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**Dismantling Mental Health
Stigma: Sylvia Plath's The Bell
Jar and Sarah Kane's 4.48
Psychosis**

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Abstract

The central theme in *The Bell Jar* by Sylvia Plath and *4.48 Psychosis* by Sarah Kane is the experience of living with a mental illness and the suffering that it can bring to one's life. In these two texts the writers openly talk about their pain and their thoughts, which are undoubtedly affected by their diseases, but still depend on their personal way of dealing with them. In this thesis, expressions of mental illnesses in Sylvia Plath and Sarah Kane will be discussed in connection to the long-existing mental health stigma which does not see patients as people with a problem, but as dangerous, attention-drawing individuals or mockery objects. The focal point of this analysis is to show how, in their texts, mentally ill people are depicted as people who are suffering, dismantling these prejudices that deprive them of their humanity and individuality. The theme is also relevant in particular for women, who are often victims of the patriarchal society that sets stricter rule for them to follow in order to fit. This thesis is going to highlight the way Plath and Kane treat these topics differently from the dominant social and mental prejudices and to examine, therefore, how they managed to represent a different conception of mental illness regarding women in particular, but also all people in general, in their texts.

Introduction

The concept of madness in Western culture has been changing over the centuries, but has always been connected to the idea of deviation from the most common behaviours that were considered as *normal* in their respective times and places. In fact, the definition of mental disorders and their treatments are products of societal and behavioural norms, and therefore depend on a particular time and space: for example, if in the ancient Roman and Greek times they were treated as psychosomatic illnesses connected to the body, in the Middle Ages the focus was the religion, so a mad person was thought to be possessed by an evil demon and his behaviour had to be corrected. This concept of a deviation that has to be rectified remained also until the 18th century, when the people considered insane were alienated from the rest of society and put in asylums where they were deprived of their human rights and their freedom in order to be rehabilitated. These people, though, were not only those regarded as mentally ill, but also the socially ostracized ones, such as beggars and homosexuals, who were indeed seen as diverting from the predetermined moral path to follow. According to Michel Foucault and his *Madness and Civilization*, in the modern era the confinement of these undesirable parts of the population was necessary to protect the society, and this is why the line between mad and rational became also physical resulting in this controlling treatment of the mentally unstable. In order to have this distinction eased and to have a more clinical and inclusive approach to mental illnesses, one would need to wait until the end of the 19th and the beginning of the 20th century, with the advent of the psychoanalytical and psychotherapeutic approach, even if the prejudices and the stigma attached to mental health are still nowadays very widespread due to all the centuries of repression and containment.

Similarly, the representation of mental illnesses is a theme that has been present in Western literature for centuries now: from the character of Achilles in Homer's *Iliad* and Macbeth's madness in the Shakespearean play, evolving then in the insanity depicted by Lewis Carroll in *Alice in Wonderland* with The Mad Hatter, or in the darker atmosphere of Poe's *The Tell-Tale Heart*, folly has always been a present component of ancient and modern literary texts. However, what has been changing through all these years is the way these characters are presented and described and, overall, the purpose of their representation. In fact, the prejudices against mentally ill people eventually turned into a social stigma which comprehends mockery, isolation, fear, and avoidance. In this regard, the exact same thing happened in the literary world: the characters who are affected by every sort of mental instability are seen as a symbol of dangerousness or as the ones which make the readers laugh (just think about Don Quixote and his imaginary world). Furthermore, there is also a literary tradition that sees mad people as having a superior knowledge of the world, a sort of contact with what is beyond reality that can lead to revelations about the purposes and conditions of human life: even if it can be seen as more positive than the stigmatization, this kind of romanticization of mental illnesses does not allow to have a real knowledge of them, contributing to create a conception of ill people that has almost nothing to do with their actual condition.

In more recent times, as the studies about mental health have become more and more inclined towards an approach that is inclusive and considerate about the affected people, there has been a revolution also in the depiction of this particular kind of issues in the literary frame. In particular, the two female writers and their works that are analysed in this dissertation, Sylvia Plath and Sarah Kane, can be seen as an example of this change: in fact, Plath's *The Bell Jar* and Kane's *4.48 Psychosis* manage to convey their direct experience with mental illnesses and to deconstruct the idea of insanity as totalising and resulting in a personality loss. Indeed, what the two writers

attempt to communicate is their vulnerability and their suffering in front of something quite elusive and not well definable as depression and other medical issues could be.

