

TUDOMÁNYOS DIÁKKÖRI KONFERENCIA 2022

SAPIENTIA EMTE - CSÍKSZEREDAI KAR

Sylvia Plath's *The Bell Jar* as a Mental Illness Narrative

Hallgató: *Molnár Mónika* – Világ- és összehasonlító irodalom, Angol nyelv- és irodalom szak, III. év

Témavezető: *Dr. Prohászka-Rád Boróka*, egyetemi docens – Humántudományok tanszék

Csíkszereda
2022. május 10.

Abstract

Given that illness and disabilities are an inherent part of our existence, illness narratives have roots in ancient times and as Susan Sontag argues, all of us step into “the kingdom of the sick” sooner or later. These narratives have changed throughout the history of humankind but have never disappeared. There have been several theoreticians occupied with defining illness narratives in the past thirty years, yet few went deeper into the topic of mental illness narratives. However, in 2009 Marco Roth coined the term “neuronovel” referring to a genre of fiction that involved brain science and/or brain disorders. In my paper, I consider Sylvia Plath’s novel *The Bell Jar*, published in 1963, as a mental illness narrative and a neuronovel, and I analyze it from the perspective of different types of illness narratives as defined by Arthur W. Frank, thus contributing to a more nuanced understanding of this novel from a relatively fresh perspective.

Introduction

a. The aim of the paper

The aim of my paper is to understand mental illness narratives, especially illness narratives about depression. My intention to read and write about mental illness narratives involves subjective, personal motivation as well as a social one. According to Brandon H. Hidaka, depression as a “disease of modernity” has an increasing tendency (Hidaka 2012). Literature cannot solve psychological problems, but as Arthur Frank states, ill people need illness narratives to heal (Frank 2013, xi.). I analyze Sylvia Plath’s novel, *The Bell Jar*, from a relatively fresh point of view, giving an interpretation from the perspective of illness narratives and neuronovels.

b. Hypotheses

This research is built around two main hypotheses. These hypotheses are based on the large-scale theoretical background of illness narratives by Arthur W. Frank complemented with narratological terms of voice and agency.

According to Frank, illness generally deprives the patient of her voice and agency. He also argues that Western medical practice dehumanizes, objectifies the individual, and separates patients’ bodies from their consciousness, which means that the consciousness struggles to gain sovereignty over its own experience (Frank 2013). I am going to evaluate how these statements manifest themselves in Plath’s novel.

The second hypothesis proposes that narration rejoins the body and the consciousness so that the patient may regain a sense of self, a sense of wholeness, and reclaim voice and agency.

c. Structure of the paper

This paper contains three main chapters, presenting the theoretical background, Sylvia Plath and her novel, and analyzing it from the perspective of the concept of neuronovel and illness narratives. Following the analysis, I conclude the results of the research and present the cited sources.

In the first chapter (theoretical background), I present the key concepts that form the basis of my analysis: illness narratives as defined by Frank, and the genre of "neuronovel," a term coined by Marco Roth.

Sylvia Plath and *The Bell Jar* are discussed in the second chapter of the paper. Primarily I present significant parts of Plath's biography, career, art, and mental health issues, and following that I reflect on previous research on *The Bell Jar*.

As I suggested above, after outlining the theoretical background and a review of Plath's biography and *The Bell Jar*, I analyze the novel along the lines of the proposed hypotheses. I first discuss *The Bell Jar* as a neuronovel, then the medical discourse present in the text. Furthermore, I present the manifestation of the lack of voice and agency in the novel. Last, but not least, the different types of illness narratives present in *The Bell Jar*.

I. Theoretical background

I. 1. Illness narratives

a. History of illness narratives

Given that illness and disabilities are an inherent part of our existence, illness narratives have roots in ancient times and, as Susan Sontag states, sooner or later we all must step – for a given period of time – into the “kingdom of the sick” in our lives (Sontag 1978, 3). Hence, illness has been a topic of literature since its start. Tiresias, the blind prophet of Apollo in Thebes is one of the most famous disabled characters in Greek mythology and literature. He was blinded by Gods, but he also got the capacity of foretelling and so he became an appreciated member of society. People trusted him, asked for his opinion and gift to help them in difficult situations.

Sontag distinguishes different judgments of illness in historical context. In the Antiquity illness was considered the Gods’ punishment (like in the case of Tiresias), later on as a trial of character. Examples of illness as a character test occur in the case of mass diseases because epidemics create a field for a revelation of the worst features of the individual. In the case of individual diseases, which are considered as a judgment of the individual, rather than society – spiritual elevation upon the illness was expected (Sontag 1978, 40-42). The author also remarks that in some cases¹ illness might be considered a form of self-expression and regaining health depends on the determination of the sufferer to heal. In general terms, we may state that the traditional theory of disease considers that illness for the sufferer is similar to punishment for the sinner. In contrast, the nineteenth-century theory determines that the disease fits the patient’s character. Illness is portrayed as a tool for self-expression. Sontag mentions that disease is the speaking of the will through the body of the patient (Sontag 1978, 43).

Sontag contrasts attitudes toward cancer and tuberculosis (TB). The origins of these two were unknown. As a consequence, people were afraid of them, and in the search for answers, they invented some. They connected unexplainable behavior switches, erotic desire, seduction, and energy to TB. In contrast, cancer was believed to deprive individuals of energy and sexual urges. Cancer spread in space, while TB accelerated time. TB as a disease of the soul went along with misery. Cancer, which was interpreted as a disease of the body, was associated with wealth. As we can see, a variety of attitudes were associated with these diseases. The term "individual illness"

¹ Sontag focuses on tuberculosis and cancer, but in my opinion, we can add other diseases to the list as well.

and the belief that facing death made individuals more conscious were linked to tuberculosis. Romanticism idealized and aesthetized tuberculosis as a lyrical disease, a disease of creative, vulnerable, superior artists. Travel, exile, and the bohemian lifestyle were connected to TB as well (Sontag 1978, 30-32). Later on, “in the twentieth century, the repellent, harrowing disease that is made the index of a superior sensitivity, the vehicle of ‘spiritual’ feelings and ‘critical’ discontent, is insanity” (Sontag 1978, 35). Sontag draws a parallel between insanity and tuberculosis: in both cases, sufferers were sent to a sanatorium, which was a kind of exile, and in both cases, the cure was to remove the patient from his/her everyday life. As I mentioned before travel was associated with tuberculosis and travel is present – in a hidden, mental form – in the case of insanity as well. “Some features of TB go to insanity: the notion of the sufferer as a hectic, reckless creature of passionate extremes, someone too sensitive to bear the horrors of the vulgar, everyday world. Other features of TB go to cancer—the agonies that can't be romanticized” (Sontag 1978, 36). Disease metaphors became more virulent, absurd, and demagogic over the nineteenth century. And there was a growing trend to label any circumstance with which one disagreed as an illness. Disease, which is as much a part of nature as health, became a euphemism for everything that was “unnatural” (Sontag 1978, 74).

According to Sontag, contemporary American fiction (twentieth-century American fiction) is dominated by a “passive, affectless anti-hero” who is a “creature of regular routines or unfeeling debauch; not self-destructive but prudent; not moody, dashing, cruel, just dissociated” (Sontag 1978, 46). This suggests that the **ill person is responsible for his/her own illness**, and his/her negative attitude makes it harder for him/her to heal.

