

Personal Hysteria in Helen Oyeyemi's *The Opposite House*

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KEYWORDS	ABSTRACT:
Hysteria, trauma, memory, dislocation, stress, conflicts, behaviour, symptoms, disability, disorder, illness, etc.	It is observed that hysteria is distinguished from psychiatric disorders, and the distinction is established to prove that hysterical disorders are psychological in nature. The symptoms of hysteria are traumatic in nature and may occur in men and women. The subject of hysteria adapts to emotional problems, illness or disability and has unresolved emotional conflicts. A variety of symptoms affects the body and mind under stress and extends to alterations in personality or behaviour. Helen Oyeyemi's Maja in <i>The Opposite House</i> (2007) experienced multiple traumas during her traverse from Cuba to London. She is assisted by her "personal hysteric", as it is intensified by the feeling of dislocation. Breuer and Freud describe the recollection of the traumatic memory in their own words and through their new therapeutic method in <i>Studies on Hysteria</i> (1974). This article expands on Freud's theoretical framework to examine Maja's character.

Hysterical symptoms of Maja:

Bohleber, in one of his chapters, "Remembrance, trauma, and collective memory: the battle for memory in psychoanalysis", cites Freud's famous dictum, "when hysterics suffer from reminiscences, it is a memory that possesses a pathogenic quality" (101). According to Freud, to bring out the repressed memories of early life into consciousness in the theory of memory and its therapeutic function, memory traces are where perceptions remain in the memory. Although they are replicas of the original impression, they are not kept apart as they would be in an antiquated engramme theory. (103).

It is possible to recall intact memories of previous perceptions and national experiences what is remembered is not the facts or the happenings; the memories of the historical facts are also brought in. The context of the present life experience in a new culture incorporates the previous cultural experience. Cognitive researcher Schacter writes in *The Seven Sins of Memory: How the Mind Forgets and Remembers* (2001), our recollections function differently. From our experiences, we take the most important parts and save them. Then, instead of retrieving copies of our experiences, we reconstruct or recreate them. Occasionally, during the reconstruction process, we incorporate additional thoughts, emotions, or even information that we learned from the event. Stated differently, we skew our recollections of the past by attaching feelings or information we learned after the fact. (9)

The cause of hysterical symptoms is called "psychical trauma." Both the psychological injury and the memory of it act like a foreign body which must be regarded as an agent that is still at work long after its entry. (Breuer and Freud 6). Breuer and Freud describe the recollection of the traumatic memory in their own words and through their new therapeutic method in *Studies on Hysteria* (1974): To our initial shock, we discovered that every single hysterical symptom vanished instantly and permanently once we were able to elicit a clear recall of the incident that had caused it, as well as its corresponding affect, and once the patient had verbalized the affect and given a detailed account of the incident. (6)

It is vital to note that the patient for the recollection re-experiences the original affect to meet a therapeutic effect. Without impact, memory virtually never yields any results (6).

In his book *Reading Freud* (2004), Quinodez observes that the basic phenomena of hysteria are the result of a “splitting of consciousness” (13); in other words, it is a “dual consciousness” (13) which is linked to the presence of a “hypnotic state” (13). The recollection of memories is connected to the appearance of symptoms which enabled abreaction. Harold Merskey, in *The Analysis of Hysteria* (1995), writes, “Any symptom of organic disturbance which the mind can impose on the body may serve a hysterical function” (xvii). Maja’s hysterical symptoms are unwrapped, where She just have to glance up and slightly to the right of her to see her own frenzy, the one that flutters with disappointment that she can't wear her all the time and hangs on a hanger like an empty garment. She refers to her as her own hysteric, and if she is among folks who enjoy that kind of thing, it's a designer-made, comfy, and even attractive hysteric (TOH 29).

