



THE PORTRAYAL OF POST TRAUMATIC STRESS DISORDER AS SEEN IN THE MAIN CHARACTER IN *THE WOMAN IN THE WINDOW* NOVEL

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Abstract

This study discussed the post-traumatic stress disorder (PTSD) experienced by Anna Fox in the novel *The Woman in The Window* by A.J Finn. This study aims to investigate the causes and analyze the impact that occurs by finding the symptoms experienced by Anna Fox. Post-traumatic stress disorder theory to analyze the behavior data and character condition was applied. This study used a psychological approach. In addition, this analysis used a qualitative descriptive method to describe the problem using words. From this study, three findings can be clarified as the problem formulation, namely (1) two causes of Anna's post-traumatic stress disorder, (2) symptom re-experiencing, avoidance, mood and cognition, and arousal activity symptoms, and (3) the impacts of post-traumatic stress disorder suffered by Anna based on physical, emotional, mental, behavioral, and spiritual aspects.

Keywords: Main character, post-traumatic stress disorder, psychological Approach, *The Woman in The Window*

INTRODUCTION

Post Traumatic Stress Disorder (hereafter *PTSD*) attacks a person's psyche, causing it to generate instincts and aberrant conduct and to be filled with particular problems. Deviant behavior arises from childhood or past trauma, resulting in personality changes. Post-traumatic stress is a syndrome of anxiety, emotional vulnerability, and flashbacks of bad experiences after physical or emotional stress that exceeds the limits of ordinary people's endurance (Kaplan et al., 1997). *The Woman in the Window* is a novel by A. J Finn which contains a story about the traumatic experienced by the main character, Anna Fox. She lost her husband and child in a car accident. Since the tragedy, she chose not to leave the house because she believed there was no safer place than her house. She would be overcome with fear, even if it were just the front door. In addition to the past tragedy that still haunts the main character, she also has agoraphobia or fear of the outer world. Anna also stated that she experienced extreme anxiety when leaving the house and could pass out. Anna claimed that her home was the most secure. The present writers chose A.J. Finn's novel *The Woman in the Window* as the research subject because the main character's experiences would serve as the background for explaining PTSD depending on someone's personality. The present writers have applied a psychological theory to analyze the data of character behaviors and conditions. Characters are people who appear in stories or plays and have moral characteristics and tendencies that are expressed through speech and action (Abrams, 1981). It is possible to describe their thoughts and ideas to conduct a psychological study of the character as it relates to human emotion.

Similar studies about PTSD have been conducted by some researchers with different contexts (Gea, 2018; Rai, 2020; Silalahi & Saragih, 2021; Fadillah, 2021). By examining the main character's personality and background, the present writers used previous research as a reference by identifying diseases suffered by the main character, such as anxiety disorder in Silalahi & Saragih's research (2021) and agoraphobia studied by Rai (2020). The last, a study by Gea (2018), discussed PTSD experienced by Hannibal that affects his personality and life. However, a study with identifying PTSD's symptoms, causes, and impacts in A.J. Finn's novel *The Woman in the Window* has not been discussed and analyzed yet. Thus, the research questions are formulated in this study to find out the causes and symptoms of post traumatic stress disorder in Ana's personality in *The*

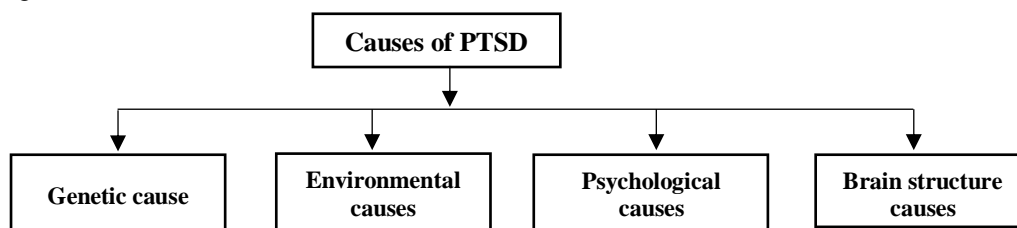
Woman in The Window novel and to analyze the impacts of post-traumatic stress disorder suffered by the main character, Anna Fox.