Therefore, this thesis will focus on Plath's and Kane's writing in general but, on a more specific level, their novel and play, respectively, that talk about dealing with and co-existing with their diseases, in order to illustrate how they both manage to deconstruct the mental health stigma by giving voice to their own experiences. Thus, by examining the character of Esther Greenwood, Plath's alter-ego, and Kane's personal story narrated in her last play – which will be considered beyond the autobiographical level – this thesis will analyse the works of the two writers, highlighting the different ways in which they are able to reach the same purpose, that is to revolutionise the concept of mental illness by bringing out the human component that has been often neglected in this field since the beginning of times. Furthermore, I will also underline to which extent patriarchal society has a well-defined role in the connection between women and their mental problems, which also leads them to attempt suicide. In fact, Sylvia Plath and Sarah Kane expose the societal faults in imposing women absurdly high standards to be able to fit and live successfully in the world, which can be also seen as one of the causes of their mental decline. By talking openly about mental health, the two female writers are able to un hinge the dangerous common prejudices and ideas surrounding it and to offer a valid alternative in considering the situation they were themselves living.

Chapter 1

A brief historical overview of madness and insanity

1.1 The definition of madness through history

The concepts of mental illness in the West, connected to madness and insanity, has never had a clear definition in the past and, still today, is often considered only in contraposition with the concepts of normality and sanity. Madness, for example, is commonly referred to as “the state of being mentally ill, or unable to behave in a reasonable way”¹. Mental disorders are consequently seen as deviations from the path that should be followed, from the rules and impositions that are established from the environment in which the interested subject lives in. Therefore, it can be observed that the border between mental insanity and sanity is not a neat and well-defined line, but it has changed through the centuries and still continues to change depending on the norms constructed by the type of society that is built.

In his *Madness and Civilization*, Michel Foucault traces the evolution of this concept through the ages and explores the changing relationship between what stands for normality and what stands for insanity instead. Throughout the whole book, he insists that madness is not natural and unchanging, but rather depends on how it is known and experienced in a given society. In fact, different eras have had very different approach to this issue: in the Middle Ages, for example, mental illness was regarded as a form of religious punishment or demonic possession; in the Renaissance, the mad were portrayed as having a sort of wisdom that went beyond the limits of the world; in the mid-seventeenth century, insanity began to be confined in special “houses” where mentally ill people were separated from the rest of society, along with the marginalized social

¹ Definition taken from the online version of Cambridge Dictionary, <https://dictionary.cambridge.org>.

categories, in the process of what Foucault calls “The Great Confinement” (38-64). In this passage, it is evident how madness was considered as just another way of deviating from the established societal path: this is also proved by the fact that people who were seen as undesirable according to societal standards were all confined together, and this included all the people who were considered to be at the margins of society, such as prostitutes, beggars, or also blasphemers. This physical division continued to be implemented even later, during the eighteenth century: madness became more firmly linked to confinement with the creation of new institutions solely devoted to cure mentally ill people and, consequently, protect society from their undesirable dangerousness (Foucault 227). People affected by mental disorders began to be treated in asylums, separated from their families and their social environment, with invasive and controversial methods such as electroconvulsive therapy and lobotomy (evidences of which can be also found in *The Bell Jar* together with insulin shock therapy).

Indeed, starting from the twentieth century, with the advent of psychoanalysis and deinstitutionalization movements, the approach towards the issue of mental illnesses has become more inclusive. In fact, the introduction of this non-institutional type of therapy, in which work on the psyche could be undertaken everywhere, not necessarily in a mental institution, contributed to the emergence of these social movements demanding new resources and alternatives to the contemporary notion of a psychiatric hospital, in which patients were confined, evidently neglected and mistreated (Stiker). Therefore, in more recent times, there was a drastic deviation towards a more inclusive attitude and way of treating people affected by mental disorders. However, it is undeniable that the long centuries of confinement and marginalization of the issue have led to several prejudices, discriminations and stigmatizations of those who are mentally ill.

