

CHAPTER TWO

LITERATURE REVIEW

2.1 Previous Study

In conducting a research, previous studies are needed to help the writer doing the research. Thus, some previous studies with the same object and several topics are chosen as the guidance for the writer. Here some preview that help the writer for doing the research.

The first previous study is from the journal conducted by Margiana, Kuncara, & Lubis (2020) entitled *The Depression Symptoms of Virginia Woolf as The Author Portrayed in Mrs. Dalloway Novel*. This research objective describe about the symptoms of depression experienced by the author that portrayed by the main character in the novel. This study use the cognitive theory of depression by Alford & Beck (2009) to analyze the symptoms of depression. This study found the kinds of depression symptoms portrayed by the main character such as negative expectation, self-blame and self-criticism, paralysis of the will, avoidance, escapist, and withdrawal wishes, suicidal wishes, loss of appetite, sleep disturbance, loss of libido, hallucination, dejected mood, negative feeling toward self, low self-evaluation, and the delusion of worthlessness. This previous study used to help the writer to gaining the information in analyzing the depression symptoms experienced by the main character in the research conduct by the writer.

The second previous study is from the journal conducted by Patmarinanta & Ernawati (2016) entitled *A Story on Characterization of The Main Character in "The Fault In Our Stars*. The research objective of this study is to analyze the personalities of Hazel and August as the main character in *The Fault In Our Stars* novel by using the theory of characterization by Djasi (2000). This study found some characteristic that represent Hazel's and August's characterizations such as depressed, book lovers, fighter, stubborn, chivalrous, kind and royal. The theory used in this study help the writer in analyze the characterization of the main character in the novel used in the research conduct by the writer to find about how the main character suffer the depression.

The third previous study is from a research conducted by Setiawan (2019) entitled *Craig's depressive Cognition in Ned Vizzini's It's Kind A Funny Story*. The objectives of this study are to find the depressive cognition mechanism of Craig as the main character and to describe the way Craig in coping depressive cognition. This study found cognitive bias, negative schema from his experiences, and the symptoms of depression (Septiawan, 2019). The theory is used to analyze this study is depressive cognition theory of Aaron T. Beck. This study help the writer to gain the information about the idea of depressive cognition theory by Aaron T. Beck used as the framework theory of the research conduct by the writer.

The last previous study is from a journal conducted by Widyawati (2014) entitled *An Analysis of depression On The Main Character Kyle Kingson On The Beastly Film*. The objective of this study is to analyze the psychological condition or

depression experience by the main character in the film. This study finds seven symptoms of depression of Kyle as the main character in *The Beastly* film such as feeling sad or unhappy, losing interest or pleasure in daily activities that he previously liked, getting angry or easily offended, difficulty in making decisions, lack of focus in doing things, feeling if he is not worth it, he is guilty and often thinks about the failures he has experienced. All the symptoms mentioned were obtained by the writer through dialogue and expressions from several scenes in *The Beastly* film. This study give insight to the write about the process of analyzing the psychological condition of the main character in a literary work, and in this case the psychological condition experienced by the main character is depression.

2.2 Psychological Approach

Psychology has a close relationship with literature. Both branches of science study the behavior of the human soul. This happens because the soul is abstract while mannerism is something that is immediately verifiable and obvious (Yunara & Kardiansyah, 2017) . Psychology is more focused on studying human behavior and the causes behind that behavior, while literature describes human behavior through fictional stories. These two branches of science psychology and literature are related and have a mutually beneficial relationship. Psychology can help reveal the reasons for character behavior. It reveals the basis of human behavior and motivation (Guerin, et al., 1979). One of the strong links between literature and psychology is literary work. Thus psychology and literature have a two-way interaction, in which literary works have psychological sources and state the truth of psychology in the form of literary works. Psychology in literary works can be

found in the form of poetry, short stories, plays, and novels. Psychological novels are one of the most explicit literary works that describe the human mind related to individual life experiences, feelings, emotions, and human thoughts. The novel uses the concept of psychology to describe the psychological conditions experienced by humans, such as the example that we can see in the character Nora Seed in the novel *The Midnight Library*.