Sontag is not the only one who explored the history of illness narratives. Carol Thomas compared and contrast four academics’ theoretical perspectives, methodology, ethics, and personal politics related to illness narratives. As Thomas observed, there was an ongoing transatlantic debate between Paul Atkinson, Arthur Bochner, Elliot Mishler, and Arthur Frank (Thomas 2010, 647). Although Frank’s theory is the focus of my paper, I think it is indispensable to have an overview of other theoreticians’s thoughts and concepts in order to understand the complexity of illness narratives.

In Thomas’ view, Atkinson’s 1997 paper “Narrative Turn or Blind Alley?” provided ground for these debates in the field of illness narratives. Thomas also mentions Frank’s *The Wounded Storyteller* (1995), Bochner’s “Narrative Virtues” (2001), and Mishler’s 2005 study: “Patient stories, narratives of resistance and the ethics of humane care: a la recherche du temps perdu”.

The author explains Atkinson's disagreement with other sociologists. In Atkinson's view, sociologists should not let their scientific skepticism down in case of illness narratives. Atkinson labels Frank's work as a failure because it provides authenticity to illness narrative writers without questioning the validity of their feelings and experiences. Secondly, Atkinson critiques the judgment of patients. Frank, Mishler, and Kleinman, in Atkinson's opinion, have a sentimental and romantic vision of illness narratives and present ill people as heroes, while physicians as villains. Atkinson also questions the promise of the other academics, that telling your story about your illness will give you release and salvation. The aforementioned author states that researchers need formal methods and formal analysis to represent social life adequately. In contrast, Bochner argues that neither Atkinson's nor the prior academics' concepts are superior to one another. He takes principles from both sides and shows how combining them might result in a more thorough examination and interpretation. He combines Atkinson's objective and scientific methodologically pure attitude with prior subjective attitudes (Thomas 2010).

Calling illness narratives "confessionals" or "hyperauthentic," according to Bochner, leads to a loss of emphasis on what they have to teach us, what they are about: the challenges, sufferings, feelings of stigma, marginalization, and so on. Bochner in this way rejects Atkinson's objective accounts. Moreover, Frank highlights that personal, unique experiences are helpful to both sharers and their communities (Thomas 2010).

In her work, Thomas highlights Mishler's view that a proposed re-framing of patients' illness narratives is an ethical act par excellence.

The ethic of humane care rested on the notion that the widespread dissatisfaction expressed in patients' narratives was associated with doctors' dehumanizing practices in the era of *test-and-technology-based* medicine. The ethic of humane care recommended that doctors should learn both to *listen* attentively to patients' storied accounts, and to *respond* to them meaningfully. (Thomas 2010 654, emphasis in the original)

Thomas in her methodological comparison of the four academics' works states that Atkinson is considered a representative of traditional sociological scholarship, who uses qualitative research methodology. He treats illness narratives as social facts like a scientific and objective observer. On the other hand, Bochner and Frank celebrate variants of sociology that practice reflexivity, that are motivated by ethical ideals, acknowledge emotional states, that display sentiment, and openly

sympathize with – and offer assistance to – those who suffer. Narrative methods are understood to be especially relevant in this regard; ethics and scholarship are mutually implicated in these authors’ narrative research. Mishler’s work gives more power and relevance to patients’ narratives and suggests that marginalized people should gain control and power and represent themselves. Frank believes that making public issues out of private troubles will help improve society (Thomas 2010).

After a survey of illness narrative studies, I have chosen Frank’s theory of illness narratives as the basis of my study. This is so not only because it supports my ideas and views about illness narratives, but because it provides a more humane and subjective approach. Below I offer a brief summary of Frank’s and Sontag’s theories on illness narratives.

b. Functions of illness narratives

Sontag observes that humanity tends to use metaphors as descriptions for their illness and establishes that the healthiest attitude to diseases is to devoid metaphors. If we do not know much about diseases, we are afraid of them and we consider illness something mysterious. This is the reason why we keep ill people away from society, and they keep their illness secret. Moreover, they are afraid of speaking about their illness as well, because they are afraid that speaking about illness makes them worse (Sontag 1978).

In the Preface of the 2013 edition of *The Wounded Storyteller* Arthur Frank states that suffering needs stories because to tell your own story, you need others’ stories as well. “We were all, I realized, wounded storytellers.” Reading stories makes less space for your suffering and makes you feel less alone (Frank 2013, xi).

Frank also states that his aim was to decentralize physicians and put the ill person’s perspective in the central position of an illness narrative so that patients would not feel their life diminished. Ill people are usually viewed as passive victims of their disease, expelled from society by others. Frank presents the ill person as an active creator of his own story who is connected with other sufferers, so they become “wounded healers” to each other. He claims that the wounded storyteller needs a listener to become a wounded healer. Frank states that they are “different aspects of the same figure” (Frank 2013, xix).

The author considers that telling stories has personal and social importance as well. It is important from a personal point of view, to tell stories about illness, to give back the voice to the changed – often alienated – body, so it can be familiar again to the storyteller. The social

importance of these stories is that they give patients narrative structures, conventional or new metaphors, imagery, and standards of how they should or should not speak about their illness. People need these stories to heal and rephrase their body, their identity, and their relationships with the world (Frank 2013).

Frank in his paper “Illness and Autobiographical Work: Dialogue as Narrative Destabilization” which was published in *Qualitative Sociology* in 2000 also studies autobiographical works and states that these works repair brokenness via communication.

Brokenness means exclusion from relationships that have two aspects. One aspect is being in dialogue, attending to the other’s speech, and having one’s own speech attended to; the other aspect is mutual respect for difference, expressed by neither one assimilating the speech of the other. (Frank 2000, 152)

He claims autobiographical works as dialogues, in contrast to illness memoirs as performative actions, in which the individual creates the self which they claim as their origin. By writing autobiographies patients recreate themselves. Frank states that autobiographies of ill people have the same purpose as fund-raising walks, festivals, or public rituals for sexual and ethnic minorities.

Frank distinguishes between monological and dialogical autobiographies. He states that “disruption occurs in almost all illness narratives when the narrator encounters someone whose action is understood as hurtful or incompetent” (Frank 2000, 139). In monological autobiographies, the disease and its effects cause disruptions in the patient’s life, and he can overcome this disruption only if s/he tells his/her story and organizes his/her consciousness. He also argues that being disrupted by illness and treatment does not have to mean that the author is destabilized as a narrator.

In the conclusion of his paper, Frank differentiates autobiographical works and dialogical autobiographical works. He states: “Autobiographical work is about seeking wholeness. Dialogical autobiographical work recognizes that the relevant wholeness is never for oneself alone but always for oneself with another” (Frank 2000, 153).

To sum up the functions of illness narratives I have to introduce the term postmodern responsibility coined by Frank, which refers to the fact that people have to take responsibility for themselves (which is momentous) and responsibility for others. Telling stories about illness is both

responsibility for oneself and for one's community: both the teller and the listener affect each other (by telling their story, patients get back their voice and their view upon their life, by listening to others' stories the listener improves his/her vocabulary to express his/her problems). Suffering is viewed as testimony. Frank recognizes that when we talk about bodies and illness, the importance of ethics appears again and again and puts great responsibility on both the ill person and the witness (Frank 2013).

c. Different types of illness narratives:

Frank observes that society creates narrative templates for us, and we can communicate our illness only using these narrative templates, this vocabulary, and syntax about illness. He selects three templates: the restitution narratives, the chaos narratives, and the quest narratives (Frank 2005). Storytellers and listeners use these narratives to structure and interpret their illness, and these are also ways of experiencing illness (Frank 2013).

