CHAPTER II

REVIEW OF RELATED LITERATURE

In this chapter the researcher presents (2.1) Literature, (2.2) Novel, (2.3) Psychology, (2.4) Post-traumatic Stress Disorder, and (2.5) Review of Previous Studies

2.1 Literature

Understanding a literary work is not a simple task. Wellek and Warren (1948:3) state that: “someone cannot understand literature unless one writes it.” They also state that literature is made for entertainment and appreciation, yet it cannot be studies, because the complexity makes it timeless, for example the greatness of Shakespeare’s works such as *Hamlet*, *Othello*, or *Romeo and Juliet*, also *Journey to the West* created by *Wu Cheng’en* that teach us about life and inspire many people.

According to Cuddon (2013:404), traditionally, the term of ‘literature’ is implied for a work that has qualitative connotations and superior qualities than the ordinary written works, for example epic, drama, lyric, novel or short story. But, Cuddon argues, even though a work that can not be classified as the main literary genres as the examples above yet it has artistic merits, great of writing and originality, then it can be called as literary work.

Some of students may do not know why they have to study literature or why studying literature is important for life and knowledge. Hudson, (1980:10) states that:

> Literature is a vital record of what men have seen in life, what they have experienced of it, what they have thought and felt about those aspects of it which have the most immediate and enduring interest for all of us. It is thus fundamentally an expression of life through the medium of language. Such expression is fashioned into the various forms of literary art, and these in themselves will, in their proper place and time, enlist the attention of the student. But it is important to understand, to begin with, that literature lives by virtue of the life which it embodies. By remembering this, we shall be saved from the besetting danger of confounding the study of literature with the study of philology, rhetoric, and even literary technique.

From those explanations above the researcher take conclusion that literature is a superior qualities of written work that contains the author's thought, feeling, or idea about his/her life, surroundings, or anything happened to other people. The great technique of writing and the originality of work is one of the conditions so that it can be classified into literature work. The great benefit of studying literature is one can be more understand what other people think and feel, also it can make the students prevent from confounding the study of literature with the study of philology, rhetoric, and even literary technique.

The written works that classified as main literature as what Cuddon names above are epic, drama, lyric, novel or short story. Here the researcher takes one of the works of Thomas Harris created, which is a novel titled *Hannibal Rising* as the main source of the final project.

2.2 Novel

Prose is one kind of literary work beside poem or drama. Prose work is free than poetry, because of that many written works that does not classified as poetry and drama usually will be considered as prose, for example is novel. According to Barnet *et al* (2006:824) the setting of novel is usually in present or

very recent past, the content is deals with ordinary people and then presents them. Novelist, Barnet *et al* add, shows the world of what and how the daily work and play of real men and women, they also do not make their characters as simply as good or bad, but each character has their own unique characteristics.

In Abrams's (1999:190) view: "the term 'novel' is now applied to a great variety of writings that have in common only the attribute of being extended works of fiction written in prose." He further explains, considering the length of the work, novel is distinguished from short story and from the work of middle length called the *novelette,* a middle-length work of fiction. As an extended prose work novel has more benefits than the shorter-typed literature, it has more variety of characters, complexity of plot, setting of places and times, and development and exploration of character and the motives.

Based on the statements above the researcher concludes that novel is a written prose that has a longer length of words. Novel contains what happened in reality, the character is not exaggerated and the setting is not placed too far from the time it created.

There are many aspects that can be research in a novel *Hannibal Rising*, yet the researcher takes the psychological side of the main character Hannibal Lecter. According to Spurgin (2006:6): "novel as a form with two major dimensions: one sociological, the other psychological." The statement realizes us why a good novel can imprint and give meaning to the life of a reader. Reading a novel can sharpen the reader sense of their surrounding and made them as a more understanding person.

2.3 Psychology

The word "psychology" comes from the Greek, "psyche" meaning *life*, and "logos" meaning *explanation,* so psychology can be meant explanation of life. In Stangor's (2011:10) opinion, psychology is "the scientific study of mind and behaviour." Psychology is a major topic and discussion for students and the public media, for example: television series crime-drama *CSI* or *Lie to me*, because psychology is a part of human everyday lives.