Psychological Approach

Psychology might be defined as the study of human behavior (Hilgard et al, 1991). This occurs because conduct is a tangible entity that can be readily observed, whereas the mind is abstract. Following a person's actions is thought to lead to a knowledge of the soul's state. In short, we can learn about the features and conditions of a person's soul by observing their actions in daily life. Psychology appears to be firmly attached to the human soul; the reaction of the soul through conduct and its causes will be investigated in depth in this study, and the emergence of this research may also help to address human issues. In comparison, literature is thought to be a representation of real life that is communicated through the means of words. Psychology in literary works is emphasized in characterization because it is closely related to psychology and human psychology. Furthermore, studying and explaining the character's behavior with a study of personality psychology.

Post-Traumatic Stress Disorder (PTSD)

According to the American Psychiatric Association (APA), people with PTSD have powerful and distressing thoughts and feelings related to their experiences that persist long after the traumatic event has finished. PTSD responds to traumatic experiences with anxiety and sorrow; they will continue to reminisce about the occurrence and avoid things that will remind them. Irritability, loss of concentration, loss of interest in interacting with the environment, feeling alienated from others, and having nightmares are all symptoms of post-traumatic stress disorder. There are three causes of post-traumatic stress disorder (Davison, 2006). It can be seen clearly in figure 1.



(Adapted from Davison, 2006)

a. Genetic causes

Someone in the family with a mental illness, such as anxiety disorder or depression, is at a higher risk of developing Post-Traumatic Stress Disorder than others in their family.

b. Brain structure causes

Certain parts of the brain control emotions and fear in response to traumatic situations. It is not the case for someone with a standard brain structure. Their brain cannot regulate their emotions and anxiety in the face of stressful occurrences.

c. Environmental causes

Those with a history of trauma and stress were more likely to develop post-traumatic stress disorder than those without a similar history. Also, children who grow up in families with addiction are at a greater risk of developing post-traumatic stress disorder.

d. Psychological causes

People who suffer from certain mental illnesses, including anxiety and depression, are more likely to acquire post-traumatic stress disorder.

Meanwhile, Post-traumatic stress disorder (PTSD) symptoms are divided into four parts: re-experiencing symptoms, avoidance symptoms, mood and cognitive changes, and arousal and activity symptoms (Schiraldi, 2009). First, re-experiencing symptom. People often remember events or experience nightmares, disturbing images, and physiological reactivity to reminders of the trauma. Memories or trauma experienced can reappear unexpectedly in people with PTSD. Secondly, avoidance symptom. These symptoms are about avoidance of

stimuli associated with the event or numbness of the response in general. Some may try to avoid all reminders of events or situations that trigger traumatic memories, such as related places, items, and topics. Next, ***Mood and cognitions symptom***

Negative mood changes include a chronic inability to recall crucial details of the traumatic incident, such as what happened, who was there, and the sequence of events.

a. *Arousal and activity symptom*

Traumatized people may have trouble sleeping because they are constantly alert and restless. The body becomes so bad at receiving responses that the sufferer cannot tell the difference between actual danger and ordinary situations, as if the threat level filter has disappeared and even the slightest stimulus produces an explosive response.

Schiraldi (2009:5) explains that post-traumatic stress disorder can affect a person's psychological capacities, self-concept, development, and relationships. If not treated, PTSD will get worse and have an impact on the emergence of (i) physical, (ii) emotional, (iii) mental, (iv) behavioral, and (v) spiritual aspects. Examples that will appear on the physical aspect include frequent fatigue, dizziness, shortness of breath, and panic. In addition, sufferers will feel the impact on emotional aspects such as loss of passion for life, always being afraid of something, low self-esteem, and difficulty controlling anger.

This can also be caused by the emotional desires they experience. While on the mental aspect, sufferers will usually feel the effects such as confusion, inability to solve problems, difficulty concentrating, unable to remember well. PTSD also impacts changes in behavioral aspects of sufferers, including difficulty sleeping, losing appetite, overeating, consuming a lot of alcohol or smoking, and often crying. The last is the impact of PTSD which will affect the spiritual aspect of the sufferer, for example, despair, losing hope, blaming God, stopping worship, doubting beliefs, etc.

