

**UNIVERSITY OF TARTU**  
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**THE REPRESENTATION OF PSYCHIATRY IN SYLVIA PLATH'S *THE BELL JAR***

**BA thesis**

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## ABSTRACT

The aim of this thesis is to investigate the representation of psychiatry in Sylvia Plath's *The Bell Jar*. The empirical analysis focuses on Doctor Gordon and Doctor Nolan.

The introduction explains the importance of discussing mental health and the relevance of literature in this context. The first core chapters cover the social situation of women in the USA of the 1950s, feminist themes in the novel, and the role of gender in psychiatry. These topics are important in order to contextualize the major themes of the novel, some of which will be discussed in this thesis.

The empirical part of the thesis explores the depiction of psychiatry in *The Bell Jar*. This is done by choosing specific passages from the novel, taking a closer look at their content and, where relevant, the choice of words. A synopsis of the novel will be provided to show the causes of Esther's mental problems. The analysis of Doctor Gordon and Doctor Nolan is divided into separate sub-sections to discuss how the doctors treat their patients, their attitudes, and the facilities in which they work.

The conclusion of the thesis presents the most important points of the analysis.

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## INTRODUCTION

In recent years the topic of mental health has attracted increased attention from scholars and the general public alike. The everyday lives of people are becoming increasingly fast-paced and exhausting. For example, it is estimated that around 5% of adults suffer from depression as of the year 2021 (WHO 2021). The prevalence of other mental health issues has also increased. For example, in 2019, 40 million people were diagnosed with bipolar disorder (WHO 2022). Because an individual is the sum of their experiences, it is not unreasonable to assume that the mental state of individuals, at least to an extent, reflects some problematic aspects of societal structures and norms. Thus, exploring the ways in which mental health issues manifest themselves and are experienced can provide valuable input when it comes to thinking critically about the social constructs that surround us daily.

One medium which can be tremendously helpful in understanding the human psyche is, without doubt, literature. Literature depicts universal themes related to the human condition, allowing the reader to experience events without having to personally live through them. It allows us to explore different realities and truths. Additionally, and perhaps most importantly for this thesis, much can be revealed about the mind of an author by the words that they have written down. The relevant experiences of the author can help readers relate better to the major themes represented, especially in the case of mental health.

When talking about the representation of mental health problems, such as depression, in literature, one relevant author is Sylvia Plath who, before becoming thirty, had attempted suicide and was also psychiatrically hospitalized (Chesler 2018: 69). Besides being an extraordinary poet, she published one novel during her lifetime: *The Bell Jar* (1963). It is a *roman à clef* that has assumed an iconic status in literary and popular culture (Gill 2006: 124). The novel contains powerful and haunting themes that are strongly associated with mental

health. For example, the reader can detect that gender norms are a prevailing issue throughout the novel and one of the root causes of the protagonist's plight. Researchers have been focusing on diverse topics, from metaphors associated with mental health to the symbolism of food (Smith 2010), and in light of feminist theory, the interpretation of the novel through the lens of gender issues has also gained much prominence.

One of the areas in which some of the major feminist themes of *The Bell Jar* reveal themselves is psychiatry. *The Bell Jar* provides an opportunity to see the mental health challenges through the eyes of a female patient, which also gives us some insight into how the psychiatric establishment is affected by gender. This thesis aims to achieve two things: 1) to explore the role of psychiatry in Sylvia Plath's *The Bell Jar*; 2) to show how psychiatric treatment was affected by gender norms in the 1950s, the time frame in which the activities of the novel take place. Firstly, I will provide some context on the general social situation of women in the United States in the 1950s. Secondly, I will give an overview of the literature regarding certain feminist themes in *The Bell Jar* itself. After that, I will be looking at the literature regarding the connection between gender and psychiatry in the 1950s. In the empirical section of the thesis, I will provide my own analysis of the representation of the psychiatric field in the novel.

## **1. LITERATURE REVIEW**

### **1.1. The Social Context of Women in the USA of the 1950s**

To better understand Plath's novel and its depiction of psychiatry, it is important to provide some context of women's situation in the USA in the 1950s. The main focus of this section will be on mass media of the time because exploring the prevailing gender themes in

mass media can provide an idea of the dominant attitudes towards gender roles, which in turn affect psychiatric treatment, as I will later demonstrate.

The 1950s was an important period in the USA for the social fight for equality between men and women. Surveys conducted at the time illustrate a general public opposition to women's employment and there was considerable unease about the undermining of traditional notions of masculinity (Howard-Williams, Katz 2013). In 1963, Betty Friedan coined the term "feminine mystique" to describe an ideological stranglehold, the domestic ideal, on women (Friedan 1963). Friedan claimed that the dominant patriarchal ideas asserted that women could find fulfillment only by assuming the roles of a mother and housewife, and virtually denied them any chance of a life outside the domestic sphere, for example, in the form of a career (Friedan 1963).

For writing *The Feminine Mystique*, Friedan also relied on her research into the representation of patriarchal ideas in mass culture, which she considered to be a repressive force (Meyerowitz 1993). Because of this, and due to the fact that mass culture can give an idea of the dominant cultural values present in a society, it is relevant that, according to research from 1993, which aimed to take another look at the mass culture of the 1950s and 1960s, the ideas of individuality, women having a public life, and a career, were also represented in mass culture (Meyerowitz 1993). During the 1940s and 1950s, important groundwork was being laid for the wave of feminist ideas and interpretations that became dominant during the 1960s.

However, postwar mass media was characterized by noticeable cultural tension, as it advocated both the domestic and non-domestic ideals: some articles encouraged women to seek participation in public lives, while others reminded them to nonetheless adhere to traditional gender roles (Meyerowitz 1993). In many cases, these two ideas appeared in the

same article, by praising the accomplishments of hard-working female public figures, but describing them in ways which emphasized their femininity and domesticity (Meyerowitz 1993). Nonetheless, such articles exemplified to women that there were options besides being a stay-at-home mom. A smaller part of writings at the time emphasized the role of a woman as a mother and homemaker exclusively, with antifeminist authors promoting the domestic ideal as the only way to reach emotional fulfillment (Meyerowitz 1993).

The domestic ideal also affected women who worked outside of the home: a study conducted in 1991 about early motherhood in the 1950s showed that women's levels of satisfaction were not related merely to working outside of the home but to their level of social integration, meaning the more different roles and involvement women had, the higher was their sense of general satisfaction with life (Miller et al 1991). This suggests that the combination of work and domesticity was not rare, although it was harder for women to integrate their different social roles. Yet, there was more public participation than is stereotypically assumed. Meyerowitz (1993: 1469) states that "In general, then, popular magazines incorporated women's public participation as part of a positive image of the modern American woman in the postwar world."

