

“Just Like the Sort of Drug a Man Would Invent”: *The Bell Jar*
and the Feminist Critique of Women’s Health Care

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“Even a man of science cannot always be impartial, and sensible, and invulnerable, and she had antagonized me hopelessly.”

--- Shirley Jackson, *The Bird’s Nest*

In the 1960s and 1970s, a series of critiques appeared, from Black, feminist and socialist writers, of the institutions of health care in the United States. John Ehrenreich has described this body of work as a “cultural critique” of contemporary medicine. Unlike radical critiques, which argue for a more equitable distribution of existing health care resources, cultural critiques argue for fundamental changes in our health care system itself. As Ehrenreich writes:

Modern medical care...does not consist of the administration by doctors of a group of morally neutral, essentially benign and effective techniques...The “scientific” knowledge of the doctors is sometimes not knowledge at all, but rather social messages...wrapped up in technical language. (15)

The women’s health movement has been described as “one of the most important and successful accomplishments of second-wave feminism” (Rosen 175).¹ Sylvia Plath did not live long enough to be part of the women’s movement, yet in *The Bell Jar*, written in the Spring of 1961 and published in January, 1963, she anticipates with striking precision the critique of gender politics in the American health care system that second-wave feminists would articulate explicitly and theoretically in the following decade. Little critical attention has been paid to Plath’s portrayal of American medicine. In this essay, I will show how closely she prefigures the concerns of the women’s health movement. Furthermore, despite the plethora of psychological analyses of Plath and her work, little attention has been paid to her portrayal of American psychiatry itself. In the most thorough discussion of the subject to date, Maria Farland has argued that *The Bell Jar*

¹ For accounts of women’s health movement within the second-wave feminist movement as a whole, see Rosen 175-81; Berkeley 62-7; Brownmiller 180-5.

shares the concerns of the anti-psychiatry movement of the 1960s. I will argue that this is true only to the extent that feminist critics in the 1970s used the work of anti-psychiatrists to develop a critique of psychiatry. As Jane Ussher puts it, for feminists in the 1970s, “the earlier [anti-psychiatric] dissenters may have been correct in pointing out that psychiatric labels serve society: what they omitted from their analysis was that it is a *patriarchal* society” (167). This is Plath’s view in *The Bell Jar*. She anticipates and articulates in her novel the critique of our institutions of obstetrics-gynecology and psychiatry that feminists in the following decade would work out explicitly and theoretically.

The women’s health movement focused first on women’s sexual and reproductive health care. In a study of gynecology textbooks from 1943 to 1972, Diana Scully and Pauline Bart argue that “gynecology is just another of the forces committed to the maintenance of traditional sex-role stereotypes, in the interest of men and from a male perspective” (213). Scully sums up their findings as follows:

Women were portrayed as most appropriately fitting into traditional sex roles: anatomically destined for motherhood, they were fulfilled as people only by reproducing, mothering, and attending to their husbands. Female sexuality was thus qualitatively and quantitatively misrepresented. There was also a tendency to regard the husband’s roles in marital and sexual matters as more important than the wife’s. (Scully 107)

Scully and Bart found a tendency in gynecology textbooks to define pregnancy as a “step towards maturity” in women, and to castigate in psychiatric terms women who refused this traditional role as expressing “unconscious anxiety, conflict or inadequacy” (213). Before Kinsey’s culturally revolutionary study, *Sexuality in the Human Female* (1953), Scully and Bart found that women were described as much less sexually responsive than men, finding sexual pleasure above all in reproduction and mothering. Even after Kinsey, his findings are used selectively, so that “the textbooks often state that the male sets the sexual pace in marital coitus...but nowhere is it mentioned that women are multiorgasmic – a Kinsey finding which raises questions concerning the stronger male sex drive” (217). Even when Masters and Johnson had debunked the myth of the vaginal orgasm as the “mature” sexual response in women, there are textbooks which define the female sex

drive and personality as passive and submissive. Scully and Bart cite a text from 1967 which states, “An important feature of sex desire in the man is the urge to dominate the woman and subjugate her to his will; in the woman acquiescence to the masterful takes a high place” (Scully and Bart 220).² As Gena Corea puts it, in her study of the American medical institution in the 1970s:

Gynecologists...could control women through medical theories that were assumed to be scientific discoveries but which were, in fact, permeated with stereotypes about women’s nature and role. (17)

In *The Bell Jar*, Plath articulates precisely this critique. For Plath, obstetrics and gynecology are patriarchal institutions, in which men alienate women from themselves by assuming, under the beneficent guise of care, control of women’s bodies. Her critique is most explicit during the scenes in the novel in which Buddy Willard takes Esther to watch a woman give birth in a teaching hospital. She describes the delivery table as an instrument of torture:

I was so struck by the sight of the table where they were lifting the woman I didn’t say a word. It looked like some awful torture table, with these metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes I couldn’t make out properly at the other. (61)

