

CHAPTER I

INTRODUCTION

This chapter consists of background of the study, problems of the study, objectives of the study, and definition of key terms.

1.1 Background of the Study

“The human brain is lateralized, it has specialized functions in each of the two hemispheres” (Yule, 2006). Those functions that control motor movements involved in things like speaking and object manipulation (making or using tools) are largely confined to the Left Hemisphere of the brain for most human. Right hemisphere also takes a responsibility in processing language. It is responsible as first choice for non-language sounds (e.g. music, coughs, bird singing, traffic noises). These specializations in each hemisphere have a responsibility in producing, comprehending and processing language. Yule (2006, p.145) says, “Analytic processing, such as recognizing the smaller details of sounds, words and phrase structures in rapid sequence, done with the Left brain, and holistic processing, such as identifying more general structures in language and experience, done with the Right brain”. It means that left hemisphere has a function in recognizing smaller details of sounds and word phrases. On other hand, the function of Right Hemisphere is to identify more general structures in language such as understanding and producing speech.

Flavell et al. cited in Lutz and Huitt's (2003, p.9) stated, "brain changes brought about by biological maturation or experience and also increases processing capacity, speed, and efficiency as a result of both maturation and knowledge development". There is an analogy that brain is a PC in a computer.

The function of PC itself is to control the computer system. If there is an error that happens in brain, it will affect human's activities including their speech production. According to Mundhra (2005), Left Hemisphere is dominating the production and comprehension of language, but Right Hemisphere also finds some roles in language. In case of spoken language users, auditory speech processing activates Right Hemisphere. These areas are proven by examination, and autopsy of the brains of people who are identified to have specific language disabilities.

Yule (2006) says that in the Left Hemisphere of brain, there are some parts that are also involved in language production. The first is Broca's Area that is crucially involved in speaking ability. The second is Wernicke's area that is used to control the comprehension of spoken language. Mundhra (2005) mentions

three parts of Right Hemisphere which control language in his study on *Brain and Language: Importance of Brain in Language Processing*. Those three parts are Right Anterior Temporal Lobe which is more activated in comprehending sentences than words, Right Superior Temporal Gyrus which concerns in sentences comprehending, the last is Frontal Lobe of Right Hemisphere which functions as comprehension in lexical semantic ambiguity.

Wundt cited in Kholid and Andika (2009, p.16) says that language is a tool of human to express their idea. In order to express their idea, human's brain needs to process any information that is received. Attention of catching memories is also an important thing. If the processing of information is received unfully, it will make some mistakes when human tries to produce language. However, some problems with language production and comprehension are the result of serious disorders in brain function. There is an example of language disorder, there is a person who has husty in his or her speaking, someone will find him or her to have difficulties in language production. We can also find some evidences in certain types of language disorder, one of them is Aphasia. Aphasia is a disorder that happens because of injury in the brain areas. It affects the ability of language production and comprehension. The patient who suffers from it can get the treatment in order to gain their language ability. Aphasia is an interesting topic for the writer to investigate. The writer looks on how incredible the Left and Right Hemispheres of human's brain activity in controlling the language production and comprehension. If there is any lesson in the Left or Right Hemisphere of human's brain, it will affect both language production and comprehension. The process of regaining back their language ability of Aphasia patient is important and interesting part to know because the writer can see how human's brain will try slowly to activate the language ability using the treatment. The psychological condition of the patient also involves the success of the treatment.

According to an Aphasia's article by National Institute of Deafness and Other Communication Disorder (NIDCD, 2008), Aphasia is a disorder that results

from damage to portions of the brain that are responsible for language, it can happen because of the brain injury. Many times, the cause of the brain injury is a stroke. A stroke occurs when blood is unable to reach a part of the brain. Brain cells die when they do not receive their normal supply of blood, which carry oxygen and important nutrients. NIDCD further mentions two categories of Aphasia, which are Fluent and Non-Fluent Aphasia. Wernicke's Aphasia becomes the representation of Fluent Aphasia. A patient who suffers from Wernicke's Aphasia may speak in long sentences that have no meaning, add unnecessary words, and even create made-up words. A type Non-Fluent Aphasia is Broca's Aphasia. Broca's Aphasia patient may be able to understand speech interaction, but they have great effort to produce language. Usually Broca's Aphasia patient only makes a phrase which does not make sense. Another type of Non-Fluent Aphasia is Global Aphasia which shows the disability of the patient in producing and comprehending the language.