METHOD

The method of research importantly provides various points of view (Suprayogi and Pranoto, 2020). The method is necessary to assist the writers in collecting data and the information needed for the research (Ramadhani & Setiawan, 2022). This research uses a descriptive qualitative study as the research methodology. This method helps to interpret many kinds of contexts and situations (Kuswoyo and Rido, 2019). Qualitative means that the analysis is based primarily on the constructivist perspective that involves individual experiences that have been historically or socially constructed (Aryangga & Nurmaily, 2017).

It is described particular text because the data would be in the form of written text instead of numerical data (Amelia and Dintasi, 2017). The writers use the method to collect detailed information from multiple sources. Further, the strength of qualitative is to connect with context (Fithratullah, 2020). According to Lianasari & Samanik (2016), the text is defined broadly as books, essays, interviews, speeches, articles, and many more. In this study, the writers use a text in the form of a book, *The Woman in The Window* novel. The data are presented in a structured or written way (Gulö and Rahmawelly, 2019). Then, The data will be analyzed through dialogue, pictures, and scenes (Istiani and Puspita, 2020).

Data collecting techniques are critical to successful research to obtain data relevant to the issue. The script is helpful to facilitate the writers in collecting the data (Pranoto and Afrilita, 2018). The information is synthesized with the theory to find and define the pattern and significant points (Lianasari & Samanik, 2016). The data analysis process begins by breaking down the data and selecting and structuring it so it may be readily comprehended (Lianasari & Samanik, 2016). This research focuses on the object of the analysis as the primary source of data (Kuswoyo and Siregar, 2019). In analyzing the data, the writers take several meaningful dialogues to describe and identify existing data to explain the causes, symptoms, and impacts that occur in sufferers of PTSD using a psychological approach.

FINDINGS AND DISCUSSION

A. *Post-traumatic stress disorder causes*

Post-traumatic stress disorder is caused by various risk factors and tendencies that work together to develop post-traumatic stress disorder following a traumatic event. The experience causes a person to feel intense fear or a feeling of helplessness. Based on Davison's theory, the writers identify that several causes cause Anna to suffer from post-traumatic stress disorder.

Brain structure causes

Certain areas in the brain regulate emotions and fear of traumatic events. It's different for someone who has a standard brain structure. Their brains do not control emotions and fear of traumatic events.

A moment later I heard the front door shut. I stand in my kitchen, watching little galaxies of dust form and dissolve in the sunlight. My hand creeps to my glass. I pick it up gingerly and rotate it in my hand. Lift it to my face. Inhale. **Then I throw the fucking thing against the wall and scream louder than I've ever screamed in my life.** (p.375).

The conversation above describes that certain areas in the brain regulate emotions and fear of traumatic events for someone with post-traumatic stress disorder. Their brains can not handle emotions, so traumatized person experiences emotional disturbances and anxiety. This is also shown by Anna Fox, who has experienced a traumatic event resulting in losing her husband and daughter. This is also demonstrated by Anna Fox, who has experienced a traumatic event resulting in losing her husband and daughter. Anna became very emotional, such as excessive anger and sadness. People with post-traumatic stress disorder look for an environment they can control, so Anna feels there is no safe place other than her home. Anna becomes easily angry and emotional due to the traumatic experiences she experienced in the past.

My throat hardens. I walk to the windows and tug the curtains shut. **And I stand there in the dark: cold, utterly alone, full of fear and something that feels like longing.** (p.378).

In the conversation above, Anna realized she was getting weaker daily because she was covered in fear. After losing the two people he loved, making him an unstable person. Due to her illness, she could no longer leave her home. She can experience panic and helplessness when she sets foot outside her home. She could even faint and suffocate. Someone who has to live alone and trapped in her house will undoubtedly make someone bored. Endless boredom will make a person frustrated and stressed. When a person feels stressed, they tend to focus on the pressure and passively reflect on it rather than distracting it or engaging in activities to change the situation.

Psychological causes

After experiencing a traumatic event, it's normal to feel fearful and react in a fear response triggered by the brain's 'run, fight, or stay' system. Mostly, the fear response and symptoms disappear after a short time. A person with a history of mental illness is more prone to developing post-traumatic stress disorder if they have the same symptoms. Anna also experienced this because she has a history of Agoraphobia, a type of anxiety disorder outside the home. She also suffered from depression due to the events she experienced, making her have to continue to undergo mental therapy.