The stigma of mental illness consists in being negatively differentiated due to the fact of being in this particular mental condition: a person in this position is often “stereotyped as lazy, unable to contribute, and a burden to the system” (Arboleda-Flórez 646). The distinction between physically and mentally ill people and the consequent underestimation of psychiatry – considered as a low-level science in the medical field due to the lack of knowledge and consideration of these particular diseases that went on for many centuries – has now consequences that affect the general judgements towards the issue in a negative way. Madness is associated with violence, fear, dangerousness and unpredictability, leading also to a sense of shame in the people who are sick and not permitting them to ask for help without feeling judged (ibid. 648). In a way, the stigmatization of this kind of illness is seen as dehumanizing the people affected by it: from a general perspective, they lose their personalities and critic capacities, they become their problems and, as such, they are feared, mocked or neglected.

In this sense, the works of Sylvia Plath and Sarah Kane are important because, in a period during which the clinical approach begins to be more inclusive, they give voice to the human part of being mentally ill by conveying their thoughts and uncomfortable feelings, even if in two completely different ways. In fact, the major risk of the segregation process of mentally ill people, who, at the time, were mainly confined in asylums, is that they could lose themselves by becoming objectified by their disease and deprived of their individuality and their status of persons. One of the major representatives of deinstitutionalization was Franco Basaglia, an Italian psychiatrist and mental health reformer who played a significant role in the defense of human rights for those confined in Italy’s asylums during the 1960s and 1970s. He strongly felt that patients should have been and always be allowed to be free and explore their inner selves, rather than be repressed and demonised in psychiatric hospitals, because “it was not acceptable to treat people in that way – without rights,

without autonomy, without knives and forks, without hair, without any control over their own treatment. It was wrong to electrocute these people, cut out bits of their brains or tie them up for years on end” (Foot 245). Another important supporter of this movement was R. D. Laing, a Scottish psychiatrist who claimed that mental illnesses are consequences of the societal pressure people are subjected to. He also criticized their stigmatization as abominable and inhuman by suggesting that they are actually *healing* processes from the resentment that these people feel by not being able to truly be what they want to be, and that they should be allowed to find their inner selves without being deprecated for that (McDonnel 273).

In the 19th century, the deinstitutionalization movement and the birth of psychoanalysis, which started to investigate the causes of mental illnesses in people’s past experiences and in their unconscious, were very important and led to a revolutionary change in the consideration of mental health and treatments. On one hand, mental disorders, which were considered almost all the same in the previous centuries, began to be differentiated and to be given different criteria that allowed psychiatrist to recognize them and treat them effectively: the first *Diagnostic and Statistical Manual of Mental Disorders (DSM)* was published in 1952 by the American Psychological Association, and was regularly re-issued and updated according to the more recent medical studies in the mental health field (Shorter 63). Therefore, the long-neglected mentally ill people were finally considered in the medical researches, and this fact also allowed to make progress in their treatment, that is now very less invasive and permits them to function in their everyday lives outside the hospital environment. Furthermore, somatic treatments (such as drugs and brain stimulations) are always prescribed in affiliation with psychotherapeutic treatments, which are different based on the type of mental illness the patient is affected by (First), a fact that highlights the progresses made towards an approach that is more considerate of the person’s physical and mental wellbeing. On the other

hand, the fact that many patients met the criteria of two or more mental illnesses described in the manuals, or that they did not meet all the criteria of one disease, reinforced the idea of mental health as a spectrum (Adam 417): there is not a clear line between normal and abnormal anymore, but rather this boundary, which was very clear in the past and was used to justify the physical containment, is questioned and deconstructed to the point that is almost abolished. In fact, nowadays mental illnesses treatments take into consideration all of this new discoveries and are more inclined towards the normalisation of this kind of diseases.

However, it is important to underline that all the centuries of segregation and prejudices still have a great influence on the dominant conception of mental disorders: the stigma of mental illness is very present even today, despite the fact that many steps towards the end of this discrimination have been made. An example of this is the fact that the media continue to perpetrate an image of mental patients as mainly dangerous and associated with violence (Arboleda-Flórez 645), and also, in other cases, the fictional world reduce them as mere comical objects. Therefore, because of this evident contrast, mental health is still a controversial and tabooed topic, and this is why works of writers such as Plath and Kane are central in divulging the experience of mental suffering to get people close to the reality of the facts and to dismantle the long-existing prejudices in this field.