Nonetheless, it is important to note that during the first half of the 20<sup>th</sup> century, the domestic ideal was bolstered by the suburban ideal, which also led to couples marrying earlier and having children and at higher rates than was common previously (Howard-Williams, Katz 2013). Another way in which suburban life reinforced the domestic ideal was the isolating effect it had on women, specifically by taking them farther away from the city and separating them from broader social communication, which further reduced their possibility of having a public life. New suburban housing developments were designed for the unemployed mother: there was enough room for many different appliances which were supposed to help in the

achievement of greater standards of efficiency and cleanliness, therefore helping to have more time for taking care of children (Howard-Williams, Katz 2013). However, with new technology came increased standards of cleanliness, which in turn added to women's workload at home. Despite this, one technological advancement may have helped the spread of feminist ideas and strengthened the opposition to traditional gender roles: the television (Howard-Williams, Katz 2013). The authors state that:

Television's sudden introduction into the domestic space was also accompanied by a popular paranoia that it was changing family dynamics and having a disruptive effect on domestic life. Television was depicted as a usurper that had robbed men of their power within the home, and combined with the already increasing number of women in the workplace, there was a suspicion that men were being turned into passive victims. (Howard-Williams, Katz 2013)

According to the authors, while television defined the good life in a family-centric, asocial and materialistic way, it also highlighted the cultural tensions inherent in the suburban familial arrangement (Howard-Williams, Katz 2013). Thus, politics was brought inside the homes, fusing public problems with domestic ones, which coincides with the feminist notion of the personal being political, an idea popularized by Carol Hanisch in 1969 (Britannica 2023a). Television reduced the isolation from politics by providing women with information about what was going on outside the home-life, and in this way, the awareness of the reality of their situation was increased (Howard-Williams, Katz 2013).

While people were generally opposed to the employment of women, one notable exception seemed to be the profession of teaching since it was considered an extension of the domestic sphere (Roberson 1984). Women, as mothers, were thought to be better equipped due to their supposed nurturing gender roles when it came to teaching children (Roberson 1984). Teaching provided women with a certain amount of influence outside the home and immediate family environments, which was especially important in the context of social progress (Roberson 1984).



The previous discussion highlights that while women were more involved in and informed about public life than is stereotypically assumed, prevalent social norms of the 1950s nonetheless made it difficult to have both a fulfilling career and a domestic life. Thus, integration of the two was difficult, and women were generally forced to choose one or the other. This is particularly relevant in the case of *The Bell Jar*, which also focuses on the question of how women cope with conflicting societal expectations. One of the fundamental problems for Esther is not necessarily the lack of choice, but rather the idea that choosing one option means losing the rest, a feeling induced, in large part, by the apparent understanding that a fulfilling domestic and public life were mutually exclusive.

## **1.2. Feminist Themes in *The Bell Jar***

It is evident that *The Bell Jar* involves several major feminist themes which reveal themselves through Esther's tenacity, wit, and insightful observations. Esther lives in a world that she feels is full of double standards and hypocrisy, and, where a woman's main asset is considered to be a compliant attitude towards societal norms.

Previous research has shown that by observing what is going on around her, Esther has reached a state where she feels that men dominate over others by propagating what they think is beneficial for everyone else. Additionally, it seems to her that individuality is not something prized equally in both men and women (Ghandeharion et al 2015). One example of how men try to control women can be seen in the way the protagonist frames marriage and the idea of having children. Unlike what contemporary cultural values dictated – that marrying and having children was a way for a woman to blossom and grow by fulfilling her true potential – Esther interprets it as a trap, a way to inhibit individual growth in a woman (Ghandeharion et

al 2015). Esther refers to married women with the words such as “slave”, “numb”, “brainwashed” (Imtiaz et al 2019). As married women were mostly expected to adhere to rigid gender roles, the protagonist sees marriage as something inherently restricting that forces women to become automatons (Imtiaz et al 2019).

Previous research has also analyzed Esther’s attitudes towards childbearing. Childbearing and marriage seem to be in her mind like two threads that bind a woman and restrict her freedom. Esther is inviting the reader to see through the clichés of motherhood by describing the process of childbirth through a technique known as defamiliarization (Perloff 1972). Perloff (1972: 516) goes on to state that on the basis of Esther’s description “childbirth seems to be a frightening ritual in which a ‘dark fuzzy thing’ finally emerges from ‘the split shaven place’ between the woman's legs.” Esther thinks that only a man could think to himself after witnessing such a process that the woman did not know what she was doing (Perloff 1972). Esther describes the delivery table as a sort of torture device (Ferretter 2008). It seems that Plath treats the area of gynecology itself as an area of medicine that enforces patriarchal attitudes and norms, one in which men are once again controlling women’s bodies while masquerading it as care (Ferretter 2008).

Esther rejects society’s double standards regarding men and women. Her attitude towards sex and the idea of virginity being equated to purity is a perfect example of this, as she refuses to yield herself to please a man, although she does seem to treat her own virginity as a burden (Mozumder 2017). Esther’s relationship with Buddy Willard exemplifies her attitude towards virginity. The protagonist sees him as a hypocrite, even though in the eyes of society Buddy is someone with an education, and therefore status. While Buddy believes a woman should remain a virgin before marriage, he himself has had a fling with another woman before Esther, thus revealing the double standards present in society: virginity is

something which is encouraged in women while men are given sexual freedom and the opportunity to explore. Esther herself says the following: “I couldn’t stand the idea of a woman having to have a single pure life and a man being able to have a double life, one pure and one not” (Plath 1966: 77). Esther decides to lose her virginity on her own terms, becoming sexually active and defying sexual norms not to enjoy or start a relationship, but rather, as Rath (2020: 47) puts it, to “spit in the face of male chauvinism”.

Despite all of this, Esther does seem to acknowledge that the only way to be accepted by the larger society is to act in accordance with the more traditional domestic models and, as Smith (2010) states, Esther, while staying in Caplan, a mental institution where she meets Doctor Nolan, perceives that being traditional and “normal” is linked to eating. That is to say, the patients scheduled for ECT are given no breakfast, while those who escape the horrors of electro-shock therapy are seemingly “rewarded” with breakfast (Smith 2010). According to Smith (2010), in *The Bell Jar*, eating is used as a way of cementing the idea that transgressing the boundaries imposed on women by society can have undesirable aftereffects.

### **1.3. Role of Gender in Psychiatry in the 1950s**

This section will look at the role of gender in certain psychiatric treatment programs to show the context in which Esther encounters the psychiatric establishment. Gender roles dictated the everyday assignments of people during the 1950s, including in psychiatric treatment. Treatments that are also used in *The Bell Jar*, such as lobotomy and some shock therapies, namely insulin shock therapy and electroconvulsive therapy, also known as ECT for short, merit closer attention.

