CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 Literature and Psychology

Literature is the reflection of human daily life, experience, social, culture, history and the people around, included their behaviors, psychology or their attitudes. All social problems in real life can be seen through a literary work. Wellek and Warren (1949) describe literature as a creative action; an art. They also state that there are two approaches of literature; the intrinsic approach and extrinsic approach. The intrinsic approaches a literary work through the elements that build from inside, such as character, setting, plot, point of view, style and theme. Meanwhile, the extrinsic approaches aspects of literary works including the external factors that have influences in forming a literary works such as religion, culture, history, psychology, social, etc.

Psychology is defined as a study of mind (Roediger in Hutahean, 2010). Mind is owned by a person, person is a character, and literature also studies about character, including its mind. Both literature and psychology study about human behavior and they also have a relationship toward character. Literature consists of psychology of a character that conducts a story of a literary work. Everything that relate to a character, such as attitude, behavior and morality are parts of a person’s psychology. The thing that distinguishes them is psychology explores a person from
the real life; meanwhile literature explores the fiction person of a literary work that imitating from the real life.

2.2 Character in Literature

Character is a person represented in a dramatic or narrative work, who interpreted by the reader as being endowed with particular moral, intellectual, and emotional qualities by inferences from what the person say and their distinctive ways of saying it (dialogue) and from what they do (action) (Abrams, 1999). The grounds in character’s temperament, desires, and moral nature of their speech and action are called their motivation. E. M. Foster in Abrams, introduced popular new terms for an old distinction by discriminating between flat and round character. Flat characters are two dimensional in that they are relatively uncomplicated and do not change throughout the course of a literary work. In contrary, round characters is complex and undergo development, sometimes is capable to surprise the reader.

Flat characters have one or two qualities or traits that can be described in an easy summary. They are not complex characters and can be read easily by the reader. Some flat characters are recognized as stock characters; they personalize stereotypes like a “wise teacher” in a school or a “kind-hearted friend”. Round characters are more complex than flat ones and often showing the inconsistency about something or internal conflicts. They are fully developing and harder to summarize than flat characters.
On the other hand, in the literary works, especially novel and drama, there is something that called the protagonist character and antagonist character. The protagonist character is called hero for male character and heroine for female character, and also the bad ones called the villain or antagonist (Wellek, 1949). The protagonist is the central character who engages reader’s interest and empathy, meanwhile the antagonist is a character, force or collection of force that stands directly oppose the protagonist and raises the conflict of a story.

Peck (1984:79) says that character is the people in a play that can be assessed on the basis what they say and do, and what the other says about them. A wide distinction is often made between methods for characterizing; showing and telling. In showing, the writer simply showing the character talking and acting and leaves the reader to infer the motives and natures that lie behind what they say and do, not only external speech and action, but also a character’s inner thoughts and feelings. In telling, the writer has the authority to intervene in order to describe or evaluate the motives and nature qualities of a character (Abrams, 1999).

2.3 Character and Hierarchy of Needs

As a living creature, human or a person has various needs that have to be fulfilled in order to survive. Character in a literary work which is the reflection of a person in real life also has those needs, because originally the writer creates a character by imitating the people in real life.
According to Abraham Maslow (1970), there are four types of needs that must be satisfied before a person (character) can act unselfishly. The needs are arranged in a hierarchical order. The upward climb is made by satisfying one set of needs at a time. The most basic is physiological need. After that come the need for safety, then desire for love, the quest for esteem and as the goal is self actualization. We’re driven to satisfy the lower needs, but we’re drawn to meet the higher ones. The lower four layers of the pyramid called “deficiency needs”. Satisfying needs is healthy, but blocking it or unfulfilling it makes us sick or maybe a disorder could occur. The Hierarchy of Needs by Abraham Maslow can be seen in the diagram below:

Diagram 1. Maslow’s Hierarchy of Needs

Although everyone has the same set of needs, the ways of fulfilling those needs can be different. For example, the love and belonging need can be met by going to a party, whereas the roommate might go for a quiet walk with a friend, or
common desire for love makes us brother or sister. Maslow also stated that the one that has the greatest power or influence over our action called **prepotent need**. Everyone has prepotent need, but the need will different among individuals. Someone maybe motivated by craving for love, while the other maybe motivated by a desire for esteem.