According to Roekhan (2011), the psychological approach can be connected by three possible approaches; first, the intrinsic approach, this study is about the psychological aspect of character in literary work; second, the pragmatic approach, which is about the psychological aspect of the reader; third, expressive approach, this study concerns to the psychological aspect of the author when the author expresses feeling in a work. From this explanation, it can be concluded that the psychological approach has three possible approaches. From the three possible approaches, the writer only uses an intrinsic approach that has a relationship with psychology in a literary work. The writer uses a psychological approach that relates to the psychological aspects experienced by the characters in *The Midnight Library* novel.

The writer uses a psychological approach to analyze the psychological aspects that exist in literary work, especially novels. By understanding what is experienced or happened to the characters in the novel. Examples such as changes in character or feelings experienced by the character. In conducting the analysis, the writer uses two methods, namely understanding the psychological theory and then analyzing

the object, identifying the novel as an object in the research, and then identifying which psychological theory is the most suitable for carrying out the analysis. The psychological approach used in this study helps the writer in analyzing the internal conflicts experienced by the main characters in the novel. This psychological approach is used because it relates to the internal conflict experienced by the main character which is related to the character's behavior and psychological conditions experienced by the main character in *The Midnight Library* novel.

2.3 Depression

Depression is a common illness worldwide and it is estimated that more than 7% of people experience depression. The age of 12-25 years is vulnerable for a person to experience depression. Citing data from the World Health Organization (WHO) in 2020 more than 264 million people experience depression. From this figure, women are said to have a higher risk of experiencing depression. According to the Centers for Disease Control, twice as many women experience depression as men who experience depression. According to the WHO definition, depression is a situation or feeling of discomfort experienced by a person and is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities.

2.3.1 Types of Depression

1. Major Depressive Disorder

One type of depressive illness or mood disorder is major depressive disorder. The crippling condition known as major depressive disorder (MDD) is characterized by at least one distinct depressive episode that lasts

at least two weeks and includes distinct changes in mood, interests, and pleasure as well as cognitive changes and vegetative symptoms. In contrast to feeling "blue", depression results in serious enough issues to impair a person's ability to go about their daily lives. Different people have different significant depressive episodes. Some people say it's a complete lack of motivation or passion for anything. Others could describe it as having a continual sense of impending doom.

2. Seasonal Affective Disorder

A type of depression known as seasonal affective disorder (SAD), seasonal depression, or winter depression. People who have SAD go through mood swings and exhibit indications of depression. The signs typically appear during the shorter days of fall and winter, and they normally get better as spring approaches. In the United States, January and February are typically the hardest months for those who suffer from SAD. Even though it is far less frequent, some people get SAD in the summer. Patients with SAD frequently exhibit signs of depression when they first get diagnosed. If a doctor suspects depression, they should take SAD into consideration the depression has a history of having a seasonal pattern, and if it coincides with the current season (Kurlansik & Ibay, 2012).

3. Depressive Cognition

This depressive cognition identified unfavorable ideas of oneself, the future, and the world as the depressive thought's content (Beck & Alford, 2009). Since Beck's original statement, theorists have argued that pessimistic views of the world and the future are restricted to one's world and one's future and

may be characterized as particular types of pessimistic self-views (Haaga, et al., 1991). Numerous studies have shown that people who are depressed have more unfavorable opinions of themselves, place more responsibility on themselves than on others, and have more pessimistic outlooks. Compared to non-depressed people, those with depression are more negatively impacted by self-reflection than others.

4. Postpartum Depression

A dangerous but manageable medical condition known as postpartum depression causes acute sadness, apathy, and/or worry, as well as changes in mood, activity levels, sleep patterns, and food. For both the mother and the child, there are risks. Depression that develops during pregnancy or right after giving birth is referred to as a peripartum depression. The term "peripartum" acknowledges the fact that depression related to having a baby frequently starts during pregnancy. During this time, mothers frequently go through significant biological, emotional, economical, and social upheavals. Some women may be more likely to experience mental health issues, especially despair and anxiety.