In an early draft of this section, Plath had written that the woman looked as if she were very badly deformed, and she compared her groans to those of a bull Esther had once seen being slaughtered in a particularly cruel bullfight.³ Plath did not have available to her the work of 1970s feminists who argued that the lithotomy position in which Esther sees this woman (that is, lying on her back, with her knees drawn up and spread wide apart by “stirrups”), was used because it was more convenient for the obstetrician, and that it “tends to alter the normal fetal environment and obstruct the normal process of childbearing, making spontaneous birth more difficult or impossible” (Haire 192).⁴ She can see quite clearly, however, that the woman has become a passive, inert object within

² Scully and Bart’s citation is from Thomas Jeffcoate, *Principles of Gynecology* (London, 1967) 726. See also their citation from James Wilson, *Obstetrics and Gynecology* (St Louis, 1971) 43: “The traits that compose the core of the female personality are feminine narcissism, masochism and passivity” (Scully and Bart 220).

³ See Novels: *The Bell Jar*: Early Draft, Chapter 3, pp. 14-15. Sylvia Plath Collection, Mortimer Rare Book Room, Smith College.

⁴ Cf. Boston Women’s Health Book Collective 257.

the practice of obstetrics, and that the obstetrician has become the agent of birth. As Adrienne Rich recalls her own experience of childbirth in the 1950s:

We were, above all, in the hands of male medical technology. The hierarchical atmosphere of the hospital, the definition of childbirth as a medical emergency, the fragmentation of body from mind, were the environment in which we gave birth. (176)

Plath emphasizes that the woman Esther sees has no control over the process of giving birth to her child. She is “a trolley with a big white lump on it”, and even from Esther’s “perfect view” of the birth, “she seemed to have nothing but an enormous spider-fat stomach and two little ugly spindly legs propped in the high stirrups” (61). The woman needs an episiotomy, because “the baby’s head stuck for some reason”, possibly because of the lithotomy position in which she had been placed. As Doris Haire points out, one of the disadvantages of this position for the mother is to “increase the need for episiotomy because of the increased tension on the pelvic floor and the stretching of the perineal tissue” (192). By the time she has been cut and sewn up again, the mother in Plath’s account remains, as she began, a semi-conscious, inert object in the birth of her own child, control of which has been entirely assumed by what Rich calls “male medical technology”:

I think somebody said, “It’s a boy, Mrs Tomolillo”, but the woman didn’t answer or raise her head. (63)

Plath’s critique of this technology is most explicit as she portrays Esther’s reaction to Buddy’s account of the effects of the “Twilight Sleep” medication given to the woman during the delivery. Twilight Sleep was a mixture of the analgesic morphine and the amnesiac scopolamine. Although women on this medication screamed and thrashed in pain during childbirth, they woke up from its effects with no memory of the experience (Caton 130-51). When it first became known in the United States in 1914, following an article in *McClure’s* magazine, women’s rights activists quickly organized a national campaign to promote its use. In the conclusion to her 1915 book on Twilight Sleep, journalist Hanna Rion urges her readers, “Take up the battle for painless childbirth where I have left off...Fight not only for yourselves but fight for your sister-mothers, your sex,

the cradle of the human race” (358).⁵ Women of Plath’s generation, however, took a different view of obstetrical technology. Grantly Dick-Read’s book *Childbirth Without Fear*, published in the United States in 1945, had popularized the idea of “natural childbirth” and the elimination of unnecessary medical interference. Plath’s copy of this book indicates that she was not impressed with the author’s patriarchal views – indeed, she was “disgusted with Grantly Dick-Read, who at one point says ‘Childbirth isn’t physical!’ and goes ga-ga over the Spiritual Nobility etc. of it all” (“Nine Letters” 50). Nevertheless, she took his specific prescriptions, such as those on diet, seriously and methodically.⁶ She was extremely happy with her experience in Britain of giving birth at home:⁷

All the impressive flashing of anesthetics, surgical instruments, masks etc that goes on in American hospitals was absent and there was a primitive homeliness about everything that I heartily recommend to anyone with my peculiar set of nerves. (“Nine Letters” 50)⁸

In *The Bell Jar*, written between the births of her two children, she takes a critical view of Twilight Sleep:

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...and she would go straight home and start another baby, because the drug would make her forget

⁵ In *The Sleeping Car “Twilight”, or Motherhood Without Pain* (1915), Russell Kelso Carter writes, “The insistence of the American women that they shall have the benefits of the new method is bringing results. *Keep on ladies! Hammer away with all your might. Emancipation day has come*” (176). For an account of the campaign to promote Twilight Sleep, see Leavitt. For a list of contemporary books and articles promoting the procedure, see Caton 260.

