

EVERETT MENLO'S SOMNIPHOBIA IN FINDLEY'S *DREAMS*

THESIS

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STATE ISLAMIC UNIVERSITY OF

MAULANA MALIK IBRAHIM, MALANG

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THESIS

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All compliments always belong to my Almighty Allah, the compassionate, the knowing and the most glorious. Allah is the only one I ask help and He is the only one guidance of my life. His blessing and his guidance help me to accomplish this research, entitled **Everett Menlo's Somniphobia in Findley's *Dreams***. Peace always be upon my lovely prophet Muhammad who always becomes my idol, my best figure, and my forever light, through his excellent lesson I can face many rewarding challenge in my life, especially finishing this research with full of patience and confidence.

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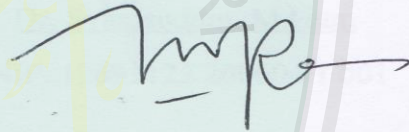
For my forever soulmates Khulafaur Rosyidin, Rosyida Nur Sabela, Jarije, Wildan Habibi, Wildan Hanifah Syafaah, Roviqrur Roziqien Alfa and Alvina Zulfa Kumala, I do not want to give them even a very small thank because they never give contribution toward my thesis (research) at all, but

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My hope is that this thesis will not be a wasteful reading for all people in the world. Through this thesis they will understand how meaningful a literature analysis is, and how precious the literature is which can work in many particular perspectives.

Malang, June 21st 2016

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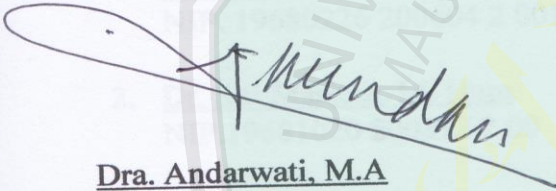
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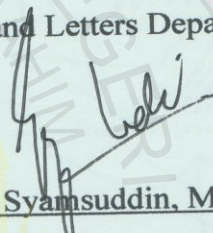
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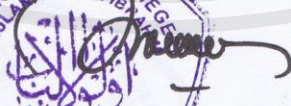
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STATEMENT OF ACADEMIC INTEGRITY

I, Mochamad Robeto, as the researcher of this thesis entitled *Everett Menlo's Somniphobia in Findley's Dreams* state that this thesis is originally my work. It does not include any works which have been previously submitted at any higher education institution, and to the best of my knowledge, this thesis does not include any works or opinion that have been previously written or published by any authors, except for those which are referenced in the text and listed in the bibliography. Thereby, I am responsible to the novelty of my thesis.

Malang, June 21st 2016



Mochamad Robeto

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MOTTO

“NOT ALL OF US CAN DO GREAT THINGS,

BUT WE CAN DO SMALL THINGS WITH GREAT LOVE”

Mother Teresa



DEDICATION

I dedicate this thesis to my both mothers Mrs. Masnidawati and Mrs. Kartina Dahari and to my both fathers Mr. Warneri and Mr. Kamsuardi. This is also dedicated to my brothers and sisters, Rahmat Takbir Syawaludin, Tasa Hamida, Halimatussa'diyah and Muhammad Ibrahim.



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ABSTRACT

Robeto, Mochamad.2016. Everett Menlo's Somniphobia in Findley's *Dreams*.Thesis English Language and Letters Department, Faculty of Humanities, State Islamic University of Maulana Malik Ibrahim, Malang. Advisor: Dra. Andarwati, M.A.

Key words : Everett Menlo, Somniphobia

This research examines a specific phobic called somniphobia experienced by the main character Everett Menlo in the short story *Dreams* by Timothy Findley and also analysis the causes and the symptoms of that phobia that are faced by Everett Menlo. Somniphobia is one of hundred psychological disorders which belong to Anxiety disorder. Somniphobia is the fear of sleep.

The aims of this research are 1.) To find out and to analyze what are the causes of Everett Menlo's somniphobia and 2.) To figure out the symptoms of that somniphobia occurred in Everett Menlo's life. The data in this research/thesis are taken from the short story *Dreams* by Timothy Findley. The main focus of this research is about the main character Everett Menlo who experienced a terrible situation where he always avoided not sleeping.

This research uses the psychological approach as the method of this research and takes the detail description about psychological disorder, anxiety then end to specific phobia called somniphobia from psychology books and journals. Then these descriptions help the researcher to classify the causes and the symptoms of somniphobia which was experienced by Everett Menlo.

The result of this research shows that the main causes of Everett Menlo's somniphobia are the negative incident that Everett witnessed and the nightmare which always came to his sleep. These two causes brought some negative symptoms that could not be escaped in Everett Menlo's life, those symptoms are anxiety attacks, daytime fatigue, irritability, mood swings, hampered work productivity and all those symptoms lead him reduced his mental awareness.

ملاخص

روبيط، محمد. ٢٠١٦. رهاب النوم أيبيريت مانيلو في قصة *Dreams* المؤلف فندلي البحث العلمي في اللغة الإنجليزية وآدابها، الكلية الإنسانية، جامعة مولانا مالك إبراهيم الإسلامية الحكومية بمالانق. المشرفة: أندواتي، الماجستير.

الكلمات المفتاحية: أيبيريت مانيلو، رهاب النوم *Somniphobia*

يتخصص هذا البحث عن رهاب النوم *Somniphobia* الذي أصابته الرواة الأولى إيبيريت مانيلو في قصة قصيرة تحت عنوان *Dreams* ألفها طيموتي فندلي Timothy Findley ويتحل الأسباب منه وعرضه الذي شعرها إيبيريت مانيلو. رهاب النوم *Somniphobia* من مئات المصائب النفسية التي يكونها جزء من الخشية، فالمراد رهاب النوم *Somniphobia* هو شعور الخوف في النوم.

يستهدف هذا البحث إلى أن يكون كما يلي: (١) معرفة الأسباب من رهاب النوم الذي أصابه إيبيريت مانيلو وتحليله، (٢) معرفة المصائب التي أصابه إيبيريت مانيلو وحياته. أما مصدر البيانات لهذا البحث فهو قصة قصيرة تحت عنوان *Dreams* ألفها طيموتي فندلي Timothy Findley. يتركز هذا البحث إلى صفات إيبيريت مانيلو وسلوكه الذي أصابته الظروف المخيفة حيث يبعد نفسه من النوم.

يستخدم هذا البحث المدخل النفسي بوصفه منهج البحث ويأخذ البيانات عن المصائب النفسية والخشية وينتجها إلى الرهاب الذي يسمى برهاب النوم *Somniphobia* المأخوذ من الكتب السيكلوجية والصحافة السيكلوجية. وهذا الوصف أيضا ساعد الباحث في تصنيف مصائب برهاب النوم *Somniphobia* الذي أصابه إيبيريت مانيلو.

يدل من نتيجة هذا البحث على أن السبب الرئيس من رهاب النوم لدى إيبيريت مانيلو

هو الواقع السلبي الذي شاهده إيبيريت مانيلو وسيئاته الأحلام في نيامه. من السببين الذاكرين، هما اللذان يحملان العرضات السلبية ولا يعده منهما لدى إيبيريت مانيلو وحياته. ومن تلك العرضات هي شعور الخشية، والتعبان في النهار، تحويل ظروف القلب، الإنتاج في العمل الذي ازدهك فيه وكل ينتهي إل العرض الشديد فهو قلة شعور العقلي والنفسي لدى إيبيريت مانيلو.

ABSTRAK

Robeto, Mochamad.2016. Everett Menlo ini somniphobia di Findley ini Dreams.Thesis Bahasa Inggris dan Sastra, Fakultas Humaniora, Universitas Islam Negeri Maulana Malik Ibrahim, Malang. Advisor: Dra. Andarwati, M.A.