And so, with Little attending amiably from his chair and the nurse trembling like a hummingbird, **I tell the doctor—tell all of them—about my Agoraphobia, my depression, and, yes, my panic disorder; I tell them about my drug regimen, about my ten months indoors, about Dr. Fielding and his aversion therapy.** It takes a while, with my voice still swathed in wool; every minute, I tip more water down my throat, trickling past my words as they bubble up from within and spill over my lips. (p.188)

The quotation above shows that Anna explained what had happened to her. The statement supports that Anna has a history of Agoraphobia and depression which eventually made her also become someone who is addicted to alcohol. That's because, according to Anna, she can feel calm by drinking alcohol. According to the American Psychological Association, untreated chronic or prolonged stress can lead to high blood pressure and a weakened immune system. Psychological requirements and the most fundamental and urgent human needs, such as the need to physically support life, have been examined (Afif & Amelia, 2021). As a woman, she needs someone who can help her weak self. This made Anna depressed. Depression that is not handled correctly can cause health problems. Even at a severe level, depression can be life-threatening for sufferers.

B. Post-traumatic stress disorder symptoms

According to Robin (2011: 311), Post symptoms are categorized into three significant and a person must have three different types of symptoms, there are re-experiencing symptoms, avoidance symptoms, mood and cognitive changes, and arousal and activity symptoms.

Re-experiencing symptom

People who have gone through traumatic experiences will generally recall their traumatic experiences. They will remember the events they have experienced mentally, emotionally, and physically. Anna shows symptoms of post-traumatic stress disorder when she is reminded again of the death of her husband and daughter.

All I hear is Little's voice. **"He said a state trooper found you at the bottom of a cliff." Yes. I remember his voice, that deep cry, rappelling down the face of the mountain. "And by that point, you'd spent two nights outside. In a snowstorm. In the middle of winter."** Thirty-three hours, from the instant we dove off the road to the moment the chopper appeared, its rotors swirling overhead like a whirlpool. "He said that Olivia was still alive when they got down to you." **Mommy, she'd whispered as they loaded her onto the stretcher, sheathed her little body in a blanket.** "But your husband was already gone." (p.367)

Anna recalled the incident where the lives of her husband and child could not be saved during the car accident incident at that time. She replayed the memory of the traumatic event in every detail. People with post-traumatic stress disorder tend to be reminded of past traumatic events and feel they are in danger again and still there.

Avoidance symptom

Avoidance symptoms are a means for some people who have experienced traumatic events to try to forget about them and remove them from their brains. They will avoid anything associated with it, including locations, people, sounds, and other things. People who have had terrible events deal with it by avoiding it. Anna suffered because of the accident. She has trauma and is afraid to go out and live alone in her house. The symptom of Anna's avoidance is that she is no longer in touch with the outside world. When she tried to get out of the house, she would have a panic attack and pass out.

"That's when your troubles started. Your problems are going outside. Post-traumatic stress. Which I—I mean, I can not imagine." God, how I cowered beneath the hospital fluorescents; **how I panicked in the squad car. How I collapsed those first times leaving the house.** Once and twice more, until at last, I dragged myself back inside." (p.368)

After the traumatic incident, doctors diagnosed her with Post-Traumatic Stress Disorder (PTSD) and Agoraphobia. She was afraid to leave the house and could not do her usual activities. Her world changed in an instant. The avoidance of Anna was not because of her desire but because of her phobia, which made her have to be trapped inside every day. She was in deep depression, frustrated and hopeless about living her life.

Mood and cognition symptom

Mood swings often occur in someone with post-traumatic stress disorder. Sufferers are usually constantly blaming themselves or others for the event. They have pervasive negative emotions and lack interest or involvement in things. In addition, they often find it challenging to pick up positive emotions.

This is my home. That's my Window. My throat shrinks. **Tears well in my eyes. I feel surprised, then ashamed. Whap. Then angry.** I can not fling wide the door and send them scurrying. I can not barrel outside and confront them. I rap on the Window sharply— Whap. I slap the heel of my hand against the door. I bash it with my fist. **I growl, then I roar, my voice bounding between the walls, the dark little hall a chamber of echoes. I'm helpless.** (p.59).