**Physiological Needs**

Physiological needs are basic, such as the body needs foods, liquid, sleep, oxygen, sex, freedom of movement and moderate temperature. When any of these are in short supply, a person or character feel the distressing tension of hunger, thirst, fatigue, shortness of breath, sexual frustration, confinement or discomfort being hot or cold. For the man who is extremely hungry, no other interests exist but food. He dreams food, he remembers food, he thinks about food, he emotes only about food and he wants only food. The more subtle determinants that ordinarily fuse with psychological drives in organizing even feeding, drinking, or sexual behavior may now be so completely overwhelmed as to allow us to speak at this time of pure hunger drive and behavior with the one unqualified aim of relief. On the psychological level, all people are no different. But once these physical needs are met regularly, they no longer exert pressure.
Safety Needs

If the physiological needs are relatively well gratified, there then emerges a new set of needs, which may categorize as the safety needs. Safety needs operate mainly on psychological level. Naturally a person tries to avoid a poke in the eyes with a sharp stick. But once that person has managed a certain level of physical comfort, he/she will seek to establish stability and consistency in a chaotic world. For example, kids enjoy a set bedtime routine and grow visibly distressed if a parent tries to short-circuit the ritual. In world of work, these safety needs manifest themselves in such things as a preference for job security, grievance procedure for protecting the individual from unilateral authority, saving accounts and the like.

Safety and security needs include:

- Personal security
- Financial security
- Health and well-being
- Safety net against accidents/illness and their negative effects

These safety needs perhaps more efficient by observes kids or teenager/adolescence, in which these needs are much more simple and obvious. Kids will react in total fashion as if they were endangered, if they are disturbed or dropped suddenly, startled by loud noise, flashing light, or other unusual sensory stimulation by rough handling, by general loss of support in the mother arms or by inadequate support.
In kids we can also see a much more direct reaction to bodily illness of various kinds. Sometimes these illnesses seem to make the kids feel unsafe. For instance, vomiting, colic or other sharp pains seem to make the child look at the whole world in a different way. At such moment of pain, it may be proven that, for the kids, the whole world suddenly changes from sunniness to darkness and become a place in which anything might be happen, in which previously stable things suddenly become unstable. Thus, kids is taken ill because of some bad foods, may develop fear, nightmares and a need of protection.

Otherwise, the need for safety is seen as an active and dominant mobilizer of a person’s resources only in real emergencies.

**Love and Belongingness Needs**

The love and belongingness needs come into play after the physiological and safety needs are gratified. This aspect of Maslow’s hierarchy involves emotionally based relationship in general, such as:

- Friendship
- Intimacy
- Family

Gratification is a matter of degree rather than an accomplishment. But, once a need has been significantly satisfied over a long period of time, it becomes functionally absent. The action switches to the next highest level, in this case, love.
Human or a person (character) needs to feel a sense of belonging and acceptance, whether it comes from a large social groups, such as clubs, office culture, religious groups, or small social connections (family member). He/she needs to love and be loved (sexual or not sexually) by the others. He/she will get hunger for affectionate relations with people in general and he will strive with great intensity to achieve this goal. He/she will want to attain such a place more than anything else in this world. In the absence of these elements, many people become susceptible to loneliness, rejection, friendlessness, social anxiety, and clinical depression or personality disorder might occur. This need can often overcome the physiological and safety needs, depending on the strength of the peer pressure.