Kata kunci: Everett Menlo, Somniphobia

Penelitian ini meneliti fobia spesifik yang disebut somniphobia yang dialami oleh tokoh utama Everett Menlo dalam cerita pendek Dreams karya Timothy Findley dan juga analisis penyebab dan gejala fobia tersebut yang dihadapi oleh Everett Menlo. Somniphobia adalah salah satu dari seratus gangguan psikologis yang secara spesifik masuk dalam ranah gangguan kecemasan. Somniphobia adalah takut untuk tidur.

Tujuan dari penelitian ini adalah 1.) Untuk mengetahui dan menganalisis apa penyebab dari somniphobia tokoh Everett Menlo dan 2.) Untuk mengetahui gejala somniphobia yang terjadi dalam kehidupan Everett Menlo ini. Data dalam penelitian atau skripsi ini diambil dari cerita pendek Dreams karya Timothy Findley. Fokus utama dari penelitian ini adalah karakter utama Everett Menlo yang mengalami situasi yang mengerikan di mana dia selalu menghindari tidur.

Penelitian ini menggunakan pendekatan psikologis sebagai metode penelitian dan mengambil keterangan rinci tentang gangguan psikologis, kecemasan kemudian berakhir pada fobia spesifik yang disebut somniphobia dari buku-buku dan jurnal psikologi. Kemudian deskripsi ini membantu peneliti untuk mengklasifikasikan penyebab dan gejala somniphobia yang dialami oleh Everett Menlo.

Hasil penelitian ini menunjukkan bahwa penyebab utama somniphobia Everett Menlo adalah insiden negatif yang disaksikan oleh tokoh utama Everett Menlo dan mimpi buruk yang selalu datang ke dalam tidurnya. Kedua penyebab membawa beberapa gejala negatif yang tidak bisa dihindari dalam kehidupan Everett Menlo, gejala-gejala tersebut adalah serangan kecemasan, kelelahan siang hari, lekas marah, perubahan suasana hati, produktivitas kerja terhambat dan dari semua gejala tersebut berakhir pada gejala yang paling fatal yakni berkurangnya kesadaran mental Everett Menlo.

CHAPTER I

INTRODUCTION

In this chapter, the researcher explains about the background which is the content describes about the reason why the researcher is interested in analyzing psychological problem inside the literary work “Dream”, there are also some literary reviews which the contents focused on analyzing psychological problem and also become the supporting parts for the researcher to analyze and to answer the research problem.

1.1 Background of the Study

Human beings have complex parts in their bodies, they include the physical and the mental or psychic part. The psychic can be known and felt through the activities of the body. Without the psychic, human beings will not move, because the body and psych-connect and influence each other. Benjamin Lahey (2007:25), if physically impaired, then the psych will also be disrupted. This reinforces the fact that the psych and physical are one-dimensional integrals. Mental disorder is a condition in which the continuity of abnormal mental function. The circumstances that often make people feel depressed psychologically. The response of feeling depressed is manifested in the form of human behavior that varies depending on the extent to

which that human being is looking at the problem at hand. Thus, physical and mental are one united combination that work and support one another, the health of human's body must be hand in hand with the health of human's mental, so in order to have healthy life human beings should always make them both in balance every time.

That issues above also written in the form of literature. Literary works created by the author which always presents the portrait of human life. Although the author only displays the characters are fictional, but it is always related to all aspects of life that include the relationship between society, individuals, and events that occur in the human soul itself. Psychiatric aspects are usually displayed by the figures contained in the literary work. Through the character displayed behavior that the author depicts human life with all the problems they experienced. One of the literary works is a short story which also exposes psychiatric problems. The short story tells the most interesting human experience with a variety of backgrounds, characters, and problems faced by human beings in their lives. In the literature, especially the short story, the author tells the life problems experienced by the main character. The main character becomes the center of attention when reading a short story. The author paints a picture of the life of the main character as a human being that can be observed, such as psychological or psychiatric problems.

Nurgiyantoro (2005:177) explains that the main character was most told in the story, both as perpetrators events and are subject to events and associated with other figures, he or she will determine the development of the story as a whole, while the supporting figures, their presence if there is a relation with the main character, either directly or indirectly.

The short story *Dreams* by Timothy Findley tells the story of a married couple Everett Menlo and Mimi Menlo who worked as psychiatrists, where they have to deal with patients who have abnormal psychology, like autism and schizophrenia paranoid. Unfortunately, the main character Everett Menlo who deals with a patient who had schizophrenia, it seemed also having abnormal psychology (anxiety disorder) after seeing an abnormal thing done by the patient. He really tried to figure out the causes of that abnormal thing done by his patients, but later he haunted by his curiosity and it came into his dream at night. However, the event that Everett saw could not be considered as the only one cause of his nightmare, because there were other causes which made him having the nightmare. Then Everett tried to avoid sleeping because that nightmare always came in his sleeping until he could not sleep for ten days non-stopped. The short story *Dreams* by Timothy Findley depicts the reality of life on the problem of abnormal psychology, abnormal psychology is not only obtained since given birth and childhood, but it is also obtained by someone's environment and when someone experienced serious and mysterious things in his/her life.

The researcher finds there are some similar previous studies which analyze about psychological disorders, but there is only one previous research which has the same object but different problem.

The researcher finds one of previous research which also focus on analyzing the causes and the symptoms of specific phobic disorder faced by the main character, this research was done by Binti Quryatul in 2014 which is entitled *Thanatophobia Dalam Kaitannya Dengan Ingatan Masa Lalu dan Implikasinya Terhadap Tokoh Wulan: Analisis Psikoanalisa Sigmund Freud Dalam Cerpen Takut Mati Karya Fira Basuki*. In this research, the focus of analysis is the main character Wulan who had Thanatophobia, the fear of dead. The researcher Binti Quryatul analyzed it by finding the symptoms and the causes of that phobia, and she uses psychoanalysis of Sigmund Freud as the principle theory of this research. The research of Binti Quryatul seems similar with this research which also focuses on psychological disorder had by the main character, but there is still a difference that this research does not use the same object. The object of this research is short story *Dreams* by Timothy Findley and the psychological disorder had by the main character called somniphobia, the fear of sleep.

The second previous research was done by Amy Sran in 2015, entitled *Symbolism in Timothy Findley's Dreams*. The object which was chosen by Amy Sran is same as the object of the researcher, it is short story *Dreams* by Timothy Findley but the difference is that Amy Sran did not

analyzed the psychology aspects of the character, and she focused on the symbolism which are portrayed in the short story *Dreams* by Timothy Findley. In this case, the research by Amy Sran does not inform any ideas about psychoanalysis research toward the researcher.

The next previous researches are Mrs. Alvin's Anxiety in Henrik Ibsen's *Ghost* by Miftahul Rohman, 2015 and *Anxietas Tokoh-Tokoh Utama Dalam Novel The Great Gatsby* Karya F. Scott Fitzgerald by Mardianto Natanael Wangkanusa in 2015. The psychological problems which are discussed by these two researches are about anxiety disorder faced by the main character. However, these two researches do not concern with one anxiety disorder, they explained more than one Anxiety disorders while the researcher here specifically focus on one anxiety disorder.

Based on the statement above, the researcher believes that analyzing short story *Dreams* by Timothy Findley will be useful for readers and the researcher himself in solving a particular problem of human's life especially in psychological aspect.

1.2 Research Questions

After explaining the background of this research and describing in general about the main character Everett Menlo, the researcher find there are two problems that will be the focus on this research, those are 1) What are

the causes of Everett Menlo's somniphobia ? and 2) What are the symptoms of Everett Menlo's somniphobia ?

1.3 The Objective of the Study

According to two research problems above, the researcher decides that the aims of this research are 1.) To find out and to analyze what are the causes of Everett Menlo's somniphobia and 2.) To figure out the symptoms of that somniphobia suffered by the main character Everett Menlo in short story *Dreams* by Timothy Findley.