Anna shows unstable emotional changes when in a situation that threatens her. She felt terrified, shocked, and even cried. Then suddenly, her emotions turned into anger. She could not control her anger and could not vent her anger well, so she felt helpless because she could not do anything. Drastic mood changes are also one of the symptoms of post-traumatic stress disorder shown by Anna.

Arousal and activity symptom

This condition makes sufferers stay alert and alert when thinking about their trauma. Several states may be experienced by people with post-traumatic stress disorder, including increased sensitivity, easily startled or frightened, and aggressive behavior. Sufferers usually find it difficult to concentrate and difficult to remember

things confusion. In addition, the usual activities will be more challenging if they have post-traumatic stress disorder.

“What?” I ask. The living room has gone dark with dusk; I reach for the lamp and switch it on. Once more, carefully, eyes on hands: 0-2-1-4. *Passcode incorrect*. The phone twitches. I’m locked out. I don’t understand. **When was the last time I tapped in my passcode? I did not need it to answer Little’s call just now; I used Skype to dial Boston earlier. My mind is foggy.** (p.316).

Anna can not even remember well what her handphone password is. She also can not remember the last time she changed her handphone password. Her mind was blurred, and she lost her focus. It is well known that Anna is an alcoholic, but that is not the only reason she loses concentration.

C. Post-traumatic stress disorder impacts

Schiraldi (2009:5) explains that post-traumatic stress disorder can affect a person's psychological capacities, self-concept, development, and relationships. If not treated, PTSD will worsen and impact the emergence of physical, emotional, mental, behavioral, and spiritual aspects.

Physical aspect

Changes in the physical aspects of patients with post-traumatic stress disorder include being quickly tired, lethargic, dizzy, short of breath, and panicky. They will feel dizzy and panic in an uncomfortable and safe situation.

“Hooray.” She chews and swirls her water glass. **“You look tired, Anna. Are you resting?”** I nod my head, then shake it. **“No. I’ve—I mean, yes, but I’ve had a lot on my mind lately. This is hard for me, you know. All . . . this.”** My arm sweeps the room. “I know it must be. I know it is.” **“And exercise is hard for me.”** “You’re doing great. I promise.” **“And therapy is hard for me. It’s hard to be on the other side of it.”** “I can imagine.” I breathe. I don’t want to get worked up. One last thing: **“And I miss Livvy and Ed.”** Bina sets her fork down. “Of course you do,” she says, and her smile is so warm I could cry. (p.127).

Changes in the physical aspects of patients with post-traumatic stress disorder include being quickly tired, lethargic, dizzy, short of breath, and panicky. They will feel dizzy and panic in an uncomfortable and safe situation. This is also how Anna felt; when she was at her lowest point, she had to be far from her loved ones and live alone in her house. This triggers a person's body to feel helpless. In addition to decreasing stamina in the body, the impact of post-traumatic stress disorder on the physical is also in the form of frequent feelings of tightness and panic. This happened to Anna when she was in an unsafe situation. She would feel threatened that she might even faint.

Emotional aspect

The impact other people with PTSD will receive is a change in emotions. In the emotional aspect, the patient will be controlled by emotions, easily angry or easily sad. In addition, sufferers will feel an unusual fear.

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Anna felt a sad mood because she felt like a pitiful person. She had to feel painful things alone. She was sick and had to be away from her family. She felt tired doing all the treatment. Anna is holding back too much and feels isolated. She often feels headaches because she keeps too many things in her head, with no place for her to express what she feels. And this frustrates her so much that her mood changes frequently. But Anna did not get that.

Mental aspect

One of the effects of post-traumatic stress disorder on the sufferer is the mental aspect. This aspect usually makes sufferers often confused, cannot solve problems, and can not even concentrate, so they can not remember well. In addition, her mental impact felt by Anna is that she often has hallucinations that her husband and daughter are still alive and interacting with them. However, sometimes she was aware that they were dead, but she could not accept reality, so she lived in the shadows and felt that the two people she loved were still with her.

How can I explain? To anyone—to Little or Norelli, or Alistair or Ethan, or David, or even to Jane? **I hear them; their voices echo inside me, outside me. I hear them when I'm overwhelmed by the pain of their absence, their loss—I can say it: their deaths. I hear them when I need someone to talk to. I hear them when I least expect them.** “Guess who,” they’ll say, and I beam, and my heart sings. And I respond. (p.366).

