the doormat. Linus was really worried about her, so through a piece of paper, he asks if she is okay, and what she was thinking actually. Audrey then replies, *I was thinking, "I'm a **total failure, I shouldn't exist, what's the point of me?**"* (p. 161). The note written by Audrey contains negative emotion words "total failure", "shouldn't exist", and "the point of me" which indicates Audrey's pessimism. Because of that incident, she thinks she is worthless.

The number of occurrences between positive and negative emotion words used by Audrey is the same because of Audrey's condition which is getting better after going through some therapies and consultation sessions with Dr. Sarah so that it influences Audrey's mind and language use. Since then, as her condition improved, the use of social words and positive emotion words begin to increase. In addition, it also indicates that Audrey is emotionally unstable. In certain situations, Audrey shows her optimism to recover, but sometimes she also shows her pessimism, especially when she has anxiety relapses. She thinks that it would be difficult for her to recover.

c. Social Words

The use of social words follows in the third-place which represents how Audrey makes references to other people. However, the number of social words used by Audrey does not mean she is more socially connected with others since Audrey only makes references to her family members such as Mum, Dad, Frank, Felix, as well as Dr. Sarah, Linus, and Natalie, who are Audrey's closest people.

Actually, it is fine for Audrey to communicate with her family members, but she is always nervous and uncomfortable when looks into people's eyes, including her parents' or her siblings' eyes since it causes her to have great distress and anxiety. Thus, she uses dark glasses as a protector to avoid eye contact. In addition, Audrey also has no problem communicating with Dr. Sarah, because Dr. Sarah is her therapist. She goes to see Dr. Sarah twice a week or even she can come more often if she wants.

Meanwhile, with Linus, Audrey is initially afraid to meet him, but because Linus frequently comes to her house to play video games with Frank, Audrey slowly dares to greet Linus, chats through a piece of paper, and even dares to have physical contact with Linus. Until one day, Audrey asks Linus to be interviewed at Starbucks. *Tomorrow? Do **you** want to come here? 11 a.m? No, let's **meet** at Starbucks.* (p. 151). This becomes one of Audrey's improvements that she is able to interview Linus as the outsiders as well as go outside as Dr. Sarah suggested.

When Audrey feels that she has improved a lot, she takes the courage to message one of her old friends, Natalie. She even invites Natalie to meet. *Hi Nat. How are **u**? I'm a lot better. **Love** to c **u** sometime* (p. 177). When they meet, Audrey tells what she has been through all this time, how she is trying to deal with it, and how she eventually gets much better as she is today. Moreover, Audrey tells Natalie that now she has a boyfriend and shows off what he has given to her. *“Exactly. **He** gave me this.” I point at my T-shirt. “Today. Isn't cool?”* (p. 190). As time goes by, Audrey is increasingly showing her improvement. After she had a meltdown in Starbucks, it turns out that Audrey is able to rise until finally, she is able to chat with people in public places, such as asking a guy if she sells coconut ice-cream, *“Excuse me, do you sell coconut ice-cream?”* (p. 239).

d. Sensory/Perceptual Processes and Physical Touch Words

Mood disorders experienced by Audrey not only cause changes in her behavior or in the way she thinks, but also in the way her body feels about things. These are shown by the use of sensory/perceptual process and physical touch words which

indicate the phenomenon of anxiety disorders and depressive episodes experienced by Audrey, especially her physical condition. These symptoms of mood disorders faced by Audrey will be further described in the following discussion.

3.2.3 The Symptoms of Anxiety Disorders and Depressive Episodes Experienced by Audrey

Anxiety disorders and depressive episodes experienced by Audrey have cognitive, behavioral, and physical symptoms that affect her emotional health and make her everyday life difficult. These symptoms are not only indicated by the use of sensory/perceptual processes words and physical touch words, but also the use of personal preference, emotion words, and social words. Below are how those mood disorders affect Audrey's mind, behavior, and body.

a. Cognitive

The cognitive symptoms of anxiety disorders and depressive episodes experienced by Audrey refer to thoughts running through her mind when she feels anxious and stress. Audrey's thoughts are vary depending on the situation. For instance, Audrey has anxious thoughts and worthless feelings when she feels that she is failing in completing her Starbucks Project. She couldn't even survive there, stay in a crowded place, meet strangers, and talk to them, only because of the angry voices coming from other visitors, which makes her feel threatened. *"I'm a total failure, I shouldn't exist, what's the point of me?"* (p. 167).

Besides, Audrey has an anxious belief that everyone is judging and talking about her. *"They are all talking about me."* (p. 83). Even though Dr. Sarah has denied Audrey's belief, Audrey remains convinced that ever since the traumatic incident she experienced at her old school, everyone is talking about her. She believes that everyone judges her negatively. That is why she feels that everyone is a threat. In addition, she thinks that she is nuts (p. 167). This is Audrey's negative assumptions about herself since she is different from average people. She thinks that she is weird since she likes watching QVC — a shopping TV channel — which is the most calming TV, because no one argues or raises their voice, and there is no sound like a drill in her head.

Audrey also has anxious predictions. She often overestimates the possibility of negative events happens. When Audrey visits a session with Dr. Sarah, she says, *"I feel stuck. I've been ill forever."* (p. 26). Whereas, Dr. Sarah says that she is getting better every day. However, Audrey is not sure since the day before she got a panic attack because Frank's friend, Linus, came to her house. Because of that incident, she does not sure if she can recover and start a new school in September. *"How can I go to school? How can I do anything? What if I'm like this forever?"* (p. 26).

