CHAPTER II
REVIEW OF RELATED LITERATURE

This chapter discusses about the related literature of this thesis. The writer has chosen some important books related to the psychology of literature and mental disorder. Some of the books are explain about the theory in analyzing a psychological factors in literary works, kinds of mental disorder, the causes of the mental disorder, the impact of the mental disorder to social life and the solution to recover the mental disorder. Those aspects are important for the purpose of this research. In order to produce an interesting discussion to be studied in this thesis, the library material chosen should be relevant to the problems which are being analyzed, while the information should originally support the analysis of the problem.

2.1. Psychology of Literature

Psychology of Literature is the text analyzed by considering the relevance and role of psychological studies. Psychology also plays an important role in analyzing a literary work by focusing on the point of the psychology of literature both the elements of the author, the characters, and readers, by focusing on the figures and an inner conflict contained in literature that is going to be analyzed. So, in general, it can be concluded that the relationship between literature and psychology is very close that they blend and lead to the birth of a new study called "Psychology of Literature". According to Endraswara:

“Psychology literature is a study that looked at the literature as a mental activity. In a broad sense that literature can not be separated from life depicting various series of human personality”(2003: 97)
Psychology of literature is not intended to solve psychological problems. But through the definition above, the goal of the psychology of literature is to understand psychological aspects contained in a literary work. Psychology was born to learn the human psyche, it is human that becomes the object of the study of psychology. Literature is born from society, the author lives in the middle of society and the author also creates a literary work that includes figures in it. Psychology of literature is a literary studies that sees literary work as a mental activity. The author uses an idea, sense and creation in the work. Projection by own experience or the experience other people around the author, will be projected into the imaginary of literary texts.

Drama or movie is a work consisting of literary aspects and aspects of staging. Literary aspects of the drama is a play, while the literary aspects of the movie is the scenarios. According to Rosary (2009), the movie is a medium of communication that is formed from the merger of the two senses, sight and hearing, which has a core or theme of a story that reveals many social realities that occur around the neighborhood in which the film itself grows. JThorneBOT in (wikipedia,2015) states that the screenplay is one of the literary works that have a common structure with the drama. A movie script also has a background, plot, characterization and theme.

Jatman in (Kinayati, 1985:165) states that literary work and psychology does have a close relationship, indirectly and functionally. Indirectly, both literary and psychology have the same object, which is human’s life. Functionally psychology and literature study the mental of the people. The difference is in psychology, the symptoms is real, whereas in the literature it is imaginative. According to Rene Wellek and Austin Warren (1995: 90) the psychology approach of literature is related to the author, the creativity process, literary works, and readers. Nevertheless, the psychological approach is essentially related to the three main symptoms, the authors,
literary works, and the reader, with the consideration that the psychological approach is closer to author and literary works. If the researcher’s attention is dominantly directed to the author, so the model of the research is expressive approach, but if the research’s attention is focused on the literary works, so the model of the research is closer to the objective approach. The psychological research literature, began to show its brilliance in the study of literature. This was due to dissatisfaction of the previous research; the research of sociology of literature or any other literature that gave less attention to the psychological aspect.

The term of Psychology derived from two words, psyche which means soul, and logos that refers to science. Terminologically, psychology is a science that directs attention to the human where the object of research focuses on the psyche and human’s behavior. According to Hilgard in (Prihastuti, 2002: 18)"Psychology may be defined as the science that studies the behavior of man". The definition clearly shows that the psychology learns about the human’s behavior. Bourne Jr. said in (Siswantoro, 2005: 26)"Psychology is the study of behavior scientific principles". It explains that psychology is the scientific study of the fundamentals of behavior. So if we look in concrete terms, human’s behaviour is very diverse, but it has a unique pattern if it is observed carefully. Study of psychology learns psychological of someone. There are some people in this world that experience some kind of mental disorder. It does not mean that they are insane because not all mental disorders fall into insanity. All of it depends on the causes, symptoms, and effects.