Therefore, psychology is always related with literature whether it is from the psychological study of the writer, as type and as individual, or the study of the creative process, or the study of the psychological types and laws present within works of literature, or, finally, the effects of literature upon its readers such as mentioned by Wellek and Warren (1948:75). Both of them further explain that psychology is important for the literature artists. Psychology can tighten their sense of reality and sharpen their observation's power. The similar statement also comes from Jung (in Ghiselin, 1954:217):

> It is obvious enough that psychology, being the study of psychic processes, can be brought to bear upon the study of literature, for the human psyche is the womb of all the sciences and arts. We may expect psychological research, on the one hand, to explain the formation of a work of art, and on the other to reveal the factors that make a person artistically creative. The psychologist is thus faced with two separate and distinct tasks, and must approach them in radically different ways.

From those explanations above, the researcher concludes that psychology is a scientific study that research mind and behaviour of human as the main object. Besides, literature that is something that has always been around human's life has a strong relationship with psychology whether it is from the condition of

literature artists, the way of literary works are made, or even the influence of literary works to the reader.

2.4 Post-traumatic Stress Disorder

This disorder is known as "war veteran's disease." Because this disorder often attacks the soldiers during and after their duties. The subject of post-traumatic stress disorder was officially introduced in *Diagnostic and Statistical Manual of Mental Disorders* or DSM. Andreasen (2011:1) explains that DSM was created after psychiatrists around the world, including United States, made diagnosis, treatment, and standardization of mental illness at World War II, then American Psychiatric Association (APA) made their own handbook called *Diagnostic and Statistical Manual of Mental Disorders* in 1952, it contained a category of mental illness called gross stress reaction. The first revision of the handbook called DSM II was published in 1968, but this handbook appeared in a peaceful time so there are no significant additional in it. Post-traumatic stress disorder arise after Vietnam War end, this disorder was included in DSM III in 1980.

As the first book that discusses post-traumatic stress disorder, DSM III has very limited information, there are no explanations about prevalence, sex ratio and familial pattern that can be used to research prospective patients of this disorder. But all the shortages is getting repaired and expanded in the next books.

In DSM IV (1994:393), American Psychiatric Association (APA) states that PTSD is classified as Anxiety Disorder. Meanwhile in DSM V (2013:265), APA make PTSD in its own chapter called Trauma and Stress-Related Disorders

along with Reactive Attachment Disorder, Disinhibited social engagement disorder, acute stress disorder, and adjustment disorders. These changes can happen due to the similarity of clinical distress characteristics such as inability to enjoy things (*anhedonic*) and feeling unease or dissatisfaction (*dysphoric*) after distress events, externalizing angry and aggressive symptoms, or feeling of disconnected of body or surroundings (*dissociative symptoms*).

Another explanation of post-traumatic stress disorder is also available on ICD-10 (a handbook of medical classification list developed by WHO) and *Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care* (a handbook of PTSD explanation developed by The National Institute for Health and Care Excellence or NICE). Although they still use DSM handbook as a main reference, as stated in the NICE's handbook: *"The best-validated diagnostic instruments, and most randomised controlled treatment trials of PTSD, use the stricter diagnostic criteria for PTSD of DSM–IV* (2005:5).

World Health Organization in ICD-10 (1990:120) encodes post-traumatic stress disorder in F43.1, they state:

> This arises as a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (e.g. natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime). Predisposing factors such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence.

Meanwhile NICE describe PTSD as “this disorder that people may develop in response to one or more traumatic events such as deliberate acts of interpersonal violence, severe accidents, disasters or military action” (2005:5).

Although there are some differences from the explanations above, but the writer can concludes that post-traumatic stress disorder basically is a result from terrible experience that happened to someone. Most of the sufferer of PTSD is soldiers, veterans, or people who involving with a war intentionally or not. However, the further research shows that even ordinary person who is not involved with war also can suffer from PTSD, such as abused child or raped victim.

2.4.1 Diagnostic Criteria of Post-traumatic Stress Disorder

Someone can be diagnosed as post-traumatic stress disorder sufferer if he/she has meet symptom criteria that were determined by APA in DSM V (2013:271-276). Unlike in the previous book APA also divide the sufferer of PTSD into two groups: first is for adults, adolescents, and children older than 6 years, second is for children on 6 years old and younger.