1.2 Women and madness

Considering the fact that the boundaries between sanity and insanity were established through the centuries according to the particular social context, norms and standards, there is the need to acknowledge how also gender played a main role in deciding which behaviours were considered as socially acceptable and which ones were instead seen as mental derangements and all the

implications of the case. In this regard, it is important to underline how even Foucault himself in his *Madness and Civilization*, generally considered as a turning point in the definition of madness as arbitrary because strictly connected to the societal discourses of power and its cultural normativity, makes very few references to women or gender issues. However, his role is still important because, in part, his ideas about insanity being a cultural construct inspired the more recent studies and feminist critique in this field.

Since ancient times, the concept of madness was always more linked to women than to men, because they were believed to be more inclined to this type of suffering due to their more fragile constitution. Nonetheless, men were the ones always occupying a position of power in this field: they were doctors, while women were their patients, which means that the men were the ones having the power to define madness. Therefore, this fact can be seen as a cause of women's oppression in the context of a patriarchal society. The notion of hysteria, for example, an old-fashioned term for a psychological disorder characterized by an ungovernable emotional excess or stress that is somatised through physiological symptoms, was first described in ancient Greek times: the very same word originates from the Greek word for uterus, *hystera*, implying the fact that women were more susceptible to this kind of mental disease because of biological differences (Ussher 8), since the disease, according to the Greek physician Hippocrates, was caused by the movement of the uterus. This first definition stigmatized the way women were seen for many centuries, to the point that, from the 13th century on, when mental illnesses were seen as divine punishments, the female part of the population became the main target of a widespread witch hunt: "If a physician cannot identify the cause of a disease, it means that it is procured by the Devil. [...] The Devil is a great expert of human nature and may interfere more effectively with a person susceptible to melancholy or hysteria" (Tasca et al. 112). Even more later on, during the Victorian

era, when hysteria was scientifically acknowledged and studied as a disease, rather than being more of a general belief connected to religion and superstition, it was tied to the concept of femininity, reason for which women were more diagnosed with mental illnesses than men. It was only after World War I, when soldiers suffering from PTSD showed similar symptoms to the ones of hysteria, that it became clear that diseases might not be connected to gender and that also men's psyche needs to be examined (De Villiers 3). In fact, since madness has always been considered as a behaviour that deviates from the general societal norms, it "provides insights into the cultural construction of what it means to be 'woman' and 'man', as madness is often defined as deviation from archetypal gendered roles" (Ussher 13). Therefore, women who were diagnosed with hysteria were the ones usually trying to escape their feminine role and all the duties that it implied. This patriarchal point of view on women and madness provides also damages to men: if women are more likely to be diagnosed with a mental illness due to the gendered societal view, men are also victims of this defective system because they experience the opposite effect, the under-diagnosis. This is because emotional expressiveness is seen as a *feminine* feature, therefore women are more prompt to communicate their mental distress, while men, by doing so, risk to suffer from an undermining of their *masculinity* (Charteris-Black 200-201). Therefore, it is evident how the politics of gender-segregation in the field of mental health fuels gendered stereotypes preventing progresses towards a more gender-neutral approach of which both parts would benefit from.

It is particularly important to consider the notion of hysteria as both a reason and a result of the societal oppression of the female gender through many centuries: women who deviated from the norms that were designed for them – from being a mother, a wife, always beside a man – were more subjected to have such diagnosis, but the disease itself contributed to make women seem weak, emotional and not capable to stand on their own, since it was biasedly attached to the

feminine side of the population. Many studies show that the percentage of women who suffer from a mental illness is generally higher than men's, but women are also incapable of exploring their true wishes and needs due to societal restrictions: "Of all the female sins, hunger is the least forgivable; hunger for anything, for food, sex, power, education, even love. If we have desires, we are expected to conceal them, to control them, to keep ourselves in check. We are supposed to be objects of desire, not desiring beings" (Penny 31). In particular, this impossibility is well-represented in *The Bell Jar* because, as it will be analysed, societal norms and vision of women play a big role in Esther's mental breakdown, since the lack of freedom and possibility for self-determination objectify women and do not allow them to actually act on their desires and will and to search for fulfilment in their lives.