Based on the description of Aphasia, the writer finds similar symptoms in the third episode of "Mr. Brain Dorama". Mr. Brain Dorama is a Japanese TV series which is produced by Ishimura Akihiko and Iyoda Hidenori in 2009. It had won so many awards. Mr. Brain became the best suspense, detective and psychological drama in Indo Webster J-Drama periode 2006-2011 and also became the best 10 TV series in Galac Award. Galac Award is also known as Galaxy Awards which annually held once a year. According to <http://www.tokyohive.com/tag-48th-galaxy-awards/>, the Galaxy Awards was created to encourage the continual improvement of the Japanese broadcasting

industry, and nominates individuals and shows from four categories (TV, radio, CM, and news) to receive awards each year.

Since the drama was showing the interest in brain activities, there were many cases showing how unique the brain was. The writer took the third episode of *Mr. Brain Dorama* and focused on Megumi as the one of the characters who became the victim of the tragedy. She totally lost her memories and also her ability of speaking. She was unable to say even a single word and she found difficulties to say the name of the object. The writer found some Aphasia symptoms in Megumi's and the unique treatment that was used for the patient who suffered from Aphasia. In the end of the drama, the treatment of Aphasia patient became the important evidence to uncover the mystery of the real murderer.

Therefore, based on the reasons above, the writer conducted research entitled *The Study of Aphasia in Megumi's Character in The Third Episode of "Mr. Brain Dorama"*. Hopefully, this research will enrich the reader's information about Aphasia and how to treat Aphasia's patient with certain treatments.

1.2 Problems of the Study

Related to the background stated before, the problems proposed in this study are:

1. What are the symptoms of Aphasia that are found in Megumi's character?
2. What are the communication gaps between the interlocutor and Megumi as a patient who suffers from Aphasia?

3. What are the communication strategies that are used by the interlocutor to communicate with Megumi as a patient who suffers from Aphasia?

1.3 Objectives of the Study

Based on the problems of the study mentioned above, it can be stated that the objectives of this study are:

1. to find out Aphasia's symptoms that are shown in Megumi's character.
2. to find out the communication gaps between interlocutor and Megumi as a patient who suffers from Aphasia.
3. to find out the communication strategies that are used by the interlocutor to communicate with Megumi as a patient who suffers from Aphasia.

1.4 Definitions of Key Terms

Related to the background of the study stated before, it can be stated that the definition of key terms are:

a. **Aphasia** : Aphasia is a disorder that results from damage to portions of the brain that is responsible for language. (NIDCD, 2008)

b. **Speech Production** : A conceptual structure to words and their elements of speaking. Which is viewed as a linear progression of four successive stages of speaking : conceptualization, formulation, articulation, and

self monitoring (Levelt cited in Scovel, 1998, p.27)

