NAOKO’S PROLONGED GRIEF DISORDER AS DEPICTED IN NORWEGIAN WOOD BY HARUKI MURAKAMI

AN UNDERGRADUATE THESIS

Presented as Partial Fulfillment of the Requirements for the Degree of Sarjana Sastra in English Letters

By
DOROTHEA WERDIANI MUMPUNI
Student number: 164214004

DEPARTMENT OF ENGLISH LETTERS
FACULTY OF LETTERS
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I write because it makes me feel like someone’s listening.

—or am I finally listening to myself(?)
Dedicated to the savage persons from

“SAVAGE AF TEAM” since 2016 second semester I know:

ME.

Also to Yadi, who is smart and, even though he is a dog, still kinder than I am.

Almost forget,

To mom and dad, I still need money though

(sorry dad, I mention mom first because of the phrase “ladies first”)

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Dorothea Werdiani Mumpuni
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PGD : Prolonged Grief Disorder
ABSTRACT


Grief is an emotional experience that almost anyone can relate to. The depiction of Naoko’s grief in Haruki Murakami’s *Norwegian Wood* shows the severity that grief can cause to a person. Ever since the sudden death of Kizuki, Naoko has been struggling to cope with the loss until she decides to end her own life three years later. The long time span and the tragic end to her story are indication that she suffers from prolonged grief disorder.

There are two objectives of the present study. The first objective is to find out the characteristics of Naoko after Kizuki’s death. The second objective is to find out how Naoko’s characteristics reveal her suffering from prolonged grief disorder.

The present study is a library research that applies psychological approach. The primary source is *Norwegian Wood* by Haruki Murakami. The secondary sources are books, journal articles, and other relevant studies that discuss the theory of character, characterization, stages of grief, and prolonged grief disorder.

The result shows that Naoko’s characteristics after Kizuki’s death are related to her symptoms of having prolonged grief disorder. She is described as a closed, emotionally unstable, mentally ill, suicidal, and grief-stricken person. She does not go through two stages of grief, depression and acceptance, which leads her to have prolonged grief disorder. She exhibits five symptoms of the disorder which are related to her characteristics. These symptoms are her confusion about her role in life, her difficulty in accepting the loss, her avoidance of reminders of the reality of the loss, her difficulty in moving on with life, and her feeling that life is meaningless.

Keywords: prolonged grief disorder, *Norwegian Wood*, stages of grief
ABSTRAK


Terdapat dua tujuan di studi ini. Tujuan pertama adalah untuk menemukan karakteristik Naoko setelah kematian Kizuki. Tujuan kedua adalah untuk menemukan bagaimana karakteristik Naoko menunjukkan dia menderita gangguan duka berkepanjangan.

Studi ini merupakan penelitian pustaka yang menggunakan pendekatan psikologi. Sumber utamanya adalah Norwegian Wood karya Haruki Murakami. Sumber kedua adalah buku, artikel jurnal, dan studi terkait lainnya yang mendiskusikan teori karakter, karakterisasi, tahap-tahap duka, dan gangguan duka berkepanjangan.

Hasil penelitian menunjukkan bahwa karakteristik Naoko setelah kematian Kizuki berhubungan dengan gejala gangguan duka berkepanjangan yang dia derita. Dia digambarkan sebagai seorang yang tertutup, tidak stabil emosinya, sakit mental, berhasrat bunuh diri, dan dilanda duka. Dia tidak melewati dua tahap duka, depresi dan penerimaan, yang membuatnya mengalami gangguan duka berkepanjangan. Dia memperlihatkan lima gejala yang berhubungan dengan karakteristiknya. Gejala tersebut adalah kebingungan terhadap perannya dalam kehidupan, kesulitan menerima kehilangan, penghindaran pengingat relita kehilangan, kesulitan melanjutkan hidup, dan perasaan hidup tidak berarti.

Kata kunci: prolonged grief disorder, Norwegian Wood, stages of grief
CHAPTER I
INTRODUCTION

A. Background of the Study

When a person reads a literary work, it is very likely that he or she seeks for entertainment. However, to say that entertainment is the sole reason behind it is not necessarily true because it requires more than entertainment to be emotionally committed to literary works, especially in fictional works. Reading literary works also requires understanding, an understanding of how the imagination depicted in literary works can be appreciated by our own experiences in this otherwise mundane life (Perrine, 1988, p. 3).

The loss of a loved one is an emotional experience that most people have to endure in their lifetime. This experience is captured by Haruki Murakami in his fiction novel *Norwegian Wood*, which is titled after a song with the same name by the legendary British band The Beatles. The novel follows the two main characters, Toru and Naoko, who struggle with grief over the sudden death of their dear friend, Kizuki, by suicide.

However difficult it is, Toru accepts the death and moves on with his own life. He experiences what pertains to “normal” grief in which a griever “endure[s] a period of sorrow, numbness, and even guilt or anger, followed by a gradual fading of these feelings as the griever accepts the loss and moves forward” (Howarth, 2011, p. 4). Contrarily, Naoko seems to linger on Kizuki’s death even though years have passed until she herself commits suicide. Therefore, Naoko
does not experience normal grief because she never accepts the loss and moves forward. Both feel the pain, but each grieves in their own way.

Grieving process is complex, and *Norwegian Wood* depicts the complexity in the character of Naoko. The story is enveloped by the thick atmosphere of Kizuki’s death and Naoko’s inability to cope with the loss shows how her characteristics result in different grieving process as opposed to Toru.

The present study seeks to understand Naoko’s characteristic and her grief in the wake of Kizuki’s death. This topic is worth studying because grief is something that almost anyone can relate to. In addition, the grief that Naoko experiences can open the readers’ eyes to the severity that loss can cause to a grieving person.

**B. Problem Formulation**

Based on the background of the study above, the research problems are formulated as follows:

1. What are Naoko’s characteristics after Kizuki’s death as described in *Norwegian Wood*?
2. How do the characteristics reveal her suffering from prolonged grief disorder?

**C. Objectives of the Study**

Based on the problem formulation above, the objectives of the present thesis are as follows. The first objective is to find out the characteristics of Naoko
after Kizuki’s death. The second objective is to find out how Naoko’s characteristics reveal her suffering from prolonged grief disorder.

D. Definition of Terms

In order to avoid misunderstanding, there are terms that need to be explained. Grief, according to Stroebe et al. (2008), is “the primarily emotional (affective) reaction to the loss of a loved one through death” (p. 5). Normal grief is a natural reaction to loss in which the transition from pre-loss to post-loss is neither overwhelming, interminable, nor prematurely interrupted (Worden, 2018, p. 109). Prolonged grief disorder is intense and prolonged symptoms of grief with some forms of functional impairment beyond 6 months after the loss (Prigerson, et al., 2009, p. 9).
CHAPTER II

REVIEW OF LITERATURE

This chapter presents the relevant studies and theories in conducting the present study. It consists of three parts: review of related studies, review of related theories, and theoretical framework. The first part reviews three previously done studies which have similarities to the present study. The second part reviews two relevant theories for the present study. The third part explains the contribution of the theories and reviews in solving the problems of the present study.

A. Review of Related Studies

Three related studies are reviewed. The first study is an undergraduate thesis by Andrew Simanugunson titled Naoko’s Schizophrenia as Reflected in Haruki Murakami’s Norwegian Wood (2016). The objectives of the study are to identify the characteristics of Naoko and to analyze the symptoms that reveal Naoko is a schizophrenic woman.

Simangunson (2016) concludes that Naoko is “a weak person in the inside” because she “has dark past and struggles to move on or get over from the experience that haunts her life” as she experiences dramatic change in her personality; from “a cheerful girl” to “a very quiet and fragile woman” (p. 56). Simangunson (2016) describes the evidences of Naoko’s schizophrenia are, among others, that “Naoko assumes that Kizuki’s physical presence within Toru,” and that “she lacks the ability to enjoy a moment of pleasure” (pp. 56-57).
The similarities between the thesis and this present study lie in the work used which is *Norwegian Wood* by Haruki Murakami, the approach of the study which is psychological approach, and the focus of the study which is Naoko. The differences lie in the theory employed for the study. Simangunsong’s thesis employs theory of schizophrenia to reveal Naoko’s suffering from schizophrenia, while the present study employs theories of grief to reveal her suffering from prolonged grief disorder.