In the field of literature – as it will be discussed more in depth later on – the discourse is slightly different: mad characters in general, but also females, were often represented through the lens of prejudice and stigmatization, silenced without the chance of speaking for themselves, but their madness was also sensationalized and romanticized. It was only in the twentieth century that women writers in particular "began to attempt to illustrate the experience of madness as a painful, traumatic result of external circumstances" (De Villiers 3). In this sense, it is significant to underline the importance of Sylvia Plath's and Sarah Kane's works: the first one provides a description not only of the experience of the illness itself, but also of the social circumstances that brought the protagonist to attempt suicide, especially in relation to her being a woman in a strongly patriarchal society, while the second one writes about her feelings and thoughts in a way that can be considered universal, because everyone who mentally suffers, not only women, could see themselves represented through her words.

1.3 The literary perspective on madness

The changing conception of madness is not only evident from a historical point of view, but can be observed also by analysing the literary works and their evolution based on the type of society they were written in. However, the difficulty to have a proper and fixed definition of madness does not exclude the fact that a mad person has always traditionally been considered as different from what the societal norms establish as the acceptable standards. In the history of literature there are many examples of characters who are or go mad and who show signs that can be reconnected to a mental disorder, and their problem is mostly represented according to the social context in which the given text was written. For example, in the Shakespearean Hamlet, the protagonist displays symptoms of madness and even considers the option of suicide: although there is a philosophical interpretation of madness, due to the fact that his mental instability pushes Hamlet to question his actions and life itself, throughout the whole play it can be observed that madness is also connected to something that goes beyond reality, an idea that is insinuated by the apparitions of his father's ghost and that is consistent with the Elizabethan period conception of folly, which was still considered to be a consequence of the contact with the devil (there was often an accusation of witchcraft involved) and the people affected by it were starting to be confined in houses of correction (Dimitrijevic 2). Instead, other argues that Hamlet is feigning folly: Paduano, for example, writes that he is using the performance of madness to express his judgements and condemnations towards the world he is living in, as if in this way he was given a sort of permission to derange from the normal societal path (214). In this case, what is evident is the fact that, at the time, mentally ill people were considered to be the ones not respecting the norms and the rules of the society that they were living in, and Hamlet could have just taken advantage of this dominant idea. Another example is the character of Bertha Mason in Charlotte Brontë's Jane Eyre, whose portrait as a mad

person is strongly influenced by the stigmatization and prejudices against mental illnesses derived from patients' confinement in asylums: she is described as violent, unpredictable and, consequently, she is even locked up in an attic. Her representation is not only an example of how people affected by mental disorders were looked down upon and treated in the Victorian Age, but it also perpetrates this type of vision.

Although the literary and the historical perception of the topic are interconnected and share similar elements through the centuries, it is important to remark that "the treatment of madness in literature reflects human ambivalence toward the mind itself; madness, comprising its strangest manifestations, is also familiar, a fascinating and repellent exposure of the structures of dream and fantasy, of irrational fears and bizarre desires ordinarily hidden from the world and the conscious self" (Feder 4). Literature adds a new element to this attempt to investigate mental disorders, that derives from the human curiosity to understand the mind and its potential. To have a better grasp of this concept, it is useful to examine more modern and contemporary writers who struggled themselves with mental instability. For example, Virginia Woolf was believed to be diagnosed with bipolar disorder and died of suicide by drowning herself, David Foster Wallace suffered from major depressive disorder and hanged himself, Ernest Hemingway was diagnosed with bipolar disorder and insomnia and committed suicide: these three and many more writers are considered great because their suffering was a fundamental ingredient in the production of their art. Indeed, the two components are often connected, but this idea can be also dangerous because it leads to the romanticization of mental illnesses, that is the act of viewing them as tragically beautiful. The problems of this vision are that it leads to a lack of awareness about the topic and to a detachment from the actual conditions of who is suffering (that is more or less what happens with the stigmatization of mental illnesses): the focus is not on the real struggle that sick people are facing,

but rather on the fictional and unrealistic consideration that suffering is inspirational and profound (Yu). Therefore, in literary history, madness is analysed within the societal context, but also assumes a romantic nuance that does not completely adhere to reality: in fact, “the day to day business of mental illness is hard, boring and unrewarding, and though it can certainly provide benefits – increased empathy for other people’s pain, an ability to withstand intense periods of suffering – it rarely offers profound revelations about the human condition” (Reynolds).