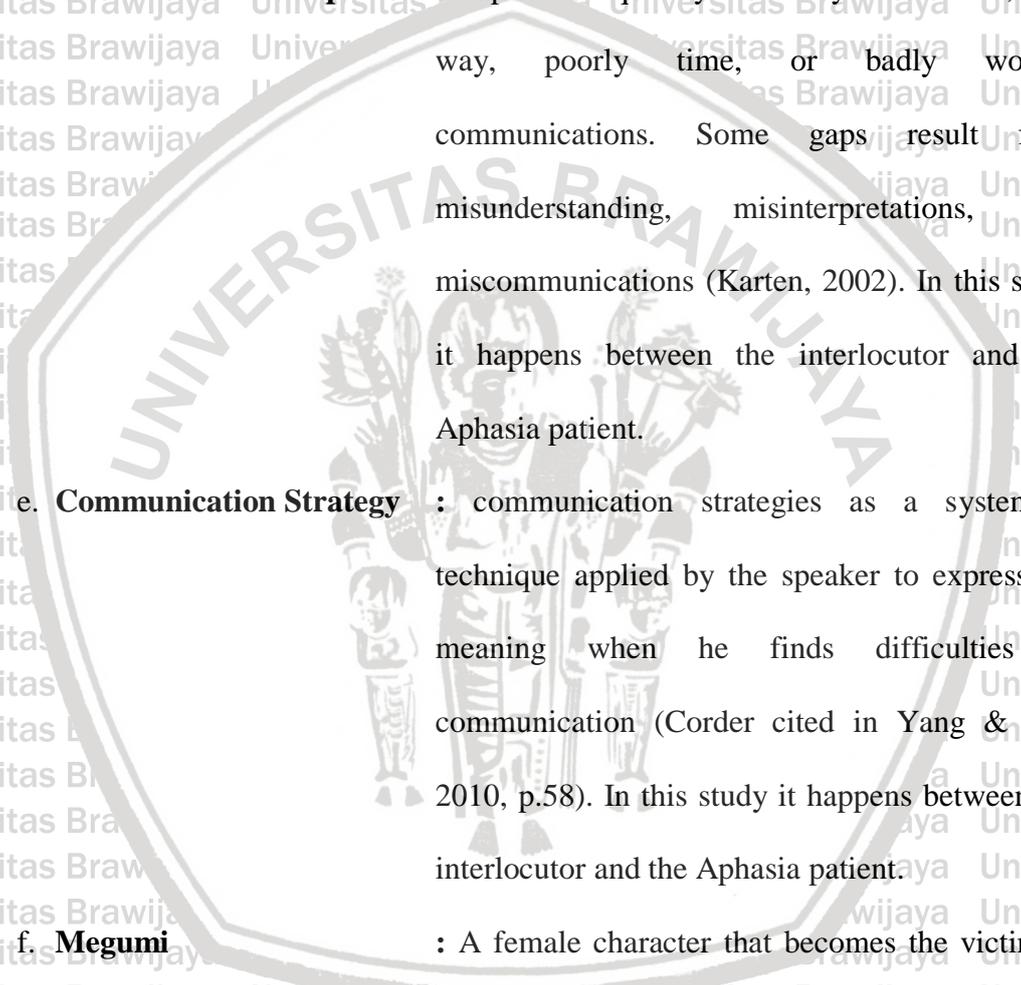
c. Symptom : Change on the body that is a sign of illness. (Oxford Learner Pocket Dictionary, 2003)

d. Communication Gap : Gaps are frequently caused by misdirected, one-way, poorly time, or badly worded communications. Some gaps result from misunderstanding, misinterpretations, and miscommunications (Karten, 2002). In this study it happens between the interlocutor and the Aphasia patient.

e. Communication Strategy : communication strategies as a systematic technique applied by the speaker to express his meaning when he finds difficulties in communication (Corder cited in Yang & Gai, 2010, p.58). In this study it happens between the interlocutor and the Aphasia patient.

f. Megumi : A female character that becomes the victim of murdered plan which makes her into a patient who suffers from Aphasia.

g. "Mr. Brain Dorama" : A Japanese mystery science fiction TV serial, which focuses on the use of brain produced in 2009



CHAPTER II

REVIEW OF RELATED LITERATURE

In this chapter the writers would like to review the related literature. The literatures are considered to be important sources concerning the topic being discussed. The theories taken concerning with the study are Psycholinguistics, language production, communication gap, Aphasia and an overview of The Third Episode of “Mr. Brain Dorama”.

2.1 Psycholinguistics

Since this study is concerned with Psycholinguistics, the understanding in basic theories is really important before going to further theories. “Psycholinguistics provides insights into how we assemble our own speech and writing and how we understand that of others, into how we store and use vocabulary; into how we manage to acquire a language in the first place; into how language can fail us” Field (2004, p.ix). It means that Psycholinguistics makes an understanding about how we assemble our own speech and writing by looking at the psychological condition and situation of ourselves and also the interlocutor.