Moreover, Audrey avoids feared situations, such as in massive crowds. For instance, when Audrey is asked to go to Starbucks to work on her project, she initially hesitates because she is not comfortable being in public places. She says, *"But Starbucks isn't a little bit. It's huge. I just can't."* (p. 102). Besides, Audrey also has uncontrollable over-thinking, especially when she knows that Izzy, one of

her friends who bullied her, as well as her mother, would like to meet her. *“Reading this—knowing that they’ve asked—that’s put me on the hook.”* (p. 227). Even though Audrey's parents have previously rejected the request, Audrey still feels that she is caught in a bad situation. She feels that this is a threat. She does not want the incident she was bullied in the past to happen again. She thinks that now she has to fight back. On the other hand, Audrey feels that her condition is getting better, so she thinks that this is the right time for her to meet Izzy then argue with her, attack her, and win the battle as if these are a form of protest Audrey could not do in the past or punishment for what she did to Audrey in the past.

On the other hand, Audrey's overthinking turns out to lead to obsessive thoughts which are uncontrollable. After finding out that Izzy wants to see her, she becomes obsessed with her thoughts that she should go and see her. *“Maybe I should see her.” I force it out. “Maybe I should go and see her.”* (p. 227). There is a sense of dissatisfaction if she does not do this, but if she does, it actually does not relieve her anxiety completely. However, this is kind of Audrey's way of avoiding situations that make her anxious. She has to see Izzy and her mother. *“If I don’t do it, it’ll always be a question,” I say at last. “It’ll bug me my whole life.”* (p. 234). This worrying may give an impression that she is protecting herself by preparing for the worst or avoiding bad situations. However, this worry actually does not provide any solutions.

b. Behavioral

The behavioral symptoms of anxiety disorders and depressive episodes experienced by Audrey refer to what she does or does not when she is anxious and depressed. Audrey's behavioral responses illustrate her attempts to deal with the unpleasant side of anxiety and depression. For instance, avoiding any contact with others which is represented by the quotation, "*I'm allergic to everything contact.*" (p. 102). Ever since Audrey has a traumatic experience, she has a hard time looking into people's eyes. That is why she never put off her dark glasses to avoid eye contact. Not only eye contact but everything contact, including chat. It is really hard for her to communicate with others, even only via email. "*I don't do email at the moment*" (p. 10).

In addition, refusing to go out and meet strangers. Once Audrey meets strangers, she gets nervous and scared. "*I can't even talk to people. One new person comes to the house and I freak out.*" (p. 26). Audrey tends to limit the amount and scope of her daily activities to reduce her anxiety levels, so she prefers to stay at home to go out of the home. For her, home is the safest place. Even when Audrey is suggested by Dr. Sarah to start making visits out of the house such as a visit to her local high street, she immediately replies with, "*No, I can't.*" (p. 85).

Not only avoid go out of home, but also avoids public places. It is shown when Audrey is asked by Dr. Sarah to accomplish her Starbucks Project. When she arrives at Starbucks, everything turns out to be beyond her expectation. She has a meltdown after hearing an angry voice from someone who is complaining.

“I’m sorry,” I gulp, and push my chair back. I have to escape. “I can’t stay. It’s just.. too loud. Too much.” (p. 158). This clearly reflects Audrey’s feeling of insecure so she wants to get away from this situation.

c. Physical

The physical symptoms of anxiety disorders and depressive episodes refer to how Audrey deals with anxiety disorders and depressive episodes in her body. Anxiety normally occurs as a signal from our brain that warns our body of a threat. Our body will respond by showing physical and emotional symptoms to help us prevent something or to reduce the bad effects of something we cannot control. However, anxiety can become a disorder if it is difficult to control. Anxiety disorders will cause our bodies to respond in inappropriate ways.

This is what happened to Audrey, especially when Frank introduces Linus to Audrey. At that time, Linus says Hi to her while she replies in surprise and nervousness, then she turns away as if it is impossible to look at him or face him. Knowing Audrey's response, Linus asks her if she is okay since she does not look that fine. Audrey then replies, *“Sometimes I get too much adrenaline on my body,” I say at last. “It’s just, like, a thing. I breathe too fast, stuff like that.”* (p. 77). From Audrey's answer, it can be concluded that Audrey has too much adrenaline in her body and is breathing too fast. Adrenaline basically has control over an increased heartbeat and breathing, which can help when dealing with threats. The hormone adrenaline is needed when it comes to fight or flight response situations. When the hormone adrenaline is suddenly released into the bloodstream, this is known as an adrenaline rush. It originates in the brain. When

Audrey is dealing with a dangerous situation, this information will be sent to a part of the brain called the amygdala. Then, the amygdala will send a signal to another part of the brain, which is called the hypothalamus. If this situation occurs, one of the symptoms that will arise is an increase in heart rate.

In addition, Audrey also feels tired all the time. In another consultation session with Dr. Sarah, Audrey complains that for the last three days she is just lying on the bed and feeling tired all the time. *“They’re OK. But everyone’s stressy. I’ve been **in bed a lot**. It’s like, I’m **so tired all the time**.”* (p. 133). According to Stanborough (2021, January 12), it is called adrenal fatigue, a persistent feeling of tiredness caused by chronic stress and anxiety. Chronic anxiety and fatigue often go hand in hand. Prolonged stress and anxiety cause the adrenal glands to work continuously so that the body will continue to feel exhausted. Therefore, the more anxious and stressed Audrey is, the more exhausted she will be.

CHAPTER IV

CONCLUSION AND SUGGESTION

4.1 Conclusion

In connection with the results and discussion in the previous chapters, some conclusions are formulated as follows.