Maslow’s concept of belonging combines the twin urges to give and receive. Giving love is different from the passion of music lyric that announce “I want you, I’m going to have you”, that’s raw sex. For Maslow, giving love is seeking to fill a void by understanding and accepting selected others. Receiving love is a way of staving off the pangs of loneliness and rejection.

The love and belonging needs are more fragile than the previous needs. For example, this need is nonexistent in the psychopath, who feels no desire for warmth and affection. And some people get their esteem and belongingness wires crossed. They want respect before they want to love.

One thing that must be stressed at this point is that love is not synonymous with sex. Sex may be studied as a purely physiological need. Ordinarily sexual behavior is multidetermined, that is to say, determined not only by sexual, but also
by other needs, chief among which are the love and affection needs. Also no to be overlooked is the fact the love needs involve both giving and receiving love.

**Esteem Needs**

All humans have a need to be respected and to have self-esteem and self-respect. Also known as the belonging need, esteem presents the normal human desire to be accepted and valued by others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel accepted and self-valued, be it in a profession or hobby. Imbalances at this level can result in low self-esteem or an inferiority complex. People with low self-esteem need respect from others. They may seek fame or glory, which again depends on others. Psychological imbalances such as depression can also prevent one from obtaining self-esteem on both levels. Satisfaction of the self esteem need leads to feeling of self confidence, worth, strength, capability, and adequacy of being useful and necessary in this world.

Most people have a need for a stable self-respect and self-esteem. Maslow noted that there are two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, recognition, fame, prestige, and attention. The higher one is the need for self-respect, the need for strength, competence, mastery, self-confidence, independence and freedom. The latter one ranks higher because it rests more on inner competence won through experience. Deprivation of these needs can lead to an inferiority complex, weakness and helplessness.
Self Actualization: The Ultimate Goal

Maslow describes the needs for self actualization as “the desire to become more and more what one is, to become everything that one is capable of becoming.” This is a broad definition of the need for self-actualization, but when applied to individuals the need is specific. For example one individual may have the strong desire to become an ideal parent, in another it may be expressed athletically, and in another it may be expressed in painting, pictures, or inventions. Person (character) feels this gentle but persistent tug to maximize their potential only after he/she has satisfied their basic needs.

Self actualization can take many forms, depending on the individual. These variations may include the quest for knowledge, understanding, peace, self-fulfillment, meaning in life or beauty.

2.4 Personality Disorder

Personality disorders are a heterogeneous group of disorder defined by problems with forming a stably positive sense of self and with sustaining close and constructive relationship (Kring & Johnson et al., 2012: 466). Meanwhile, Durand and Barlow (2013) characterized it by “inflexible and maladaptive and cause significance functional impairment or subjective distress.” Therefore, we can say that personality disorder is a distress caused by the problems or difficulties of a person (character) with their identity and their relationship in multiple domain of life and these problems are sustained for years. Personality disorder unlike the other
disorders, they do not come and go but originate in childhood and continue throughout adulthood.

However, person with personality disorder may not feel any subjective distress, but indeed it may be others who actually feel distress because the action of the person with the disorder.

Durand and Barlow (2013: 415) divide the personality into three groups. The groups are based on their resemblances. Group A is called the odd or eccentric, group B is the dramatic, emotional or erratic group and group C is anxious or fearful.

Groups of personality disorder and their description can be seen below:

Group A: Odd or Eccentric Disorder

- Paranoid: the strong tendency to mistrust the motives of others, leading to a high degree of suspiciousness.
- Schizoid: characterized by social detachment and a lack of emotional expression not due to social anxiety.
- Schizotypal: social and interpersonal difficulties that are due to social anxiety but also involves distorted views of the world and unusual behavior.

Group B: Dramatic, Emotional or Erratic Disorder

- Antisocial: characterized by behavior that show limited regard for other people.
- Borderline: characterized by a high level of unstable relationships and emotional outbursts, poor self-image, and a difficulty controlling impulses.
- Histrionic: the tendency to display flamboyant emotions with the goal of seeking attention.
• Narcissistic: pervasive belief that the individual is better than everyone else, which leads to attention-seeking and a lack of concern for others.

