

CHAPTER TWO

LITERATURE REVIEW

In this chapter, the author clarified a few past considerations and speculations that can assist in conducting this research. The previous studies used by the author are relatable to the subject and the relevant theories, which got to be the rule to do the examination and offer assistance to reply to the investigation address in this term paper.

2.1 Previous Studies

Asia and Samanik (2018) stated that, “previous studies were selected based on the topics discussed, and these studies will be used as a reference and enlightenment to the writers in developing research analysis.”

2.1.1 Depression of the Main Character In Sylvia Plath’s *The Bell Jar* (2016)

This research was written by Wulandari from UIN Sunan Gunung Djati Bandung in 2016. *The Bell Jar* is a novel about a student named Ester Greenwood as the main character. Eater suffers from depression due to losing love and a shaky future. Depression causes mental side physical indications characterized by restlessness, eating, lack of concentration, and suicidal ideation. Mental symptoms are characterized by silence, crying, the misfortune of desire, desire, and heartbreak. This study uses Freud's psychoanalytic theory to analyze the mental problems of the main deposit in the novel *The Bell Jar*. The inability to meet love and the future causes the main characters to experience depression. The mental problems in this study are the same as those that I will examine; in this study, the

author uses the theory of Aaron Beck to describe the personality problems of the main character in the novel *It's Kind Of Funny Story*.

2.1.2 The Depression Symptoms of Virginia Wools as Author Poyrayed In *MRS Dalloway* Novel

The second study was conducted by Margiana, Kuncara, and Lubis in 2020 entitled Symptoms of Depression Virginia Woolf as the Author of the Novel Portrayed in *MRS Dalloway*. This study aims to find depressive symptoms in the writer Virginia Woolf as depicted in the characters Septimus Warren Smith and Clarissa Dalloway in the novel entitled Dalloway. To find out the signs of the characters in the story, this study uses Beck's theory of cognitive symptoms of depression. Thus this research is used as previous research by the Author because it can help the writer to find out the symptoms of depression experienced by the main character in the *novel it's kind of a Funny Story* using the same theory, namely the theory of cognitive symptoms from Arron Beck.

2.1.3 The Depression of The Main Character as Reflected in *Every Day* by David Levithan

The previous study was written by Ike Sulistiyana and tri Rini Wadiarti. The purpose of this study is to describe the characterization of the main character in the novel, and the second is to describe the depression experienced by the main character in the story. This research uses symptoms theory by Improving access to a psychological therapist. This previous study is the same as this study because it describes the symptoms of depression but with a different view and a different

novel. This study uses a psychological approach and can help the writer to analyze depression in the main character. This study has similarities; namely, the method of data analysis in this study is descriptive qualitative.

2.1.4 Depression Of The Main Character Portrayed In *Topdog/Underdog* Play Script (2001) by Suzan Lori Park

This research was written by Farange Anjelia¹, Dahlia D. Moelier¹, and Asyrafunnisa¹. This study aims to identify and explain the depression of the main character in Suzan Lori Parks' drama script, entitled *Topdog/Underdog*. The writer uses a descriptive research method through a psychoanalytic approach. The author uses Freud's psychoanalytic theory and analyzes the symptoms of depression using the theory of Bhowmik and Beck. In conclusion, There are many factors that cause depression, such as emotional state, material, love, and conflict. The writer concludes that the main factor causing depression in this drama is the rivalry between the two brothers. While the influence of depression also causes the main character to feel angry, lose lust, and become aggressive. This research helps the writer to know and understand psychoanalysis using different theories and different novels.

2.1.5 Reading Traumatized and Depressed Women: A Cognitive Study of Sylvia Plath's *The Bell Jar*

M. Abdul Kareem and Prof. Lamiaa Ahmed wrote this research. This study aims to reveal what can cause women to experience depression. This study uses a novel titled *Bell Jar* by Sylvia Plath, a semi-autobiographical novel that tells about the

struggle of heroin against depression. This study uses Arron Beck's theory to determine the depression model experienced by the characters in the bell jar novel. This research is used as a previous study because it can help the writer to describe the depressive nature shared by the main character in the novel type of humorous story using Arron Beck's theory. Previous and current research uses the same cognitive theory from Arron Beck but uses different novels.

2.2 Psychology Approach

This study uses the psychological approach to analyze the novel since this study is related to psychological aspects. A literary, psychological approach is an approach which is based on the assumption that literature is always talking about human life that consistently exhibits diverse behaviours (Atar and Semi, 1993). Psychological techniques have many disorders that result from mental, behavioural, and social factors, such as personal experiences, traumas, conflicts, and environmental conditions. A psychological approach is a unique form of criticism in that it draws upon psychological theories in its interpretation of a text. Linking the psychological and literary worlds brings a scientific aspect to literary criticism.

The psychological approach leads most directly to a substantial amplification of the meaning of a literary work. We primarily study the author's imagination when discussing psychology and its place in academic work. As all literary works are based on some experience, and as all authors are human, we are necessarily caught up in the broad spectrum of emotional problems caused by experience.