In restitution narratives the ultimate goal is to lead the patient back to a healthy life, the patient is viewed only as an object of the doctor's heroism, and the physician is viewed as the protagonist of the story. Chaos narratives, as anti-narratives, make the patient unable to tell his or her story because they have no view of a viable future, a future in which they can live. Chaos narratives usually present a sequence of catastrophic happenings: illness occurs, then the patient loses his job, which leads to a housing crisis and so on (Frank 2013). Other people withdraw from the person who tells a chaos narrative and experiences his/her illness in this way because they fear that chaos could take control of their lives as well. In this case, people need to understand that they do not have to fight with chaos and resolve all things at the same time. Instead, they have to survive the chaos and slowly get out of it and reflect on it (Frank 2005). In quest narratives, people tend to see their illness as a possibility of connecting on a deeper, more intimate level with others and themselves (Frank 2013). Quest narratives tend to resemble the heroic epic's structures: the hero hears a call for a journey, descends, suffers, returns, and gets rewarded. "People tell quest stories when they say that despite all the suffering, they can appreciate what their disease has brought to their lives" (Frank 2005, 86). The quest might not be understandable for others, but the ill people only. People feel the urge to tell others what they have learned from their illness. The illness is framed as a necessary occurrence in life for the development of personality (Frank 2005, 86). In quest narratives, ill people are viewed as heroes in their own stories.

Frank claims that any serious illness, trauma, or chronic condition emerges in five dramas, which are the following: the drama of genesis, the drama of emotion work, the drama of faith and desire, the drama of fear, and the drama of self and solidarity. The expression "the drama of genesis" reflects the fact that individuals feel there is a reason for their condition. They originate their illness from their psychological condition either because God wants to test them or because they work in a toxic environment and so on. Most people who tell the genesis of their illness express resentment and tasks that are needed to solve the problem. Frank calls the "drama of emotion work" when ill individuals need to control their emotions not to hurt their loved ones. They have to meet their relatives' expectations and beware of alienating themselves from friends, relatives, and their physicians. The drama of faith and desire is based on the connection with the transcendental and depends on the patient's language. They usually use religious or recovery groups' language or Western adaptations of Eastern religions, and through this language and this belief, they specify the value and purpose of their illness. Their belief in something beyond them keeps them alive. The drama of fear occurs when people need to speak about their deepest fears in order to get freed from them. The aim of sharing their fears is to induce the listener to help the patient with his objective point of view. That objective point of view helps patients to look at their situations from a different perspective and get a more realistic view on them, so the situations become less fearful and less horrific. The drama of self and solidarity questions the changes of the patient provoked by his/her illness. Frank provides a series of questions to each drama, and by addressing these key questions, patients might be helped to "see themselves in their true form" (Frank 2005, 93).

I. 2. The American Neuronovel

Marco Roth coins the term neuronovel in his essay "The Rise of the Neuronovel" published in 2009. Under the term neuronovel Roth refers to a subgenre of novels preoccupied with brain sciences and neurological problems. He dates the appearance of this new genre to 1997 when *Enduring Love* by Ian McEwan was published. Roth claims that scientists and the general population in the 1990s reduced **mind to brain, and explained mental problems with the neurochemistry of the brain**. He claims that neither the retrogressive psychoanalysis nor the new wave of neurology is fully able to explain how our consciousness works (Roth 2009 emphasize mine).

Stephen J. Burn also discusses the theme of neuronovels in the volume *American Literature in Transition, 2000-2010*. Burn criticizes Roth's shallow definition because in his opinion Roth points to different aspects of neuronovels but in a wide range, without going deep into these aspects (Burn 2017, 167). In *The Prehistory on the Neuronovel* Burn resorts to history and counter-claims Roth's opinion that neuronovels start with the appearance of McEwan's novel. He argues that there are earlier examples of novels that involve brain science, such as Joseph McElroy's *Lookout Cartridge* from 1974 or Tom Robbins' novels (Burn 2017, 168). In the following step, the writer compares Roth's and James Wood's views on novels and states that they mirror each other: „Roth attributes the end of novelistic psychology entirely to neuroscience, but never once mentions postmodernism in his essay; Wood, by contrast, sees literary postmodernism (...) as the enemy of character and the novel, but never mentions neuroscience” (Burn 2017, 169). In connection with my research it is important to highlight Burn's idea that from the point of view of a longer historical frame, it is clear that Roth's view of neuronovel does not refer to a genre that it is a novel relating to nerves or the nervous system (Burn 2017, 169).

Pascale Antolin, in the „Introduction” to *The American Neuronovel (2009-2021)* emphasizes that Roth's term was criticized by many theoreticians, but also states that the term remains in use because of its simplicity, as opposed to terms such as „neuronarrative”, „cognitive fiction”, „neurological realism”, „syndrome novel” or „brain narratives”. Antolin highlight that the term neuronovel refers to „fiction involving brain science and/or brain disorders” (Antolin 2021, 2). Further, he rejects the claim that the term neuronovel would have any derogatory meaning; moreover, he says that the definition has been noticeably extended. He lists brain memoirs, brain-based literary studies, science fiction novels involving medical thrillers, and also amnesia fiction that roots back to Shakespeare (Antolin 2021, 3). Antolin also considers neuronovels more traditional than experimental fictions of Postmodernism, because neuronovels usually use internal focalization in first- or third-person narratives. „The neuronovel also gives a voice to brain-impaired protagonists,” whereas popular science writing is dominated by doctors' experiences and voices (Antolin 2021, 6). While neuroscience searches for universal answers to brain problems, the neuronovel offers a subjective point of view instead of an objective one. Antolin deduces that the neuronovel stands as a „counternarrative to the dehumanized language of brain science” (Antolin 2021, 6). Furthermore, he affirms that neuronovels return to traditional genres, such as detective fiction, the naturalist novel, coming-of-age novels, science fiction, or horror stories, and experiments with the plasticity of the novel (Antolin 2021, 7).

Thus, I can state that “neuronovel” is a complex term, which has been criticized by many theoreticians, yet the basis of the definition is brain sciences and writings about the brain. Antolin concludes: “the field of the neuronovel has already been mapped but it has not been fully explored” (Antolin 2021, 9). Through my analysis of Plath’s *The Bell Jar* from the angle of the neuronovel, I hope to further expand this field.

II. Sylvia Plath and *The Bell Jar*

II. 1. A brief overview of Plath's life, career, art, and suicide

Sylvia Plath was born in 1932 in Boston, Massachusetts, as the first child of Otto and Aurelia Schober Plath, highly educated parents. Her father was a Professor of Entomology at Boston University. Her mother, Aurelia Plath, who was an eminent student at Boston University's College of Practical Arts and Letters, used to recite to her and raise her according to her readings in the domain of child psychology. Linda Wagner-Martin, in her book *Sylvia Plath: A Biography*, describes Sylvia Plath as a bright and attentive child, who was eager for information about everything (Wagner-Martin 1987, 15).

Plath began first grade at Sunshine School in Winthrop, Massachusetts, in 1937, but one year later, she transferred to Annie F. Warren Grammar School in Winthrop. She often had to change schools because of her father's job and health conditions. Otto Plath died in 1940, leaving Aurelia with two children, Sylvia and Warren, and great responsibility. When Aurelia started teaching again, the Schober grandparents moved in with the Plath family. After this event, family relationships changed a lot (Wagner-Martin 1987, 31).