1.4 Significance of the Study

This research hopefully can be very useful knowledge or information, giving the literature readers knowledge about the values of psychology in this short story. Additionally, this research could inform to all people who still believe that abnormal psychology especially anxiety disorder only deals with its person. On the other hand, the anxiety disorder and its symptoms (action and interaction) are also caused by someone's outside aspect like the environment where he or she lives in. Hence, this research can give awareness to all people to be more careful because they are also able to experience that abnormal psychology. This research also can be a literary review for all psychologists, psychiatrists and psychology students to be

more aware, careful and precise in handling and serving people who have abnormal psychology.

1.5 Scope and Limitation

In this research, the researcher already takes the short story *Dreams* by Timothy Findley as the only one object, so there is no other objects that possibly will make this research seems like a comparative study. As a psychology analysis, the researcher only deals with the theory of psychological disorder description from psychology book for classifying the causes and the symptoms of psychological disorder.

1.6 Definition of Key Terms

In this research, there are two main words which become the focus of the researcher in analyzing the short story *Dreams* by Timothy Findley.

➤ **Everett Menlo**

Everett Menlo is the main character in the short story *Dreams* by Timothy Findley.

➤ **Somniphobia**

Somniphobia is the fear of sleeping or falling asleep.

1.7 Research Method

Before doing the research, there are some steps that will be the importance in analyzing Everett Menlo's somniphobia in the short story

Dreams by Timothy Findley, including research design, data source, data collection, and data analysis.

1.7.1 Research Design

The method used in this research is Literary Criticism which focuses on psychological aspects. According to X.J. Kennedy and Dana Gioia (1995), this approach reflects the effect that modern psychology has had upon both literature and literary criticism. Psychological criticism has a number of approaches, but in general, it usually employs one (or more) of three approaches:

- An investigation of the creative process of the artist: what is the nature of literary genius and how does it relate to normal mental functions?
- The psychological study of a particular artist, usually noting how an author's biographical circumstances affect or influence their motivations and/or behavior.
- The analysis of fictional characters using the language and methods of psychology.

However, the researcher does not take those all approaches above, but the researcher will use the third approach which focuses on analysis the (main) character Everett Menlo using the language and the methods of psychology.

1.7.2 Data Source

The short story entitled *Dreams* by Timothy Findley originally published in Stones, Penguin books 1988, but the data source of this research was taken from The Norton Introduction to Literature, *shorter edition*. Done by Jerome Beaty, Alison Booth, J. Paul Hunter and Kelly J. Mays. Copyright 2002, 1998, 1995, 1991, 1986, 1981, 1977, 1973 by W. W Norton & Company, Inc. Printed in the United States of America.

1.7.3 Data Collection

The data collection in this research is conducted by the steps as follows: a) reading the short story *Dreams* by Timothy Findley b) translating many difficult words into Bahasa Indonesia c) Read some books and literary reviews about psychology and literature d) Read again the short story *Dreams* by Timothy Findley e) finding some paragraphs and dialogues that will support the researcher in answering the problems f) Underlining those paragraphs and dialogues g) Typing those paragraphs, dialogues and also quotes from the psychology books and literary reviews into Ms Word file.

1.7.4 Data Analysis

After collecting the data, there are some steps that will be taken in this research. a) The researcher classifies the symptoms and the causes of somniphobia based on the psychology books and international psychology sites b) The researcher analyze the short story *Dreams* by Timothy Findley c)

The researcher finds and classifies the paragraphs and the dialogues which show the symptoms and the causes of Everett Menlo's somniphobia.



CHAPTER II

REVIEW OF THE RELATED LITERATURE

In this chapter, the researcher will explain more about the theory of psychology in literature and also how is the literary work's point of view in psychology context. There are also more explanations about the classification of causes and symptoms of somniphobia based on the psychology studies which are obtained from some qualified psychology books and sites.

2.1 Psychology and Literature

According to Ratna (2004), "Psychology of literature is analyzing text considering the relevance and role of psychological studies ". That is, the psychology plays an important role in analyzing a literary work by working from the aspect of the psychiatric literature both elements of the author, the characters, and readers. By focusing attention on the figures, the psychological conflict can be analyzed in that story. This research will use the theory of literature psychology as the major theories which will then be followed psychoanalysis to find out the psychological disorders. Psychoanalysis will deal with personality theory from a famous psychologist Sigmund Freud. By putting Freud's theory as a basis for analyzing, hence, problem's identification of the main character who had psychological disorders will be analyzed in some stages.

Endraswara (2008), there are three approaches to psychological analysis. First, a textual approach which discusses psychology aspects of the character in the literary work. Second, the receptive-pragmatic approach which discusses the reader's psychology aspects as the enthusiast of its literary work that is formed because of literary work's effect that was read by the readers (enthusiast) and the reader's reception in enjoying the literary work. The last approach is the expressive approach which discusses the author's psychology aspect when doing the process of creativity which is expressed through his/her (literary) work, either the author as the person or the society's representative.

However, in this analysis the researcher only takes one of those three approaches, it is textual approach. According to Endraswara (2008) the textual approach focuses on the intrinsic elements, in particular, the existing characters in the story which is usually referred to as characterizations. Second, besides the character and the characteristics, it also needs to discuss the theme. Analysis of characters should be emphasized in the character's behavior.

Third, the conflict of characterization has to be connected with the plot. For example, there are characters that have abnormal psychology like schizophrenia and anxiety disorder somniphobia in this short story *Dreams* should be linked to the structural storyline. That is why structure work should be gripped from beginning to the end of the study.

2.2 Anxiety

According to Jane S. Halonen (1999) in the book *Psychology Context & Applications*, Anxiety is a diffuse, vague, highly unpleasant feeling of fear and apprehension. People with high level of anxiety worry a lot. Anxiety disorders are psychological disorders that include the following main features: motor tension (jumpiness, trembling and inability to relax), hyperactivity (dizziness, a racing heart, or perspiration), and apprehensive expectation and thought. Five types of anxiety disorders are reviewed in this section.

2.2.1 Generalized anxiety disorder (GAD)

Jane S. Halonen (1999), this is an anxiety disorder that consists of persistent anxiety for at least 1 month: an individual with GAD is unable to specify the reasons for the anxiety. People with GAD, however, feel anxious and worried most of the time, not just in times of exceptional stress, and these worries interfere with their normal lives. Their worries may relate to any aspect of everyday life, including work, health, family and/or financial issues, even if there's no real reason to worry about them. Even minor things such as household chores can become the focus of anxiety, leading to uncontrollable worries and a feeling that something terrible will happen.

2.2.2 Obsessive-compulsive disorder (OCD)

Jane S. Halonen (1999), this is an anxiety disorder in which an individual has anxiety-provoking thought that will not go away (obsession) and or urges to perform repetitive, ritualistic behaviors to prevent or produce a future situation (compulsion). Individuals with OCD repeat and rehearse doubt and daily routines, sometimes hundreds of times a day.

2.2.3 Panic disorder

Jane S. Halonen (1999), this is an anxiety disorder marked by sudden onset of intense apprehension or terror. The individual often feeling of impending doom but might not feel anxious all the time. Victims are seized by the fear that they will die, go crazy, or do something they cannot control.

2.2.4 Post Traumatic Stressed Disorder

Jane S. Halonen (1999), this anxiety disorder is a serious potentially debilitating condition that can occur in people who have experienced or witnessed a natural disaster, serious accident, terrorist incident, sudden death of a loved one, war, violent personal assault such as rape, or other life-threatening events. Research has recently shown that PTSD among military personnel may be a physical brain injury, specifically of damaged tissue, caused by blasts during combat.

