

CHAPTER 2

FRAMEWORK OF THE THEORIES

As stated in the previous chapter, the theories that are applied for this research include intrinsic and extrinsic approaches. The intrinsic approaches include characterization through first-person point of view and stream of consciousness methods, plot and setting. The extrinsic approach that is applied consists of psychology approaches which are trauma, paranoid and phobia theory.

2.1. Intrinsic Approaches

Through intrinsic approaches, I use the concept of characterization through point of view and stream of consciousness methods, plot, and setting.

2.1.1 Characterization

Characterization are vital and necessary for the story. Without characters there would be no story. The readers can sympathize, or even empathize with the life experienced by characters in their life. Characterization is the way to create and present characters in a fiction. In presenting and establishing character, there are two methods can be applied showing and telling methods (Pickering and Hoepfer, 1981 : 23-27). Besides telling and showing methods, in examining characters we also can use the method of point of view and stream of consciousness.

2.1.1.1 Point of View

Besides having a character, plot and setting, a story also has a narrator. When we are talking about narrator, it means we are talking about point of view. Point of view is the method of narration that determines the position, angle of vision, from which the story is told. There are some variation of point of view such as omniscient point of view, Limited omniscient point of view, First-point of view, and dramatic point of view. (Pickering and Hoepfer, 1981 : 44-50)

1. First-Person Point of View

First point of view positions the narrator inside of the story rather than outside to limit his omniscience to a single character. First-point of view retains this inside position, but goes on step further by locating the point of view in a character who addresses the reader directly, without an intermediary. (Pickering and Hoeper, 1981 : 50)

2.1.1.2 Stream of Consciousness

Stream of consciousness is described as the technique of characterization that renders from the inside the conscious or unconscious content of the human mind and the myriad of thoughts, perceptions, feelings, and associations that ebb and flow there. Stream of consciousness can also be used as a variation of first person point of view. (Pickering and Hoeper, 1981 : 55) . Based on Robert Humprey's theory of stream of consciousness, there are four techniques of stream of consciousness.

1. Direct Interior Monologue

Direct interior monologue is type of interior monologue which is represented with negligible author interference and with no audience assumed. It presents consciousness directly author interference; that is, there is either complete or near-complete disappearance of the author with his guiding "he said"s and "he thought"s with explanatory comments. (Humprey, 1954 : 25)

2. Indirect Interior Monologue

Indirect Interior Monologue is type of interior monologue in which omniscient author presents unspoken material as if it were directly from the consciousness of a character with commentary and description, guides the reader through it. It differs from direct interior monologue basically in that the author intervenes between the character psyche and the reader. Usually narrator gives an explanation to the readers by giving a words "I thought" or "in his heart" (Humprey, 1954 : 29)

3. Soliloquy

Soliloquy in the stream-of-consciousness may be defined as the technique of representing the psychic content and processes of a character directly from character to reader without the presence of an author, but with audience tacitly assumed. The point of view is always the character's. (Humprey1954 : 36)

2.2.1. Plot

Plot is a narrative of events that form a basic narrative structure of a fiction. The events are arranged deliberately in a certain sequence that help readers to understand the story as well as to arouse readers' curiosity. A plot is usually created as lifelike and real as possible in order to not confuse the readers with the kind of random and indeterminate events. Therefore, logical and necessary relationship of the plot and other elements of a fiction is needed (Pickering and Hoeper, 1981 : 13-15). A plot usually flows in five certain stages or sections as follows:

1. Exposition

The exposition is the beginning of the story. Usually contain several necessary background, sets the scene, establishes situation action which is contain introducing of the characters and conflict. (Pickering and Hoeper, 1981 : 16)

2. Complication

Complication is also called as rising action. Complication breaks the existing equilibrium as well as introduces the characters and the underlying or inciting conflicts if they have not been introduced already in the exposition. Starting from this, the conflict in a fiction will develop and intensify gradually. (Pickering and Hoeper, 1997 : 17)

3. Crisis

It is also referred as the climax. It is the peak of the conflict in a story and the turning point where the plot reaches to the point of greatest emotional intensity.

