



**THE PORTRAYAL OF CATALEPSY PATIENT
REFLECTED IN EDGAR ALLAN POE'S SHORT STORY
*THE PREMATURE BURIAL***

A final project
submitted in partial fulfillment of the requirements
for the degree of *Sarjana Sastra* in English

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REFLECTED IN EDGAR ALLAN POE'S SHORT STORY
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Semarang, Agustus 2011

Yang membuat pernyataan,

Putryana Wijayanti

Winning is not in the field, but winning is in the heart

(Hitam Putih)



This final project is dedicated to:

(1) My beloved father and mother, Suwardi and
Widayati

(2) My brothers (Rozi and Dimas) and sisters (Sulis and
Nunik)

(3) My dearest little nephews, Jati and Unggul

ABSTRACT

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The final project intends to analyze catalepsy found in *The Premature Burial* short story by Edgar Allan Poe. The story portrays catalepsy, a singular disorder which is suffered by the main character. Catalepsy is a disease with no explanation about the causes and the healing way. The disease brings big influences to the main character's behavior and way of thinking. One of the big impacts is main character's fantasy which makes the main character gets trouble in social adaptation.

The object of this study is *The Premature Burial*, a short story. The method applied in this final project was qualitative. The data of the study were in the form of phrases, sentences and dialogues. The procedures of collecting the data included reading, identifying, inventorying, and then reporting the data.

There are some results found. First, the short story is divided into five parts of events and moments. The first part is conflict. The conflict of the short story is the main character's fear of buried alive. The next event is the main character's doubt and distrust as the complication. The raising action which appears after the complication is the real action of the main character, that is by making his own vault. The top event is climax which tells about the main character's dream. The last event is falling action. Finally, the main character becomes a new man as the end of the story. Second, catalepsy as the main psychological problem of the main character is a kind of disease with no explanation about the causes and healing treatment although the characteristics are understandable. The main character as the sufferer cannot trust other people or even himself when his disease attacks him, because there is no difference between the sufferer and a dead person. Third, the main character's catalepsy brings the impacts to his life. The main character gets difficulties to build the trusty with other people and friends around him as the biggest impact of having catalepsy.

Based on the result of the analysis, it can be concluded that the main character's feelings and behavior are most influenced by his disease. On the basis of the conclusion, the suggestion is offered. All the situations which people face bring its impacts. The impacts often influence people feelings and behavior. There are many solutions to escape from such situations. Trying to trust to ourselves and people around us can be the best way to solve the hard situations.

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TABLE OF CONTENTS

	Page
Abstract	v
Acknowledgment.....	vi
Table of Contents.....	vii
List of Appendixes.....	ix
Chapter	
I. INTRODUCTION	
1.1 Background of the Study	1
1.2 Reasons for Choosing the Topic.....	3
1.3 Statements of the Problem.....	4
1.4 Objectives of the Study	5
1.5 Significances of the Study	5
1.6 Outline of the Study.....	5
II. REVIEW OF RELATED LITERATURE	
2.1 Short Story	7
2.1.1 Plot.....	8
2.1.2 Character	9
2.1.3 Setting	10
2.1.4 Point of View	10
2.1.5 Style, Tone and Language	11
2.1.6 Theme	11
2.1.7 Symbolism, Allegory and Image	12

2.2	New Criticism	12
-----	---------------------	----

2.3	Catalepsy	14
-----	-----------------	----

III. METHOD OF INVESTIGATION

3.1	Research Approach	18
-----	-------------------------	----

3.2	Object of the Study	18
-----	---------------------------	----

3.3	Sources of Data	18
-----	-----------------------	----

3.4	Procedures of Collecting Data.....	19
-----	------------------------------------	----

3.5	Procedures of Analyzing Data.....	20
-----	-----------------------------------	----

IV. RESULTS OF THE STUDY

4.1	The Plot of the Short Story	22
-----	-----------------------------------	----

4.2	The Main Character's Behavior as the Patient of Catalepsy.....	25
-----	--	----

4.3	The Impacts of Having Catalepsy in Relation to Social Adaptation	28
-----	--	----

V. CONCLUSION AND SUGGESTIONS

5.1	Conclusion	32
-----	------------------	----

5.2	Suggestion.....	33
-----	-----------------	----

References.....		34
-----------------	--	----

Appendixes.....		35
-----------------	--	----

LIST OF APPENDIXES

Appendix

1. The Synopsis of *The Premature Burial* Short Story.....35
2. Data Finding.....39



CHAPTER 1

INTRODUCTION

In chapter 1, I would like to present the introduction. Those are background of the study, reasons for choosing the topic, statements of problem, objectives of the study, significances of the study, and outline the study.

1.1 Background of the Study

Literature is a way to tell ideas or feelings about life. Many stories about life are written in literature, either those are real or imaginative. As stated by Rees “Literature is anything that is written which expresses ideas, emotion, feelings, and attitude towards life” (2007:3). Writers bring their ideas, emotion, and feelings to their works. Literary works create images of writers’ ideas in certain patterns. As stated by Abdessalami, “Literary work is a branch of literature dealing with words as raw material to create a picture, an idea or a story in a meaningful pattern”. (www.angelfire.com). Literary works contain many stories about conflicts, desires, problems, love, and other human feelings. Literary works also reveal many problems of life. The two main problems in the life are sociological and psychological problem. Sociological problem is a kind of problem which involves persons. While psychological problem relates to personal feelings. It is a problem which exists inside someone’s soul, like mental flare. In addition, psychological problem is more complicated to solve. One of

psychological problems which will be discussed here is a disease named catalepsy.

Catalepsy is a strange word for particular people. Many people do not know that actually it is a name of a disease, a singular disorder. The physicians are not sure the specific reasons or causes of it. There is also no actual diagnosis to know this disease. It is still a mysterious disease, but its characters are understandable. It makes the sufferers in unconsciousness condition because of rigidity of the muscles. As written by William Henry Smith in *Smith's Family Physician*, "In this disease there is a loss of consciousness, with a peculiar rigidity of the muscles, causing the body and the limbs to retain the position in which they may have been at the moment of attack, ...". (1873:132). The duration of the attack is quite uncertain. It may be only a few minutes or longer to hours, days or even weeks. The sufferers are senseless and motionless, but there are still any live signs like pulse, breathing, and heartbeat in low level standard or even imperceptible.

In most cases, catalepsy relates to insanity. Many sufferers become anxious and have suicidal tendencies. The other symptom of the disease, some sufferers get imagination, hallucination and feeling fear of death. They imagine about the worst way of death. They are afraid if they are in cataleptic fit and lie for several days or even weeks, but people do not know about that situation. Finally people will bury them alive.

During the existence of catalepsy, most of the sufferers get difficulties in adaptation to their society. They always feel that they are in dangerous. Their death always follows behind them. Their imagination and hallucination always

bother them in day and night. All the imagination and hallucination make the sufferers confused what have to do, and then they become peculiar person with strange behavior. They always have feeling fear and doubt. They also distrust to their friends and people around them. They ignore their friends' kindness, care and fidelity.

