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CHAPTER I

INTRODUCTION

1. 1 Background Of The Study

One unavoidable consequence of the increase of elderly people is a rise in the number of people with types of health problem particularly dealing with later stages of life. The types of health problem may be in the form of emotional, mental and psychological changes, and even the decline of many physical fimctions. Old people with serious weaknesses or infirmities are unwelcome reminders. In their later stages of life, communicative impairment such as speaking ability deterioration emerges. Most language disabilities of elderly people involve a degenerative process that affects parts of the brain which control memory and thought.

One major health problem which relates to the brain impairment among elderly people is called dementia. It causes a degenerative process of language disabilities. Dementia also involves biomedical, psychological, and social aspects of life. Lishman (1987) points out: "The term dementia is currently used in two different ways. One refers to clinical conditions and the other refers to a syndrome that occurs in a wider range of clinical conditions. It is an acquired global intellectual, memory and personality impairment, but without impairment of consciousness."

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Referring to dementia, there have been many studies focusing on the language and cognitive relation. The studies occur since the failing in the language skills are reflected by the failing cognitive skill. Language skills failing may be in the form of difficulty in naming and finding appropriate vocabulary, and it goes along with reduction in functional vocabulary. One of the study has been done by Vai Ramanathan of University of Southern California in 1994. He analysed the dicourse of a dementia patient which cause by Alzheimer's disease. He was focusing in the patient's interaction with different interlocutors, namely; the patient's husband and Vai himself. Vai drew attention to guide a meaningful talk between speakers.

To analyze the narrative ability, I would consider the background of the human brain which generally consists of several anatomically distinct regions. The largest part is the *cerebrum* which is divided into two great lobes of similar sizes, the *left cerebral hemisphere* and the *right cerebral hemisphere*. Those two hemispheres are connected by *Corpus collosom* (thick bundle of nerve fibres) which means information can be transmitted from one hemisphere to the other. (Crystal, 1989:258)

Each hemisphere controls movements (in) and receives sensory inputs from the opposite of the body. The right hemisphere is dominant for creative and emotional sensory. The left hemisphere controls the right side of the body which is dominant for the intellectual skill of the brain and includes certain verbal language. The left hemisphere receives sensory input from the right side of the body.

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The language ability areas are mainly located around two fissures, called the *Sylvian* and *Rolandii.* (Crystal, 1989:261). The front part of the parietal lobe along the fissure of Rolandii involves in the processing of sensation and the motor function is located in the area in front of Rolandii. The *Wernick's area* is located in the upper back part of temporal lobe which is a major speech area. *Heschl's gyri* is located in the upper part of the temporal lobe and included in the process of auditory reception. The *Broca's area* is in the lower part of the frontal lobe and used in the process speech encoding. The other area is called *Exner's centre* which is located in the back of frontal lobe and take part in the process of writing encoding.

The basic structure of an utterance is thought to be produced from auditory receiving to the wernicke's area. Then it is sent to the broca's area through the *arcuate fasyculus* for encoding. The motor control area processes the signal and the utterances are produced by the articulatory organs.

Basically, the problem in dementing illness relates to memory involved in human brain. The memory can be classified into two groups, namely, *primary memory* usually called **Short Term Memory**, which refers to recalling information that is still being attended to one's mind such as number of words, letters, bits of information a person can remember in correct order and it may possibly decline with age. *Secondary memory*, usually called **Long Term Memory**, which refers to information that has been encoded but it is no longer the focus of active or selective attention. It means the elderly people will have more problems in remembering

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material that is no longer actively attended to or focused upon such as speaking ability and narrative or telling stories. (Craik, 1977. Hartley, Harker and Walsh, 1980). Spoken Narrative is commonplace that human being is fortunate to have long term memory which enables him to access several communicative modalities to create a narrative.

My daily life contact with an elderly person who is my own grandmother and suffering from dementing illness has been inspired me to gain much deeper understanding on this study. Based on psycholinguistics, the failing of cognitive skills may reflect to the failing of language skills. Therefore, I find that the person I live with who suffers from dementing illness has tendencies to repeat the same utterances, does repairs while narrating, and sometimes she turns back to the previous topic that she has dropped while the partner is talking about new topic during the conversation. She also has difficulty in naming and finding the appropriate words. It sometimes surprises me how she is unable to maintain her story.

I. 2 Statement Of The Study

Based on the above background, I would like to state the following problem:

How does dementia influence narrative ability of elderly people ?

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I. 3 Objective Of The Study

Based on the statement of the problem, I would like to find out the influence of dementia on narrative ability as interactional process of elderly people.