The big difference between the first and second group is the subject, in the first group the sufferer can express and tell what they feel clearly enough, meanwhile children, as the subject in the second group, has limitations in expressing feelings, thoughts or labelling emotions. As a fragile being, children can not manifest fearful reactions at the time of the traumatic events or when recalling them, however they may focus on imagined interferences in their play or storytelling because children may become absorbed with reminders. That is why

in some cases, children who suffer PTSD can loss his voice temporarily. Meanwhile for older sufferer, it may relate with negative health perceptions, primary care utilization, and suicidal ideation.

The symptoms are divided as five criterions, they are: (A) traumatic event, (B) intrusion and recollecting, (C) avoidance, (D) negative changes in moods or cognitions, and (E) Increased arousal signs, meanwhile for the second group APA only use four criterions, which are criterions A-D (APA, 2013:271-276).

APA further explain that the duration of the following symptoms on standard B, C, D, and E has to be more than one month. They also assert that: “the disturbance causes clinically significant distress” (2013:272), which is will greatly affect the sufferer daily live, whether it is decreasing in social relation with people, things related with work, or any important aspects that usually function well. But the disturbances mentioned above can not be caused by medical condition or some substance effect like medication or alcohol.

2.4.1.1 Traumatic Events

The first criterion is traumatic events. According to APA in DSM V (2013:271), the sufferer of PTSD may become the one who experience or witness the traumatic event directly. It also includes someone who learn the traumatic event of his/her family, closest, or friends, and someone who encounter a repeated or extreme indirect exposure, for example: police officers expose details of child abuse repeatedly. But APA make an exception here that the exposure is not obtained through electronic media such as television, movies, or pictures, except if the exposure is work related.

Traumatic event is the initial source for someone to suffer PTSD. An abused child and a raping victim who experience the violence him/herself directly or a soldier who witness others get hurt or die are the most potential sufferer of PTSD. Basically, it comes from the traumas that cumulated and press the sufferer's consciousness then turn into this disorder. Such as mentioned by Vaccaro and Lavick in their article "Trauma: Frozen Moments, Frozen Lives" (2008:32):

> The effects of cumulative trauma result from recurring situations or experiences. The constant pressures that contribute to cumulative trauma make it extremely resistant to treatment; it cannot be easily alleviated or temporarily managed through common stress-reduction techniques. As with other trauma, pain inflicted over time can become "frozen" into physical symptoms. Cumulative trauma can lead to a state of apathy, hopelessness, and even rage. Examples of cumulative trauma include extended exposure to frightening or stressful situations, homophobia/heterosexism, racism, sexism, classism, poverty, and neglect.

2.4.1.2 Intrusion and Recollecting

After experiencing the traumatic events, the next symptom for PTSD sufferer is intrusion and recollecting what had happened to him/her. According to Friedmen (2014:1) this standard also contains: "Symptoms that are perhaps the most distinctive and readily identifiable symptoms of PTSD." Friedmen states this because the symptoms in this criterion will be the most often found in a PTSD sufferer.

APA describe it in DSM V (2013:271) that the symptoms which included in this criterion are including: recurring memories unintentionally, nightmares, flashbacks, also psychological distress and physical reaction after reminding

traumatic event. These symptoms are the painful moments for the sufferer of this disorder.

Most of the PTSD sufferer must have experienced recurring memories or even flashback of the traumatic events, even though in the other hand they struggle to avoid it. As stated by Hawkins (1945:97-98), the memories that we have today are the reproduction of images resembling some past experience. Sometimes we feel that the events or images of memories which we have seen, heard, or sensed in some other way is felt enough familiar when recollection happen,. Dewey (1886:178) also states that: "Memory is compared to a scar left by a cut. Every experience, that is, is thought to leave some permanent trace of itself on the mind, and the mere presence of this trace at any time is thought to constitute memory."

After experiencing recurring memories, PTSD sufferer usually is going to encounter flashback state. Vaccaro and Lavick (2008:34) mention that severe trauma or chronic stress may make the sufferer become very sensitive to flashbacks, exaggerated emotional responses, and difficulty dealing effectively with new stressful situations.

