HYSTERIA ON NOVEL *NORWEGIAN WOOD* BY HARUKI MURAKAMI

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ABSTRACT

Psychological condition is really determining on how a character in a literary work –either written or action– would act in the story. In novel Norwegian Wood by Haruki Murakami, there is a female character named Naoko who was likely to have suffered hysteria. It is a psychological disorder found by Sigmund Freud and Josef Breuer. The symptoms including paraphasia, hallucination, depression, anxiety, somnambulism, and suicidal ideation. Hysteria can be cured through an effective management treatment. This study aims to discover the type of hysteria that Naoko had and to observe the effect of Naoko’s condition to the main character, Toru Watanabe. In analysing Naoko’s psychological disorder – hysteria, the writer used the case of Anna O., the patient of Freud and Breuer as the major reference and some other references related to the types of hysteria. The results of this study are (1) the hysteria that Naoko had suffered from was anxiety hysteria, (2) Naoko’s condition influenced the psychological stability of Toru Watanabe, at the end Toru Watanabe could not stabilize his psychological condition.

Keywords: hysteria, psychological disorder, novel analysis.
HISTERIA DALAM NOVEL NORWEGIAN WOOD OLEH HARUKI MURAKAMI

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ABSTRAK

Kondisi psikologis sangat berpengaruh dalam perilaku tokoh dalam karya sastra, baik tulis maupun aksi. Dalam novel Norwegian Wood oleh Haruki Murakami, seorang tokoh bernama Naoko yang memiliki kecenderungan mengidap histeria. Histeria merupakan sebuah kelainan psikologis yang ditemukan oleh Sigmund Freud dan Josef Breuer. Gejalanya berupa paraphasia, halusinasi, depresi, kegelisahan, somnambulisme, dan timbulnya gagasan untuk melakukan bunuh diri. Penelitian ini bertujuan untuk menentukan tipe histeria yang diidap Naoko berdasarkan gejala yang ditunjukkannya dalam novel, serta untuk menjabarkan pengaruh kondisi psikologis Naoko tersebut terhadap tokoh utama yaitu Toru Watanabe. Dalam menganalisa kelainan psikologis Naoko, penulis menggunakan kasus Anna O., pasien dari Freud dan Breuer sebagai basis teori serta beberapa kasus lain terkait dengan tipe-tipe histeria. Hasil dari penelitian ini adalah (1) histeria yang diidap Naoko tergolong tipe anxiety hysteria, (2) kondisi tersebut memengaruhi kestabilan kondisi psikologis Toru Watanabe yang mana pada akhirnya Toru Watanabe gagal dalam mengontrol stabilitas psikologisnya.

Kata Kunci: histeria, kelainan psikologis, penyakit kejiwaan, analisis novel.
1. INTRODUCTION

1.1 Background of the Study

Psychological condition is really determining on how a character in a literary work –either written or action– would act in the story. Through the psychological condition, as a reader we sometimes can easily or hardly guess what she/he will be/is going to do in the next scene. Some authors present their characters in a common way where the reader at ease can follow the story without a need to think hard about where the author is going to take their mind. Meanwhile, there are also the authors who did not make it easy for the reader to enjoy the story. The complicated characterization in a novel makes the reader find it is challenging to read.

One of the major female characters in novel *Norwegian Wood* by Haruki Murakami who becomes the spotlight of this study is Naoko. It was told in the novel that Naoko had something with her psychological condition. The author did not obviously mention the disorder on Naoko’s psychological condition. Yet, the psychological disorder was described smoothly and comprehensively in the novel.

Reading thoroughly by focussing on Naoko’s case and on the symptoms represented, there is likely a tendency that Naoko had suffered hysteria, a psychological disorder found by Sigmund Freud and Josef Breuer. A psychological disorder caused by traumatic experience which left an unpleasant memory that bears in mind. The writer found that it was necessary to prove the assumption, so that the writer decided to carry out a novel analysis under the title “Hysteria on Novel *Norwegian Wood* by Haruki Murakami”.

2. REVIEW OF RELATED LITERATURE

2.1 Literature and Novel

The definition of literature cannot be limited into the imaginative and fictional. As mentioned by Maitre(1983), that a literary work is not the correspondence between it and the author’s private imaginings as it is merely the transcription of the other, yet a literary work is a resemblance between it and the author’s private imaginings. In the other word, the literary works are the representation of the real world through the author’s view.

In analysing any kind of literary works, there are so many views can be used. One of those is from the psychological aspect which focusing on a particular mental disease presented in the story of novel through a character (or more). This study, then, focuses on the creative imaginative writing, which is novel.

Basically, the word “novel” is derived from Italian “novella”, means a little new thing. Furthermore, novel is defined as a fictional work which attempts
to carry out the realism by presenting complex characters with their mixed motives. In short, the novel is purposed to reflect the reality through words in fictional way. (Abrams, 1999)

Maitre(1983) stated that the novels can also be used to solve the problem which puzzled the human beings. Since the novel was written by man, and the man tends to observe their surroundings to make an epic series of events in a novel, it is not startling that novel can be used that way.