The Premature Burial is a story written by Edgar Allan Poe which tells about a man who suffers from catalepsy, a singular disorder has no valid explanation and actual diagnosis which can tell more about it. The physician can not tell the causes or the solution of the disease. This disease makes the sufferer imagine about buried alive experience. Little by little, the sufferer has negative thinking which makes him be afraid of death that comes before he actually dies. He also cannot trust his dearest friends because he always thinks that his friends do not understand about his condition. Finally, he tries hard to fight against his feeling fear by doing anything which he thinks it is the best way to escape from his feeling.

1.2 Reasons for Choosing the Topic

The reasons for choosing *The Portrayal of Catalepsy in Edgar Allan Poe's Short Story "The Premature Burial"* are: first, this short story tells about the main character's struggle to break of his fear about buried alive. There are a lot of reasons and stories about buried alive which influence the main character's mind and behavior. Finally, the main character tries to fights against his fear hard by

doing any best thing. The best thing that he can do is making his own vault as comfortable as possible.

Secondly, catalepsy is an uncommon and rare disease which exists in reality although many people do not know much about it. The writer reveals catalepsy as a mysterious and unpredictable disease that has no actual diagnosis or explanation. Therefore, it can be an interesting topic to be discussed.

Thirdly, *The Premature Burial* written by Edgar Allan Poe tells about terror of death that is caused by catalepsy. The terror itself influences the main character's behavior so that he gets difficulties in social adaptation. He cannot trust his friends. He ignores his friends care and fidelity. There is no solemn promises that can reassure him.

1.3 Statements of Problem

The problems of this discussion are as follows:

- 1) How is the plot of the short story?
- 2) How is the main character's behavior as the patient of catalepsy which is described in the short story?
- 3) What are the impacts of having catalepsy in relation to social adaptation as reflected in the story?

1.4 Objectives of the Study

The purposes of study can be stated briefly as follows:

- 1) To explain the plot of the short story.
- 2) To describe the main character's behavior as the patient of catalepsy in the short story.
- 3) To explain the impacts of having catalepsy in relation to social adaptation as reflected in the story.

1.5 Significances of the Study

The result of the study is fully expected:

- 1) To give knowledge about a singular disorder called Catalepsy of the main character in the short story.
- 2) To give information about the impacts of having catalepsy in relation to social adaptation.
- 3) To give additional reference for other researchers who want to do a literary research in the same field.

1.6 Outline of the Study

In this final project, I present five chapters and each chapter will discuss different matters.

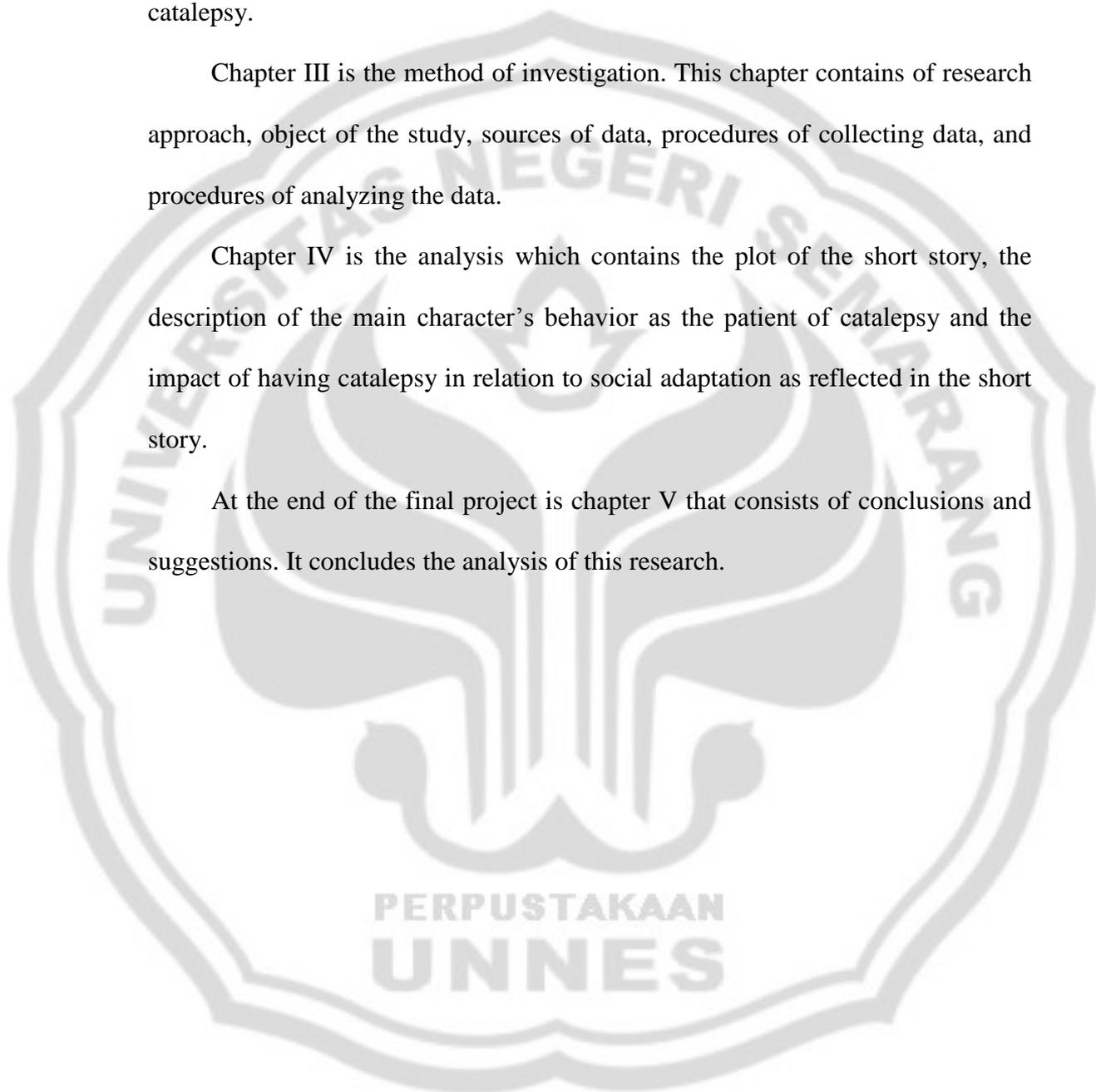
Chapter I is the introduction. It consists of background of the study, reasons for choosing the topic, statements of problem, objectives of the study, significances of the study, and outline of the study.

Chapter II presents the review of related literature. In this chapter, there are some sub-chapters. They are the explanation of short story, new criticism and catalepsy.

Chapter III is the method of investigation. This chapter contains of research approach, object of the study, sources of data, procedures of collecting data, and procedures of analyzing the data.

Chapter IV is the analysis which contains the plot of the short story, the description of the main character's behavior as the patient of catalepsy and the impact of having catalepsy in relation to social adaptation as reflected in the short story.

At the end of the final project is chapter V that consists of conclusions and suggestions. It concludes the analysis of this research.



CHAPTER II

REVIEW OF RELATED LITERATURE

In this chapter, I would like to write about the review of related literature of the study. Those are explanation of short story, new criticism and catalepsy.

2.1 Short Story

Short story is one of genres of literature. According to Haryanti, “short story is a brief narrative performed in prose” (2007:46). A short story is first acknowledged due to its length. Kenney (in Haryanti, 2007) says that short story is normally applied to works of fiction ranging in length from one thousand to fifteen thousand words. However, Edgar Allan Poe (cited by Haryanti, 2007:46) argued that short story should be short enough to be read at one sitting and long enough to produce the desired effect on the reader.