Besides recollecting memories and flashbacks, the sufferer of PTSD also experience nightmare, nightmare is different from dream. Calkins (1905:398) simply defines dream as consciousness during sleep, meanwhile Levin & Nielsen (in Selby *et al*, 20013: 2) define nightmare as "vivid manifestations of escalating cognitive and emotional experiences that occur primarily during REM, and they frequently result in frequent and terrifying awakenings that can interfere with

overall sleep quality". According to Picchioni and DeBrule (2005:383) nightmare is an existence of emotional problem solving. Through the dream and nightmare one can find solutions to a stressful problem without the risk of unfavourable consequences.

The statements above show that memories are pictures of the past. These pictures are stored in our subconscious. Even for a healthy man any kind of memory will always be remembered, especially for PTSD sufferer, recollection of the traumatic events always haunt him/her. When the recollection happen, PTSD sufferer tends to experience flashback, they feel as if the traumatic events repeat itself unintentionally. Then usually the sufferer may be encounter with psychological distress and physical reaction after reminding traumatic event, for example rapid heartbeat when seeing cloudy sky.

2.4.1.3 Avoidance

The next symptom that mentioned in DSM V is criterion C which is avoidance (APA, 2013:271). NICE explain this avoidance (2005:6):

> These reminders include people, situations or circumstances resembling or associated with the event. Sufferers from PTSD often try to push memories of the event out of their mind and avoid thinking or talking about it in detail, particularly about its worst moments. On the other hand, many ruminate excessively about questions that prevent them from coming to terms with the event, for example about why the event happened to them, about how it could have been prevented or about how they could take revenge.

Keeping off external aspects and the distressing memories, minds, or feeling that related with traumatic events are something that is definitely going to be done by PTSD sufferer. They attempt intentionally to avoid thoughts, memories, feelings, or talking about the traumatic event, such as using distraction

techniques to avoid internal reminders or external aspects such as people, places, activities, objects, conversation, and situations.

2.4.1.4 Negative Changes in Moods or Cognitions

The next one is criterion D. APA (2013:271-272) explain that this criterion is contained negative changes in moods or cognitions related with the traumatic events of PTSD sufferer. Naturally the sufferer of mental disease experience changes whether in moods or cognition, this also applies on the sufferer of PTSD. APA further explain the changes that are included in this criterion are: disability of remembering the aspects of traumatic events, exaggerating negative trust or expectancy, feeling of responsibility, preserving of negative emotional state, lessening of interest, feeling of alienations, and disability of positive emotions.

Some of the PTSD sufferer loss several parts of his/her memories, especially that connected with traumatic events. The memory loss or amnesia that meant in this criterion is not caused by vehicle accident, hangover, drugs, or another physical trauma, but from dissociative amnesia. According to Leong (2006:1), "dissociative amnesia is a disorder characterized by retrospectively reported memory gaps." PTSD sufferer doesn't loss all of his/her memory, just parts that remind the sufferer to the traumatic events.

After that the other changes such as exaggerating negative trust or expectancy, feeling of responsibility, preserving of negative emotional state, lessening of interest, feeling of alienations, and disability of positive emotions usually are following the changes. These symptoms also stated by NICE (2005:14):

> Symptoms of hyperarousal include hypervigilance for threat, exaggerated startle responses, irritability, difficulty in concentrating and sleep problems. However, PTSD sufferers also describe symptoms of emotional numbing. These include inability to have any feelings, feeling detached from other people, giving up previously significant activities and amnesia for significant parts of the event. Many PTSD sufferers experience other associated symptoms, including depression, generalised anxiety, shame, guilt and reduced libido, which contribute to their distress and affect their functioning.

Severe trauma that is experienced by PTSD sufferer presses him/her to have prejudice. The sufferer tends exaggerating negative trust or expectancy about the sufferer him/herself or anything around him/her or even future, for example: a sufferer feels that he is the worst person in the world, distrust of authority, loss of confidence, and many other things that manifest as a negative change in perceived identity since the trauma. The feeling of responsibility over causes or consequences of the traumatic events are commonly found on PTSD sufferer, he/she will always blame him/herself or others, such as "It's my entire fault that my father abused me." Beside that PTSD sufferer inclined maintain negative emotional state such as fear, horror, anger, guilt, or shame, either started or worsened after exposure.