1. Speech disfluencies experienced by Audrey who suffers from anxiety disorders and depressive episodes are repetition, sentence change, filler "um", and sentence incompleteness.
2. As the sufferer of anxiety disorders and depressive episodes, Audrey uses different styles of language. She tends to use personal preferences (such as I, me, my), and negative emotion words. Meanwhile, positive emotion words and social words are used fewer. She rarely says "we", "they", and "he/she" because she thinks no one understands her. She also finds difficulty interacting with outsiders. However, as her condition improved, the use of positive emotion words and social words begin to increase. Her focus or attention is no longer only on herself, but also on other people.
3. The symptoms of anxiety disorders and depressive episodes experienced by Audrey are cognitive, behavioral, and physical symptoms. Cognitive symptoms are having anxious thoughts and worthless feelings, anxious belief, anxious prediction, uncontrollable overthinking, obsessive thoughts, and avoiding feared situations; behavioral symptoms are avoiding everything contact with others, refusing to go out and meet strangers, and avoiding social

situations; and physical symptoms are feeling too much adrenaline on the body, breathing too fast, being tired all the time.

4.2 Suggestion

Based on the results and data analysis of the research, some suggestions seem appropriate for further research.

1. Future research is expected to be able to examine more deeply the effect of decreased brain function on language use in anxiety disorders and depression with different backgrounds or objects of study. This is because people can experience different signs of anxiety disorders and depression. Moreover, mood disorders can occur not only in adolescents but also in adults and the elderly, so that further exploration is needed.
2. It will be essential for future research in this area to continue and explore the effects of other mental disorders on a person's speech and language, especially on literary works as the object of research.

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APPENDIX

Appendix 1. Speech Disfluency Experienced by Audrey as the Sufferer of Anxiety Disorders and Depressive Episodes

Notes:

- 01 : datum no 1
- P : page
- A : filler “ah”/”eh”/”uh”/”uhm”
- SC : science change
- Rpt : repetition
- Stt : stutter
- Oms : omission
- SI : sentence incompletion
- TS : tongue-slip
- II : intruding incoherent sound

Code	Data	F	SC	Rpt	Stt	Oms	SI	TS	IIS	Explanation
01/31	I'm Audrey Turner and I'm filming this because — (pause) Anyway. My mum and dad bought me this camera.						✓			In this dialogue, Audrey is a little bit nervous since she does not know what to be filming. These utterances belong to sentence incompletion because Audrey expresses her words incompletely

										and continues without correction.
02/31	I was like, just get me the cheapest thing, but they wanted to, so ... That's the stairs. You can see that, right?								✓	The sentence incompleteness marked by Audrey who explains that she actually does not really need the expensive camera, then she immediately jumps to another topic, showing what is on her house. This is also a reflection of Audrey's confusion about what to be filming.
03/78	"I find eye contact hard," I admit. "Even with my family. It's too ... I dunno. Too much. "				✓					In this dialogue, Audrey says that it is hard for her to find eye contact, but she cannot explain why. The repetition occurs as it is hard for her to express what actually happens.
04/85	" But... " I swallow, unable to talk properly. " But... "					✓				Audrey shocks since she is asked by her therapist, Dr. Sarah, to visit out of the house. The repetition appears as Audrey cannot refute her doctor's request.
05/101	"I'm not." I say it roughly, without even		✓							In this dialogue, Audrey is asked by Linus when she

	meaning to. “It’s ... I can’t.”									is going to Starbucks. The sentence change appears as there is a correction in the content of expression. Audrey cannot explain what actually she feels and thinks.
06/104	“Oh. Um, ” I say as he reaches the door. “Maybe I could interview you for my documentary”	✓								Audrey makes a filler <i>um</i> because she is hesitant and unsure about asking Linus to be interviewed.
07/131	“Well... because...” I’m confused. “Have you had a fight?”		✓							In this dialogue, Audrey is wondering if Linus is coming over. Frank, her brother, then wonders why she asks that way. However, Audrey is confused about how to explain and immediately inquires if they have a fight.
08/135	“He used to come round to see Frank and I was going to interview him. Only now he doesn’t come round anymore. So I		✓							The sentence incompleteness appears since Audrey over and over finds difficulties in expressing her feeling and thought. Audrey is desperate that she cannot

	thought ... I mean ... I trail off, not sure what do I mean.									interview Linus because he does not come to her house anymore.
09/135	“I’m totally embarrassed.” I say miserably. “I’m dying. I’m like , oh my God. Like, I’m so stupid... ” I screw up my face in agony.			✓						In this dialogue, Audrey is asked by Dr. Sarah what if Linus will not come over anymore, what she is feeling. Audrey then makes repetition by expressing her negative emotions as if she could not accept Linus's rejection.
10/136	“ Because— <i>Because!</i> ” I look at her almost angrily.			✓						The repetition happens as Audrey is asked by Dr. Sarah why she says that she is stupid, but Audrey cannot explain why.
11/136	“ Because... ” I struggle with my own thought process. “ Because I shouldn’t have asked him”			✓						The repetition occurs again when Audrey is asked by Dr. Sarah with the same question about why Linus' absence makes her feel stupid. In this case, her anxiety had taken control of her, so she can not explain.
12/138	“ Um , yes. A phone. If	✓								The filler <i>um</i> here appears

	that's OK."									as Audrey's reaction since Audrey's Mum does not sure if Audrey would like a phone.
13/138	"I just... I don't know. People."		✓							The sentence change occurs as there is correction in the content of expression. Audrey feels intimidated by her Mum because of her question.
14/203	"Um, hi?" I manage	✓								The filler here appears as Audrey is little bit nervous talking to stranger. Talking to strangers is part of her therapy. She needs to increase her interactions with strangers.
15/204	"No, I'm fine," I say fiercely. "I'm fine."			✓						In this dialogue, Audrey is crying since she is called a fucking moron, blind, and subnormal by a guy. Audrey makes repetition as she is trying to reassure Linus that she is fine.
16/227	"Maybe I should see her." I force it out. "Maybe I should go and see her."			✓						Audrey shocks as she knows that Izzy, one of her friends who bullied her, as well as her mother, would

