

The Bell Jar. allow the humanities to humanise[†]

COMMENTARY

Piyush Pushkar **SUMMARY**

This commentary responds to Carona & Atanázio's discussion of Sylvia Plath's novel *The Bell Jar* in this issue of *BJPsych Advances*. Although I agree with their emphasis on empathy and sensitivity in medical practice, I argue that they overlook the broader insights of the medical humanities. By examining themes of suicide and patriarchy in *The Bell Jar*, I highlight how the novel itself, and the humanities scholars who have studied it, provide a counternarrative to the biomedical model, urging a more holistic understanding of psychological distress. I advocate engaging with Plath's work beyond diagnostic criteria, appreciating its cultural and structural dimensions.

KEYWORDS

Medical humanities; psychiatry and the arts; suicide; structural competency; patriarchy.

In their discussion of Sylvia Plath's 1963 novel *The Bell Jar*, Carona & Atanázio (2025) use sections of the novel's text to illustrate psychopathology that fits the DSM-5 diagnostic criteria for major depressive disorder. They write: 'Medical humanities, especially when applied to psychiatry, may sharpen the clinician's faculties of empathy and sensitivity, and enhance the awareness of their necessity'.

I agree. However, Carona & Atanázio's article does not, in fact, engage with the scholarship of the medical humanities, nor its insights. Rather, they use *The Bell Jar* as a revision aid that buttresses a pre-existing medical framework. The medical humanities can critique, undermine, subvert and/or enrich medical frameworks, to help us build understandings of psychological distress that are more attentive to culture, environment and politics. Indeed, it is commonsensical within the medical humanities that one key value of illness narratives is that they provide a counternarrative, against the biomedical paradigm (Hurwitz 2004). In this commentary, I engage with the medical humanities in more depth to see what we can learn from *The Bell Jar* that is not already encapsulated in our diagnostic manuals.

My aim is not to downgrade the value of diagnostics, which serve many functions for patients, clinicians and administrators of health services (Huda 2019; Jutel 2024). Instead, this commentary capitalises on the strength of the medical humanities in exploring dimensions of inner psychological experiences that are neglected, denied or flattened by diagnostic criteria, and placing them in social context. Thus, reading this commentary along with Carona & Atanázio's article will afford the reader a more holistic interpretation of the novel, albeit still incomplete, as interpretations of art always are.

The main character, Esther Greenwood, several times refers to feeling depressed, but the diagnosis of major depressive disorder is not one that is mentioned in the book. I offer a broader understanding of Esther's experiences and her understandings of those experiences. Literary scholars have examined many topics in *The Bell Jar*, including relationships (Miyatsu 2018), anti-psychiatry and Cold War America (McCann 2012). I will focus on just two: suicide and patriarchy. I have chosen these based on what a culturally and structurally competent (Metzl 2018) clinician might learn from *The Bell Jar*, specifically in relation to formulating the sources of Esther's distress. Since the novel is semi-autobiographical (Box 1) I will consider these issues within the context of Plath's life.

Suicide

Plath ended her life in 1963, shortly after publication of *The Bell Jar*. It is tempting to understand her death as a result of mental illness. To do so would be to ascribe to her suicide – and Esther's suicide attempt in *The Bell Jar* – what Ian Marsh refers to as a 'compulsory ontology of pathology' (Marsh 2010: p. 43). Marsh discusses how people often attribute suicides deterministically to mental disorders, occluding space for consideration of other causative factors. Sociological (Chandler 2020) and historical (Millard 2015) studies of self-harm and suicide have argued against such reductive explanations. Such a simple, direct rationalisation of Plath's death forecloses meaningful consideration of the complicated social forces at play. Put simply, blaming suicide on the mental

Piyush Pushkar, MBChB, PhD, is a clinical lecturer in the Division of Psychology & Mental Health in the School of Health Sciences at the University of Manchester and a specialist trainee in forensic psychiatry with Greater Manchester Mental Health NHS Trust, Manchester, UK. His current research focuses on guilt and shame among mentally unwell people who have been convicted of a criminal offence.