⁶ Plath read the 3rd British edition, of 1959, of *Childbirth Without Fear*, now in the Mortimer Rare Book Room, Smith College. She wrote exclamation points in the margin next to Dick-Read’s statements that “childbirth is not a physical function” (11), and that girls tend to fall in love with one “semi-divine individual” (7). She marks numerous passages on fear as the mother’s main cause of pain in delivery, and underlines all the sub-headings in Chapter V on the things that intensify this pain. Chapter IX, on diet, is heavily underlined.

⁷ Plath was initially sceptical of the idea of home birth, which was forced upon her because she arrived in London too late to register at any hospital, and had been advised against it by her American doctor. Nevertheless, she writes to Marcia Brown Plumer that she is in principle in favour of the idea of home births with the father present (Letter to Marcia Brown Plumer, 8 Feb 1960).

⁸ Plath makes similar comments to her mother (*Letters* 374) and to Marcia Brown Plumer (Letter to Marcia Brown Plumer, 1 Apr 1960). Plath contrasts her own experience with the one she fictionalizes in *The Bell Jar* in a letter to Lynne Lawner: “I was immensely moved and heartened by the whole experience, which I had deeply feared, having seen a ghastly delivery in a charity ward in Boston at a very impressionable age as a freshman in college” (“Nine Letters” 50).

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. (62)

In an early draft of the novel, Esther had commented that the thought of this drug had bothered her for some time.⁹ This is true of Plath, too. In “Sweetie Pie and the Gutter Men”, which she calls her “obstetrician story” (*Journals* 499), the heroine is as critical of Twilight Sleep as Esther, describing it as “a fraud dreamed up by men to continue the human race; reason enough for a woman to refuse childbearing altogether” (354). By 1961, Plath has come to see obstetrics, even at the very point which had seemed to be a positive development to an earlier generation of feminists, as an institution of patriarchal control, a view later made explicit by second-wave feminists. As Gena Corea puts it, “The doctor’s motive in treatment was something other than the woman’s well-being, something connected to his view of woman’s function in the world” (16).

Esther also has a gynecological examination after her first sexual encounter, which leaves her hemorrhaging. Plath portrays this examination as a similarly structured power relationship to those involved in the birth scene:

“Ouch!” I winced at a particularly bad jab.

The doctor whistled.

“You’re one in million.”

“What do you mean?”

“I mean it’s one in a million it happens to like this.

The doctor spoke in a low, curt voice to the nurse...

“But can you fix it?”

The doctor laughed. “Oh I can fix it, all right”. (223)

The doctor’s whistle, his use of the neuter pronoun, his laugh, and his unwillingness to address Esther as a responsible adult are all depersonalizing experiences. He establishes no caring or supportive relationship with her, a fact that Diana Scully noticed was still part of the training obstetrician-gynecologists received in the 1970s. In a three-year study

⁹ See Novels: *The Bell Jar*: Early draft, Chapter 3, p. 15. Sylvia Plath Collection, Mortimer Rare Book Room, Smith College.

of residents in obstetrics and gynecology in two large US teaching hospitals, she observed:

Residents were not encouraged to treat women in a positive or supporting way. No attempt was made to understand the problems and stresses of concern to women in general or patients in particular". (138)

Scully argues that the lack of care structured into the training program of obstetrician-gynecologists tended to foster this attitude once residents graduate into professional practice:

It is also likely...that when training takes place in an atmosphere of uncaring, where patients are treated like objects to be exploited for their training value, the attitudes acquired become a permanent part of the physician's pattern of relating to people. (120)

This is precisely the kind of care that Esther receives twenty years earlier. Nancy Hunter Steiner, in her recollection of the event on which the fictional episode is based, writes that the doctor who treated Plath for the same kind of hemorrhage that Esther experiences, attempted to put her at ease: "The doctor kept up an easy banter, encouraging us to relax...He flashed us a conspiratorial smile" (91). Indeed, Steiner recalls that his words conveyed precisely the opposite of those Plath puts in the mouth of the gynecologist in *The Bell Jar*, and that he said, "Don't start thinking you're exceptional. I've seen a number of cases just like yours" (92). The problems of biography in reading Plath's work are well documented, and it would be wrong to assume that Steiner's recollection, nineteen years after the event, is simply true.¹⁰ Whatever the nature of the experiences on which Plath drew as she wrote this episode, however, it is clear that she wanted to convey in her novel her sense that gynecology was one of many patriarchal institutions that served a patriarchal society.