										like to meet Audrey. Because of her overthinks without considering the repercussions or the complications, she says that she should meet them. The repetition occurs to convince herself and Frank.
17/227	“ I don’t know. Because— I don’t know. ” I clutch my head. “ I don’t know. ”			✓						Knowing Audrey would do that desperate act, Frank looks aghast and asks her reason why. However, Audrey can not explain, so repetition happens.
18/236	“ Yes. Yes. ” I nod, over and over, as though to convince myself. “ Yes. I’m going to do it. I just need a bit of moral support. If you come with me. And Linus.”			✓						In this dialogue, Audrey is asked by Frank if she is sure to meet Izzy and her mother. The repetition occurs as if Audrey convinces Frank as well as herself.
19/241	“ Then... ” I wipe my dump face. “ I won’t. I’ll be fine. I’m better, in case you hadn’t		✓							In this dialogue, Linus advises Audrey not to meet Izzy and her mother. He asks Audrey what if she

	realized—“									has a relapse, what then. The sentence change appears as Audrey can't answer. She immediately says that she will be fine to convince Linus.
	Total	3	5	9	0	0	2	0	0	

Appendix 2. Language Style Used by Audrey as the Sufferer of Anxiety Disorders and Depressive Episodes

Notes:

01 : datum no 1

P : page

PR : personal reference

EW : emotion words

SW : social words

S/PW : sensory/perceptual words

PTW : physical touch words

Code	Data	Language Features						Explanation
		PR	EW		SW	S/PW	PTW	
			positive	negative				
01/25	"I feel stuck"	I		stuck				The dialogue shows personal reference use "I", and negative emotion word "stuck" which reflects insecurities.
02/26	"I've been ill forever"	I		ill forever				This also shows personal reference use "I", and negative emotion word "ill forever" which reflects overestimating how bad she has been.
03/26	How can I go to	I		can't talk	people			This dialogue reflects

	school? How can I do anything? What if I'm like this forever?"			freak out like this forever	one new person			Audrey's anxious predictions like underestimating her ability to deal with the worst.
04/28	"I don't know." I swallow, feeling my fists clench up. "Maybe."	I		don't know				In this dialogue, Audrey is asked by Dr. Sarah if she could make eye contact with someone through a camera. Audrey's answer presents personal reference use "I", and negative emotion word "don't know" which reflects hesitation.
05/30	This is stupid. I don't know what I'm supposed to be filming.	I		stupid don't know				The dialogue shows personal reference use "I", and negative emotion words "stupid", as well as "don't know" indicating Audrey's tendency to have poor confidence within herself.
06/55	It's fine. Well, you know, not fine. It is what it is.	I	fine	not fine				This is Audrey's answer of Linus' saying that her condition must be tough for her, and her answer

								shows her resignation of feeling terrible, fatigue, and depressed.
07/77	<p>“I’m fine” “Right. Well.” I pause, trying to think of an explanation that doesn’t involve the words weird or nutty. “Sometimes I get too much adrenaline on my body,” I say at last. “It’s just, like, a thing. I breathe too fast, stuff like that.”</p>	I	fine	right (that she doesn’t look that fine)		<p>too much adrenaline on my body</p> <p>breathe too fast</p>		The dialogue indicates Audrey's need to build her resilience. The existing positive emotion word is emotional resources needed for coping with her anxiety. There are also perception words reflecting the symptoms of anxiety experienced by Audrey.
8/78	<p>“I don’t really want to talk about it.”</p>	I		don't really want	talk			The dialogue shows personal reference use “I”, and negative emotion word “don’t” which represents a form of her avoidance of something that worries her. Meanwhile, “talk” here indicates social words since it references to other people
9/78	<p>“I find eye contact</p>	I		hard	eye contact	eye		The dialogue shows

	hard,” I admit. “Even with my family. It’s too... I dunno. Too much.”			too much	my family	contact		personal reference use “I”, and sensory or perception words reflecting the symptoms of anxiety experienced by Audrey.
10/78	“I don’t do email at the moment”	I		don't do email	email			The dialogue shows personal reference use “I”, negative emotion words “don’t”, and social words “email” reflecting Audrey's inability to communicate with others via email.
11/78	“Yes. I write notes.”	I			write notes			The conversation shows personal reference use “I”, social and sensory words “write notes” indicating Audrey's capability to communicate through notes.
13/83	“They are all talking about me.” I seize the opportunity to prove her wrong. “Linus told me they were. So.”	me			they talking Linus told			The dialogue portrays personal reference use, as well as social words that reference to other people. This indicates Audrey’s avoidance of being limelight.

14/84	“Yes. I mean, he’s OK, actually. We’ve talked.”	we	OK		talked he			The dialogue shows the social words “he” and “talk” that reference to other people. It indicates Audrey’s ability to communicate with others is gradually improving.
15/85	“No. I can’t.” My chest has started to rise and fall at the very idea, but Dr. Sarah ignores it.	I		no				In this dialogue, Audrey is suggested by Dr. Sarah to start making visits out of the house. The audrey’s answer represents Audrey’s anxious and worries.
				can't				
16/90	“I can’t do what the hell I like!” I say defensively. “I have to do this documentary the whole time. And now I’m supposed to go to Starbucks.”	I		can't do				The dialogue shows personal reference use “I”, and negative emotion word “can’t” indicating Audrey’s worrying about social situations because there must be a lot of people in Starbucks.
17/100	“It’s fine. I’m crazy. Whatever.”	I	fine	crazy				In this dialogue, there is personal reference use “I” and positive emotion word “fine” followed by negative emotion word