The second study is an undergraduate thesis by Fransisca Kusumastuti titled *The Grieving Process of Jesse Aarons as Seen in Katherine Paterson’s Bridge to Terabithia* (2018). The objectives of the study are to identify the characteristics of Jesse Aaron’s before and after Leslie’s presence particularly as he deals with grief and to find out how Jesse’s characteristics manage his grieving process as the aftermath of losing his best friend Leslie.

Kusumastuti (2018) concludes that before Leslie’s presence, Jesse is ambitious, introvert, fearful, and creative (p. 44). After meeting Leslie, Kusumastuti (2018) describes Jesse as generous, confident, and more creative, but Jesse becomes stubborn, temperamental, and insecure after Leslie’s death (p. 45). Despite his closeness to Leslie, Jesse follows all stages of grief and eventually accepts her death which he symbolizes by building a bridge to Terabithia (Kusumastuti, 2018, pp. 47-48).

The main similarity between the thesis and the present study lies in the topic which is about grief. Both studies use the five stages of grief by Kübler-Ross & Kessler. The difference is the present study employs the theory of prolonged
grief disorder because Naoko evidently cannot accept Kizuki’s death. In addition, the present study does not analyze Naoko’s characteristics before Kizuki’s death because in the storyline he has long passed away.

The third study is an undergraduate thesis by Oksa Hidayat titled *Jack Salmon’s Stages of Grief in Accepting Susie’ Death as Seen in Alice Sebold’s The Lovely Bones* (2018). The objectives of the study are to find out the characteristics of Jack Salmon in Alice Sebold’s *The Lovely Bones* and to see how Jack experiences his stages of grief in accepting his daughter’s death.

Hidayat (2018) concludes that Jack is an enthusiastic and loving father, but a strict father for the good of his family (pp. 42-43). For the second objective, Hidayat (2018) concludes that Jack follows all the stages of grief after his daughter’s death and that he eventually accepts her death and moves forward with his own life (pp. 43-44).

The main similarity between the thesis and the present study lies in the topic which is about grief. Both studies use the five stages of grief by Kübler-Ross & Kessler. The difference is the present study employs the theory of prolonged grief disorder because Naoko evidently cannot accept the death of her loved one.

**B. Review of Related Theories**

1. **Theory of Character and Characterization**

Characters are “the person represented in dramatic work or narrative work, who are interpreted by the reader as being endowed with particular moral, intellectual, and emotional qualities by inferences from what the persons say and
their distinctive ways of saying it—the dialogue—and from what they do—the action” (Abrams, 1999, p. 32).

Based on the development, characters can be categorized into two. Static character is the person who does not undergo changes until the end of the story, while developing (dynamic) character is the person who undergoes permanent change at the end of the story (Perrine, 1988, p. 69). In order for a change to feel less superficial and more believable, Perrine (1988) suggests that it must be “within the possibilities of the character to make it”, “sufficiently motivated by the circumstances in which the character is placed”, and “allowed sufficient time for a change of its magnitude believably to take place” (p. 69).

Based on the fullness of their development, Foster (1927) classifies them into two which are flat character; characterized by only having one or two traits; and round character; characterized by having complex and many-sided qualities (pp. 103-118). Stock character is a kind of flat character who is “the stereotyped figure who has occurred so often in fiction that his nature is immediately known” (Perrine, 1988, p. 68). Some examples of this type of character are the handsome wealthy hero, the beautiful poor heroine, and the cruel hateful stepmother.

Characterization is “the techniques a writer uses to create, reveal, or develop the characters in a narrative” (Kennedy & Gioia, 2009, p. 106). The characterization may be presented directly or indirectly. In direct presentation what the characters are like is told straight out by exposition or analysis, or told by other characters in the story. In indirect presentation, what the characters are like is inferred from their thoughts, speeches, and actions (Perrine, 1988, p. 66).
The direct and indirect characterization can be further broken down in detail into nine ways as proposed by Murphy (1972):

a. Personal description: the description of characters by the author, usually their physical appearances (p. 161).

b. Description as seen by others: the description of characters by other characters in the story (p. 162).

c. Speech: the inference through what the characters say (p. 164).

d. Past life: the inference through the characters’ past life; can be from thoughts conversation, or other characters (p. 166).

e. Conversation by others: the description of characters through conversation between other characters (p. 167).

f. Reactions: the interference through how the characters respond or react to particular events or situations (p. 168).

g. Direct comment: the direct description or comment by the author on characters (p. 170).

h. Thoughts: the description of what the characters think in their mind by the author (p. 171).

i. Mannerisms: the description of the characters’ habit and behavior by the author (p. 173).

2. Theory of Stages of Grief

After identifying Naoko’s characteristic, the presents study aims to reveal Naoko’s prolonged grief disorder by first analyzing her grieving process. This
study uses the five stages of grief, also known as Kübler-Ross model, which consist of denial, anger, bargaining, depression, and acceptance. Kübler-Ross & Kessler (2005) emphasize that “not everyone goes through all of them or goes in a prescribed order” (p. 7).

a. Denial

In this stage, a griever cannot fathom the fact that his or her loved one has passed away. A griever may respond the news of the death by “being paralyzed in shock or blanketed with numbness” (Kübler-Ross & Kessler, 2005, p. 8).

As it is a state of denial and shock, life has no sense and the world is meaningless and overwhelming in this stage (Kübler-Ross & Kessler, 2005, p. 10). A griever often tells the story of their loss over and over as a way of denying the pain while trying to accept the reality of the loss (Kübler-Ross & Kessler, 2005, p. 10).

Nevertheless, this stage is helpful in healing process. The state of denial and shock help a griever to cope and make survival possible as well as to pace the feelings of grief (Kübler-Ross & Kessler, 2005, p. 10).

b. Anger

Anger has not limits because it can be directed at anyone or anything (Kübler-Ross & Kessler, 2005, pp. 11-13). A griever can be angry toward anyone or anything, even the deceased loved one. When a griever is angry against his or her own self, he or she experiences guilt as it is an anger turned inward on one self (Kübler-Ross & Kessler, 2005, p. 16).
Anger, however, is a sign of progression. It is a bridge that becomes connection from the griever to the people he or she is angry at (Kübler-Ross & Kessler, 2005, p. 15). It is a way to allow all the feelings underneath (mostly pain of loss) to surface (Kübler-Ross & Kessler, 2005, p. 16).

Kübler-Ross & Kessler (2005) state that anger is necessary stage of the healing process and the more a griever feels it, instead of suppressing it, the more he or she will heal (p. 12). In this process, Kübler-Ross & Kessler add that there will be “many subsequent visits of anger in its many forms”. (p. 12)

c. Bargaining

In this stage, guilt is often the companion because a griever finds in his or herself with “if only” scenarios to alter the past and bring the deceased loved one back to life (Kübler-Ross & Kessler, 2005, p. 17). Bargaining is also a dynamic process. What begins with “bargaining for our loved one to be saved” might later change into bargaining “that we might die instead of our loved one” (Kübler-Ross & Kessler, 2005, p. 20).

Afterwards, bargaining moves from the past to the future, for example bargaining one day to see the loved ones again in heaven, or a respite from illnesses in the family, or that no other tragedies visit other loved ones (Kübler-Ross & Kessler, 2005, p. 20).

Bargaining often keeps suffering at a distance by filling the gaps that the strong emotions generally dominate. It allows a griever to believe that he or she can “restore order to the chaos that has taken over” (Kübler-Ross & Kessler, 2005, p. 19).
d. Depression

Empty feelings present themselves in this stage as grief reaches deeper level, marked with withdrawal from life and perceiving it as pointless (Kübler-Ross & Kessler, 2005, p. 20). It may return from time to time, however, it is the process that a griever has to confront in order to grow stronger (Kübler-Ross & Kessler, 2005, p. 22).

Despite its difficulty to endure, depression is helpful in grief which allows a griever to take real stock of the loss. It helps rebuild oneself from the ground up and “clears the deck for growth” (Kübler-Ross & Kessler, 2005, p. 24).