Plath studied at Marshall Perrin Grammar School (1942), at Allice L. Phillips Junior High School (1944), and at Gamaliel Bradford High School (1947), where she attended Wilbury Crockett's advanced English class in American Literature. In the meantime, the family moved again, and Sylvia had to share her bedroom with her mom. According to Wagner-Martin, sharing a room with a parent was undoubtedly not easy for a child who was already under intense pressure to achieve and excel in whatever she did (Wagner-Martin 1987, 34). In 1949, she became editor of the high school newspaper, *The Bradford*, and started publishing a column for *The Townsman*. In the same year, she published her first short story and poem. In 1950, she won a scholarship to Smith College, Northampton, Massachusetts. Olive Higgins Prouty, the popular author of the time, patronized her scholarship. She won first place for her short story "Sunday at Mintons," published in *Mademoiselle*. In June of 1953, Plath won a guest editorship at the same magazine and traveled to New York City for one month, and worked there as a guest managing editor.² Because she was rejected from Harvard's fiction writing course, she attempted suicide for the first time. After this,

² The Rosenbergs were executed for alleged espionage in the same period, which had a great influence on her and her novel, *The Bell Jar*, which was published later on.

she was treated at McLean Hospital in Belmont, Massachusetts by Dr. Ruth Beuscher. In 1954, she returned to Smith College, and in the summer of the same year, she attended Harvard Summer School in Cambridge. A year later she graduated with the highest distinction from Smith College (Wagner-Martin 2003, viii-ix). As we can observe, Plath was an exceptional student, with high grades and motivation, and her writing skills showed early in her life.

In 1956, she met Ted Hughes, a celebrated poet of the day, and married him. They moved to Cambridge, and after Plath took her degree, they moved to America, where Plath started teaching English at Smith. Two years later, they moved to Boston, and Plath continued her therapy with her former doctor. She attended Robert Lowell's seminar and befriended Anne Sexton (Wagner-Martin 2003, ix).

In connection with this experience of attending Lowell's seminar and becoming friends with Anne Sexton, Kelly Leung states that Plath started a new genre in literature: namely "confessional poetry"³ with Anne Sexton and other female poets (Leung 2021, 3). Plath, Sexton, John Berryman, Theodore Roethke, Richard Hugo, Philip Levine, James Dickey, Elisabeth Bishop, and Adrienne Rich also belong to the so-called **Idiosyncratic Poets**⁴.

In 1960, Plath gave birth to her first child, Frieda Rebecca Hughes. A year later, she had a miscarriage, but in 1962 she gave birth to Nicholas Farrar Hughes. But her relationship with her husband started to worsen, Hughes moved back to London and Plath started to write her late ("October") poems, the main part of *Ariel*. In 1963, under the pseudonym Victoria Lucas, she published *The Bell Jar*.

Plath died on February 11, 1963. According to Kathryn VanSpanckeren the separation from her husband, her illness, isolation, and despair led her to suicide combined with the fact that she was successful in an age when women were expected to live a fulfilled life in the company of their husbands and children, without having ambitions to a career or rebelling against this lifestyle (VanSpanckeren 1994, 82).

³ Confessional poetry is a term coined by M. L. Rosenthal in his 1967 review of Robert Lowell's book of poems *Life Studies* (1959) and refers to the phenomenon when a poet brings his/her own humiliations, sufferings, and psychological problems into his/her poems (Rosenthal 1967, 15). Rosenthal also mentions alcoholism, sexual guilt, and Lowell's multiple visits to a mental hospital as themes that appear in his poems (Rosenthal 1967, 26). As we can see, Plath's life and therefore her poems and novel as well perfectly fit these conventions.

⁴ Idiosyncratic poets are those "who have developed unique styles drawing on tradition but extending it into new realms with a distinctively contemporary flavor" (VanSpanckeren 1994, 82). This unique style also contributes to the fact that Plath is not forgotten, her poetry and novel are still interesting, raw, and read by many.

To understand Plath's decision – of taking her own life – on a deeper level, it is inevitable to mention the terms “the Sylvia Plath Effect” and the concept of “mad genius”. James Kaufman's 2001 study gives a concise picture of the so-called Sylvia Plath Effect. He argued that female poets had reported a significantly higher incidence of mental illness, especially affective disorders (mood disorders) such as depression and bipolar disorders, compared with male and female fiction or non-fiction writers. He narrowed down the study to comparing eminent women. Prior researchers also examined relations between the mental states of artists and non-artists. Kaufman concluded that in most cases there was a correlation between being an artist and having some kind of mental disorder such as bipolar disorder, or depression. Furthermore, among artists, the largest number with mental illness or suicidal tendencies were poets, especially female poets, rather than sculptors, painters, or fiction writers (Kaufman 2001, 45). In his first study, Kaufman analyzed 1 629 writers separated into four groups: fiction writers (of both novels and short stories), poets, playwrights, and non-fiction writers. He established that “female poets were significantly more likely to be mentally ill than any other type of writer” (Kaufman 2001,42). In contrast, male non-fiction writers were less likely to experience personal tragedy. In his second research 520 people were studied: poets, fiction writers and playwrights, non-fiction writers and journalists, visual artists (photographers, painters, and sculptors), politicians and public officials, as well as actresses. He received the same outcome: women poets had a significantly higher risk of suffering from mental illness than people of other, aforementioned, professions (Kaufman 2001).

Kaufman's research raises the question: why are poets more vulnerable? Poetry is an emotional form of writing, and if poets put a negative spin on painful life events, it worsens both their physical and mental health. In addition, if somebody has a positive attitude towards their abilities, they are more likely to succeed and less likely to be anxious or depressed. Higher self-efficacy leads to focusing on possibilities rather than limits. That will cause a feeling of being in **control** and **internal control** gives you more credit for success. In contrast with this fact, in poetry, the control is believed to be in the hands of the “muse” (divine inspiration), which is an externalized control. Poets may mentally assign credit to a muse, and because of that they may lose their internal control. That might lead to their insecurities. Kaufman states that women with lower self-esteem are likely to have an external locus of control. They might feel they are guided by external powers. Poets might not give credit to their abilities, ideas, and creativity (Kaufman 2001, 47). Thus, Kaufman draws the following conclusion: “Perhaps young female poets at risk can be helped, so they can better cope with their muse instead of letting it swallow them. Armed

with knowledge, psychologists can do more for potentially troubled writers than merely reading (and applauding) their results” (Kaufman 2001, 48).

Kelly Leung in her paper also refers to Kaufman’s term (the Sylvia Plath Effect) and draws our attention to a similar issue. She concludes that gifted people tend to have problems with mental illness, and they need help and attention, not to end like Sylvia Plath, suicidal because of desperation (Leung 2021, 48). In her 2021 study, Leung coins the notion of "Mad Genius" by studying Plath’s final poem, *Edge* (1963). Leung uses Freudian psychoanalysis and Saussure’s structuralism and believes that both methods of analysis demonstrate that “Plath’s state of mind has a great importance on her creative works” (Leung 2021, 1). Leung declares that Plath’s depression awakened her Thanatos⁵. Plath saw death as the only way out of this life. She presented life as accomplished in death after a long path of life survived. Thanatos led her to suicidal attempts, overcoming her rational mind. Plath’s suicide was not a sudden decision. It was built up from her long-lasting rage (Leung 2021, 1-2). While Anne Stevenson labels Plath as a “victim of her own brilliantly imaginative brain” (Stevenson 2013, 1), Leung says that Plath herself put her mental health in danger because she created and lived in a hopeless world. In *Edge*, Plath suggested dying together with her children, but in the end, she overcame Thanatos in the sense that she protected her children and only killed herself (Leung 2021, 2-3).

The cult of Sylvia Plath began with the publication of the collection *Ariel* in 1965, edited and published after Plath’s death by Ted Hughes⁶.

