

4.2 Analysis

In this sub chapter, the writer analyzed the symptoms of Aphasia, communication gap that happened between the therapist and the patient, and communication strategies that were used by the interlocutor to communicate with the patient who suffered from Aphasia.

4.2.1 Analysis of Symptoms of Aphasia

As stated in the title, the writer has analyzed the symptoms of Aphasia found in Megumi's character in the "Mr. Brain Dorama". So, the data were analyzed each line and scene by using the theory National Institute on Deafness and Other Communication Disorder (NIDCD, 2008) to answer the problems of the study.

The writer found that there are four Aphasia symptoms in particular scenes of "Mr. Brain Dorama". They are patient has difficulties in understanding speech, has the ability of speaking, has no weakness in the tactile sensor and the body, and is unable to reconnect memory bank. The more completed and detailed analysis on the symptoms of Aphasia patient implied in the subtitles and snapshot of the third episode of "Mr. Brain Dorama" is shown below.

4.2.1.1 Megumi has Difficulties in Understanding Speech.

In this section, the writer has analyzed that there are two scenes which indicate a patient who has difficulties in understanding speech. They are shown in scene 14 and 15.

Scene 14

Tsukumo : And how is Megumi-san after being attacked?
 Doctor : Luckily, the wounds from the weapon were superficial but in the fall on the stairs she took quite a blow to the head. She's sustained damage to a large area of her brain. Particularly to the Wernicke area, and the area around it in the left brain that govern speech. She won't be able to understand words, and won't be able to control them. No matter what she feels or thinks, she won't be able to express it in words.

Hayashida : Then...even if she saw her assailant's face, she wouldn't remember any of it?

In scene 14, the doctor had already explained about the condition of the patient that she might not be able to understand speech because she had injured in large area of her brain especially in the left hemisphere which controlled language production and comprehension.

The other scene showing the symptom of the patient who has difficulties in understanding speech is shown in scene 15.

Scene 15

Tsukumo wanted to know about Megumi's condition by talk to her. He tried to find the best therapy method to help Megumi regain her ability to understand and produce speech.

Tsukumo : Aren't you thirsty?
 Shall we drink some water?
 Here. This is water.
 Please, have some. (gives something to drink)

Megumi : (she suddenly grabed the glass and closed her eyes because she was shocked with the temperature of the water)

Tsukumo : It's cold, isn't it?
 Then...let's use this towel to dry you off. (use the towel to wipe

The wet skin because of water drolling)
 Megumi : (she ignores the towel by move her hand into the other side)

Tsukumo : **You don't like it?**
Oh! Well I suppose not.
I haven't even introduced myself yet after all.
Megumi : **(staring at the blanket)**
Tsukumo : **My name.....is Tsukumo.**
In kanji numerals you write it 9, 10, 9...Tsu..ku..mo.
Hayashida : Tsukumo-san...
Tsukumo-san? Um...
Is that really a medical treatment?

Megumi did not show any responses toward the therapist. She just stared blankly at the object near her. When the therapist gave her a drink, she did not know what to do and just ignored the offer. The picture when Tsukumo gave a glass of water and Megumi ignored it can be shown in Figure 4.1



Figure 4.1 Megumi stared blankly at Tsukumo's offer.

In Figure 4.1, Megumi's response by staring blankly at the object can be concluded that she did not understand about Tsukumo's action and utterances.

After knowing Megumi's response, Tsukumo tried to know more about Megumi's response about the texture and the temperature of the object by using another stimulation. Tsukumo offered the drink to Megumi, unfortunately she was being shocked with the temperature of the water. She expressed it by closing her eyes

and grabbing the glass. The picture of Megumi's response can be shown in Figure

4.2.



4.2 Megumi was being shocked with the temperature of the water.

4.2.1.2 Megumi still has the Ability of Speaking.

In scene 14, the Doctor had diagnosed that there was a lesion in Megumi's Wernicke area. According to NIDCD (2008), a patient who suffers from Wernicke Aphasia still has the ability of speaking although she or he cannot create an appropriate sentence. A person who suffers from Aphasia cannot be cured instantly to get his or her ability back. In several cases, especially a patient who suffers from Aphasia, it still has the ability to talk even though he or she puts a great effort. The symptoms are portrayed in the several scenes below.

Scene 16

Wakui : Megumi. You used to like this, right?
Egg [*tamago*]...[*taa..maa..go*] (gives an egg to Megumi)
Megumi : (take and stare to the egg)
Wakui : **And this...(take the sesame seeds [*goma*])...this starts with "go..." goo...?**

Megumi : *...ma.*

Wakui : That's amazing, Megumi!

...sesame...[go-ma]

Megumi : **(smiles to Wakui)**

Hayashida : You're really amazing, Wakui-san!

You do all your work like you usually do and you've helped Megumi-san come this far...

In scene 16, Megumi showed that she still had the ability to produce the language even though she took a little time to think about the word that she wanted to say. She only knew the last syllable of the word that she had remembered during the therapy. In order to make Megumi know the last syllable, the therapist also used a media by playing a Japanese word game called *shiritori* to help her regain the vocabularies in each object. *Shiritori* is a Japanese word game where someone has to search for a word beginning with the last syllable of the other player's word.

Scene 17

Wakui : Megumi, tell them

...who was it...that did all those scary things to you, Megumi?

[dare game dame ni kowaishite no kana?]

Megumi : **L-o-n-g-h-a-i-r...***[na..ga..i..ka..mi]*

Wakui : Someone with long hair, right?*[nagai kami no hito nan dane?]*

Megumi : **g-r-e-y-r-u-l-e-r...***[ne..zu..mi..no..mo..no..sa..shi]*

Wakui : A grey ruler...*[nezumi no monosashi]*

Megumi : **...w-h-i-t-e-c-l-o-t-h-e-s...***[shi..ro..i..fu..ku]*

Wakui : white clothes *[shiroi fuku]*

Megumi : **...b-l-a-c-k-g-l-a-s-s-e-s...***[ku..ro..i..me..ga..ne]*

Wakui : The person wore glasses? *[megane o kaketeru no ka?]*

Is there anything else? *[okani wa nanikanai ka na?]*

Megumi : **...c-o-u-l-d-n-o-t-b-e-c-o-m-e...***[na..re..na..ka..ta..hi..to]*

Wakui : What was it the person couldn't become?

[nani nande nan katande?]

Will you try to tell us?

Megumi : emmmm...emmm...(screaming)

Wakui : Megumi...Megumi?

Doctor : Long hair [*nagai kami de*]...white clothes [*shiroi fuku de*]...black Glasses [*kuroi megane*]...
 Tanbara : ...and a grey [*nezumi no..*].....ruler [*monosashi*]
 Wakui : It might be Dr. Chihara
 Tanbara : What does she mean "couldn't become?"
 Wakui : Dr. Chihara...This Spring, Dr. Hyuga was supposed to have made him an associate professor.
 Tanbara : Why didn't you tell us that?
 You knew, didn't you?

In scene 17, the further treatment indicates that Megumi began to speak per syllable in each word compared to her condition in the previous therapy, in which she only talked in the last syllable of a word of the object that she was already taught by the therapist during her treatment.