Kübler-Ross & Kessler (2005) state that depression is a natural response to great loss, as opposed to a sign of mental illness (p. 20). Kübler-Ross & Kessler (2005) further add while clinical depression entitles the sufferer to receive professional treatment, normal depression does not necessitate intervention (p. 21).

e. Acceptance

In this stage, a griever accepts the reality that his or her loved one is “physically gone” and recognizes that “this new reality is the permanent reality” (Kübler-Ross & Kessler, 2005, p. 25). It is not about being okay with reality, but it is about accepting it and learning to live with it. It is about acknowledging that life must go on, as Kübler-Ross & Kessler (2005) write in their book,

We the survivors begin to realize sadly that it was our loved one’s time to die. Of course it was too soon for us, and probably too soon for him or her, too. Perhaps he was very old or full of pain and disease. Perhaps her body was worn down and she was ready for her journey to be over. But our journey still continues. It is not yet time for us to die; in fact, it is time for us to heal (p. 25).
A griever withdraws his or her energy from the loss and begins to invest it in life, a new life where the loss is put into perspective as new relationships are formed or more time is invested into old ones (Kübler-Ross & Kessler, 2005, p. 28). Doing so is not a betrayal to the loved one because someone can never replace what has been lost, but can make new connections, new meaningful relationships, and new interdependencies (Kübler-Ross & Kessler, 2005, p. 28).

3. Theory of Prolonged Grief Disorder (PGD)

According to Prigerson et al. (2009), PGD, variously referred to as complicated grief, is a syndrome characterized by persistent yearning, preoccupation with the deceased and intense emotional pain that causes significant functional impairment, and lasts more than 6 months after the loss (p. 9). Howarth (2011) states that PGD develops when normal grieving process is interrupted and there is no resolution because “complicated grievers get "stuck" in the course of their grief, concentrating on the traumatic aspects of the death and unable to proceed through the normal bereavement process” (p. 6).

According to Worden (2018), PGD occurs when a griever experiences “difficulty in the grieving process because something is impeding the process and not allowing it to move forward toward a good adaptation to the loss” (p. 112). Shear (2010) states that PGD occurs when “the person has difficulty progressing through the natural healing process” (p. 10). It can be inferred from the three statements above that PGD occurs when a griever does not undergo the complete stages of grief to move forward in life.
Several risk factors of PGD are “a history of prior trauma or loss, a history of mood and anxiety disorders, insecure attachment style, being a caregiver for the deceased, a violent cause of death (e.g., suicide), and a lack of social support after the loss” (Jordan & Litz, 2014, p. 181).

Prigerson et al. (2009) list 9 symptoms for PGD, and the person must have 5 or more of these experienced daily or to a disabling degree in order to be classified as having PGD:

- “Confusion about one’s role in life or diminished sense of self (i.e., feeling that a part of oneself has died.”
- “Difficulty accepting the loss.”
- “Avoidance of reminders of the reality of the loss.”
- “Inability to trust others since the loss.”
- “Bitterness or anger related to the loss.”
- “Difficulty moving on with life (e.g., making new friends, pursuing interests).”
- “Numbness (absence of emotion) since the loss.”
- “Feeling that life is unfulfilling, empty, or meaningless since the loss.”
- “Feeling stunned, dazed or shocked by the loss” (p. 9).

C. Theoretical Framework

There are three theories relevant for the present study. The theories of character and characterization by Perrine (1988), Foster (1927) and Murphy (1972)
are utilized to understand how the character Naoko is described in the novel. This theory is important to understand Naoko’s personality.

The theory of stages of grief by Kübler-Ross & Kessler (2005) is utilized to reveal the grief process that Naoko experiences. This theory is important to understand what stage that impedes Naoko from healing process.

The theory of PGD by Prigerson et al. (2009) is utilized to reveal the symptoms of PGD that Naoko suffers from. This theory is important to understand how Naoko suffers from PGD.
CHAPTER III

METODOLOGY

This chapter discusses the methodology in conducting the present study. It consists of four parts which are object of the study, approach of the study, and method of the study. The first part describes the object of the present study. The second part describes the approach used in analyzing the novel. The third part describes the procedure in analyzing the novel.

A. Object of the Study

*Norwegian Wood* is a novel written by Japanese author Haruki Murakami. The novel is originally entitled *ノルウェイの森* (Noruwei no Mori), first published in 1987 by Kodansha. The title of the novel is a reference to the song "Norwegian Wood (The Bird Has Flown)" by legendary English band The Beatles from their album *Rubber Soul* which was released in 1965. The song is mentioned several times throughout the novel as it is the favorite song of one of its main characters. The novel is famous for its explicit sexual activity and suicidal tendency of its characters. The novel is also Murakami’s best-selling work with the sale of more than 10 million copies in Japan and 2.6 million copies in other countries (Barry, 2010).

There are two versions of English translation of the novel. The first version was translated by Alfred Birnbaum and published by Kodansha in 1989 exclusive for Japan publication. This translation was part of Kodansha English
Library Series and intended for Japanese student of English language (Classe, 2000, p. 728). The second version was translated by Jay Rubin, a professor of Japanese literature at Harvard University, and intended for publication outside Japan. The present study used the second version of English translation which was published by Harvil Press in London, United Kingdom (Murakami, 2000).

_Norwegian Wood_ tells a story of Naoko from first-person perspective of a young adult named Toru Watanabe who reminisces his past in college years after listening to orchestral cover of “Norwegian Wood” in Hamburg, Germany. In 1960s, Toru, his classmate Kizuki, and Kizuki’s girlfriend Naoko are the best of friends. Kizuki and Naoko are particularly close and Toru is more than happy to be their enforcer. The relationships between the three friends are shattered by the unexpected death of Kizuki when he was 17 years old due to suicide (Murakami, 2000, p. 29).

Kizuki’s death deeply touches both surviving friends. Toru feels the influence of his best friend’s death everywhere, while Naoko feels as if some integral parts of hers have been permanently lost. The relationship between them initially separates further. However, they soon find themselves spend more and more time together by regularly going for long walks every Sunday during their college days (Murakami, 2000, p. 32).

On the night of her 20th birthday, Naoko feels especially vulnerable and they have sexual intercourse, during which Toru realizes that she is still a virgin. Afterwards, Naoko leaves Toru a letter saying that she needs some time apart and is quitting college to go to a sanatorium. Toru regularly writes to Naoko at her
secluded mountain sanatorium near Kyoto. Here, Naoko fights to cure her depression, while Toru fights to get Naoko back to life. However, after few months in the facility, a letter addressed to Toru informs that Naoko has committed suicide by hanging herself on a tree near the facility (Murakami, 2000, p. 340).

B. Approach of the Study

The approach of the present study applied psychological criticism in its analysis. Kennedy and Gioia (2009) state that this approach analyzes the effect of modern psychology in literature or literary criticism (p. 2028). Kennedy and Gioia (2009) further mention that this criticism often employs one or more of three approaches. The first one is the investigation of the creative process of the literary works which may focus on the effects of literary works on the readers (p. 2029). The second one is the psychological study of the author to understand how the author’s biographical circumstances affect their motivation and behavior in writing the literary work (p. 2029). The third one is the analysis of fictional characters by bringing “modern insights about human behavior into the study of how fictional people act” (p. 2029).

The present study employed the third approach of psychological criticism because it analyzes only the characters of the novel. According to Daiches (1956), knowledge of psychological problems and behavior can be used to interpret a work of literature without any reference to its author’s biography (p. 348). The behavior of a character can be looked “in light of modern psychological
knowledge and, if their behavior confirms what we know about the subtleties of the human mind, we can use modern theories as a means of elucidating and interpreting the work” (Daiches, 1956, p. 348).

C. Method of the Study

The present study applied library research method for the analysis. The data were categorized into two which are primary and secondary source of data. The primary source of data was the novel Norwegian Wood by Haruki Murakami. The secondary sources of data were books, journal articles, and other relevant studies that discuss theory of character, characterization, stages of grief, and prolonged grief disorder.

There are several steps conducted to solve the problems of the present study. The first step was to read the novel thoroughly. This step was done multiple times in order to gain a better understanding of the characteristics. The problems of the present study were formulated afterwards. The second step was to gather references for the theories from books, journal articles, and other studies. The third step was to apply the relevant theories in solving the problems of the present study. The theories of character and characterization by Perrine (1988), Foster (1927) and Murphy (1972) were used to describe the characters Naoko in the novel. The theory of stages of grief by Kübler-Ross & Kessler (2005) was used to reveal the grieving process of Naoko. The theory of prolonged grief disorder by Prigerson et al. (2009) was used to reveal Naoko’s suffering from PGD. The last step was to draw conclusion from the analysis.
CHAPTER IV

ANALYSIS

This chapter discusses the analysis of the present study. It consists of two parts based on the problem formulations as mentioned in chapter I. The first part analyzes the characterization of Naoko. The second part analyzes Naoko’s prolonged grief disorder as revealed by her characteristics.