II. 2 Interpretations of *The Bell Jar* so far

The Bell Jar, published in 1963 under the pseudonym of Victoria Lucas, is Plath’s first and only, highly autobiographical novel. In the first chapter of *The Savage God: A Study of Suicide*, Al Alvarez, poet and Plath’s friend, notes that *The Bell Jar* is “an autobiographical appearance work which she had to write in order to free herself from the past” (Alvarez 1972, 20).

The Bell Jar was inspired by Plath’s severe depressive experience in 1953 and according to Philip R. Yannella, it is a “sharp and sober account of mental illness” (Yannella 2011, 81).

⁵ Thanatos, in ancient Greek religion and mythology, is the personification of death. Thanatos was the son of Nyx, the goddess of night, and the brother of Hypnos, the god of sleep. He appeared to humans to carry them off to the underworld when the time allotted to them by the Fates had expired (def. Encyclopædia Britannica, Inc., 2021: <https://www.britannica.com/topic/Thanatos-Greek-mythology>)

⁶ *The Collected Poems* was awarded posthumously the Pulitzer Prize for Poetry, which is surprising because this award is seldom given posthumously (Wagner-Martin 2003, 142).

Yannella states that Plath's novel is "an inspirational story about good psychiatry and its promise for people suffering from depression and also because it showed a young woman awakening from her ordeal intent on forging a free and equal womanhood based on her definitions of sexuality and the meaning of marriage and family in her life" (Yannella 2011, 81). Through Esther's depression – which has no clear cause – the novel suggests that depression is not the result of clear causes, but rather a state which strikes down on the patient without warning. From this perspective, depression is a constant and constantly lurking danger of this "bad and mad world" (Yannella 2011, 81). As possible causes of Esther's disease, Yannella mentions her overbearing mother, the **inadequate and insensitive men in her life**, her **personality**, the **crushing sexual repressions and double standards**, her too great **devotion to study**, and the execution of the Rosenbergs in June 1953 (Yannella 2011, 81, emphasis mine).

Besides Yannella's brief summary, there are several other studies written about Plath's *The Bell Jar*, which are in-depth, close-reading analyses and interpretations. From these interpretations, I present four which are relevant from the perspective of my own analysis of the novel.

Linda Wagner-Martin, in her 1986 study, "Plath's *The Bell Jar* as a Female 'Bildungsroman'" labels the novel as an unconventional Bildungsroman. She argues that the novel presents the female protagonist's developing identity, or more specifically, the lack of this development, and the battle against submission to the authorities (authority of both older people and, more pertinently, men) (Wagner-Martin 1986, 57). As in a conventional Bildungsroman, Esther searches for an identity through possible role models, but as opposed to a conventional Bildungsroman, all of the possible role models disappoint her, and education is not part of the process of becoming an adult, instead, it is part of the process of becoming mad (Wagner-Martin 1986, 61). The image of a bell jar presents no alternative (despite the image of the fig tree) but death. According to Wagner-Martin, the first part of the novel presents classic female orientation and education with obvious indicators of failure, while the second part describes a classic picture of mental deterioration and its treatment more confidently and directly, with real feelings (Wagner-Martin, 62). She also states that the female hero in a woman's Bildungsroman is "destined for disappointment" (Wagner-Martin 1986, 67).

Jeni Maple, in her 2009 master's thesis "Sylvia Plath's *The Bell Jar* as Disability Narrative", takes a step further and interprets the novel from the perspective of disability narratives, and labels Esther's mental distress as an invisible disability. The author of the study also notices that the

protagonist's hospitalization reveals the existence of her invisible disability and elicits both fear and curiosity from her environment (Maple 2009, 17). Maple also highlights the autobiographical character of the novel and mentions that many scholars call *The Bell Jar* a story of young women's struggle against the oppressive social atmosphere of the 1950s (Maple 2009, 18). By emphasizing this interpretation, she suggests that being a woman is the equivalent of some kind of disability in itself. Despite feminist theory, Maple states that *The Bell Jar* is not only a response to patriarchal oppression but it also presents an additional stigmatizing experience: being a woman. The author points out that disability could be considered, as many scholars do so, an identity category. Esther suffers from obstacles recognized in disability literature, such as stigmatization, contingency, alienation, and dissociation from the body. Maple also mentions Foucault's idea from *Madness and Civilization: A History of Insanity in the Age of Reason* (1961) that, throughout history, different methods have been applied to segregate mentally ill people. Maple interprets Plath's sentence, "The more hopeless you were, the further away they hid you" (Plath 1966, 169) as if Plath was describing a prison. The study also mentions that there can be drawn a parallel between the electrocution of the Rosenbergs and Esther's electroshock therapies.

Esther faces problems that Frank identifies in *The Wounded Storyteller*: living with lost control. These problems are intensified by her mental illness. Esther fights against sexual expectations and conventions of the era because everybody in her environment wants to force onto her identities which are not suitable for her. She is unable to create an identity for herself (Maple 2009, 13-14). Moreover, Maple suggests that "in her depression, Esther continually loses control of her body, fostering her sense of separation from it" (Maple 2009, 15). Esther becomes unable to read, write and speak and describes her voice as a "hollow voice" or a "zombie voice". Maple reveals that Esther is sabotaged by her body, and her body becomes her primary antagonist because of the dissociation from herself. She is alienated not only from herself but also from those around her, from family and friends. In her interpretation of *The Bell Jar* Maple relies on Arthur Frank's, Kristin Lindgren's, Michel Foucault's, and other theorists' concepts, and also refers back to Linda Wagner-Martin's interpretation of *The Bell Jar* as a female Bildungsroman.

Rose Miyatsu, in her 2018 study "'Hundreds of People Like Me': A Search for a Mad Community in *The Bell Jar*" published in *Literature of Madness: Disability Studies and Mental Health*, also interprets Plath's novel as a female Bildungsroman and criticizes previous interpretations in this topic, because they ignore the fact that, while Esther is looking for and rejecting female role models, she is simultaneously looking for identity and community as a person

with a long-term mental illness. Miyatsu draws a contrast between mad communities and happy communities. The second type of community is the expectation in America, and the former is the community of ostracized characters who are thrown and forced to live together with other isolated and stigmatized figures, usually against their will (Miyatsu 2018, 52). The author suggests that “while this isolation furthers [Esther’s] distress, it also encourages her to envision different forms of community that might better incorporate pain” (Miyatsu 2018, 55). The study also mentions that in productivity-focused societies the basic expectation is to be productive and get better quickly from illness, or die (Miyatsu 2018, 55-56).

The latest study, which I have read, is Nicole Lightard’s 2020 MA thesis, *Woman, Madness & Literature: “A Comparative Analysis of The Bell Jar by Sylvia Plath and Girl, Interrupted by Susanna Kaysen”*. Lightard distinguishes different modes of interpretation of Plath’s novel, such as feminist reading, readings related to Foucault’s point of view about medical treatment, and the social view of female madness. Further, she analysis the two novels on the basis of concepts from the field of mad studies, which is a relatively new sub-field of disability studies. According to Lightard, writing about madness is like writing in a foreign language because literature is not capable of fully explaining the way a person experiences madness, thanks to the fact that writers may not have the capacity or language to explain it (Lightard 2020, 20). She also states that Plath successfully gives voice to the way an individual experiences madness. From the position of autobiographical theory, illness narratives are new forms of life-writing. Lightard also discusses the importance of Plath’s imagery and motifs, such as the bell jar, the bath, fertility, and (re)birth, for example; according to the author, the bell jar stands for self-imprisonment in Esther’s mind and body. As many of the previous researchers state, Lightard also claims that illness narratives give back to patients their voice , but she illustrates the lack of voice with the patients in Plath’s novel, who receive electroshock therapy, which damages their brain, makes them numb and worsens their mental illness. Electroshock therapy and medications, which do not help but sedate patients, are not used for the sake of the patient, but for the comfort of the doctor (Lightard 2020, 29). Similar to this statement, Maple also sustains that patients do not trust doctors and their treatment because of the lack of communication and obstruction of empathy. Esther’s first doctor, Dr. Gordon, does not inform her about her conditions and therapy, and Esther’s testimony is discounted by her doctors (Maple 2009, 18).