Plath's strongest critique of gender politics in the US health care system, in *The Bell Jar*, is reserved for our institution of psychiatry. In the first and most important second-wave feminist critique of psychiatry, *Women and Madness* (1972), Phyllis Chesler makes explicit several points which Plath had expressed in *The Bell Jar*. Firstly, the statistics

¹⁰ For the most recent contribution to this discussion, see Brain. See also Malcolm and Middlebrook.

concerning gender in the psychiatric profession during the period of Plath's encounters with it are significant. In 1960, 91% of the American Psychiatric Association were men, as were some 85% of clinical psychologists (62-3). Women, on the other hand, "constituted the majority of private psychotherapy patients, as well as the majority of patients in general psychiatric wards, private hospitals, public outpatient clinics, and community mental health centers" (*Women*, 2nd ed. 177-8).¹¹ Hence, Chesler writes, "A predominantly female psychiatric population has been diagnosed, psychoanalyzed, researched, and hospitalized by a predominantly male professional population" (*Women* 65). Secondly, she argues that these statistics reflect the way in which psychiatrists diagnose and treat women. Drawing upon her own experience of psychiatric training in the 1960s, Chesler argues that professional training encourages psychiatrists to think and act professionally in ways that, under the guise of scientific objectivity, reinforces patriarchal and misogynistic beliefs and practices. She describes this as "clinical ideology", the "major biases" of which are clearly evident in Plath's portrayal of psychiatry. The first of these biases is that "everyone is sick" (66). Citing a 1968 study which shows a predisposition in psychiatrists to diagnose mental illness where it did not in fact exist, Chesler writes, "Most clinician-theorists are trained to find 'pathology' everywhere: in women, in children, in men, in nations, in entire historical epochs" (66). This is the case in *The Bell Jar*. When Esther scatters the torn-up pieces of her badly-written letter to Doreen on Dr Gordon's desk, there is no question in the latter's mind that she may be responding in a normal way to an extremely difficult situation. Although Esther explains her anger as a response to the fact that Dr Gordon "seemed so slow to understand" (129), and not to believe what she says, it takes just this one incident for him to conclude that she is mentally ill and needs the physical intervention of ECT.

The second bias which comprises what Chesler calls clinical ideology is that "only men can be mentally healthy" (67). This claim was demonstrated in a 1970 study by Inge Broverman at Worcester State Hospital in Massachusetts. Her team set out to test the

¹¹ The Boston Women's Health Book Collective cites similar statistics for the medical profession as a whole, from 1970 and 197:

We consume the largest proportion of health services, average 25 per cent more visits each year to the doctor than men (100 per cent more if visits of mothers with children are counted), take 50 per cent more prescription drugs than men, and are admitted to hospitals much more frequently than men...In stark contrast to women's numerical superiority as workers and consumers is the fact that only about 7 per cent of physicians in the United States are women. (237)

hypothesis that “clinical judgments about the traits characterizing healthy, mature individuals will differ as a function of the sex of the person judged” (1). Broverman gave a questionnaire to a group of 79 psychiatrists, psychologists and social workers, both men and women, ranging across all the ranks of all three professions, and aged between 23 and 55. This age range, as well as the institutional location of all five members of Broverman’s team in Massachusetts, makes her study especially relevant to Plath’s experience – the psychiatrists and other health professionals by whom Plath was treated could themselves have been members of the sample studied. These clinicians were given 38 bipolar pairs of character-traits, one pole of which a previous study had confirmed was regarded as stereotypically either masculine or feminine, such as “Very aggressive / Not all aggressive”, or “Doesn’t hide emotions at all / Always hides emotions”. One group was asked to say which pole of these characteristics defined a mature, healthy man; another group was asked which pole defined a mature, healthy woman; and a third group was asked which defined a mature, healthy adult (sex unspecified). The questionnaires yielded these results:

The clinicians’ concepts of a healthy, mature man do not differ significantly from their concepts of a healthy adult. However, the clinicians’ concepts of a mature, healthy woman do differ significantly from their adult concepts. (5)

As Broverman puts it, “A double standard of health exists for men and women”. Furthermore, there was a strong correlation between the qualities regarded as healthy in both adults and men with the stereotypes that an earlier study had shown were regarded as socially desirable. Put simply, in the midst of a population that thought it was good to be a man, the clinicians added that it was also mentally healthy to be a man, and for the same reasons. They responded that healthy women differed from healthy men in being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more excitable in minor crises, having their feelings more easily hurt, more conceited about their appearance, less objective, and disliking math and science. As Broverman comments, “This constellation seems a most unusual way of describing any mature, healthy adult” (4). To be a woman and to be mentally ill, Broverman’s study confirms, or at least to be constantly on the verge of mental illness, are closely related concepts in patriarchal ideology.

