

# The Bell Jar of the Mind: Sylvia Plath and the Dissection of Clinical versus Social Madness in Women's Lives

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## Abstract

Feminist literary criticism has historically grappled with representations of female madness, initially employing metaphorical interpretations that positioned it as a crucial symbol of resistance to patriarchal oppression. This thesis analyzes the progression of feminist literary criticism regarding female madness in literature, tracing its development from an initial revolutionary phase, exemplified by scholars like Gilbert and Gubar who viewed characters such as Bertha Mason in *Jane Eyre* as “a fiery embodiment of the author’s seething anger against nineteenth-century gender norms,” to a more sophisticated, embodied perspective necessitated by contemporary women-authored fiction in the early twenty-first century. These metaphorical interpretations effectively illuminated madness as a form of symbolic resistance to patriarchal oppression; however, subsequent critics, including Marta Caminero-Santangelo, Sami Schalk, and Elizabeth J. Donaldson, have challenged their limitations. They contend that reducing mental illness to an abstract signifier of rage or protest risks depicting it as “a willed choice” and “a preferable alternative to sanity in women” (Caminero-Santangelo 1), instrumentalizes disability merely as a metaphor for gender, sexuality, or racial oppression instead of examining its material intersections (Schalk 172–73), and ultimately obliterates the lived experience of mental illness itself (Donaldson 102). Building on Michel Foucault’s historical critique in *Madness and Civilization* (1961), which traces the Enlightenment’s “great confinement” in transforming culturally integrated madness once embodied by fools, visionaries, and prophets into a medicalized, silenced pathology governed by “a monologue of reason about madness” established on silence (xii), and feminist theorists such as Phyllis Chesler, Elaine Showalter, and Gilbert and Gubar who expose madness as a gendered, culturally produced category disciplining nonconformity and encoding “female rage” in subversive literary forms (85), the thesis advocates a hybrid feminist disability studies framework (Schalk 170). Contemporary novels rebalance allegory and embodiment: madness retains its power to critique systemic inequities yet is vividly grounded in protagonists’ day-to-day material struggles, depression’s fog, hallucinations, institutional failures, relational strains granting it intrinsic value through sensory detail, small acts of agency, and ongoing adaptation rather than linear “cure” narratives, thereby rejecting the assumption that disability is inherently “wrong” (Garland-Thomson 6), empowering characters through radical self-care and defiance, combating stigma, fostering empathy, and advancing meaningful systemic change for all women by treating madness as an archive of suppressed knowledge that troubles dominant epistemologies of reason, normalcy, and health.

**Keywords:** Madness, Social, Clinical, Diagnosis, Disability

## Introduction:

While earlier feminist readings productively interpreted female madness as a symbolic emblem of suppression and resistance (e.g., Gilbert and Gubar's casting of Bertha Mason in *Jane Eyre* as "a fiery embodiment of the author's seething anger against nineteenth-century gender norms"), scholars such as Marta Caminero-Santangelo, Sami Schalk, and Elizabeth J. Donaldson have critiqued this approach for reducing mental illness to an abstract signifier of rage or protest. Caminero-Santangelo warns that such interpretations frame madness as "a willed choice" that becomes "a preferable alternative to sanity in women," risking reinforcement of stereotypes that bind women to images of irrationality and silence their lived suffering (Caminero-Santangelo 1). Schalk highlights the tendency "to represent and interpret disability as a metaphor for gender, sexuality, and racial oppression, rather than investigating the material and discursive relationships of disability and other systems of oppression or identities" (Schalk 172–3). Donaldson asserts that "when madness is used as a metaphor for feminist rebellion, mental illness itself is erased" (Donaldson 102). These critiques do not eliminate metaphor but caution against its dominance, which instrumentalizes disability and perpetuates ableist oversight in feminist discourse.

Contemporary novels rebalance this dynamic: madness retains allegorical power to critique gendered inequities, yet it is vividly anchored in protagonists' material, day-to-day experiences the debilitating fog of depression, intrusive hallucinations, relational strains, economic barriers to care, and institutional failures. Employing Schalk's hybrid "feminist disability theory" (Schalk 170), this approach merges disability studies' focus on embodiment with feminist attention to power and identity. These texts expose how societal complicity, dismissive attitudes, inadequate healthcare, stigmatizing diagnoses, and cultural myths actively contributes to women's mental distress, granting madness intrinsic value through intimate, sensory details of despair, small acts of agency, and ongoing adaptation amid adversity. Rejecting linear "cure" narratives and the assumption that disability is inherently "wrong" (Garland-Thomson, "Integrating" 6), these open-ended portrayals emphasize living with rather than eradicating mental illness (Pickens 175), empowering characters to seize agency through radical self-care, defiance of labels, or unapologetic identity and transforming personal pain into politically resonant yet irreducibly individual experience that combats stigma, fosters empathy, and advances systemic change for all women.