The maintaining of negative expectations and emotions indirectly makes the sufferer lessening of interest in participation of significant activities that were enjoyable, and then start to withdraw from others because he/she feel disability of positive emotions such as inability to experience happiness, satisfaction, loving feelings, or emotions associated with intimacy, tenderness, and sexuality.

2.4.1.5 Increased Arousal Signs

What was referred by APA (2013:272) in this criterion E is changes characterized by reactivity that related with traumatic events, it happen as a starter or worsening after the traumatic events. Things those are included in this criterion such as annoying behaviour and explosive anger, careless or self-destructive behaviour, hypervigilance, excessive shocked response, concentration's problem, and even insomnia.

Most of the PTSD sufferers become more sensitive, their anger can be triggered easily with a little or without provocation and expressed in verbal or physical aggression such as yelling at people, getting into fights, or destroying objects. They also turn out to be more careless or tend to have self-destructive behaviour such as dangerous driving, excessive alcohol or drug use, or self-injurious or even suicidal behaviour.

According to APA (2013:823), hypervigilance is "an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviours whose purpose is to detect threats." Basically, hypervigilance is experience of being constantly tense. The sufferer of PTSD who experiences this symptom has sharp sensitivity into potential threats, especially those that are related to the traumatic experience, for example: following a motor vehicle accident or being especially sensitive to the threat potentially caused by cars or trucks, and those not related to the traumatic event such as being fearful of suffering a heart attack. This symptom also can lead the sufferer to a variety of obsessive behaviour patterns, as well as producing difficulties with social interaction and relationships.

The sufferer of PTSD may be very responsive to unexpected stimuli, displaying a heightened startle response, jumpiness, too loud noises or unexpected movements, for example: jumping markedly in response to a telephone ringing.

Some of the PTSD sufferer also experience concentration's problem, including difficulty remembering daily events, for example forgetting telephone number, or attending to focused tasks, for example following a conversation for a sustained period.

Insomnia or difficultness in falling, staying, or restless sleep also becomes the common symptom for PTSD sufferer. Because usually this may be related with nightmares and safety concerns or with generalized high arousal that interferes with adequate sleep. According to Rettner (2015:1) insomnia is "a sleep disorder characterized by difficulties falling or staying asleep, even though people have the chance for adequate sleep." There are two groupings for this condition, first is short term or Acute that usually caused by stressful events, and second is long term or chronic that often has a secondary cause, such as another medical or psychiatric problem such as depression, anxiety, or post-traumatic stress disorder (PTSD). Rettner further explains that insomnia can cause being under a lot of stress, undergoing changes in work hours, or even having a mental disorder.

2.4.1.6 Period of the Disorder

According to ICD-10 (1990:120): "the onset follows the trauma with a latency period which may range from a few weeks to months," but rarely more than six months. In ICD-10 WHO also claimed that the majority of PTSD's

sufferer can be cured, yet conditions of the minority of them may get severe after suffering over many years and their personality may change permanently.

Meanwhile in DSM IV, APA state (1994:425) that there are three specifiers that may be used to specify the attack and duration of the symptoms of PTSD:

1. The first one called *Acute*, this is used when the symptoms' duration is less than three months.

2. The second one called *Chronic*, this is used when symptoms' duration is last in three months or longer.

3. The last one called *With Delayed Onset*, this is used to indicate that there are at least 6 months delaying between the traumatic event and the attack of the symptoms.

2.4.2 Treatment for the Sufferer

PTSD is quiet hard to be cured, but not impossible for the sufferer to recover completely. Beside the support from family and friends, several treatments that may help PTSD sufferer. According to Van der Kolk *et al* (1995:1) there are three principal components to treat PTSD sufferer: "1) processing and coming to terms with the horrifying, overwhelming experience, 2) controlling and mastering physiological and biological stress reactions, 3) re-establishing secure social connections and interpersonal efficacy." They claim that these principal components are used to help the sufferer releasing him/herself from traumatic events that dominate and haunt him/her, so the sufferer can accept his/her new life without any fears or doubts.