A. The Characteristics of Naoko after Kizuki’s Death

The analysis of Naoko as a character starts off by classifying the types of her character. Based on the character development by Perrine (1988), Naoko can be classified as a dynamic character because she undergoes permanent change at the end of the story (p. 69). At the start of the main storyline, Naoko, 19 year-old college student, seeks to distance herself from anyone she knows in her hometown. She moves away from Kobe to live alone in Tokyo immediately after graduating high school. Her reasoning to leave, however, is not on the basis of self-reliance, but rather on the basis of disconnectedness. She wants to avoid the past, particularly the memory of Kizuki’s death. It works for a while until she reunites with Toru by chance. It begins with small talks while they are walking through the street of Tokyo. Gradually, she opens up to him to the point where the taboo topic of Kizuki is brought up. This leads to her quitting university to seek full-time professional support for her condition.
Based on the fullness of the development by Foster (1927), Naoko can be classified as a round character because she has complex qualities (pp. 103-118). Naoko’s complex characteristics are originated from the past event that occurs in her life. Even though one year has passed since Kizuki’s suicide, she still cannot move forward in her life. The mention of Kizuki’s name is enough for her to trigger emotional breakdown. As the story goes, she goes to sanatorium for professional support which proves inadequate for healing her condition. Eventually, she has to be treated medically; however, it is not enough to stop her from committing suicide. Her suicide catches Toru off guard because she has been recovering well and rapidly just before it happens. This shocking event encapsulates Naoko’s complex characteristics because in the end, no other characters in the story can fully understand her.

Naoko’s complex characteristics are further analyzed by using theory of characterization by Murphy (1972) which can be inferred either directly or indirectly with nine ways i.e. personal description, description as seen by others, speech, past life, conversation by others, reactions, direct comment, thoughts, and mannerisms (pp. 161-173). In the present study, description as seen by others, speech, past life, conversation by others, and reactions are applied in the analysis. The following are the discussion of Naoko’s characteristics.

1. A closed person

After graduating high school, Naoko establishes closed personality, starting with physically distancing herself from her hometown. She attends college in Tokyo and, as described by Toru, lives alone “in a tiny flat way out in
the western suburb of Kokubinji” (pp. 26-27). She also says that she chooses the tiny flat “because nobody from home was coming here” (p. 33), implying that she tries to separate herself from her parents.

For many months, she has no real friends in Tokyo until she runs into Toru, Kizuki’s best friend back in her hometown. Upon their reunion in almost a year, Toru’s description of Naoko is as follows.

She led a spare, simple life with hardly any friends. No one who had known her at school could have imagined her like this. Back then, she had dressed with real flair and surrounded herself with a million friends. When I saw her room, I realized that, like me, she had wanted to go away to college and begin a new life far from anyone she knew (p. 33).

Naoko’s life in Tokyo is starkly different from how she used to be. Back in Kobe, she was an expressive and socially-capable person. When she reunites with Toru, she is wearing old sweatshirt and plans to watch movie alone. Her flat lacks any frills that are typically found in female room. Her friends are reduced to none. She creates a wall between her old and new life by cutting ties with those associated with the past, thus making her reclusive and socially withdrawn.

It eventually dawned on me what was wrong: Naoko was taking great care as she spoke not to touch on certain things. One of those things was Kizuki, of course, but there was more than Kizuki. And though she had certain subjects she was determined to avoid, she went on endlessly and in incredible detail about the most trivial, inane things (p. 47).

The excerpt above is Toru’s description of how Naoko consciously does not touch the topic of her past life, including that of Kizuki. At this point of the story, both surviving persons have been more accustomed to each other. However, for Naoko, Kizuki is a taboo topic that she does not want to bring up, even to Toru who is also deeply affected by his sudden death.
Referring to the topic of Kizuki in her conversation with Toru, Naoko says that she “never wanted to talk about any of this” (p. 136) and she “wanted to shut it up in my heart” (p. 136). She confesses her intention to keep her past with Kizuki to herself. She locks down the pain inside and hopes it will eventually die out. For more than a year, she carries out her intention smoothly without anyone urging her to do otherwise. The situation changes after she stays at a sanatorium where the patients are encouraged to be fully honest about their minds and feelings.

Naoko eventually opens up about Kizuki to Toru at the sanatorium, which marks her progression as a character. She also reveals to him in detail another dark moment of her past that she hardly shares with anyone which is her sister's suicide. In a way, the sanatorium drives her to be less secretive; however, the place, which is located at the remote outskirts of Kyoto, also makes her more socially withdrawn than ever. The longer she stays there, the more fearful she is at the prospect of reintegrating with the outside world.

The sanatorium also uncovers the strained relationship between Naoko and her parents, which is already hinted by Naoko when Toru first visits her flat. In her letter to Toru, Naoko writes, “I don't want to see my parents. They're too upset over me, and seeing them puts me in a bad mood” (p. 106). Additionally, her roommate Reiko mentions that she is late to receive treatment. This implies that she is not open about her condition with their parents who are financially supportive of her, although not emotionally.
2. An emotionally unstable person

Throughout the story, Naoko displays extreme and intense emotional reactions to seemingly ordinary events. These reactions are unexpected and rather excessive for the triggers. The first instance occurs during her 20th birthday celebration with Toru in her flat. He remarks that on that particular night, she is more talkative, though she carefully avoids certain subjects, especially that of Kizuki. She keeps talking even when he excuses himself to go home as it is already late at night. Not long after, however, she abruptly stops. Below is her reaction afterwards.

One big tear spilled from her eye, ran down her cheek and splattered onto a record jacket. Once that first tear broke free, the rest followed in an unbroken stream. Naoko bent forwards on all fours on the floor and, pressing her palms to the mat, began to cry with the force of a person vomiting. Never in my life had I seen anyone cry with such intensity (p. 48).

Naoko reacts to Toru’s reasonable request by crying with all her might. It is an unanticipated moment for him because of her unusually high spirit on that night. She does not stop crying when he holds her tight to calm her down. As described by Toru, she is “in a heightened state of tension and confusion, and she made it clear she wanted me to give her release” (p. 48). She finally finds comfort by having sexual intercourse with him, which builds up another emotional breakdown in short span.

When everything had ended, I asked Naoko why she had never slept with Kizuki. This was a mistake. No sooner had I asked the question than she took her arms from me and started crying soundlessly again (p. 49).

For the first time in the story, the name of Kizuki is brought up in their conversation. A question of Naoko and Kizuki’s sexual relationship triggers her to
another extreme emotional reaction. Although somewhat a logical question, it reminds her of the painful memory of Kizuki’s death.

She does answer the question some months later during her stay at the sanatorium, although, at the end of her explanation, she displays another extreme emotional reaction, as described by Toru below.

She reached for her wineglass on the table but only managed to knock it over, spilling wine on the carpet. I crouched down and retrieved the glass, setting it on the table. Did she want to drink some more? I asked. Naoko remained silent for a while, then suddenly burst into tears, trembling all over. Slumping forward, she buried her face in her hands and sobbed with the same suffocating violence as she had that night with me. Reiko laid down her guitar and sat by Naoko, caressing her back. When she put an arm across Naoko’s shoulders, she pressed her face against Reiko’s chest like a baby (pp. 136-137).

Naoko willingly explains to Toru why she never had sex with her deceased boyfriend Kizuki. Her explanation is clear and concise, albeit with tiny voice. However, once it is finished, she has another breakdown that is similar to the night she loses her virginity to Toru.

The two instances of emotional breakdown above indicate why Naoko is very reserved when it comes to Kizuki. The painful memory of losing him and her inability to have sex with him is too much for her to bear. Worse still, the memory of Kizuki alone is enough to trigger her into emotional breakdowns at the sanatorium, even though nobody in particular brings up his name.

"I ask Reiko to hold me. I wake her up and crawl into her bed and let her hold me tight. And I cry. And she strokes me until the ice melts and I’m warm again” (p. 171).