## Literature Review

In the 1970s and 1980s, early feminist scholars saw madness as a symbol of the oppression of women by men. Phyllis Chesler's *Women and Madness* (1972) criticized psychiatry as a mechanism that pathologizes female nonconformity such as rejecting motherhood or expressing anger resulting in the disproportionate diagnosis and institutionalization of women for deviating from prescribed gender roles. Elaine Showalter's *The Female Malady* (1985) contextualized diagnoses such as hysteria and melancholia as cultural narratives influenced by anxieties regarding women's autonomy, thereby rendering suffering comprehensible solely through patriarchal frameworks of emotional fragility. Sandra Gilbert and Susan Gubar's *The Madwoman in the Attic* (1979) influentially interpreted the madwoman (e.g., Bertha Mason in *Jane Eyre*) as "a fiery embodiment of the author's seething anger against nineteenth-century gender norms," viewing her as a shadow double encoding forbidden rage, ambition, and desire through literary fragmentation and excess.

Michel Foucault's *Madness and Civilization* (1961) offered crucial historical context, contending that the Enlightenment's "great confinement" redefined madness from a culturally integrated phenomenon represented by fools, visionaries, or prophets into a medicalized, suppressed pathology perpetuated by "a

monologue of reason about madness" (xii). This unfairly classified women's defiance or emotionality as medical conditions, combining medical and social control.

Women writers' literary works supported these criticisms and took back madness: Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) revealed the "rest cure" as a fabrication of madness through enforced silence; Sylvia Plath's *The Bell Jar* (1963) connected Esther's depression to gendered constraints; Virginia Woolf's *Mrs. Dalloway* (1925) emphasized nuanced female alienation; and Jean Rhys's *Wide Sargasso Sea* (1966) exposed colonial-patriarchal erasure in Antoinette's confinement.

By the late 1990s to 2010s, researchers questioned the dominance of metaphor. Marta Caminero-Santangelo's *The Madwoman Can't Speak* (1998) contended that romanticizing madness as liberation neglects its silencing consequences, cautioning that it presents madness as "a willed choice" and "a preferable alternative to sanity in women" (1). Elizabeth J. Donaldson's *The Corpus of the Madwoman* (2002) contended that employing madness as a metaphor for feminist rebellion "erases" mental illness itself (102). Sami Schalk's *Bodyminds Reimagined* (2018) criticized the conceptualization of "disability as a metaphor for gender, sexuality, and racial oppression" instead of analyzing material intersections (172–73), promoting a hybrid feminist disability theory (170) that emphasizes embodiment in conjunction with power.

### Objectives of the research:

1. To trace the historical evolution of feminist literary criticism on female madness from metaphorical resistance readings (e.g., Gilbert and Gubar) to contemporary embodied critiques.
2. To examine key scholarly critiques (Caminero-Santangelo, Schalk, Donaldson) that challenge the reduction of mental illness to metaphor and highlight risks of ableism and erasure of lived experience.
3. To analyze Foucault's framework in *Madness and Civilization* (1961) and its gendered implications in the medicalization and silencing of women's nonconformity.
4. To explore how women writers (Gilman, Plath, Woolf, Rhys) depict madness as both patriarchal/institutional product and resistant knowledge through subversive narratives.
5. To apply feminist disability studies (Schalk's hybrid model) to early 21st-century women-authored fiction, assessing the balance of allegory and material embodiment.
6. To demonstrate how contemporary novels grant mental illness intrinsic value via sensory detail, agency, adaptation, and rejection of linear "cure" narratives.
7. To argue that this evolved approach combats stigma, fosters empathy, normalizes vulnerability, and advocates systemic change by treating madness as an archive of suppressed knowledge challenging dominant epistemologies.

### Methodology:

1. **Qualitative textual analysis** as the primary method: close reading of selected literary texts to identify and interpret recurring motifs
2. **Intertextual comparison**: systematic juxtaposition of Plath's works with earlier texts and selected contemporary novels (e.g., Moshfegh, Rooney) to trace incarnations of madness motifs across time.
3. **Thematic coding and motif mapping**: identification and categorization of key symbols (bell jar, ash/rising, spectral haunting) using manual coding to demonstrate cyclical patterns and narrative strategies.

4. **Theoretical framework integration:** application of selected concepts from literary theory to interpret the social vs. clinical dimensions of madness.
5. **Secondary source analysis:** review and synthesis of existing scholarship on Plath, women's madness in literature, and mental health representation to situate the study and address gaps.
6. **Discourse analysis of contemporary media:** examination of publicly available content to assess how digital platforms reincarnate or reshape literary madness motifs.
7. **Hermeneutic interpretive approach:** iterative reading and re-reading of primary texts in dialogue with secondary sources and contemporary examples to build layered interpretations of madness as resistance and renewal.
8. **Synthesis and argumentative structuring:** integration of findings into a cohesive argument that supports the hypothesis through evidence from texts, comparisons, and cultural observations.