(Pickering and Hoepfer, 1981 : 17)

4. Falling action

It exists after a crisis happens, when the tension subsides and the plot flows to the appointed conclusion. (Pickering and Hoepfer, 1981 : 17)

5. Resolution

It is the final part of a story. It contains the outcome of the conflict and establishes some new condition and situation. The resolution is also known as the conclusion. (Pickering and Hoepfer, 1981 : 17)

2.3.1. Setting

Setting helps the reader visualize the action of the work. Setting helps to create and sustain the illusion of life. Setting in a story is usually provided in a descriptive passage that explains the detail of the setting. Setting has five possible functions, Setting as background of action, as an antagonist, as a means of creating appropriate atmosphere, as a means of revealing character, and as a means of reinforcing theme. (Pickering and Hoepfer, 1981 : 37-38). However, in this research, the used functions of setting are only three, which are:

1. Setting as background of Action

Fiction requires a setting or background of some kind, even if it is only as simple as a stage of opera. Setting as background action may contain costume, manners, events, institution that is related with a certain time and place. (Pickering and Hoepfer, 1981 : 38-39)

2. Setting as an antagonist

Setting can function as a kind of casual agent or antagonist to which helping to build plot conflict and determine the outcome of the story. (Pickering and Hoeper, 1981 : 39)

3. Setting as a means of revealing character

When characters perceive a setting, the way they react to it can tell the reader more about them and their state of mind. (Pickering and Hoeper, 1981 : 41)

2.2. Extrinsic Approaches

2.2.1. Psychology

Based on <https://core.ac.uk/download/pdf/82271267.pdf> psychology can be described as “the science that systematically studies and attempts to explain observable behavior and its relationship to the unseen mental processes that go on inside the organism and to external events in the environment”(Kagan & Havemann, 1968:13). 252 Goksen Aras / Procedia - Social and Behavioral Sciences 185 (2015) 250 – 257 As for the origins of psychology, it could be stated that, “The earliest origins of psychology are found in the writings of the ancient Greek philosophers about the nature of life, particularly in the work of Aristotle” who “used the term psyche to refer to the essence of life. This term is translated from ancient Greek to mean ‘mind,’ but it is closely linked in meaning to the word ‘breath’” (Lahey, 2009:1,2).

Keeping the ongoing debates in the field of psychology, dating back to Aristotle, in mind, it can be pointed out that “... Modern psychologists study the same actions, thoughts, and feelings that fascinated Aristotle. Indeed, the term psychology comes from Aristotle’s word psyche plus the Greek word logos, which means ‘the study of’” (Lahey, 2009:2). The meaning of psychology in literature is explained by Wellek and Warren (1963: 81) as follows: “By ‘psychology of literature’, we may mean the

psychological study of the writer, as type and as individual, or the study of the creative process, or the study of the psychological types and laws present within works of literature, or, finally, the effects of literature upon its readers (audience psychology)”. According to Freudian theory about psychology. He said that psychology is the most part concerned with the spiritual, emotional and mental lives of the characters and with the analysis of character rather than with the plot and the action....(Cuddon, 1999: 709-10). literature is a record of human consciousness, the richest and most comprehensive we have. Lyric poetry is arguably man’s most successful effort to describe qualia. The novel is arguably man’s most successful effort to describe the experience of individual human beings moving through space and time” (2002:10). To Noam Chomsky, literature is one of the most significant means to obtain knowledge, concerning man and his life, his unique experiences and the idiosyncratic values. Literature has a relation with psychology because when the writer wrote their novel they always related it with the feelings they have, experience they’ve ever had.

2.2.2. Trauma

Trauma work is considered a cornerstone of mental health counseling accounting for a significant portion of counseling services sought today. Increasingly, children of all ages are exposed to traumatic experiences from abuse and neglect, to environmental disasters, to victimization from crime and war. As an example, a recent (U.S.) national survey reported that more than half of children are exposed to violence each year. Some of the most frequently reported examples of trauma-causing events in childhood include: disruption of the attachment process and other significant disruptions of normal developmental processes), child abuse or neglect, sexual victimization interpersonal victimization including bullying.