While Cohen (2013:1) states that there are two main treatments for PTSD sufferer, there are psychotherapy (e.g. cognitive-behavioural therapy, EMDR and hypnotherapy) and medication (e.g. antidepressants, antipsychotics). Staggs (2013:1) further explains about psychotherapy for PTSD sufferer, according to her therapy is the most effective treatment to cure PTSD, but one therapy is not always work on the same sufferer. In her article, Staggs divides therapies into three groups: first group is Exposure Therapies, they are included Prolonged Exposure (a therapy that makes the sufferer talk about the traumatic event over and over until it is no longer give any effects anymore) that usually used in military, Trauma-Focused Cognitive Behavioural Therapy for children and adolescents (a therapy that included family to expose the sufferer's traumatic events using trauma narrative), and Cognitive Processing Therapy or CPT (a therapy that makes the sufferer learn new skill to handle the distressing thoughts), but these therapies only work on sufferer who has experiences a single incident, or several incidents without any other mental health complications. The second group is Reprocessing, the only therapy in this group is EMDR or Eye Movement Desensitization and Reprocessing, Edwards (2014:6) define it as:

> Eye-movement desensitization and reprocessing (EMDR) is a form of cognitive therapy in which the health-care professional guides the person with PTSD in talking about the trauma suffered and the negative feelings associated with the events, while focusing on the professional's rapidly moving finger. While some research indicates this treatment may be effective, it is unclear if this is any more effective than cognitive therapy that is done without the use of rapid eye movement.

The therapy above is recommended for sufferer with complex trauma. It will make the therapist to learn the traumatic events that experienced by the

sufferer, and then the therapist can help the sufferer to handle the traumatic events with joyful memories and motivate to move on. The third group is Somatic Therapies, included in this group are Somatic Experiencing, a therapy that train the sufferer's fear and hopelessness into motivation, and Sensorimotor Psychotherapy, a therapy that focused on healing the disconnection between body and mind.

There are many ways to cure PTSD sufferer such as the therapy methods explained above, even though it will not be easy because one therapy for a sufferer is not always worked on another sufferer. Patience and supports from family, friends, and surrounding are the most important component to heal PTSD sufferer.

2.5 Review of Previous Studies

To make the analysis of post-traumatic stress disorder that is suffered by Hannibal Lecter in the novel *Hannibal Rising* easier, the researcher uses several studies relevant to this research. The relevant studies are: first, a journal entitled "Post Traumatic Stress Disorder Related to Prisoners of War" created by Dr. Christopher L. Heffner and published in allpsych.com on August 8, 2003. In this study, the writer explains the effects of the people and mostly soldiers that were captured during WWII, Korean War, Vietnam War and the Gulf War have to suffer post-traumatic stress disorder after being the subject to ghastly forms of torture and unthinkable psychological warfare.

Second, the thesis entitled *Analisis Trauma dan Dendam Hannibal Lecter Dalam Novel Hannibal Rising Karya Thomas Harris* created by Rizki Adinda

Dewiana, Jurusan American Study Sastra Inggris, Fakultas Ilmu Budaya, Universitas Diponegoro Semarang. Tahun 2011. It uses library research method through literature psychological approaches. In this study, the writer explains and describes Hannibal's trauma and the revenge that he choose to resolve his sufferer.

Third, an article that was written by Emily Grey on July 1st 2010 entitled "*Hannibal Rising*: A Study in The Manifestations of PTSD". In this article, the writer analyse PTSD through the novel *Hannibal Rising* with Hannibal Lecter as the subject of the study. He is considered as a psychological anomaly with no hope for diagnosis or help. Indeed Hannibal managed to conduct his treatment from within, though making peace with the incident was highly costly to those involved, yet the damage is too severe.

Based on the description of those studies, the researcher uses it as reference in analyzing post-traumatic stress disorder that is suffered by Hannibal Lecter in Hannibal Rising to make it easier in analyzing it. However, this final project is more complete and detail. The researcher interprets and explains the causes of Hannibal's disorder with the theories from some experts and the resolutions that Hannibal takes to deal his disorder.