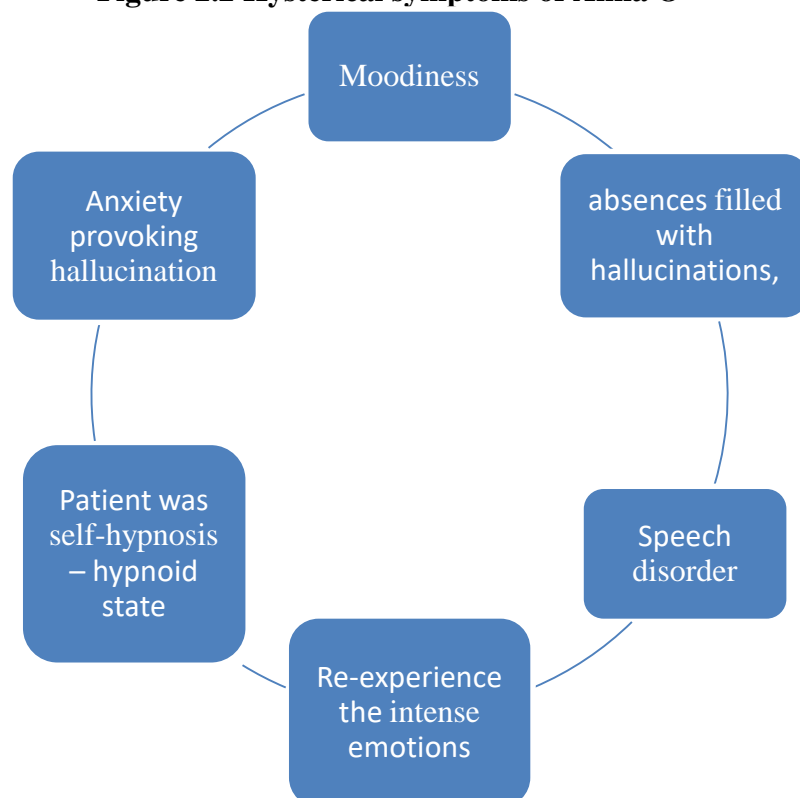
Hysteria accompanies her life, and she imagines that she is blank, lightning dancing around a wire, singing to murder; she is not anyone, hysteric. Maja is only one; it's not like there are two of her. However, she has the ability to fade into her own anxiety and may never return. (TOH 29).

The memory of Maja related to psychic trauma is because of her disposition to hypnotic states, and it provides the hypothesis that unconscious mental conflict may result in hysterical symptoms. Breuer emphasised that an excessive degree of efficiency and the regular coexistence of two different thought streams (312). Maja’s position is a play of mental energies; and attributing psychical detachment to a unique process known as repression rather than a birth defect (Freud 61).

Janet’s definition of hysteria is hysteria is a type of mental depression characterized by the retractions of the field of personal consciousness and a propensity toward the dissociation and liberation of the systems of ideas and functions that comprise personality. (332).

Comparing Fraulein Anna O. By J. Breuer with Maja in *The Opposite House*: the paradigmatic case suffered from the hysterical symptoms as shown below