Scene 28

Tsukumo : Megumi-san...
 Who did something scary to you?
 [*dare ga anata ni kowai koto shita no kana?*]
 Megumi : ...long...[*nagai*]...hair...[*kami*]
 Tsukumo : Someone with long hair, right? [*nagai kami hito nanda ne ?*]
 Megumi : ...grey...[*nezumi no*]...ruler...[*monosashi*]
 Tsukumo : A grey ruler? [*nezumi no monosashi*]
 Megumi : ...white...[*shiroi*]...clothes [*fuku*]
 Tsukumo : White clothes...[*shiroi fuku*]
 Megumi : ...black...[*kuroi*]...glasses...[*megane*]
 Tsukumo : The person wore black glasses?
 [*kuroi megane o kaketeru n darou?*]
 Is there anything else? [*okani wa nani kanai kana?*]
 Megumi : ...could not become...[*nare na kata hito*]
 Tsukumo : What? What couldn't he become?
 Will you try to tell us?
 Megumi : (screaming)
 Tsukumo : Megumi-san!
 Please look into the scope.
 Megumi : (she takes the scope and looks into it)
 Tsukumo gives Megumi take a look to the picture of Wakui
 Tsukumo : That's enough, thank you.

In this scene, Megumi began to talk in a phrase and remembered the words well. It is clearly shown that she talked clearly compared to the previous therapy in which she could talk in syllable in each word but it needed some time to think about the next syllable she wanted to say.

Scene 30

Wakui : I couldn't let this be destroyed...

Tsukomo gives the picture of Megumi's brain to Wakui.

Wakui : What is that?

Tsukumo : This is the state of Megumi-san's brain as she was shown a picture of you. Can you see that the amygdala is active? This is where you see a tremendous reaction in the brain, when a person is shown someone they love...before you can think about it, unconsciously, this area will react. Take it.

Megumi : **Maa...what's wrong? (staring at Wakui)**

Wakui : Nothing...it's nothing.

Megumi began to talk in short and simple sentence. She was also be able to express her feeling. In scene 30, Megumi was being worried with Wakui's condition, therefore she asked Wakui about his situation and he said nothing wrong in order to comfort Megumi's feeling.

4.2.1.3 Megumi has No Weakness in the Tactile Sensor and the Body

In some cases, the patient who suffers from Aphasia has a weakness in certain part of his or her body, but in Megumi's case, there is no weakness both in her tactile sensor and her body.

Scene 15

Tsukumo : **Aren't you thirsty?**

Shall we drink some water?

Here. This is water.

Please, have some. (gives something to drink)

- Megumi : (she suddenly grabed the glass and closed her eyes because she was shocked with the temperature of the water)
- Tsukumo : It's cold, isn't it?
Then...let's use this towel to dry you off. (use the towel to wipe the wet skin because of water drolling)
- Megumi : (she ignores the towel by move her hand into the other side)
- Tsukumo : You don't like it?
Oh! Well I suppose not.
I haven't even introduced myself yet after all.
- Megumi : (staring at the blanket)
- Tsukumo : My name.....is Tsukumo.
In kanji numerals you write it 9, 10, 9...Tsu..ku..mo.
- Hayashida : Tsukumo-san...
Tsukumo-san? Um...
Is that really a medical treatment?

In scene 15, Megumi showed a response on the temperature of the water and the texture of the towel. It means that the condition of her tactile sensor is good. She was also able to move her hand after Tsukumo wiped her hand with the towel. It can be concluded that there is no weakness in her motor movement. The pictures of Tsukumo wiped Megumi's hand and Megumi moving her hand can be shown Figure 4.3 and 4.4. Meanwhile, the picture of Megumi grabbed the glass and closed her eyes can be shown in Figure 4.2 on the previous page.



Figure 4.3 Tsukumo wiped Megumi's hand.



Figure 4.4 Megumi moved her hand.

Scene 16

Wakui : Megumi. You used to like this, right?
 Egg [*tamago*]...[*taa..maa..go*] (gives an egg to Megumi)
 Megumi : **(take and stare to the egg)**
 Wakui : And this...(take the sesame seeds [*goma*])...this starts with
 "go..." goo..?
 Megumi : ...ma.
 Wakui : That's amazing, Megumi!
 ...sesame...[*go-ma*]

Scene 28

Tsukumo : Megumi-san...
 Who did something scary to you?
 [*dare ga anata ni kowai koto shita no kana?*]
 Megumi : ...long...[*nagai*]...hair...[*kami*]
 Tsukumo : Someone with long hair, right? [*nagai kami hito nanda ne*
 ?]
 Megumi : ...grey...[*nezumi no*]...ruler...[*monosashi*]
 Tsukumo : A grey ruler? [*nezumi no monosashi*]
 Megumi : ...white...[*shiroi*]...clothes [*fuku*]
 Tsukumo : White clothes...[*shiroi fuku*]
 Megumi : ...black...[*kuroi*]...glasses...[*megane*]
 Tsukumo : Megumi-san!
 Please look into the scope.
 Megumi : **(she takes the scope and looks into it.)**
 Tsukumo gives Megumi take a look to the picture of Wakui
 Tsukumo : That's enough, thank you.

The symptom of no weakness on the body is clearly shown in scenes 16 and 28. In scene 16, Megumi was still able to take the egg. Megumi was also able to take the scope and moved it close to her eyes which means that she did not have difficulty in controlling her body. The pictures of Megumi taking the egg and scope can be shown in Figure 4.5 and 4.6.



Figure 4.5 Megumi took the egg.



Figure 4.6 Megumi took and looked into the scope.

4.2.1.4 Megumi is Unable to Reconnect Memory Bank

In some cases of a patient who suffers from Aphasia, it needs to take longer time to regain his or her vocabularies. The process in regaining their vocabularies also has the relation with the patient's memories portion. It happens

as well as in Megumi's case. In scene 14 the Doctor explained about Megumi's condition after she had the accident.

Scene 14

- Doctor : Luckily, the wounds from the weapon were superficial but in the fall on the stairs she took quite a blow to the head. She's sustained damage to a large area of her brain. Particularly to the Wernicke area, and the area around it in the left brain that govern speech. She won't be able to understand words, and won't be able to control them. No matter what she feels or thinks, she won't be able to express it in words.
- Hayashida : Then...even if she saw her assailant's face, she wouldn't remember any of it?
- Doctor : **She may retain the memories, but I believe that her becoming fully conscious of it, and giving testimony, would be impossible.**
- Tanbara : Isn't there anything that can be done? If she could just remember...we could catch the perpetrator.
- Wakui : Isn't there anything we can do? Even something experimental...
- Tsukumo : umm...can I do it?

The evidences of Megumi was unable to reconnect her memories also clearly showed in Tsukumo's utterances in scene 29. In scene 29, Tsukumo did further observation concerning Megumi's statement. In the previous scenes, 17 and 28, Megumi was asked by Wakui about the character of the real murderer.

But, after listening to Megumi's testimony, Tsukumo felt that it was strange.

Therefore, he analyzed Megumi's brain activities to pop up her real response. The result of his observation showed that Megumi was playing *Shiritori* with Wakui.

Scene 29

- Yuri : ***Shiritori?***
- Tsukumo : That's right. The questions and answers are a game of *Shiritori*.
- Hayashida : Um...what are you talking about?

Tsukumo : What?

Megumi-san didn't remember who attacked her.

She's just playing *Shiritori*, repeating back answers...exactly as you taught them to her.

Wakui : *Shiritori*? I didn't notice...but it's certainly true.