Group C: Anxious or Fearful Disorder

• Avoidant: characterized by strong feelings of being inadequate, which can result in inhibition in social situations and sensitivity to any negative feedback.

• Dependent: a strong need to be cared for by others, including patterns of submissiveness and fear of separation.

• Obsessive-compulsive: characterized by a desire for being perfect both mentally and interpersonally, a need for orderliness, and reduced flexibility and openness.

For Barlow and Durand’s theory in analyzing the two characters, the writer focuses on dependent and borderline. But, the writer also makes brief explanation about other personality disorder.

**Paranoid**

Person with paranoid personality disorder are excessively mistrustful and suspicious of others, without any justification. He/she assume other people are out to harm or trick them; therefore, they tend not to confide in others. Certainly, there may be times when someone is deceitful and “out to get you”; however, person with paranoid personality disorder are suspicious in situations in which most other people would agree their suspicions are unfounded. Even events that have nothing to do with him/her are interpreted as personal attacks. This person would view a neighbor’s barking dog or a delayed airline flight as a deliberate attempt to annoy
them. Unfortunately, such mistrust often extends to people close to them and makes meaningful relationships difficult.

**Schizoid**

Person with this personality disorder show a pattern of detachment from social relationships and a limited range of emotions in interpersonal situations. He/she seem aloof, cold, and indifferent to other people. The term *schizoid* is relatively old, having been used to describe people who have a tendency to turn inward and away from the outside world. This person were said to lack emotional expressiveness and pursued vague interests. Person with schizoid personality disorder seem neither to desire nor to enjoy closeness with others, including romantic or sexual relationships. Childhood shyness become the cause to later adult schizoid personality disorder. It may be that this personality trait is inherited and serves as an important determinant in the development of this disorder. Abuse and neglect in childhood are also suspected become the cause among individuals with this disorder.

**Schizotypal**

Person with schizotypal personality disorder are typically socially isolated, like those with schizoid personality disorder. In addition, he/she also behave in ways that would seem unusual to many of us, and he/she tend to be suspicious and have odd beliefs. This person are often considered odd or bizarre because of how he/she relate to other people, how he/she think and behave, and even how he/she dress.
Person with schizotypal personality disorder also have odd beliefs or engage in “magical thinking,” believing, for example, that they are clairvoyant or telepathic.

**Antisocial**

Person with antisocial personality disorder is among the most puzzling of the individuals and are characterized as having a history of failing to comply with social norms. He/she performs actions most of us would find unacceptable, such as stealing from friends and family. He/she also tends to be irresponsible, impulsive, and deceitful. Completely lacking in conscience and empathy, he/she selfishly takes what he want and do as he/she please, violating social norms and expectations without the slightest sense of guilt or regret. Person with antisocial personality disorder tends to have long histories of violating the rights of others (De Brito & Hoggins in Durand, 2013: 425). He/she appears unable to tell the difference between the truth and the lies they make up to further their own goals. He/she shows no remorse or concern over the sometimes devastating effects of their actions.

**Borderline**

Person with borderline personality disorder leads restless lives. His/her moods and relationships are unstable and usually they have a poor self-image. This person often feels empty and at great risk of dying by his own hands. He/she tends to have turbulent relationships, fearing abandonment but lacking control over the emotions. He/she often engages in behaviors that are suicidal, selfmutilative, or both, cutting, burning, or punching themselves.
Person with this personality disorder is often intense, going from anger to deep depression in a short time. Dysfunction in the area of emotion caused by instability in relationship and mood is sometimes considered one of the core features of borderline personality disorder. This person also is characterized by impulsivity, which can be seen in his drug abuse and self-mutilation. Although not so obvious as to why, the self-injurious behaviors such as cutting sometimes are described as tension reducing by person who engage in these behaviors.