2.2. Mental Disorder
Gangguan jiwa atau mental disorder merupakan sindrom atau pola perilaku, atau psikologi seseorang yang secara klinik cukup bermakna, dan secara khas berkaitan dengan suatu gejala penderitaan atau gangguan didalam satu atau lebih fungsi yang penting dari manusia. Sebagai tambahan, disimpulkan bahwa disfungsi itu adalah disfungsi dalam segi perilaku, psikologi atau biologi, dan gangguan itu tidak semata-mata terletak didalam hubungan antara orang dengan masyarakat. (Mental disorder is behavioral pattern/someone’s psychology which is clinically meaningful and typically related with a symptom distress or disorder in one or more of the essential functions of human. In addition, it was concluded that the dysfunction is dysfunction in terms of behavior, psychology or biology, and the disorder is not solely life in the relationship between the community) (Rusdi Maslim, 1998)

According to the American Psychiatric Association (APA, 1994), mental disorders is a symptom or a pattern of behavior of someone’s psychology that is clinically apparent that happens to a person related to a state of distress (painful symptoms) or inability (disruption in one or more areas of important functions) which increases the risk of death, pain, disability or loss of the important freedom and often the response is acceptable in certain circumstance.

2.2.1. Classification of Mental Disorder

Classification of mental disorder involves the differentiation from normal and abnormal behavior. In this case, the normal and abnormal can be mean healthy and sick, but it can also be used in another sense. Some of the symptoms differ sharply from normal and almost always indicate disease (Ingram et al., 1993): Mental disorders are divided into two major types, mental illness and mental disabilities. Mental disability includes a state of intellectual deficit that has been developed since born or at an early age. Mental illness implies that previous health, developing abnormalities or abnormalities that manifest later in someone’s life.
2.2.2. Types of Mental Illness

1. Mental illness in general is divided into psychoneurosis and psychosis. This category in accordance with the lay of the anxiety and madness. Psychoneurosis is a common situation that the symptoms can be understood and can be empathy. Psychosis is a disease whose symptoms can not be understood and can not be empathy and the patients often loses contact with reality.

2. The term functional and organic shows the etiology of the disease and are used to divide psychosis. Functional Psychosis means there is dysfunction, without demonstrable pathology disorders.

2.2.3. Causes of Mental Disorder

The main symptom or symptoms of mental disorders are prevalent in the psychological element, but probably the main cause is inside of the body (somatogenic), in the social environment (sosiogenic) or psychological (psychogenic),(Maramis, 1994). Usually there is not only one cause, some causes from various elements that influence each other or occur together by chance, then arise bodily or mental disorders.

2.3. Kinds of Mental Disorder

Rusdi Maslim in(Maramis,1994) states that mental disorder is the dominant psychological symptoms of psychic elements. He divided the mental disorders into several kinds: Organic and symptomatic mental disorders, schizophrenia, and delusion and skizotipal disorders, neurotic disorders, somatoform disorders, behavioral syndromes that related to physiological disturbances and physical factors, personality disorders and behavior in adulthood, mental retardation, disorders of psychological
development, behavioral and emotional disorders with onset during childhood and adolescence.

- Schizophrenia

Schizophrenia is form of the most severe functional psychosis which causes disorganization of the personalities. Schizophrenia often encounters everywhere since a long time ago. Yet our knowledge of the causes and pathogenesis is very little (Maramis, 1994). In severe cases, the patient will have no contact with reality, so that the way they think and behave is abnormal. The course of the disease will gradually move towards chronicity, but occasionally may arise to schizophrenic attacks. Rarely can occur the perfect recovery with spontaneously and if not treated usually end up with a damaged personality "disabled" (Ingram et al., 1995). The causes of schizophrenia are not fully known. However, it appears that schizophrenia usually results from a complex interaction between genetic and environmental factors. Schizophrenia has a strong hereditary component. Individuals with a first-degree relative (parent or sibling) who has schizophrenia have a 10 percent chance of developing the disorder, as opposed to the 1 percent chance of the general population. But schizophrenia is only influenced by genetics, not determined by it.