2.2   Psychoanalysis

The term psychoanalysis is defined as a study learnt from one’s self, through study the one’s own personality. Yet, this method is only capable to be used for one person in particular, not in general. This method could be well done if the one allowing himself to be observed by the competent analyst. It is because psychoanalysis is a term that talk exclude the medical condition which deals with the physics and anatomy of the organs and body (Freud, 2010). Furthermore, as Boeree (2016) stated that psychoanalysis or “the first power”, is the term that Freud and the Freudian thinkers believe that the answer of the fundamental questions related to human’s psychological is hidden behind the unconscious mind. On other word, it can be said that the aim of psychoanalysis is to discover the root of the problem faced by the hysterical patient (Freud, 2011).

Sigmund Freud, who developed this theory, believes that language used in one’s writing could tell many things beneath the conscious mind. Further, this psychoanalysis used as a therapy in understanding the patient’s psychological condition to discover the root of problem faced by him/her. However, some may concern to this method, because in psychoanalysis it is always risky that the wish for meaning will be displaced by the will to meaning (Phillips, 2001). As Robert Caper (in Phillips, 2001) argued that psychoanalysis leaves such an impression of insecurity about whether or not one can describe his fundamental scientific notions in the form of words, let itself communicate to a boarder public, or even among ourselves.

2.3   Hysteria

From the psychological view, Boeree (2016) restated that hysteria is the illness caused by the traumatic experience which ones cannot integrate it to the reality. Freud (2010), then mentioned that the hysterical patients tend to isolate themselves from the world to release the burden of the unhappy fates they got. Hence, Freud emphasized that the cause of hysterical conversion phenomena related to the extremely unpleasant memories or ideas for conscious awareness are repressed into the unconscious and transformed into physical symptoms in order to solve the unbearable conflicts (North, 2015). The symptoms of hysteria including the nourishment problem, paraphasia, hallucination, depressive symptoms, anxiety, somnambulism, hysterical action, and suicidal ideation.
Additionally, the characteristic that the hysterical patient has is borderline personality.

Based on some studies related to hysteria, there are some types of hysteria which was limited into three: anxiety hysteria that caused by the supressed emotion from traumatic experience in childhood (Freud, 2010), dramatic hysteria which remarked by the frequent and sudden hysterical action (North, 2015), and sexual hysteria that includes the phantasy of male character in the cultural background of the patient (Stanley, 1988).

Generally, the patients of hysteria cannot be cured through a specific medical treatment. Instead, with effective management, many of them can be stabilized. It occurs merely between one patient with one physician who build a supportive atmosphere and become the patient’s responsible partner to help the patient form any kinds of symptoms that direct to the psychological issues(North, 2015). Hence, he also stated that the main purpose of treatment it to prevent iatrogenic mobidity by preserving the patient from excessive medications, diagnostic procedures, and surgeries (p.500).

3. RESEARCH METHOD

3.1 Research Method and Approach

This study was conducted as an analytical-qualitative research. As an analytical research is a research that needs facts or information to evaluate the object in order to result a critical evaluation of the material analysed, while qualitative approach relates to subjective assessment of attitudes, opinions, and behaviour (Kothari, 2004). The data was presented in form of description, while the result will be concluded as the relation between the available facts with the data from the novel.

3.2 Data Collection

In collecting the data, the writer read the novel for several times, thereafter did the library research in order to analyse the document (e.g. articles or book) related to the research. The writer also took notes on the necessary data from the books and journal articles. Besides, the writer quoted the specific lines from the novel related to the symptoms of hysteria.

3.3 Data Analysis

The data was analysed in some steps: (1) evaluated the primary data (novel) using the secondary data (books and journal articles); (2) re-evaluated the primary data using the secondary data; (3) drew the conclusion to answer the research question.
4. FINDINGS AND DISCUSSION

4.1 Findings

After collecting the data, the writer found some specific symptoms reflected by Naoko on novel, such as the early symptoms of anxiety, depressive symptoms, the difficulty in speaking and expressing feeling, hallucination, instable mood, difficulty in socializing and intensity in personal relationship, the suicide, also the personality change of Watanabe due to Naoko’s psychological condition.

4.2 Discussion

The symptoms of hysteria firstly happened that might be the cause of hysteria was when Naoko told about how she found her sister’s death body. The event left a massive shock to her that she could not talk about three days and could not tell to her parents about the detail of how she found her sister’s death body. Additionally, on the age of 17, her boyfriend, Kizuki, committed suicide abruptly.

The early symptoms shown by Naoko was her difficulty in speaking (paraphasia) (Freud, 2011). Especially in expressing her feeling and emotion. She found difficulty in finding the right words to say, also in ordering words to express her mind. This influenced her writing ability which became hard for her, too, since she was difficult to find the proper word.

Furthermore, hysteria may occur at the age of 20s in female, at most (North, 2015). So that in Naoko, the symptoms got clearer and more severe after years. Beginning from her 20th birthday, Naoko started to show more symptoms of hysteria. She was crying hysterically because of no certain reason.

Afterwards, she decided to go to a sanatorium in a remote place to get treatment. She said that the place was so peaceful and the people were so nice. There she could live a normal life that the people like her who did not have to think about many things. There, she just needed to live the live with daily routine based on the schedule provided. She said that that was the life she could live in.