The institution of medicine has traditionally been male-dominated. Women could become doctors in the 19<sup>th</sup> century, but the first half of the 20<sup>th</sup> century saw a decline in the number of female physicians (Hirshbein 2004). It is possible that this decline happened due to discrimination against women by medical schools (Hirshbein 2004). There was a shift away from arguments that stated women could provide a special perspective because of their gender to those that emphasized their abilities as doctors first, therefore putting women in direct competition with male doctors and thus creating some backlashes against women's involvement in medicine (Hirshbein 2004).

However, based on the literature, it can be said that gender roles did play a role in psychiatric treatment programs. Psychiatric treatments are affected by the dominant cultural values of a society to a larger extent than other medical disciplines because emotional states and behavioral irregularities are viewed very differently in the case of men and women (Shorter 2008).

Braslow and Starks (2005) focus on the effects of gender norms and other cultural values in the care of psychiatric patients. The authors claim that, after World War II, gender shaped the kinds of problems that brought patients to the hospital and the different interpretations that accompanied their treatment. Psychiatrists emphasized the failure to adhere to the gender norm expectations set by society as a factor in diagnosing mental illness. For example, such an interpretation was used to explain homosexuality in men (Hirshbein 2010).

The categories of depression have been defined in a gendered fashion throughout psychiatric history. From the 1950s onwards it was consistently assumed by psychiatrists that women were more depressed than men, which led to the widespread belief that depression was a women's illness (Hirshbein 2006). This belief was reinforced in a circular fashion, as stated by Hirshbein (2006), since the assumption led to women being studied more and their

symptoms primarily being used to define the main categories of depression. Psychiatric symptoms were also seen as “male” or “female” (Chesler 2018). The former category included, for example, sex addiction, alcoholism, sociopathic personalities, the latter anxiety, paranoia, depression, suicide attempts, panic, and eating disorders (Chesler 2018). Psychiatrists of the mid-20<sup>th</sup> century did not question whether there was a negative connection between social roles and mental health (Hirshbein 2004). Chesler (2018: 173) takes this a step further and asserts the following: “Some clinicians and researchers, as well as their patients and subjects, adhere to a masculine standard of mental health, women, by definition, are viewed as psychiatrically impaired – whether they accept or reject the female role – simply because they are women.”

The 1950s were a tumultuous period in the history of psychiatry. Physicians began to work together with pharmaceutical companies in order to develop and test a range of medications on patients admitted to mental institutions (Hirshbein 2006). New innovations challenged the old treatment approaches. Most notable among them was the rapid introduction of antipsychotic drugs such as Thorazine, the first of many psychopharmacological medications (Scull 2011). Many proponents of the psychoanalytic approach, however, decided to at first ignore the new drugs entirely, as they claimed that their approach addressed deeper root causes of different symptomatology (Scull 2011). Scull (2011) argues that this stance was reinforced by the fact that the drugs, which were hailed by many psychiatrists as revolutionary, in many cases simply reduced the symptoms without curing the illness.

Braslow and Starks (2005) state that before the introduction of antipsychotic drugs, however, the treatment programs of state hospitals included a range of somatic therapies, including lobotomy, a treatment which has also been administered to one of the characters in *The Bell Jar*, Valerie. Lobotomy involves the severance of nerve pathways in a lobe or lobes

of the brain from those in other areas by a surgical procedure (Britannica 2023b). It is important to note that, according to Chesler (2018), in general, during the 20<sup>th</sup> century, female patients were more likely to be treated against their will, and that, for example, even unmarried pregnant teenagers were pathologized. It should also be emphasized that lobotomy was generally used as a last resort after other possibilities had been exhausted (Braslow, Starks 2005). However, an interesting fact can be noted in the case of California's Stockton State Hospital. Namely that in the 1950s, for every man, six women were lobotomized, which was still overall consistent with the national average (Braslow, Starks 2005). Braslow and Starks (2005: 276) state that the higher rate of lobotomized women was directly related to the aftermath of the process: "The desirability, acceptability, or lamentability of the changes depended on how they would contribute to or detract from a patient's ability to fulfill the roles that were expected of him or her." The most common effects of lobotomy included apathy, reversion to childlike behaviour, incapability to commit to meaningful labour, and institutional dependency, all of which were seen as more detrimental to males than females on account of gender roles (Braslow, Starks 2005). It is therefore no wonder that, in some cases, psychiatrically hospitalized women, who were not, in fact, insane, feared that the conditions present in an asylum might take their sanity (Chesler 2018).

In the context of *The Bell Jar*, the category of shock therapies deserves special attention as well. The three distinct remedies were: insulin, Metrazol, and electroconvulsive therapy (Braslow 1999). Two of these are also used in Esther's treatment: insulin therapy and ECT. Insulin therapy worked by injecting the subject daily with increasingly higher doses of insulin until a comatose state was produced, after which the patient underwent daily injections, the dosage of which was the same as the one which resulted in the coma (Braslow 1999). Insulin therapy was potentially life-threatening for the patient, and thus required doctors and

nurses to pay constant attention to the subject (Braslow 1999). The method spread rapidly, as in 1941, 71% of 305 psychiatric institutions in the USA reported utilizing this method for treatment. ECT, the most widely known shock therapy, eventually came to replace insulin therapy (Braslow 1999). In the novel, Esther receives ECT two times, once under Doctor Gordon and once under Doctor Nolan. In the two cases, the effects are vastly different, which is most likely due to the fact that the first ECT was not conducted with anesthesia, as is standard today (Taylor et al 2018). ECT was predominantly used among the female populations, for example, in 1972, the ratio was apparently 2:1 in the USA, and the reason is not entirely clear, although proponents of ECT have justified it by saying women develop more severe psychotic depressions, which does not seem to be supported by evidence (Major 2002).

The 1950s additionally saw several movements within psychiatry that called for the reform of the existing system to make psychiatric institutions more humane: opening mixed-gender wards, rebuilding links to the outside world through outings into town, holidays, diversification of occupational activities, reduction of confinement procedures, etc. (Fussinger 2011). Reformists denounced the rigid structures found within psychiatry, which were seen as counterproductive in the therapeutic healing process (Fussinger 2011). They called for the democratization of relationships between the staff and patients (Fussinger 2011). Indeed, the problems of rigidity and antiquated practices can be seen in Doctor Gordon's approach to treatment, which leaves a deep impression on Esther.

The above discussion identified a number of gendered aspects of the psychiatric establishment in the 1950s. It is evident that the medical field in general, and thus psychiatry, were dominated by male doctors. It was common for psychiatrists to interpret mental illness through the lens of gender (which is relevant when analyzing the role of Doctor Gordon), as

the failure to adhere to gender roles was thought to be one of the causes of mental problems. This in turn meant that different treatments were applied to men and women, which is revealed through the fact that women were much more likely to receive, for example, lobotomy and ECT. ECT specifically plays an important role in Esther's treatment, as will be shown in the following analysis.

