

CHAPTER IV

CONCLUSION

In recent years, it has become generally realised that the number of elderly people in the population is rising. One inevitable consequence of the increasingly elderly population is a raise in the number of people with those type of health problem that relates to their later stages of life. One major health problem happens to the elderly people that due to the brain memory impairment is called dementia. This disease relates to two type of memories involved in human brain: Short term memory and Long term memory.

According to Diana Syder (1988) until recently, a sharp distinction has been made between patients with the onset of the disease when they are younger than 65, which is called pre-senile dementia. The onset after 65 is called senile dementia.

I state a problem that is how this disease influences the narrative ability among the elderly people. I analyze their narrative ability by using the theory of Gee (1992) in discourse analysis which says stanza structures can also perform a cohesive function. Focusing on the role of the interviewer, I explore the respondents abilities to perform extensive and meaningful talk. The narrative itself is about the respondents' life histories or past experiences.

This study is aimed to clarify all sorts of events and experiences, that is recalling the respondents' past experiences. I trigger each respondent to construct their past experiences. The purpose of the study is to draw attention to the

interactional process of narrative production that due to the fact the interactional process can be gained by building a meaningful talk.

By recalling their past I find out that the disease does influence their abilities to narrate. So from the analysis I conclude that the disease makes their narrative abilities degenerate. I find that they cannot build or construct an extensive and truly meaningful talk. It is shown when they repeat the same answer for different question or even restart the same information such as the analysis of data of the first informant in stanza 2 and 4. Two different questions are, *dibesarkan juga di Bondowoso? And paling lama dimana, bu?* Are answered with the same statement, *Saya dilahirkan di Bondowoso. Lalu di Madiun [...] lalu di Surabaya. Pindah-pindah.*

They use many pause words to find the appropriate words they mean to say such as *ah, ketemunya, ya [...] ya, disana. Di Kediri. Tetapi waktu itu [...] or sebagai [...], itu sebagai. Apa itu [...] ya, mendampingi haktm.* The worst thing is they forgets the familiar things around them such as names of family members, husband's background, work experience memories.

Their life histories are shift in action because they usually move from one place to another to follow their family, shift in action because they communicate to other people and recall their relatives or friends who ever had relationship with them, shift in time because it tells their past time. It also part of shift in participant between interviewer and story teller. Turning back to the previous main point and answering the question wrongly also occur during the interviews.

Old people with their weaknesses are unwelcome reminder. The assessment of their narrative abilities should be considered as interactional process that may help them to keep track with new information. It is important for us to understand how to be a good listeners and how to elicit narratives with appropriate feedback and responses. The dementia itself is a nature brain disorder which the cause and the cure are still unknown yet. Finally, I suggest not to avoid them to construct their conversation and help them to build an extensive and a meaningful talk. It may help them to keep track with their memory.

BIBLIOGRAPHY