Usually, short story contents of one single problem. The plot is usually based only on a single incident in the character’s life which is effective to fold in the emotion of the readers. Historically, short story emerged since long time ago. In 400 BC in Egypt was found one of the oldest forms of collection of brief stories.

Short story consists of two major elements, that is intrinsic elements and extrinsic elements. Intrinsic element is divided into some parts. There are five parts of intrinsic elements, they are: plot; character; setting; point of view, style tone and language; theme; symbolism allegory and image. (<http://bcs.bedfordstmartins.com/virtualit/fiction/elements.asp>)

2.1.1 Plot

Plot refers to the series of events that give a story its meaning and effect. In most stories, these events arise out of conflict experienced by the main character. As the character makes choices and tries to resolve the problem, the story's action is shaped and plot is generated. In some stories, the author structures the entire plot chronologically, with the first event followed by the second, third, and so on. However, many other stories are told with flashback techniques in which plot events from earlier times interrupt the story's current events.

In one general view of plot, the story begins with rising action as the character experiences conflict through a series of plot complications that entangle him or her more deeply in the problem. This conflict reaches a climax, after which the conflict is resolved, and the falling action leads quickly to the story's end. Things have generally changed at the end of a story, either in the character or the situation; drama subsides, and a new status quo is achieved. It is often instructive to apply this three-part structure even to stories that do not seem to fit the pattern neatly.

Here are the parts of plot:

- a) conflict: the basic tension, predicament, or challenge that propels a story's plot
- b) complications: plot events that plunge the protagonist further into conflict
- c) rising action: the part of a plot in which the drama intensifies, rising toward the climax
- d) climax: the plot's most dramatic and revealing moment, usually the turning point of the story
- e) falling action: the part of the plot after the climax, when the drama subsides and the conflict is resolved

2.1.2 Character

In fiction, character refers to a textual representation of a human being (or occasionally another creature). Most fiction writers agree that character development is the key element in a story's creation, and in most pieces of fiction a close identification with the characters is crucial to understanding the story. The story's protagonist is the central agent in generating its plot, and this individual can embody the story's theme. Characters can be either round or flat, depending on their level of development and the extent to which they change.

Authors achieve characterization with a variety of techniques: by using the narrative voice to describe the character, by showing the actions of the character and of those reacting to her, by revealing the thoughts or dialogue of the character, or by showing the thoughts and dialogue of others in relation to the character.

2.1.3 Setting

Setting is the story's time and place. Setting refers to the natural and artificial scenery or environment in which characters in literature live and move. Setting includes simple attributes such as climate or wall décor, it can also include complex dimensions such as the historical moment the story occupies or its social context. Because particular places and times have their own personality or emotional essence, setting is also one of the primary ways that a fiction writer establishes mood. Typically, short stories occur in limited locations and time frames, whereas novels may involve many different settings in widely varying landscapes. The detail about the setting may help to reveal a turn in the plot. Setting is often developed with narrative description, but it may also be shown with action, dialogue, or a character's thoughts.

2.1.4 Point of View

Point of view is the position from which detail in a work of fiction are perceived and related to the readers. Point of view in fiction refers to the source and scope of the narrative voice. There are three types point of view. They are first-person point of view, second-person point of view and third-person point of view. In the first-person point of view, usually identifiable by the use of the pronoun "I", a character in the story does the narration. A first-person narrator may be a major character and is often its protagonist. In the second-person point of view usually use "you". It means the narrator has limited role in the story. Third-person point

of view occurs when the narrator does not take part in the story. It usually use the pronoun “he or she”.

2.1.5 Style, Tone and Language

Style is a matter of the way in which specific authors put words together under specific conditions in specific works. Style in fiction refers to the language conventions used to construct the story. A fiction writer can manipulate diction, sentence structure, phrasing, dialogue, and other aspects of language to create style. Tone refers to the attitude that the story creates toward its subject matter. Tone is contributed of a story's style and voice. While language is created of an attitude of humor or sarcasm.

2.1.6 Theme

Theme is the main or central idea of a short story. It contains of the meaning or concept of the short story. The theme of a piece of fiction is its view about life and how people behave. A work of literature may have more than one theme. In fiction, the theme is not intended to teach or preach. In fact, it is not presented directly at all. The readers have to extract it from the characters, action, and setting that make up the story. The writer's task is to communicate on a common ground with the reader. Although the particulars of the readers' experience may be different from the details of the story, the general underlying truths behind the story may be just the connection that both the readers and the writer are seeking.

2.1.7 Symbolism, Allegory and Image

An image is a sensory impression used to create meaning in a story. Symbol is an image in a story which is used repeatedly and begins to carry multiple layers of meaning. Symbols are often objects, like a toy windmill or a rose, or they may be parts of a landscape, like a river. A symbol is often referred to repeatedly and carries meanings essential to the story. And an allegory is a work of fiction in which the symbols, characters, and events come to represent, in a somewhat point-by-point fashion, a different metaphysical, political, or social situation.

2.2 New Criticism

New criticism is one of literary approaches. It was developed by a group of American critics, most of who taught at Southern universities during the years following the First World War. New criticism is dominated by Anglo-American critical theory that originated in the 1920s and 1930s, stressing the importance of reading a text as an independent and complete work of art. According to Searle, new criticism is a name applied to a varied and extremely energetic effort among Anglo-American writers to focus critical attention on literature itself (<http://www.lawrence.edu/dept/english/courses/60a/newcrit.html>).

New criticism concerns with the history and context of a work literature. For truly understanding a work of literature, it is important to embrace a total historical scheme, using it as the standard against which one judges a literary text. According to Bressler (1999:41), new criticism begins by assuming that the study

of imaginative literature is valuable; to study poetry or any literary work is to engage oneself in an aesthetic experience that can lead to truth.

New Criticism is distinctly formalist in character. It stresses close attention to the internal characteristics of the text itself, and it discourages the use of external evidence to explain the work. The method of New Criticism is foremost a close reading, concentrating on such formal aspects as rhythm, meter, theme, imagery, metaphor, etc. The interpretation of a text shows that these aspects serve to support the structure of meaning within the text.

In new criticism, there is fallacy to make understanding the literary works. Wimsatt and Monroe describe fallacy into two kinds which are encountered in the study of literature (<http://bcs.bedfordstmartins.com>). The two fallacies are intentional fallacy and affective fallacy. The intentional fallacy is the mistake of attempting to understand the author's intentions when interpreting a literary work. Such an approach is fallacious because the meaning of a work should be contained solely within the work itself, and attempts to understand the author's intention violate the autonomy of the work. While the affective fallacy is the mistake of equating a work with its emotional effects upon an audience. The new critics believed that a text should not have to be understood relative to the responses of its readers; its merit (and meaning) must be inherent.

2.3 Catalepsy

Catalepsy is a disorder which attacks nerve system. The sufferers will be in unconscious condition for a moment. Based on *British Medical Journal* (1876:748), Catalepsy is a disease allied to hysteria and to epilepsy; that it is very rare, and that its onset is sudden; that the state lasts only a short period and then passes off, the patient being unconscious of what has transpired.