## **2. REPRESENTATION OF PSYCHIATRY IN *THE BELL JAR***

### **2.1. Mental Health and the Depiction of Psychiatry in *The Bell Jar***

*The Bell Jar* is a story told in the first person of the life of Esther Greenwood, a college student during the 1950s in the USA. She spends a month in New York City as an editor for a popular women's magazine. However, during her time in the big city issues regarding her own identity and social norms become increasingly apparent. Esther reminisces about her relationship with Buddy Willard, and how it exposed to her the double standards and hypocrisy regarding the expectations set for men and women when Buddy admitted to not being a virgin. After being rejected from a writing class Esther decides not to go to summer school. Rather, she spends the summer at home with her mother. Meanwhile, Esther's mental state deteriorates, and she finds out about Doctor Gordon through her friend. The psychiatric sessions and treatment under the new doctor make Esther's condition worse, resulting in several suicide attempts, until ultimately, she overdoses on sleeping pills but survives. She is then admitted to a more progressive hospital where she is treated by Doctor Nolan, who is much more understanding of Esther's problems. While on a night pass, the protagonist loses her virginity, which she has come to view as a burden. After the act, Esther begins hemorrhaging, and she seeks help from her friend, Joan, who was also a patient at the same



facility. Afterwards, Joan is readmitted to the asylum and commits suicide. The novel ends, however, on a hopeful note, with Esther seemingly having been “reborn” and facing the psychiatric board, which will decide whether she can go home or not.

In the following analysis, I will be focusing on the feminist themes that can be seen in the depiction of psychiatry, specifically in the representation of Doctor Gordon and Doctor Nolan. In the case of Doctor Gordon, I will be looking at the link between Esther’s experience as a woman and the way in which psychiatry acts as a tool for reinforcing patriarchal norms, trying to repress the protagonist’s individuality. Secondly, I will focus on Esther’s experience with Doctor Nolan: why does the fact that Nolan is a woman matter, and I will also demonstrate how psychiatry is redeemed in the novel. To provide some necessary context, certain passages help the reader understand the causes of Esther’s mental problems are highlighted as well.

Already during the first few pages, the reader gets a glimpse of Esther’s mental state.

Perhaps one of the more important paragraphs in this regard is the following:

Only I wasn’t steering anything, not even myself. I just bumped from my hotel to work and to parties and from parties to my hotel and back to work like a numb trolley-bus. I guess I should have been excited the way most of the other girls were, but I couldn’t get myself to react. I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo. (Plath 1966: 2-3)

The core of the problem is revealed to the reader quite early in the book. The passage contains several words and phrases that reveal the apathy the protagonist feels: “numb”, “still”, “empty”, “couldn’t get myself to react”. Esther herself is very aware that this lack of feeling is not the norm, as she witnesses the enthusiasm and excitement of other girls. In her own words, she has no feeling of control over her own life. It is as if every event of her life was happening through no agency of her own but as a result of some external controlling force, which simply dictates the events of Esther’s life and drags her along like a marionette. The

lack of positive emotion creates a feeling of alienation in Esther, which is further exemplified by the tornado analogy: while other girls enjoy the years of their youth, the protagonist feels no sense of satisfaction or achievement. Like the eye of a tornado, her life moves along with the rest of the chaos, but nonetheless, it seems as if nothing is really changing. Esther's seeming lack of control over her own life might be, to a large extent, attributed to society's expectations of women. The gender roles discussed above are an outside force over which the protagonist has no control. Indeed, in several instances throughout the novel, we can see Esther's resentment of the expectations which are set on her by men and the double standards which to her seem glaringly obvious yet are considered normal by several characters with whom she comes into contact.

The uncertainty that Esther feels runs deep, and concerns not only the present and the past, but also the future:

What I always thought I had in mind was getting some big scholarship to graduate school or a grant to study all over Europe, and then I thought I'd be a professor and write books of poems or write books of poems and be an editor of some sort. Usually I had these plans on the tip of my tongue. 'I don't really know', I heard myself say. I felt a deep shock, hearing myself say that, because the minute I said it, I knew it was true. (Plath 1966: 30)

Esther is not completely in touch with her own desires. The narrative she had created beforehand in her imagination was based on studying abroad and becoming a professor. However, a much more spontaneous answer to Jay Cee's question uncovers a certain conflict within the protagonist and Esther's unfamiliarity with her own actual desires, which are reinforced by the following, and perhaps the most famous quote from the novel:

I saw my life branching out before me like a green fig-tree in the story. From the tip of every branch, like a fat purple fig, a wonderful future beckoned and winked. One fig was a husband and a happy home and children, and another fig was a famous poet and another fig was a famous professor, and another fig was Ee Gee, the amazing editor, and another fig was Europe and Africa and South America, and another fig was Constantin and Socrates and Attila and a pack of other lovers with queer names and off-beat professions, and another fig was an Olympic lady crew champion, and beyond and above these figs were many more figs I couldn't quite make out. I saw myself sitting in the crotch of this fig-tree, starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest, and, as I sat there, unable to decide, the

figs began to wrinkle and go black, and, one by one, they plopped to the ground at my feet. (Plath 1966: 73)

The different futures are, in Esther's mind, mutually exclusive. For many women, the expected route would have been becoming a housewife, excluding the possibility of choosing a career. Therefore, the fig tree also symbolizes the conflict between Esther's individuality and the expectations imposed on her because of gender roles. Smith (2010) writes that essentially the disconnect between the ideal of the 1950s housewife and Esther's own aspirations causes her to be deeply confused about her personal identity, which leads her to be ultimately overcome by the fear of losing all the opportunities she ever had to be free. It can be seen that Esther suffers from an inner conflict which manifests itself in her extreme indecisiveness. The way Esther describes the entire situation in the paragraph seems quite detached, indicating that she is not quite in tune with her own feelings. As she herself seemed to realize only during her date with Constantine: "I felt dreadfully inadequate. The trouble was, I have been inadequate all along, I simply hadn't thought about it." (Plath 1966: 72). Additionally, Perloff (1972) states that female roles were becoming less rigidly defined than before, resulting in a seeming abundance of different possibilities, all of which nevertheless would have required giving up others, due to which making a choice itself would have appeared as something unachievable.