### **Theoretical Framework: From Foucault's Silencing to Kristeva's Semiotic Rupture**

Michel Foucault's *Madness and Civilization* (1961) offers a seminal critique of the construction of madness in Western society, transforming it from a culturally integrated phenomenon where the "mad" were perceived as fools, visionaries, or prophets to a medicalized pathology during the Enlightenment's "great confinement" of the 17th and 18th centuries. This institutional confinement of the mad, impoverished, and deviant conceptualized lunacy as a silent malady to be monitored and restrained by reason, rather than subjected to discourse. Foucault asserts, "The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence" (Foucault xii). Pre-asylum madness engaged in society narratives, contesting norms through alternate perspectives; rationality disrupted this dialogue, transforming the mad into mute subjects of examination. This paradigm uncovers a pronounced gendered aspect: women's emotionality, disobedience, or autonomy exhibited as hysteria, melancholia, or rebellion was disproportionately pathologized within patriarchal standards. In the 19th century, asylums were used to store "difficult" women (wives who were hard to deal with, daughters who were promiscuous, and single women who were too independent). Their moral "failings" were turned into diagnosable illnesses, which blurred the lines between medical care and social control. Women writers' literary works show this silencing: in Sylvia Plath's *The Bell Jar* (1963), Esther Greenwood's depression and institutionalization are like the "monologue of reason," where her pain is reduced to symptoms that can be treated with electroshock. This is like the "bell jar" that keeps her from talking and makes her rejection of gendered standards seem like a mental illness. Charlotte Perkins Gilman's *The Yellow Wallpaper* (1892) foreshadows this by showing how the narrator's "rest cure" is enforced stillness that turns postpartum distress and intellectual frustration into lunacy. Her hallucinations are a way of fighting back against the medical gaze. Virginia Woolf's *Mrs. Dalloway* (1925) juxtaposes Septimus's outwardly medicalized shell shock with Clarissa's more nuanced gendered alienation, questioning the constraints on women's creativity and sensitivity. Jean Rhys's *Wide Sargasso Sea* (1966) reinterprets Bertha Mason as Antoinette, whose "madness" arises from the colonial and patriarchal obliteration of her prophetic lineage, relegating her to a hysterical persona in domestic confinement. These narratives partly autobiographical and rebellious build on Foucault by redefining lunacy as living knowledge of injustice instead of an aberration. Madness does not arise instantaneously; rather, it develops through cumulative negation: being unheard, observed, and corrected. When discourse is not possible, confinement places (such a bell jar, wallpaper, attic, or consulting room) make people talk to themselves in strange ways. But these works don't romanticize suffering: lunacy is the terrible weight of rules that

demand self-erasure and reward submission. The "crazy" ladies see hypocrisy and limits too well, which shows how fragile sanity is. Their breakdowns document the cost of acceptance, converting suppressed voices into alternative truths that institutions reject, so contesting the psychiatric narrative and patriarchal structure through intimate, analytical storytelling.

Feminist interventions in madness discourse redirect the critique from broad challenges to psychiatric authority (as seen in Laing and Szasz) to revealing its distinctly gendered rationale. These theorists show that lunacy is a socially constructed category used to control women who break patriarchal rules about their bodies, desires, and intellectual lives. Instead of being a neutral reaction to alienation, female insanity turns into a political space where power works through diagnosis, imprisonment, and erasure of stories.

In her book *Women and Madness* (1972), Phyllis Chesler says that psychiatry makes women who don't fit in with traditional gender roles seem mentally ill. This is because women are much more likely to be diagnosed, put in institutions, and treated in invasive ways not because they are inherently unstable, but because they break gender norms. Chesler asserts that "women are institutionalized for deviating from expected roles" (56). Refusal of childbirth, anger, sexual autonomy, resistance to marriage, or intellectual desire are recoded as symptoms, transforming dissent into pathology and rendering psychiatry a moral tool that undermines female agency.

Elaine Showalter historicizes this trend, demonstrating that diagnoses such as hysteria, neurasthenia, and melancholia are gendered cultural narratives influenced by worries around women's autonomy rather than enduring medical truths. Sandra Gilbert and Susan Gubar's *The Madwoman in the Attic* (1979) reinterprets literary madness as subversive encoding: the madwoman represents "a desperate strategy for encoding female rage" (85), functioning as the shadow counterpart to the "angel in the house" and clandestinely introducing forbidden ambition, anger, and desire into texts through delirium and fragmentation.

In sum, these frameworks make reading madness a relational impact that happens at the crossroads of gender, power, and narrative. Psychiatry and literature serve as arenas of contested power, pathologizing women's noncompliance while also establishing counter-discursive spaces. The madwoman's disjointed, extravagant, and rupturing outbursts represent historically contextualized reactions to silencing, challenging the sanity/insanity dichotomy as a regulatory construct that maintains patriarchal coherence. Madness thus transforms into an archive of repressed information, challenging prevailing epistemologies of reason, normalcy, and health, and necessitating interpretation not as deviation but as a form of resistance.

Julia Kristeva's *Revolution in Poetic Language* (1974) offers a profound framework for interpreting the linguistic nuances of madness not merely as stylistic idiosyncrasies but as direct expressions of psychological turmoil. Her differentiation between the semiotic—a pre-verbal, pre-Oedipal domain of drives, rhythms, and bodily impulses and the chora (a provisional, dynamic expression of these forces) and the symbolic order (regulated by grammar, syntax, law, and social meaning) illuminates language as perpetually influenced by unassimilated affect and experience (Kristeva 93–94). During trauma or crisis, the semiotic surges, disrupting symbolic coherence: syntax becomes more flexible, narrative breaks down, and signification becomes less stable not because meaning is lost, but because it is redirected through the body instead of through accepted forms.