Other definition of Catalepsy is written in *Columbia Encyclopedia* (2008 sixth edition):

Catalepsy, pathological condition characterized by a loss of consciousness accompanied by rigidity of muscles that keeps limbs in any position in which they are placed. Attacks vary from several minutes to days and occur in a variety of clinical syndromes, most frequently in schizophrenia, epilepsy, and hysteria.

(<http://www.encyclopedia.com/topic/catalepsy.aspx>)

While Brown defines that:

Catalepsy is an affliction of rare occurrence, and appears to be constitutional, or dependent upon some derangement of the nervous and muscular system which baffles inquiry. The sufferer is suddenly seized by it, and, although powerless to move, or speak, and to all appearance dead, is partially sensible of all that is going on around. In some cases, however, the senses are suspended. The body and limbs are not generally rigid, but will remain in the positions in which the bystanders may place them (1878:536).

During the bout of the disease, the afflicted person's feelings are diminished to the extent that they almost feel nothing. Their pulse, breathing, and heartbeat slow down causing these bodily functions to be imperceptible. When they move, their limbs are rigid and no facial expression would be sensed from them. He/she therefore would seem dead to everyone around. Dr. Brown finds the evidence that

many years ago when the scientists were not sure about catalepsy, men and women were buried alive while they were in cataleptic fit.

Catalepsy has relationship with other diseases. Weitzenhoffer (in Edgette, 1995) says that the phenomenon of Catalepsy has a long history in the psychiatric annals and has been associated with both hysteria and schizophrenia as part of their symptoms. While Smith says that the disease is frequently combined with some other affection, especially Hysteria, Somnambulism, or Insanity (1873:132). In addition, according to Savage (1876:478), Catalepsy is an undoubted neurosis, and therefore, allied to hysteria and epilepsy; but in this case the relationship is nearer to insanity. In many cases of melancholy with stupor, one sees a more or less cataleptic state, but with memory and knowledge of what is going on around. It is convinced that Catalepsy is the result of mental disorder. Most of the sufferers do not endure physical suffering, but further they feel hard mental depressed.

Catalepsy is very rare and unpredictable. Both causes and healing way are still uncertain. There is no definite treatment for this disorder. The best that people can do to the sufferers is to treat the underlying cause of the disorder such as the diseases associated with this condition. The cases of Catalepsy are also very rare. From some cases, Catalepsy has some criteria as written in *British Medical Journal* (1876:478). They are: all the cases were males; all were young; all suffered from melancholy and were dirty; and all will pass into dementia and cease to be cataleptic.

Here are some cases of Catalepsy which ever occurred in reality as stated in *British Medical Journal* (1876:478) written by George H. Savage, M.D:

There are three cases of Catalepsy. The first case was Catalepsy with melancholia. The patient was a single man in aged 23 named Alexander C. B. He had no inherit neurosis, had been sober and industrious. He received injuries since seven years ago from being run over, but the effects passed off. The cause of his present illness was supposed to be worry, he fancied that he would be accused of theft, he became more and more nervous, and gave up his work. At first, he was treated by Dr. Sturges at the Westminster Hospital, whence he was transferred to Bethlem. On admission, he was thin, had sallow looking, with cold moist skin, low standard, rapid and weak of pulse. He ate fairly and slept well. In whatever position he was put, there he remained. At first, he was wet and dirty. He was induced to follow another patient, and as long as this patient walked slowly and steadily, the cataleptic followed like his shadow. No power of initiation was obtained, and after three months, he was discharged uncured.

The next case was Frederick M.I., a bank clerk, aged 27. One of his brothers was insane. He had had no previous attack. He was first restless and uneasy ; gave up his situation, and left England. When he was in New York, he ever tried to suicide by dividing the skin and muscles of his left arm down to the bone. On the wound healing, he was brought to England. On admission, he was in a similar state to the last patient. This patient would maintain the same position for hours together. He was wet and dirty. As he is now steadily losing what was left of his

mental powers, so is he losing this cataleptic state, and will no doubt, soon simply be a dement.

The last case is Thomas H. F., aged 20, a clerk. He did not have insane relatives. The supposed cause of his illness was family and pecuniary troubles. He was naturally cheerful and industrious. Seven months before admission, he lost his interest in his work and surroundings, and complained of feelings in his head. He was suicidal and had hallucinations of hearing. On admission, he was typically anemic and will-less. He also remained wherever other people placed him.

In Anglo-American literature between romanticism and realism, catalepsy often use as the theme of some literary works. The one possibility reason why catalepsy is used many times in fictional stories is in that period many people with the catalepsy condition were buried alive during long hours of rigidity before the practice of autopsies and embalming of the dead. Some writers that use this disease as the theme of their works are Edgar Allan Poe in two of his works, "The Premature Burial" and "The Fall of the House of Usher". In "The Count of Monte Cristo" a work by Alexandre Dumas also used catalepsy in one of his character.

CHAPTER III

METHOD OF INVESTIGATION

Chapter III presents the method of investigation. It consists of research approach, object of the study, sources of data, procedures of collecting data, and procedures of analyzing data.

3.1 Research Approach

This study will use qualitative approach to analyze the portrayal of catalepsy patient in short story *The Premature Burial* by Edgar Allan Poe. The data will be taken from the short story, so the short story will be the source of the data.

3.2 Object of the Study

The object of this study is a disease called Catalepsy which is suffered by the main character of the short story. The disease makes the main character begin to get phantasies and fear about his death. All of those situations bring impacts to the main character's behavior. He gets difficulties in adaptation to the society.

3.3 Sources of Data

The primary source of the data is Edgar Allan Poe's short story entitled *The Premature Burial*. The data of this final project include some words, phrases, idioms and also expressions in the short story. However, they are not merely the data of the study. I also find the sentences, monologues and utterances of the characters and some hidden meanings. The data do not only involve textual meaning, but also contextual meaning. The behaviors of the characters also become the qualified data of the study.

The secondary source of the data is various textbooks that relate to this study. Those textbooks support the writing of the final project and they become the references.

3.4 Procedures of Collecting Data

The procedures of collecting data in this final project are as follows:

- 1) Reading

The basic step of collecting data was close reading the short story *The Premature Burial* for several times.

- 2) Identifying

I separate the data from non-data which were found in the story as primary source of the study. The data can be dialogues, sentences, and expressions of the story.