Over and over again in the writings and records of hospitalized women, one sees the clinicians responsible for the care of these women equating their mental health with cultural norms and stereotypes of femininity. Although to be a woman in Plath's culture was to be on the verge of mental illness, to be mentally healthy was to be "feminine", to act as a woman should. This is made clear in the "Bay Area data", a collection of interviews held by a team of researchers at the University of California between 1957 and 1961 with seventeen women who, during that time, were diagnosed as schizophrenic, hospitalized and later released from hospital. When these women were hospitalized, which in the 1950s could be ordered against their will, the protest expressed by some of them against the institutions of marriage, the family, the mental hospital and the law which allowed them to be involuntarily committed was interpreted as a sign of mental illness rather than as a rationally justifiable protest. As Carol Warren writes, in her historical analysis of the Bay Area data, "The protest and movements towards independence of such women...was interpreted as an aberrantly 'masculine' personality" (87). She goes on to argue, "The mental hospital of the fifties quite explicitly used the marital relationship and the housewife role as criteria for mental health assessments" (106). After failing her discharge conference twice, and confiding in the interviewer that she had finally learned "what to say" at these conferences, the woman known as Kate White was successfully discharged once she said that her marriage had improved and that hospitalization had helped her:

Dr B then asked, "Do you think your hospitalization has helped you any?" Mrs White: "It sure has." "How do you and your husband get along now?"

"Wonderful." "Better." "We sure do." (indefinite leave, 4/1/59). (Warren 106)

During the period following their return from hospital, the women's husbands overwhelmingly judged their mental health by their ability to perform housework efficiently (171). A 1961 study of female ex-mental patients showed that women who refused to function domestically, in terms of cleaning, cooking, childcare and shopping, were those who were recommitted to mental hospitals (Angrist 363-70). As Phyllis Chesler writes, of the criteria used in admitting women to and releasing them from mental hospitals, "Adjustment to the 'feminine' role was the measure of female mental health and psychiatric progress" (*Women*, 2nd ed. 96). In order to be considered mentally

healthy in the 1950s, a woman needed wholeheartedly to embrace – or to least to tell her doctors that she did – the “feminine” role of housewife and mother.

This role was not the only aspect of femininity that was taken to be a sign of mental health for women by clinicians during the period of Plath’s encounter with the psychiatric institution. Women were expected to be docile, submissive and obedient if they were to be regarded as mentally healthy. In Janet Frame’s novel *Faces in the Water* (1961), Istina Mavet describes the goal of ECT as “an improvement which was judged largely by your submission and prompt obedience to orders” (40), and she calls the treatment “the new and fashionable means of quieting people and of making them realize that orders are to be obeyed and floors are to be polished without anyone protesting and faces are made to be fixed into smiles and weeping is a crime” (15). R.D. Laing’s patient Ruth Gold was considered mentally ill by her parents, as well as by previous psychiatrists, when she was abusive and resentful towards her parents, dressed like a beatnik and tried to be a writer. In response to Laing’s question, “Do you feel you have to agree with what most of the people round you believe?”, she replied, “Well if I don’t I usually land up in hospital” (162).

Beauty, grooming and dress were also used as criteria for mental health. One of the women Phyllis Chesler interviewed sought help from a psychiatrist after a sexual predator had broken into her apartment, but found only that “he kept saying I should wear my hair long instead of pulled back because it was more feminine” (266). Another woman was advised, “Why don’t you fix yourself up?...You look like a hobo – I’d almost think you were afraid of men!” (265). As Elaine Showalter puts it, “Female sanity is measured against a detailed standard of grooming and dress” (212). When Esther meets Dr Gordon in *The Bell Jar*, he acts in a culturally typical manner in sending her for shock treatment and hospitalization. Her intelligence and ambition, as shown by her frustration at not getting into the prestigious writing class at Harvard summer school and at her inability to write a thesis on *Finnegan’s Wake*, would have been characteristic signs to a young, self-confident male psychiatrist of a young woman pathogenically rejecting her feminine role. The fact that she had not changed her clothes or washed her hair for three weeks when he first interviewed her would confirm this. Plath is critical of his unquestioning acceptance of the dominant images of femininity, as he praises, in

increasingly inappropriate situations, a previous generation of students at Esther's college as a "pretty bunch of girls" (126, 139). When Esther, looking far from pretty, rudely scatters the torn-up pieces of her letter on his desk with the words, "What do you think of that?", his response is very typical of that which many other hospitalized women experienced. Esther was authoritatively judged to be mentally ill because she was failing to conform to cultural norms of femininity.

A Bay Area wife whose life had much in common with Plath was Kate White, first hospitalized in 1957. She had been a photo-journalist before her marriage, and continued to work as such until her husband's job moved the family abroad. When they returned to the US, she became a housewife and mother. Her problem was essentially that she did not like being a full-time wife and mother, and wanted to work. A 1961 re-admission note said of her, "She is very intelligent, has tried to suppress ambitions and professional drive, and in the interest of her husband and children she has found it very difficult to be just a housewife" (Warren 255). Looking back on her experience in 1972, she said:

[I had] a personality conflict – a desire to write, to have a career, to work, as well as a home life... [I had] deeply missed work, and couldn't adjust to the role of supportive wife of a businessman. (Warren 227)

This double desire was Plath's dilemma during the years in which she considered Dick Norton, a medical student at Yale and at Harvard Medical School, as a future husband:

Would I be forced to give [writing] up, cut it off? Undoubtedly, as the wife of a medical man as he would like to be, I *would* have to. I do not believe, as he and his friends seem to, that artistic creativity can best be indulged in masterful singleness rather than in marital cooperation. I think that a workable union should heighten the potentialities in both individuals. And so when he says "I am afraid the demands of wifeness and motherhood would preoccupy you too much to allow you to do the painting and writing you want..." the fear, the expectancy is planted. (*Journals* 107)

Kate White's treatment in hospital was for precisely Plath's desire both to work and to have a family. She "was perceived as 'crazy in part because of her desire to be a 'career woman', something that was an 'inexplicable' rejection of the feminine role" (Warren 67). Kate's husband would not allow her to go back to work, although she wanted to, and

her aunt lectured her against being a “career woman”, a term also odious to Plath – “shall I plan for a career? (ugh – I hate the word)” (*Letters* 68). But, as Warren writes:

For Kate herself, the “housewife and diaper routine” was in itself a source of craziness; she attributed recurrent feelings of “going crazy” to her housewife-and-mother role, while her husband and aunt attributed craziness to her career ambitions. (67)

The trouble women like Kate White experienced was often diagnosed and treated as mental illness, but could also, from the perspective of second-wave feminism, be traced to social structures of oppression. This is the perspective from which Plath writes in *The Bell Jar*. She is clearly and passionately angry at the marginalization of Esther by Dr Gordon, whom society pays well and respects highly for what it believes to be his ability to treat her, but who in reality only increases the distress he is supposed to be alleviating. Esther imagines that her psychiatrist will be the kind of a person who can help her, a “kind, ugly, intuitive man”, who would “help me, step by step, to be myself again” (123-4). She needs only kindness and intuition in her psychiatrist to become well again, but instead he is self-confident to the point of arrogance and makes little attempt to listen to or understand her. “Doctor Gordon wasn’t like that at all. He was young and good-looking and I could see right away he was conceited” (124). In Plath’s own experience, the psychiatrist she first consulted reminded her of Dick Norton, who had come to represent for her precisely the ways in which the institutions of science and medicine reinforced patriarchal norms and values in contemporary society. “He is not being selfless when he wants to be a country doctor,” she wrote about him, “He is being proud, full of desire for self-esteem and importance” (*Journals* 101). It is Norton to whom Plath’s mother Aurelia refers when she writes that her psychiatrist “unfortunately reminded Sylvia of a handsome but opinionated date she felt she had ‘outgrown’” (*Letters* 124). In *The Bell Jar*, when Esther sees the photograph on Dr Gordon’s desk of his family, which faces half towards him and half towards his patients, she says, “For some reason the photograph made me furious”. So furious indeed does it, and by metonymy Dr Gordon’s entire approach as a psychiatrist, make her, that she is still violently angry about him at the time of narration, which she describes as “later, when I was all right again” (3). She enacts a kind of narratorial violence towards the picture,

breaking it up, dismembering it, as she would like to do to Dr Gordon. Although she says twice later in the passage that the woman in the photograph is Dr Gordon's wife, when she first describes the photograph, she writes, "It showed a beautiful dark-haired woman who could have been Doctor Gordon's sister, smiling out over the heads of two blond children" (124). Why would Esther suggest something that she knows is so unlikely to be true? She is insulting Dr Gordon, expressing an aggressive impulse under a socially acceptable form of words, accusing him of incest, and effacing the existence of his wife, murdering her in words as she would like to do in fantasy to her husband. Something like this occurs again when she says, "I think there was also a dog in the picture...but it may only have been the pattern on the woman's skirt" (124). Again, using a perfectly acceptable form of words, Esther expresses her anger at Dr Gordon in the form of aggression towards his family members represented in the photograph. She both effaces the existence of the dog, as she would like to do to its owner, and works in an insult to his wife. In the fashion magazines of the early 1950s, skirts are usually of a single color, or if they have patterns, these are either simple, like spots, stripes or checks, or they are floral patterns. In *Harper's Bazaar*, for example, in the year 1953, there are just two pictures of skirts with animal patterns (the animals are fish and butterflies), and one of these is an advert for fabrics inspired by artists ("Fine Art" 24; Jerry Gilden 45). Esther is insulting Dr Gordon's wife, calling her skirt ugly, as a disguised expression of those insults she would like to level at her husband. Even at the time of narration, Esther's anger towards the man who claimed to be able to treat her, but in fact distressed her even more, remains intense and violent.