Naoko’s speech above shows how she always experiences emotional breakdown whenever she is reminded of the memory of Kizuki. She has difficulty in calming
herself down; therefore, she always seeks Reiko for comfort. Reiko says that “every once in a while she'll get worked up and cry like that” (p.139), meaning that the emotional breakdown happens in regular basis and is inevitable.

Reiko, in a conversation via letter with Toru during the last days of Naoko’s stays at the sanatorium, describes that Naoko is “fine most of the time, but sometimes her emotions become extremely unstable, and when that happens we can't take our eyes off her” (p. 308). She affirms that Naoko’s emotional instability is such that the staffs in the sanatorium have to monitor her closely. This measure is taken because at this point of the story, Naoko’s mental health has been taking a nosedive.

3. A mentally ill person

That Naoko is mentally ill can be plainly concluded from the fact that she receives treatment in sanatorium and later in psychiatric hospital. Referring to the mental illness, she describes herself as a “deformed” (p. 105) and “twisted” (p. 170) person. Another word frequently used to describe her mental state is “confused” because she lacks understanding of what is happening with her and the world around her. Below is the usage of the word “confused”; the first to third excerpts are Naoko’s speeches, while the fourth is Reiko’s conversation with Toru.

"I'm confused. Really confused. And it's a lot deeper than you think. Deeper ... darker ... colder” (p. 11).
"Sometimes," she said, "I get so confused, I don't know what's happening" (p. 151).
“I get confused by a lot of things that come from outside, but your descriptions of the world around you give me wonderful relief” (p. 279).
“She was pretty confused at first and we had our doubts for a while, but she's calmed down now and improved to the point where she's able to express herself verbally” (p. 118).
It is never explicitly stated in the story what mental illness(es) that Naoko suffers from. According to Islam (2018), Naoko suffers from PTSD (Posttraumatic Stress Disorder), split personality disorder, and schizophrenia (pp. 23-27). Simanugunsong in his undergraduate thesis Naoko’s Schizophrenia as Reflected in Haruki Murakami’s Norwegian Wood (2016) points out the evidences of Naoko’s being schizophrenic. Nevertheless, the possibility of her having other mental illnesses; such as major depressive disorder; should not be disregarded.

“Her symptoms were already apparent from the time that boyfriend of hers, Kizuki, killed himself. Her family should have seen it, and she herself should have realized that something was wrong. Of course, things weren't right at home, either ..." (pp. 118-119).

In her conversation with Toru, Reiko testifies that Naoko has developed mental illness since Kizuki’s death. Naoko does not receive proper treatment early on due to her closed personality and strained relationship with her parents. Because it is left unchecked for more than a year, her mental health steadily declines.

“Looking back, I see now that the first symptom of her problem was her loss of the ability to write letters. That happened around the end of November or beginning of December. Then she started hearing things. Whenever she would try to write a letter, she would hear people talking to her, which made it impossible for her to write. The voices would interfere with her attempts to choose her words. It wasn't all that bad until about the time of your second visit, so I didn't take it too seriously. For all of us here, these kinds of symptoms come in cycles, more or less. In her case, they got quite serious after you left. She is having trouble now just holding an ordinary conversation. She can't find the right words to speak, and that puts her into a terribly confused state - confused and frightened. Meanwhile, the "things" she's hearing are getting worse” (p. 293).

The excerpt above is Reiko’s letter to Toru that reveals Naoko’s symptoms. Reiko writes that Naoko has difficulty in holding conversation, written or verbal, due to intervention of voices she is hearing. Naoko reveals to Toru on several occasions
that writing letters is painful process for her. She also has difficulty in choosing words when speaking; a tendency that Toru has noticed since their reunion. Eventually, she writes and talks less the more she hears the voice. The difficulty to get all her messages across can be categorized into negative psychotic symptom in the study of mental health.

“When I'm lonely at night, people talk to me from the darkness. They talk to me the way trees moan in the wind at night. Kizuki; my sister: they talk to me like that all the time. They're lonely, too, and looking for someone to talk to” (p. 279).

In her speech above, Naoko says that the voice she hears comes from the deceased persons that she dearly loves. Reiko says that the situation occurs whenever she is alone at night, meaning that the voice is not actually there. In this case, she experiences auditory hallucination which can be categorized into positive psychotic symptom in the study of mental health.

Naoko’s health seems to have improved after receiving proper medical treatment. However, upon returning to the sanatorium to retrieve her belongings, she hangs herself in the forest surrounding the facility. For a while, the mental illness has led her to have suicidal ideation.

4. A suicidal person

Naoko’s suicidal ideation is closely related to her past experiences with death. Despite her young age, Naoko has witnessed two defining losses, both by suicide. The first one is of her sister's at the age of 17. She had a bright future ahead of her, but hid severe mental health issue that eventually led to suicide.

"After she died, though, I heard my parents talking about a younger brother of my father's who had died long before. He had also been very bright, but he had stayed shut up in the house for four years - from the
time he was 17 until he was 21. And then suddenly one day he left the house and jumped in front of a train. My father said, ‘Maybe it's in the blood - from my side’" (p. 174).

Naoko recalls her past life that reveals her family’s history with suicide. She unconsciously believes that the supposedly familial trait is passed down to her sister; that the suicide occurs due to nothing else but fate. Since then, she begins to be pulled in by the idea that it is also her fate to take her own life.

The second death that shapes Naoko’s suicidal ideation is of Kizuki’s. She reveals that Kizuki was “really moody. One minute he'd be chattering away, and the next he'd be depressed” (p. 153), implying that he too had mental health issue. She establishes an understanding that he was hurt during his lifetime, and would hurt even more if he kept on living. Her reasoning is given in her speech below.

“Because we would have had to pay the world back what we owed it. […] The pain of growing up. We didn't pay when we should have, so now the bills are due. Which is why Kizuki did what he did, and why I'm here” (p. 155).

Naoko believes that they have cheated their teenage life with sexual pleasure and the world was taking revenge on them. Kizuki became disillusioned with his own life before committing suicide because the burden of life was too much for him. Naoko begins to fixate with the idea that suicide is not the worst option because in Kizuki’s case, by ending his life, his pain was permanently gone.

Naoko’s past trauma subsequently transforms into mental illness. She hears voices of Kizuki and her sister calling her to accompany them in the realm of the dead. The excerpt below is Naoko’s speech of one episode when she hears the voice of Kizuki.
"I feel like Kizuki is reaching out for me from the darkness, calling to me, ‘Hey, Naoko, we can't stay apart. When I hear him saying that, I don't know what to do‘ (p. 171).

The voice suggests that Kizuki wants her dead too; that Naoko does not belong in the word of the living. The voice obviously is not real. It is the symptom of her mental illness that is tied to her ideation with suicide. She confesses that she is unsure of what to do other than cry and seek comfort from Reiko.

However, as the episodes of hearing voices become more intense, Reiko says that Naoko “shuts down completely and burrows inside herself” (pp. 308-309). Naoko’s approach to hearing voices has shifted from extreme emotional reaction to emotionless reaction. She does not seek comfort from other persons anymore. She lets herself be surrounded by the voices. This indicates that at this point Naoko has been contemplating that suicide is her best option. She becomes fascinated by the prospect of death itself.

Naoko’s fascination with death can also be inferred from her imagination of the field well somewhere in the forest near the sanatorium. Toru describes that the well “might have been an image or a sign that existed only inside Naoko” (p. 8). Naoko says that it is “really, really deep” and “no one knows where it is” (p. 8). She is fearful of falling into the depth of the well and getting trapped inside because it will be a slow death. However, the high possibility that the well is only her vivid imagination suggests that she is attracted to death.

In the end, Naoko turns suicide from an ideation to an attempt. She has been planning to end her life all along because she brings her own rope to the sanatorium. On her last deep conversation, she tells Reiko that she does not want
to be “violated like that again – by anybody” (p. 339), referring to sexual intercourse she is bound to perform if she keeps on living. This statement suggests that her decision to commit suicide is ultimately caused by the painful memory of losing Kizuki, with whom she could not have sexual intimacy despite their love. Ever since his death, she never actually recovers from the grief.