The use of language and speech as a window to the nature and structure of the human mind is called Psycholinguistics (Scovel, 1998). There is a relation between the condition of human mind with the use of language. Some special cases happen when there is a disruption which occurs in human brain. Scovel

(1998) also states, “feels the more lesion of the brain, the more devastating of the impact”. This lesion can come as part of aging, from developmental problems, and from the damage to the brain (or other body systems that affect our ability to perceive or produce language, such as the damage to our hearing).

In short, Psycholinguistics is the study that concern with connection between pshychological condition of human and linguistic aspects especially in the way of human’s language production.

2.2 Speech Production

Scovel (1998) says that the production of speech is neurologically and pshychologically far more complicated than just putting words in someone’s mouth. It needs several steps to produce the appropriate language. The writer takes an illustration of snack, it is the favourite food people like eating. They can enjoy it every where with every one they want. When they are home, they can share it with family or while watching movie in cinema, they also can share and enjoy it together with friends. It needs a lot of processing to get the best production, so the people can enjoy it alone or together. The first is choosing the ingredients and the stuffs to make a snack, the second is making the dough, then baking, and finally the cooked snack is ready to eat. However, if the result of the snacks does not taste well, may be there are some mistakes in the snack’s production. It also happens in the language production, but its intricacy also goes unappreciated until a person suffers some linguistic disabilities or he commits slips of tongue.

The most influential Psycholinguistics model for speech production, developed by Levelt cited in Scovel (1998), has four successive stages: conceptualization, formulation, articulation, and self monitoring.

The first processing step, conceptualization, decides what notion to express. In a simple way, people will try to create a concept in their mind about the idea which they want to share. The second step is to select a word that corresponds to the chosen concept. In the view of Levelt cited in Scovel (1998), the speaker first selects syntactic word unit. It specifies the syntactic class of the word and often additional syntactic information such as whether a verb is intransitive (e.g. *sleep*) or transitive (e.g. *eat*) and, if transitive, what arguments it takes. The next processing step is articulating the word that human wants to produce, which is about phonological aspects. The person who wants to pronounce a word will try to pronounce the word clearly in order to make the addressee understand about what the speaker mentions. The final step is about self monitoring. Sometimes, there is a person who has slip of tongue in his or her conversation. Slip of tongue is a mistake in speech which provides psycholinguistic evidence for the way human formulate words and sentences (Scovel, 1998). A mistake that happens in slip of tongue is usually caused by fatigue and excitement of the speaker. The people who have made mistakes usually have a self corrected in their mind, so they can help themselves to readily correct their mistakes in producing a word.

Speech production is a kind of term that is divided into several steps.

Those steps strongly help human to know more about how they make sentences

meaningfully. Besides, it helps people to develop a treatment of a patient who has a language disorder by observing the language patterns that are produced by them.

2.3 Aphasia

Aphasia is a disorder that results from damage to portions of the brain that is responsible for language, located on the Left Hemisphere of the brain.

(National Institute on Deafness and Other Communication Disorders henceforth :

NIDCD, 2008). Aphasia usually happens as the result of head injury and stroke. A stroke occurs when blood is unable to reach a part of the brain. Brain cells die when they do not receive their normal supply of blood, which carry oxygen and important nutrient. Aphasia can develop slowly when there are other brain diseases, such as a brain tumor, an infection, or dementia. The patient who suffers from Aphasia will not be able to produce and comprehend the language.

The disorder of Aphasia can also affect the expression and understanding of language as well as in reading and writing. In some cases, a patient who suffers from Aphasia will completely recover without any treatments. Many people with Aphasia experience partial spontaneous recovery, in which some language abilities return a few days to a month after the brain injury, while some other types of Aphasia patient need longer time to recover. In these instances, speech-language therapy is often helpful (NIDCD, 2008).

Aphasia is usually first recognized by the physician who treats the person for his or her brain injury (NIDCD, 2008). The physician will perform some tests to a patient if she or he has an injury in their head. He or she has to follow commands, answer questions, name objects, and carry on a conversation. If the

patient cannot do one of them, it means that they cannot comprehend and produce the language in normal condition, express ideas, converse socially, read, and write, swallow and use alternative and augmentative communication.