Tsukumo showing the picture of the activity of Megumi's brain

Tsukumo : This area here is the area that governs long-term memory. If Megumi- san were truly remembering who had attacked her then when I'd asked her the questions. This, the parahippocampal gyrus, and the area behind it should've shown vigorous activity. But they didn't react at all. Her words and her memories were not linked. In contrast the part that was working the hardest was this, the prefrontal area memories are temporarily stored in this area and in order to compensate for the damage to Megumi-san's brain. it's just beginning to use this area... In short...the words that Megumi-san spoke are recent memories. This is the proof of that.

Tsukumo : What I'm about to say is my own conjecture but it's the only scenario that explains everything. First, you, quite by chance...

In Megumi's cases, she only remembered the only vocabularies which were acquired after the accident. Anything that were taught to her after the accident became new information and experiences to her. It was strongly explained in Tsukumo's dialogue about Megumi's brain activity:

Tsukumo : This area here is the area that governs long-term memory. If Megumi- san were truly remembering who had attacked her then when I'd asked her the questions. This, the parahippocampal gyrus, and the area behind it should've shown vigorous activity. But they didn't react at all. Her words and her memories were not linked. **In contrast the part that was working the hardest was this, the prefrontal area memories are temporarily stored in this area and in order to compensate for the damage to Megumi-san's brain. it's just beginning to use this area... In short...the words that. Megumi-san spoke are recent memories.**

These are the pictures of Megumi's brain. The pictures show which part of Megumi's brain that showing the most frequent activity. In scene 29, Tsukumo said about Parahippocampal gyrus. Parahippocampal gyrus is an area in the brain which plays an important role in memory encoding and retrieval. It also governs long-term, therefore, if she remembered the past memories, her Parahippocampal gyrus must more active than her cerebral cortex area. The picture of Parahippocampal gyrus can be shown in Figure 4.7.

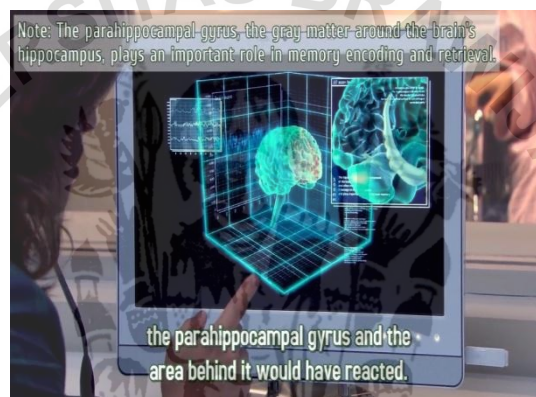


Figure 4.7 Megumi's Parahippocampal gyrus.

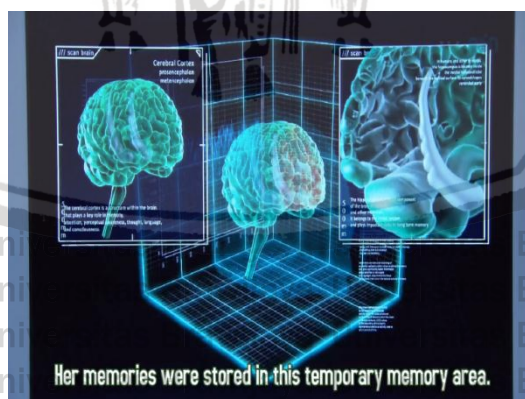


Figure 4.8 Megumi's Cerebral cortex (the little box in the top left).

In Figure 4.8, the writer puts the picture of Megumi's Cerebral cortex. Cerebral cortex is a structure within the brain that plays a key role in memory,

attention, perceptual awareness, thought, language, and consciousness. Megumi's brain just recently started using it to make up for the broken parts. In short explanation, Megumi could only speak some words according to her recent memories.

4.2.2 Analysis of Communication Gap between the interlocutor and Megumi as a Patient who Suffers from Aphasia

In this part, the writer analyzed the communication gap that happened between the interlocutor and Megumi. The data were analyzed in each line and some scenes by using the theory of the factors that can cause communication gap proposed by Karten (2002). This analysis is the answer of the second problem of the study.

The more complete and detailed analysis on the communication gap that happened between the interlocutor and Megumi implied in the subtitles and snapshot of the third episode of "Mr. Brain Dorama" are shown below.

4.2.2.1 Mismatched Communication Preferences

There was a case when an interlocutor talked about something but the addressee continued it in different condition. In other words, the interlocutor and the addressee had different thought. It happened because the addressee did not listen what the speaker had said clearly or she/he might had interpreted the utterances by his or her self without knowing the responses of the addressee. This communication gap situation is also found in Megumi's case, as it is shown in scene 17.

Scene 17

Tanbara : Why are you taking a call now?
 Hayashida : Hello. This is Hayashida.
 Tanbara-san!
They said that Megumi-san have remembered who the perpetrator is.
 Wakui : Megumi, tell them
 ...who was it...that did all those scary things to you,
 Megumi?
[dare game dame ni kowaishite no kana?]
 Megumi : L-o-n-g-h-a-i-r...*[na..ga..i..ka..mi]*
 Wakui : Someone with long hair, right?
[nagai kami no hito nan dane?]
 Megumi : g-r-e-y-r-u-l-e-r...*[ne..zu..mi..no..mo..no..sa..shi]*
 Wakui : A grey ruler...*[nezumi no monosashi]*
 Megumi : ...w-h-i-t-e-c-l-o-t-h-e-s...*[shi..ro..i..fu..ku]*
 Wakui : white clothes *[shiroi fuku]*
 Megumi : ...b-l-a-c-k-g-l-a-s-s-e-s...*[ku..ro..i..me..ga..ne]*
 Wakui : The person wore glasses? *[megane o kaketeru no ka?]*
 Is there anything else? *[okani wa nanikanai ka na?]*
 Megumi : ...c-o-u-l-d-n-o-t-b-e-c-o-m-e...*[na..re..na..ka..ta..hi..to]*
 Wakui : What was it the person couldn't become?
[nani nande nan katande?]
 Will you try to tell us?
 Megumi : emmmm...emmm...(screaming)
 Wakui : Megumi...Megumi?
 Doctor : Long hair *[nagai kami de]*...
 white clothes *[shiroi fuku de]*...
 black glasses *[kuroi megane]*...
 Tanbara : ...and a grey *[nezumi no..]*.....ruler *[monosashi]*
 Wakui : It might be Dr. Chihara
 Tanbara : What does she mean "couldn't become?"
 Wakui : Dr. Chihara...This Spring, Dr. Hyuga was supposed to
 have
made him an associate professor.
 Tanbara : Why didn't you tell us that?
 You knew, didn't you?
 Wakui : I don't like telling people things if all I have is supposition.
 Tanbara : Where is Chihara-sensei now?
 Tsukumo : Wait a minute, please...

In scene 17, the doctor and the local detective had mismatched communication preferences with Megumi's testimony. The mismatched

communication shown when Megumi said something that referred to the murderer's character which the therapist asked to her. In this scene, Megumi thought that she was playing *shiritori* with Wakui. She only repeated the word which had been taught by Wakui during the treatment. Nevertheless, the Doctor and the local detectives had different thought with Megumi. They thought that she already remembered the real murderer. So, the local detective took an assumption that those characteristics refer to Dr. Chihara. The evidences of Megumi's thought that she was playing a word game was strongly proven in scene 28 and 29.