Esther gives two reasons why the photograph makes her so furious. Firstly, it seems to her that the doctor is "trying to show me right away that he was married to some glamorous woman and I'd better not get any funny ideas". Secondly, she reflects:

How could this Doctor Gordon help me anyway, with a beautiful wife and beautiful children and beautiful dog haloing him like the angels on a Christmas card? (124)

In both cases, her anger at the photograph is a metonymy for her anger at her entire treatment by Dr Gordon – that instead of helping her back into well-being and social functioning, his treatment functions from beginning to end, under the respected forms of

science and medicine, as a way of marginalizing and disempowering a woman already in distress. There is a circle, well symbolized by Plath's metaphor of the halo, formed by the family in the photograph and the doctor on one side of the desk, from which the patient on the other side is firmly excluded, a circle of social acceptability, of the rights and responsibilities that come from adult membership in society. Esther is positioned by her psychiatrist outside the discourses of health, knowledge and power, and Plath is deeply critical of the injustice of this experience. Esther's fears are confirmed by the doctor's first sentence:

“Suppose you try and tell me what you think is wrong.”...

What did I *think* was wrong?

That made it sound as if nothing was *really* wrong, I only *thought* it was wrong.

(124)

From the very beginning of her treatment, Esther is placed by her psychiatrist as outside the circle of knowledge and power, and it is precisely her encounter with psychiatry by which, like many women before and after her, she is so defined. This is well symbolized in her second meeting with Dr Gordon, in which, after she scatters her torn-up letter on his desk, he simply ceases to talk to her, to acknowledge her existence as a subject. His last words to Esther are, “I think I would like to speak to your mother” (130).

Most women who have written about electro-convulsive therapy have described it as a frightening, coercive and damaging experience. Two thirds of the recipients of the treatment in the 1950s, as today, were women, and it was used most commonly for depression, with which Plath was diagnosed, as well as for schizophrenia (Warren 129; Frank, “Quotationary” 157-8). ECT has been, since its adoption in the United States in the 1940s, a highly controversial treatment. It almost always causes memory deficits, both retrograde (in which past memories are lost) and anterograde (in which new experiences are not retained), which are often extensive and permanent (Breggin 142-4; Burstow 379-81).¹² Plath never wrote about this symptom, which was extremely distressing to writers, since many of the memories on which they needed to draw for

¹² Proponents and opponents of the treatment agree on this effect, but disagree on its extent. For the argument for ECT, see Fink; Abrams. For the argument against it, see Friedberg; Frank, *History*; Breggin, *Electroshock*; Breggin, *Brain-Disabling* 129-56; Frank, “Quotationary”; Burstow.

material were lost, although Linda Wagner-Martin records that she occasionally spoke about it.¹³ “She said it was like being in a dream; she never knew whether she was awake or asleep and dreaming. It was as if she had lost events, people, years from her life” (112). In the 1960s, the treatment was modified with the use of a muscle relaxant, to reduce the risk of damage to the bones and muscles during the convulsions induced by the shock, along with an anesthetic to prevent the sensation of suffocation caused by the effect of this muscle relaxant on the respiratory system (Frank, “Quotationary” 159). Even though it occurs before the treatment had been modified in this way, the shock treatment that Plath describes in *The Bell Jar* is an incompetently administered one:

Something bent down and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant. (138)

When ECT is administered correctly, the electric shock instantly eliminates consciousness (Frank, “Quotationary” 159). The experience which Plath describes here is, like her own, one in which the electric current passing through the patient’s brain is not strong enough to produce immediate unconsciousness. In a list of notes concerning libel issues in *The Bell Jar*, Plath wrote of Dr Gordon that he was fictional, but that the botched shock treatment was real.¹⁴ Olive Higgins Prouty, who assumed the cost and control of Plath’s treatment, wrote scathingly to the psychiatrist who first administered ECT to her, Dr Peter Thornton, about this mistake:

She was not properly protected against the results of the treatments, which were so poorly given that the patient remembers the details with horror. (qtd. in Alexander 129)

¹³ This effect of ECT was distressing to Hemingway when he received the treatment in 1960, and contributed to his suicide the following year. A.E. Hotchner recalls his comment, “What is the sense of ruining my head and erasing my memory, which is my capital, and putting me out of business? It was a brilliant cure, but we lost the patient” (280). Bonnie Burstow cites the testimony of an electroshock survivor to the Toronto Board of Health in 1984: “I was...studying playwriting. As anybody knows, the kind of creative writing that you do...depends strongly on what you are made up of, on what your past memories are...I can’t write any more...Since the shock treatment, I’m missing between eight and fifteen years of memory and skills. I was a trained classical pianist...Well, the piano’s in my house, but it just sits there. I don’t have that kind of ability any longer. It’s because when you learn a piece and you perform it, it’s in your memory. But it doesn’t stay in my memory. None of these things stay in my memory” (380).

¹⁴ See *Novels: The Bell Jar*: Notes on textual changes to later draft. Sylvia Plath Collection, Mortimer Rare Book Room, Smith College.