								“crazy”, indicating negative self-perceptions.
18/102	“Like, you do a little bit at a time. But Starbucks isn’t a little bit. It’s huge. I just can’t. So.”	I		can't				There is personal reference use “I” and negative emotion word “can’t”. In this dialogue, Audrey is asked by Linus when she is going to Starbucks but she is not sure about going there.
19/102	I’m allergic to everything contact.”	I		allergic	everything contact	everything contact	everything contact	The dialogue shows personal reference use “I”, and negative emotion word “allergic”. There is also “everything contact” which can be defined as social word, sensory/perceptual word and physical touch word. Those reflect Audrey’s symptoms of Anxiety disorder.
20/104	“Oh. Um,” I say as he reaches the door. “Maybe I could interview you for my documentary?”	I			interview			This is what Audrey says to Linus. She needs Linus to be interviewed for her documentary film. This depicts Audrey’s
					you			

								improvement in talking with outsiders as she is brave enough to ask Linus for an interview.
21/133	“They’re OK. But everyone’s stressy. I’ve been in bed a lot. It’s like, I’m so tired all the time.”	I	OK	stressy in bed a lot tired	everyone	tired all the time		There is personal reference use “I” and negative emotion words “stressy”, “in bed a lot”, and “tired”. “Tired” here also indicates a sensory or perceptual word that illustrates Audrey’s physiological state as the Anxiety Disorders sufferer.
22/133	“But I don’t want to be tired. I don’t want to be overwhelmed. I want to kick this.”	I	don't want to be tired don't want to be overwhelmed want to kick this					In this dialogue, there are personal reference use “I” and some positive emotion words which illustrate Audrey’s desire to recover from his mental illness.
23/134	“No I’m not.” I look at her resentfully. How can she say that? “I’ve been in bed for, like, the last three	I		not in bed for the last three days				This is what Audrey says when Dr. Sarah says that she is actually kicking his feeling of tiredness and overwhelmed, but Audrey

	days.”							does not believe that since she has been in bed for three days. She feels she has not made an improvement yet.
24/134	“Well, I do. And believe me, I’m pleased with what I see before me today.”	I	pleased					In this dialogue, Audrey feels she is not even better than she was.
25/135	“He used to come round to see Frank and I was going to interview him. Only now he doesn’t come round anymore. So I thought... I mean...” I trail off, not sure what I do mean.	I		doesn’t come round anymore	interview			This dialogue shows Audrey’s negative thoughts about Linus. She thinks that it is impossible for her to interview him since he will not come around anymore. This also illustrates Audrey’s despair.
26/135	“I can’t,” I say automatically. “Because...” I lapse into silence. She knows why not. It doesn’t need saying.	I		can’t				In this dialogue, Audrey is suggested by Dr. Sarah to ask Linus again, but there is self-doubt within herself. She is not confident enough to ask Linus to be interviewed. She is afraid of being

								rejected.
27/135	<p>“I’m totally embarrassed,” I say miserably. “I’m dying. I’m like, oh my God. Like, I’m so stupid...” I screw up my face in agony.</p>	I		<p>embarrassed</p> <p>dying</p> <p>stupid</p>				<p>This is Audrey’s answer when she is asked by Dr. Sarah what is she feeling if Linus refuses her request. In this dialogue, there is personal reference use “I” and negative emotion words “embarrassed”, “dying”, and “stupid”. This illustrates that Audrey underestimates her ability to deal with the worst. As a sufferer of Anxiety Disorder, she tends to struggle with her anxious thoughts and predictions.</p>
28/138	<p>“I just... I don’t know. People.” I know I sound scratchy, but she makes me scratchy.</p>	I		<p>don’t know</p>	<p>people</p>			<p>In this dialogue, Audrey is asked by her Mum whom Audrey is going to call when she says she would like a phone. However, because her Mum asks her very detail, Audrey feels intimidated.</p>
29/139	<p>“It’ll be fine.” I</p>		<p>fine</p>					<p>This is how Audrey</p>

	reassure her.							reassure her Mum that she will be alright to have a phone. She feels she is ready enough to start making contact with others.
30/150	Hi Linus. This is Audrey here. Frank's sister. I still need to do my documentary and you said you would be interviewed for it. Is that still OK? Could we meet? Thanks, Audrey.	I			interview			Here is how Audrey eventually manages to convince herself to ask Linus again.
		we			meet			
31/151	Tomorrow? Do you want to come here? 11 a.m? No, let's meet at Starbucks.s				you			In this dialogue, Audrey takes the courage to ask Linus for an interview at Starbucks. She wants to start encouraging herself to go outside as Dr. Sarah asked.
					meet			
32/153	"Yes!" "I didn't think so either," I admit.	I		didn't think so				In this dialogue, Audrey finally makes it. She arrives at Starbucks and this is beyond her expectation.
33/158	"I'm sorry," I gulp, and	I		sorry		too loud		There is personal

	<p>push my chair back. I have to escape. "I can't stay." "It's just.. too loud. Too much." I put my hands over my ears. "Sorry. I'm so sorry..."</p>			<p>can't stay</p> <p>too loud</p> <p>too much</p>				<p>reference use "I" and negative emotion words "can't stay", "too loud", and "too much". The word "too much" also can be indicated as a sensory word. This dialogue shows Audrey's fear of social situations after hearing an angry voice from someone who is complaining. It also reflects Audrey's feeling of insecure so she wants to get away from this situation. The word "sorry" also expresses Audrey's guilt to Linus for not being able to be around crowds.</p>
34/158	<p>"Nothing," I say desperately. "I don't know. It makes no sense."</p>	I		<p>don't know</p> <p>nothing</p> <p>makes no sense</p>				<p>There is personal reference use "I" and negative emotion words "don't know" and "no sense". This illustrates Audrey's desperation as she cannot control her anxiety.</p>