Anna was confused about herself and how she could explain to people that she could hear them. She could communicate with her husband and daughters as if they were still alive. She knew she might hallucinate but could feel that they were still with her. Anna points out that she has a mental illness due to a traumatic event she experienced. Hallucinations are also one of the effects of the brain's powerlessness to accept reality.

Behavior aspect

Besides being able to impact physical, emotional, and mental, post-traumatic stress disorder can also affect the sufferer's behavior. What is meant by behavior here is that they will have difficulty sleeping, lose their appetite, or vice versa, namely overeating, smoking or drinking a lot of alcohol, not being able to move their body, or even driving too much.

Of course, he's right. A lot of stimulation: yes, indeed. Too much. **I'm sleeping too much, drinking too much, thinking too much;** too much, too much. (p.145).

Anna drank more alcohol than was restricted. She was under the influence of alcohol, which was very dangerous for her vulnerable body. Even Anna also mixed the pills recommended by her doctor with alcohol. She felt that when she drank her wine, she would feel her stress go away. This is one of the effects of post-traumatic stress disorder, where sufferers experience behavioral changes because they are looking for an outlet to relieve their stress. They tend to look for outlets such as alcohol, smoking, and things contrary to the doctor's recommendations. In addition to alcohol addiction, Anna also shows the impact of sleep disorders. She can sleep less and sleep too much.

Spiritual aspect

The spiritual influence in question is that they are often desperate for their lives and often lose hope for their future. Traumatic events that continue to haunt the victim make them unable to accept reality, and they often blame God for what happened. They even stopped worshipping and praying because they had no faith, thought it was useless, and could not change their destiny.

That little boy would be well into his teens now, almost Ethan's age, not quite half mine. **I think of him tonight as I stare at the ceiling, feeling dead myself. Dead but not gone, watching life surge forward around me, powerless to intervene.** (Chapter 12, Pages 67).

Anna had a look of desperation in her. She feels hopeless when she has to face her days alone with no one around her who cares. In this novel, you can feel how desperate Anna must be to accept that she has to spend her life alone. A person with an unstable condition tends to end their life easier if they do not get help immediately. This condition is generally characterized by feelings of hopelessness, bad mood, lack of enthusiasm for carrying out daily activities, or loss of interest and motivation in life.

CONCLUSION

Based on the findings, two factors cause Anna to experience post-traumatic stress disorder, including brain structure and psychological causes. Their brains can not regulate emotions, so traumatized person experiences emotional disturbances and fear. This is also shown by Anna Fox, who has experienced a traumatic

event resulting in losing her husband and daughter. Not only that, but because of the traumatic experience, she had to suffer from Agoraphobia which resulted in her being unable to leave the house and being confined to her home alone. Anna recalled the incident where the lives of her husband and child could not be saved during the car accident incident at that time. After the traumatic event she experienced, she could not accept the reality of this tragedy. When she tried to get out of the house, she would have a panic attack and pass out. With an illness that prevents her from leaving the house, she becomes antisocial and locks herself away from her surroundings. Drastic mood changes are also one of the symptoms of post-traumatic stress disorder shown by Anna. She could not control her anger and could not vent her anger well, so she felt helpless because she could not do anything.

The writers found five aspects; those are physical, emotional, mental, behavioral, and spiritual. Post-traumatic stress disorder suffered a change that can make her feel anxious and sad. Besides that, her behavior change makes her become someone who isolates herself from society, and she also experiences trouble breathing. Anna shows physical changes such as easily dizzy and panicked. Not only that, she will feel short of breath if she is in an unsafe and threatening situation for her. Anna is holding back too much and feels isolated. She often feels headaches because she keeps too many things in her head, with no place for her to express what she feels. The mental impact felt by Anna is that she often has hallucinations that her husband and daughter are still alive and interacting with them. In addition to consuming alcohol as Anna's habit to relieve stress, she also shows the impact of her post-traumatic stress disorder, such as difficulty sleeping. Anna sometimes has to take sleeping pills because she has a sleep disorder. She always has nightmares where the traumatic event is repeated in her dreams.

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