A person with this disorder will also often exhibit impulsive behaviors and have a majority of the following traits (retrieved from http://psychcentral.com):

1. Frantic efforts to avoid real or imagined abandonment. The perception of impending separation or rejection, or the loss of external structure, can lead to profound changes in self-image, affect, cognition, and behavior. These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans. Their frantic efforts to avoid abandonment may include impulsive actions such as self-mutilating or suicidal behaviors.

2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. They may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that other person does not care enough, does not give enough, is not “there” enough. These people are prone to sudden and
dramatic shifts in their view of others, who may alternately be seen as beneficent supports or as cruelly punitive.

3. Identity disturbance, such as a significant and persistent unstable self-image or sense of self. There are sudden and dramatic shifts in self-image, characterized by shifting goals, values, and vocational aspirations. There may be sudden changes in opinions and plans about career, sexual identity, values, and types of friends. These individuals may suddenly change from the role of a needy supplicant for help to a righteous avenger of past mistreatment. Although they usually have a self-image that is based on being bad or evil, individuals with this disorder may at times have feelings that they do not exist at all.

4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).

5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.

6. Emotional instability due to significant reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).

7. Chronic feelings of emptiness. Easily bored, they may constantly seek something to do. People with Borderline Personality Disorder frequently express inappropriate, intense anger or have difficulty controlling their anger. They may display extreme sarcasm, enduring bitterness, or verbal outbursts. The anger is often elicited when a caregiver or lover is seen as neglectful, withholding, uncaring, or abandoning.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).

9. Transient, stress-related paranoid thoughts or severe dissociative symptoms.

Majority of people who receive the diagnosis of borderline personality disorder have suffered terrible abuse, neglection from the one they love, sexual abuse, and physical abuse by others, or a combination of these (Ball in Durand, 2013: 435) and the core features of borderline personality disorder are impulsivity and instability in relationships and mood (Kring & Johnson et al., 2012).

**Histrionic**

Person with histrionic personality disorder tends to be overly dramatic and often seem almost to be acting, which is why the term *histrionic*, which means theatrical in manner, is used. Person with histrionic personality disorder is inclined to express their emotions in an exaggerated fashion, for example, hugging someone they have just met or crying uncontrollably during a sad movie. He/she also tend to be vain, self-centered, and uncomfortable when they are not in the limelight. He/she is often seductive in appearance and behavior, and that person is typically concerned about his/her looks.

**Narcissistic**

We all know that person who thinks highly of themselves, perhaps exaggerating his/her real abilities. He/she consider themselves somehow different from others and deserving of special treatment. Person with narcissistic personality
disorder has an unreasonable sense of self-importance and are so preoccupied with themselves that they lack sensitivity and compassion for other people. His/her exaggerated feelings and his/her fantasies of greatness, called grandiosity, create a number of negative attributes (Duran & Barlow, 2013: 439). He/she requires and expects a great deal of special attention, like the best table in the restaurant or the illegal parking space in front of the movie theater. He/she also tends to use or exploit others for their own interests and show little empathy.

**Avoidant**

As the name suggests, person with avoidant personality disorder is extremely sensitive to the opinions of others and therefore avoids most relationships. He/she is so fearful of criticism, rejection, and disapproval that he/she will avoid jobs or relationships to protect themselves from negative feedback. In social situations, this person is restrained because of an extreme fear of saying something foolish, being embarrassed, blushing, or showing other signs of anxiety. This person believes he are incompetent and inferior to others and are reluctant to take risks or try new activities.