2.2.5 Specific Phobic Disorders

Jane S. Halonen (1999), this is commonly called a phobia, is an anxiety disorder in which an individual has an irrational, overwhelming, persistent fear of a particular object or situation. Individuals with GAD cannot pinpoint the cause of their nervous feelings, but individuals with phobias can. A fear becomes a phobia when a situation is so dreaded that an individual goes to almost any length to avoid it. Phobias are generally divided into the following categories:

- Animal type: fear that relates to animals or insects, for example; fear of dogs or spiders.
- Natural environment type: fear associated with the natural environment, for example; fear of thunder or heights.
- Blood/injection/injury type: fear associated with invasive medical procedures, for example: injections, or with seeing blood or injury.
- Situational type: fear of specific situations, for example; elevators, bridges or driving.
- Other: any other specific phobias, for example; fear of choking, fear of vomiting.

From the brief description above, the researcher decides that this research will deal with a specific phobia disorder. That specific phobia disorder is called *somniphobia*.

2.2.4.1 Somniphobia

Jacob Olesen (2014) explains about there are one hundred phobias with its causes, its symptoms and completely provides the treatments for each phobia. Majority of people like to sleep and look at it as a basic necessity to survive just like eating, drinking and breathing. Many tend to get cranky or irritable due to the lack of sleep. However, there are some people in the world who also suffer from anxiety disorders related to sleep, prominent among which is a condition called Somniphobia. The word *somniphobia* is derived from Latin *somnus* meaning sleep and *phobos* meaning fear. Thus, Somniphobia is the fear of sleeping or falling asleep. Often the sufferer is terrified of what might happen if s/he falls asleep. One fears being 'out of control'. Many are afraid of having nightmares or fear being unable to 'hear' their loved ones call out to them.

2.2.4.2 The causes of Somniphobia

Jacob Olesen (2014), There are seven causes of somniphobia, those are;

- Sleepwalking is one the typical causes of fear of sleep. Majority of sleepwalkers do something benign in this state, but they are so afraid it occurs in the first place, so that they are afraid to go to sleep.
- Nightmare is the commonly cause of somniphobia. They find it difficult to fall back asleep because of they do not want to see the nightmare.
- A direct/indirect negative or traumatic incident is also the cause of this phobia.
- Death is also known as the ‘big sleep’. Individual who suffers somniphobia feels very vulnerable while sleeping and believe that death and sleeping are unsettlingly similar conditions which leave them completely out of control.
- Sleep paralysis is another cause of somniphobia. This is the state when a person, upon waking up, experiences muscular paralysis. This might happen several times which leads to them fearing sleeping.
- Some people tend to talk in their sleep. Most of it is gibberish, but they fear revealing important things or being out of control about what they are saying.
- Movies of the horror genre can sometimes trigger Somniphobia. Some folklore and cultures also talk of hags, witches and demons “settling on top of their hapless sleeping victims”.

2.2.4.3 The symptoms of Somniphobia

Jacob Olesen (2014), also describes about the symptoms of somiphobia, there are six most common symptoms of somniphobia;

- Anxiety attack
- Daytime fatigue and drowsiness
- Irritability, mood swings
- Hampered work productivity
- Having low energy levels etc.
- The sufferer will get reduced their mental awareness and loss of control.

After investigating the data analysis the researcher find that there are two causes of somniphobia suffered by Everett Menlo, those causes are a direct negative incident, and the nightmare which continually came into Everett's sleep. Before going to the detail description about phobia, the researcher will explain more about nightmare and negative incident that became the causes of Everett Menlo's somniphobia.

2.2.4.4 Negative Incident

According to Med D (2000), negative or critical incident is an event outside the range of normal experience that is sudden, unusual, and unexpected, disrupts one's sense of control, involves the perception of a threat to life, and may include elements of physical or emotional loss.

2.2.4.5 Nightmare

According to Hartmann (1987), nightmare is dreams that occur during rapid eye movement (REM) sleep and whose content is exceptionally

frightening, sad, angry, or in some other way uncomfortable. They are upsetting enough to wake us up during the dream, so we vividly remember our nightmares, even though they account for only a small proportion of the dreams most of us have.

During the course of a nightmare the sleeper may moan, talk, or move slightly, although these signs do not always appear. The person wakes from the nightmare with a profound sense of fear. Waking is complete, and usually accompanied by increased heart rate, sweating, and other symptoms of anxiety or fear. Once fully awake, the person usually has a good recall of the dream and what was so frightening about it. Because of the physical symptoms of anxiety and because clarity is achieved immediately upon waking, returning to sleep after a nightmare is often difficult. The vividness of the recall and the prominence of the dream images in the person's mind can also make it difficult to calm down and return to sleep.

Sometimes people may avoid going to sleep after a particularly intense nightmare because of the fear of having another bad dream. In addition, people may have problems falling asleep if they are experiencing anxiety caused by the fear of having nightmares. As a result, these people may have the signs and symptoms associated with mild sleep deprivation, such as decreased mental clarity, problems paying attention, excessive daytime sleepiness, irritability, or mild depression.

The causes of nightmares are not known for certain. Adults who have nightmares on a regular basis are a small minority of the American population. About half of these people are thought to suffer from psychiatric disorders that cause the nightmares. Nightmares may also be triggered by major psychological traumas, such as those experienced by patients with post-traumatic stress disorder. For most patients who do not have an underlying mental disorder, the nightmares are attributed to stress. Nightmares that occur on an irregular and occasional basis are usually attributed to life stressors and associated anxiety.

From all explanation of theory above, the researcher decide that the main character Everett Menlo is the individual who had this specific phobia because of a mysterious experience which come to his sleep as a horrible nightmare. He always tried to avoid sleeping every day because he did not want to see that nightmare in his sleeping. However, in the data analysis, short story *Dreams* by Timothy Findley that it is not told about the treatment for somniphobia suffered by Everett Menlo, therefore, the researcher will only focus on the causes and the symptoms.

2.3 Previous Studies

The researcher finds one analysis with focuses on same object as this research. Symbolism in Timothy Findley's *Dreams* by Amy Sran, 2015 who analyzed the symbols portrayed in the short story *Dreams* by Timothy

Findley, one of the analysis examples is that the dog in the short story is the symbol of two conflicting relationships, and then she explored other symbols like blood, starting to smoke etc. Amy Sran focused on the symbolism of this short story. Meanwhile, researcher finds more previous research which was also analyzing psychological disorder faced by the main character but the object is different from this research. Certainly, the method which is used in this research is same as those previous researches'. This textual approach or method (Endraswara,2008) puts the attention on the psychological problem of main character of its story.

Thanatophobia Dalam Kaitannya Dengan Ingatan Masa Lalu dan Implikasinya Terhadap Tokoh Wulan: Analisis Psikoanalisa Sigmund Freud Dalam Cerpen Takut Mati Karya Fira Basuki. In this research, the focus of analysis is the main character Wulan who had Thanatophobia, the fear of dead. The researcher Binti Quryatul analyzed it by finding the symptoms and the causes of that phobia. This research analyzes the behavior of the main character 'Wulan' explained in the short story and how the short story *Takut Mati* by Fira Basuki work in psychology perspective, what made that abnormal behavior occurred, how was the short story *Takut Mati* created, and what is the critique that Fira Basuki wants to deliver through this short story. All analyzes using the perspective of psychology in general, as well as using the psychoanalytic theory of Sigmund Freud more specifically.

Mrs. Alving's Anxiety in Henrik Ibsen's Ghost by Miftahul Rohman, 2015. In this research, the researcher have two research problems, those are the process of Mrs. Alvin's Anxiety and the kinds of its Anxiety. The result of this result is that the researcher finds there are four kinds of Mrs. Alving Anxiety, those are panic, nervousness, phobia and Mrs. Alving's recollection.

Anxietas Tokoh-Tokoh Utama Dalam Novel *The Great Gatsby* Karya F. Scott Fitzgerald by Mardianto Natanael Wangkanusa, 2015. The aims of this analysis are to analyze and classify the kind of anxiety of the major characters in the novel *The Great Gatsby*. The interactions among the major characters, the characterization of the major characters, including the identification and category of *anxiety* are described. The results of this research show that all major characters tend to have anxiety disorder reaching this level of abnormality. Nick Carraway has objective anxiety and categorized in phobia disorder and generalized anxiety disorder, Jay Gatsby has neurotic anxiety and categorized in obsessive compulsive disorder.