The writer makes such kind of illustration, a patient who suffers from Aphasia has a similarity with the function of a copy machine. A copy machine needs to warm up before it is used normally. If the copy machine is used without warming up first, the result of copying the letter will not be really good. The process of a copy machine that the writer has mentioned has the same process with the Aphasia patient. In order to regain the Aphasia patient's speaking ability in normal condition, the patient has to follow some treatments. In short, the treatment is a warm up of Aphasia patient in order they can speak and comprehend the language normally.

2.3.1 Kinds of Aphasia

National Institute on Deafness Communication Disorder is an organization which concerns with communication disorder. Aphasia is one of the observations that NIDCD conducted. Based on NIDCD (2008), there are three types of Aphasia which are divided into two categories, Fluent Aphasia and Non-Fluent Aphasia.

2.3.1.1. Fluent Aphasia

People who suffers from fluent Aphasia has difficulties in understanding speech, on the other hand, they still have the ability of speaking although they cannot create an appropriate sentence. The appropriate sentence refers to the use

of grammatical sentence and adding unnecessary words. Wernicke's Aphasia is the representation of fluent Aphasia. It happens because of damage to the temporal lobe of the brain may result in a fluent Aphasia called Wernicke's Aphasia. The people who suffer from Wernicke's Aphasia can speak fluently but it has no meaning. When they try to communicate with others, the patient will add unnecessary words, and even create made-up words. They also have great difficulties in understanding speech, and they are often unaware of the mistakes. These individuals usually have no body weakness because their brain injury is not near the parts of the brain that control movement.

2.3.1.2. Non-Fluent Aphasia

People who suffer from non-fluent Aphasia have great difficulties in producing the language. They totally lose all of the vocabularies, even they have the disfunction in motor movement. There are two types of Non-Fluent Aphasia which are Broca's Aphasia and Global Aphasia.

a. Broca's Aphasia

People with Broca's Aphasia have the damage on frontal lobe of the brain. They can understand speech and also can make small phrases although it needs a great effort to do it. A patient who suffers from Broca's Aphasia usually has side-Right weakness or the dysfunction of the leg and arm because the frontal lobe is also responsible for motor movement.

b. Global Aphasia

Global Aphasia occurs because of the result of the damage in large portions of the language areas of the brain. It also results from damage to

extensive portions of the language areas of the brain. People who suffer from Global Aphasia have difficulties in understanding and producing speech. They may be totally nonverbal, and/ or only use facial expressions and gestures to communicate. It is associated with Right Hemisphere, meaning that there can be paralysis of the patient's Right face and arm. In a simple explanation, there are some major characteristics of Global Aphasia. Beside the inability of Aphasia patient to comprehend and produce language, the patient has poor ability in repetition. In addition, he or she is also difficult to name an object.

In brief, each type of Aphasia has different symptoms and treatments. Understanding more about types of Aphasia is really important. It will make the therapist easier to do the treatment for Aphasia patient if he or she already knows which types of Aphasia that the patient has.

2.4 Communication Gap

In her latest book, *Communication Gaps and How to Close Them*, Karten (2002) defines a communication gap as “a situation in which miscommunication or the complete lack of communication adversely affects the relationships among the people”. A communication gap is a situation when it does not build as how it should be. It brings misunderstanding in conversation between two or more people. Gaps are frequently caused by misdirected, one-way, poorly time, or badly worded communications. In addition, some gaps result from misunderstanding, misinterpretations, and miscommunications.

According to Gray (2006) in his article's summary of Karten's book about *Communication Gaps and How to Close Them* (2002), it is stated “a very

useful model for diagnosing gaps or untangling communications is the Interaction Model³. The Interaction Model proposed by Gray (2006) consists of four steps:

1. Intake: what is seen and heard.
2. Interpretation: how the recipient interpreted the message.
3. Feelings: how the recipient felt about the interpretation.
4. Response: what the recipient communicated in response.

Karten helps people to identify many of the common factors that can cause communication gaps, for example:

- Mistaken assumptions of understanding.
- Lack of follow-up.
- Unfixed project terminology.
- Emotional baggage.
- Personality conflicts.
- Mismatched communication preferences.