[Http://pdfs.semanticsscholar.org/1891/5982b4a308777f3f8da39782589f33c1b9e0.pdf](http://pdfs.semanticsscholar.org/1891/5982b4a308777f3f8da39782589f33c1b9e0.pdf)

On another source it is said Trauma reactions can manifest in many different ways in young children with variance from child to child. Furthermore, children often reexperience traumas. Triggers may remind children of the traumatic event and a preoccupation may develop. For example, a child may continuously reenact themes from a traumatic event through play. Nightmares, flashbacks and dissociative episodes also are symptoms of trauma in young children. Recently, researchers have focused on how trauma during early childhood impacts mental and physical health later in life. Symptoms of mental illness can manifest immediately after a trauma, but in some cases symptoms do not emerge until years later. PTSD, anxiety disorders, behavior disorders and substance abuse have all been linked to traumatic events experienced during early childhood (Kanel, 2015). The types and frequencies of traumatic events and whether they were directly or indirectly experienced also can have various effects on physical and mental health later in adulthood. In a review of literature, Read, Fosse, Moskowitz and Perry (2014) described support for the traumagenic neurodevelopmental model. This model proposes that brain functioning changes following exposure to trauma during childhood.

[Http://tpcjournal.nbcc.org/wpcontent/uploads/2015/03/Pages%2025%E2%80%93237.pdf](http://tpcjournal.nbcc.org/wpcontent/uploads/2015/03/Pages%2025%E2%80%93237.pdf)

There is type of trauma such as mutism trauma. Selective Mutism (SM) is a rare disorder in which afflicted children will speak normally in one setting (usually home) and will not speak in other environments, such as school. The occurrence in the general population is so low that school psychologists, physicians, and other treating professionals may know little about the disorder or even have the opportunity to work with children with SM. The criteria and essential feature of SM according to the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) (American Psychiatric Association, 2013) is the child's persistent failure to speak in specific social situations where speaking is expected, and at the same time, the child does speak in other situations; therefore, their problem is "selective" and inconsistent across environments, which makes diagnosis challenging. Instead of communicating

by standard verbal expression in these selectively mute situations, children with this disorder may communicate by gestures, nodding, or head shaking, or pulling or pushing, or, in some cases, by short monosyllabic or monotone utterances, or in an altered voice. As a result, SM often interferes with educational or occupational achievement and/or with social communication or adjustment. The DSM-5 stipulates it must last for at least one month, but not limited to the first month of school. SM should not be diagnosed if the child's failure to speak is due solely to a lack of knowledge, or discomfort with the spoken language required in a social situation (APA, 2013). http://jehdnet.com/journals/jehd/Vol_4_No_1_March_2015/9.pdf

2.2.3. Agoraphobia

Phobia is a type of psychiatric disorders that are classified in the group of anxiety disorders, in this disorder, the patient suffers from extreme fear when faced a special object or situation. Claustrophobia is a situational phobia featuring intense anxiety in relation to enclosed spaces and physically restrictive situations (American Psychiatric Association, 2000). Claustrophobic individuals typically fear restriction in several spaces, including small rooms, tunnels, elevators, trains, and crowded areas. They may also fear suffocation, typically worrying that there would be insufficient air to support normal breathing if they were somehow confined to the space (Kirkpatrick, 1984).

