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## The ideas of revival and recovery: A comparative study of the story of my life and autobiography of a schizophrenic girl

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### Abstract

Over the years writing an autobiography has become a status symbol for many celebrities. Whether it is a sports star, or a film artist, or a business tycoon, many have shown an inexplicable penchant for this literary activity. In writing and publishing their stories, most of them have, more than pursuing their literary calling, the purpose of materialist gain in their minds. There are still some which aim at 'sensationalism' and professional as well as personal vindictiveness. Among all these low key stuff it is worthwhile to consider the first person narratives of two persons who have written them under extraordinary situations. In this article, an attempt has been made to explore the less frequent reasons behind writing an autobiography like overcoming a physical or psychological hindrance, gaining a diagnostic process etc. as have been done by the authors taken for study here. The autobiographies taken for a comparative study here are *The Story of My Life* by Helen Keller (1903) and *Autobiography of a Schizophrenic Girl* (1951) by Marguerite Sechehaye. The former is an autobiography which records the story of the struggle of a blind and deaf woman who underwent extraordinary circumstances in her life before penning down her inspirational account. However, the later is not an autobiography in the strict sense of the term. The book by Sechehaye, who is a psychoanalyst, is a record of the schizophrenic experiences of a young girl called Renee whom the author was treating. This study aims to highlight the essential role of autobiographies in two of its curious varieties in opening an alternative channel of communication for their subjects and how it facilitates distress, diagnosis and healing. Accordingly a comparative study of both the texts have been done under the subheadings of 'introduction of the authors', 'the extraordinary lives', 'why an autobiography', 'writing the first person for distress and diagnosis' and 'role of memory'.

**Keywords:** autobiography, diagnosis, memory, communication, therapy

### 1. Introduction

Helen Adams Keller was born on 27 June 1880 in Tuscumbia, Alabama. His parents were Arthur H. Keller and Kate Adams. Her father was a captain in the Confederate Army. Her mother was the second wife to her father. She was named after her grandmother. On 1 June, 1968, Helen Keller died in Connecticut, USA at the age of 88.

On the other hand, Marguerite Sechehaye was a Swiss psychotherapist. She was an expert in treating patients with schizophrenic disorder. Her clinical expertise in psychotherapy was rooted in psychoanalytic and existential theories. She died on 1 June, 1964 at the age of 76.

There is a curious case of the two authors of these autobiographies not being the subjects of the autobiographies they have written. It is Sechehaye who has scribed a part of the autobiography based on her interaction with Renee, a schizophrenic patient of her. On the other part of the book, she, however, writes her interpretations of the various discreet narratives of Renee. Hence, Sechehaye is the implicit subject in this part of the autobiography. Similarly, we can see the dichotomy between the subject and the author in the autobiography of Helen Keller as the person who is struggling against all the odds of her life and the one who is narrating them are not the same. We can begin to understand this implicit condition by analyzing the parts of Keller's self-portraiture where she speaks about her maiden attempts at communication with her fellow people and also the need for communication in her life. It is interesting to see the distinction between the narrating-self of Keller and the self she goes on to portray. In understanding these finer layers of the autobiographies would avail us an understanding of the very condition of first person narrative

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## 2. The Extraordinary Lives

When she was barely nineteen months old she became blind and deaf for life due to a prolonged illness. She learnt braille and became the first deaf and blind person to earn a Bachelor of Arts degree. Soon she earned a reputation of being a distinguished author and a remarkable speaker with her exemplary efforts. She travelled to twenty five different countries to deliver motivational speeches. Her life was unimaginably difficult for which it can be fittingly regarded as an extraordinary life. In this extract from her life which is given below her agony of not being 'normal' can be perceived.

I do not remember when I first realized that I was different from other people; but I knew it before my teacher came to me. I had noticed that my mother and my friends did not use signs as I did when they wanted anything done, but talked with their mouths (Keller: 23).

Renee, the subject of the other autobiography under study too lived a life which is hard to be related by common men. Her struggle with a psychological trauma famously known as schizophrenia made her life an extraordinary one. Someone who received three prizes in her elementary school years with two being for standing first, it is virtually inconceivable that her life would take a paranoid turn (Sechehaye: 23). When Renee was barely five years old she began to have her "first feelings of unreality". She states the following experience as described to Sechehaye.

I remember very well the day it happened. We were staying in the country and I had gone for a walk alone as I did now and then. Suddenly, as I was passing the school, I heard a German song; the children were having a singing lesson. I stopped to listen, and at that instant a strange feeling came over me, a feeling hard to analyze but akin to something I was to know too well later- a disturbing sense of unreality (Sechehaye: 19).