Both the therapist and the family must understand the sudden change that has occurred in the life of patients with aphasia and try to encourage them to use their remaining abilities and enjoy their life. Making them know that there is still more chances to live without using oral or written form. Understanding communication gap will help people to learn more how the gap happens, what they should do about the gap, and how they might prevent the gap in the future, so the therapist can find the best strategy to help the Aphasia patient to gain back their language ability.

2.5 Aphasia and Communication Strategies

Human being needs to communicate each other in order to express their idea. But sometimes, when they are in the middle of conversation, they find nothing to speak. That moment happens because the lexical items are missing and the speakers must give a certain reference to communicate the desired meaning (Bialystok & Kellerman cited Yang & Gai, 2010, p.58).

Corder cited in Yang and Gai research of *Cross-Cultural Communication* (2010, p.58) defines communication strategies as a systematic technique applied by the speaker to express his meaning when he finds difficulties in communication. Communication strategies are also involved in the treatment of Aphasia's patient. As stated before that Aphasia is one of the language disorders because of head injury and also stroke, the patient of Aphasia will not be able to comprehend and produce language. Aphasia is not a disorder that cannot be cured. There are several strategies that are used to regain the language ability of the patient.

Easter (2011) mentions one of communication strategies that is used to Aphasia's patient is conversational repetition. Repetition is a fundamental aspect of language and communication which includes partial repetitions and paraphrases. In the scientific thesis, Easter says that interaction between the patient and the people around him or her is very important. In order to bring back the language ability of the patient, the people who are involved in the treatment must talk to them frequently. It makes the patients learn new vocabularies and improve their language capability. Conversational repetition is the way a person

repeats sounds, words, phrases, and gestures and other signs in the flow of conversation. As a fundamental aspect, language repetition is prevalent in every day interactions, support and sustain both conversational discourse and the interpersonal involvement of the conversational partners (Tannen, Hengst et al. Cited in Easter, 2011, p.2). As explained before, we can describe that Aphasia's patient is like a machine. Similar to a copy machine, it needs to warm up first, so the machine can be used normally. The repetitive conversation as the treatment of Aphasia's patient is also called a warming up. The doctor or the people around the patient will use repetition as communication strategy for the treatment. So, the doctor will repeat his or her statement in order to make the patient imitate them. Some people will also use the modification in their interaction. They will use long pronunciation when they want to create a word, for example, if they want to say rabbit, then the word will become raa-biit.

Conversational repetition as a communication strategy is useful for the Aphasia patient. The patients will regain their ability of producing and comprehending the language frequently. In interactional sociolinguistic approach, repetition can also be a resource that allows people with Aphasia to stay involved and show competency in a conversation.

In addition, National Institute on Deafness and Other Communication Disorder (NIDCD, 2008) also brings up some communication strategies for Aphasia patient:

- a. Simplify language by using short, uncomplicated sentences.
- b. Maintain a natural conversational manner appropriate for an adult.

- c. Repeat the content words or write down key words to clarify meaning as needed.
- d. Get the person with Aphasia involved in conversations.
- e. Encourage any type of communication, whether it is speech, gesture, pointing, or drawing.
- f. Ask for and value the opinion of the person with Aphasia, especially regarding family matters.

In some cases, there are certain situations that make the interlocutor and the addressee stuck in the middle of conversation. This reflects the same situation that happens between the therapist and the patient when they are in therapy time. The therapist will try several communication strategies in order to make the patient respond his or her treatment.

The writer decided to use communication strategies for Aphasia patient from NIDCD because it has brief explanation about the treatment that should be applied on Aphasia patient. The theories of repetition as communication strategy that has been explained by Easter will support the previous theory from NIDCD to give the writer more knowledge in investigating the study of Aphasia.

2.4 The Third Episode of “Mr.Brain Dorama”

According to <http://adramaotaku.com/japanese-drama/mr-brain-intro/> , it is described that Tsukumo Ryusuke was a quirky, yet brilliant neuroscientist working for the National Research Institute of Police Science. Wielding a unique perspective and psychology, Tsukumo tackles the nation's most baffling crimes and scandals, going head-to-head with the most brilliant and twisted criminal

minds. In the first and the second episode of Mr. Brain, Tsukumo was involved in the murderer case coincidentally because he found out that the unsolved criminal cases were really interesting. He tried to find the solution of the problem, he believed that every problems always had a relation with the activation of human's brain. In the third episode of Mr. Brain, Tsukumo got involved again as the detective in criminal area. He tried to find the evidences of senior doctor murdered. Tsukumo found a little evidence in the hospital that the new medical appliances were used to kill the senior doctor.