Therefore, through those four previous studies above the researcher will see in depth how to analyze the psychological problem had by the main character Everett Menlo in short story *Dreams* from different angles. However, the differences between those studies and this research hopefully can give more knowledge to the readers about psychology studies and also how the literature works in psychology perspective.

CHAPTER III

ANALYSIS

In this chapter, the researcher will describe about the symptoms and the causes of somniphobia had by the main character *Everett Menlo*, and also explain about how the causes and the symptoms are related based on the brief description of Jacob Olesen in 2014 about somniphobia.

3.1 The Causes of Everett Menlo's Somniphobia

According to Jacob Olesen (2014), there are seven things that can be the causes of somniphobia. Meanwhile, the researcher already finds there are two causes of somniphobia suffered by the main character Everett Menlo, those are direct negative incidence and nightmare.

3.1.1 A direct negative incident

Negative incident is an event outside the range of normal experience that is sudden, unusual, and unexpected, disrupts one's sense of control, involves the perception of a threat to life, and may include elements of physical or emotional loss (Med D,2000).

Everett had been working as psychiatric of *schizophrenic* patients at Queen Street Mental Health Center. Everett loved his job although it sometimes made him feel inconvenient,

Everett and Mimi were both psychiatrists. His field was schizophrenia; hers was autistic children. Mimi's venue was the Parkin Institute at the University of Toronto; Everett was the Queen Street Mental Health Center. Early in the marriage they had decided never to work as a team-and not-unless it was a matter of financial life and death-to accept employment in the same institution. Both had always worked with the kind of physical intensity that kills, and yet they gave the impression this was the only tolerable way in which to function. It meant there was always a sense of peril in what they did, but the peril-according to Everett made their lives worth living. This, at least, had been his theory twenty years ago when they were young.(p.86)

The negative incident happened when the intern *Morrowetz* immediately called Everett who was still talking with a new schizophrenic patient named Anne Marie Wilson, she told Everett that there was something wrong just happened to Kenneth Albright. Then Everett and Morrowetz went to the room where Kenneth stayed. Everett saw that Kenneth was bleeding and it made Everett really shocked and confused because he was really sure that there was no any attributes in that room which could be used by Kenneth to hurt himself. These paragraphs below will describe the isolated room of Kenneth Albright lived in,

Bearing in mind his previous attempts at suicide, it will be obvious that Kenneth Albright was never far from sight at the Queen Street Mental Health Centre. He was, in fact, under constant observation; constant, that is, as human beings and modern technology can manage. In the ward to which he was ultimately consigned, for instance, the toilet cabinet had no doors and the shower-rooms had no locks. Therefore, a person could not ever be alone with water, glass or shaving utensil. Scissors and knives were banned, as were pieces of string and rubber hands. A person could not even kill his feet and hands by binding up his wrists or ankles. Nothing poisonous was

anywhere available. All the windows were barred. All the double doors between this ward and the corridors beyond were doors with triple locks and a guard was always near at hand. (p.90)

Everett Menlo came to that room and he witnessed in detail the incidence, he was very shocked. At the beginning he already set a safe place for this schizophrenic patient to prevent him from doing suicide, that was Everett expected, but now he saw a lot of blood covered Kenneth Albright body, this incidence did not leave the feeling of anxious but it also left a big question for Everett Menlo,

The room was small and white—a dining room—ad Kenneth was sitting down in a corner, his back pressed out against the walls on either side of him. His head was bowed and his legs drawn up and he was obviously trying to hide without much success. An intern was standing above him and a nurse was kneeling down beside him. Several pieces of bandaging with blood on them were scattered near Kenneth's feet and there was a white enamel basin filled with pinkish water on the floor beside the nurse.

“Morowetz,” Everett said to them. “tell me what has happened here.”

But Morowetz the intern had no answer. He was puzzled. What had happened had no sane explanation.

Everett turned to Charterhouse, the nurse.(p.92)

Then, Ms. Charterhouse answered him. She told him that this incident was not the first incident; it meant the blood incident already occurred without Everett's presence. However, Ms. Charterhouse had already watched blood covered on Kenneth's body on April 19th and luckily

she wrote every detailed thing about that incidence, this report should be the answer of Everett's worries about what just happened to Kenneth Albright.

"On the morning of April 19th, at roughly ten-fifteen, I found Kenneth Albright covered with blood, "Ms Charterhouse was to write in her report. 'His hands, his arms, his face and his neck were stained. I would say the blood was fresh and the patient's clothing—mostly his shirt—was wet with it. Some—a very small amount of it—had dried o his forehead. The rest was uniformly the kind of blood you expect to find free-flowing from a wound. I called for assistance and meanwhile attempted to ascertain where Mister Albright might have been injured. I performed this examination without success. I could find no source of bleeding anywhere on Mister Albright's body." (p.92)

Morowetz concurred.

The blood was someone's else.

"Was there a weapon of any kind?" Doctor Menlo had wanted to know.

"No, Sir. Nothing." Said Charterhouse

"And was he alone when you found him?"

"Yes Sir, just like this in the corner."

"And the others?"

"All the patients in the ward were examined," Morowetz told him.

"And?"

"Not one of them was bleeding."

He looked down at Kenneth.

"This is doctor Menlo, Kenneth. Have you anything to tell me?"

Kenneth didn't reply.

Now, Everett really got confused because he had no clue about the blood which covered on Kenneth's body. The blood in that incident was still fresh, but none of them was injured, this obviously increases Everett Menlo's worries. When no wound or scratch found on Kenneth Albright's body, it meant the blood must come from someone else. The report which was given by Ms Charterhouse made him thought that it must be someone's blood as it was stated below

I would say the blood was fresh and the patient's clothing—mostly his shirt—was wet with it. Some—a very small amount of it—had dried o his forehead. The rest was uniformly the kind of blood you expect to find free-flowing from a wound. (p.92)

However, it was still leaving big worries and confusing in Everett's mind. This incident should never happen unless Everett was careless in controlling and maintaining his patient, Kenneth Albright. Everett was still thinking about it, he tried to memorize again the chronology of that incident, especially he thought much about the place. It is described in this paragraph below,

“The blood was someone's else.” (p.92)

No one was discovered bleeding. Nothing was found to indicate an accident a violent attack, an epileptic seizure. A weapon was no located. Kenneth Albright had not a single scratch on his flesh from stem, as Everett put it, to gudgeon. The blood, it seemed, had fallen like the rain from heaven: unexplained and inexplicable. (p.93)

Now, Everett started feeling anxious about what just happened to Kenneth Albright because Everett felt that he was responsible on him and this was his job which he had loved for years. Everett believed that there must be a victim of this incidence because he found no wound on Kenneth Albright's body.

3.1.2 Nightmare

According to Hartmann (1987), nightmare is dreams that occur during rapid eye movement (REM) sleep and whose content is exceptionally frightening, sad, angry, or in some other way uncomfortable. Everett Menlo slept in the night after he witnessed the Kenneth Albright's blood incidence, then he started getting the nightmare.

That was the night Everett Menlo suffered the first of his failures to sleep. It was occasioned by the fact that, when he awakened sometime after three, he had just been dreaming. This, of course, was not unusual—but the dream itself was perturbing. (p.93)

Hartmann (1987), nightmares are upsetting enough to wake us up during the dream, so we vividly remember our nightmares, even though they account for only a small proportion of the dreams most of us have.

There was someone lying there, in the bright white landscape of a hospital dining-room. Whether it was a man or a woman could not be told, it was just a human body, lying down in a pool of blood. (p.93)

The description above was the portrait of Everett Menlo's first nightmare, he could remember what he saw in his sleep. He vividly remembered where the place was and what the things which existed in that dream were. It shows that somebody who gets nightmare is able to remember their nightmare and this might cause big level of fear for somebody to sleep again (Jacob Olesen, 2014).