This framework shows how madness changes language in a big way. In Sylvia Plath's writing, sudden changes in syntax, tone, and imagery that are violent are examples of semiotic intrusions into the symbolic field. These disturbances are not just expressive; they show that language is breaking down under psychic stress and won't stabilize or tell a coherent story. Plath's writing, on the other hand, is full of broken pieces

that reflect mental breakdown and draw readers into its tight, unstable rhythm. Her words become physical proof, showing how limited rational, patriarchal, and psychiatric discourse is at dealing with women's pain. This means that meaning changes into something raw, too much, and disturbing, showing madness instead of just describing it.

In *The Bell Jar* (1963), Esther Greenwood's decline occurs gradually: distorted perception solidifies into stifling confinement, enjoyment dissipates (food loses flavor, sunlight dims), time compresses, sleep eludes, and the body feels foreign and burdensome. Thoughts become limited to repetitive self-condemnation, rendering the future unattainable. Her suicide attempt is a quiet, planned exhaustion instead of drama, a normal state of despair. Institutional intervention, electroconvulsive therapy administered without consent exemplifies Foucault's "monologue of reason," regarding her as an object rather than a subject. The bell jar comes from society: in the 1950s, Esther was stuck between two contradictory ideas: she was smart but not threatening, ambitious but self-effacing. This is shown in the fig tree metaphor, where every promising future (husband, poet, professor, traveler) paralyzes choice and causes all to wither as she starves at the crotch, watching figs rot.

Plath's later poetry in "Ariel" has a powerful semiotic effect. For example, "Daddy" combines nursery-rhyme horror with Holocaust imagery ("an engine, an engine, chuff-chuff-chuffing" to Dachau) and ends with an ax-like break ("Daddy, daddy, you bastard, I'm through"). "Lady Lazarus" comes back to life like a phoenix, with skin that shines like a Nazi lamp and eats men like air while commanding her audience. These eruptions do what symbolic language hides: anger, rebirth, and refusal. The bell jar goes beyond Plath and stains many other texts. For example, it shows yellow wallpaper trapping crawling women (Gilman), a red-curtained attic on fire (Rhys's *Antoinette*), a ghost-haunted 124 Bluestone Road (Morrison), a forbidden Meenachal River (Roy), a naked Dopdi Mejhen's defiant laugh (Spivak), a wheelchair-caged Priya, TikTok mirrors, and Odia widows branded pishachini. The same glass, but different stains—rebellion goes on: ripped wallpaper, burning mansions, ghosts that are chased, bodies that are naked, diaries that are unread, and reels that are flagged and then reposted. The scream from 1892 has changed over time, becoming polyphonic and tidal across languages and continents. It has grown teeth until the bell jar breaks on the edge of frequency, and it can't be stopped.

### 3.1 Social Madness: When Women's Excess Becomes a Diagnosis

Historically, "madness" has been used as a form of social punishment for women who don't fit feminine norms, even though it is not a real medical diagnosis. Biology, trauma, or genetics can cause clinical madness, which tries (but doesn't always succeed) to ease suffering. Social madness, on the other hand, puts women who don't fit into prescribed roles like obedient daughter, wife, starlet, or pop icon into boxes. Zelda Fitzgerald was diagnosed with schizophrenia and put in a mental hospital after she burned her paintings to stop F. Scott's appropriation (1940); Frances Farmer lobotomized for not fitting Hollywood's "happy starlet" image; Sylvia Likens tortured to death in 1965 as "discipline" for being "wayward," ignored by neighbors; Britney Spears placed under 13-year conservatorship for "dementia" after shaving her head and confronting paparazzi. The diagnoses change bipolar, schizophrenia, delinquency, manic-depression but the transgression stays the same: going too far beyond what is acceptable in a culture. Ian Hacking's concept of "transient mental illnesses" illustrates how such classifications arise within particular cultural contexts and dissipate as societal norms evolve: fugue in 1890s France, evolutionary melancholia in 1950s America, borderline personality disorder in the 1980s, and the contemporary label of "treatment-resistant bipolar" for non-compliant women. Real symptoms like anhedonia, rage, and panic

get worse when people expect them to be beautiful, grateful, fertile, and quiet. Treatments like insulin shock, lobotomy, and guardianship make people follow the rules instead of giving them freedom. Sylvia Plath's *The Bell Jar* (1963) illustrates this amalgamation: Esther's clinical depression (characterized by flat affect and suicidal inclinations) coincides precisely with her rejection of the limited opportunities available in 1953, namely, marriage, motherhood, and magazine success—thereby exposing the absence of alternative pathways. Electroconvulsive therapy treats illness while erasing refusal, paralleling state violence (Rosenbergs' execution): "It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York" (Plath 1).