Megumi was one of the characters in the third episode of Mr. Brain. She became the suspicious one who knew the evidences. However, before she could reveal it, Megumi was pushed down down stairs in the hospital. The neurosurgeon informed that she suffered from memory loss and had problems reconnecting memory bank and speech. In order to take another truth with Megumi, Tsukumo was speaking slowly to Megumi emphasizing each word. Apparently, Tsukumo informed that the brain was a powerful organ that was able to heal itself despite being injured.

In the end of the dorama, Megumi's treatment became the solution to find the real murderer of senior doctor. Eventhough Megumi was unable to recall her previous memories yet, the feeling of the previous accident became one of the most important proofs.

2.5 Previous Studies

According to Easter's thesis (2011) entitled *Conversational Repetition and Aphasia : A Case Study*, it is mentioned that conversational repetition became one of communication strategies in the treatment to recover Aphasia's patient.

The thesis also described some theories about the researcher's observation of the patient who suffers from Aphasia and has difficulties in repetition. Easter used two methods in approaching the Aphasia's patient. The first was using conversational repetition while doing the treatment of regaining language ability.

The second was using replacing card in order to increase the vocabularies of the patient. In the findings of Easter's thesis, conversational repetition showed certain expression of the patient.

Kelly H, Brady MC and Enderby (2010) mention their study on *Speech and Language Therapy for Aphasia following stroke*. The objective of their research was to assess the effectiveness of speech and language therapy (SLT) for aphasia following stroke. Recent developments have seen Speech and Language Therapists working closely with the person with aphasia, and in partnership with their families and carers to maximise the individual's functional communication.

Kelly et al. mention that The ability to successfully communicate a message via spoken, written or nonverbal modalities (or a combination of these) within day-to-day interactions was known as functional communication. There was no universally accepted treatment that can be applied to every patient with aphasia and therapists select from a variety of methods to manage and facilitate rehabilitation including impairment-based therapy and social participation

approaches. The result of the study was the evidence presented within this review showing some indications of the effectiveness of SLT for people with Aphasia following stroke especially in relation in functional communication, expressive language, and the severity of Aphasia.

Those previous studies have similarity with the writer's thesis about Aphasia deals with communication strategies. The previous researchers took the real Aphasia patient and both of them focussed only on the communication strategies.

However, in analyzing Aphasia and communication strategies, the writer used Japanese TV series entitled "Mr. Brain Dorama" and focussed only on the third episode as the object of the study. The writer also included the analysis of Aphasia symptoms and communication gap that happened between the interlocutor or therapist and the Aphasia patient which the previous studies did not analyze before. Meanwhile, both of the previous studies are useful for the writer as references to investigate the further research about Aphasia.

CHAPTER III

RESEARCH METHODS

The chapter presents the methodology employed in this study. It comprises research design, data sources, data collection and data analysis.

3.1 Research design

In this study, the writer analyzed the utterances that consisted the symptoms of Aphasia and found the communication gaps between the interlocutor and the patient. “Qualitative research method is used in order to analyze the data.

There are many types of qualitative research; ethnography, case studies, document analysis, naturalistic observation, focused interviews, phenomenological studies, grounded theory, and historical studies” (Ary et al., 2002). He mentions that qualitative research deals with the data that are in the form of words, rather than number and statistics. The qualitative research attempts to arrive at a rich description of the people, objects, events, places, conversation and so on.

Since the data were taken from utterances and the snapshot from the movie, so the type of the research was a document or content analysis. According to Ary et al. (2002), it is stated, “content analysis focusses on analyzing and interpreting recorded material within its own context”. The material may be public records, textbooks, letters, films, tapes, diaries, themes, reports and so on. This study described the symptoms of a patient who suffers from Aphasia portrayed in

Megumi's character in the third episode of "Mr. Brain Dorama". The writer also analyzing the communication gap between the interlocutor and the patient. Beside analyzed the communication gap, the writer also analyzed the communication strategies that were used by the therapist in order to help the patient to regain the ability of producing and comprehending the language.