5. A grief-stricken person

Naoko first encounters grief when she was 11 years old. Naoko’s sister, 6 years older, takes her own life in her bedroom. Her sister’s death is especially painful for Naoko because of her adoration to her sister. As Naoko says, her sister was “the best big sister anyone could ask for” (p. 173). Naoko is the first person who comes to the scene and witnesses the gruesome sight of her sister’s dead body hanging by the window with rope circling around her bent neck. Naoko is so overwhelmed by the shock that she is frozen in place, unable to say or do anything. Below is how she copes with her sister’s death afterwards.

Revealing her past life to Toru, Naoko says that “for three days after that I couldn't talk. I just lay in bed like a dead person, eyes wide open and staring into space. I didn't know what was happening” (p. 174). The shock of losing her sister carries on days after the event took place. She is engulfed by the death of her sister that she stops functioning. She is in complete denial and has difficulty to digest the reality.

Seven years after her sister’s death, Naoko acknowledges the event as the origin of her mental illness, despite not being the trigger. She tells Toru during her stay at sanatorium that “my sickness is a lot worse than you think: it has far
deeper roots” (p. 176). Moreover, during the episodes of hearing voices, she hears her sister call out to her. This indicates that her sister’s death has given her long-lasting grief that she still cannot wholly get over with.

Naoko’s trauma of losing loved one multiplies after Kizuki takes his own life. She adores Kizuki like she does her sister. Naoko says that they are “an inseparable pair” (p. 155). She has known him since they were three years old and “their houses [are] not 200 yards apart” (p. 27). She views him as a figure that she can rely on especially after her sister’s death.

“We started kissing at 12 and petting at 13. I’d go to his room or he'd come to my room and I'd finish him off with my hands. It never occurred to me that we were being precocious” (p. 154).

Naoko’s speech above reveals the development of her sexual relationship with Kizuki. The casual openness between them results in her performing sexual acts with him when they hit puberty. In chronological order, these acts also occur after her sister’s death. Thus, it can be inferred that the sexual acts become some sorts of escapism for Naoko from the reality of her sister’s death.

Consequently, Naoko is deeply affected by Kizuki’s death. She says that after he dies, she does not know “how to relate to other people” or “what it meant to love another person” (p. 136). For years, her world revolves around him only. When that point of reference disappears, she loses all senses of direction in her life. The grief has gone to such an extent that she closes off the possibility of forming new relationships. Instead, she chooses to have the memory of his death reign over her.
"You're letting yourself be scared by too many things," I said. "The dark, bad dreams, the power of the dead. You have to forget them. I'm sure you'll get well if you do."
"If I can," said Naoko, shaking her head (p. 176).

The excerpt above is the conversation between Naoko and Toru at the sanatorium. He pleads with her to leave the traumatic episodes behind and move forwards with her life. However, she is pessimistic of that idea. The grief of losing her sister and particularly Kizuki is still lingering on her. Even though many months have passed, she cannot learn to live without them.

B. Naoko’s Prolonged Grief Disorder as Revealed by Her Characteristics

Before proceeding to the analysis, it is important to understand the timeline of the story related to Naoko’s grief over Kizuki’s death. In May 1967, Kizuki committed suicide. In May 1968, Naoko reunited with Toru in Tokyo; their first meeting in almost a year. In April 1969, she had a massive emotional breakdown. In July 1969, she informed Toru that she was thinking of going to sanatorium. In October 1969, Toru made his first visit to the sanatorium. In early December 1969, Toru visited her at the sanatorium for the second time, which was also their last meeting. Since then, her health deteriorated and she was transferred to psychiatric hospital in May 1970. She eventually committed suicide in August 1970.

The analysis of Naoko’s prolonged grief disorder as revealed by her characteristics is divided into two subparts which are Naoko’s stages of grief and Naoko’s prolonged grief disorder. The first subpart aims to understand how Naoko does not experience grieving process thoroughly. The second subpart aims
to establish that Naoko suffers from PGD which can be seen from the relation between the symptoms and her characteristics.

1. Naoko’s Stages of Grief

The five stages of grief according to Kübler-Ross & Kessler (2005) are denial, anger, bargaining, depression, and acceptance; and “not everyone goes through all of them or goes in a prescribed order” (p. 7). This means that grief is not a uniform process as it is unique to each person. In *Norwegian Wood*, the story is seen from Toru’s eyes; therefore, it does not reveal in detail Naoko’s grieving process over Kizuki’s death during one year period (between May 1967 and May 1968) in which they do not meet each other. The evidences are taken after their reunion, either from Naoko’s speeches and letters, or descriptions by other characters including Toru. The following are the discussion of Naoko’s five stages of grief.

a. Denial

Denial is generally the first stage of the grieving process. There is no description of how Naoko’s stage of denial works immediately after Kizuki’s death, as opposed to her sister’s death where she is paralyzed in shock in the following three to four days. Since Naoko loves Kizuki as she does her sister and both he and her sister die by suicide, it can be assumed that she is also in the great state of denial immediately after his death.

After reuniting with Toru, Naoko is still struggling with the stage of denial. This can be seen by her avoidance of talking about Kizuki before her stay at the sanatorium. Kübler-Ross & Kessler (2005) state that telling the story of the loss is
a way of denying the pain while accepting reality (p. 10). By being so closed off about Kizuki, she is actually surpressing her pain. Therefore, when Toru mentions Kizuki (April 1969), all the feelings she has been surpressing comes to the surface, resulting in an overwhelming emotional reaction.

b. Anger

In this stage of grief, Naoko is first shown directing her anger at Toru. Two weeks after Kizuki’s funeral, she meets with him to take care of some minor matter. The excerpts below are Toru’s description of their last meeting before they move to Tokyo.

And when Naoko did talk, there was an edge to her voice. She seemed angry with me, but I had no idea why. We never saw each other again until that day a year later we happened to meet on the Chuo Line in Tokyo. Naoko might have been angry with me because I, not she, had been the last one to see Kizuki (p. 29).

Naoko is not the last person with whom Kizuki spend his last moment. Given their intimate relationship, she feels entitled to be that one person. Therefore, when Toru takes the place away from her, she becomes angry at him. However, Naoko suppresses her anger towards him; only her voice tone can confirm that she is indeed angry. According to Kübler-Ross & Kessler (2005), the more a griever feels anger, instead of surpressing it, the more he or she will heal (p. 12). In Naoko’s case, she actually slows down the healing process by not letting her emotion out.

As the story goes, Naoko is eventually able to express her anger, which she does towards Toru during his first visit at the sanatorium. She confronts Toru about the night they have sex. Her anger is directed at both herself and him. She is
angry at herself because she gives her virginity to him instead of Kizuki. At the same time, she is angry at him because she thinks that he takes advantage of the situation.

c. Bargaining

Bargaining in Naoko’s grief stages is a dynamic process. It begins with the realization that she could have done more to save Kizuki, which can be implied from the excerpt below.

"I loved his weak side, too. I loved it as much as I loved his good side. There was absolutely nothing mean or underhand about him. He was weak: that's all. I tried to tell him that, but he wouldn't believe me" (p. 154).

Naoko is aware that Kizuki has mental health issue. In his lifetime, she assures him that she accepts him the way he is regardless of his flaw. However, her words cannot reach him and he decides to commit suicide. In this case, she bargains that if only she had tried harder to prevent his weakness occupying his mind, he might have been still alive.

“Don't let thoughts of me hold you back. Just do what you want to do. Otherwise, I might end up taking you with me, and that is the one thing I don't want to do” (p. 176).

Afterwards, Naoko’s bargaining moves to the future as can be seen from the excerpt above. She bargains that no other tragedies will visit her other loved one which, in this case, is Toru. Since she moves to the sanatorium, he has been even more persistent in his support of her. He visits her and writes her letters just so she does not feel alone in her hardship. However, she understands how exhausting it is to look after a mentally ill person because she has been in similar situation before. Her past experience with Kizuki tells her that the caregiver of the mentally
ill person might actually contract mental illness themselves, as it happens to her after caring for Kizuki. Therefore, she persuades Toru not to get too attached to her in the hope that he will not suffer like her, and in turn Kizuki.

d. Depression

In one year period before Naoko reunited with Toru, her depression can be seen from her withdrawal from her past life. She lives alone in Tokyo without any friends. She does not make any effort of dressing “with real flair” (p. 33), suggesting that she has lost interest in something she used to enjoy. Moreover, she loses “so much weight as to look like a different person” (p. 24); a common sign of someone with depression.