Correspondence Piyush Pushkar.
Email: piyushpushkar@doctors.org.uk

First received 28 Jun 2024

Final revision 16 Oct 2024

Accepted 3 Nov 2024

Copyright and usage

© The Author(s), 2025. Published by Cambridge University Press on behalf of Royal College of Psychiatrists

[†]Commentary on... *The Bell Jar*. Sylvia Plath's first-person narrative of core elements for diagnosing and treating clinical depression. See this issue.

BOX 1 The 'confessional' style in Sylvia Plath's works

It is widely accepted that both *The Bell Jar* and the posthumously published collection of poems *Ariel* are based on events that actually happened in Plath's life (Clark 2022). The move towards directly addressing her own personal experiences is considered to be a development from her earlier collection, *The Colossus*. This change in style influenced and was influenced by other poets, such as Robert Lowell and Anne Sexton. Together, their style was dubbed 'confessional' (Moyer 2024).

However, it should be noted that literary scholars have pointed to the limitations of conflating confessional works of art with simple recollections. For example, are not all works of art inspired by the real experiences of the artist? Furthermore, critics such as Roland Barthes (1977) have pointed towards the new layers of meaning that each reader brings. Put otherwise, are not all interpretations of literature inspired by the real experiences of the reader? Thus, Barthes suggests that critics ought not to devote too much attention to the intentions of the author, since such 'interpretive tyranny' would place unnecessary limits on interpretations of art, whether confessional/autobiographical or not. The exact relationship between the events related by Esther Greenwood and those experienced by Sylvia Plath is unclear: a topic for the reader to ponder rather than assume.

illness of the individual gets everyone else off the hook.

Rather than seeing Esther's suicidal thoughts as a symptom of depressive disorder, what other factors might we consider that are relevant? Rollyson (2020), one of her many biographers, has written that there was nothing inevitable about Plath's suicide. In his telling, one key factor was the 'regime of antipathy' waged upon her by her husband Ted Hughes.

Patriarchy

What did Hughes's 'regime of terror' consist of? The pair had married in 1956 and had two children. Rollyson's biography details the emotional and physical abuse perpetrated by Hughes. In 1961 he began an affair with Assia Wevill. (Wevill ended her own life in 1969.) Plath and Hughes separated in 1962, but remained married, meaning that Hughes remained in control of her estate after her death.

Hughes went on to become poet laureate. Feminists such as Robin Morgan have understood Hughes's unhindered success as an example of how men are not held accountable for oppressing women. Posthumously, Plath became a feminist icon, leading to the publication of Morgan's poem

'Arraignment', which became a rallying point of second wave feminism. Activists in the women's movement frequently disrupted Hughes's poetry readings, as well as repeatedly modifying Sylvia Plath's gravestone, removing the adopted surname Hughes.

The debates regarding Hughes's role in Plath's suicide provide a substrate for clinicians to reflect on the various ways suicides affect survivors for years afterwards. In the 2015 BBC documentary *Ted Hughes: Stronger than Death*, Plath and Hughes's daughter Frieda Hughes movingly reflects on her perception of these activists, which was not entirely positive. Clinicians must be aware not just of the social forces – such as patriarchy – that make some social groups more likely to suffer distress than others, but also the ways in which particular individuals get caught up in the tempestuous interplay of these forces, as well as the moral and political crusades to overcome them.

For Esther in *The Bell Jar*, it is not just patriarchy that crushed her, but the way her personal ambitions clashed with limits placed on her by social role expectations for women in 1950s USA. Her mother sees her as a 'good girl' and encourages her to take courses in shorthand so she can become a secretary. Her boyfriend Buddy Willard expects her to be delighted when he asks her to marry him.