35/158	“Sorry,” I say to Linus, my voice a little thick. “I really am. So. We should forget the film and everything. So. I won’t see you, I guess. Bye. Sorry. Sorry.”	I		sorry	you	won't see		In this dialogue, Audrey shows her guilt very much. It also illustrates Audrey’s fear of criticism and embarrassment as she cannot stay longer in social settings, so she says that way to Linus.
				forget the film and everything				
				won't see				
36/159	I went to Starbucks but I had a meltdown.	I		meltdown		had a meltdown		This is a text that Audrey send to Dr. Sarah. She says that she had a meltdown which means that there is a total loss of control within herself.
37/160	I’m fine, thank you, sorry. I freaked out.	I	fine	sorry	you	freaked out		This is a note that Audrey send to Linus in a paper shreds. There is personal reference use “I”, positive emotion word “fine” which reassures Linus that she is alright, and negative emotion word “sorry” which reflects her guilt, as well as “freak out” which illustrates Audrey’s anxiety. The word “freak out” also can
				freaked out				

								be indicated as a perceptual word since it shows a physiological state of Audrey.
38/161	I was thinking, “I’m a total failure, I shouldn’t exist, what’s the point of me?”	I		total failure shouldn't exist the point of me				The note written by Audrey shows personal reference use “I”, and negative emotion words “total failure”, “shouldn’t exist”, and “the point of me” which indicates Audrey’s negative self-image. She thinks she is worthless.
39/163	Not quite up to it. Another time. Sorry, sorry...			not quite up to it sorry				This is a note that Audrey sent to Linus. There is negative emotion words “not quite up to it”. Beforehand, he asks if she will open the door for him. Audrey's answer shows that Audrey needs time to heal after the incident at Starbucks.
40/165	“I can’t read his mind and I shouldn’t try. But how can I not think	I		can't read doesn't count	he	stresses me out		In this dialogue, Audrey consults Dr. Sarah about what she has gone

	<p>about it? He kissed me. I mean.. sort of. On paper.” I shrug, feeling a bit embarrassed. “You probably think it doesn’t count.”</p> <p>“And now I haven’t heard from him and I have no idea what he’s thinking, and it stresses me out...” Dr. Sarah doesn’t reply immediately, and I sigh. “I know, I know. I have an illness and it’s fully treatable.”</p>	me		<p>shouldn't try</p> <p>strsses</p>	you			<p>through. She is kissed by Linus on a paper, and it makes her stressed out. This shows Audrey’s uncontrollable over-thinking. Audrey feels extremely worried about this even though there is no reason to worry about it.</p>
41/165	<p>“No. Yes. I mean.. that’s fine.”</p>	I	fine					<p>In this dialogue, Frank asks Audrey if it is OK if Linus wants to see her, or she will freak out. Audrey then says “that’s fine” which means that Audrey is getting better and ready to see Linus again.</p>
42/166	<p>“Yes. I find the conversation soothing.”</p>	I	soothing		conversation	soothing		<p>In this dialogue, Audrey is talking about QVC, the most calming TV</p>

								program she knows. This indicates that Audrey enjoys quiet places and circumstances.
43/167	“Don’t worry, I know I’m nuts,” I add.	I		nuts				The negative emotion word “nuts” describes Audrey’s low self-esteem. She thinks that Linus will judge her because of the TV she watches.
44/167	“Loads better.” I smile in his direction. “Loads and loads better.”			loads better				There’s a positive emotion word “loads better” which shows Audrey's recovery from what she had gone through yesterday at Starbucks.
45/168	“OK.” I shift my shoe over till it’s touching his. Shoe to shoe, like we did before.			OK				In this dialogue, Audrey is challenged by Linus to make contact through shoes, and Audrey agrees. This reflects Audrey's improvement in having contacts after she previously said she was allergic to all contacts.

46/168	<p>“I can relax when it’s dark. It’s like, the world is a different place.” I spread my arms out in the dark, feeling it against my skin like a soft, enveloping cushion. “I think I could do anything if the whole world was dark the whole time. You know. I’d be fine.”</p>	I	can relax					<p>In this conversation, Audrey admits that having a shoe contact with Linus is the darkness, which means that she can relax and do anything without fear.</p>
47/169	<p>“Right.” I nod, feeling a little flip in my stomach. “Um. OK. Why not?” I feel his hand make its way towards mine. Our thumbs find each other and his skin is dry and warm and kind of how I expected it to be. His thumbnail circles mine and I playfully dodge his, and he laughs. “Thumb contact is good.” I nod.</p>		OK. Why not?		thumb contact		thumb contact	<p>After shoe contact, Linus challenges Audrey to have a thumb contact, and Audrey is OK with that.</p>