Scene 28

Tsukumo : Megumi-san...
Who did something scary to you?
[*dare ga anata ni kowai koto shita no kana?*]
Megumi : ...long...[*nagai*]...hair...[*kami*]
Tsukumo : Someone with long hair, right? [*nagai kami hito nanda ne ?*]
Megumi : ...grey...[*nezumi no*]...ruler...[*monosashi*]
Tsukumo : A grey ruler? [*nezumi no monosashi*]
Megumi : ...white...[*shiroi*]...clothes [*fuku*]
Tsukumo : White clothes...[*shiroi fuku*]
Megumi : ...black...[*kuroi*]...glasses...[*megane*]
Tsukumo : The person wore black glasses
[*kuroi megane o kaketeru n darou*]
Is there anything else? [*okani wa nani kanai kana?*]
Megumi : ...could not become...[*nare na kata hito*]
Tsukumo : What? What couldn't he become?
Will you try to tell us?
Megumi : (screaming)
Tsukumo : Megumi-san!
Please look into the scope.
Megumi : (she takes the scope and looks into it.)
Tsukumo gives Megumi take a look to the picture of Wakui
Tsukumo : That's enough, thank you.

Scene 29

Tsukumo : Did that help you Figure something out?
 Wakui : Yes.
 Tsukumo : I Figured out who attacked Megumi-san.
 Hayashida : What?
 Tsukumo : Wakui-san.
 Hayashida : It was you, wasn't it?
 Hayashida : Wakui-san is Megumi-san's fiancée, you know!
 He would never...
 Tsukumo : No, no...listen to this tape one more time, listen closely.
 Recorder of Wakui and Megumi's conversation
 Wakui : Who was it that did all those scary things to you, Megumi?
 [dare game dame ni kowaishite no kana?]
 Megumi :...l-o-n-g-h-a-i-r...[na..ga..i..ka..mi]
 Wakui : Someone with long hair, right? [nagai kami hito nanda ne ?]
 Megumi : ...g-r-e-y...[ne..zu..mi..no]
 Yuri : **Shiritori?**
 Tsukumo : That's right. The questions and answers are a game of *Shiritori*.
 Hayashida : Um...what are you talking about?
 Tsukumo : **What?**
Megumi-san didn't remember who attacked her. She's just playing Shiritori, repeating back answers...exactly as you taught them to her.
 Wakui : *Shiritori*? I didn't notice...but it's certainly true.
 Tsukumo showing the picture of the activity of Megumi's brain
 Tsukumo : This area here is the area that governs long-term memory. If Megumi- san were truly remembering who had attacked her then when I'd asked her the questions. This, the parahippocampal gyrus, and the area behind it should've shown vigorous activity. But they didn't react at all.

In scene 29, Hayashida (the local detective) and Yuri (Tsukumo's assistant) began to notice Megumi's real response. They also found that Wakui was using Megumi's statement to trick the detective. Wakui did it in order to avoid the detectives, Hayashida and Tanbara to do another investigation to find the one who attacked Megumi.

4.2.2.2 Mistaken Assumptions of Understanding

According to Karten (2002), the writer took a conclusion that there are two principles to make communication clearly. First, the addressee needs to recognize the meaning of words in an utterance, and the second is recognizing on what speakers mean by their utterances. If we do not fulfill one of them, it will lead to misunderstanding. Misunderstanding is also known as mistaken assumption of understanding. In broad explanation, an interlocutor talks about something to the addressee, but the addressee interprets in different meaning. In this section, misunderstanding also happens between the interlocutor and Megumi during the treatment. The evidence can be shown in scene 15.

Scene 15

Tsukumo	: Aren't you thirsty? Shall we drink some water? Here. This is water. Please, have some. (gives something to drink)
Megumi	:(she suddenly grabed the glass and closed her eyes because she was shocked with the temperature of the water)
Tsukumo	: It's cold, isn't it? Then...let's use this towel to dry you off. (use the towel to wipe the wet skin because of water drolling)
Megumi	:(she ignores the towel by move her hand into the other side)
Tsukumo	: You don't like it? Oh! Well I suppose not. I haven't even introduced myself yet after all.
Megumi	:(staring at the blanket)
Tsukumo	: My name.....is Tsukumo. In kanji numerals you write it 9, 10, 9...Tsu..ku..mo.

In this case, Tsukumo acted as the interlocutor and Megumi as the addressee. The interlocutor tried to know the response of Megumi by giving her a

drink. Nevertheless, Megumi rejected the offer because she did not know how to do. Megumi felt uncomfortable with the temperature as well as Tsukumo's action. Even when Tsukumo wiped her wet hand, Megumi moved her hand to another side. The writer analyzed the feeling of Megumi from Tsukumo's utterances which is shown below.

Tsukumo : You don't like it? Oh! Well I suppose not.

The pictures of Megumi that ignores the water and moves her hand can be shown in Figure 4.1 on page 40, while Figure 4.3 to 4.4 on page 45 to 46 .

4.2.3 Analysis of Communication Strategies that are Used by the Interlocutor to Communicate with Megumi as a Patient who Suffers From Aphasia

According to NIDCD (2008), there are some cases, a person will completely recover from aphasia without treatment. This type of spontaneous recovery usually occurs following a type of stroke in which blood flow to the brain is temporarily interrupted but quickly restored. In these circumstances, language abilities might return in a few hours or a few days. For most cases, language recovery is not as quick and complete as many people expect. There are many people with aphasia experience partial spontaneous recovery, in which some language abilities return a few days to a month after the brain injury, some amount of aphasia, typically remains.

In this section, the writer analyzed the communication strategies used by the interlocutor to communicate with Megumi as an Aphasia patient. The data were analyzed in each line and some scenes by using the communication

strategies method proposed by National Institute on Deafness and Other Communication Disorder (NIDCD, 2008)

The more complete and detailed analysis on the communication strategies used by the interlocutor to communicate with Megumi implied in the subtitles and snapshot of the third episode of “Mr. Brain Dorama” are shown below:

4.2.3.1 Maintain a Natural Conversational Manner Appropriate for an Adult

Many health professionals believe that the most effective treatment begins early in the recovery process. The therapist should maintain a natural conversation and do an appropriate manner in order to increase the vocabularies of the patient. In the third episode of “Mr. Brain Dorama”, there are also some scenes which shown natural conversation used by the therapist to communicate with Megumi.

Scene 15

Tsukumo : Aren't you thirsty?
Shall we drink some water?
Here. This is water.
Please, have some. (gives something to drink)

Megumi :(she suddenly grabbed the glass and closed her eyes
because she was shocked with the temperature of the
water)

Tsukumo : It's cold, isn't it?
Then...let's use this towel to dry you off. (use the
towel to wipe the wet skin because of water drolling)

Megumi : (she ignores the towel by move her hand into the other
side)

Tsukumo : You don't like it?
Oh! Well I suppose not.
I haven't even introduced myself yet after all.

Megumi : (staring at the blanket)

- Tsukumo : **My name.....is Tsukumo.**
In kanji numerals you write it 9, 10, 9...Tsu..ku..mo.
- Hayashida : Tsukumo-san...
 Tsukumo-san? Um...
 Is that really a medical treatment?
- Tsukumo : **The human brain is built much more strongly than everyone thinks. Even if it gets hurt again and again, it keeps working, it rebuilds and to that end, someone must give it a hand. Talk about all sorts of things allow it to experience all kinds of things, getting outside stimulation helps the brain learn to function again.**

In this case, Tsukumo did not need to use repetition and prolongation to teach Megumi. Instead of using repetition and prolongation on each word, he tried to maintain a natural conversation with Megumi. He communicated with Megumi like she was still able to understand and speak as normal as before. Tsukumo used that kind of strategy in order to make Megumi experience all kinds of things. It helped her to stimulate her brain activity.