Figure 2.2 Hysterical symptoms of Anna O



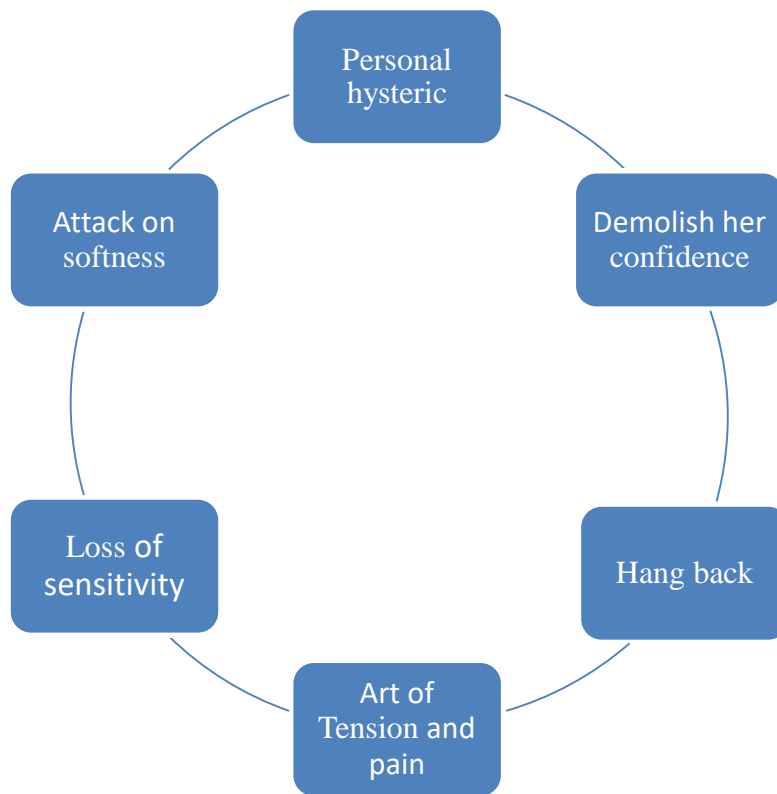


Figure 2.3 Hysterical symptoms of Maja

This illness, in which women create, magnify, and repeat every ludicrous thought that may arise from a disturbed imagination, has occasionally spread like wildfire, writes Foucault in *Madness and Civilization* (1965) (139). Maja's hysteric is determined by repressed experiences in the past. It represents "a distorted expression of repressed instinctual demands of the deformation being ascertained by the [memories] that created the repression" (Cleghorn 553). Rengell, in his book *The Nature of Conversion* notes that the transference or shift of psychic energy from the somatic innervations' cathexis to that of mental processes, causing the latter to express, albeit distortedly (636).

It is apparent that women are the chief sufferers of the occurrence of hysteria. Hysteria is understood as the misery caused in adult women due to unnatural prolonged continence and causing a strange array of symptoms to appear (Micale 363). The definition of hysteria given by Andrew Scull in his 2009 book *The disturbing history of hysteria* is the nosological limbo of all un-named female maladies (13). In response to the query, Was hysteria "real" or imaginary, physical or psychopathological? It is a sophisticated form of deception and manipulation that made its perplexing, enraged patients deserving of condemnation and retribution. (14).

In other words, hysteria was a psychological disorder, a psychological disorder manifested as a physical disturbance (14). To bolster Scull's claim, it is important to highlight that medical experts have long maintained that hysteria is a legitimate somatic problem, and most people who suffer from hysterical illnesses continue to do so to this day (14).

According to Freud, "hysteria is the quint essential psychodynamic disorder" (15). Maja's complexity is interpreted with physiological and psychological disturbances inevitably subjected to hysteric contestation. Her systematic disturbance is the product of the balance of forces connecting with the ideas and practices of unwavering beliefs and behaviours. When

Maja tries to describe hysteric, she says, her personal hysteric is always three paces behind me, so when it gets too much, they kind of hang back (TOH 31).

Hers is a kind of stable dissection between body and environment, competent of causing the other; the part and whole were intertwined and bound together inextricably. Maja's body was a system in stable vibrant interaction with its environment, so firmly interrelated and shaped systemic effects and "a hidden transcript of past memories attached to all of the pain, sorrow, guilt, and shame" (Ho-Wo-Jeone 47).

In general, women face differences and consequential health, and she is accounted for all sorts of diseases and frailty. She was also inherently inferior: her flesh was softer, more porous, and had a looser texture. Her physiology was more easily disordered by things like menopause, puberty, pregnancy, or parturition, or by suppressing her menstrual flow, all of which might cause severe shocks to her internal balance (Scull 17).

