CHAPTER II

THEORETICAL REVIEW

This chapter reviews theories from experts on subject matter of this paper. The subjects that will be discussed in this chapter are definition of literature, definition of psycholinguistics, definition of character, and definition of Alzheimer’s disease.

2.1. Definition of Literature

The word literature is derived from the Latin word ‘littera’, which means letter. It refers to written or printed words. However, the term ‘literature’ is more focused and narrowed to simply imaginative works, which are created by the authors.

According to (Griffith, 2010), “Literature, in contrast, uses language connotatively—to bring into play all the emotional associations words may have.” In other words, in order of writing a literary work, authors may use secondary meaning of words that can cause the reader to feel emotional while reading the piece.

(Hart, 2011) in his book Literature, Theory, History stated that, “Literature is a science and an art, an experience and an institution.” Based on the statement Hart have said about literature, literary works are not restricted to only art or other imaginative works. Hart’s research also explains that written words about science, personal experience, and cultural or institutional paper can be categorized as literature.
(Bennet & Royle, 2004) say that, “Literature is a place not only for fine language, lovely images, and positive sorts of aesthetic experience, but also for what is disturbing, menacing, even terrifying.” In other words, many authors use literature as a way for describing the beautiful side of things, but there are also authors who write literary works about suffering, melancholy, death, and tragedy.

(Bennet & Royle, 2004) also say that, “Since the late nineteenth century, ‘literature’ has been understood to mean a subject of study in schools and universities, involving certain kinds of imaginative or creative writing, including fiction, poetry and drama.” It means that literature is a part of creative writing, which includes fiction, poetry, and drama, that is used in schools and universities since the late nineteenth century.

The results of the research stated above started from Griffith who said that authors use words that have connotative meaning to show emotions or feelings. This way of using connotative words to show emotions has been used by many authors who write literary works, such as poetry, fiction, and drama. Followed by Hart stating that literature works are not restricted to not only just imaginative works as scientific research paper, personal experience, and cultural or institutional paper can also be categorized as literature. Bennet stated that literary works do not always describe nice and beautiful things using fine language, they can also be used as a way to explain grief, sadness, and suffering. Many poets explain their struggles in poetry which results in poems that people can relate to an emotional way. Lastly, Bennet also stated that educational institution added literature as a subject of study which focused on imaginative or creative writing since the last nineteenth century.
From those theories above, it can be concluded that literature covers a lot of scope, from creative writing, such as fiction, poetry, and drama, to scientific writing. Literary works may use connotative words to express positive things (fine language, lovely images, and positive experiences) and also negative things (suffering, melancholy, death, and tragedy) to make readers feel the emotions the authors put into their works by using words.

2.2. Definition of Psycholinguistics

Psycholinguistics is the study of the mental aspects of language and speech. This study itself is a branch of both linguistics and psychology. Psycholinguistics focuses upon the comprehension and production of language.

According to (Field, 2003), “Psycholinguistics explores the relationship between the human mind and language.” In other words, psycholinguistics is a study which analyzes the connection between language and the human mind.

(Jodai, 2011) states that, “Psycholinguistics concerns with the study of the cognitive process that supports the acquisition and use of language.” It means that psycholinguistics focuses on someone’s cognitive ability in using and understanding a language.

According to (Aitchison, 2011), “Psycholinguistics links psychology and linguistic which enables learners to find out structures and processes which underlie the humans’ ability to speak and understand language.” In other hand, learning psycholinguistics will enables learners to understand the psychology of how people learn and understand a language.
Based on those theories above, it can be concluded that psycholinguistics is a study which analyzes the correlation between the human mind and language in how people use and understand a language.

2.3. Definition of Character

In literature works, there is an important element which is character. A character is any person, animal, or figure represented in a literary which guides the readers through the story, helping them to understand the plots. Existence of a character in a literary work is important because it is one of some requirements to create a literary work.

(Henderson, 2012) says that, “Characters are extremely important because they are the medium through which the reader interacts with a piece of literature.” It means that the reader can only know the plots of a literary work by following the story that is led by the characters of the literary work through the story.

According to (Eder, 2010), “Characters are entities in fictional worlds which are brought forth through signs, but are not identical with those signs.” In other words, character in literary works may have similarities with people in real life, it can be their representation as described in the literary work. Even though some characters look humanly, they may have other features that make them different from people in real life.

(Kronshage, 2018) stated that, “Character is primarily revealed through detailed physiognomic portraiture, and, consequently, many nineteenth-century realist novels are replete with physiognomic portraits.” In other hand, in
nineteenth-century novels, characters in literature are often shown by describing their physical features or appearance, especially the face.