4.2.3.2 Repeat the Content Words

In this section, the writer analyzed that repetition also supported comprehension and meaning making among conversational partners by displaying the connections that speakers made words, phrases, and turns.

The repetition strategies are shown in several scenes below.

Scene 15

- Tanbara : Will that really heal her?
- Tsukumo : At the very least, I've seen one person cured by it.
- Wakui : My name is Wakui Masakazu. (he talks to Megumi)
- Megumi : (staring at Wakui) Wa...
- Tsukumo : Oh! Games are good too. like *Shiritori*...
- Wakui : *Shiritori*?
- Tsukumo : *Shiritori* activates the brain.
- Tanbara : *Shiritori*?

Wakui : I'll try it.
 This is pajama [paa-jaa-maa]...pajama. (showing the
 pajama that wore by Megumi. Pillow [makura] ..pillow
 [makura]...[maa-kuu-raa] (Showing the pillow to
 Megumi)

In the scene 15, Wakui tried to teach Megumi's vocabulary. He used repetition as well as used prolongation on it. In normal situation, he would say the word clearly without using any repetition, for example "pajama". In order to make Megumi understand about what he had said and to make her repeat his word in good pronunciation, he used prolongation on it. He said "paa...jaa...maa" instead of saying "pajama".

4.2.3.3 Encourage any Type of Communication, whether It is Speech, Gesture, Pointing, or Drawing

Some therapists find the most effective strategy to heal the Aphasia patient. In this section, the writer found a communication strategy by pointing the object in order to maintain the conversation ability and develop the vocabularies. The evidences of therapists used communication strategy by pointing at the object can be shown below.

Scene 15

Tsukumo : Oh! Games are good too. like *Shiritori*...
 Wakui : *Shiritori*?
 Tsukumo : *Shiritori* activates the brain.
 Tanbara : *Shiritori*?
 Wakui : I'll try it.
 This is pajama [paa-jaa-maa]...pajama. (showing the
 pajama that wore by Megumi. Pillow [makura]
 ..pillow [makura]...[maa-kuu-raa] (Showing the
 pillow to Megumi)

Scene 16

Wakui : Megumi. You used to like this, right?
 Egg [*tamago*]...[*taa..maa..go*] (gives an egg to Megumi)
 Megumi : (take and stare to the egg)
 Wakui : And this...(take the sesame seeds [*goma*])...this starts
 with
 "go..."
 goo..?
 Megumi : ...ma.
 Wakui : That's amazing, Megumi!
 ...sesame...[*go-ma*]
 Megumi : (smiles to Wakui)
 Hayashida : You're really amazing, Wakui-san!
 You do all your work like you usually do and you've
 helped Megumi-san come this far..
 Wakui : Truthfully, I'm worn out. But I have hope, so...
 Tsukumo : Hope?
 Wakui : Yes.
 Tsukumo : Hope...you say...

In those scenes, the therapist used a method by pointing at the object to make the patient easier to remember the vocabulary of the object itself. The picture of the therapist used communication strategy by pointing at the object can be shown in Figure 4.9 and 4.10.



Figure 4.9 Wakui pointing Megumi's pajama.



Figure 4.10 Wakui gave an egg to Megumi.



Figure 4.11 Megumi smiles to Wakui.

In Figure 4.11 Megumi showed an improvement. She began to understand what Wakui had said. Wakui gave a compliment to Megumi because she could remember the vocabulary of the pointed object. She responded the compliment by smiling at Wakui.

4.3 Discussion

In this subchapter, the writer explains shortly the analysis made to analyse the symptoms of Aphasia patient and communication strategies that are used by the interlocutor to communicate with the patient who suffers from Aphasia, the writer uses the theories of National Institute on Deafness and Other

Communication Disorder (NIDCD, 2008). In addition, the writer uses the theories of communication gap by Naomi Karten (2002).

Concerning the symptoms of Aphasia, the writer found three symptoms portrayed in Megumi's character in the third episode of Mr. Brain drama. The first is the patient has difficulties in understanding speech. The data are shown in the utterances by the interlocutor and Megumi. At first, the doctor had already diagnosed that Megumi was not be able to understand the conversation. It is portrayed in scene 14:

Doctor : Luckily, the wounds from the weapon were superficial but in the fall on **the stairs she took quite a blow to the head. She's sustained damage to a large area of her brain. Particularly to the Wernicke area, and the area around it in the left brain that govern speech. She won't be able to understand words, and won't be able to control them. No matter what she feels or thinks, she won't be able to express it in words.**

Those diagnoses are strongly proven in scene 15 when there an interlocutor, Tsukumo, tried to talk to Megumi.

Tsukumo : **Aren't you thirsty? Shall we drink some water? Here. This is water. Please, have some. (gives something to drink)**

Megumi : **(she suddenly grabbed the glass and closed her eyes because she was shocked with the temperature of the water)**

Tsukumo : **It's cold, isn't it? Then...let's use this towel to dry you off. (use the towel to wipe the wet skin because of water drolling)**

Megumi : **(she ignores the towel by move her hand into the other side)**

Tsukumo : **You don't like it? Oh! Well I suppose not. I haven't even introduced myself yet after all.**

Megumi : **(staring at the blanket)**

Megumi was not be able to understand the interlocutor's utterances, she did not know what to do and stared blankly at the blanket. The second symptom is the patient still has the ability of speaking. It is portrayed in the improvement of Megumi's treatment, she was still be able to talk about her fiancée's condition in scene 30:

Megumi : **Maa...what's wrong? (staring at Wakui)**

Wakui : Nothing...it's nothing.

Megumi began to talk in short and simple sentence. She was also able to express her feeling. The third symptom is no weakness in the tactile sensor and the body.

The writer figures out that Megumi was still able to feel the temperature and hold something in scene 15 to 16. All three categories are in line with the symptoms of

Aphasia in *National Institute on Deafness and Other Communication Disorder* (NIDCD, 2008). However, the writer only found three Aphasia symptoms which

referred to the characteristic of Wernicke's Aphasia. According to NIDCD (2008),

the person who suffers from it, usually has difficulties to understand words. On the other hand, he or she is still able to talk fluently. A person who suffers from

Wernicke's Aphasia also has no body weakness, comparing with the other types

of Aphasia. A person who suffers from Global or Broca's Aphasia usually has

body weakness in his or her arm and even leg paralysis.

After the writer validated the data of Aphasia symptom with the expert,

the writer also found that the patient who suffers from Wernicke's Aphasia is not be able to speak fluently after the accident. He or she still needs times to follow

the treatment from the therapist in order to gain back the language comprehension and production ability. According the writer's interview with the doctor who is

expert on the brain lesion, there is an area of the brain called as consolidation area where the language abilities need to be stimulated in order to activate the function of the brain itself. In the analysis of Aphasia symptom, the writer also found that the memories of the patient also have an important role in gaining back the vocabularies. In Megumi's cases, the hardest activity of her brain was shown in the prefrontal area known as Cerebral cortex. Cerebral cortex is a structure within the brain that plays a key role in memory, attention, perceptual awareness, thought, language, and consciousness. Megumi's brain just recently started using it to make up the broken parts. In short explanation, Megumi could only speak some words according to her recent memories.

The second analysis is about communication gap that happened between the interlocutor and Megumi as a patient who suffers from Aphasia. According to the communication gap factors explained by Naomi Karten in "*Communication Gap and How To Close Them*" (2002), the writer found two out of six factors.