48/169	"Yes, jeans contact is good," I manage.		good		jeans contact		jeans contact	Afterward, they are into finger-to-hand contact. And then palm-to-palm contact. Linus then challenges her to have jeans contact, and Audrey agrees.
49/175	"Kind of." I look away. "you always say I need to make friend. So I did."	I	did		you			In this dialogue, Audrey admits to her Mum that Linus is her special friend. This shows that Audrey already has the courage to make friends. She has started to open up with other people.
					make friend			
50/176	"He's very nice," I say firmly. "And his name isn't This Linus. It's Linus."		very nice		He/Linus			In this conversation, there is a positive emotion word "nice" which is addressed to Linus. It means that she has successfully made references to other people.
51/177	"Maybe I will call Natalie," I say at last. "Sometime."	I			call			In this dialogue, Audrey also makes reference to Natalie. This shows that there is an improvement
					Natalie			

								within Audrey, who is initially afraid of having any form of contact with other people, now becomes courageous.
52/188	Hi Nat. How are u? I'm a lot better. Love to c u sometime.	I	a lot better		you			There are personal reference use "I", and positive emotion words such as "better" and "love." This illustrates that Audrey feels good about herself.
			love		love		see	
53/189	"It's just.. you know." I shrug awkwardly. "Being ill and everything."			being ill				In this dialogue, Audrey tries to explain to Natalie about her black glasses she wears all the time. However, Audrey only explains in a short way, as if there is nothing else to explain because everyone seems to know it already.
54/190	"It's OK. Look, have a drink." "I'm fine. I'm a lot better. I've got a boyfriend!"	I	OK		got a boyfriend			In this case, Audrey convince Natalie that she is OK. She is getting better, even a lot better. Audrey proved it to
			fine			a lot better		

								Natalie by showing that he even has a boyfriend. She shows that she does not have trouble anymore in making friends and maintaining relationships.
55/190	<p>“Exactly. He gave me this.” I point at my T-shirt. “Today. Isn’t cool?”</p> <p>“Yes. It’s our thing,” I say casually.</p>	me	cool		He			In this dialogue, Audrey expresses her excitement about having a good relationship with Linus showed by the Rubharb T-shirt she wears.
		our						
56/190	<p>“A few weeks. We go to Starbucks and stuff. I mean, it’s just.. you know. Kind of fun.”</p>		fun					Audrey is asked by Natalie how long they have been going out. In this conversation, Audrey does not tell her what really happened. She says they went there for fun. Audrey is fear of being judged by Natalie, so she only talks about good things.
57/191	<p>“Well, I was.” I shrug.</p> <p>“I suppose I’m recovering or whatever.” I rip open a</p>	I	recovering		tell			In this dialogue, Audrey is still trying to convince Natalie that she gets better. She admits that

	bar of chocolate and break it into pieces. "So, tell me about school."							she was ill in bed, but now she is recovering. She even forces herself to ask about school, even though this topic is very sensitive to her.
58/191	"I'm going to the Heath Academy," I tell her. "I'm going to go down a year, because I've missed so much school time. I mean, I'm young for the year anyway, so it'll all work out..."	I	work out					The conversation shows Audrey's plans to come back but to another school. It represents Audrey's optimism that she can greatly recover and that everything will be fine.
59/191	"Well. So. Exactly. It'd be weird to come back."	I		weird				Through this dialogue, Audrey rejects Natalie's suggestion to come back to Stokeland, her old school, by saying that would be weird. Audrey is still disappointed by the school and her old friends there. She does not want to go back to the past and be traumatized
60/192	"I miss you too."	I	miss		you			In this dialogue, Audrey

								shows positive emotion word as well as the sensory word “miss” that is referenced to Natalie.
61/194	<p>“I’m fine,” I say at last, letting Natalie off the hook. “It’s fine. Don’t worry about it.”</p> <p>“I’m getting better,” I say at last. “That’s what I am.”</p>	I	<p>fine</p> <p>don't worry</p> <p>getting better</p>					In this conversation, Natalie thinks that Audrey is a bipolar homicidal maniac. Natalie then feels guilty and bad for Audrey. Knowing that, Audrey shocks but she can control herself, so she can reassure her friend that she is fine.
62/196	<p>“So, anyway, I reckon I’m done,” I say as I finish my last story.</p> <p>“I’m cooked.”</p> <p>“Cured.”</p> <p>“You know. I’m fine. Back to normal.”</p>	I	<p>done</p> <p>cooked</p> <p>cured</p> <p>fine</p> <p>back to normal</p>					This is what Audrey says to Dr. Sarah after she makes very good progress. She even considered herself cured, and back to normal.
63/196	<p>“No, not just ‘good progress’,” I say impatiently. “I’m back to normal. I mean, you know. Practically.”</p>	I	<p>not just good progress</p> <p>back to normal</p>	practically				Hearing Audrey’s statement, Dr. Sarah then reminds her that eventhough she had made very good progress, but

								she has not been back to school yet, she is still wearing dark glasses, and still on medication. But Audrey denies it.
64/196	“OK, I said ‘practically’.” I feel a spike of anger. “You don’t have to be so negative.”	I		practically don't have to be so negative	you			This dialogue illustrates Audrey’s anger. She does not like being told that way.
65/196	“Yes, well, that graph is old news,” I say. “This is my graph.” I stand up, march to the white board and draw a straight line, zooming up to the stars. “This is me. No more down. Only up.”	me	no more down only up					This dialogue still reflects Audrey’s denial about her progress. She still stays with her opinion that the jagged line of her progress is not valid anymore.
66/197	“Well, I’ve had all my setbacks.” I look at her stonily. “I’ve done setbacks, OK? I’m just not having anymore. It’s not happening.” “I’m thinking positive. What’s wrong with	I	have done setbacks not having it anymore not happening positive					This dialogue also still reflects Audrey’s denial about her progress. She could not accept that she is still on medication, and she has not really recovered.