Kenneth Albright was kneeling beside this body, pulling it open the way a child will pull a Christmas present open—yanking at its strings and ribbons, wanting only to see the contents. Everett saw this scene from several angles, never speaking, ever being spoken to. In all the time he watched—the usual dream eternity—the silence was broken only by the sound of water dripping from an unseen tap. The Kenneth Albright rose and was covered with blood, the way he had been that morning. He stared at Doctor Menlo, looked right through him and departed. Nothing remained in the dining-room but plastic tables and plastic chairs and the bright red thing on the floor that once had been a person. Everett Menlo did not know and could not guess who this person might have been. He only knew that Kenneth Albright had left this person's body in Everett Menlo's dream. (p.93)

Everett saw Kenneth was also covered with the blood in his nightmare, and he also saw a corpse next to Kenneth Albright but Everett did not recognize who the corpse in his nightmare was.

Three nights running, the corpse remained in its place and every time that Everett entered the dining-room in the nightmare he was certain he would find out who it was. On the fourth night, fully expecting to discover he himself was the victim; he beheld the face and saw it was a stranger. (p.93)

The nightmare had been coming to Everett sleep for three days, and that nightmare still left a big mystery on Everett's mind. Everett still remembered that there was a corpse but he did not know who it was, this nightmare made him confused more and more because He believed that there must be no strangers in a dream as he stated in this paragraph below,

But there are no strangers in dreams; he knew that now after twenty years practice. There are no strangers; there are only people in disguise. (p.93)

The nightmare was related to what he saw in his real life. Whatever he got and he saw in that nightmare was actually he should find in the reality, exactly in that blood incidence. The corpse in his nightmare was the reaction of the incidence that he saw in reality; he also assumed that it was someone's blood but he did not find any staff was bleeding. Everett's fear came to his dream and showed a body with the blood.

His brief assumption about the blood was someone's blood now appeared in his nightmare, it appeared as a corpse, but unfortunately, he did not recognize it even the gender of its corpse.

At the beginning of this short story *Dreams*, it is told that Everett did want to tell his wife Mimi Menlo what is the problem happened to him then made him avoid to sleep for days. Although Mimi already asked him many times but he answered there was nothing to worry about. At that time Everett just tried to face his problem by himself and few days later he told his wife

the reason why he always avoided sleeping. This paragraph and the dialogue below will tell the Everett's confession,

Mimi put her fingers into her glass so the ice-cubes wouldn't click. She waited Everett spoke—but he spoke as it in someone else's voice, perhaps the voice of Kenneth Albright. This was not entirely unusual. Often, both Mimi and Everett Menlo spoke in the voices of their patients. What was unusual, this time, was that, speaking in Kenneth's voice, Everett began to sweat profusely—so profusely that Mimi was able to watch his shirt front darkening with perspiration. (p.97)

The paragraph above shows the increasing of Everett's fear. Before Everett started his confession, Mimi could see how anxious his husband was. The way Everett spoke was different; he looked so sweaty and this sweat came out not because of Everett's workout or exercise. Mimi felt unusual; he was not used to be like this. Mimi did not know that her husband got so anxious because of the blood incidence and the nightmare.

"As you know," he said, "I have not sleeping."

This is was the understatement of the year. Mimi was silent.

"I have not been sleeping because—to put it in a nutshell—I have been afraid to dream."

Mimi was somewhat startled by this. Not by the fact that Everett was afraid to dream, but only because she had just been thinking of dream herself.

"I have been afraid to dream, because in all my dreams there have been bodies, corpses. Murder victims."

Mimi—not really listening—idly wondered if she had been one of them.

"In all my dreams, there have been corpses," Everett repeated. "But I am not the murderer. Kenneth Albright is the murderer,

and, up to this moment, he has left behind him fifteen bodies: none of the people I recognize”. (p.97)

At the first time Everett got the nightmare, he saw that there was a body or a corpse, but when he confessed to his wife, Mimi Menlo, he told that he had already seen fifteen unrecognized corpses, he could remember it well. It meant that Everett had been dreaming the same nightmare (blood, corpses and Kenneth Albright) until fifteen times in his sleep. This was the clear reason why Everett decided to always avoid sleeping.

3.2 The Symptoms of Everett Menlo's Somniphobia

According to Jacob Olesen (2014), there are six symptoms of Somniphobia. The researcher already finds there are six symptoms of somniphobia that are suffered by the main character Everett Menlo.

3.2.1 Anxiety attacks

People with high level of anxiety worry a lot, this also happened to Everett Menlo when his wife *Mimi Menlo* ask him to sleep. He said that something frightening would come when he fell asleep, but he did not tell what the reason of that frightening thing was.

Clearly Mimi concluded, her husband was refusing to sleep because he believed dreadful was going to happen the moment he closed his eyes. (p.86)

It clearly showed that Everett always felt worry when her wife said that he was supposed to sleep, even he is very scared if his eyes are closed

(falling asleep), because he believed that something horrifying was coming if he fell asleep.

Now, whatever unnamed reason, peril had become his enemy and Everett Menlo had begun to look and behave and lose his sleep like a haunted man. (P.86)

The anxiety seemed always come to Everett Menlo's life, in the beginning it was told that Everett love his peril (he said his job like a peril, but now this thing appeared and made him feel with full of fear (anxiety). This anxiety attack seemed never let him calm and relaxed, and the only way to escape is staying awake.

But He refused to comment when Mimi asked him what was wrong. Instead, he gave the worst of all possible answers a psychiatric can hear who seek an explanation of a patient's silence; he said there was absolutely nothing wrong.

"You're sure you're not coming down with something?"

"Yes"

"And you wouldn't like a massage?"

"I've already told you; no."

"Can I get you anything?"

"No."

"And you don't want to talk?"

"That's right."

"Okay, Everett..."

"Okay, what?"

"Okay, nothing. I only hope you get some sleep tonight."

Everett stood up. "Have you been spying on me, Mimi?"

"What do you mean by spying?"

"Watching me all night long."

“Well, Everett, I don’t see how I can fail to be aware you aren’t asleep when we share this bedroom. I mean- I can hear you grinding your teeth. I can see you lying there awake.”

“When?”

“All the time. You are staring at the ceiling.”

“I’ve never stared at the ceiling in my whole life. I sleep on my stomach.”

“You sleep on your stomach if you sleep. But you haven’t been sleeping.”

Somewhat amused at the coyness of this gesture, Mimi asked what he was hiding.

“Nothing!” he shouted at her. (p.86)

Sometimes, it is normal for everybody to feel anxious because of something, but what Everett felt is more than a usual anxiety. Mimi did not only asked her husband to tell completely his problem, but she also asked her husband to sleep because she knew that her husband had to rest his mind and also his body, but what she did was still useless, Everett still refused her. Everett refused Mimi to sleep because he is afraid of sleeping, he already got his somniphobia.

Everett in the meantime, had reached his own crisis and because of his desperate straits a part of Mimi Menlo’s mind was on her husband. Now he had not slept for almost ten days. (p.95)

The extreme effect of Everett’s anxiety attack could make him staying awake for ten days, and this condition would influence negatively his health. As researcher describe in the previous chapter that the psychological

disorder “Somniphobia” belongs to anxiety disorders and now it is shown that one of the symptoms of Everett’s somniphobia was anxiety attack.

3.2.2 Daytime fatigue

Human beings are suggested to spend their night time for sleeping, because their body need to take rest from all activity that has been done in the morning till the afternoon. So, on the next day (tomorrow) the body will be fresh and ready again to do daytime activities.