While schizophrenia runs in families, about 60% of schizophrenics have no family members with the disorder. Furthermore, individuals who are genetically predisposed to schizophrenia don’t always develop the disease, which shows that biology is not destiny. Twin and adoption studies suggest that inherited genes make a person vulnerable to schizophrenia and then environmental factors act on this vulnerability to trigger the disorder. As for the environmental factors involved, more and more research is pointing to stress, either during pregnancy or at a later stage of
development. High levels of stress are believed to trigger schizophrenia by increasing the body’s production of the hormone cortisol. Research points to several stress-inducing environmental factors that may be involved in schizophrenia, including:

- Prenatal exposure to a viral infection
- Low oxygen levels during birth (from prolonged labor or premature birth)
- Exposure to a virus during infancy
- Early parental loss or separation
- Physical or sexual abuse in childhood

In addition to abnormal brain chemistry, abnormalities in brain structure may also play a role in schizophrenia. Enlarged brain ventricles are seen in some schizophrenics, indicating a deficit in the volume of brain tissue. There is also evidence of abnormally low activity in the frontal lobe, the area of the brain responsible for planning, reasoning, and decision-making. Some studies also suggest that abnormalities in the temporal lobes, hippocampus, and amygdala are connected to schizophrenia’s positive symptoms. But despite the evidence of brain abnormalities, it is highly unlikely that schizophrenia is the result of any one problem in any one region of the brain.

Antipsychotic drugs aren’t the only treatment people with schizophrenia need. Psychotherapy and support are also key. With proper treatment, some individuals with schizophrenia can recover. About a quarter of young people with schizophrenia who get treatment get better within six months to two years, research has found. Another 35 to 40 percent see significant improvements in their symptoms after longer-term treatment—enough to let them live relatively normal lives outside hospitals with only minor symptoms. Antipsychotic drugs play a crucial role in treatment. These drugs
don’t cure schizophrenia. Instead, they reduce symptoms such as delusions and hallucinations.

The drugs can have side effects, such as physical agitation and muscle spasms. In addition, their long-term use causes permanent neurological damage. Reduced symptoms don’t necessarily mean individuals are able to function effectively outside a hospital, however. Psychosocial support can help make that possible. Psychotherapy can help individuals learn how to function in appropriate, effective and satisfying ways. By teaching individuals how to cope, psychotherapy can help people overcome dysfunction and regain their lives. Individuals may also need training in social skills or vocational counseling.

- Depression

Depression is a period of the disturbance in the human function that related to the natural feelings of sadness which accompanied with symptoms, including changes in sleep patterns, appetite, psychomotor, concentration, fatigue, despair and helplessness, and suicidal ideas (Kaplan, 1998). Depression can also be interpreted as a form of psychiatric disorders in the natural feelings marked by melancholy, flexibility, lack of interest in life, feeling useless, hopeless, and etc.(Hawari, 1997). Depression is a feeling of sadness that related to the suffer. It can be directed an attack directed at himself or deep anger (Nugroho, 2000). Depression is a pathological disorder of mood that has various characteristic of feelings, attitudes and understanding that someone is lonely, pessimism, despair, hopelessness, low self esteem, guilt, negative expectations and fear on the impending danger. Depression is a sadness that resembles a normal feeling that arises as a result of certain situations such as death of someone beloved. Instead of going to lose one's sense of ignorance will refuse to lose and show sadness
with signs of depression (Rawlins et al., 1993). Someone who suffers a feeling(mood) that depression will usually lose interest and excitement, and reduce energy towards a situation easily tired and reduce activity (Depkes, 1993).

➤ Anxiety

Anxiety as an usual psychic experience and reasonable, experienced by every people in order to spur the individual to overcome the problems encountered as well as possible,(Maslim,1991). A statein which a person to feels worried and scared as a form of reaction to specific threats (Rawlins 1993). The cause and source are usually unknown or unrecognized. The intensity of the anxiety level is distinguished from anxiety mild to severe levels. According to Sundeen (1995):"Identified a range of anxiety responses into four stages which include, anxiety mild, moderate, severe anxiety and panic”.