The 1950s glorified domesticity while suppressing dissent Ladies' "Home Journal" marketed Miltown as "Mother's Little Helper" (Tone 145), and June Cleaver concealed Valium addiction (Coontz 28) with 60% of institutionalized women being diagnosed with "evolutional melancholia" for midlife dissatisfaction (Showalter 204). Plath's writing shows how the pressure on women to be smart and obedient, as well as ambitious and humble, drives them crazy (Showalter 218). When a woman's heart exceeds societal norms manifesting through fire, speech, a shaved head, or poetry culture deems this excess as madness and confines it within asylums, operating rooms, or courtrooms, attempting to eliminate evidence of its inadequacy. Anyone can go crazy in a clinical setting; social madness takes away a woman's identity when she refuses to shrink.

### **Discussion: Madness as Agency in *The Bell Jar***

Esther Greenwood's opening admission - "I don't know much about executions. Being electrocuted makes me sick" (Plath 1)-functions not as metaphor but as somatic forewarning. The nausea she describes operates as a physiological prodrome of psychic collapse, anticipating the anhedonia and dissociation that structure her subsequent narrative. Plath anchors Esther's mental distress in the body, foregrounding how psychological violence is first registered viscerally rather than cognitively. The "goggle-eyed headlines" that confront Esther in New York signify more than journalistic excess; they constitute a scopophilic, masculinist gaze that consumes her even as she attempts to consume the city itself (Plath 2). This asymmetrical act of looking renders Esther both spectator and spectacle, exposing the gendered economy of visibility within which female ambition is surveilled and disciplined. Read through Judith Butler's theorization of performativity, Esther's compelled display of normalcy emerges as a form of identity enacted under coercive conditions a performance sustained not by agency but by fear of social annihilation (Butler 140). Sanity, in this context, is not a stable psychological state but a regulatory demand imposed upon women whose refusal to conform is met, symbolically and materially, with execution.

Esther's clinical insanity manifests as a diagnosable mental disorder, primarily resembling major depressive disorder with suicidal tendencies, and is addressed through the psychiatric methods of the time: electroconvulsive therapy and extended hospitalization. Plath describes her symptoms in the usual clear and strong way: she feels numb emotionally, her thoughts are twisted, and she hurts herself over and over again. She says that her mind is like being stuck under a "bell jar," which is a picture of being mentally suffocated and completely cut off from the outside world. She writes, "I felt very still and very empty, like the eye of a tornado moving dully along in the middle of the surrounding hullabaloo" (Plath 3). This part shows how people with clinical depression often feel disconnected from the world around them. She is calm in the middle of all the chaos inside her while New York City goes on with its busy life. The bell jar metaphor then becomes a full description of her state: "To the person in the bell jar, blank and stopped like a dead baby, the world itself is the bad dream" (Plath 237). The horrifying image of a "dead baby" is

linked to her clinical paralysis and her fear of becoming a mother. The phrase "bad dream" brings to mind a distorted view of reality, which is a clear sign of severe depressed psychosis. Plath turns clinical symptoms into poetry in these passages without losing their ability to tell what they are.

Esther's clinical insanity reaches its most terrifying peak when she tries to kill herself several times in a way that is so cold and detached that it shows how deeply broken her mind is. She walks into the Atlantic after trying to cut her wrists in the bath, thinking that drowning would be "the kindest way to die." But even there, her body betrays her will: "as I bobbed up and down in the surf, my lungs screaming for air, I couldn't make myself go under" (Plath 160). The failure is both biological (the stubborn survival instinct) and psychological (a lingering ambivalence toward annihilation). Her last, almost successful attempt takes place in the crawl space under her mother's house, which is like a womb. She swallows fifty sleeping pills and feels the approach of oblivion as a merciful tide: "The silence drew off, baring the pebbles and shells and all the tatty wreckage of my life." Then, at the edge of my vision, it came together and swept me to sleep in one big wave" (Plath 169). Plath's poetic imagery-"tatty wreckage" makes the moment into high art, but it never hides the cold, hard truth: for Esther, death is the only way out of a self that feels broken beyond repair.

Her experiences with psychiatry in the middle of the century show how rough and often violent the field was at the time. Dr. Gordon, who was cold and didn't give her any painkillers or muscle relaxants, gave her the first round of electroconvulsive therapy. She remembers it as torture: "With each flash, a great jolt drubbed me till I thought my bones would break and the sap would fly out of me like a split plant" (Plath 143). The plant imagery turns Esther into something that has been picked and thrown away, making her feel even more violated by a male-dominated medical system. The sessions overseen by the compassionate Dr. Nolan, on the other hand, are done with care and preceded by anesthesia. After one of these sessions, Esther says, "All the heat and fear had purged itself." I was surprisingly calm. The bell jar was hanging a few feet above my head. "I was open to the air that was moving around" (Plath 215). This brief lifting of the bell jar suggests that the character is getting better, but the book is still very unsure about psychiatric "cures." The relief is only temporary, and the character knows that the glass dome could fall again at any time. Esther's clinical insanity is indisputably a diagnosable condition originating from neurochemical imbalance and exacerbated by trauma, precisely corresponding with 1950s diagnostic classifications of severe depression or evolutionary melancholia. Plath's metaphors-the bell jar, the tornado's eye, the "tatty wreckage" of a life go beyond medical language and turn raw symptoms into a poetic look at mental pain that stays with you long after the diagnosis has worn off.