3) Inventorying

It is to list all data which were collected and then the data were stored into inventory table. The data which were analyzed by using the table below can be seen in Appendix 2. The table consists of four columns: number of data, the data (quotation/dialogue), number of line, and number of problem to answer, as given below:

No. of Data	The Data (Quotation/Dialogue)	No. of Line	Number of Problem to Answer

4) Reporting

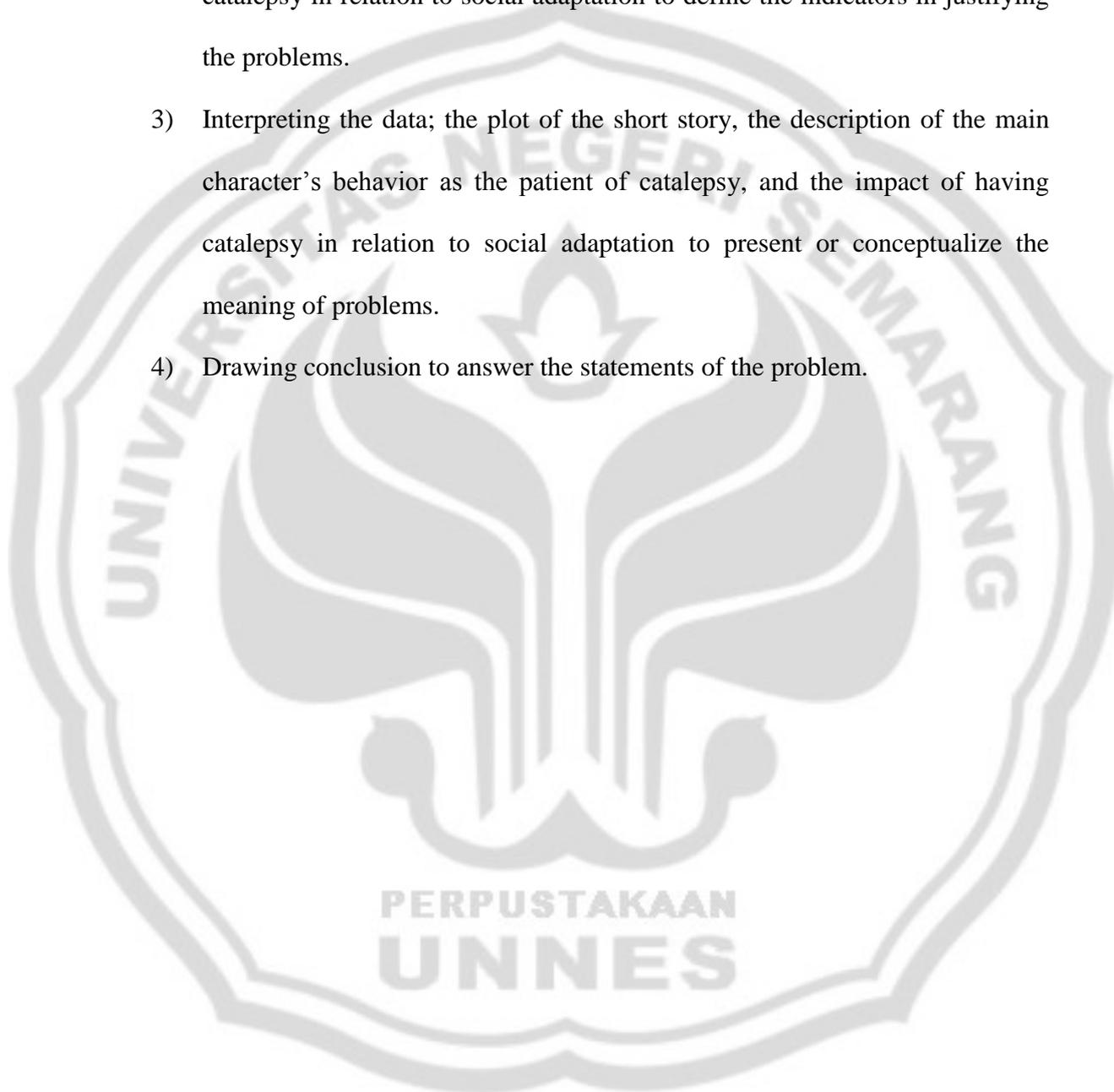
After inventorying the data, the next technique was reporting. The data which were stored in the inventory table were reported in appendices. The overall data analysis is in Appendix 2.

3.5 Procedures of Analyzing the Data

The procedures of analyzing data in this study are divided into several steps, they are:

- 1) Exposing the data; the plot of the short story, the description of the main character's behavior as the patient of catalepsy, and the impact of having catalepsy in relation to social adaptation as reflected in the short story in order to reveal the problems.

- 2) Explaining the data; the plot of the short story, the description of the main character's behavior as the patient of catalepsy, and the impact of having catalepsy in relation to social adaptation to define the indicators in justifying the problems.
- 3) Interpreting the data; the plot of the short story, the description of the main character's behavior as the patient of catalepsy, and the impact of having catalepsy in relation to social adaptation to present or conceptualize the meaning of problems.
- 4) Drawing conclusion to answer the statements of the problem.



CHAPTER IV

ANALYSIS

Chapter IV is the analysis, consists of the plot of the story, the description of the main character's behavior as the patient of catalepsy, and the impacts of having catalepsy in relation to social adaptation reflected in the short story.

4.1 The Plot of the Story

As stated in chapter II, short story consists of some parts of intrinsic elements.

Plot is one of elements of a short story. Plot are divided into some parts, they are: conflict, complication, rising action, climax and falling action. *The Premature Burial* short story is divided into five parts of plot. The first is conflict. In this story, the conflict is the main character's fear of buried alive. Here is the quotation:

- (1) Fearful indeed the suspicion, but more fearful the doom! It may be asserted, without hesitation, not event is so terribly well adapted to inspire the supremeness of bodily and of mental distress, as is burial before death. (Line 204-207)

From the text above, we know that the main character has a big fear of buried alive. He knows a lot of stories about buried alive which make him imagine the worst way of death. For him, buried alive is a kind of big mental distress which can influence his behavior. The main character's fear becomes the conflict inside his soul and mind.

The next part is complication. Complication is an event which plunges the main character further into conflict. The complication of this story is when the main character begins having doubt and distrust to his friends and people around him as reflected in the quotation below:

- (2) In fact, I no longer dared trust myself out of the immediate presence of those who were aware of my proneness to catalepsy, lest, falling into one of my usual fits, I should be buried before my real condition could be ascertained. I doubted the care, the fidelity of my dearest friends. (Line 323-327)

The quotation above shows the main character's fear changes into doubt and distrust because of his sickness which can attack him everytime. He cannot trust not only to himself, but also to other people and his friends around him. There is no care or fidelity which reassures him. He cannot control himself because of his own fear.

The complication then takes the story into rising action. It is the part of a plot in which the drama intensifies. The rising action of this story is when the main character tries to fight against his fear by making his own vault as comfortable as possible, as described in the quotations below:

- (3) Among other things, I had the family vault so remodeled as to admit of being readily opened from within. The slightest pressure upon a long lever that extended far into the tomb would cause the iron portal to fly back. (Line 337-339)
- (4) There were arrangements also for the free admission of air and light, and convenient receptacles for food and water, within immediate reach of the coffin intended for my reception. This coffin was warmly and softly padded, and was provided with a lid, fashioned upon the principle of the vault-door, with the addition of springs so contrived that the feeblest movement of the body would be sufficient to set it at liberty. Beside all this, there was suspended from the roof of the tomb, a large bell, the rope of which, it was designed, should extend through a hole in the coffin, and so be fastened to one of hands of corpse. (Line 340-348)

From the quotations, we know that the main character prepares his own vault by himself. When his unreal death comes to him, he can release it easily. He makes his vault as comfortable as possible so that he will not be afraid of the terror of death which comes to him without any permissions or signs. At least, his own vault can make him feel comfort. He designs his own coffin with a space where air and light can be in easily. He also designs his coffin with water and food. He prepares his coffin with a large bell, so that whenever he wakes up from his unreal death, he can ring the bell and someone will come to release him from his coffin.