From those theories above, it can be concluded that character is an important part in a literature for showing the reader how the story goes and telling the reader about the plots. A character can be any person, animal, or figure which may have similar features to any living kinds, and their characterization can be explained from their physical appearance by the author.

2.3.1. Types of Characters

In fictional literature, authors use many different types of character to tell their stories. There are several types of characters as below:

1. Minor character, according to (Omuteche, 2005), “Minor characters take part in the story events but are not the focus of attention. But they are important because they help us to understand the main characters and the themes.” Based on the theory above, minor characters are the opposite of major characters. Although the plot does not revolve around them, minor characters help the readers understand the storyline and the main characters’ purposes.

2. Protagonist, according to (Famela, 2011), “Protagonist is a character who is admired by the readers, which always called as a hero because he always does ideal role and follows the rules and values in the society. The readers often give sympathy to the protagonist characters.” In other words, protagonist is the character that plays ideal part in literary works, and is valued by other characters.
3. Antagonist, stated by (Shaffer, 2008), “A character who is often characterized as evil and in opposition to the protagonist.” In other hand, antagonist characters have an evil nature. As the rival of the protagonists who the story is about, the antagonists are essential characters for the rise of the protagonists in literary works.

4. Static or flat character, according to (Omuteche, 2011):

Flat character processes few traits in the story. They hardly have personal history within the story. In most cases they remain static and do not change in the course of the story. But they are important because they shed light on the development of the main characters or reveal some other issues.

Based on the theory above, flat characters do not change in the literary works. Even so, they play an important role in helping the main character to develop their characters.

Based on those theories above, each and every character that is created by authors in literature is important. Different types of characters fulfill different roles in the narrative process. Each character has different type of characters that helps the author in delivering the storyline and the message hidden in the literary works.

2.3.2. Main Character

Main character is an important part of the story. Main character plays a big role in literary works as every decision they make will determine the way the story goes.

According to (Temmerman & Boas, 2017), “Main character is characterized in various ways, by name, by direct and by indirect
characterization.” It means that the main character of a story can be known according on how the author describes them, which can be by name or the author may directly or indirectly tell the reader by their characterization.

As stated by (Weijers, 2014), “The main character propels the story forward because she or he is confronted with a problem that requires a response. The character is put in a (moral) predicament, acts according to his or her specific character traits and as a result, the plot develops and the character changes.” In other hand, the main character’s decision in facing their problem in the story can result as the storyline. This character usually has more moral intellect than other characters in the story. The main character’s decision also helps their own character in developing their characterization.

According to (Kendall, 2014), “This is the character that the story is about.” It’s “their story.” Technically, the main character is that character whose primary goal is resolved at the resolution point of the story.” Based on Kendall’s research, main character has an important role in the story as their goal usually makes big changes in the story. Their decision in reaching their goal will lead to further affirmation until the end of the story.

Based on three theories above, it can be concluded that main character is an important character in a story that is known by their name or characterization that carries burden in making big changes as their decision plays a big role in the storyline. The main character has more moral intellect than others as their goal in the story leads to something better.
2.4. Definition of Alzheimer’s Disease

Alzheimer’s disease (AD), or also known simply as Alzheimer’s, is a progressive disease that destroys memory and other important mental functions. As the disease progresses, a person with Alzheimer’s disease will develop severe memory impairment and lose the ability to carry out everyday tasks.

As stated by (Hooper, 2010), “Although AD is currently considered to be a heterogeneous disease, the most consistent risk factor to be implicated other than advancing age is the presence of a positive family history.” It means that Alzheimer’s disease has several causes, and if someone in one’s family has Alzheimer’s, their children may inherit the disease.

According to (Kelly, 2008):

Alzheimer’s disease (AD) is a condition in which the brain slowly shrivels and dies. Nerve cells in the brain stop working, and brain signals that are essential for life do not function properly. Although some people believe that dementia and decline in the later years are inevitable, geriatricians—who study and treat diseases of older adults—strongly disagree. Alzheimer’s disease and other dementias are considered illnesses and are not part of normal aging.

It means that when someone has Alzheimer’s disease, the brain shrinks and steadily dies since the nerve cells in the brain do not work properly. Many people believe that dementia in advanced age is unavoidable and that they believe that everyone will eventually have it, but geriatricians say that Alzheimer’s disease and dementia are not normal part of aging and are considered illnesses.