“I try my best to set aside a time in the week for writing to you, but once I actually sit down in front of the blank sheet of paper, I begin to feel depressed” (p. 279).

First Reiko apologized for making me wait so long for an answer. Naoko had been struggling to write me a letter, she said, but she could never seem to write one through to the end (p. 293).

Two excerpts above explain the state of Naoko’s depression at the sanatorium. Initially, she finds it difficult to do a simple task like writing a letter due to depression. Later on, she loses this ability altogether due to the interference of voices. This suggests that her depression has worsened in time and is tied with her mental illness.

According to Kübler-Ross & Kessler (2005), depression is the process that a griever has to confront in order to grow stronger (p. 22). Naoko does make a confrontation, but it is a lost battle for her. Instead of passing through the process, she lets herself be immersed by the overwhelming sadness.
e. Acceptance

Acceptance is the final stages in the healing process. It is about accepting the reality and learning to live with it. At one point, Naoko appears to have accepted the reality which can be seen from her conversation with Toru during his first visit to the sanatorium. She says that "the dead will always be dead, but we have to go on living" (p. 135). She has understood that this is the permanent reality she has to live with.

Naoko, however, goes on living with the pain of Kizuki’s death haunting her. She lets the pain dictate her life. She moves from Kobe and cuts off her old relationships because the place and the people remind her of him. She stays at the sanatorium, and later is transferred to psychiatric hospital, because she keeps hearing his voices interfering with her daily activities.

Moreover, Naoko does not invest her energy in forming new relationship. Her only close acquaintances are Toru and Reiko, but her relationships with them do not reach deeper level that can help put her loss into perspective. She rejects Toru’s offer to live together with him, refuses his presence in the therapy session, and ultimately burns down all his letters. She does not fully open her heart for Toru because there is only Kizuki in her world. With Reiko, Naoko has a relationship akin to sisterhood. She trusts Reiko, and Reiko loves her. She asks Reiko to live together with her in the outside world, which can be a right path for her to heal. The plan, however, never comes to fruition.

As Kübler-Ross & Kessler (2005) state, “We the survivors begin to realize sadly that it was our loved one’s time to die. […] But our journey still continues.
It is not yet time for us to die; in fact, it is time for us to heal” (p. 25). Naoko does realize that Kizuki has died, but she chooses to end her journey. The grief has completely taken over her life that she feels that it is her time to die. She never heals even though more than three years have passed.

2. Naoko’s prolonged grief disorder

As established in chapter II, based on the statements by Howarth (2011), Worden (2018), and Shear (2010), PGD arises due to incompleteness of going through the stages of grief. In Naoko’s case, her grieving process is stuck particularly in the stage of depression and acceptance. Her depression is not merely an overwhelming sadness, but tied to her mental illness that requires medical treatment. She cannot accept the fact that she has to move forward with her life without Kizuki; therefore, it gives rise to PGD.

The likelihood of Naoko’s having PGD after Kizuki’s death is also increased by four risk factors. First, she has history of prior loss as she lost her sister due to suicide when she was 11 years old. Second, she is the caregiver for the deceased as she has been affectionate towards him since childhood. Third, Kizuki’s death is caused by violent cause which is suicide or “self-directed violence” (Krug et al., 2002, p. 185). Fourth, she lacks social support after the loss which can be seen from her lonely life in Tokyo.

PGD itself is a syndrome characterized by persistent yearning, preoccupation with the deceased and intense emotional pain that causes significant functional impairment, and lasts more than 6 months after the loss (Prigerson, et al., 2009, p. 9). Naoko experiences this persistent yearning and
preoccupation with Kizuki as well as intense emotional pain regularly. This grief takes place in a span of three years and three months (from May 1967 to August 1970), which is way beyond the six-month period required for the classification of having PGD.

In order to be classified as suffering from PGD, Naoko has to show the signs or symptoms. According to Prigerson et al. (2009), there are nine symptoms of PGD, and a person must have five or more of these symptoms in order to be classified as having one (p. 9). In Naoko’s case, she exhibits five symptoms of PGD. Each of these symptoms is related to her characteristics after Kizuki’s death. The following are the discussion of Naoko’s symptoms of PGD.

a. Confusion about her role in life

This symptom is related to Naoko’s characteristic as a mentally ill and grief-stricken person. After Kizuki’s death, Naoko develops mental illness that results in her staying at the sanatorium. Although she is able to live peacefully there, it becomes apparent that she is confused about her role in life, which is supported by the excerpts below.

“I get confused by a lot of things that come from outside, but your descriptions of the world around you give me wonderful relief” (p. 279).
“As long as we’re here, we feel calm and peaceful. Our deformities seem natural. We think we’ve recovered. But we can never be sure that the outside world will accept us in the same way” (p. 106).

As a mentally ill person, Naoko cannot relate to the outside world anymore. She feels confused about the life outside in comparison with how she lives her life at the sanatorium. It offers organized daily routine suitable for people with condition like her. Moreover, its isolated location gives calm and peaceful atmosphere that
protects her from the fast and chaotic life outside. Therefore, she has doubt of reintegrating into the society because she is allowed to live with her own pace at the sanatorium, but it is not the case in the world outside.

“Anyway, that’s how Kizuki and I grew up together, hand in hand, an inseparable pair” (p. 155).
“So after he died, I didn't know how to relate to other people. I didn't know what it meant to love another person” (p.136).

The two excerpts above indicate Naoko’s diminished sense of self. As a grief-stricken person, she feels a part of herself has died along with Kizuki. Her grief over Kizuki’s death has obscured her perception of herself. She perceives Kizuki as her other half; therefore, after his death, she feels that a part of her has also died.

She believes that she cannot love anybody else, because her love belongs to him only, and since he is already dead, so is her ability to love.

b. Difficulty in accepting the loss

This symptom is related to Naoko’s characteristic as a grief-stricken, mentally ill, and suicidal person. As a grief-stricken person, Naoko cannot let go of the painful memory of Kizuki’s death as can be seen in the excerpt below.

"The dark, bad dreams, the power of the dead. You have to forget them. I'm sure you'll get well if you do."
"If I can,” said Naoko, shaking her head (p. 176).

Naoko is skeptical that she can ever stop thinking about not only Kizuki, but also her sister even though she understands that the grief has been consuming her well-being. She is reluctant to do so because of his influential presence for her during his life. She does not know how to live without him and allows his memory to occupy her mind.
“They talk to me the way trees moan in the wind at night. Kizuki; my sister: they talk to me like that all the time. They're lonely, too, and looking for someone to talk to” (p. 279).

The memory of Kizuki later on presents itself in the form of voices which can be seen from the excerpt above. As a mentally ill person, her mind is taken hostage by Kizuki’s voice. She can neither control nor prevent the voice. She remarks that he is lonely in his death like she is lonely in her life, suggesting that she is yearning for the days when they are together.

Later on, Naoko hallucinates about hearing Kizuki’s voice that says “Hey, Naoko, we can't stay apart” (p. 171). As a suicidal person, she believes that he wants her companionship in the realm of the dead. This indicates she has developed suicidal ideation which subsequently becomes suicide attempt. Instead of moving forward with her life, Naoko chooses death as the ultimate way to cope with the pain of losing Kizuki.

c. Avoidance of reminders of the reality of the loss

This symptom is related to Naoko’s characteristic as a closed and emotionally unstable person. Naoko’s conscious effort of avoiding Kizuki has been done before unintentionally meeting Toru in Tokyo. He realizes that “she had wanted to go away to college and begin a new life far from anyone she knew” (p. 33). Naoko leaves her hometown because there are many people that can remind her of Kizuki. She wants to start anew without the people and the place associated with him. Even after her reunion with Toru, she avoids talking about Kizuki. The evidences can be found in the excerpts below.
I can't seem to recall what we talked about then. Nothing special, I expect. We continued to avoid any mention of the past and rarely spoke about Kizuki (p. 33).

It eventually dawned on me what was wrong: Naoko was taking great care as she spoke not to touch on certain things. One of those things was Kizuki (p. 47).