As a conclusion of this chapter, I can state that *The Bell Jar* has several different interpretations, all equally legitimate. In my analysis, I hope to further deepen the understanding

of Plath's novel by looking at it from the perspective of a new term and concept, the term "neuronovel" and by also looking at aspects such as voice and agency.

III. Sylvia Plath's *The Bell Jar* as an Illness narrative

In this chapter I interpret different excerpts from Sylvia Plath's *The Bell Jar* from the perspectives of illness narratives and neuronovels, searching for answers for the following questions: Can we interpret *The Bell Jar* as a neuronovel? Did the medical practice described in the novel dehumanize, objectify Esther, and set her back from healing? Does narration, that is, telling her own story in her own words help Esther to regain a sense of wholeness and reclaim her voice and agency?

III. a. *The Bell Jar* as a neuronovel

Esther Greenwood, the protagonist of the novel is constantly aware of her mental state and thinks a lot about her brain, and how it works. She pays attention to her environment as well. For example, the execution of the Rosenbergs has a great influence on her: "Rosenbergs: It had nothing to do with me, but I couldn't help wondering what it would be like, being burned alive all along your nerves. I thought it must be the worst thing in the world" (Plath 1966, 1). This sentence foreshadows Esther's shock therapy. Like a ghost, the image of the electrocuted Rosenbergs sticks in Esther's mind and constantly reappears, as the first cadaver she has ever seen.

In the first chapter, after Esther and Doreen go to a bar with Lenny, Esther walks home alone, leaving Doreen with Lenny, and falls asleep. "Elly, Elly, Elly,' the first voice mumbled, while the other voice went on hissing 'Miss Greenwood, Miss Greenwood, Miss Greenwood', as If I had a split personality or something" (Plath 1966, 22). Esther, barely woken up, compares herself to a person who has a mental disorder, namely split personality. Later on in the novel, she does not only compare herself to someone who has mental problems, but she identifies herself as a neurotic when she speaks with Buddy Willard:

'And you,' I continued with sudden force, 'laughed and said **I had the perfect set-up of a true neurotic** and that that question came from some questionnaire you'd had in psychology class that week?'

Buddy's smile dimmed.

'Well. you were right. **I am neurotic**. I could never settle down in either the country or the city.'

(...)

'Neurotic, ha!' I let out a scornful laugh. 'If neurotic is wanting two mutually exclusive things at one and the same time, then **I'm neurotic as hell**. I'll be flying back and forth between one mutually exclusive thing and another for the rest of my days.' (Plath 1966, 98, emphasize mine)

When Esther is planning suicide, sentences from her life in New York reappear and are constantly played over and over again in her head:

Doesn't your work interest you, Esther?

You know, Esther, you've got the perfect set-up of a true neurotic.

You'll never get anywhere like that, you'll never get anywhere like that, you'll never get anywhere like that. (Plath 1966, 155, emphasize in the original)

These sentences made her already disturbed mind more confused. The repetition of the last sentence suggests that her mental health problems worsen. This kind of repetition appears again when she wants to drown herself in the ocean: "I am I am I am" (Plath 1966, 166).

As we can see, mind and brain and problems with them appear and reappear constantly throughout the novel, mainly when Esther identifies herself with these problems. Furthermore, these appear when Esther thinks about motherhood: "I began to think: maybe it was true that when you were married and had children it was like being brainwashed, and afterwards you went about numb as a slave in some private, totalitarian state" (Plath 1966, 89). On the other hand, brain diseases appear when she is thinking about other people as well. On the beach, Esther has debates with Cal about a play, where "a young man finds out he has a brain disease, on account of his father fooling around with unclean women, and in the end his brain, which has been softening all along, snaps completely, and his mother is debating whether to kill him or not" (Plath 1966, 163).

Last, but not least, Esther does not only think about mental health problems and her sanity but also questions if she even has a brain. Because of her lack of sleep, and incapability to read, to write, which are very important in her life, she feels she does not have a brain in her head. She even asks Cal in a casual voice what method he would chose were he ever to commit suicide. . Cal's reply is simple: he would blow his brains out with a gun (Plath 1966, 165).

As we can see from the previous excerpts, the brain and mental problems are one of the main themes of *The Bell Jar* and appear in several contexts, linked to such topics as suicide, motherhood

and self-knowledge. They constitute a constant preoccupation for the protagonist and her inquiries in this sense further deepen the “neuronovel” aspects of *The Bell Jar*.

III. b. Medical discourse in *The Bell Jar*

Medical discourse appears several times in the novel, not only in the mental health facilities in which Esther heals. Previous research on the topic highlights only the medical discourse in the mental hospitals, but in my interpretation, the medical discourse which appears before Esther’s hospitalization serves as a base of judgment and shapes Esther’s attitude and trust toward doctors and nurses.

The first instance where medical discourse appears is the scene where an unnamed doctor and the hotel nurse collect ptomaine poisoned girls of the Amazon Hotel and start to help them. Esther asks what has happened, but the nurse slightly disparagingly answers that all of them are sick and asks what they have been “stuffin’ themselves with”(Plath 1966, 48). She comments on the girls’ behavior: “Sick as dogs and cryin’ for ma” (Plath 1966, 48), assuming a quite blaming and disapprobative tone. The nurse informs her that the doctor has given her an injection and she needs to sleep but does not say what kind of injection she has been administered, or anything special about her state. That lack of medical information foreshadows the happenings in the mental health institution and the lack of complete and comprehensive communication as well.

When Esther visits Buddy, she has the opportunity to see cadavers’ dissection, dead unborn babies in glass jars with formalin, and to listen to a lecture on sickle cell anaemia and “some other depressing diseases, where they wheeled sick people out on to the platform and asked them questions and wheeled them off and showed coloured slides” (Plath 1966, 66). With this superficial, laic description Esther suggests the dehumanizing character of living anatomy⁷. In that lecture, the doctor-teacher shows a girl who had a black mole and died because of it, but the class ends, and Esther does not find out why the girl died. Again, this scene exemplifies the lack of communication and seemingly it frustrates Esther. Later on, Esther and Buddy go to watch a baby being born. Esther describes the birth table as an “awful torture table” with “metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes” (Plath 1966, 67). The procedure of giving birth is also illustrated vividly, yet in a very grotesque manner: a creature with an “enormous spider-fat stomach and two little ugly spindly legs” is going to give birth with a

⁷ Living anatomy: anatomy revealed on living humans, which replaced cadaver-based anatomy. (Pallab K Ganguly, Lap Ki Chan 2008, 52)

never-stopping “unhuman whooping noise” (Plath 1966, 68). Esther finds out that the woman has been drugged, and is not totally conscious of what is happening to her. Esther feels the discrepancy between the situation and the things which have been told to her: that the woman will forget everything because of the drugs. In my reading, this is also a turning point in Esther’s life, and a crack in her faith put in doctors and their practices. She emphasizes the inhumanity of such drugs as follows:

I thought it sounded just like the sort of drug a man would invent. Here was a woman in terrible pain, obviously feeling every bit of it or she wouldn't groan like that, and she would go straight home and start another baby, because the drug would make her forget how bad the pain had been, when all the time, in some secret part of her, that long, blind, doorless and windowless corridor of pain was waiting to open up and shut her in again. (Plath 1966, 68)

The next episode when Esther meets, or more precisely should meet but never really does, medical discourse is in the summer when she struggles with sleeping and asks the family doctor to prescribe some strong sleeping pills:

'You say you want more sleeping pills?'