The first factor is mismatched communication preferences. One of the evidences is portrayed in scene 17 below.

Scene 17

Hayashida	: Hello. This is Hayashida. Tanbara-san!
	They said that Megumi-san have remembered who the perpetrator is.
Wakui	: Megumi, tell them ...who was it...that did all those scary things to you, Megumi? [dare game dame ni kowaishite no kana?]
Megumi	: L-o-n-g-h-a-i-r...[na..ga..i..ka..mi]
Wakui	: Someone with long hair, right? [nagai kami no hito nan dane?]
Megumi	: g-r-e-y-r-u-l-e-r...[ne..zu..mi..no..mo..no..sa..shi]

Wakui : A grey ruler...[*nezumi no monosashi*]
 Megumi : ...w-h-i-t-e-c-l-o-t-h-e-s...[*shi..ro..i..fu..ku*]
 Wakui : white clothes [*shiroi fuku*]
 Megumi : ...b-l-a-c-k-g-l-a-s-s-e-s...[*ku..ro..i..me..ga..ne*]
 Wakui : The person wore glasses? [*megane o kaketeru no ka?*]
 Is there anything else? [*okani wa nanikanai ka na?*]
 Megumi : ...c-o-u-l-d-n-o-t-b-e-c-o-m-e...[*na..re..na..ka..ta..hi..to*]
 Wakui : What was it the person couldn't become?
 [*nani nande nan katande?*]
 Will you try to tell us?
 Megumi : emmmm...emmm...(screaming)
 Wakui : Megumi...Megumi?
 Doctor : Long hair [*nagai kami de*]...
 white clothes [*shiroi fuku de*]...
 black glasses [*kuroi megane*]...
 Tanbara : ...and a grey [*nezumi no..*].....ruler [*monosashi*]
 Wakui : It might be Dr. Chihara
 Tanbara : What does she mean "couldn't become?"
 Wakui : Dr. Chihara...This Spring, Dr. Hyuga was supposed
 to have made him an associate professor.

In this case, the local detective had different thought with Megumi's. The local detective thought that Megumi had already remembered the characters of the murderer, but Megumi thought that she was playing *Shiritori* with her fiancée (Wakui). In briefly, the interlocutor and the addressee had totally different thoughts. It happened because both of the addressee and the interlocutor did not understand the utterances to each other. The last factor is mistaken assumptions of understanding. It is also known as misunderstanding. Communication clearly depends on not only recognizing the meaning of word in an utterance, but also recognizing what speakers mean by their utterances. The evidence can be shown in scene 15 below.

Scene 15

Tsukumo : Aren't you thirsty?
 Shall we drink some water?

Here. This is water.

Please, have some. (gives something to drink)

Megumi : (she suddenly grabbed the glass and closed her eyes because she was shocked with the temperature of the water)

As the interlocutor, Tsukumo only wanted to know the reaction of the patient when he gave her a drink, but Megumi rejected the offer because she felt uncomfortable with Tsukumo's action.

Regarding with Aphasia, the patient has to treat in certain treatments in order to heal the disease. The writer found three out of six communication strategies proposed by NIDCD (2008). They are maintain a natural conversational manner which is appropriate for an adult, repeat the content words, and encourage any type of communication, whether it is speech, gesture, pointing, or drawing. The first is maintaining a natural conversational manner which is appropriate for an adult, and it is shown in scene 15:

Scene 15

**Tsukumo : Aren't you thirsty?
Shall we drink some water?
Here. This is water.**

**Megumi : Please, have some. (gives something to drink)
:(she suddenly grabbed the glass and closed her eyes because she was shocked with the temperature of the water)**

**Tsukumo : It's cold, isn't it?
Then...let's use this towel to dry you off. (use the towel to wipe the wet skin because of water dripping)**

Megumi : (she ignores the towel by move her hand into the other side)

**Tsukumo : You don't like it?
Oh! Well I suppose not.**

In this case, Tsukumo tried to maintain a natural conversation with Megumi. He communicated with Megumi like she was still able to understand and

speak as normal as before. Tsukumo used that kind of strategy in order to make Megumi experience all kinds of things and it helped her to stimulate her brain activity. The second strategy is repeating the content word. The writer found that by repeating the words had said by the interlocutor, it helps the Aphasia patient develop his or her vocabularies. In Megumi's case, the therapist used prolongation in order to make Megumi repeat his words in a good pronunciation. The therapist said **paa...jaa...maa** instead of saying **pajama**. The third strategy that was used by therapist is encourage any type of communication, whether it is speech, gesture, pointing, or drawing. In this dorama, the writer analyzed that the therapist used a method by pointing at the object to make the patient easier to remember the vocabulary of the object. In the end of the analysis of the communication strategies, the writer found the best method to heal the Aphasia patient in the third episode of "Mr. Brain Dorama". The therapist used a certain method by playing a word game (*shiritori*) in order to know the improvement of vocabularies that the patient had remembered. In scene 16, Megumi showed the improvement of certain vocabularies. She remembered the last word of sesame seed "**ma**". In Japanese, it is used to call "**goma**". After the writer analyzed the data, there were some stages which proved that *Shiritori* became a successful therapy to recover Megumi's language ability. In the first treatment Megumi did not know how to speak at all, but in the second treatment, she began to talk in the last syllable of the object.

After Wakui became Megumi's therapist, she began to talk per syllable in each word while giving testimony in the third treatment and caused mismatched communication preferences with the interlocutors. Because of the mismatched

preferences, Tsukumo, as the therapist took Megumi in the fMRI room and did an investigation to get the real Megumi's response. Fortunately, Megumi showed some improvements. She was able to talk in phrase and ask the condition of Wakui. Those stages proved that *Shiritori* really helped Megumi in the process of gaining back her language production and comprehension.

From the analysis of Aphasia patient, it can be noted the particular symptoms shown by Megumi. Those symptoms quietly referred to Wernicke's Aphasia and they are linked with the therapist's method to find the best strategies to communicate with the patient. In the findings, it was also proven the communication gap that happened between the interlocutor and Megumi could become the references in bridging the problems of communication with the patient who suffered from Aphasia.

According to Easter's (2011) and Kelly et al.'s (2010) studies, they only found the best strategies to communicate with Aphasia patient. In Easter's thesis, she used a conversational repetition, in which she had to repeat the word that had taught to her. She also used replacing card to increase the patient's vocabulary. Compared to the writer's study, concerning the treatment the writer also found that the therapist used a Japanese game instead of using replacing card, conversational repetition such as repeating the content words in the conversation and even using prolongation for the proper treatment to help the patient repeat the words in a good pronunciation and to improve the vocabulary easily. As well as Kelly et al.'s, they found the effectiveness of speech and language therapy (SLT) for people with Aphasia following stroke especially in relation in functional

communication, expressive language, and the severity of Aphasia. However, the writer figured out natural conversation as one of the treatments in SLT. In this study the writer does not only analyze the communication strategy, but also the symptoms of Aphasia and the communication gap that happened between the Aphasia patient and the interlocutor which did not analyze by the previous studies.



CHAPTER V

CONCLUSION AND SUGGESTION

This chapter presents conclusion dealing with the results of the analysis in the previous chapter. This part also contributes suggestion that can be used to gain better insight, particularly for the further researchers.