## **2.2. Doctor Gordon**

By the time a psychiatric office is mentioned for the first time, Esther's situation has deteriorated noticeably, as Plath (1966) writes of our protagonist: "I hadn't washed my hair for three weeks, either. I hadn't slept for seven nights." The following is said of Doctor Gordon's waiting room:

The walls were beige, and the carpets were beige, and the upholstered chairs and sofas were beige. There were no mirrors or pictures, only certificates from different medical schools, with Doctor

Gordon's name in Latin, hung about the walls. /.../ At first I wondered why the room felt so safe. Then I realized it was because there were no windows. (Plath 1966: 122)

The room, along with its furniture is monochromatic, and this lack of variety in terms of colour is often associated with hospitals and asylums in the 19<sup>th</sup> and 20<sup>th</sup> centuries. The open display of certificates from different schools is also used to paint a picture of a man who probably is quite proud of his own achievements. Most importantly, the space where the psychiatric process takes place is presented as separate from the rest of the world. Esther mentions that a room without windows creates a feeling of security, most probably because in the outside world mental problems were a big taboo. But, on the other hand, it could be looked at as something negative: the events which take place are happening behind the curtain, without any significant outside perspective. This means that whether the patients are treated humanely or not is potentially only known to the patients themselves and the doctors.

I curled in the cavernous leather chair and faced Doctor Gordon across an acre of highly polished desk. /.../ Doctor Gordon's features were so perfect he was almost pretty. /.../ I had imagined a kind, ugly, intuitive man looking up and saying 'Ah!' in an encouraging way, as if he could see something I couldn't /.../ And then, I thought, he would help me, step by step, to be myself again. But Doctor Gordon wasn't like that at all. He was young and good-looking, and I could see right away he was conceited. (Plath 1966: 123-124)

Immediately we are given an idea of what an orderly person Doctor Gordon is: according to Esther, the doctor himself looked almost perfect, which did not align with her expectations. Smith (2012) argues that the initial expectations Esther had for Dr Gordon, of him being the all-knowing presence that would magically solve her problems, leads to the disappointment that the protagonist feels the first time she meets the doctor. The picture is painted of a man who has a certain aura of superiority about him. To Esther it seems that a person who is, in a way, "perfect", cannot have an idea of how to help people like her, whose individuality is constantly suppressed by the social system they live in, which results in a fragmented sense of self. Esther thinks: "Then I thought, how could this Doctor Gordon help

me anyway, with a beautiful wife and beautiful children and a beautiful dog haloing him like the angels on a Christmas card?" (Plath 1966: 124). Doctor Gordon is, to Esther, unrelatable in every conceivable way, and therefore she almost immediately dismisses him. Doctor Gordon's first statement to Esther is: "Suppose you try and tell me what you think is wrong" (Plath 1966: 124). Such an approach immediately betrays a certain lack of understanding to Esther, as it assumes that, in fact, there might be nothing wrong at all and all the deep problems are in Esther's head. This lack of respect for the patient's emotions can be seen in the following scene:

The whole time I was talking, Doctor Gordon bent his head as if he were praying, and the only noise apart from the dull, flat voice was the tap, tap, tap of Doctor Gordon's pencil at the same point on the green blotter, like a stalled walking-stick. When I had finished, Doctor Gordon lifted his head. 'Where did you say you went to college?' (Plath 1966: 125)

The pencil tapping raises the question of whether it is a thoughtless habit or a conscious technique. One may ask how committed Doctor Gordon is to the psychiatric process if he cannot eliminate a simple yet potentially irritating habit. Perhaps it could be interpreted as a sign of anxiety, in which case, if we take Doctor Gordon to be the patriarchy personified, it would signify that the system which, on the surface seems to be faultless, shows signs of deeper problems. The seemingly inconsequential question, coupled with the lack of involvement raises further suspicions about whether Doctor Gordon is equipped to actually help the protagonist. The very nature of the question itself indicates that the doctor is not giving Esther his full attention. Soon after Doctor Gordon tells Esther that they would see each other again the next week, after having finished a session which provided, from Esther's point of view, no valuable input from the psychiatrist.

The second meeting makes Doctor Gordon's detachment obvious:

'Well, Esther, how do you feel this week?' /.../ 'The same.' 'The same?' He quirked an eyebrow, as if he didn't believe it. So I told him again, in the same dull, flat voice, only it was angrier this time, because he seemed so slow to understand, how I hadn't slept for fourteen nights and how I couldn't read

or write or swallow very well. Doctor Gordon seemed unimpressed. I dug into my pocket-book and found the scraps of my letter to Doreen. I took them out and let them flutter on to Doctor Gordon's immaculate blotter. They lay there, dumb as daisy petals in a summer meadow. 'What, I said, 'do you think of that?' I thought Doctor Gordon must immediately see how bad the handwriting was, but he only said, 'I think I would like to speak to your mother. Do you mind?' (Plath 1966: 129-130)

From Esther's point of view, it seems as if Doctor Gordon expected her to magically get better after the previous session, although he provided nothing valuable in terms of treatment. Doctor Gordon seems to fall into the stereotype of the cold psychiatrist who has little empathy for the patient. In fact, he does not even discuss the treatment options with the patient directly, but rather with Esther's mother, keeping the protagonist in the dark. This also exemplifies the fundamental power imbalance between the protagonist and the psychiatrist: they are not equals who could discuss and make decisions between themselves. He does not even answer Esther's question, ignoring her outright. The doctor thinks that Esther has not got better and should therefore receive shock therapy, which is a strong indication that, in Doctor Gordon's mind, something is inherently wrong with Esther and should be fixed only with radical methods. Agency is once again taken away from Esther, as decisions are made behind her back.

It is as if Gordon is the personification of everything that the protagonist opposes. Firstly, as he is a married man, he perpetuates the institution that Esther in many ways has come to abhor, since she considers marriage to be a method of getting a woman under a man's thumb. He also pays no attention to what Esther actually has to say, drawing a parallel between him and the society which tends to silence the voices of women, suppressing their individuality and forcing them into fixed roles. The refusal to assume any responsibility leads Doctor Gordon to make decisions that are not beneficial to those he is supposed to help, arguably making the condition of his patients worse.

Once Esther enters Doctor Gordon's psychiatric hospital, she acknowledges that although the institution seems normal, she knows it must be full of "crazy" people. Moments later, however, it becomes obvious that something is quite wrong:

Then I realized that none of the people were moving. I focused more closely, trying to pry some clue from their stiff postures. I made out men and women, and boys and girls who must be as young as I, but there was a uniformity to their faces, as if they had lain for a long time on a shelf, out of the sunlight, under siftings of pale, fine dust (Plath 1966: 136)

Probably as a result of the psychiatric treatment, many people in Doctor Gordon's facility have lost their ability to properly express themselves. Esther even later retorts that these are not real people, but mere imitations, simple "shop dummies". It seems as if they have been reduced to the status of passive objects, and although the hospital seemed normal, the people inside were nonetheless imprisoned in their own minds, forgotten by others, and unable to get out. It paints the picture of psychiatry as something which systematically failed those people and suppressed their identity.