According to (Cayton, 2008), symptoms and signs of Alzheimer’s disease can be seen in the context of three stages of development—early, middle, and late.
1. Early Symptoms

The early stages of Alzheimer’s disease is often overlooked, being incorrectly labeled by professionals, relatives and friends as ‘old age’ or a normal part of the process of aging. Because the onset of the disease is gradual, it is difficult to identify exactly when it begins. The person may:

a. Have difficulties with languages;

b. Having particular problems with short-term memory or memory for new things;

c. Be disoriented in time;

d. Become lost in familiar places;

e. Have difficulty in making decisions;

f. Show signs of depression and aggression;

g. Show a loss interest in hobbies and activities.

2. Middle Symptoms

As the disease progresses, problems become more evident and more restricting. The person with Alzheimer’s disease has difficulty with day-to-day living, and is likely to:

a. Become very forgetful;

b. No longer manage to live alone without help;

c. Be unable to cook, clean, or shop;

d. Need help with dressing;

e. Become extremely dependent;
f. Need assistance with personal hygiene, including using the toilet, bathing, and washing;
g. Have some incontinence;
h. Have increased difficulty with speech;
i. Wander and sometimes gets lost;
j. Have various difficulties such as unprovoked aggression or constantly following their caretaker around the house;
k. Experience hallucinations;
l. Become suspicious and paranoid;
m. Become depressed.

3. Late Symptoms
This stage is one of increasing dependence and inactivity. Memory disturbance become more profound and the physical side of the disease becomes more obvious. The person is likely to:
a. Have difficulty eating;
b. Not recognize relatives, friends, and familiar objects;
c. Have difficulty understanding and interpreting events;
d. Be unable to find his or her way around in the home;
e. Have difficulty walking;
f. Have bladder and bowel incontinence;
g. Be eventually confined to a wheelchair or bed.

Based on Cayton’s research on the symptoms of Alzheimer’s disease, there are three stages of development of Alzheimer’s disease. It can be helpful to look
up at those symptoms because the symptoms and signs are described in detail. Those stages will serve as a rough guide to the most likely progression of the disease and may help caretakers to be aware of potential problems and to make plans for future care needs.

Based on those theories above, Alzheimer’s disease is a disease that is not a normal part of aging. This disease has several causes, and the risk increases for someone who one of their family members has this disease since Alzheimer’s disease can be inherited genetically. There are three stages of Alzheimer’s disease, which are early stages, middle stages, and late stages. Those stages can be really helpful for the caretaker as a guide in taking care of someone who has Alzheimer’s disease.

2.4.1. Causes of Alzheimer’s Disease

According to (Cayton, 2008), “Genes are thought to play a part in the development of most cases of Alzheimer’s disease. In very rare cases, abnormal genes actually cause the disease. Much more commonly, genes are believed only to contribute to a person’s susceptibility to the disease.” It means that Alzheimer’s disease can be inherited by genes. People with abnormal genes may develop the disease, but it is very rare.

(Lu & Bludau, 2011) in her book called Alzheimer’s disease (Biographies of Disease) stated that there are several causes of Alzheimer’s disease, which are:

1. Familial and genetic factors;
2. Age;
3. Head injury;
4. Vascular risk factors:
   a. Hypertension;
   b. Hyperlipidemia;
   c. Diabetes.

5. Lifestyle as a risk factor;

6. Other risk factors:
   a. Excessive alcohol intake;
   b. Smoking;
   c. Dietary factors;
   d. Hormone replacement therapy;
   e. High level of homocysteine.

Based on Lu’s research, Alzheimer’s disease has several causes. Genetic factor is one of the causes, since the disease can be inherited genetically. Lu also says that even though Alzheimer’s disease is not a normal part of aging, the older one gets, the greater the chance of developing Alzheimer’s disease. The next cause as described by Lu is head injury. A head injury occurs when a blood is hard to be blown to the head causes the brain to move about violently within the skull. The abrupt jarring of the brain can damage nerves, blood vessels, and brain tissue. The severity of the injury depends on the force and location of impact, and people who survive a traumatic brain injury may end up with permanent brain damage and neurological problems. Vascular diseases are disease of the blood vessels which can lead to brain damage and results in problems with memory and thinking abilities as seen in dementia. One’s lifestyle can also trigger
Alzheimer’s disease. Unhealthy mental, social, and physical activities can lead to memory problems. As for the last factors, smoking and consuming alcohol excessively is extremely unhealthy.