5. Chronic Depression (Dysthymia)

Dysthymia (also known as dysthymic disorder) is characterized as a chronic depressive mood disorder. Major depressive disorder (MDD) and dysthymia are two distinct conditions. The aftereffect of clearly recognized major depressive episodes is not dysthymia (Trivedi & Kar, 2011). According to definitions, dysthymia is a chronic mood illness that lasts at least two years in adults and one year in children and adolescents. The American

Psychiatric Association makes a distinction between MDD and dysthymia based on their symptomatology and chronicity because both conditions fall under the umbrella of mood disorders. Both disorders have the defining sign of depression or poor mood. For a diagnosis of MDD, however, this must have existed for only two weeks as opposed to two years for dysthymia. Dysthymia (also known as dysthymic disorder) is characterized as a chronic depressive mood disorder. Major depressive disorder (MDD) and dysthymia are two distinct conditions. The aftereffect of clearly recognized major depressive episodes is not dysthymia (Trivedi & Kar, 2011). According to definitions, dysthymia is a chronic mood illness that lasts at least two years in adults and one year in children and adolescents. The American Psychiatric Association makes a distinction between MDD and dysthymia based on their symptomatology and chronicity because both conditions fall under the umbrella of mood disorders. Both disorders have the defining sign of depression or poor mood. But unlike dysthymia, which must have existed for two years, MDD must have existed for just two weeks. On the DSM-IV criteria, dysthymia only needs two additional symptoms to be diagnosed (Moch, 2011).

2.3.2 Depressive Cognition Theory by Alford and Beck

The definition of depression according to Beck and Alford (2009) is when individuals experience psychological disorders characterized by deviations in feelings, cognition, and individual behavior. In other words, depression can be defined as a specific change in mood such as sadness, loneliness, decreased self-

concept associated with self-reproach and self-blame, withdrawing from the environment, hiding, or having the desire to end life, vegetative changes, and changes in activity levels. Beck's most central assumption is that depression is principally a cognitive disorder characterized by three negative self-relevant beliefs or usually called a cognitive triad such as a negative view of the self (e.g. feeling defective, deficient, and worthless), negative view of the, and negative view of the future (e.g. feel pessimistic about their ability to attain desired outcomes).

2.3.3 Depressive Cognition Symptoms

According to Oxford Languages, the symptom is a physical or mental feature that is regarded as indicating a condition of disease, particularly such a feature that is apparent to the patient. Symptoms are defined as the self-reported perception of an individual's experience of disease or physical disturbance (Dodd, et al., 2001), and can include experiences such as fatigue, pain, and cognitive dysfunction. Clustering of symptoms occurs when patients experience multiple related symptoms concurrently (Xiao, 2010). There are several symptoms that are usually experienced by people with depression. In the book *Depression Cause and Treatment* written by Alford and Beck (2009), depressive cognition symptoms are classified into six categories including emotional, cognitive, motivational, vegetative and psychical, delusions, and hallucinations. The following are the categories of symptoms in depressive cognition:

1. Emotional Symptoms

The term emotional symptoms refer to the changes in the patient's feelings or overt behavior directly attributable to his or her feelings. The symptoms are as following:

a. Dejected mood

This symptom is experienced by people with depression who often feel anxiety, usually in the form of "hopeless" and "worry." They can even feel sadness for a long time or feelings of sadness that are very deep, making people with depression feel unable to stand the feelings they are experiencing.

b. Negative feeling toward self

People with depression often think negatively about themselves. These negative feelings can be caused by the disappointment they get in themselves. Which can affect self-dislike and can even lead to self-hatred.

c. Reduction in gratification

People with depression often feel bored, lose gratification to everything, or cannot feel enjoyment from activities that they initially enjoyed.

d. Loss of emotional attachment

People with depression may experience a loss of interest in the daily activities they often do or in the people around them. Usually, this is caused because people with depression feel the loss of love from their family or the people closest to them. This can cause people with

depression to lose their emotional interest in love, family, or even friendships.

e. Loss of Mirth Response

People with depression experience a loss of sense of humor. This loss of sense of humor causes people with depression to respond to humor differently than usual. They take humor seriously, becoming more easily offended by a joke.