The last line makes it clear what social consequences being in an asylum would have had. A person became an outsider, someone who did not deserve attention from the outside world. In fact, the taboo of mental illness is pervasive throughout the novel. Buddy even asks Esther who would want to marry her after she has been in a psychiatric institution. In another part of the hospital the windows were barred, presumably as a safety measure, but it also creates associations with a prison, which Doctor Gordon's institution is starting to resemble more and more. Even the nurses bear more resemblance to prison guards than to mental health workers, as one nurse is described by using the words "dumpy" and "muscular". They do not seem to think very highly of the people in their care. Their attitude seems condescending, if we consider the usage of such words as *conspiratorial*, *grin*, and *hissed* in the given context, that is, where a patient is obviously having some sort a psychotic break:

Dumpy and muscular in her smudge-fronted uniform, the wall eyed nurse wore such thick spectacles that four eyes peered out at me from behind the round, twin panes of glass. /.../ when she brought her face up to mine and with a large, conspiratorial grin and hissed, as if to reassure me, 'She thinks she's going to jump out the window but she can't jump out the window because they're all barred!' (Plath 1966: 137)

As for the shock therapy itself, it could be considered a symbolic culmination of all of Esther's suffering (Coyle 1983). To her, it feels like a punishment, as if she has done something so horrible that it warranted such treatment: "I wondered what terrible thing it was that I had done" (Plath 1966: 138). The shock treatment, instead of making her feel better, reminds her of a horrible instance from her past when she was electrocuted by an unsafe table lamp. It is as if Doctor Gordon's task was not to help Esther but rather to make her obedient so she would keep in line and submit to the patriarchal system. Afterwards, Doctor Gordon off-handedly asks her the same question regarding Esther's college as before, thus showing his lack of attention towards his patients. The fact that Doctor Gordon had forgotten Esther's college may also be tied to the fact that during the 1950s a woman's education would probably not have been a main point of interest, as they were mostly expected to get married, become a housewife, and have children. In a way, perhaps, a woman with an education may have been viewed as something almost pathological by Doctor Gordon.

In fact, the therapy was so traumatizing for Esther that she decided to call off the next meeting with Doctor Gordon. Her mother responded in a superficially positive way, painting the situation as if Esther were actively making the decision to be well again, while also, in an ironic way, foreshadowing Esther's forthcoming suicide attempt: "I knew my baby wasn't like that. /.../ Like those awful people. Those awful dead people at that hospital. /.../ I knew you'd decide to be all right again" (Plath 1966: 140). This tells us that being a patient in Doctor Gordon's hospital was a fate worse than, or at least as bad as death. Esther's mom implies that mental illness is something a person has full control over, and it can be wished away at any



moment. Such a notion, however, is far from the truth and demonstrates a lack of understanding between the mother and daughter.

The events left such an impression on Esther that she became convinced her case was incurable, and so, after a failed suicide attempt by hanging, she remarked: “I wondered, after the hanging fiasco, if I shouldn’t just give it up and turn myself over to the doctors, but then I remembered Doctor Gordon and his private shock machine. Once I was locked up they could use that on me all the time” (Plath 1966: 153). It is interesting to note how she talks about the doctors as if they were the police: “turn myself over to the doctors”, “Once I was locked up”. There is no doubt that the shock therapy was a pivotal moment in reinforcing this attitude because it felt like torture to her. Another interesting phrase is “his private shock machine” giving the impression as if Doctor Gordon extracted such enjoyment out of conducting shock therapy that he decided to acquire a machine which belonged solely to him.

Doctor Gordon is painted as an incompetent psychiatrist, whose real intention does not seem to be the well-being of his patients. Rather, he acts as an arm of a patriarchal system, the purpose of which is to make Esther align with society’s expectations, repressing her individual ambitions. This interpretation is based on his seeming indifference regarding the causes of Esther’s issues, the state of the patients at his prison-like facility and the fact that his approach to treatment is interpreted by the protagonist as torture, rather than a remedy.

### **2.3. Doctor Nolan**

In the novel, there are two important psychiatrists: Doctor Gordon and Doctor Nolan. While the former, as could be seen above, serves to remind the readers of the faults of psychiatry (and, perhaps, by extension, society), the latter brings about a change in attitude

and approach, which seems to redeem the psychiatric field. When Esther gets transferred to a city hospital after a failed suicide attempt, and before meeting Doctor Nolan, she was given her own room: “It reminded me of the room in Doctor Gordon’s hospital – a bed, a bureau, a closet, a table, and chair. A window with a screen, but no bars” (Plath 1966: 178-179). Right away there is a fundamental difference in the approach of the facilities of both doctors. The Caplan facility does not resemble prison to Esther as Doctor Gordon’s hospital did, although the two have similarities. The patients are not viewed as people who have done something wrong, rather, a mutual sense of trust is being established and Esther’s notions created as a result of her contact with Doctor Gordon are, in a way, already being challenged.

This point is relevant in another passage, where Esther finds out that patients are allowed to play golf and badminton outside, which prompts her to think: “They mustn’t be really sick at all, to do that” (Plath 1966: 181). Esther’s ideas about the institution of psychiatry and its cruelty are persistent, but she is lucky to be placed in a more progressive facility, which treats patients as individuals with needs of their own. Additionally, Esther gets insulin injections, to artificially induce a coma, which was also considered a more progressive treatment option when compared to alternatives, despite showing limited success rates. However, things are not black and white, as another patient, Valerie, tells Esther she had a lobotomy at Wymark, another facility where people with worse mental problems were sent. The lobotomy, while solving her anger issues, also stripped her of any desire to reintegrate into the outside world. This shows that, while the Caplan facility itself and the doctors there might have had a more progressive approach to treatment, the surrounding system nonetheless had glaring problems.

Esther was surprised at being assigned a woman psychiatrist. She makes the following comment: “I didn’t think they had woman psychiatrists” (Plath 1966: 179). This reflects the

actual situation, as understandably female psychiatrists formed a much smaller portion of mental health doctors than men. Importantly, Doctor Nolan being a woman introduces a new dimension to the patient-doctor relationship, as Esther's problems, in big part, have to do with the difficulties of being a woman in a male-dictated society of the 1950s. Thus, a person like Doctor Nolan, a woman who has made a career for herself in medicine despite the social situation, might have a clearer understanding of Esther's issues. A facility having a female psychiatrist could also be taken as a symbol of it being a more progressive hospital, which is less affected by certain social norms.