Based on theories above, it can be concluded that Alzheimer’s disease can be inherited genetically. Other causes of Alzheimer’s disease are advanced old age, head injury, vascular diseases, and unhealthy lifestyle.

2.4.2. Types of Alzheimer’s Disease

According to (Patel & Pharm, 2019), based on the intensity of the typical Alzheimer’s symptoms, Alzheimer’s disease can be classified into the following subtypes:

1. Mild Alzheimer’s

This includes the beginning of the cognitive impairment that causes difficulties in remembering daily routine such as tasks at work, paying bills, and others. Because these symptoms are not very serious, the patients at this stage manage to remain functional with a certain amount of difficulty. They take longer to perform the same task which they used to do quicker before, and this becomes a pattern.

2. Moderate Alzheimer’s

Because a significant amount of neuronal damage, the symptoms of moderate Alzheimer’s are more intense. The confusion becomes worse and due to the amount of memory loss, they become increasingly dependent on others. These individuals, even though
physically agile, are not able to perform routine tasks as the delusions take over the sensory processing of their thoughts.

3. Severe Alzheimer’s

As the plaques and tangles spread, the brain cells start dying. This results in shrinkage of brain tissue. The patients with this condition are typically bedridden and are hardly able to communicate.

In other words, the subtypes that are mentioned above are more like stages of the disease. It progresses from mild Alzheimer’s, where the patient will have problem in remembering recent events, to moderate Alzheimer’s disease where the patient will experience much more damage in the brain resulting in losing memories, and to the third stage, severe Alzheimer’s, where the patient will likely to be bedridden.

Stated by (Kelly, 2008), there are three basic types of Alzheimer’s disease as below:

1. Early-onset Alzheimer’s disease;
2. Late-onset Alzheimer’s disease;
3. Familial Alzheimer’s disease (FAD).

Based on Kelly’s research as stated above, Alzheimer’s disease has three types. The first is early-onset Alzheimer’s disease, which afflicts people younger than sixty five years old. There are less than ten percent of people with Alzheimer’s disease have this type. The symptoms of early-onset Alzheimer’s disease are memory loss, behavior changes, and premature aging. The second is late-onset Alzheimer’s disease, which is the most
common form of Alzheimer’s disease. This form of Alzheimer’s disease accounts ninety percent of cases and usually occurs after age sixty five. The third one is familial Alzheimer’s disease, which is genetically inherited. In affected families, at least two generations have had the condition. People may display symptoms of familial Alzheimer’s disease as early as age forty.

All theories above explain that there are many types of Alzheimer’s disease that are caused by different causes. But among those types, the most common Alzheimer’s disease is the late-onset Alzheimer’s disease which accounts ninety percent of all Alzheimer’s disease cases.

2.4.3. Effects of Alzheimer’s Disease

(Kelly, 2008) stated that:

Alzheimer’s disease starts with mild memory loss. People with AD gradually lose judgment, thinking, and reasoning ability, or cognition. Personality and behavior change. The person may become anxious, agitated, and delusional. The progressive loss of intellectual abilities is called dementia. As the disease progresses, the individual needs help in all phases of life, including bathing, eating, and using the restroom. Families and friends of people with AD are especially affected. Seeing their loved ones change from the person they once knew to a stranger is emotionally devastating.

It means that the effect of Alzheimer’s disease on people who have it that they will develop dementia, experience changes in mental state and personality and behavior, and personal life.

According to (Lu & Bludau, 2011):

Alzheimer’s disease not only affects the patient but also the people around him. The lives of family members, especially those directly involved in the individual’s care, are significantly impacted in many ways. For the primary caregiver involved in the day-to-day care, the disease can take a toll emotionally, physically, mentally, and financially. The responsibilities of a caregiver may extend many years, depending on the course of Alzheimer’s disease in the loved
one. Not only does the caregiver have to witness the progressive deterioration in her loved one, she also has to cope with the various symptoms and complications that can arise.

Based on Lu’s statement above, she focuses on the people around the patient who takes care of the patient. Someone who takes care of the patient daily may be drained emotionally, physically, mentally, and financially. Not only that, as the disease progresses, they have to see gradual deterioration in the patient by themselves which can be emotionally devastating.

Based on those theories above, Alzheimer’s disease can affect the patient and the people around the patient. The disease affects the patient as the patient is progressively losing their cognitive skills and basic daily activities. Alzheimer’s disease also affects the people around the patient as seeing their loved one progressively deteriorating in front of them is emotionally draining. The disease also affects the people around the patient financially, physically, and mentally.