'Yes.'

'But the ones I gave you last week are very strong.'

'They don't work any more.' (Plath 1966, 132)

Esther explains that she cannot sleep and thus, cannot read anymore, and Teresa, her doctor, offers her to call Doctor Gordon who is a psychiatrist, in the faith that he could help Esther more. In reality, Doctor Gordon only worsens her mental disease. First of all, Esther finds him very suspicious and hates him from the minute they meet:

'Suppose you try and tell me what you think is wrong.'

I turned the words over suspiciously, like round, sea polished pebbles that might suddenly put out a claw and change into something else.

What did I *think* was wrong?

That made it sound as if nothing was *really* wrong, I only *thought* it was wrong. (Plath 1966, 137, emphasis in the original)

This fragment reveals that Esther's feelings are discredited by her own doctor, who is supposed to help. Esther from this point loses control over her experiences and loses her trust in psychiatrists, and thus tries to manipulate them by omitting information, for example about her ugly and illegible handwriting. This is her attempt to get back control over her treatment and cure. Esther still waits for answers from Doctor Gordon, but he does not seem to help, instead, he asks about her college and tells her irrelevant stories from his college life. On their next meeting, Esther shows him the letter that she wanted to write, and asks Doctor Gordon's opinion, but he only tells her that he wants to speak with her mother. He keeps secrets from Esther about her condition and that is also an example of miscommunication between doctor and patient and another reason for Esther not to trust her doctor(s). Esther is informed by her mother about Doctor Gordon's opinion related to her (lack of) healing, and the idea of shock treatment at the doctor's private hospital. This idea triggers her interest in suicide, so the doctor's treatment fails and moreover, worsens Esther's condition. The mode of omitting information from Esther is an example of how medical practice dehumanizes patients. Another example is the electroshock treatment: "'Don't worry,' the nurse grinned down at me. 'Their first time everybody's scared to death.' I tried to smile, but my skin had gone stiff, like parchment" (Plath 1966, 151). Lack of meaningful communication between patient and doctor also appears after the treatment, when Doctor Gordon asks Esther about her wellbeing and does not realize her real feelings, yet he promises wonderful improvement to Esther's mom.

Medical discourse implicitly occurs on paperbacks on abnormal psychology, which Esther buys and compares the symptoms described with her own and concludes that she belongs to "the most hopeless cases" (Plath 1966, 169). Besides, following her suicide attempt with sleeping pills, she gets into a hospital, where nurses also omit to share information with her. They do not tell her why she cannot see herself in a mirror, they just suggest it would be better for her not to see herself. Esther also lacks knowledge regarding her illness in this hospital, which adds to her skepticism regarding medical procedures.

In contrast to Esther's previous experiences, when she gets into Doctor Nolan's private hospital, with the assistance of Philomena Guinea, the medical discourse changes and that helps Esther in healing. Doctor Nolan understands Esther's previous bad experiences with therapies and

explains that if shock therapy is done properly it is like going to sleep. When Esther threatens with suicide, she remains patient and promises that she will never send Esther to such therapy, or if she sends her there, she will explain everything and it will not be a bad experience. This patience, the detailed explanations, and the fact that she listens to Esther help Esther get back her voice and her control over her life and on how she wants to be cured.

III. c. Lack of voice and agency in *The Bell Jar*

Similarly to the medical discourse, Esther's lack of voice and agency becomes obvious before her getting into a mental health facility. From the beginning of the novel to the suicide attempt with the sleeping pills Esther slowly loses her voice and her control over her body and thoughts. First, she realizes she is unhappy, even if she has a great opportunity in New York. She thinks about the girls in the hotel and their superficiality and says: "Girls like that make me sick. I'm so jealous **I can't speak**" (Plath 1966, 4, emphasize mine). Esther presents Doreen, one of her closest friends, as an intuitive and cynical girl, who thinks like her and also has the ability to speak up for herself: "Everything she [Doreen] said was like a secret voice speaking straight out of my own bones" (Plath 1966, 7). Esther, on the other hand, slowly becomes unable even to act, for example when she thinks about her chances in New York: "It was my first big chance, but here I was, sitting back and letting it run through my fingers like so much water" (Plath 1966, 4). The fig-tree scene also embodies this lack of agency: She imagines a fig tree with fat purple figs, all of them marking a possible future, but she cannot choose and the figs start to rot so she starves to death (Plath 1966, 80). This sense of her inability to choose and act strengthens when she starts to plan her suicide. The first time, when she cannot say 'no' to Buddy, he persuades her to ski down a hill despite her fear. She skies down, but in the meantime, her fear stops and she thinks that she might kill herself: "The interior voice nagging me not to be a fool – to save my skin and take off my skis and walk down, camouflaged by the scrub pines bordering the slope – fled like a disconsolate mosquito. The thought that I might kill myself formed in my mind coolly as a tree or a flower" (Plath 1966, 101). Furthermore, she tries to hang herself, to cut her wrists, to drown herself but her body does not let her do these things. She does not have the courage to cut her wrists, she is too weak to hang herself, yet she is too strong to let herself drown in the ocean. "Then I saw that my body had all sorts of little tricks, such as making my hands go limp at the crucial second, which would save it, time and again, whereas if I had the whole say, I would be dead in a flash" (Plath 1966, 168).

Her agency is restored with the help of Doctor Nolan, and the opportunities which she and her hospital give Esther. Firstly, when she gets in she is amazed that she can walk freely in the hospital, without anyone's permission and that she is allowed to eat with a real knife and drink from a real glass, things that were prohibited in the former hospitals. In my reading, Esther gets back her agency and control over her life when Doctor Nolan lets her decide whether she wants to go to Joan's funeral or not, and she goes of her own volition.

III. d. *The Bell Jar* and illness narratives

In what follows, I apply Susan Sontag's statements about illness my reading of the novel, then I bring arguments on *The Bell Jar* being a monological or dialogical autobiography as defined by Frank, and finally, I determine the category of illness narrative to which *The Bell Jar* belongs: restitution narrative, chaos narrative or quest narrative.

Illness in the novel appears in multiple forms. The food poisoning after a dinner given by Ladies Day magazine, Buddy Willard's TB, Esther's broken leg after her ski accident, and in my interpretation the scene, when a woman gives birth, and one of Boddy's colleagues helps her are all linked to states of illness. Using Sontag's historical categorization of diseases, Buddy's TB is "sickness of the will" in his father's eyes, but it is a punishment in Esther's eyes because she considers that Buddy has lived as a hypocrit. The food poisoning after the lunch can be interpreted as a Godly punishment because of the girls' decaying morale at the hotel and in New York, just as mass diseases were viewed in history. Esther's disease in her mom's view is a question of decision:

My mother smiled. 'I knew my baby wasn't like that.'

I looked at her. 'Like what?'