In contrast to Doctor Gordon, Nolan pays attention to her patients, taking in every bit of information available to her. Because of this, there seems to be an understanding between the doctor and the protagonist. For example, Nolan informs Esther that the latter is not to have any visitors for a time, which delights Esther, and thus elicits a response from Nolan: "I thought you'd be pleased" (Plath 1966: 194). Nolan's knowledge of the wants and needs of her patients stands in stark contrast between her and Doctor Gordon, who seemingly treated all his patients symmetrically, without acknowledging the details of each individual case, even demonstrating the lack of attention on his part several times to Esther. After an incident where Esther's mother, on a visit, gave her some roses and reminded Esther that it was her birthday, the protagonist dumped the roses into a waste basket. Doctor Nolan immediately took note of this and refused to let anyone visit Esther, demonstrating an understanding both of Esther's dislike for visitors and of the protagonist's thought process, that is, a person who considers existence a burden to the point of attempting suicide, would not, in all likelihood, appreciate the celebration of her birthday. The following paragraph further affirms this understanding:

"That was a silly thing for her [Esther's mother] to do," I said to Doctor Nolan. Doctor Nolan nodded. She seemed to know what I meant. "I hate her," I said, waiting for the blow to fall. But Doctor Nolan

only smiled at me as if something had pleased her very, very much, and said, "I suppose you do." (Plath 1966: 195).

Soon after, Esther is transferred to Belsize, considered to be the best facility out of the three. It is at Belsize, however, where Esther's traumatic memory of her first shock therapy is evoked. Furthermore, it is at this point where Nolan's caring nature is best showcased, as she comforts the protagonist prior to the ECT:

Doctor Nolan put her arm around me and hugged me like a mother. 'You said you'd *tell me!*' I shouted at her through the dishevelled blanket. 'But I *am* telling you,' Doctor Nolan said. 'I've come specially early to tell you, and I'm taking you over myself.' I peered at her through swollen lids. 'Why didn't you tell me last night?' 'I only thought it would keep you awake. If I'd known...' /.../ 'Listen, Esther,' Doctor Nolan said. 'I'm going over with you. I'll be there the whole time, so everything will happen right, the way I promised. I'll be there when you wake up, and I'll bring you back again.' I looked at her. She seemed very upset. I waited a minute. Then I said, 'Promise you'll be there.' 'I promise.' Doctor Nolan took out a white handkerchief and wiped my face. Then she hooked her arm in my arm, like an old friend, and helped me up, and we started down the hall. (Plath 1966: 203-204)

Referring to the hug as motherly denotes the caring bond that Esther has developed with Dr Nolan. It gives the impression that the connection between the two characters resembles that of family members, a link that can transcend any other in terms of emotional fulfillment. For Esther, Nolan has assumed the role of an understanding mother that she never had, which also makes the apparent betrayal so painful for the protagonist. Dr Nolan understands the mental scarring that previous treatments have caused in the young girl, which prompts her to do whatever she can to soothe Esther's anxiety, promising to stay with her throughout the whole process. She promises to bring Esther back, which, aside from its literal meaning, could also be interpreted as a promise to help Esther recover the part of herself that she has lost, to help her heal fully, thus symbolizing the vital role that Nolan plays in Esther's journey towards reintegrating her fragmented sense of identity. The final sentence cements the idea that the two characters fully accept each other as equals, having developed an unbreakable bond akin to that of old friends.

Indeed, the aftermath of the ECT was much more pleasant since it was done correctly.

Esther feels at peace, free of the suffocating presence of the bell jar:

I woke out of a deep, drenched sleep, and the first thing I saw was Doctor Nolan's face swimming in front of me and saying 'Esther, Esther.' /.../ All the heat and fear had purged itself. I felt surprisingly at peace. The bell jar hung, suspended, a few feet above my head. I was open to the circulating air. (Plath 1966: 206)

The aftermath is described as waking up from a deep sleep, which gives the idea that the process itself was not felt by Esther. On the other hand, the sleep is described as drenched, relating a certain idea of unpleasantness to the moment of waking up. Furthermore, Doctor Nolan's face is supposedly "swimming" in front of Esther, which might mean that her mind is a bit disoriented. Esther seems to be disconnected from her own thoughts, not being able to focus on anything specific. There is also no happiness or joy, simply the feeling of freedom, as if the chains that were holding Esther back had been cut. Despite this, the bell jar is described as being in a state of suspension above Esther's head, indicating that the feeling of serenity might be temporary.

The following paragraph demonstrates the similarity between Doctor Nolan and Esther, while also reiterating the idea of childbearing being a means to control the lives of women:

What I hate is the thought of being under a man's thumb,' I had told Doctor Nolan. 'A man doesn't have a worry in the world, while I've got a baby hanging over my head like a big stick, to keep me in line.' 'Would you act differently if you didn't have to worry about a baby?' 'Yes,' I said, 'but...' and I told Doctor Nolan about the married woman lawyer and her Defence of Chastity. Doctor Nolan waited until I was finished. Then she burst out laughing. 'Propaganda!' she said, and scribbled the name and address of this doctor on a prescription pad. (Plath 1966: 212)

The analogy between a baby and a big stick which is used to keep someone in line encapsulates Esther's issue with the societal expectation of women having to become mothers. She does not want to have a child because she feels it would nail her to one place, both physically and mentally. The rejection of traditional roles is socially disparaged and peer pressure propels women to become housewives and mothers. A baby is hanging over Esther's

head also due to her acute awareness of society's double standards. In this specific instance, it is her virginity that is bothering her. To Esther, it is like a huge weight on her shoulders, which she does not dare to lose due to the fear of an unwanted pregnancy. Here it is once again demonstrated why Doctor Nolan being a woman matters: she can identify with Esther's worries much better because of her own experience as a woman.

At times it seems that Doctor Nolan in many ways very similar to Esther, simply more experienced in dealing with the issues that women face. When the protagonist tells her of an article in which the author, also a woman, argumentatively defends chastity, Nolan immediately calls it out as propaganda. This indicates that although Esther feels deeply about gender issues, she can still at times be naive, contrary to Doctor Nolan, who seems to be disillusioned with society's treatment of women. The use of the word "propaganda" conveys the idea that the article was purposefully deceitful. There is no judgement from Doctor Nolan when Esther shares her idea regarding children, and she even assists Esther by giving her the contact of a doctor who can provide her with a contraceptive. Although it cannot be said with certainty whether Nolan agrees with Esther or not, she is able to understand the protagonist's worries and is willing to help her challenge the dominating narrative about gender roles.

Finally, it is made clear after Joan's suicide that Doctor Nolan has a strong sense of responsibility regarding her patients, but she also possesses an understanding that it is not always possible to help others:

'Of course you didn't do it!' I heard Doctor Nolan say. I had come to her about Joan, and it was the only time I remember her sounding angry. 'Nobody did it! *She* did it!' And then Doctor Nolan told me how the best of psychiatrists has suicides among their patients, and how they, if anybody, should be held responsible, but how they, on the contrary, do not hold themselves responsible. (Plath 1966: 229)

She very well points out the problem which was seen in the case of Doctor Gordon: the refusal to accept responsibility for failures. It is unlikely that Doctor Gordon saw the shortcomings of his methods, but he seemed to also lack a fundamental sense of responsibility, an

understanding that his actions deeply affect other human beings. Doctor Nolan, on the other hand, realizes that it is the responsibility of the psychiatrist to ensure that the patients get the best possible treatment, and that the doctor is responsible for a patient, almost like a parent is responsible for a child. All of this further reinforces the image of Doctor Nolan as a mother-like figure to Esther.