A perfect example of this attitude is the consideration of Sylvia Plath as just a suicidal girl poet whose suffering, after she died, was romanticized by the college girl mentality: although, of course, her works deal with the issue of madness, it is considerably reductive to put the main focus on it neglecting the complexity and the richness that can be also found in her writing. Indeed, in her biographical novel *The Bell Jar*, Esther Greenwood describes her experience with mental illness, but it would be a limit to consider the book only that: the protagonist has a strong personality, she describes also her feelings and thoughts about her life, as Plath does in most of her works.

Chapter 2

Sylvia Plath's *The Bell Jar*

2.1 Biographical notes

Sylvia Plath was born in 1932 in Boston. She had an ambivalent relationship with both her parents: her mother, Aurelia Plath, represented the woman role model of the American 1950s, the housewife, that was not what she wanted to become but what she was forced to become, as a woman, to find her place in the society she was living in, but at the same time she loved her and, in *Letters Home*, a collection of letters that Aurelia published after her daughter passed away, she shows gratitude and appreciation for everything her mother did for her (M. Smith 363). Instead, her father died when she was eight and, towards the end of her life, she wrote a poem about him, *Daddy*, in which she talks about how she was terrified by him and the power that he had over her for her whole life, comparing their relationship to the one of a Nazi soldier and a Jewish prisoner, but at the same time she could not stop idealizing him, describing him even as a God. *The Bell Jar* is a mirror of that: in the novel, on one hand, Esther has the same contradictory feelings towards her mother and women in general, being disgusted by them because victims of the patriarchal oppression but, at the same time, envying and wanting to be like them; on the other hand, while the father is not present, she has the very same problem with men, being attracted but also, at times, scared and repulsed by them.

In 1950, Plath started to attend the Smith College in Massachusetts with excellent results and, right in that period, she became affected by a mental disorder. *The Bell Jar* can be considered as a semi-biographical novel, since it describes a very specific period of Plath's life that started in the summer of 1953. That August, Plath was chosen as one of the women's magazine

Mademoiselle's Guest Editor for their college issue and she travelled to New York city, just as her protagonist Esther Greenwood does; therefore, the strong echo of mixed messages imparted by this kind of magazines in the American 1950s was very well known by Plath and this is also why she was able to convey it in her novel, representing Esther's struggle to fit in a society that wants females to be in the places of wives and mothers, rather than to pursue their ambitions, her consequent mental breakdown and suicide attempt, that were the same things that Plath lived and survived (C. Smith 3-4), and also her recovery, that is parallel to Plath's inpatient treatment and electroshock therapy that she received in 1954 after having tried to kill herself (Hammer 74). That is the main reason why Esther Greenwood can be seen as the writer's alter ego: through her character, she revisits not only the events of that specific period, but also how she was feeling towards a society that did not want to accept her and that was partially responsible for her mental breakdown. In this sense, her words are also important because they walk the reader through an extremely complicated and at times intelligible concept that is mental illness and the very act of existing while being affected by one, and how they are not completely isolated cases that find their roots in biological and physical factors, but that are also caused by environmental and societal ones. In fact, the similarities between Sylvia Plath and her character regard not only their lives, but also their personalities and attitudes, because they are both ambitious, talented, they have college education, they get comparative internships, they collect many achievements, but, on the inside, they are both deteriorating because they, as women, are trapped in a role that does not belong to them personally (Behrens 241). That was just the first of many suicide attempts and consequent treatments that Plath continued to receive for her whole life, until, in 1963, she tried one last time poisoning herself with carbon monoxide by putting her head in the oven when she was 30 years old.

The novel was first published in UK in the same year, one month before her death, under the pen name of Victoria Lucas and, only later, after good reviews and critics, was published again with Plath's name on it. Her suicide contributed to the book's success because the readers were curious not only about reading the first prose text written by a famous and affirmed poet of the time, but their attention was also magnetized by her recent death (Ghandeharion et al. 64). While writing it, she kept the real facts and events as they happened, but she changed the names of the characters surrounding her. That is why *The Bell Jar* first came out under a pseudonym, and that is also why in the US it came out only in 1971: Plath's mother and her husband, Ted Hughes, campaigned against its publication there, since, even if under false names, the identities were still very recognizable and they claimed many people would have gotten hurt by reading it, fact that then revealed to be true since the book caused even a lawsuit (Behrens 240).