"Agoraphobia" refers to avoidance or endurance with dread of situations from which escape might be difficult or help unavailable in the event of a panic attack, or in the event of developing symptoms that could be incapacitating and embarrassing, such as loss of bowel control or vomiting. Typical agoraphobic situations include shopping malls, waiting in line, movie theaters, traveling by car or bus, crowded restaurants, and being alone. "Severe" agoraphobia refers to very limited mobility, sometimes even to the point of becoming housebound. Not all persons who panic develop agoraphobia, and the extent of agoraphobia that emerges is highly variable (Craske &

Barlow, 1988). Various factors have been investigated as potential predictors of agoraphobia. Although agoraphobia tends to increase as history of panic lengthens, a significant proportion of individuals panic for many years without developing agoraphobic limitations. Nor is agoraphobia related to age of onset or frequency of panic. In addition, in a recent investigation, Kikuchi and colleagues (2005) found that individuals who developed agoraphobia within 6 months of the onset of panic disorder had a higher prevalence of generalized anxiety disorder but not major depression. (de Jong & Bouman, 1995). Perhaps the strongest predictor of agoraphobia is sex; the ratio of males to females shifts dramatically in the direction of female predominance as level of agoraphobia worsens (e.g., Thyer, Himle, Curtis, Cameron, & Nesse, 1985). Individuals with agoraphobia *who seek treatment* almost always report that a history of panic preceded their development of avoidance (Goisman et al., 1994; Wittchen, Reed, & Kessler, 1998). In contrast, epidemiological data indicate that a subset of the population experiences agoraphobia without a history of panic disorder: 0.8% in the last 12 months (Kessler, Chiu, et al., 2005) and 1.4% lifetime prevalence (Kessler, Berglund, et al., 2005). There are many different explanations of why people develop agoraphobia. Some believe that there is genetic link (i.e. inherited) while others suggest that life events (such as bereavement or other traumatic event) may trigger it. <http://cbt.edu.gr/arxeia/Agoraphobia%20-%20Barlow.pdf>

2.2.4. Paranoid

Based on Lacanian Concept of Paranoid, paranoia is the clinical entity of reference for his approach to the clinical treatment of psychosis. Beyond its purely psychopathological denotations, psychosis is also the paradigmatic nosological. In this thesis, Lacan referred to Bleuler, Kretschmer, and Jaspers to define paranoia as a “mode of reaction” (Lacan, 1975, p. 49), rather than as a developmental anomaly or an organic process; he intended to draw out the direct connection between the “events experienced” by the patient (p. 101), the ensuing “internal conflicts” (p. 277), and the psychotic break [déclenchement], understood as “the subject’s reaction to vital

situations. in this, he diverged from traditional authors, who still associated paranoia with “a series of clinical pictures that no longer had any relation to the original concept, such as amentia, alcoholic hallucinations, and many other pathological states, which almost without doubt belong to dementia praecox or manic-depressive insanity” (p. 427) This established the modern Kraepelinian concept (Kendler, 1988), to which those since Lacan have often returned, in which paranoia is limited to the “gradual development of a stable progressive system of delusions, without marked mental deterioration, clouding of consciousness, or disorder of thought, will, or conduct”

Related to the concept of Paranoia by Lacan, Paranoia disorder is a psychiatric diagnosis assigned to individuals who persistently perceive interpersonal threats and danger without sufficient evidence or cause. Individuals with this diagnosis constantly monitor their social involvements for signs of danger, believing that other people are plotting against them : minor hardships occurring over the course of the day that most people would dismiss are taken by the paranoid individual to be evidence in support of their conclusion that others are “out to get them.” Because of this, individuals with this diagnosis remain vigilant in scanning their environment for potential threat, feeling mistrustful of friendly gestures or any situation that may be ambiguous. <http://cscs.res.in/dataarchive/textfiles/volume-18-number-3-1964>

There are two criteria of paranoid first is creation A. it asserts that the individual must demonstrate global mistrust and suspicion of the motives of others. Creation A is broken down into seven subfeatures :

- A belief that others are acting in an intentionally threatening or harmful way, without sufficient evidence to support this conclusion.
- Pervasive doubts about the loyalty and trustworthiness of others.
- Avoidance of confiding in others due to a belief that this trust will be betrayed.
- Understanding ambiguous or benign remarks as being intentionally hurtful or threatening.

- A tendency to hold grudges.
- A belief that one's character is being assailed by others and reacting to this in vindictive manner and
- A tendency to believe without sufficient cause that romantic partners are being unfaithful.