Hysteria is a source of numerous mental and physical ailments, causing all kinds of problems, compressed other physical organs, fabricating a sense of choking even a loss of speech, conferring to Andre Scull (18). In *The Opposite House*, Maja's hysterical symptoms were derived from extreme emotionality, physical disturbances, simple dizziness, and respiratory distress. As Maja revealed Her hysteria turned into a work of art, suffering, and so on. It was severe, and tension was the cause (TOH 30). Oyeyemi's descriptions of hysteria through the protagonist create an attribute to the sense of psychotic disorder. She has advocated the strange bodily symptoms of Maja when she figures out her "'personal hysteric', The unofficial code is to grab your head, tangle your hair around your fingers, and let out a moan (30).

Maja and Amy Eleni tend to possess a hysteric personal toward each but simultaneously unite them. They support each other to beat their personal hysterics by claiming, "I'm not mad! I'm not mad! I don't want to die!... There's someone inside of me and she says I must die!" (TOH 35). It is her history which gives hints about possible remedies for the current situation: Therefore, it is important to consider the influence of past events on the formation of an ongoing conflict as well as potential strategies for conflict management or settlement (Ho-Wo-Jeone 38).

To describe the hysterical symptoms, it is analysed that globus hystericus, an often reported sensation of a ball in the throat that restricted breathing and gave the impression of suffocation (Scull 18). In comparing the former term, the revelation of Maja's hysteric is invoked by her conversation, she says, Sometimes we are so afraid that this is all our bodies will ever know that we are unable to see, hear, or breathe (TOH 35).

In *The Disturbing History of Hysteria*, it is further discussed that others could be tempted to explain anything supernatural as demonic possession or bewitchment. (Scull 18) Maja's disorder is marked by her understanding of supernatural elements their names are woven into tales of dangerous pals who help get through dark nights (TOH 35). For instance, Mary Glover's case has some amazing characteristics. She experiences a number of symptoms that result in hysteria, including paralysis of the hands, arms, and legs; unexplained swellings of the abdomen or throat; a sense of suffocation; abnormal breathing patterns; loss of sensation and reflex action (Scull 24).

It is observed that the features of the hysterical circus are eminent in the dramatic character of Maja, which made the striking impression of natural disease. Perhaps, the characteristics of the disorder are elaborated as "she's in trouble because... trauma speaks itself out, speak itself to excess until it dies... performing this unspeakable torment..." for the assaults on our emotional vulnerabilities, loss of empathy, alarmed by the joyful, false discipline that lines our stomachs and minds (TOH 34-35).

Mary Glover was a prototypical hysterical patient; young female plays a complex role in the biography of hysteria. Hysterical women are the victims of “a farrago of disorderly and irregular phenomena” (Scull 32). Willis and Sydenham had different ideas on what hysteria was in several significant ways. Willis's theory of the illness results in horrific seizures and mental disruptions, which are the typical causes of this illness (32). On the other hand, Sydenham highlighted the often intricate nature of depressed symptoms that manifest as hysterical or hypochondriacal complaints (32). Because this illness is characterized by an unrelenting hopelessness that one cannot tolerate with patience, he argues that mental illness is still more pervasive (32).

Conclusion:

Thus, labels of ‘hysteria’ admittedly diagnosed with embracing disorders, necessarily caught in numerous afflictions, a fact that reminds of dangers and difficulties and that hysteria has remained unchanged and has survived across the centuries. It is incorporated with the trivial forms of alternative traditional mental disorder and sombre. Blackmore recognized that hysterical felt mocked and disdained since hysteria is a wholly imagined condition. The suffering endured was genuine and unfeigned, even though the illness itself was a creation of fantasy and imagination (37).

According to Elaine Showalter, the hysteric represents a global form of female subjugation (286). It's a declaration of unbridled femininity that defies control through weight loss or hair management. Elaine Showalter did point out that the hysteric's incapacity to communicate stems from her being outside of reality and society, which is the ultimate power of hysteria as a type of feminine subversion (332). Maja is hardly comprehended within her boundaries and is subjected to persistent deficits. She has a severe emotional liability which invokes some collective disturbance in her as mass hysteria.

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