Watanabe came for his visit on the Summer. They spent days together. On that visit, Naoko as well showed some symptoms of hysteria such as somnambulism and hysterical crying. The somnambulism itself was followed by amnesia (Janet, 1920) that reflected by Naoko who did not remember the events when she awoke on the previous night. Yet, Watanabe evidently saw it all and realize that Naoko did not notice about what was happening last night.

For a while, Naoko’s condition improved that Naoko became lively and optimist that she would be able to be recovered. Unfortunately, it did not last
longer. The symptoms continued to happen. After coming back to Tokyo, she kept receiving letter from Watanabe, but Naoko rarely reply it. It was caused by the paraphasia.

Another symptom, then, following those symptoms. She started to hear to the sound which never exist. That included as the hallucination. The hallucination caused Naoko show the depressive symptoms that she felt sad and became a melancholy (Janet, 1920). The depression arouse anxiety that she was anxious every time she got the hallucination.

One day, Watanabe came again for his second visit. Naoko was not as talkative as on his first visit. There was something changed on Naoko, but Reiko as her therapist said that Naoko only needed time. The had talk before sleep. Whenever the topic almost related to Kizuki, Naoko stopped. Until then, Naoko burst into tears again, unreasonably.

The visit was over, Watanabe came back to Tokyo. He promised to keep sending Naoko letter and he did so. Naoko’s condition was decreasing, so she could not write even a letter to reply Watanabe’s. Reiko, through letter, then told Watanabe about Naoko’s condition. She said that Naoko would get a better treatment at the hospital.

Sadly, when Naoko came back and slept over at the sanatorium, she committed suicide. Her condition was normal and seemed better after getting treatment at the hospital. Reiko was suspicious before, but she saw everything was alright about Naoko. Until that night, that she thought Naoko was asleep, she slept afterwards. After midnight, without anyone knowing it, Naoko left to the wood and be found on the next morning, with her neck hanging onto a rope on a tree.

Watanabe himself was really alive when he met Naoko after years since Kizuki died. He became close to Naoko and often went around together. Knowing that there was something wrong with Naoko’s psychological condition, he tried to support her. He changed into an optimist and positive person, also became a stronger and more alive person. He said that she would wait for Naoko to be recovered until forever.

Unfortunately, it all changed when he knew that Naoko finally committed suicide. He abandoned himself, being careless of himself and did not have any goal in life. He was really distressed and down because of Naoko’s death. He even blamed himself on Naoko’s death. He became really chaos that he underwent a random journey.

At the end, Reiko advised him to keep living life and begin a new start with Midori, the girl he met on his philosophy class. Watanabe agreed it and tried to contact Midori after long time did not communicating. Nevertheless, Watanabe
turned out into an absent-minded person when Midori asked where he was. He dazed around and could not recognize his location.

5. CONCLUSION

5.1 Conclusion

Examining the symptoms shown by Naoko in the novel which involve the hallucination, depressive symptoms, and anxiety, it is concluded that the type of hysteria that Naoko has was anxiety hysteria. Proven by those symptoms that dominating the hysteria reflected on Naoko. The cause of anxiety hysteria was the burden emotion as the result of the unhappy fate caused by traumatic experience. That Naoko also experienced trauma from the death of her loved ones, it left the burden emotion on her that she could not express. The disability to express emotion then continued to be the symptom of hysteria that following by another symptom.

Watanabe as the protagonist also the narrator in this novel was aptly influenced by Naoko’s condition. His psychological condition did ups and down following Naoko’s improvement. As the result of Naoko’s death, it is found that Watanabe’s psychological condition was not stable at all. The stability of his was temporal. The instability of his condition might be caused by the inability to accustom to the quick changes happening in his life.

5.2 Suggestion

The writer suggests to the next researcher who will analyse the psychological aspect of a character in a novel to firstly read books related to the psychology. It aims to ease them to choose the most suitable theory for their analysis since there are so many theories of psychology. In analysing the psychological aspect, the next researcher should be aware of what is happening to the character in novel by reading the novel many times. Moreover, the next researcher should be able to focus on one psychological theory and be able to really grasp it. Then, the analysis will be evaluated thoroughly by relating the phenomena found in the novel with the theory to deliver a concrete result.

Besides, the use of novel in teaching and learning process at schools is rarely found. Yet, novel is very beneficial to develop the students’ way of thinking, broaden their knowledge, and also train them to be an analyst. Thence, the psychological aspect that is applied to the characters could be reference for the teachers and students to understand each other’s psychological condition. When the teachers understand their students condition, they can establish their methods in teaching and learning process and not using the monotony methods which could not fit to all types of students.
Lastly, the writer may suggest to the next researcher to use this study as a reference in analysing novel, particularly in analysing psychological aspect of a character. Moreover, there are so many elements from novel that can be analysed, such as the writer’s personality through his writing, the political, cultural, or education issues during the novel’s setting of time, the protagonist personality, etc. Hopefully, this study will be beneficial to others in more than one field of life.

REFERENCE


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