I. 4 Significance Of The Study

This study is expected to broaden our cognitive knowledge in narrating as interactional process by knowing the influence of dementia in narrative ability among elderly people. The attention is in recalling memory and constructing an interactional conversation between two participants; interviewer and story teller. The thesis is also expected to give a contribution to the future study of dementia and its relation to language ability. Finally, the thesis is expected to give information to family members and relatives of elderly people who suffer from dementia about the nature of brain disorder among them so that they become more aware and understand about these weaknesses caused by the disease.

I. 5 Theoretical Framework

There must be some kind of relationship between physical condition and language in cases of physical handicap which can affect the language ability. Several disorders of constitutional origin have a direct effect on a person's ability to comprehend and produce speech, read, and write. Grammar, vocabulary and other features of language can all be affected. (Crystal, 1995;19).

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One phenomenon of language ability disorder which happens to elderly people and causes language disability is dementia. According to Diana Syder (1991) the term dementia covers several conditions marked by characteristics of memory impairment and intellectual changes. The main symptoms are intellectual deterioration and memory impairment such as vocabulary reduction, word finding difficulty, and less awareness to their conversational partner.

Until recently, a sharp distinction has been made between patients with onset of the disease when they are younger than 65. This is called *presenile dementia*, while onset after age 65 is called *senile dementia*. In 1985 the International Congress of Gerontology indicates that brain degeneration in patients is caused by neuronal cell loss. It is up to 90 percent loss, especially the frontal lobes. (Syder, 1988;396).

In order to analyze the narrative ability, I use the theory of narrative as interactional process in discourse analysis. The term narrative is used either in narrow sense referring not to only story but also reports, news, plans, and others. Literary philosopher Paul Ricoeur (1988) considers narrative as the chronological dimension. It may concern past, present, future, habitual or other activities that are relevant to the mode of reckoning time. Narrative abilities of patients suffering from dementing illness should be considered as interactional process that generate narrative. The act of narrating one's past can be seen from two functions; First, it clarifies all sorts of events and experiences, that is recalling one's past in actual

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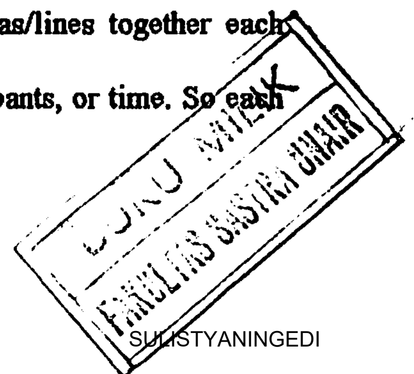
experience. Second, it is a progress of constructing a picture of oneself (Sacks 1974). In this study, the thesis is aimed to clarifying the first function.

In interactional process, an interviewer may trigger a story teller to construct a story or recalling of his/her past life. The story takes shapes in turn exchanges between interviewer and teller. The thesis takes the writer as the interviewer and the informants as the story tellers. Stories, as in conversation, are produced through routine conversational process and integrated with other conversational structures.

A cohesive device effectively helps me to judge both extensiveness and meaningfulness in narrative. A cohesion occurs where the interpretation of some element in the discourse is dependent on one another, so that each pair of elements creates a "cohesive tie" (Halliday and Hasan, 1976). Some of those elements are definite articles, pronouns, substitutions, ellipses, references, conjunctions, and repetition. Gee (1992) describes that stanza structures can also perform a cohesive function. Focusing on the role of the interviewer, I explore the respondents' ability to produce extended and meaningful speech which is interactionally produced. I also adopt Gee's theory (1992;105) of stanza structure as cohesive device. He defines it as a set of lines about a single minimal topic, which is organized to hang together rhythmically and syntactically. Stanza structure serves as a cohesive function as it links lines/ideas together. By organizing ideas/lines together each stanza can be indicated as a shift in action, character, participants, or time. So each



stanza takes a new perspective or provides more information. The following illustration is taken from parts of my interview with the first respondent.

Stanza 1 : Starting the main point of her childhood.
I : Ibu lahir dimana?
S : Di Bondowoso.

Stanza 2 : More detail about her childhood's places.
I : Dibesarkan juga di Bondowoso ?
S : Saya dilahirkan di Bondowoso.
Lalu di Madium [.]
Lalu di Surabaya.
Pindah-pindah.

Stanza 3 : Restarting stanza 2.
I : Masa kecil sebagian besar dimana?
S : Di Bondowoso, ya [.] pindah-pindah.
Di Jember dari kecil ikut keluarga.
Di Madium, Surabaya.
[..] Wah, pindah-pindah.

Stanza 4 : Another repetition on her childhood.
I : Paling lama dimana, bu?
S : Aduh, dimana ya? [...]
Pertama di Bondowoso, di Jember,
di Madium, di Surabaya.
Ya, [..] pindah-pindah.

Stanza 5 : Support the detail of her childhood.
I : Ibu pindah-pindah, ikut siapa?
S : Ya [.] ikut orangtua, terus ikut suami.