The top event in the short story is climax. Climax is the most dramatic and revealing moments of plot. In this short story, the climax is when the main character dreams that he is in a vault. But it is not his vault which he makes by himself. He thinks that he is in cataleptic fit, and then someone who does not know his condition buries him in a vault. Here are the quotations:

- (5) The movement of the jaws, in this effort to cry aloud, showed me that they were bound up, as is usual with the dead. I felt, too, that I lay upon some hard substance, and by something similar my sides were, also, closely compressed. So far, I had not ventured to stir any of my limbs-but now I violently threw up my arms, which had been lying at length, with the wrists crossed. They struck a solid wooden substance, which extended above my person at an elevation of not more than six inches from my face. I could no longer doubt that I reposed within a coffin at last. (Line 386-391)
- (6) And now, amid all my infinite miseries, came sweetly the cherub hope-for I thought of my precautions. I writhed, and made spasmodic exertions to force open the lid: it would not move. I felt my wrists for the bell-rope: it was not to be found. And now the Comforter fled forever, and a still sterner despair reigned triumphant; for I could not help perceiving the absence of the paddings which I had so carefully prepared-and then, too, there came suddenly to my nostrils the strong peculiar odor of moist earth. The conclusion was irresistible. I was not within the vault. I had fallen into a trance while absent from home-while among strangers-when, or how, I could not remember-

and it was they who had buried me as a dog-nailed up in some common coffin-and thrust deep, deep, and forever, into some ordinary and nameless grave. (Line 392-400)

The two quotations above tell about the main character's dream when he finds himself in a coffin, but it is not his own coffin. The coffin is made up with hard substance. It is small and narrow. There is no air circulation and also no food and water. Moreover, he does not know who placed him in the coffin. But actually he is not in a coffin. He is in a cabin of fisherman. The fisherman finds and saves him from a storm. His experience occurs near Richmond, in Virginia. Accompanied by his friend, he makes an expedition some miles down the banks of James River. But there is a storm which crashes his expedition.

The last part of plot is falling action. It tells about the resolution of the conflict. It also becomes the end of the short story. In this short story, the falling action is when the main character decides to banish his fear of catalepsy. He tries to become a new man with no doubt and distrust. Here the quotation:

(7) My soul acquired tone-acquired temper. I went abroad. I took vigorous exercise. I breathed the free air of Heaven. I thought upon other subjects than Death. I discarded my medical books. "Buchan" I burned. I read no "Night Thoughts"-no fustian about churchyards-no bugaboo tales-such as this. In short, I became a new man, and lived a man's life. From that memorable night, I dismissed forever my charnel apprehensions, and with them vanished the cataleptic disorder, of which, perhaps, they had been less the consequence than the cause. (Line 439-446)

The quotation tells about the main character's decision to become a new man without catalepsy. He goes traveling, exercising, avoiding morbid thoughts and burning medical books he has been reading. In time, his symptoms of catalepsy

disappear. There is no dream and nightmare anymore. He can inhale fresh air and live normally like other people.

The Premature Burial short story consists of some five parts of plot. Every part tells about the event and moment in the story. All the parts then become plot which tells the whole moments in the short story and brings the whole meaning and effect of the short story.

4.2 The Description of the Main Character's Behavior as the Patient of Catalepsy

The main problem of the main character in this short story is about the terror of death which comes to him in sudden. The cause of the problem is a rare disease named catalepsy. The short story describes catalepsy as an unpredictable disease which is very rare. There is no actual explanation about the causes and the healing treatment. As described in the quotation below:

- (8) For several years I had been subject to attacks of singular disorder which physicians have agreed to term catalepsy, in default of a more definitive title. Although both the immediate and the predisposing causes, and even the actual diagnosis, of this disease are still mysterious, its obvious and apparent character is sufficiently well understood. (Line 223-227)

The quotation explains about the main character's problem, that is, a singular disorder called catalepsy. Although the main character has suffered from the disease for years, he still does not understand about the disease. The physicians also are not sure about the causes of the disease and it is still mysterious. But from all the uncertain things, the characteristics of this disease are understandable.

When Catalepsy attacks the main character, he will be in unconscious condition for a moment. It can attack for an hour or longer, even it can attack in days or weeks. The main character lies without any movements. There are some parts of main character's body which prove that he is still alive. But there are almost no differences between alive and die. See the quotation:

- (9) Sometimes the patient lies, for a day only or even for a shorter period in a species of exaggerated lethargy. He is senseless and externally motionless; but the pulsation of the heart is still faintly perceptible; some traces of warmth remain; a slight color lingers within the centre of the cheek; and, upon application of a mirror to the lips, we can detect a torpid, unequal, and vacillating action of the lungs. Then again the duration of the trance is for weeks-even for months; while the closest scrutiny, and the most rigorous medical tests, fail to establish any material distinction between the state of the sufferer and what we conceive of absolute death. (Line 228-232)

The quotation describes various characteristics of catalepsy. When catalepsy attacks the main character, he will remain in his position with no motion. His heartbeat is in low level standard. The signs which prove that he is still alive are the warmth of his body and the colors of his cheeks. The quotation also tells about the duration of cataleptic fit. Cataleptic fit goes on for hours, days and even weeks, so there is no difference between the main character and a dead person. Medical tests also cannot distinguish it.

Catalepsy is a kind of unpredictable disease. Sometimes the main character will be in collapse, without any power to fight and survive. But when the disease does not attack, the main character will be strong. This disease comes and goes without any signs. As reflected in the quotation:

- (10) Sometimes, without any apparent cause, I sank, little by little, into a condition of hemisyncope, or half swoon; and, in this condition, without pain, without ability to stir, or, strictly speaking, to think, but

with a dull lethargic consciousness of life and of the presence of those who surrounded my bed, I remained, until the crisis of the disease restored me, suddenly, to perfect sensation. At other times I was quickly and impetuously smitten. I grew sick and numb, and chilly, and dizzy, and so fell prostrate at once. Then, for weeks, all was void, and black, and silent, and nothing become the universe. (Line 247-255)

The quotation shows the main character's condition when he is in cataleptic fit. His disease comes in sudden, without any specific causes. He is so weak that he does not have power to move, to speak or even to think, but at the same time he feels the presence of people around him. He will always be in the place where he lies.

Catalepsy is different from other diseases. The main character does not feel physical suffering but more in hard mental depressed. The main character begins to have imaginations or fantasy. He feels like someone or something undefined follows him. Other symptom, the main character begins to talk to unreal object or dead object. See these quotations:

(11) In all that I endured there was no physical suffering but of moral distress an infinitude. My fancy grew charnel, I talked of "worms, of tombs, and epitaphs." I was lost reveries of death, and the idea of premature burial held continual possession of my brain. The ghastly danger to which I was subjected haunted me day and night. (Line 269-273)

(12) When nature could endure wakefulness no longer, it was with a struggle that I consented to sleep-for I shuddered to reflect that, upon waking, I might myself the tenant of a grave. And when, finally, I sank into slumber, it was only rush at once into a world of phantasms, above which, with vast, sable, overshadowing wing, hovered, predominant, the one sepulchral idea. (Line 275-280)

From the quotations, we know that the main character suffers moral distress more than physical suffering. He tells his burden to animals. His thought about buried

alive always bothers him everyday. He often imagines that he is in the grave, and then his imaginations bring him into the idea of premature burial.

Catalepsy as the main psychological problem of the main character is a kind of disease with no explanation about the causes and healing treatment although the characteristics are understandable. The main character as the sufferer cannot trust other people or even himself when his disease attacks him, because there is no difference between the sufferer and a dead person.