For example, suggests that this person may be born with a difficult temperament or personality characteristics. As a result, his/her parents may reject them, or at least not provide them with enough early, uncritical love. This rejection, in turn, may result in low self-esteem and social alienation, conditions that persist into adulthood. Limited support does exist for psychosocial influences in the cause of avoidant personality disorder.
Dependent

Person with dependent personality disorder, however, relies on others to make ordinary decisions and important ones, which results in an unreasonable fear of abandonment. Person with dependent personality disorder sometimes agree with other people when their own opinion differs so as not to be rejected. His/her desire to obtain and maintain supportive and nurturant relationships may lead to his other behavioral characteristics, including submissiveness, timidity, and passivity. Person with this disorder are similar to those with avoidant personality disorder in his feelings of inadequacy, sensitivity to criticism, and need for reassurance. However, person with avoidant personality disorder respond to these feelings by avoiding relationships, whereas those with dependent personality disorder respond by clinging to relationships.

Many people with dependent personality feel distressed, lonely and sad. It is thought that such disruptions as the early death of a parent or neglect or rejection by caregivers may cause people to grow up fearing abandonment. Because they so fear rejection, they are overly sensitive to disapproval and keep trying to meet other people’s wishes and expectations, even if it means volunteering for unpleasant or demeaning tasks. This view comes from work in child development on “attachment,” or how children learn to bond with their parents and other people who are important in their lives.

The following list is a collection of some commonly observed traits of those who suffer from dependent (retrieved from outofthefog/Disorder/DPD.html). They are:
1. Avoidance, the practice of withdrawing from relationship with other people as defensive measure to reduce the risk of rejection, criticism or exposure.

2. Blaming, the practice identifying person or people responsible for creating problem rather than identifying ways of dealing the problem.

3. Catastrophizing, the habit of automatically assuming a “worst case scenario” and inappropriately characterizing minor or moderate problem as catastrophe events.

4. Domestic theft, consuming of taking control of a resource or asset belonging to a family member, partner or spouse without first obtain their approval.

5. Emotional blackmail, a system of threats and punishments used in an attempt to control someone.

6. Engulfment, an unhealthy and overwhelming level of attention and dependency on another person which comes from imagining or believing someone exists only within the context of relationship.

7. Fear of abandonment, an irrational belief that one is imminent danger of being personally rejected, discarded or replaced.

8. Emptiness, a chronic sense that daily life has little significance, leading to an impulsive appetite for physical sensation and dramatic relationship experience.

9. Harassment, any sustained or chronic pattern of unwelcome behavior towards another.

10. Lack of object constancy, an inability to trust that people or objects are consistent, trustworthy and reliable, especially when they are out of immediate field of vision.
11. Mirroring, imitating another person’s characteristic, behavior or traits.

12. Panic attacks, short intense episode of fear or anxiety, often accompanied by hyperventilating, shaking, sweating and chills.

13. Perfectionism, the maladaptive practice of holding oneself or others to an unrealistic, unattainable or unsustainable standard of organization order, or accomplishment.

14. Projection, the act of attributing one’s own feelings or traits to another person and believing that the other person has those same feeling or traits.

15. Self – victimization, casting oneself in the role of victim.

16. Testing, forcing another individual to prove their love to a relationship.

17. FOG (fear, obligation and guilt), describes the feeling that a person has when in a relationship with someone who suffer the disorder.


Sometimes, a person with dependent disorder expresses their fear of separation through outburst of anger directed at those who fail to appreciate their needs for security and safety (Millon, 2004). His/her fear of separation also leaves them particularly prone to suicidal thought. Unfortunately, person with dependent personality disorder are usually attracted to unpleasant tasks if his/her actions result in care and nurturing from others.

**Obsessive - Compulsive**

Person who has obsessive-compulsive personality disorder is characterized by a fixation on things being done “the right way.” Although many might envy their persistence and dedication, this preoccupation with details prevents them from
completing much of anything. That person is perfectionist, preoccupied with details, rules, and schedules. Person with this disorder often pay so much attention to detail that he/she fail to finish projects. He/she is more oriented toward work than pleasure. That person has inordinate difficulty making decisions and allocating time. His/her interpersonal relationships are often troubled because he/she demands that everything be done the right way, their way.