It is extraordinary not to live a schizophrenic life but to survive the split in one's consciousness and, on top of it all, to cooperate in the process of medication. For Renee the text bearing her experiences might not amount to a valuable possession but from the point of view of a psychotherapist like Sechehaye such a work is an invaluable addition to her clinical practice. Renee, however, must not be treated as an abnormal case as in the sense of not being the actual writer of the autobiography. Instead, her work embodies the very situation of the dichotomy present in every autobiographical rendition where the narrator and the narrated do not correspond to a unified self. Following extract is evidence to the fact that Renee is a normal person like anybody else.

The remarkable thing was that, when I chanced to return to reality, I thought no more of these terrible moments. I did not forget them, but I did not think of them. And still, they were repeated very frequently, pervading a larger and larger segment of my life (Sechehaye: 23).

## 3. Why an Autobiography

When she was barely twelve years old, Keller began writing her autobiography "with a kind of fear". It is notable that she has confessed at the beginning of her autobiography about her forgetting many episodes of vital importance of her life. The reason she gives is "the excitement of great discoveries" which shows her tremendous positivity. However, she has presented a series of sketches that are significant and interesting. Thus she declares, "Soon I felt

the need of some communication with others and began to make crude signs" (Keller: 22).

In case of Renee, there is no automatic need for communicating her feelings and emotions nor does it bear her life's story from any decisive theme. It is at best a clinical need that has set the pace in the rather fragmented narrative. More than Renee, it is Sechehaye, her psychotherapist who has felt the need of this autobiographical sketch of Renee's split self.

However, both Keller and Sechehaye, have a similar need which is to communicate their thoughts, feelings and requirements. Thus, in writing their autobiography, or dictating it, as in case of Renee, they have contributed vitally in the expansion of the nature and scope of the genre of autobiography.

## 4. Writing the First Person for Distress and Diagnosis

Keller credits her teacher Anne Mansfield Sullivan with the extraordinary efforts she gave in instilling in her a sense of learning. In course of time, she progressed from stammering syllable to pondering over the thoughts brimming in a line of Shakespeare (Keller: 38). In this article, it is not projected Keller's physical constraints as pathological misfortunes though. Instead, the way writing her autobiography has enabled her to cope with her abnormal condition of existence is highlighted here.

It is not a usual narrative of life that Sechehaye has scribed on behalf of her subject, Renee. The text bears episodic description of the revelations as experienced by Renee. The selection of such incidents has a clinical necessity without any seemingly social or economic interests added to them. The text can be best described not as a document of self assertion rather as a testimonial of self sustenance. It is a joint work of the therapist and the recipient of the therapy. Far from being a coherent narrative it is a specifically subjected analysis of various psychological issues concerning Renee's life.

In many parts of her episodic description, Renee discloses how in her reality she in some ways accepted the pathological self of her. She had begun to learn how to live with the nuisance. The autobiography of Keller is no different in the way it fortified her will to live and come victorious in her life.

## 5. Role of Memory

Both the subjects of these autobiographies exude a remarkable instance of how memory helps in revival and recovery. It has been often seen that memory is associated with things which give pain or pleasure. But, in case of Keller and Renee, their memory lends them a helping hand beyond just tickling with their feelings. Keller was born normal, but she lost her eyesight and auditory capabilities very early in her life. Surprisingly she could retain the early experiences of the light of her days which is telling of her uniqueness. She writes about her memory as follows.

But during the first nineteen months of life I had caught glimpses of broad, green fields, a luminous sky, trees and flowers which the darkness that followed could not wholly blot out (Keller: 21).

She says that many incidents of those early years were fixed in her memory, discrete, yet conspicuous. All these faint memories of her early infancy have gone into making the sense of that particular silent, aimless, dayless life all the more intense (Keller: 25).

Almost the entire part of the autobiography, which Secheyaye pens, is based on the memory of Renee. How playing with a swing at the park gave her earlier hallucinations and how she would see and hear strange sights and sounds which are difficult even to be described and many more such incidents have filled the pages of her autobiography. One example is given below.

These cries, far from abating, seemed rather to increase. One day, while I was in the principal's office, suddenly the room became enormous, illuminated by a dreadful electric light that cast false shadows (Secheyaye: 22).

For Keller as well as Renee, their memories have a deep private element to them. Their memories have outlined their play with the light and shadow of their individual lives.

## 6. Conclusion

From the above comparative study the following observations can be deduced of the functions of autobiography in being inclusive to the concerns of a section of the physically and psychologically challenged. The practice of writing an autobiography can add to the healing process as in case of Renee. It can also become a tool of diagnosis. Similarly, the genre can lend itself to the revival of lost confidence as in case of Helen Keller. It is also found to be helpful while mapping the ailments as well as the process of recovery of a diseased individual. Both the autobiographies have consequences far and wide yet they return to the same origin where 'communication' as the most necessary mechanism of human survival holds truth. The first person narrative, unlike its counter narrative type of third person narrative as is the case with the biographies, is significant not just in elucidation of the first hand experience but also in purging the self by conferring expressions to its agony and apathy. Hence, the two autobiographies pursue the higher accomplishments of first person narrative functions.

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