4.3 The Impact of Having Catalepsy in Relation to Social Adaptation Reflected in the Short Story

Catalepsy as the main problem of the main character has influenced the main character's feeling and behavior. The presence of catalepsy makes the main character has a big doubt whenever he is in cataleptic fit. His doubt makes him have fear feeling of his unreal death. Catalepsy also brings the big impact to the main character's way of thinking which interrupts the main character in adaptation to his society. He gets difficulties to have relationship with people around him.

The first impact of having catalepsy is the main character gets such fantasy about death. His fantasy bothers him day and night. Moreover, he cannot separate between fantasy and reality. In his mind, all are the same. His fantasy can influence his mind in his waking hours. See the quotation:

- (13) Phantasies such as these, presenting themselves at night, extended their terrific influence into my waking hours. (Line 320-321)

The quotation tells about when the main character has fantasy. It happens in one night. He meets someone with icy hand comes and talks to him. The icy man lets him get up from his sleep. Then he has a chat with the icy man, but he cannot figure out who the icy man is. The icy man says that he is mortal, but he is fiendish. He is merciless, but he is pitiful. Then they talk about death and grave. Imagination such this often appear in the main character's night dream, and then influence the main character's mind so that he cannot distinguish whether it is real or imagination.

After all of his fantasies, he becomes confused. He cannot find the best way to make himself feel comfortable and safe. He gets nervous and anxious. He does not know what he has to do. He thinks that the best way to be safe is by himself. So, he chooses to be expelled from the relationship in his society. See the quotation:

(14) My nerves became thoroughly unstrung, and I fell a prey to perpetual horror. I hesitated to ride, or to walk, or to indulge in any exercise that would carry me from home. (Line 321-323)

The quotation above tells about the main character's cares of life. He says about his horror whenever his nerves are unstrung. He tries to find out the best way to escape from this situation. However, he becomes confused what he has to do. All the efforts he will do, either ride, walk or indulge in exercise in order to run away from his life and society.

The biggest impact of having catalepsy is there is no trust to people or dearest friends. The main character ignores all the kindness, care and fidelity of his friends. He prefers to life in his own way than gather in society. He cannot

trust people although they give their solemn promises to help and treat him well.

See this quotation:

(15) I doubted the care, the fidelity of my dearest friends. I dreaded that, in some trance of more than customary duration, they might be prevailed upon to regard me as irrecoverable. (Line 327-329)

The quotation above tells about the main character's doubt. He puts his dearest friends' care and fidelity in doubt. He imagines if he is in unusual and longer duration of cataleptic, his friends will assume that he dies and finally bury him. Although he knows that all his friends understand about his condition, he still does not trust to them.

Having catalepsy makes the main character get much trouble in his life, that is he has no education because he cannot go to school and obey all the regulations in the school; he cannot get proper job because of the limitation of his knowledge; and he has to be helped and supported by other people and his friends to continue his life and to fulfill his need. All the troubles then bring the impact in relation to social adaptation. The impacts of having catalepsy which is revealed in the story are the main character begins having fantasy then he is confused what he has to do to escape from his situation. Then he decides to deny the social relationship by ignoring the care and fidelity of his friends. And the biggest impact is when the main character gets difficulties to build the trusty with other people and friends around him.

CHAPTER V

CONCLUSION AND SUGGESTION

Chapter V consists of two sub chapters, they are conclusion and suggestion.

5.1 Conclusion

Based on the analysis on the chapter IV, here the writer drew the conclusion of the study. *The Premature Burial* which is written by Edgar Allan Poe is a story about a rare disease called catalepsy. The short story illustrates the main character's feelings and behavior as the impact of the disease.

The short story is divided into five parts of events and moments. The first part is conflict. The conflict of the short story is the main character's fear of buried alive. The next event is the main character's doubt and distrust as the complication. The raising action which appears after the complication is the real action of the main character, that is by making his own vault. The top event is climax which tells about the main character's dream. the last event is falling action. Finally, the main character becomes a new man as the end of the story.

Catalepsy, as the main character's problem is a rare disease which is suffered by him for years. It is an unpredictable disease and very rare , so there is no actual diagnosis which can tell either the causes or the healing way. Catalepsy is a disease which attacks nerve system. The main character will be in unconscious condition for an uncertain time with no movement. The main character's pulse, breath and heartbeat are in low level standard. People who do

not know about the condition cannot distinguish between the sufferer and a dead person.

The main character's catalepsy brings the impacts to his life. The impacts of having catalepsy which is revealed in the story are the main character begins having fantasy then he is confused what he has to do to escape from his situation. Then he decides to deny the social relationship by ignoring the care and fidelity of his friends. The biggest impacts when the main character gets difficulties to build the trusty with other people and friends around him.

5.2 Suggestion

Based on the conclusion above, here is the suggestion that the writer wants to give to the readers. All the situations which people face bring its impacts. The impacts often influence people feelings and behavior. There are many solutions to escape from such situations. Trying to trust to ourselves and people around us can be the best way to solve the hard situations.

I hope this research can be a reference for other researchers who study the similar topic or idea and give advantages to everyone who reads it.

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APPENDIX 1

The Synopsis of *The Premature Burial*

By Edgar Allan Poe

The narrator began the short story with a number of buried alive stories which ever happened. Most victims of buried alive suffered from such uncertain disease. The first victim was a wife of a Baltimore lawyer and member of the U.S. Congress. She was attacked by an uncertain illness. She suffered for long time, and finally she died or was supposed to die. She showed all the ordinary appearances of death. There was no warmth of her body. The heart beat also ceased. After three days unburied, finally she was buried in her family vault. Three years later, her family opened her vault for the reception of a sarcophagus. Her family was very shocked when they saw the coffin. The coffin was found in pieces on the floor. It had fallen from a ledge where it was placed. An investigation revealed that the woman revived within two days after her entombment and struggled to free herself.

The next story happened in France in the year 1810. The victim was a young girl from a rich family. She was Mademoiselle Victoria Lafourcade. She was loved by a poor journalist of Paris named Julien Bossuet, but she decided to marry Monsieur Renelle, a banker and a diplomatist of some eminence. However, he mistreated her and, after several years of marriage, she died—or appeared to—and was buried in a grave in the village where she was born. In one midnight Bossuet travelled to the village and opened the grave and coffin to cut her hair as

a memento. But just as he was about to cut away the hair, Victoria opened her eyes. She was alive but remained in a stupor. Then Bossuet decided to take her to America for healing treatment.

A German medical journal reported a case of a military officer who died after falling from a horse and suffered a blow to the head. Three days after his burial in a shallow grave, a cemetery visitor noticed a movement of the earth while sitting on the grave. The visitor found him alive in his coffin. He then was taken to the hospital. He told his experience of awakening beneath the earth.

The last story which narrator mentioned happened in London in 1831. A man named Mr. Edward Stapleton died because of typhus fever. After three days of his burial, his doctor exhumed his grave. His doctor wanted to make sure the cause of his death. A student who decided to conduct an experiment on his own attached a wire from the battery to a muscle. In a moment, he stood up and uttered several words.