	that?"						
67/197	"I'm fine," I say resolutely.	I	fine				Dr. Sarah advise Audrey that there is nothing wrong with being positive, but do not overdo it. Dr. Sarah only does not want Audrey puts pressure on herself. However, Audrey says that she is fine.
68/197	"Life is good."		good				In this dialogue, there is positive emotion word "good". Dr. Sarah asks Audrey if life is good, and Audrey answers life is good, meaning that Audrey has got her spirit back.
69/204	"I did it!"	I	did				This shows Audrey's success at talking to the first stranger.
70/204	"No, I'm fine," I say fiercely. "I'm fine."	I	fine				After talking to that guy, the tears in Audrey's eyes are edging down her cheeks. Then Linus asks what happen, and Audrey says that she is fine. This

								shows that even though there are panic and fear within herself, she is still able to control herself.
71/206	“OK, give me another one,” I say, inspired. “Give me another dare.”	me	give me another one give me another dare					In this dialogue, Audrey is inspired by Linus' courage in talking to strangers. This shows that Audrey has dared to get out of her comfort zone.
72/207	“Oh well,” I say politely, “thank you anyway.” As she walks off, I grin at Linus, feeling a bit heady. “I did it!”	I	did					This shows Audrey's success at talking to the second stranger.
73/207	“Great idea!” I say. “Let’s invite, like, a thousand people.”		great idea		invite a thousand people			In this dialogue, Audrey is increasingly motivated that she can actually talk to anyone, including talking to thousands of people. Now she's brave.
74/207	“Definitely.” I clink my coffee cup against his. “Miss Audrey is heading for the stars.”	Miss Audrey	heading for the stars					Audrey agrees with Linus' statement that she is heading for the stars, meaning that Audrey's graph has improved.

75/209	“I told you,” I say to Dr. Sarah. “I’m cooked. I’m done. All better.”	I	cooked done better		told			This shows Audrey's optimism that she has cured.
76/224	“That’s rubbish,” I counter. “I’m not Topic A, you’re Topic A. All Mum talks about is you, all day long. Frank this, Frank that.”	I		rubbish not topic A				The dialogue shows that Audrey feels anxious or uncomfortable in situations where she is likely to be the center of attention.
77/225	“OK, but…” I wince, knowing he’s right. “This is necessary. This is a one-off and it’s about me and it’s important and… I won’t ever do it again.”	I me	a one-off important won't ever do it again					In this dialogue, Audrey is told by Frank that she should not spy on Mum and Dad, but Audrey keep begging Frank to hack Dad’s e-mail because it is about her. This reflects Audrey’s self-focused attention.
78/227	“You don’t understand,” I say. “Reading this— knowing that they've asked—that’s put me on the hook.”	me		don't understand put me on the hook	you			After knowing Izzy’s Mum wants to see Audrey, Audrey shocks. This conversation represents Audrey’s uncontrollable overthinking. (Izzy is one of Audrey’s

								friend who had bullied her)
79/227	“Maybe I should see her.” I force it out. “Maybe I should go and see her.”	I			see	see her		This reflects Audrey’s obsessions about certain ideas since she dares to take a decision to see Izzy and her mother even though her Mum and Dad have refused their invitation to meet.
					her			
80/227	“I don’t know. Because—I don’t know.” I clutch my head. “I don’t know.”	I		don't know				In this dialogue, Audrey is asked by Frank why she would do that (go and see Izzy and her Mother), but Audrey cannot explain why. Thus shows that Audrey has trouble focusing or thinking clearly about anything other than the things she is worried about.
81/234	“If I don’t do it, it’ll always be a question,” I say at last. “It’ll bug me my whole life. Could I have done it?”	I		always be a question				In this dialogue, Audrey keeps begging to see Izzy and her Mother. This represents Audrey’s feelings of dread, panic,
		me		will bug me my whole life				

	Would it have changed things?"							or 'impending doom' if she can not see them.
82/239	"Too easy," I say proudly."Think of another one."		too easy think of another one					In this conversation, Audrey is challenged by Linus to ask the guy if he sells coconut ice cream. Audrey's answer shows that she is completely not afraid to talk to strangers.
83/240	"Well... I love it too," I say, my throat tight. "You."	I	love		you			After getting the coconut ice cream they want, Audrey says that she likes it too, but then she says 'you', which means she loves him (Linus) too.
84/241	"Then..." I wipe my damp face. "I won't. I'll be fine. I'm better, in case you hadn't realized—"	I	won't (have a relapse) fine better		you			In this dialogue, Audrey is trying to convince Linus that she will be fine seeing Izzy and her mother. She will not relapse, because she is better.
85/242	"It's going to react fine," I say savagely. "I'm better. And if by any chance it doesn't,	I	fine	sorry won't expect trouble	you			In this dialogue, Linus asks how her brain is going to react to this stressful event. Again and

	don't worry, I won't expect you to pick up the pieces. In fact, you know, Linus, I'm sorry if I've caused you so much trouble already. You'd better find someone else to hangout with. Someone who doesn't posses any dark glasses. Maybe Thasa, I've heard she's super fun."		better	find someone else Someone who doesn't posses any dark glasses	Tasha/she			again, Audrey sticks to her opinion that she will be fine, and her brain is going to react fine. head
86/242	"No. I'm going."	I		no (stop)				This is Audrey's answer when she is asked by Linus to stop, but Audrey denies it. This shows that Audrey has obsessive thoughts.
87/266	"I wanted to be better," I mumbled, feeling hot. "You know. Properly, one hundred percent better. No meds, nothing."	I	better properly one hundred percent better no meds nothing					In this dialogue, Audrey is asked by her Mum why she ditches her meds. Audrey's answer represented her avoidance behaviors to escape from difficult thoughts and feelings, namely being on

								an endless jagged graph.
88/266	<p>“But I’m sick of this bloody jagged graph.” I said in frustration.</p> <p>“You know, two steps up, one steps down. It’s so painful. It’s so slow. It’s like this endless game of snakes and ladders.”</p>	I		<p>sick of</p> <p>painful</p> <p>slow</p> <p>like this endless game of snakes and ladders</p>				<p>In this dialogue, Audrey expresses all her feelings. This represents Audrey's desire to escape from the situation she is in since she is sick of her jagged graph.</p>
Total		79	77	77	53	12	3	