The knowledge of psychology helps the author to create characters in plays and novels more real as well as situation and plot (Wellek and Warren, 1956).

Meiliana (2020) Psychology is the science that studies and explains the behavior that can be seen with the mind which is not, the processes that occur in real terms from external events in the environment.

In the view of Wellek and Warren (1990) and Hardjana (1985), literary psychology has four research possibilities, including:

1. Study the psychology of the writer as a type or as a person. This study tends toward the psychology of art. It means that a writer is a human being who cannot be separated from the nature that has the desire and emotion. Based on his passion and emotional background he can create a literary works.
2. Research the creative process in relation to psychology. This research is also related to the psychological process of being active. this study looks at how the process of a work can be made into a whole literary work.
3. Research on the laws of psychology applied to literary works. This study looks at how topics and cases in psychology are applied in the character of literary works.
4. The study of the psychological impact of literary texts on readers (Endraswara, 2003).

That is, this study looks at the influence of literary works on readers, whether they affect the way of thinking and the way of life of readers or not.

Based on the literary psychology approach above, this study is included in the psychology of literature which studies the psychology of the author as an

individual. Since Ned Vizzini wrote *It's Kind Of A Funny Story* based on his experience while in the hospital. He has a depressive mental illness.

Because of that experience, Ned describes Craig Gilner as a young teenager who suffers from depression.

2.3 Depression Theory

Depression is a severe disease that is generally common, and not a few of them need treatment to recover. Everyone except feeling sad or sad these feelings usually pass quickly and pass within a few days. When a person has a depressive disorder, it can interfere with daily life and normal functioning and cause pain with disturbances and disturbances to them (NIMH book). Depression is the most common mental health problem, mainly when its milder forms include dysphoria. Historically, these symptoms have been achieved through structured or unstructured interviews on standard symptom scales. There are several theories used to explain depressive disorders, and there are stress theory, psychoanalytic theory, cognitive theory, and humanist theory.

2.3.1 Psychoanalytic Theory

Freud stated that depression is caused by oral needs in childhood that were not satisfied or, conversely, over-satisfied. As a result, children will develop an excessive dependence on self-esteem, so if they suddenly lose someone very important, there will be complex reactions such as sadness, protracted mourning, anger, resentment, self-loathing, and wanting to punish or blame. They feel depressed and depressed.

2.3.2 Stress Theory

Stress occurs when there is an imbalance between request and capacity. This theory explains depression based on the assumption that mood disorders are a stress response. For example, patients who reported events reported multiple events in the last six months before the onset of depression in those who were not depressed.

2.3.3 Humanist Theory

Humanists believe that depression results from a low self-esteem self-concept resulting from loss. You don't have to lose a loved one; you can lose status, power, social status, and even money.

2.3.4 Cognitive Theory

Beck (1985) argues that depression affects how a person thinks about himself. People who suffer from depression are more likely to blame themselves. This happens because there is a cognitive bias towards himself, the world and his future. They perceive it from an opposing point of view.

Cognitive models of depression arise from systematic clinical observations and repeated experimental tests (Beck, 1979). This interplay of clinical and experimental approaches enabled the development of cognitive models of depression.

Beck has offered the most comprehensive explanation of depression from a cognitive point of view, called the cognitive model of depression.

This model consists of three specific concepts: the cognitive triad, negative self-schemas, and errors in logic.

2.3.4.a. Cognitive Triad

The cognitive triad is a triad of automatic negative thinking he proposed that we have certain views were negative can lead to depression.

There are three perceptions from the cognitive triad: about the world, he tends to generalize by relating statements and experiences to everybody else in the world.

For example, everybody hates me because I am worthless, nobody loves me, and my life is terrible.

Negative view about their view of the future is pessimistic or nonexistent that it is going to be bleak as the present and there is no hope though as feel never be good at anything because never get through this and never find someone who will understand.

Negative view about oneself the person engages in a high level of self-blame he blames himself for everything that goes wrong they also view themselves as incompetent or ruthless what goes through their mind is feeling ugly, a bad person, feeling all the things it's their mistake.

2.3.4.b. Negative Self Schema

The definition of schema proposed by Harvey, Hunt, and Schroeder (1961) as a structure for filtering, coding, and encouraging faced by individuals.

Negative schemas are knowledge that stores information about ourselves and the world around us.

Negative schemas that come from negative experiences that develop from childhood which can come from pressure or criticism from parents, teachers, or friends and closest people. A person who has a negative schema believes that he is unable, failed or worthless in considering himself. They have beliefs and expectations about themselves that are inherently negative and pessimistic.

In every situation this life consists of various stimuli. The individual begins by paying attention to the situation he faces, then he takes the essence of the aspects of the situation, then combines it in a coherent pattern, so that a conceptualization of something is formed.