2. Cognitive Symptoms

Cognitive symptoms of depression include several diverse phenomena. These include low self-evaluation, body image distortion, and negative expectations. Other symptoms, self-blame, they are vulnerable to hold themselves accountable for the difficulties or problems they encounter involves a decision-making area: patient usually indecisive and indecisive. The symptoms are as follow:

a. Low self-evaluation

People with depression lose confidence in their abilities. They see themselves as deficient in their ability, performance, intelligence, health, strength, personal attractiveness, popularity, or financial resources. They often consider themselves to be the worst sinners or totally inadequate.

b. Negative expectation

People with depression often think negatively about something that hasn't happened yet. It indicates the outlook of depressed people, which

is a gloomy look. They feel that they have no future. They feel that everything in any aspect of their life is getting worse and thinks that it is the end of their life.

c. Self blame and self-criticism

People with depression often blame and criticize themselves because they feel they can't meet the general standards of achievement. They think that they are a failed product and they can even think that they are the root cause of a problem that they are not even doing.

d. Indecisiveness

People with depression have difficulty making decisions. They avoid making wrong decisions. Indecisiveness is mentioned as one of the characteristics of depression. Even people with depression have difficulty making small decisions like what clothes they should wear or which route they should take to get to college.

3. Motivational Symptoms

Motivational symptoms include consciously experienced strivings, desires, and impulses that are prominent in depressions. These motivational patterns can often be inferred from observing the patient's behavior; however, direct questioning generally elicits a fairly precise and comprehensive description of motivations. The symptoms are as follow:

a. Paralysis of the will

The loss of positive motivation is often striking feature of depression. It makes depressed people lose gratification in doing their daily activities, making them have no desire to do anything.

b. Avoidance, escapist, withdrawal

The wish to avoid or escape is manifested in marked seclusiveness. They prefer to always stay in their room, even when they feel someone is approaching they choose to hide under their blankets to avoid interaction. They feel they have to avoid everyone and don't want to do any activities. One form of escape that is often chosen by people with depression to avoid these things is suicide.

c. Suicidal wishes

The most crucial wish from depressed people is hoping dead in any other ways such as suicide with a knife or hanging and so on. It has historically been associated with a depressed state. They think that suicide is the most appropriate way of escaping a situation that they can no longer tolerate.

4. Delusions

a. Worthlessness

Depressed people always thought that they were unworthy to be live in this world. They believe that all things are useless and also always feel regret. Depressed people usually have the thought that they are useless,

they can do anything worthwhile, and also the feeling that as if they regret for being born in the world.

From the symptoms above, the writer uses this information to identify the symptoms of depression experienced by the main character named Nora Seed in the novel *The Midnight Library* by Matt Haig.

2.4 Character

Character is a figure who appears in literary works such as novels, poetry, and drama (Barnet, 1988). A story usually consists of several characters. One or more of the characters who are in a story act as the main character. Characters are people who appear in narrative prose or novels and are interpreted by readers as people who have certain moral qualities and tendencies as expressed in what they say and what they do (Abrams, 1982). Characters are people who can contribute to the story in some way (Dickinson, 1996). In his book, *Aspect of the Novel*, Foster distinguishes characters into two types, namely flat characters from round characters. Flat characters are characters that have stable characteristics, and from the beginning to the end of the story there is no change in the character. Meanwhile, round characters are characters that have changed, in which there is a difference in character at the end of the story (Foster, 1954).

2.5 Characterization

Characterization is the process of describing how the behavior, physical, and mental of a character in a story (Djasi, 2000). In some literary works, especially novels, the

author often explains directly the characteristics (behavior, physical, and mental) of the characters. In addition, characterization can also be done indirectly through dialogue or conversation. In other words, characterizations are known through dialogue between characters in the story. According to (Nurgiyantoro, 1955) characterization is a character or community figure presented in a narrative work interpreted by the reader, in which the character has certain moral qualities and tendencies through dialogue and behavior. Characterizations can be divided into two types; namely direct characterization and indirect characterization. Direct characterization, is a characterization where the author usually explains directly to the reader how the personality of a character. Meanwhile, indirect characterizations usually describe the character's personality through the setting of the story, the character's environment, and the habits of the character and invite the reader to interpret the characterization through the character's words and actions.

From both theories of character and characterization, the writer uses these theories to identify the behavior of the main character in *The Midnight Library* Novel by Matt Haig through the characterization of the main character in the story, and this could help the writer to answer the research question of this study.