'Like those awful people. Those awful dead people at that hospital.' She paused. 'I knew **you'd decide to** be all right again.' (Plath 1966, 154)

Disruption and *destabilization* are key aspects of the differentialization between monological and dialogical autobiographies (Frank 2000, 139). Esther is disrupted by her illness, by the incompetent nurses, doctors, and Doctor Gordon's harmful electroshock therapy: „then something leapt out of the lamp in a blue flash and shook me till my teeth rattled, and I tried to pull my hands off, but they were stuck, and I screamed, or a scream was torn from my throat, for I didn't recognize it, but heard it soar and quaver in the air like *a violently disembodied spirit*”

(Plath 1966, 152, emphasize mine). On the other hand, as a narrator of her own disease, she is stable: she tells her feelings in a direct way, she tells us, readers, her intention to lie to Doctor Gordon, even her struggles to choose a suicide method. Similar to Frank's analysis of Audre Lord's illness narrative, Esther also overcomes the „destabilizing implications of the disruption” (Frank 2000, 139) and not only tells her story but organizes her consciousness. Monological autobiographical works operate with the same characteristics: a disrupted protagonist, who is not destabilized as a narrator.

The Bell Jar incorporates all three illness narrative forms. Esther's mother wants her to heal and continue her normal life as soon as possible and trust the doctors. She listens to doctors rather than listening to her own daughter about her problem. This attitude links her behavior towards Esther's illness to restitution narratives. Esther lives in a chaos narrative: she does not know why her illness occurs and only tries to survive but has no view of a viable future, she refuses the well-known patterns: to be a good wife and give birth to children. Buddy sees his illness as a quest. “‘TB is like living with a bomb in your lung,’ Buddy had written to me at college. ‘You just lie around very quietly hoping it won’t go off’” (Plath 1966, 92). He knows he will fight and survive his illness and promises Esther to lose weight once he gets back to health.

Conclusions

At this point of my ongoing research, I can conclude that Sylvia Plath's *The Bell Jar* can be read from the perspective of neuronovels. There is a constant preoccupation on the part of the narrator-protagonist and other characters as well with the brain and mental states. Furthermore, Esther herself states that she is a neurotic, a diagnosis that is also strengthened by her boyfriend, Buddy. Doctors, however, are less preoccupied with the causes of her condition than with finding a cure, which confirms that Western medical practice has a dehumanizing character.

Esther slowly loses her voice and her agency throughout the novel, which is restored only at the end of the story. This proves that illness narratives restore patient's voice and agency, so she can get a sense of wholeness again. In spite of losing her voice and agency, as a narrator she remains stable, so the novel could be read as a monological autobiographical work.

Last, but not least, the novel also fits the category of illness narrative, what is more, it presents different angles on illnesses and these different angles can be linked to the different types of illness narratives identified by Frank: Esther's narrative of her own illness can be read as a chaos narrative, her mother conceptualizes Esther's condition in a framework that resembles restitution narratives, while Buddy's own perception of his own illness and future reads as a quest narrative.

Works Cited

- Alvarez, Al. 1972. "Prologue: Sylvia Plath" In *The Savage God: A Study of Suicide*, 1–41. New York: Bantam.
- Antolin, Pascale. 2021. „Introduction” In *The American Neuronovel (2009-2021)*, ed. Antolin, Pascale; *European journal of American studies* [Online] Vol. 16, no. 4: <https://journals.openedition.org/ejas/17454> (Last accessed 11 April 2022)
- Burn, Stephen J. 2017. „The Neuronovel” in *American Literature in Transition, 2000-2010*, ed. Rachel Greenwald Smith, 165–178. Cambridge University Press.
- Frank, Arthur W. 2000. "Illness and Autobiographical Work: Dialogue as Narrative Destabilization" *Qualitative Sociology*, Vol. 23, No. 1: 135–156. https://www.researchgate.net/publication/227130599_Illness_and_Autobiographical_Work_Dialogue_as_Narrative_Destabilization (Last accessed 09 April 2022)
2005. *Keynote Speech - Illness and Narrative 4th*, September Illness and Narrative Symposium: Soshikan Conference Room, Ritsumeikan University. https://www.ritsumeihuman.com/hsrc/resource/01/pdf/01_80.pdf (Last accessed 09 April 2022)
- 2013[1995]. *The Wounded Storyteller: Body, Illness and Ethics Second Edition*. Chicago: The University of Chicago Press
- Hidaka, Brandon H. 2012. "Depression as a disease of modernity: explanations for increasing prevalence" *Journal of Affective Disorders* Vol.140, Issue 3(November): 205–214. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330161/> (Last accessed 09 April 2022)
- Kaufman, James C. 2001. "The Sylvia Plath Effect: Mental Illness in Eminent Creative Writers" *Journal of Creative Behavior*. Vol. 35, No. 1(First Quarter): 37–50. https://www.researchgate.net/publication/260745014_The_Sylvia_Plath_Effect_Mental_Illness_in_Eminent_Creative_Writers (Last accessed 09 April 2022)

- Leung, Kelly. 2021. “‘Mad genius’: Sylvia Plath’s manic depression and poetic writing” *Academia Letters*, Article 719 <https://doi.org/10.20935/AL719> (Last accessed 09 April 2022)
- Ligthart, Nicole. 2020. “Woman, Madness & Literature: A Comparative Analysis of *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen” First full draft of final thesis. Universiteit Utrecht.
- Maple, Jeni. 2009. Sylvia Plath’s *The Bell Jar* as Disability Narrative, Bachelor of Arts in English Oklahoma State University, Stillwater.
- Miyatsu, Rose. 2018. “‘Hundreds of People Like Me’: A Search for a Mad Community in *The Bell Jar*” In *Literature of Madness: Disability Studies and Mental Health*, ed. Elisabeth J. Donaldson, 51–69. Switzerland: Palgrave Macmillan.
- Pallab K Ganguly, Lap Ki Chan. 2008. “Living anatomy in the 21st century: how far can we go?” *South East Asian Journal of Medical Education* Vol. 2, no. 2: 52–57.
http://seajme.md.chula.ac.th/articleVol2No2/OR7_Pallab%20Ganguly.pdf (Last accessed 19 April 2022)
- Plath, Sylvia. 1966. *The Bell Jar*. London: Faber and Faber.
- Rosenthal, M. L. 1967. *The New Poets – American and British Poetry Since World War II*. New York: Oxford University Press.
- Roth, Marco. 2009. „The Rise of the Neuronovel” *n+1: Issue 8 - Recessional*,
<https://www.nplusonemag.com/issue-8/essays/the-rise-of-the-neuronovel/> (Last accessed 11 April 2022)
- Sontag, Susan. 1978. *Illness as Metaphor*. New York: Farrar, Straus and Giroux.

- Stevenson, Anne. 2013. "Sylvia Plath: The illusion of a Greek Necessity" Talk transcript for *Lebury Poetry Festival*, 13 July 2013. <https://www.anne-stevenson.co.uk/downloads/Ledbury-Plath.pdf> (Last accessed 09 April 2022)
- Thomas, Carol. 2010. „Negotiating the contested terrain of narrative methods in illness contexts” *Sociology of Health & Illness* vol. 32, no. 4: 647-660.
- VanSpanckeren, Kathryn. 1994. *Outline of American Literature*. Washington: United States Information Agency.
- Wagner-Martin, Linda. 1986. "Plath's *The Bell Jar* as a Female *Bildungsroman*" *Women's Studies: An Interdisciplinary Journal* vol. 12, no. 1-6: 55–68.
1987. *Sylvia Plath: A Biography*. New York: Simon and Schuster.
2003. *Sylvia Plath: A Literary Life, Second Edition, Revised and Expanded*. New York: Palgrave Macmillan.
- Yannella, Philip R. 2011. *American Literature in Context after 1929*. Chichester, United Kingdom: John Wiley & Sons, Inc.