5.1 Conclusion

According to the first problem of the study, the writer finds out 4 symptoms of Aphasia committed by Megumi. They are having difficulties in understanding speech, having the ability of speaking, having no weakness in tactile sensor and the body, and having disability to reconnect memory bank which refer to Wernicke's Aphasia Symptomp. In Megumi's case, she can only speak some words according to her recent memories.

In the second analysis, the writer finds two factors which cause communication gap between the therapist and Megumi. The first factor is mismatched communication preferences. There is a case when the interlocutor and the Aphasia patient have different thought. The other factor is mistaken assumptions of understanding. In this case, the addressee needs to recognize the meaning of words in utterances and what speakers mean by their utterances.

According to the analysis, the writer figures out that mismatched communication preferences leads the interlocutors to interpret Megumi's testimony by themselves

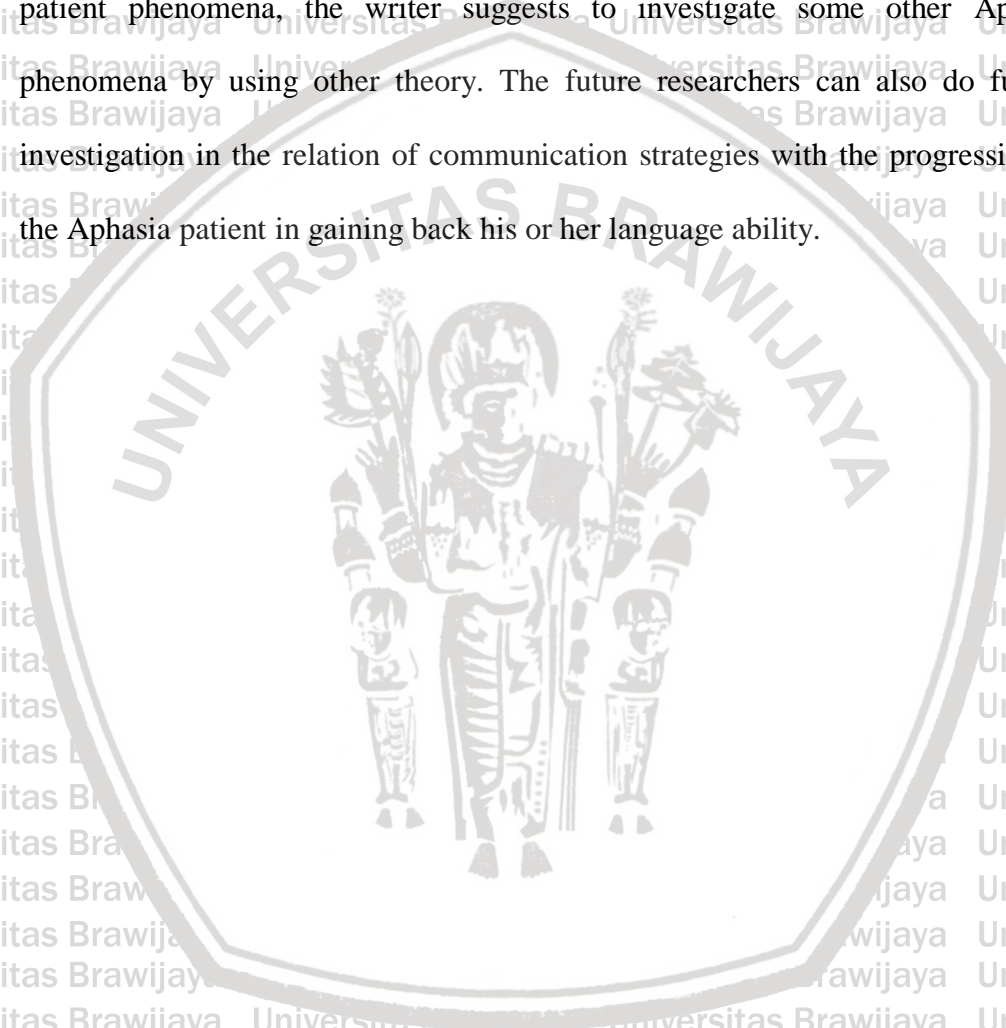
without knowing Megumi's response, while misunderstanding causes the uncomfortable feeling of Megumi with the interlocutor's actions.

The last analysis is about communication strategy that is used by the interlocutor and the patient who suffers from Aphasia. The writer finds three communication strategies, they are maintaining a natural conversational manner appropriate for an adult; repeating the content words; and encouraging any type of communication, whether it is speech, gesture, pointing, or drawing. In the analysis of strategy "repeat the content words", the therapists used prolongation when they taught Megumi about new vocabulary. In the analysis of communication strategies, the writer also finds a word game, *Shiritori* that became the best treatment of Aphasia patient to develop the vocabularies.

Here, the writer can conclude that the Aphasia patient, especially the patient who suffers from Wernicke's Aphasia cannot cure instantly. He or she still needs time to recover the language ability. The memory capacity of the patient also has an important role in the progression of gaining back language production and comprehension. In this study, communication gap has a relation to communication strategy. It means that the therapist will find the best method to communicate with the patient in order to avoid communication gap. Moreover, the patient will easily follow the treatment, and the therapist will find the proper treatment to heal the patient.

5.2 Suggestion

Through this study, the writer finds out that psycholinguistic research is not only conducted by observing the real Aphasia patient, but also from various media. Hence, for future researchers who are interested in exploring Aphasia patient phenomena, the writer suggests to investigate some other Aphasia phenomena by using other theory. The future researchers can also do further investigation in the relation of communication strategies with the progression of the Aphasia patient in gaining back his or her language ability.



REFERENCES

Ary, D., Lucy, C. J., & Asghar, R. (2002). *Introduction to research in education* (6th ed). Belmont: Wadsworth.

Gray, Don. (2006). *The AYE conference of exploring human system in action, communication gap*. Retrieved April 26, 2013. from www.ayeconference.com.

Easter P, Kyle. (2011). *Conversational repetition and aphasia: a case study*. Unpublished. University of Illinois.

Field, John. (2004). *Psycholinguistics. The key concepts*. New York : Routledge.

Kholid & Andika. (2009). *Dasar-dasar psikolinguistik*. Jurusan Pendidikan Bahasa dan Sastra Indonesia FPBS dan UPI PRESS. Bandung.

Kelly H., Brady MC., & Enderby P. (2010). *Speech and language therapy for aphasia following stroke (review) the cochrane library*. John Wiley and Sons, Ltd. Retrieved April 26, 2013. from <http://www.thecochranelibrary.com>

Karten, Naomi. (2002). *Communication gap and how to close them*. Dorset House Publishing. New York.

Kelana, Elang. (2012). *Review: Mr. Brain (j-dorama 2009)*. Retrieved January 17, 2013. from <http://elang-kelana.blogspot.com/2012/03/review-mr-brain-j-dorama-2009.html>

Lutz, S., & Huitt, W. (2003). *Information processing and memory: theory and applications. educational psychology interactive*. Valdosta, GA: Valdosta State University. Retrieved April 26, 2013. from <http://www.edpsycinteractive.org/papers/infoproc.pdf>

Mundhra, Sumit. (2005). *Brain and language: importance of brain in language processing*. Retrieved January 20, 2013. from http://www.cse.iitk.ac.in_project_summitMundhra_pdf

National Institutes of Health, National Institutes on Deafness and Other Communication Disorders. (2008). *Aphasia* (NIH Pub. No 97-4257). Retrieved September 10, 2012. from <http://www.nidcd.nih.gov-health-voice-aphasia.html>

Oxford. (2008). *Learner's pocket dictionary 3rd edition*. Oxford University Press. Great Clarendon Street, Oxford.