The precipitating factors for her deterioration are sexual assault, followed by learning that she had not received a scholarship. She wants to be an internationally renowned writer, a task she devoted herself to, but that remained at odds with what her mother and Buddy anticipated for her. The scholarship represents a step towards what she wants, rather than what others expect of her. But she is also ambivalent regarding what they want from her: motherhood. In typically blunt, mildly offensive, comic tone, she writes of the women writers she aspires to join:

'Of course, the famous woman poet at my college lived with another woman – a stumpy old Classical scholar with a cropped Dutch cut. And when I told the poet I might well get married and have a pack of children someday, she stared at me in horror. "But what about your career?" she had cried.

My head ached. Why did I attract these weird old women?' (Plath 1963: 194)

Career or family. How could Esther resolve this tension between aspiration and expectation in 1950s America? Her striving against the structural problem of patriarchy, coupled with an at least partial desire to fulfil some of the roles associated with patriarchal institutions, created a double bind.

Conclusion

Biographies of Sylvia Plath advance countless narratives regarding her life and death and the meanings of her writings. Carona & Atanázio have examined Esther – like a specimen in a bell jar – using the text as a ledger against which to mark off diagnostic criteria for one mental disorder. Applying a diagnostic framework to an expressive work of art is perhaps an understandable thing for diagnosticians to do. But one of the most consistent critiques of medical professionals by humanities scholars is the way we use medical discourse to drown out other voices (Seal 2024). It would be fruitful for us to pay more attention to Plath's understandings of the world around her and to the medical humanities scholars who have studied her. I urge readers to approach *The Bell Jar* as a text to enjoy, be nourished by and learn from, rather than to bolster what they think they already know.

Acknowledgement

I thank the peer reviewer for their close reading and insightful comments on my draft manuscript, which have greatly improved the article.

Funding

This work received no specific grant from any funding agency, commercial or not-for-profit sectors.

Declaration of interest

None.

References

- Barthes R (1977) The death of the author. In *Image Music Text* (trans S Heath): 142–8. Fontana Press.
- Carona C, Atanázio P (2025) *The Bell Jar*: Sylvia Plath's first-person narrative of core elements for diagnosing and treating clinical depression. *BJPsych Advances*, this issue (Epub ahead of print: 26 Feb 2024). Available from: <https://doi.org/10.1192/bja.2024.4>.
- Chandler A (2020) Socioeconomic inequalities of suicide: sociological and psychological intersections. *European Journal of Social Theory*, **23**: 33–51.
- Clark H (2022) *Red Comet: The Short Life and Blazing Art of Sylvia Plath*. Vintage Publishing.
- Huda AS (2019) *The Medical Model in Mental Health: An Explanation and Evaluation*. Oxford University Press.
- Hurwitz B, Greenhalgh T, Skultans V (2004) Introduction. In *Narrative Research in Health and Illness* (eds B Hurwitz, T Greenhalgh, V Skultans): 1–20. Blackwell Publishing.
- Jutel A (2024) *The Sociology of Diagnosis: A Brief Guide*. Edward Elgar Publishing.
- Marsh I (2010) *Suicide: Foucault, History and Truth*. Cambridge University Press.
- McCann J (2012) *Critical Insights: The Bell Jar by Sylvia Plath*. Salem Press.
- Metzl JM, Hansen H (2018) Structural competency and psychiatry. *JAMA Psychiatry*, **75**: 115–6.
- Millard C (2015) *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing*. Palgrave MacMillan.
- Miyatsu R (2018) 'Hundreds of people like me': a search for a mad community in *The Bell Jar*. In *Literatures of Madness: Disability Studies and Mental Health* (ed EJ Donaldson): 51–69. Palgrave MacMillan.
- Moyer S (2024) *Lowell, Plath, and Sexton in the Same Room*. Humanities, 2024 (<https://www.neh.gov/article/lowell-plath-and-sexton-same-room>).
- Plath S (1963) *The Bell Jar*. Faber and Faber.
- Rollyson C (2020) *The Last Days of Sylvia Plath*. University of Mississippi Press.
- Seal EL, Kokanović R, Flore J, et al (2024) Talking about borderline personality disorder, shaping care: the multiple doings of narratives. *Sociology of Health and Illness*, **46**: 1709–29.