Prouty was rewarded for her concern by a letter which called her “poorly misinformed” and “psychiatrically ignorant”, and which, incredibly, described Plath’s response to the treatment as “favorable”. Like Dr Gordon in *The Bell Jar*, Dr Thornton ends by simply refusing to speak to a woman who presumes to criticize his practice as a psychiatrist, asking Prouty not to “burden” his office with “any further communications” (qtd. in Alexander 130).

What Plath’s account shares with those of other ex-patients is that Esther, like so many others, interprets the experience as a punishment for transgression of her feminine role. As Elaine Showalter writes of British women’s narratives of hospitalization, “They transform the experiences of shock, psychosurgery and chemotherapy into symbolic episodes of punishment for intellectual ambition, domestic defiance and sexual autonomy” (210). In *The Bell Jar*, Esther says, “I wondered what terrible thing it was I had done”. Virginia Cunningham, who receives shock treatment in Mary Jane Ward’s novel *The Snake Pit*, wonders exactly the same thing:

What had you done? You wouldn’t have killed anyone and what other crime is there which exacts so severe a penalty?...Dare they kill me without a trial? (43)¹⁵

Gordon Lameyer, whom Plath was dating during the summer of her breakdown, recalls that the ECT apparatus seemed to Sylvia to resemble a series of medieval torture instruments, and that she felt, as the electrodes were attached to her head, as if she were being electrocuted in punishment for some crime. Plath’s therapist at McLean, Ruth Tiffany Barnhouse, when asked forty years later about her treatment, confirmed that, in her view, even the properly administered shock treatments she had given Plath had been successful only as a deterrent:

We decided to try electroshock treatment. She only had one or two. She decided she didn’t want another one, so she got better...She just didn’t want to have any more shock treatment and she inside just reorganized so she wouldn’t have any more. (Beam 2-3)

¹⁵ Plath wrote to Eddie Cohen from McLean of the “deep impression” that the 1948 movie of *The Snake Pit* had made upon her when she saw it five years earlier (*Letters* 132). In the shock treatment scene, whose close-ups of the electric shock machine, with its forbidding dials and controls, along with loud bursts of scream-like music, do indeed make an impression, Virginia cries to the doctor, “You are going to electrocute me? Was my crime so great?” She thinks to herself on the treatment table, “Would they dare to kill without a trial?” and is about to ask for a lawyer when a nurse stops her mouth with the bit that prevents her biting her tongue.

Barnhouse also speculated that Plath had responded to shock treatment because of a psychological need to be punished (Alexander 134).¹⁶ Feminist critic Ollie Mae Bozarth, herself a survivor of shock treatment, explicitly links the violence of ECT with domestic violence:

Many husbands beat up their wives...Other husbands just sign consent for the “medical treatment” called shock, and let the experts do it for them. (27)

Thirty years later, feminists continue to articulate the same critique. In a recent review of the literature on ECT, Bonnie Burstow argues:

Although the medicalization camouflages the assault, overwhelmingly electroshock constitutes an assault on women’s memory, brains, integral being. And this being the case, electroshock may be meaningfully theorized as a form of violence against women. (379)

For Plath in *The Bell Jar*, Esther’s shock treatment is the nadir of her experience of the institution of psychiatry as one in which women are controlled by and forced to conform to the norms of patriarchal society.

The Bell Jar articulates a wide-ranging critique of patriarchy. Plath portrays contemporary discourses and practices of sex, marriage, the family, education, work, and beauty as the products of patriarchal institutions which serve and perpetuate patriarchal society. As I have shown in this article, she portrays the institutions of medicine, especially those of psychiatry and of obstetrics-gynecology, in the same way. In the decade following Plath’s death, feminists explicitly criticized these institutions as forms of patriarchal control, which in Phyllis Chesler’s words, “perpetuate certain misogynistic views of women and of sex-role stereotypes as ‘scientific’ or ‘curative’” (61). It is precisely this critique which Plath anticipates and articulates in *The Bell Jar*. There is a gap in the novel between the ending, with Esther on the threshold of re-admission into society by the psychiatrists authorized to judge whether or not she is fit to be re-admitted, and the time of her narration of the story, which she describes as “later, when I was all right again” (3). Without the second-wave feminist movement available to her, Plath is unable to portray, or even to imagine, how a woman like Esther could make a full

¹⁶ See also Barnhouse’s comments in her interview with Karen Maroda.

recovery within the society whose patriarchal institutions and discourses caused her to break down in the first place. The authors in the Boston Women's Health Book Collective wrote in 1973, "In medicine there is scarcely any woman's viewpoint, and very little – if any – language for that viewpoint" (252), and their book, now in its fifth edition, set out to provide that language. If *The Bell Jar* portrays the institutions of health care as disguised forms of patriarchal control, its decentered structure calls for precisely the second-wave feminism that Plath did not live to see, which would empower women not only to criticize these institutions, but to change them.

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