According to Gee, Each stanza gives a new idea, perspective, or provide more information. Stanza 1 tells us how I trigger her to start the recalling on her childhood. I get the details or more information in stanza 2 by asking her, *dibesarkan juga di Bondowoso?*. She responds to my question by mentioning different places she had ever stayed during her childhood. Stanza 3 shows how she gives the same answer in responding my other different question, *Masa kecil ibu*

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sebagian besar dimana?. In addition, she also mentions Jember as one of the places.

Stanza 4 tells us how she repeats the same answer for another different question again. I suppose that she actually does not respond to my question, *paling lama tinggal dimana?*. In stanza 4, we can also find type of pause word that is, *aduh, dimana, ya?* [...]. Meanwhile stanza 5 shows the supporting information that she often moves to one place and another to follow her family and then her husband.

Claiming that stanzas are universal, according to Gee, Stanzas are the products of mental mechanism by which human produce speech, and that those structures reflect the units of human narrative or discourse competence (Gee, 1992;117).

I. 6 Method Of the Study

The method of the study is qualitative - descriptive research. I try to describe the phenomenon of dementia and narrative ability in elderly people. The emphasis is on how elderly person with dementing illness constructs a narrative of their past which are the respondents' childhood, family/marriage(s), and school background/work experiences in conversation of two participants as interactional process.

I. 6. 1 Definition Of Key Terms

1. ***Cerebrum*** : the largest and uppermost part of the brain.
2. ***Corpus collosom*** : the thick bundle of nerve fibres.
3. ***Rolandii (central sulcus)*** : a furrow or groove which is belonging to the centre.
4. ***Sylvian (lateral sulcus)*** : a furrow or groove which is belonging to the side.
5. ***Wernicke's area*** : an area in the upper back part of the temporal lobe, extending upwards into the parietal lobe, plays a major part in speech comprehension. Founded by Carl Wernicke (1848-1905).
6. ***Broca's area*** : the lower back part of the frontal lobe is involved in the encoding of speech.
7. ***Heschl's gyri*** : the main area involved in auditory reception, founded by R. L. Heschl (1824-1881).
8. ***Elderly people*** : the wrinkles, gray hair and inelastic folding skin people who are 65 or over who show signs of degenerative changes either physically and mentally, sometimes may be followed by psychologically changes.
9. ***Dementia*** : the irreversible organic deterioration of mental faculties.
10. ***Stanza structure*** : cohesive device function that links lines/ideas together. It is indicated a shift in action, character, participants, or time.(Gee 1992;105).
11. ***Narrative ability*** : an ability of telling stories in form of spoken or written to access to conversations, texts, or pictures.

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I. 6. 2 Technique Of Data Collection

I do an observation to collect the data. The main advantage of the observation is that it is possible to gain a deeper understanding of the motives behind the behavior. It helps me to find any information which relates to the problem.

Basically, the process of data collection is begun by choosing respondents who are dementia patients. Then as the interviewer, I interview the respondents as the story tellers. The interviews are concerning their memory about childhood, family/marriage(s), and school background/work experiences. All data is recorded and selected to be analyzed. In general, I do the following steps to collect the data:

1. **Doing observation**
2. **Choosing respondents.**
3. **Interviewing respondents.**
4. **Recording interviews.**
5. **Selecting data.**

I. 6. 3 Technique Of The Data Analysis

From the obtained data, I categorize the data into several classifications, namely; about their childhood, family/mariage(s), and school background/work experience. Each line of the conversation is put in a set of stanza based on the classification. The stanzas provide information concerning the recalling. Each stanza shows how the respondents retell their past time to the writer. It includes

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how they do their repetition, repairs, supporting information, or even make pause words. Finally, I make a conclusion how the dementing illness influences respondents' narrative abilities. In general I do the following steps to analyze the data:

1. **Classifying the data,** I classify the obtained data into three classifications.
2. **Making stanzas,** I put the data in every classification into stanzas.
3. **Identifying the data,** I identify the stanzas which are parts of supporting information, repairs, repeated information, pause words in order to find the appropriate words, shift in action, time, characters, and participants.
4. **Making conclusion,** I make conclusions from the analysing data.

I. 7 Organization of The Paper

The paper consists of four chapters, and each chapter contains specific topic of discussions.

1. **Chapter one** is the introduction of the whole paper. It contains background of the study, statement of the study, objective of the study, significance of the study, theoritical framework, method of the study, and organization of the paper.
2. **Chapter two** contains the general description of the object of the study. It includes the decription of elderly people, the dementia, and general description of the respondents.
3. **Chapter three** contains the data presentation and the data analysis.

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4. **Chapter four contains the conclusion of the whole discussions in the previous chapters.**

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CHAPTER II

GENERAL DESCRIPTION OF THE OBJECT OF THE STUDY