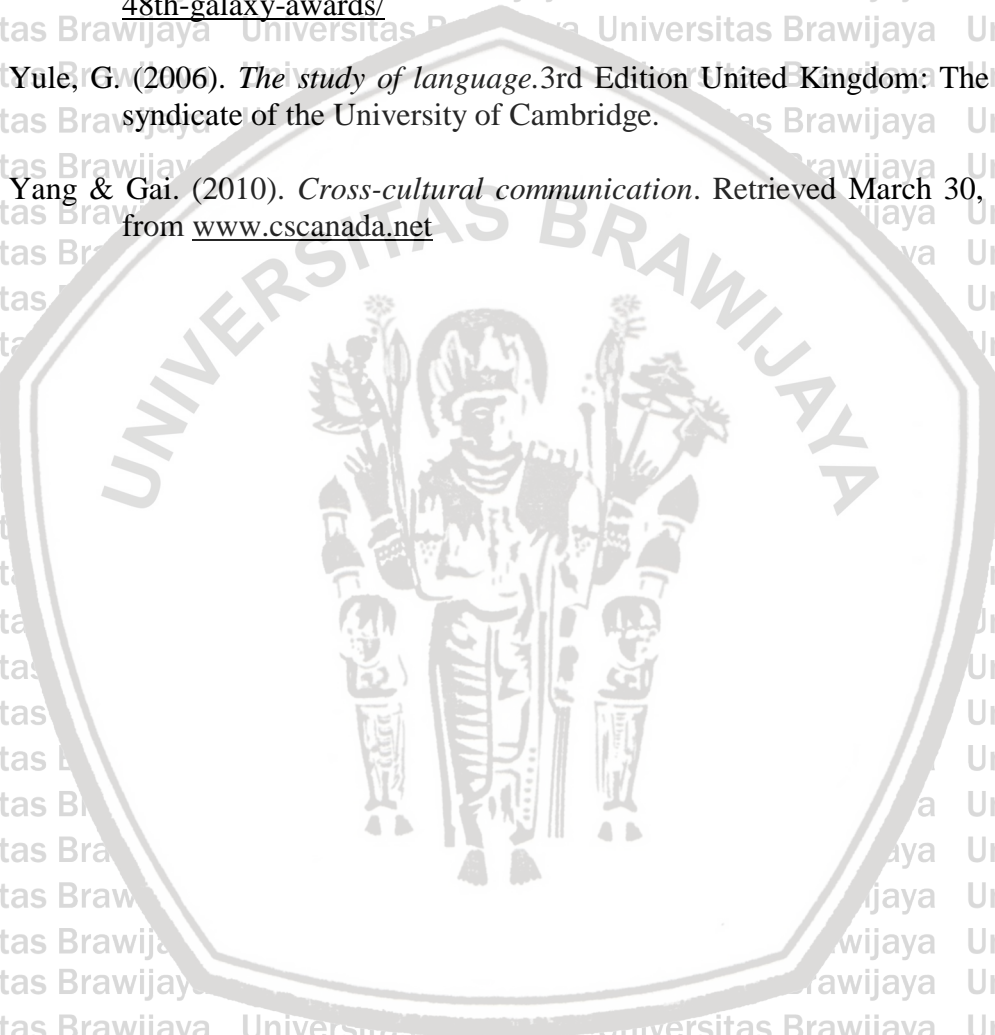
Pluebot. (2011). *Mr.Brain Japanese English sub download*. Retrieved February 24, 2012. from <http://japanese-drama-download/mr-brain.html> accessed

Scovel, Thomas. (1998). *Psycholinguistics*. Oxford University Press. Great Clarendon Street, Oxford.

TV Asahi. (2011). *Fukuyama Masaharu receives award at 48th annual galaxy award*. Retrieved April 26, 2013 from <http://www.tokyohive.com/tag-48th-galaxy-awards/>

Yule, G. (2006). *The study of language*. 3rd Edition United Kingdom: The press syndicate of the University of Cambridge.

Yang & Gai. (2010). *Cross-cultural communication*. Retrieved March 30, 2013. from www.cscanada.net



APPENDIX 1 BERITA ACARA BIMBINGAN SKRIPSI

1. Nama : Cantika Putri Hardiyanti
2. NIM : 0911113084
3. Program studi : Sastra Inggris
4. Topik Skripsi : Psycholinguistics
5. Judul Skripsi : The Study of Aphasia in Megumi's Character in the Third Episode of "Mr. Brain Dorama"
6. Tanggal Mengajukan : 20 Februari 2013
7. Tanggal Selesai : 29 Juli 2013
8. Nama Pembimbing : I. Fatimah, M.Appl.Ling
II. Frida Unsiah, M.Pd
9. Keterangan Konsultasi :

No	Tanggal	Materi	Pembimbing	Paraf
1.	20 Februari 2013	Pengajuan judul	Pembimbing I	
2.	20 Februari 2013	Pengajuan judul	Pembimbing II	
3.	8 Maret 2013	Pengajuan Bab I- III	Pembimbing I	
4.	18 Maret 2013	Pengajuan Bab I- III	Pembimbing II	
5.	25 Maret 2013	Revisi Bab I- III	Pembimbing I	
6.	1 April 2013	Revisi Bab I- III	Pembimbing II	
7.	8 April 2013	Revisi Bab I- III	Pembimbing I	
8.	15 April 2013	Revisi Bab I- III	Pembimbing II	
9.	25 April 2013	Seminar Proposal	Pembimbing I	
10.	25 April 2013	Seminar Proposal	Pembimbing II	
11.	1 Mei 2013	Revisi Seminar Proposal	Pembimbing I	
12.	3 Mei 2013	Revisi Seminar Proposal	Pembimbing II	
13.	7 Mei 2013	Pengajuan Bab IV	Pembimbing I	
14.	15 Mei 2013	Revisi Bab IV	Pembimbing I	
16.	25 Mei 2013	Revisi Bab IV	Pembimbing II	
17.	20 Juni 2013	Pengajuan abstrak dan Bab I-V	Pembimbing II	
18.	25 Juni 2013	Revisi abstrak dan Bab I-V	Pembimbing II	

19.	10 Juli 2013	Seminar Hasil	Pembimbing I	
20.	10 Juli 2013	Seminar Hasil	Pembimbing II	
21.	10 Juli 2013	Seminar Hasil	Penguji	
22.	12 Juli 2013	Revisi Seminar Hasil	Pembimbing I	
23.	12 Juli 2013	Revisi Seminar Hasil	Pembimbing II	
24.	22 Juli 2013	Ujian Skripsi	Penguji	
25.	22 Juli 2013	Ujian Skripsi	Pembimbing I	
26.	22 Juli 2013	Ujian Skripsi	Pembimbing II	
27.	29 Juli 2013	Revisi Setelah Ujian	Pembimbing I	
28.	29 Juli 2013	Revisi Setelah Ujian	Pembimbing II	

Telah dievaluasi dan diuji dengan nilai:

Malang, 29 Juli 2013

Dosen Pembimbing I

Dosen Pembimbing II

Fatimah, M.Appl.Ling.
NIP. 19751125 200212 2 002

Frida Unsiyah, M.Pd
NIK. 81022112120343

Mengetahui,

Ketua Jurusan Bahasa dan Sastra

Syariful Muttakin, M.A.
NIP. 19751101 200312 1 001