➤ Personality Disorders

Clinic shows that the symptoms of personality disorders (psikopatia) and nerosa symptoms are shaped almost the same in people with high or low intelligence. So, arguably the personality disorders, nerosa and most of intelligence disorder do not depend on one and another or are not correlated. Classification of personality disorders: paranoid personality, affective or siklotemik personality, schizoid personality, personality explosif, personality anankastik or obsessive-konpulsif, histrionic personality, personality astenik, antisocial personality, Personality pasifagresif, personality inadequat, Maslim (1998).
➢ Organic Mental Disorders
This is a psychotic or nonpsychotic mental disorder caused by dysfunction of brain system (Maramis, 1994). Impaired function of this brain system can be caused by a physical disease which primarily affects the brain or mainly outside the brain. When the affected brain turn large, the basic disturbance of mental function is the same, does not depend on the disease caused when only part of the brain with specific functions are disrupted, so the location is what determines the symptoms and syndrome, not a disease that causes it. The division became psychotic and no psychotic more show severe brain disorder in a particular disease than the division of acute and chronic.

➢ Psychosomatic disorders
This is a psychological component that followed by bodily dysfunction (Maramis, 1994) . The neurotic developments which show mostly or solely due to malfunctioning organs are often controlled by the vegetative nervous system. Psychosomatic disorders can be equated with what is called neurosa organs. Because usually only the faaliah function is impaired, it is often referred to a psychophisiological disorders.

➢ Mental retardation
Mental retardation is a state of mental development stalled or incomplete, which is mainly characterized by the occurrence of low skills during development, so it will be influence on the overall level of intelligence, such as cognitive ability, language, motor and social (Maslim, 1998).
➢ Behavior Disorders

Children with behaviour disorder showed the behavior that does not comply with the request, customs or norms of society (Maramis, 1994). Children with behavioral disorders can lead to difficulties in the care and education. Behavioral disorders may stem from a themselves or the environment, but eventually both of these factors affect each other. It is known that the characteristics and shape of the body as well as a general personality trait can be inherited from parents to their children. In brain disorders such as head trauma, encephalitis, neoplasm may lead to personality changes. Environmental factors can also affect children's behavior, and often more decisive because the environment can be changed, that is why the behavioral disorder can be influenced or prevented.

2.4. Psychoanalysis Theory

Sigmund Freud introduced a three part structural model during the 1920s. This division of the mind into three provinces did not supplant the topographic model, but it helped explain mental images according to their functions or purposes. The most primitive part of the mind is the id, the ego, and the superego. These provinces have no territorial existence, of course, but are merely hypothetical constructs. They interact with the three levels of mental life so that the ego cut across the various topographic levels and has conscious, preconscious, and unconscious components, whereas the superego is both preconscious and unconscious and the id is completely unconscious.

The power of the id expresses the true purposes of the individual organism’s life. This consists in the satisfaction of its innate needs. No such purpose as that of keeping itself alive or of protecting itself from dangers by means of anxiety can be attributed to the id. That is the task of ego, whose business it also to discover the most favourable and least perilous method of
obtaining satisfaction, taking the external world into account. The superego may bring fresh needs to the fore, but its main function remains the limitation of satisfaction. (Clark, 1997:135-136)

2.4.1. The Id.

Psychology does not only learn about human’s behaviour but also problem solving. Psychology also attempts to understand human as the complex consciousness. So by learning psychology, we know how the personality of someone and how the problem of someone is solve.

As the core of personality and completely unconscious to the individual is the psychical region called the id, a term derived from the impersonal pronoun meaning “the it”, or the not-yet-owned component of personality. The id has no contact with reality, yet it strives constantly to reduce tension by satisfying instinctual desires. Because its sole function is to seek pleasure we say the id serves the pleasure principle.

Besides being unrealistic and pleasure seeking, the id is illogical and can simultaneously entertain incompatible ideas. Another characteristic of the id is lack of morality. Because it cannot make value judgement or distinguish between good and evil, the id not immoral, merely amoral. All of the id’s energy is spent for one purpose-to seek pleasure without regard for what is proper or just (Freud, 1923/1961a, 1993/1964).

The id is primitive, chaotic, inaccessible to consciousness, unchangeable, amoral, illogical, unorganized, and filled with energy received from the instincts and discharged for the satisfaction of the pleasure principle.