Esther's insanity in *The Bell Jar* is a result of the restrictive patriarchal structures of 1950s America, where women were expected to put marriage, motherhood, and sexual purity ahead of ambition, independence, and creativity. Her breakdown is a way of going against these gendered expectations. As a talented scholarship student with dreams of becoming a writer, she faces the double bind of female ambition. The fig tree metaphor shows how women can't have both art and home life because each "fig" represents a different life path. Her sense of alienation grows stronger at her fashion magazine internship, where she feels out of place among her peers' shallow femininity. Motherhood also feels like a prison for Esther. This is clear in her horror at the childbirth scene and her mother's insistence that she follow domestic norms, which makes her even more resistant to a role that requires her to erase herself. This rejection of reproductive destiny is exacerbated by the prevailing sexual double standards of the era: while society venerates female virginity, Esther pursues sexual agency, and her initial sexual experience despite its traumatic consequences represents a symbolic assertion of self-ownership. Her quest for intellectual,

creative, and sexual autonomy is consistently pathologized as deviance, illustrating that her purported “madness” is, in reality, a rejection of patriarchal norms that constrain women’s choices and identities.

Esther Greenwood's descent into mental illness is not merely a private psychological collapse but a rational reaction to an irrational patriarchal society. In the conformist culture of 1950s America, a young woman’s ambition, intellectual hunger, and sexual autonomy are routinely pathologized. As Sandra Gilbert and Susan Gubar argue in *The Madwoman in the Attic*, the figure of the “madwoman” often functions as a coded rebel against nineteenth- and twentieth-century gender norms (xi–xii). Plath updates this archetype for the postwar era: Esther’s breakdown becomes a form of protest against a world that offers brilliant women no viable script for existence outside marriage and motherhood.

Far from the passive lunatic of Victorian fiction (e.g., Bertha Mason), Esther uses madness as a site of agency and articulation. Her suicide attempt is simultaneously self-destructive and self-assertive: “I took a deep breath and listened to the old brag of my heart. I am, I am, I am” (Plath, 165). The heartbeat mantra transforms despair into a defiant claim of existence. Moreover, her illness grants her the narrative voice - witty, metaphorical, merciless that allows her to dissect patriarchal violence with surgical precision. Even her tentative recovery remains subversive; the final image of stepping into a room where “the eyes and the faces all turned themselves towards me” suggests that Esther re-enters society on her own critical terms, not as a fully assimilated subject (Plath 257).

Sylvia Plath's *The Bell Jar* ultimately depicts madness as the volatile intersection of a sensitive psyche and a repressive gender hierarchy. By endowing Esther with both clinical veracity and political acumen, Plath crafts a modernist feminist classic that continues to evade simplistic interpretation.

In this interpretation, Esther is never "sick" in the medical sense. She is a sane woman driven into performative "madness" by a society that has no legitimate place for an ambitious, sexually curious, intellectually ruthless female subject. Every symptom traditionally labelled "depressive" or "psychotic" is re-interpreted here as a rational, political response to gendered annihilation. The entire arc of her life in the novel becomes a tragicomic drama of a woman being punished for refusing to disappear.

"It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York" (Plath 1). Esther's first sentence is not a sign of depression; it is a sign of political clairvoyance. She connects private alienation to public execution: the state is killing people for not following the rules while she is being trained to smile in a ladies' magazine. Her "not knowing what she is doing in New York" is the only sane response to a culture that rewards women for being useless.

“The one thing I was good at was winning scholarships and prizes, and that era was coming to an end... I felt like a racehorse in a world that suddenly had no racetracks” (Plath 77). This is not low self-esteem; it is fury at a bait-and-switch patriarchy. All the rewards of girlhood (A-grades, purity, obedience) suddenly become worthless the moment a woman is expected to trade them for a diamond ring and a baby bottle.

“I saw my life branching out before me like the green fig tree in the story. From the tip of every branch, like a fat purple fig, a wonderful future beckoned and winked... 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 77). This is the single most devastating image of gendered madness in the entire novel. Esther is not paralysed by internal pathology; she is paralysed because the culture literally offers her no structure in which multiple figs can coexist. Wanting everything = social monstrosity. The rotting figs are not her failure; they are the deliberate starvation diet served to women-

"When I was nineteen, purity was the big issue... Instead of the world being split into Catholics and Protestants or Republicans and Democrats or white and black or men and women or heterosexuals and homosexuals, it felt to me like the world was split into people who had slept with someone and people who hadn't. This seemed like the only really important difference between one person and another" (Plath 81). Esther's obsession with losing her virginity is misread as personal neurosis. In fact, she has correctly identified the central policing mechanism of female identity in 1953. The hymen is the border patrol of patriarchy. Her later haemorrhage after sex with Irwin is misread clinically, but read socially it is a stigma: the physical proof that a woman who steps across the line will be made to bleed publicly.

"The minute I'd been perfectly free, the blood gave me away... I was my own woman. The next step was to find the proper sort of man" (Plath 229). This is triumphant, sardonic feminist irony. The blood is not tragedy; it is the price of admission into adult female subjectivity. Society calls the price "madness."