The narrator then started to tell about his own risk of premature burial. For several years, he suffered from a rare disease which physicians agreed to call catalepsy. Catalepsy was a singular disorder with no actual diagnosis, but the characteristics were understandable. Whenever the disease attacked, he lied in his position with no motion and movement. The duration of the attack was uncertain. It would be a day only or even for a shorter period. He was senseless, but the heart beat was still perceptible; his warmth of the body remained. Then the duration of the trance was for weeks even months and the medical test failed to establish the distinction between the sufferer and a dead person.

In all that he endured, there was no physical suffering but more in moral distress. He began to talk to worms, tombs and epitaphs. The idea of buried alive haunted him day and night. From the numbers of his negative thoughts oppressed him in dreams. He told about the dream which he remembered. He was in cataleptic fit for longer period. He then met an icy man with no name. He was mortal, but he was fiendish. He was merciless, but he was pitiful.

In fact, he no longer trusted to himself and also his friends and people around him. People who did not know about his condition would bury him alive whenever he was in cataleptic fit. Then he arranged his own vault. There was a space where air and light could be in easily. He also designed his coffin with water and food. He prepared his coffin with a large bell, so that whenever he woke up from his unreal death, he could ring the bell and someone would come to release him from his coffin.

But in one moment, he found himself was in a small, narrow and hard coffin. He was not in his own coffin. There was no air circulation and also no food and water. Moreover, he did not know who placed him in the coffin. Then someone called him. Actually he was in a cabin of a fisherman. The fisherman found and saved him from a big storm. Then he remembered that he made an adventure with his friend. He made an expedition near Richmond, in Virginia, some miles down the banks of James River. But there was a storm which failed his expedition. He slept in a cabin so that he assumed that he was in a coffin.

From that time forward, he became a new man. He went traveling, exercising, avoiding morbid thoughts and burning medical books he had been reading. In time, his symptoms of catalepsy disappeared. There was no dream and nightmare anymore. He could inhale fresh air and live normally like other people.



APPENDIX 2

Overall Data Analysis

No. of Data	The Data (Quotation/Dialogue)	No. of Line	Number of Problem to Answer
1	Fearful indeed the suspicion, but more fearful the doom! It may be asserted, without hesitation, not event is so terribly well adapted to inspire the supremeness of bodily and of mental distress, as is burial before death.	204-207	1
2	In fact, I no longer dared trust myself out of the immediate presence of those who were aware of my proneness to catalepsy, lest, falling into one of my usual fits, I should be buried before my real condition could be ascertained. I doubted the care, the fidelity of my dearest friends.	323-327	1
3	Among other things, I had the family vault so remodeled as to admit of being readily opened from within. The slightest pressure upon a long lever that extended far into the tomb would cause the iron portal to fly back.	337-339	1
4	There were arrangements also for the free admission of air and light, and convenient receptacles for food and water, within immediate reach of the coffin intended for my reception. This coffin was warmly and softly padded, and was provided with a lid, fashioned	340-348	1

	<p>upon the principle of the vault-door, with the addition of springs so contrived that the feeblest movement of the body would be sufficient to set it at liberty. Beside all this, there was suspended from the roof of the tomb, a large bell, the rope of which, it was designed, should extend through a hole in the coffin, and so be fastened to one of hands of corpse.</p>		
5	<p>The movement of the jaws, in this effort to cry aloud, showed me that they were bound up, as is usual with the dead. I felt, too, that I lay upon some hard substance, and by something similar my sides were, also, closely compressed. So far, I had not ventured to stir any of my limbs-but now I violently threw up my arms, which had been lying at length, with the wrists crossed. They struck a solid wooden substance, which extended above my person at an elevation of not more than six inches from my face. I could no longer doubt that I reposed within a coffin at last.</p>	386-391	1
6	<p>And now, amid all my infinite miseries, came sweetly the cherub hope-for I thought of my precautions. I writhed, and made spasmodic exertions to force open the lid: it would not move. I felt my wrists for the bell-rope: it was not to be found. And now the Comforter fled forever, and a still sterner despair reigned triumphant; for I could not help perceiving the absence of the paddings which I had so carefully prepared-and then, too, there came suddenly to my nostrils the strong peculiar odor of moist earth. The conclusion was irresistible. I was</p>	392-400	1

	not within the vault. I had fallen into a trance while absent from home-while among strangers-when, or how, I could not remember-and it was they who had buried me as a dog-nailed up in some common coffin-and thrust deep, deep, and forever, into some ordinary and nameless grave.		
7	My soul acquired tone-acquired temper. I went abroad. I took vigorous exercise. I breathed the free air of Heaven. I thought upon other subjects than Death. I discarded my medical books. "Buchan" I burned. I read no "Night Thoughts"-no fustian about churchyards-no bugaboo tales-such as this. In short, I became a new man, and lived a man's life. From that memorable night, I dismissed forever my charnel apprehensions, and with them vanished the cataleptic disorder, of which, perhaps, they had been less the consequence than the cause.	439-446	1
8	For several years I had been subject to attacks of singular disorder which physicians have agreed to term catalepsy, in default of a more definitive title. Although both the immediate and the predisposing causes, and even the actual diagnosis, of this disease are still mysterious, its obvious and apparent character is sufficiently well understood.	223-227	2
9	Sometimes the patient lies, for a day only or even for a shorter period in a species of exaggerated lethargy. He is senseless and externally motionless; but the pulsation of the heart is still faintly perceptible; some traces of warmth	228-232	2

	<p>remain; a slight color lingers within the centre of the cheek; and, upon application of a mirror to the lips, we can detect a torpid, unequal, and vacillating action of the lungs. Then again the duration of the trance is for weeks-even for months; while the closest scrutiny, and the most rigorous medical tests, fail to establish any material distinction between the state of the sufferer and what we conceive of absolute death.</p>		
10	<p>Sometimes, without any apparent cause, I sank, little by little, into a condition of hemisyncope, or half swoon; and, in this condition, without pain, without ability to stir, or, strictly speaking, to think, but with a dull lethargic consciousness of life and of the presence of those who surrounded my bed, I remained, until the crisis of the disease restored me, suddenly, to perfect sensation. At other times I was quickly and impetuously smitten. I grew sick and numb, and chilly, and dizzy, and so fell prostrate at once. Then, for weeks, all was void, and black, and silent, and nothing become the universe.</p>	247-255	2
11	<p>In all that I endured there was no physical suffering but of moral distress an infinitude. My fancy grew charnel, I talked of "worms, of tombs, and epitaphs." I was lost reveries of death, and the idea of premature burial held continual possession of my brain. The ghastly danger to which I was subjected haunted me day and night.</p>	269-273	2

12	When nature could endure wakefulness no longer, it was with a struggle that I consented to sleep-for I shuddered to reflect that, upon waking, I might myself the tenant of a grave. And when, finally, I sank into slumber, it was only rush at once into a world of phantasms, above which, with vast, sable, overshadowing wing, hovered, predominant, the one sepulchral idea.	275-280	2
13	Phantasies such as these, presenting themselves at night, extended their terrific influence into my waking hours.	320-321	3
14	My nerves became thoroughly unstrung, and I fell a prey to perpetual horror. I hesitated to ride, or to walk, or to indulge in any exercise that would carry me from home.	321-323	3
15	I doubted the care, the fidelity of my dearest friends. I dreaded that, in some trance of more than customary duration, they might be prevailed upon to regard me as irrecoverable.	327-329	3