As the subdivision that occupies the instincts (primary motivations), the id operates through the primary process. Because it blindly seeks to satisfy the pleasure
principle, its survival is depends on the development of a secondary process to bring it into contact with the external world. This secondary process functions through the ego.

2.4.2. The Ego

The ego, or I, is the region of the mind in contact with reality. It grows out of the id during infancy and becomes a person’s only sources of communication with the external world. It is controlled by the reality principle, in which it tries to substitute for the pleasure principle of the id. As the sole region of the mind in contact with the external world, the ego becomes the decision-making or executive branch of personality. However, because it is partly conscious, partly preconscious, and partly unconscious, the ego can make decisions on each of these levels.

When performing its cognitive and intellectual functions, the ego must take into consideration the incompatible but equally unrealistic demands of the id and the superego. In addition to these two tyrants, the ego must serve a third master-the external world. Thus, the ego constantly tries to reconcile the blind, irrational claims of the id and the super ego with the realistic demands of the external world. Finding itself surrounded on three sides by divergent and hostile forces, the ego reacts in a predictable manner-it becomes anxious. It then uses repression and other defense mechanisms to defend itself against this anxiety (Freud, 1926/1959a).

According to Freud (1933/1964), the ego becomes differentiated from the id when a baby learns to distinguish himself or herself from the outer world. While the id remains unchanged, the ego continuous to develop; while the id insist on unrealistic and unrelenting demands for pleasure, the ego must furnish the control. Similarly, the ego checks and inhibits id impulses, but it is more or less constantly at the mercy of the
stronger but more poorly organized id. The ego has no strength of its own but borrows
energy from the id. In spite of this dependence on the id, the ego sometimes comes
close to gaining complete control, for instance, during the prime of life of a
psychologically mature person.

2.4.3. The Superego

In Freudian psychology, the superego, or above-I, represents the moral an
ideal aspects of personality and is guided by the moralistic and idealistic principles as
opposed to the pleasure principle of the id and the realistic principle of the ego. The
superego grows out of the ego, and like the ego, it has no energy of its own. However,
the superego differs from the ego in one important respect—it has no contact with the
outside world and therefore is unrealistic in its demands for perfection (Freud,
1923/1961a).

The superego has no subsystems, the conscience and the ego-ideal. Freud did
not clearly distinguish between these two functions, but in general, the conscience
results from experiences with punishments for improper behaviour and tells us what
we should not do.

A well-develop superego acts to control sexual and aggressive impulses
through the process of repression. It cannot produce repressions by itself, but it can
order the ego to do so. The superego watches closely over the ego judging its actions
and intentions. Guilt is the result when the ego acts—or even intends to contravene to
the moral standards of the superego. Feelings of inferiority arise when the ego is
unable to meet the superego’s standards of perfection. Guilt, then, is a function of the
conscience, whereas inferiority feelings stem from the ego-ideal (Freud, 1933/1964).
The superego is not concerned with the happiness of the ego. It strives blindly and unrealistically toward perfection. It is unrealistic in the sense that it does not take into consideration the difficulties or impossibilities faced by the ego in carrying out its orders. Not all its demands, of course, are impossible to fulfill, just as not all demands of parents and other authority figures are impossible to fulfill. The superego, however, is like the id in that is completely ignorant of, and unconcerned with, the practicability of its requirements.

The ego and superego may take turns controlling personality, which results in extreme fluctuations of mood and alternating cycles of self-confidence and self-deprecation. In the healthy individual, the id and the superego are integrated into a smooth functioning ego and operate in harmony and with a minimum of conflict.

The three provinces of the mind are continuously interacting one into another. The ego is formed by the id and the superego is formed by the ego. Human behaviour is determined by their dynamics. If the biggest part of energy is controlled by the superego, so the behaviour will be realistic but if restrained by the id, the behaviour will be impulsive. If the id is dominant, the individual will have a disorder dominated by fantasies of wish fulfillment and illogical primary process thinking. In contrast, if the superego is dominant, the individual is over inhibited and unable to experience sensual pleasure without feelings guilty.