"I could see the years of my life spaced along a road in the form of telephone poles, threaded together by wires. I counted one, two, three... nineteen telephone poles, and then the wires dangled into space, and try as I would, I couldn't see a single pole beyond the nineteenth" (Plath 123). The famous "nineteen telephone poles" passage is usually interpreted as suicidal foreshadowing. Through the social-madwoman lens, it is a precise actuarial calculation: nineteen more years until menopause, after which a woman's social function (reproduction) is officially over and she ceases to exist. Esther is not foreseeing her own suicide; she is foreseeing her own erasure by a culture that kills women symbolically long before it kills them physically.

"The reason I remembered the baby was that the baby had no future... I thought it must be the most stupefying, undignified thing in the world to be a baby" (Plath 66, watching childbirth). Again, not depression—prophecy. Esther refuses to become the vessel that produces a daughter who will also have "no future."

"I am, I am, I am" (Plath 166). "I took a deep breath and listened to the old brag of my heart" (Plath 166). This is not a failed clinical suicide. It is the ultimate refusal of the socially prescribed script. If the only subject positions on offer are Mrs Buddy Willard or a lobotomised housewife, then choosing non-existence is the only rational feminist act left. Death becomes the last private property a woman owns.

"The bell jar hung, suspended, a few feet above my head. I was open to the circulating air" (Plath 215). Even her supposed "recovery" is revealed as farce. The bell jar is not gone; it has simply been raised a few inches so she can breathe enough to be reinserted into the same suffocating world. The asylum has functioned exactly like the larger society: it disciplines the rebellious female body until it agrees to pretend. "There ought, I thought, to be a ritual for being born twice—patched, retreaded and approved for the road" (Plath 244). Esther's ironic bitterness is clear. She has learned the rules perfectly: act sane, hide the rage, and you will be given a conditional visa to keep living. The whole novel ends not with a cure but with forced conformity. The last image—"the eyes and the faces all turned themselves towards me" (Plath 244)—is the panopticon gaze of patriarchy showing that the madwoman has been successfully domesticated.

Esther Greenwood's trajectory exposes how obedience is rewarded only so long as it remains harmless to existing power structures. As a child and adolescent, she is consistently affirmed for being a "good girl"—academically successful, disciplined, and ambitious in ways that align with social expectations—receiving scholarships and prizes that function less as encouragement of autonomy than as incentives for continued compliance. When she enters early adulthood and attempts to convert this sanctioned success into a freely chosen self, the system responds with immediate correction rather than support. Her subsequent

breakdown is therefore better understood not as sickness but as refusal: a psychic impasse produced when no legitimate space exists for female self-determination. In this context, the attempt to kill herself becomes the only act that feels genuinely her own, not as a desire for death, but as a final assertion of agency beyond institutional control. The asylum then operates not as a site of healing but as a training ground in conformity, where she learns to survive by masking dissent and performing “recovery.” Her discharge offers only a provisional freedom, contingent upon constant self-surveillance and self-censorship, underscoring that reintegration into society requires the internalization of the very norms that produced her collapse.

Esther Greenwood is never clinically insane. She is the most sane character in the whole book because she is the only one who sees how the world really works: a world that gives ambitious women two options: get married and disappear or go to the asylum and disappear. Her so-called madness is just the sound of a woman refusing to go away quietly. Every symptom, every breakdown, and every “cure” is a part of the bigger story of how patriarchy makes women crazy to protect itself from women who are sane.

### **Conclusion:**

Sylvia Plath's work does not bridge the clinical and cultural interpretations of madness; it eradicates the boundary with surgical brutality and then remains, blood-soaked and radiant, in the exposed wound. The *Bell Jar* and *Ariel* are both perfect clinical records and horrible cultural autopsies. Esther Greenwood's depression meets all the criteria for Major Depressive Disorder in the DSM-5-TR: pervasive anhedonia that turns peaches to ash on the tongue, psychomotor retardation that makes each step feel like wading through wet cement, insomnia that stretches twenty-one nights into a single grey corridor, and a suicide attempt carried out with the eerie calm of someone arranging flowers for her own funeral (Plath 115–29; American Psychiatric Association 160–68). Dr. Gordon's electroconvulsive shocks are described with autobiographical accuracy: the blue-white serpent of current that cracks open the sky behind the eyes, the feeling of bones drumming apart like green wood on a fire, and the smell of burnt hair and ozone that lasts for days (Plath 169). No psychiatrist could find anything wrong with the symptoms. But the same pages that list these neurochemical facts also show the bell jar itself (clear, suffocating, and made) as a cultural artifact made from the molten glass of 1950s gender roles: the impossible command to be smart but obedient, fertile but pure, ambitious but willing to give up all of your goals the moment a man needs a wife.

Plath rejects the comfort of binary choices. She doesn't tell us to choose between serotonin and suffocation; instead, she shows us how tightly they are braided together that separating them would kill the patient. The vision of the fig tree is not a poetic flourish; it is a diagnostic image that is more accurate than any list. Each purple fruit (husband, poet, professor, mother) swells with the sweetness of a possible life, then blackens and drops the instant she reaches, because the culture that grew the tree has already decided that no woman may taste more than one without poisoning the rest (Plath 76–77). The resulting starvation is felt in the body as deeply as any electrolyte imbalance: the mouth fills with dust, the stomach turns into a stone, and the mind rehearses its own death with the patience of a monk copying scripture. The clinical and the cultural are not separate things; they are the same thing seen at different levels of detail.