Therefore, it is true that *The Bell Jar* is a semi-biographical novel, but cannot be considered only as that, since "her writing was a mode of self-construction that employed, but was not reducible to, autobiography: she didn't want to record a self, but to bring one into being" (Hammer 67). In fact, the story of Esther Greenwood, even if it is the same as Plath's one in general terms, is a story on its own, just as Esther herself is not only a representation of the writer herself, but is an all-round character: "if we insist on prioritizing the morbid Plathian prism as the primary means of investigating the novel, then we miss what I term its radical imaginary" (Baldwin 22). That is one of the strengths of Plath's writing: the fact that she is able to merge her self-consciousness, her capability to observe herself and describe herself through her own writing, with an acute and intense awareness that allows her to create a whole new self and setting and to give originality to it (Hammer 66-67). Through her writing, Plath records and justifies her life, as if it is the only way in which she can perceive and acknowledge the struggles that she faces, as if the only way she can

truly exist is the coexistence of herself and her representation of it. An example of this is the fact that, in her journals, she noted down her thoughts, her feelings and most of the things that happened to her almost as if she had a certain urgency to do so, and, by reading them, one can understand her almost as if they know her.

The same attachment to writing can be found also in Esther Greenwood, since her mental breakdown reaches its peak when she finds out that she is not able to read or write anymore, when the fictional world that she loves so much begins to fail her: for her, the fact that she can no longer find comfort and refuge in language is as severe as the fact that she cannot eat or sleep, because she sees it as one of the most basic needs that she has to satisfy to be able to carry on with her life (Coyle 163). The parallelism between the two is even more evident if the novel itself is taken into consideration: as the book is a symbol of Plath's overcoming of her critical period in 1953 and 1954, in which she recalls all the major events that happened to her and considers her writing as the only way to record her struggles and justify them, it can be viewed also as a posthumous evidence of Esther's recovery, where she herself narrates her mental breakdown and the recovery path (Baldwin 25). In both cases, the woman is not only the protagonist of the story, but also the one who chooses how to tell it (even if in a fictional way that is Esther's one) and, in both cases, the role of writing is fundamental because "neither self nor representation can exist without the other" (Hammer 79).

Moreover, there are other main themes towards which the writer and the character have the same feelings and thoughts, especially in the sphere of the consideration of women in the American 1950s. For example, in her journals Plath spends a lot of time contemplating the options of motherhood and marriage alternating notes of acceptance and rejection in the same way that Esther does in *The Bell Jar* (C. Smith 3): they are attracted by those ideas because society established them as the most important goals that a woman should achieve in her life and they actually want to

fit and find their place in that society not to feel alienated anymore, but, at the same time, they see them as life-long condemnations to be trapped in a role that they do not want to play. Despite this, she married Ted Hughes in 1956 and they had two children together. Only a few years later, in 1962, she had a great burst of creativity, writing at least 26 poems, and she had her final depressive episode. Plath seemed to be particularly subjected to this domestic ideal, to the point that evidences of it are found even in her death: before putting her head in the oven and killing herself in 1963, she left milk mugs and a plate of bread for her children, “it was as if, in this final moment, Plath, like Esther, was haunted by the domestic behavioural models that she encountered in her own life” (C. Smith 20). Even today, it seems like she needs to be freed by the stereotyped image of the woman who only lives to serve his man to finally let her name and her personality thrive, as perhaps it was never possible when she was alive, and her grave is a proof of that: many visitors chisel away the Hughes part of the name “Sylvia Plath Hughes” that is written on his tombstone, as if her husband was responsible of keeping her from blooming, making her a sort of symbol of the rebellion against the repression of women in the patriarchal society (Behrens 243).

After the first publication, Plath’s book became a cult, in the sense that it described not only feelings and insecurities that were very common in the female 1950s world (and are very actual even today), but it also triggered a series of female suicides among college and university students explained by the phenomenon that was then labelled “the bell jar syndrome” by psychologists and psychiatrists: in particular, they were probably feeling what Esther was feeling, an irreconcilable interior conflict between the image of women given by society and their personal, academic and working ambitions (Séliei 127). The choice that they felt they had to make was the same one that Esther faces in the book, the one between being a wife and a mother or an underestimated female creator. Therefore, they may have found in *The Bell Jar* protagonist a model, an archetype of their

struggling that perhaps before was not represented or was ill-represented in literature, made even more real by the actual suicide of the writer. This fact, other than an evidence of how dangerous it is to marginalize and repress a specific category of people, women in this case, by not allowing them to have the same choices and opportunities as men, can be also seen as an example of how problematic it is not to have accurate and truthful information about mental illnesses and mentally ill people, fact that always leads to a stereotyped vision of the problem which, in this case, is the romanticization of this kind of disease that might have very serious consequences such as this one.