Doctor Nolan acts as a counterbalance to Doctor Gordon. She acts as a caring mother for Esther, fully supporting her while also helping her heal. Although never explicitly stated, it is indicated that Doctor Nolan and Esther have similar world views regarding society's treatment of women. Nolan treats her patients as individuals with their own attitudes, opinions, and feelings, which is why Esther can connect with her so deeply. Furthermore, unlike Doctor Gordon, she pays attention to her patients, allowing her to better understand them. It is Doctor Nolan, who, with her actions, words, and sense of responsibility restores the readers lost faith in psychiatry's ability to help people.

## **CONCLUSION**

The main goal of this thesis was to provide an analysis of the representation of psychiatry in *The Bell Jar*. A secondary aim was to contextualize that information by providing an overview of the social situation of women in the USA in the 1950s, the developments, and the role of gender in psychiatry.

In general, there was considerable opposition to the employment of women in the USA in the 1950s. The promotion of suburban life served to further isolate women into being exclusively a housewife and a mother. However, the representation of career-making women was not completely absent in mass media, showing signs of a cultural tension. Mass media of

the time indicates that while the social environment of the 1950s was very far from balanced, nonetheless ambitious women could make a name for themselves.

It is undeniable, however, that gender played an important role in psychiatric treatment programs. The most notable difference was seen in the cases of lobotomy, where a considerable proportion of the patients receiving the treatment were women. The acceptance of the aftereffects of lobotomy was dependent on gender considerations. Additionally, ECT was also used predominantly on female patients. Nonetheless, it was during the 1950s that saw many calls for a reform of the psychiatric institution, to change the image of psychiatry and make the treatments and hospitals more humane.

What *The Bell Jar* strongly criticizes is the double standards that were present in society, for example, regarding virginity. Women were expected to adhere to chastity, while society was much more lenient on men. Because of how women are treated, Esther perceives marriage and motherhood as a trap that robs women of their freedom to act according to their own wishes. Esther abhors the way men seemingly dictate the lives of women, while they themselves enjoy the privilege of choice. Because of all this, Esther suffers from feelings of alienation, apathy, and has a strongly conflicting sense of identity, which eventually leads her to seek psychiatric help.

The first doctor she meets, Doctor Gordon, mainly serves as an agent of the patriarchal system, constantly showing his ignorance and lack of care. He is portrayed as someone who is incapable of helping his own patients. Rather, he manages to suppress Esther's individuality. Additionally, he conducts ECT on her without anesthesia, which results in the symbolic culmination of the protagonist's suffering. Doctor Gordon's hospital is constantly associated with images of prison, and he is painted as an incompetent psychiatrist.



This is a stark contrast to how Esther is treated at Caplan and Belsize, where the patients are clearly regarded as individuals with human needs. The progressive nature of Caplan is made clear to the reader, especially after Esther meets Doctor Nolan. It is Doctor Nolan who assumes the motherly role that Esther needs, and the latter develops a deep bond with the former because of Nolan's caring and understanding nature. Because Doctor Nolan is a female psychiatrist, she can understand Esther's struggle as a woman and therefore can offer sufficient support. She, unlike Doctor Gordon, views Esther as an equal, which further elevates their relationship. It is Doctor Nolan who, with her progressive way of thinking and caring nature, redeems psychiatry in the novel and its ability to offer aid to those in need.

The analysis provided in the thesis shows that literature can help readers better understand the nuanced problems present in the psychiatric institution of the 1950s. *The Bell Jar* provides us with a unique insight into the feelings of a mental health patient, and how the difference in power dynamics between the patient and doctor can have potentially devastating effects. This shows the responsibility that psychiatrists have for their patients, especially when we take into consideration the consequences of Doctor Gordon's actions. On the other hand, the novel shows that psychiatry has the potential to do much good, but whether that potential is fulfilled depends, at times, almost entirely on the convictions and sense of responsibility of individual doctors.

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## RESÜMEE

TARTU ÜLIKOOL  
ANGLISTIKA OSAKOND

**Marcus-Meinhard Rauniste**

**The Representation of Psychiatry in Sylvia Plath's *The Bell Jar***

**Psühhiaatria kujutus Sylvia Plathi teoses *The Bell Jar***

Bakalaureusetöö

2023

Lehekülgede arv: 36

Annotatsioon:

Antud töö eesmärk on uurida, kuidas kujutatakse psühhiaatriat Sylvia Plathi teoses *The Bell Jar*. Empiiriline analüüs keskendub kahele tegelasele: doktor Gordonile ja doktor Nolanile.

Sissejuhatuses räägitakse, miks on vaimse tervise teema relevantne ja kuidas võib kirjandus meid selliste teemade analüüsimisel ja mõistmisel aidata. Esiteks käsitleb kirjanduse ülevaade naiste sotsiaalset olukorda Ameerika Ühendriikides 1950. aastatel. Seejärel tuuakse välja mitmed feministlikud probleemid, mis romaanist välja tulevad ja lõpuks antakse ülevaade sellest, mis rolli mängis sugu psühhiaatrias 1950. aastatel. Need aitavad kontekstualiseerida romaanis käsitletavaid probleeme.

Empiiriline osa uurib täpsemalt, kuidas psühhiaatriat romaanis kujutatakse. Kõigepealt antakse ülevaade romaani tegevustikust ja tuuakse välja peategelase vaimsete probleemide põhjused. Empiiriline osa on jaotatud eraldi alapeatükkideks ja mõlema psühhiaatri puhul keskendutakse sellele, kuidas nad oma patsiente ravivad, milline on nende suhtumine ja mida kujutavad endast haiglad, kus nad töötavad.

Kokkuvõte annab ülevaate tähtsaimatest leidudest. Soorollid olid 1950. aastatel määrava tähtsusega, ning need mõjutasid ka psühhiaatrilisi raviprotsesse. Empiirilise osa peamised järeldused on, et doktor Gordon on oma olemuselt kui patriarhaalsete tõekspidamiste täidesaatja ning ta peegeldab analüüsitava institutsiooni suurimaid vigu. Doktor Nolan on aga mõistev arst, kes suudab peategelasega luua tugeva sideme ja kelle progressiivne lähenemine ravile suudab taastada psühhiaatria maine.

Märksõnad: ameerika kirjandus, Sylvia Plath, *The Bell Jar*, psühhiaatria

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