Everett Menlo had not yet declared the source of his problem. His restless condition had begun about ten days ago and had barely raised his interest. Soon, however, the time spent lying awake had increased from one to several hours and then, on Monday last, to all night session. Now he lay in a state of rigid apprehension-eyes wide open, arms above his head, his hands in fists-like a man in pain unable to shut out. His neck, his back and his shoulders constantly harried him with cramps and spasms. (p.85)

Nevertheless, Everett could not take his sleep in all night because of that nightmare, so he got fatigue in his daytime. The paragraph above describes about Everett who successfully stayed awake to avoid sleeping and how painful the effect that he must get because of not sleeping in all night.

3.2.3 Irritability and mood swings

As a good wife, Mimi Menlo always cared about his husband, she knew that Everett faced a serious problem but every time she asked, Everett

never told what the dreadful thing in his dream. What Mimi did was a sincere care but some days later, his husband had changed, the extreme fear of sleeping got by Everett Menlo also changed his characteristic, Everett easily got mad. This characteristic brought a small conflict between Everett and his wife. The irritability of Everett Menlo can be seen from this dialogue below,

Everett hadn't touched a cigarette for weeks.

"Please don't smoke those," she said. "You will only be sorry if you do."

"And you," he said, "will be sorry if I don't."

"But dear..." said Mimi.

"Leave me for Christ's sake alone!" Everett yelled.

Mimi gave up and sighed and she said: "all right. Thurber and I will go and sleep in the living room. Good night". (p.87)

The irritability which already adhered in Everett made Mimi accepted what her husband wanted, she might understand that her husband needed more time to be alone, but when Everett yelled to Mimi for leaving him alone, he called her back and asked her to not leaving him alone.

Everett sat on the edge of his bed. His hands were shaking.

"Please," he said-apparently addressing the floor. "Don't leave me here alone."

I couldn't bear that". (p.87)

The Everett's quote on that dialogue above showed his mood swings as the reaction of his powerlessness and his confusion toward the problem he

had. Now, he honestly said to his wife that he needed help; he could not face and solve this problem only by himself.

3.2.4 Hampered work productivity

As a couple of psychiatrists, Everett and Mimi definitely knew about their characters one another. Working as psychiatrists was not an easy job for both Everett and Mimi Menlo.

All this behavior utterly like him; foreign to his code of discipline and ethics; alien to everything he said and believed. Openness, directness, sharing of ideas, encouraging imaginative response to every problem. Never hide troubles. Never allow despair...These were directives in everything he did. Now, he had thrown them over. (p.88)

In the first analysis the researcher finds Everett's statement that this job sometimes 'killed' him, but all about it could be done because of his love for that job and also because of the co-operation between him and his wife, he was used to share his ideas with his wife, and always encourage imaginative response to every problem they both faced. These two activities showed that Everett was an active man who did not easily give up on one problem. That paragraph above (Mimi's feeling) shows all positive behaviors that Everett usually had. However, It explains the symptom of his somniphobia that made him lack of work productivity; he did not have any of those activities anymore.

3.2.5 Having low energy level

Because of thinking seriously about the nightmare that Everett got, he either hated sleeping or wanted to know the mystery in that nightmare.

Everett went into the darkest corner of the room and sat down hard in one of Mimi's straight-backed chairs; the ones inherited from her mother. He sat; prim, like a patient in a doctor's office, totally unrelaxed and nervy; expressionless. Either he had come to receive a deadly diagnosis, or he would get a clean bill of health. (p.97)

This situation had made him like someone's sick, but he did not get any physical illness. He was just so tired and he lost much of his energy because of his fear of sleeping,

The words "*totally unrelaxed and nervy*" portrayed how hard and how often Everett worried about the nightmare, even had seated on the chair he still thought about it.

3.2.6 Reduced mental awareness

This is the last symptom of Everett's somniphobia, the blood incidence, and the nightmare could reduce Everett mental awareness.

"I gave up dreaming almost a week ago," said Everett, "Thinking that if I did, the killing pattern might be altered; broken. "it was not. The killings have continued...." (p.98)

This dialogue above is Everett's statement to his wife that he was totally powerless because of that nightmare. Before continuing this

symptom, the researcher would like to look back at the previous explanation that tell Everett was so anxious and confused about the blood incidence in the reality and the blood he saw with fifteen corpses in his nightmare. In that nightmare he did see Kenneth Albright was there beside the corpses the he just left. It seemed the nightmare gave an indication to Everett Menlo that Kenneth was the murderer, he killed those people,

“I know they are being continued because I have seen the blood.” (p.98)

Everett told Mimi about this assumption, he thought that Kenneth Albright would murder again and again. This is the first of reducing Everett mental awareness; the way he thought what he saw in that nightmare was like he saw it as a reality that would happen continually. He began to not aware that it was just a dream.

Mimi Menlo who still kept listening but did not believe to what her husband told, just tried to make Everett sleep. She just wanted her husband to sleep, that was why Mimi interrupted and asked Everett that question. This is what Mimi worried about if Everett gave up dreaming, it meant he would never want to sleep.

“How do you know the killing have continued, Everett, if you’ve given up your dreaming? Wouldn’t this mean he had no place to hide the bodies?”

In spite of the fact she had disobeyed their rule about not speaking, Everett answered her. (p.98)

At the beginning of night conversation with her wife, Everett started thinking irrationally that the corpse and the blood in his nightmare was a real murderer. He thought that it would continue, but after telling this irrational thing, Everett came to the craziest thought, he asked her wife, was the blood in that incident came from the dream. He thought this because he believed that there was no way out for Kenneth Albright in that isolated room to get the blood. Look at the dialogue below,

“Except there is no way out of that place. There is absolutely no way out.”

Now, there was a pause.

“But one,” he added—his voice, again, a whisper.

Mimi was silent. Fearful—watching his twisted face.

“Tell me,” Everett said- the perfect innocent, almost the perfect child in quest of forbidden knowledge. “Answer me this—be honest: is there blood in dreams?” (p.99)

Mimi Menlo felt that now her husband could not think clearly, the incidence and the nightmare already trapped him. Mimi Menlo could not answer the question that Everett asked, she thought that her husband already changed become an insane man.

Mimi could not respond. She felt herself go pale. Her husband—after all, the sanest man alive—had just suggested something so completely mad he might as well have handed over his reason in a paper bag and said to her, burn this. (p.99)

Everett tried to convince his wife again the dream was the only one place where Kenneth Albright got the blood, because he remembered that

there was no any hole to escape and only the dream was the place for Kenneth Albright to escape. Now, he truly believed that the blood in that incidence was gotten by Kenneth Albright in the dream, in the world of unconsciousness or the unreal world.

“That is the only place beyond the ward into which the patient can or does escape.”

Another—briefer—pause

“It is real blood, Mimi. Real. And he gets it all from dreams. My dreams.”

They waited for this to settle.

Everett said: “I’m tired. I’m tired. I cannot bear this anymore. I’m tired...” (p.99)

Everett affirmed that the blood was gotten in the dream, because no other place; it was absolutely from the dream. This last symptom proves that Everett’s mental or psychology part could not serve anymore what his desire want, Everett wanted to get the causes in the reality, he always thought about the blood and the nightmare, but he failed. Now, Everett was possessed by his unconscious world, and finally the blood incidence and the nightmare already broke Everett mental awareness.

CHAPTER IV

CONCLUSION AND SUGGESTION

The researcher already explains in brief the criticism of literary work in psychology perspective, specifically about Everett Menlo's Somniphobia in the short story *Dreams* by Timothy Findley. Therefore, this chapter is the last chapter of this research, the researcher concludes the analysis which has been done and written in the chapter III about Everett Menlo's Sominphobia. Additionally, this chapter also provides some suggestions for the next researches.