3.2 Data Sources

The data were taken from TV serial entitled "Mr. Brain Dorama". It consisted of eight episodes which concerned with the incredible function of the brain with the duration approximately an hour for each episode. Each episode always comes up with the different stories about brain activities. The writer only took the third episode that showed a patient who suffered from Aphasia. The data of the study were taken from the snapshot of the drama and the subtitle which showed the symptoms of Aphasia. The writer also took the utterances that contained communication strategies that were used by the interlocutor for the treatment and communication gap that happened between the interlocutor and the patient when they were doing an interaction.

3.3 Data Collection

In collecting the data, the writer applied some steps as follows.

1. Watching the movie to observe the data.

Watching the movie was the first important step to do further observation.

The writer needed to know which scenes that contained the symptoms, the

communication gap between the interlocutor and the patient, and the communication strategies that were used by the physician for the patient.

2. Validating the subtitle with an expert validator.

Since the movie used Japanese language as the original language, the writer had to validate the subtitle with the expert validator who is expert in Japanese language and English in order to avoid the mistakes in translating Japanese subtitle into English subtitle.

3. Taking snapshots of Aphasia Patient's symptoms.

Taking the evidences of the symptoms of the Aphasia patient was considered as the writer's need which contained the proofs of the patient of Aphasia.

4. Taking note of utterances containing communication gap and communication strategies.

The function of taking a note was to find the communication strategies used by the therapist for the Aphasia patient. Taking a note was also important to observe the communication gap that happened between the interlocutor and the patient.

3.4 Data Analysis

After the data had been collected, the next step was analyzing the data which is done based on these following steps:

1. Analyzing the symptoms.

According to National Institute on Deafness and Other Communication Disorder (NIDCD, 2008), there are several symptoms of Aphasia patients, such

as inability of comprehending and producing the language, disfunction in motor movement, poor ability in naming object and so on.

2. Analyzing the communication gap.

The writer analyzed the communication gap that happened between the interlocutor and the Aphasia patient which was shown in *the third episode of "Mr. Brain Dorama"* by using the communication gap factors from Naomi Karten (2002).

3. Analyzing the communication strategy.

The writer analyzed the communication strategies that was used by the therapist shown in *the the third episode of "Mr. Brain Dorama"* based on National Institute on Deafness and Other Communication Disorder (NIDCD, 2008).

4. Validating the data by expert validator.

The writer also validated the disorder that was portrayed in the movie with a doctor who knows the symptoms of Aphasia to validate which Aphasia that the character has.

5. Drawing the conclusion from the findings.

CHAPTER IV

FINDING AND DISCUSSION

This chapter attempts to describe the data which were analyzed and discussed to answer the problems of the study. It consists of data description, analysis, and discussion.

4.1 Finding

This sub chapter consists of data description, analysis of the symptoms of Aphasia, analysis of communication gap that happen between the therapist and the patient, and analysis of communication strategies that are used by the interlocutor to communicate with the patient who suffers from Aphasia.

4.1.1 Data Description

The data of the study were taken from the third episode and the subtitle of “Mr. Brain Dorama” which showed the patient who suffered from Aphasia in particular scenes.

The data of the study were taken from the snapshot of the dorama and the subtitle which showed the symptoms of Aphasia patient and communication strategies and communication gap. The writer analyzed the data of symptoms and communication strategies by using the theory proposed by National Institute on Deafness and Other Communication Disorder (NIDCD, 2008) and communication gap by using the theory proposed by Karten (2002) in her book entitled *Communication Gap and How to Close Them*. After analyzing the data,

the writer figured that there were 8 out of 31 scenes which showed the symptoms of Aphasia patient, communication strategies that were used by the therapist and communication gap between the interlocutor and the patient. The evidences of analysis are written in different colors. The symptoms are written in blue colour, the communication gaps are written in green colour, and the communication strategies are written in brown colour. The table of data description can be shown in Table 4.1 on the next page.