What Plath ultimately accomplishes is the establishment of a third diagnostic realm: madness not merely as a private biochemical catastrophe nor as a superficial social metaphor, but as a form of testimony. The injury is genuine (the neurons do not fire, the ovens do burn), yet it also serves as a reflection of the society that created both the injury and the weapon. When Esther crawls under the bed and curls up in the dark,

she is not only trying to kill herself; she is also doing what her culture has taught her is the only way for a woman to be successful: to disappear. The speaker of "Lady Lazarus" says, "Out of the ash / I rise with my red hair / And I eat men like air." She is not admitting to being sick; she is making an accusation that goes straight from the locked ward to the heart of patriarchal power (Plath, Ariel 6–9).

More than sixty years later, the bell jar is still slowly falling (now with the help of performance metrics, fertility apps, and wellness dashboards that count every tear as a data point). But Plath's explosion still echoes. Every woman who posts a parking-lot breakdown with wage-gap statistics, every engineer who leaks salary spreadsheets in a private Slack, and every girl who bleeds openly onto a school uniform in defiance of menstrual shame is taking up the third space that Plath carved out: the space where the wound speaks, where the diagnosis becomes prophecy, and where madness, finally given its full voltage, won't be quiet. Sylvia Plath does not reconcile the clinical-social dichotomy; she obliterates it with the frigid, calculated accuracy of one who has previously absorbed the explosion.

Esther Greenwood's depression is not a polite metaphor that knocks and waits for permission to come in. It is a physical fact, as undeniable as the weight of wet wool on bare skin. It comes on a July morning in 1953, when the air feels like heated glass pressing against her eyelids. Joy leaves the world like blood leaves a cut artery: first in a quick, bright rush, then in slow, dark pulses until all that's left is the gray silence of a hospital hallway at 3 a.m. Food turns into wet cardboard in her mouth, and the peach she lifts to her lips turns into a bruised, rotting fist. From her window, she can see the borders of sleep, but she can never cross them. For twenty-one nights in a row, she lies still under the sheets, counting the cracks in the ceiling until they grow like frost on a winter pane. Her heart beats louder than the clock on the bedside table (Plath 118–24). The suicide attempt that finally happens is not dramatic; it's domestic and almost sweet. She crawls on her hands and knees under the childhood bed, where the floorboards exhale dust and old crayons. She curls up in the dark, where the only sound is her own pulse slowing to the beat of a funeral drum (Plath 162). The DSM-5 would circle the symptoms in red ink and stamp the page: Major Depressive Disorder, severe, with melancholic features and active suicidal ideation (American Psychiatric Association 160–62). The diagnosis would be right. And it would be very incomplete.

The same body that is drowning in a lack of serotonin is also suffocating in a culture that has glued the bell jar to her head with the invisible glue of 1950s femininity. The figs rot in plain sight: the husband fig, the poet fig, and the professor fig all swell purple and perfect until she reaches them. Then they split open and spill black seeds of accusation across her palms (Plath 77). The doctors only see the chemical body; they never look up at the glass dome that has been getting lower and lower since she was born a girl. The electroshock machine that Dr. Gordon uses is just the most basic tool of a violence that started long before the leather straps and rubber gag. It started with every magazine cover that told her to smile while she was starving, every teacher who praised her mind and then asked if she could type, and every mother who said that being smart is a flaw that should be hidden like a hunchback under a wedding veil.

Plath won't let the wound stay a secret. She pulls it out into the open air and lets it bleed on the page until the paper is red all over. In Ariel, the madness doesn't whisper anymore; it screams in a voice that has lost all politeness. In "Lady Lazarus," she takes off her own skin in front of an audience, layer by layer, until the people who came to see the freak show are staring at the raw meat of their own complicity. "Daddy" rides on a nursery rhyme beat straight into the Auschwitz furnace because the father's everyday tyranny and the century's industrial genocide both use the same grammar of destruction. The language breaks up like a skull does when it gets too much voltage: sentences break in half, metaphors bleed, and punctuation

is all over the place like bone shards. This isn't a stylistic flourish. It is the sound of a mind that won't stay inside the lines that have been drawn for it and won't let the bell jar muffle its testimony.

Chesler was right: people think the woman who shows her anger or craziness is sick (Chesler 56). Plath's terrifying and brilliant genius is that she takes the label and turns it into a blade right away. She talks from the locked ward, the electroshock gurney, the oven itself, and every word is a reflection of the culture that put her there. The injury turns into a weapon. The diagnosis turns into an accusation. The bell jar, which used to be a prison, is now cracked open from the inside, letting light (raw, unfiltered, and dangerous) pour out in all directions.

Reading Plath is like standing in that light and feeling it burn away all the lies we've been told about why women break. It is to comprehend that madness, ultimately, is not the antithesis of reason. This is the last, unflinching form of reason: when a mind, pushed beyond its limits, refuses to take part in its own erasure and instead speaks out, in a voice that cannot be silenced by medication, that the world is the one that is sick.

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