4.1 CONCLUSION

After conducting the analysis of Everett Menlo's Somniphobia in the short story *Dreams* by Timothy Findley which is focusing on this literary work as a psychology criticism, and also investigating the causes and the symptoms of Everett Menlo's Somniphobia based on the the brief description of the symptoms and the causes of Somniphobia in psychology studies, the researcher concludes that the Somniphobia which happened in the Everett Menlo's was caused by the negative incident that he witnessed at the first time then the nightmare which continually come to his sleep. Those causes then appear some symptoms which must be suffered by the main character Everett Menlo in short story *Dreams* by Timothy Findley, those symptoms are anxiety attack, daytime fatigue, irritability, mood swings,

hampered work productivity and from those symptoms lead Everett Menlo suffering the last vital symptom, that is reducing mental awareness. Short story is one of literary work which portrayed the phenomena that occurs in the reality, human being's life. The author of this short story, Timothy Findley portrayed a life phenomenon in which a human being who was disturbed by an unreasonable and unsolved problem, so that he (Everett Menlo) must experience inconvenient condition and situation as the impact of that problem.

The impact of unsolved problem sometimes could affect negatively the work of somebody's mental which ends as a psychological disorder. The worst mental condition happens, the worst physical condition feels, because these two important things should connect and work in balanced. The main character "Everett Menlo" was a subject of that psychological problem, as an expert of psychology he should not get the psychological disorder. Therefore, the main character Everett Menlo should not impose himself to solve a problem that could not be accepted by his mind, so the symptoms of the psychological disorder would never come to his life.

4.2 SUGGESTION

This research is the second research of the short story “Dreams” by Timothy Findley and the researcher analyses this object from psychology perspective. Meanwhile, the researcher is still lack of psychology knowledge because the researcher put more the attention on the literary studies as his field. The researcher suggests the next researchers to analyze in deep about this short story, because there was also another main character named “Mimi Menlo” who had been a psychiatrist like her husband and she also can be analyzed from psychology criticism. The researcher also suggests the next researcher to analyze this object not only from psychology criticism, but also from other literary criticisms.

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APPENDIX I

Synopsis

The short story "Dreams" by Timothy Findley tells the story of a married couple "Everett Menlo and Mimi Menlo" who worked as psychiatrists, where they have to deal with patients who have abnormal psychology, like autism and schizophrenia paranoid. Unfortunately, the main character "Everett Menlo" who deals with a patient who had schizophrenia, seemed also having abnormal psychology (anxiety disorder) after seeing an abnormal incidence done by the patient. He really tried to figure out the causes of that abnormal thing happened to his patient, Kenneth Albright, but later he haunted by his curiosity and it came into his dream at night. Then Everett tried to avoid sleeping because that nightmare always came in his sleeping until he could not sleep for ten days non-stopped. Everett had told his wife, Mimi Menlo about what he had been thinking about the nightmare and the incidence, but his explanation precisely showed that he had almost lost his mental awareness and positioned him in very serious psychological problem.

APPENDIX II

Data

No.	Paragraph	Plot
1	<p>Everett and Mimi were both psychiatrists. His field was schizophrenia; hers was autistic children. Mimi's venue was the Parkin Institute at the University of Toronto; Everett was the Queen Street Mental Health Center. Early in the marriage they had decided never to work as a team-and not-unless it was a matter of financial life and death-to accept employment in the same institution. Both had always worked with the kind of physical intensity that kills, and yet they gave the impression this was the only tolerable way in which to function. It meant there was always a sense of peril in what they did, but the peril-according to Everett made their lives worth living. This, at least, had been his theory twenty years ago when they were young.</p> <p>(p. 84)</p>	<p>The beginning</p>
2	<p>For weeks now, Everett had been working with a patient who was severely and uniquely schizophrenic. This patient name was Kenneth Albright, and while he was deeply suspicious, he was also oddly caring. Kenneth Albright loved the detritus of life, such as bits of woolly dust and wads of discarded paper.</p> <p>(p. 89)</p>	<p>Everett handled Kenneth Albright</p>
3	<p>Bearing in mind his previous attempts at suicide, it will be obvious that Kenneth Albright was never far from sight at the Queen Street Mental Health Centre. He was, in fact, under constant observation; constant, that is, as human</p>	<p>Everett had saved his patient into isolated room</p>

	<p>beings and modern technology can manage. In the ward to which he was ultimately consigned, for instance, the toilet cabinet had no doors and the shower-rooms had no locks. Therefore, a person could not ever be alone with water, glass or shaving utensil. Scissors and knives were banned, as were pieces of string and rubber hands. A person could not even kill his feet and hands by binding up his wrists or ankles. Nothing poisonous was anywhere available. All the windows were barred. All the double doors between this ward and the corridors beyond were doors with triple locks and a guard was always near at hand. (p. 90)</p>	
4	<p>The room was small and white—a dining room—ad Kenneth was sitting down in a corner, his back pressed out against the walls on either side of him. His head was bowed and his legs drawn up and he was obviously trying to hide without much success. An intern was standing above him and a nurse was kneeling down beside him. Several pieces of bandaging with blood on them were scattered near Kenneth's feet and there was a white enamel basin filled with pinkish water on the floor beside the nurse.</p> <p>“Morowetz,” Everett said to them. “tell me what has happened here.”</p> <p>But Morowetz the intern had no answer. He was puzzled. What had happened had no sane explanation.</p> <p>Everett turned to Charterhouse, the nurse.(p. 92)</p>	<p>Suspense, Everett</p> <p>witnessed the incidence</p>
5	<p>No one was discovered bleeding. Nothing was found to indicate an accident a violent attack, an epileptic seizure. A weapon was no located. Kenneth Albright had not a single scratch on his flesh from</p>	<p>Everett thought how it</p> <p>happened</p>

	stem, as Everett put it, to gudgeon. The blood, it seemed, had fallen like the rain from heaven: unexplained and inexplicable. (p. 93)	
6	That was the night Everett Menlo suffered the first of his failures to sleep. It was occasioned by the fact that, when he awakened sometime after three, he had just been dreaming. This, of course, was not unusual—but the dream itself was perturbing. There was someone lying there, in the bright white landscape of a hospital dining-room. Whether it was a man or a woman could not be told, it was just a human body, lying down in a pool of blood. (p.93)	The nightmare came
7	Three nights running, the corpse remained in its place and every time that Everett entered the dining-room in the nightmare he was certain he would find out who it was. On the fourth night, fully expecting to discover he himself was the victim; he beheld the face and saw it was a stranger. (p.93)	The nightmare still came in Everett's sleep
8	Clearly Mimi concluded, her husband was refusing to sleep because he believed dreadful was going to happen the moment he closed his eyes. She had encountered this sort of fear in one or two of her patients. Everett, on the other hand, would not discuss the subject. (p.86)	Everett avoided sleeping
9	Everett went into the darkest corner of the room and sat down hard in one of Mimi's straight-backed chairs; the ones inherited from her mother. He sat; prim, like a patient in a doctor's office, totally unrelaxed and nervy; expressionless. Either he had come to receive a deadly diagnosis, or he would get a clean bill of health. (p.97)	His fear of sleep affected his physical condition

10	<p>All this behavior utterly like him; foreign to his code of discipline and ethics; alien to everything he said and believed. Openness, directness, sharing of ideas, encouraging imaginative response to every problem. Never hide troubles. Never allow despair...These were directives in everything he did. Now, he had thrown them over. (p.88)</p>	<p>Everett could not worked as usual as he did</p>
11	<p>Everett in the meantime, had reached his own crisis and because of his desperate straits a part of Mimi Menlo's mind was on her husband. Now he had not slept for almost ten days. (p.95)</p>	<p>Everett was seriously in his fear of sleeping</p>
12	<p>"Except there is no way out of that place. There is absolutely no way out." Now, there was a pause. "But one," he added—his voice, again, a whisper. Mimi was silent. Fearful—watching his twisted face. "Tell me," Everett said- the perfect innocent, almost the perfect child in quest of forbidden knowledge. "Answer me this—be honest: is there blood in dreams?" "It is real blood, Mimi. Real. And he gets it all from dreams. My dreams." They waited for this to settle. Everett said:"I'm tired. I'm tired. I cannot bear this anymore. I'm tired...". (p.99)</p>	<p>Everett finally got problem with his mental awareness</p>