2.3.4.c. Error in Logic

Namely, prejudice against yourself. The cognition of this discouraged individual can be categorized, concurring to the method in which they are from coherent or reasonable thoughts. Process processes can be-can-be-fictitious as paralogical (arbitrary inference, selective abstraction, excessive generalization), force (exaggerating), or semantic (inappropriate labelling). These cognition distortions are found at all levels of depression (Beck, 1967). In more detail, Beck deducts it as follows.

1. Arbitrary inference, namely someone who draws conclusions about an event or experience without any evidence, or the evidence shown is not in accordance with the conclusion.
2. Selective abstraction is when someone only focuses on the worst aspect of any situation.

3. Overgeneralization is drawing conclusions based on one or more separate events and applying concepts that apply to all things in related and unrelated situations.
4. Dicotomous thinking is where everything is black and white. This is manifested in a tendency to put all experiences into one or two opposite categories. For example, happiness and misery, poor-rich, sinners-holy, crippled-perfect (Beck, 1967).
5. Labeling and mislabeling involve portraying a person's identity based on imperfections and mistakes made in the past and allowing them to define a person's true identity. Instead of saying I made a mistake, someone puts a negative label on themselves: I'm a loser. They may also call themselves stupid or failures or jerks. Labeling is quite irrational because a person is not what they are.
6. Catastrophizing or thinking of absolute worst-case scenarios and outcomes for most situations. This is a cognitive distortion in which a person tends to blow things out of proportion. In other words, they make things a lot worse than they need to be. They always make problems bigger than life, which of course makes them very difficult to deal with (Beck, 1967)
7. Peraonalization is a tendency to relate external events to themselves, without a basis that allows these changes to occur.

2.4 Symptoms Of Depression

According to Beck (1967) there are three categories of symptoms or symptoms of depression, including: emotional, cognitive, motivational, and physical symptoms.

2.4.1. Emotional Symptoms

It is a change in feelings or behaviour that directly results from an emotional state. In his research, Beck mentions a dynamic manifestation that includes a decrease in mood, a negative view of oneself, no longer feeling satisfied, crying, and the loss of an exhilarating response. The decreased mood is the most common characteristic of emotional symptoms. The decreased mood appears when a person feels sad, grey, or dysphoric. Negative feelings towards oneself, for example, "a person feels worthless, helpless, and weak". The loss of satisfaction stems from a decrease in activity and an increase in depression, even in activities related to biological needs, such as eating, drinking, and having sex. Activities involving tasks and responsibilities become less satisfying; on the contrary, passive activities such as sleeping, relaxing, and resting give more satisfaction—loss of emotion of affection related to activities related to other people.

These feelings are graded, from diminishing the intensity of affection and love to then moving to feelings of indifference to apathy, where the individual can only give an adverse reaction to any positive emotion. Sadness, there is an increase in frequency. Stimuli that generally don't affect the individual now give rise to tears. In severe stages, the individual is no longer able to cry, even though he or she wants to cry. The loss of an encouraging response in the sense of the loss of the ability to capture information that contains humor.

Hearing jokes is no longer a source of satisfaction, all tend to be taken seriously, and can even give an offended response.

2.4.2. Cognitive Symptoms

Beck (1967) mentions cognitive manifestations, among others, namely low self-assessment, negative expectations, blaming and self-criticism, unable to make decisions, distortion of "body image". Low self-assessment of intelligence, appearance, health, attractiveness, popularity, or income. Negative expectations include expecting the worst and rejecting the possibility of improvement and change for the better. This negative outlook is often a source of frustration for friends, family, and the doctors who treat her. People with depression often assume that this inadequate condition (social, physical, financial condition) will continue or get worse in the future. Thoughts of deteriorating self condition or problems so that they cannot recover, will be the basis for considering suicide as a reasonable step. Blaming and criticizing oneself is related to the assumption that things that are less favorable or misfortune that occur are caused by some shortcomings that exist in him.

2.4.3. Motivational Symptoms

The urges and impulses that are prominent in depression regress, especially those activities that require considerable responsibility or initiative and energy.

People with depression have major problems mobilizing themselves to carry out the most basic activities such as eating, drinking, and urinating.

Apparently, the crux of the problem is that although the individual knows what to do, there is no willingness to do it. Another motivational symptom is the desire to deviate from the pattern of everyday life. Desire to avoid daily tasks.

In addition, they tend to postpone activities that do not give immediate satisfaction, daydreaming more often than doing something. Individuals are more interested in passive activities, such as watching television, going to the cinema, or just sleeping in the room. The next motivational symptom is suicidal ideation. Although this desire is also found in non-depressed individuals, the frequency more common in people with depression.

2.4.4 Physical Symptoms

According to Beck (1967) among these physical symptoms are loss of appetite, sleep disturbances, fatigue, and loss of libido. Loss of libido is highly correlated with loss of appetite, as well as loss of interest in other people. Associated with loss of appetite, this condition is for many people an early sign of depression.