Toru describes that Naoko is consciously avoidant of the topic of Kizuki in these two evidences. The first evidence is taken during their regular Sunday walks, and the second one is during her 20th birthday. Toru is the person with whom she can have open and honest talks about Kizuki because they share the same grief. However, as a closed person, she wants to bury the memory of Kizuki inside her and is unwilling to share her pain with someone else.

The other reason why Naoko avoids Kizuki is because of her emotional instability. As an emotionally unstable person, she shows strong emotional reaction when she is reminded of Kizuki.

I asked Naoko why she had never slept with Kizuki. This was a mistake. No sooner had I asked the question than she took her arms from me and started crying soundlessly again (p. 49). Naoko remained silent for a while, then suddenly burst into tears, trembling all over. Slumping forward, she buried her face in her hands and sobbed with the same suffocating violence as she had that night with me. Reiko laid down her guitar and sat by Naoko, caressing her back. When she put an arm across Naoko's shoulders, she pressed her face against Reiko's chest like a baby (pp. 136-137).

The first evidence is taken during Naoko’s 20th birthday celebration. Out of nowhere, Toru asks her about her sexual relationship with Kizuki. The question reminds her of Kizuki and their regretful sexual experience. The second evidence is taken during Toru’s first visit to the sanatorium after Naoko’s explanation of her sexual life with Kizuki. Unlike the first instance, she comes prepared talking about Kizuki, but still reacts in strong way.
d. Difficulty in moving on with life

This symptom is related to Naoko’s characteristic as a closed and mentally ill person. As a closed person, she barely has any friends in her new life and makes no real attempt to deepen her existing relationship. Naoko moves to Tokyo in a bid of new life. The problem is that she has no friends in this new life. She closes of the possibility of forming new relationships with new people, all while shutting the door of her old relationships. The evidence can be found during Toru’s visit to her house below.

She led a spare, simple life with hardly any friends. No one who had known her at school could have imagined her like this. Back then, she had dressed with real flair and surrounded herself with a million friends (pp. 32-33).

The only relationship Naoko has in her new life is with Toru who is an old acquaintance that she meets by chance. She does invite him to a walk every Sunday, and later to her house, but their relationship does not go beyond trivial conversations. She avoids talking about her past, thus preventing the progression of their relationship to a deeper level. The evidence can be found during her date with Toru below.

Again, she talked only in snatches, but this didn't seem to bother her, and I made no special effort to keep the conversation going. We talked about whatever came to mind - our daily routines, our colleges; each a little fragment that led nowhere. We said nothing at all about the past. And mainly, we walked - and walked, and walked (p. 32).

Naoko’s attempt on moving on with her life is further complicated when she is identified with mental illness. She does become more open about her problem at the sanatorium, although at the price of isolation from the outside world. The evidence can be found in her two letters to Toru below.
“Unable to find a place inside ourselves for the very real pain and suffering that these deformities cause, we come here to get away from such things. As long as we are here, we can get by without hurting others or being hurt by them because we know that we are “deformed”” (p. 105)

“If I relaxed my body now, I'd fall apart. I've always lived like this, and it's the only way I know how to go on living” (p. 11).

Naoko admits that as a mentally ill person, the sanatorium is the right place for her to live because she is too anxious about the prospect of getting hurt in the outside. She later adds that she cannot live normally anymore because, in her own view, it is her mental illness that keeps her life from falling apart. These two evidences suggest that the mental illness has confined her in a little world where normal life is not possible.

**e. Feeling that life is unfulfilling, empty, or meaningless since the loss**

This symptom is related to Naoko’s characteristic as a suicidal person. Naoko realizes her life is unfulfilling especially after having sex with Toru, who then asks her why she never sleeps with Kizuki. Despite her and Kizuki being precocious, he is not the person to whom she gives her virginity. She is prepared and willing, but her body is never aroused.

"No, Reiko, I knew it would never happen again. I knew this was something that would come to me once, and leave, and never come back. This would be a once-in-a-lifetime thing. I had never felt anything like it before, and I've never felt anything like it since. I've never felt that I wanted to do it again, and I've never grown wet like that again” (p. 339).

“I just don't want anybody going inside me again. I just don't want to be violated like that again - by anybody” (p. 339).

The excerpts above are Naoko’s last conversation with Reiko before committing suicide. Reiko suggests to Naoko that her inability to be sexually aroused is a normal occurrence among young women. Reiko is in the opinion that Naoko should give it to time to fix the problem. However, Naoko concedes that she will
never be able to perform sexual intercourse again after doing it once with Toru. She asserts that it is not because she does not want to, but because she fears someone will violate her through sex.

The suicide that Naoko commits soon afterwards indicates that she believes that life is unfulfilling without her being able to perform sexual intercourse. For Naoko, sex is something that will always be associated with two things: Kizuki and intimacy. Kizuki is dead, and she never has intimacy through sex with him. Therefore, life is meaningless for her as there is no Kizuki with whom she can share intimacy.
CHAPTER V

CONCLUSION

Naoko in *Norwegian Wood* is a character who struggles with grief over Kizuki’s death. The present story concludes that she has certain characteristics after his death and they are related to her symptoms of having PGD. She suffers from PGD because she faces difficulty in the grieving process and its likelihood is increased by other risk factors. The depiction of her grief in the story is the basis of the objectives of the present study.

The first objective is to describe Naoko’s characteristics after Kizuki’s death. The present study concludes that Naoko is a dynamic character based on the development by Perrin (1988) because she undergoes change at the end of the story. Based on the fullness of the development by Foster (1927), she is a round character because she has many complex qualities.

By using the theory of characterization by Murphy (1972), it can be concluded that Naoko possesses five underlying characteristics which are developed after Kizuki’s death. First, she is a closed person. She prefers to live alone in Tokyo and cuts the connection with her friends back in Kobe. She avoids talking about Kizuki, and is determined to keep the pain of losing him to herself. Second, she is an emotionally unstable person. She cries agonizingly three times, two of which after the topic of Kizuki is brought up, in front of Toru throughout the story. Moreover, Reiko testifies that Naoko has many episodes of emotional instability during her stay at the sanatorium. Third, she is a mentally ill person.
Her symptoms include inability of holding ordinary conversation, verbal and written, as well as episodes of hearing voices, particularly Kizuki’s and her sister’s voices. She has to be transferred from sanatorium to psychiatric hospital to receive proper medical treatment. Fourth, she is a suicidal person. Her suicidal ideation is shaped by her past experience of witnessing her sister’s and Kizuki’s suicide. She believes that suicide is her fate and a sensible way to end the pain. Fifth, she is a grief-stricken person. She lets herself to be surrounded by the thick atmosphere of Kizuki’s death. Moreover, the pain of losing her sister resurfaces after his death. She is skeptical of ever escaping the painful memory of their deaths and moving forward with her own life.

The second objective is to find out how Naoko’s characteristics reveal her suffering from prolonged grief disorder. It is analyzed in two subparts. In the first subpart, the present study concludes that Naoko does not go through all stages of grief by Kübler-Ross & Kessler (2005). She follows through the denial, anger, and bargaining stage, but has difficulty in the depression and acceptance stage. This indicates that she experiences PGD. It occurs due to her persistent yearning and preoccupation with Kizuki as well as intense emotional pain in a span of three years and three months after his death.

In the second subparts Naoko exhibits five symptoms of PGD and they are related to her characteristics. First, she is confused about her role in life and feels that a part of herself has died. As a mentally ill person, she is confused about her place in the society because she cannot relate to it anymore. As a grief-stricken person, she feels a part of herself has died along with Kizuki. Second, she has
difficulty in accepting the loss. As a grief-stricken person, she is reluctant to let go of Kizuki. As a mentally ill person, her mind is taken hostage by Kizuki’s voice. As a suicidal person, she believes Kizuki wants her companionship in death. Third, she avoids the reminders of the reality of the loss. As a closed person, she wants to bury the memory of Kizuki inside her and is unwilling to share her pain with someone else. As an emotionally unstable person, she shows strong emotional reaction when she is reminded of Kizuki. Fourth, she has difficulty in moving on with life. As a closed person, she barely has any friends in her new life and makes no real attempt to deepen her existing relationship. As a mentally ill person, she is anxious of getting hurt if she lives a normal life outside the sanatorium. Fifth, she feels that life is unfulfilling, empty, or meaningless since the loss. As a suicidal person, Naoko feels life is meaningless because there is no more Kizuki with whom she can share intimacy.
REFERENCES