2.2 First part: Esther in New York

The beginning of the novel sets the tone for the whole story: “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). Since the first chapter, and in particular the very first lines, it can be noticed that Esther lives as if she was detached from her actual life: the world around her keeps spinning and everyone keeps moving on, but she does not know what she is doing, she feels “the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo” (Plath 3). The protagonist describes herself as unaffected by the chaos that is all around her, as if she cannot feel anything despite things around her are changing so fast, and that is a common sensation experienced by people affected by personality disorders (M. Smith 357). Thus, her discomfort and malaise seem evident even from these passages and, in the course of the novel, they are going to grow to the point that she will try to kill herself and she will be hospitalized. In this regard, the reference to the Rosenbergs’ case is also very important, because it is an anticipation of what Esther will experience later on: she will be trapped in a small bare room, like the Rosenbergs’ prison cell, to be treated with electroshock therapy, that is the counterpart of their electrocution (Perloff 518-519).

Comparing some of the recovery experiences with a death sentence makes it evident that the methods used in psychiatric institutions in the 1950s did not always guarantee a good care of the patient, especially considering the fact that this is an experience that Plath herself had lived before and she is recalling it in her book through Esther's character. However, the reference is indicative of also a generic existential *spleen*, since "from the start, when Esther contemplates the terrible fate of the Rosenbergs, sickness is everywhere around her" (Perloff 519).

That sense of incompleteness and distaste for life was defined by Betty Friedan, in relation to women, "the problem that has no name" but that is experienced by most of American 1950s wives: "as she made the beds, shopped for groceries, matched slipcover material, ate peanut butter sandwiches with her children, chauffeured Cub Scouts and Brownies, lay beside her husband at night – she was afraid to ask even of herself the silent question – 'Is this all?'" (Friedan). The general malaise often hit women, because they were the victims of pre-established rules that told them who they needed to become – wives, mothers, housewives – and they could not escape those roles, they were not allowed to be anything else. In the novel, Esther faces the same struggle and this discomfort will grow inside her to the point that it will lead her to a mental breakdown. Since the beginning, this internal contradiction is present, even if not in the exact same terms: she wants to be able to find her identity but, at the same time, she is very conditioned by the environment she is living in, that initially is the consumerism world, but whose bonds to the patriarchal society are soon unravelled.

Despite the fact that she is feeling detached from the world she is catapulted in when moving to New York, she desperately wants in. She is envious of the other participants she meets, especially of Doreen, who seems to be the perfect fit for that kind of luxurious social setting, and she wants to be like them. This is the reason why she falls in a vicious cycle of bingeing and purging, where the

bingeing is represented by the consumption of expensive goods – food, alcohol, nights out, shopping sprees – and it leaves her feeling dirty and looking for some sort of purification, that is the purging through bathing, vomiting and throwing away those same expensive goods (Dowbnia 571). It is the direct contact with this world that makes her lose her balance and fall into this spiral because, as Esther herself says: “Doreen is dissolving, Lenny Shepherd is dissolving, Frankie is dissolving, New York is dissolving, they are all dissolving away and none of them matter any more. I don’t know them, I have never known them and I am very pure” (Plath 20). Purity is what she looks for when she disassociates from that reality and when she tries to undo the damages of her attempts to fit in that environment.

The scene of the Ladies’ Day banquet is the perfect exemplification of her feelings and behaviours: first of all, she feels like an outsider because she never puts on weight, while all the other girls are watching their figures and trying to lose pounds, so she has extreme anxiety of performing in social settings, in particular when food is involved (C. Smith 14). Consequently, her feeling isolated and inadequate leads her to overindulge in the expensive goods placed on the table, using food to compensate what is missing in her life in that moment (Dowbnia 573), but also because that type of food tastes like liberation, since it is nothing like the one she used to eat at home and that involved female labour (C. Smith 15). After the transgression of overeating, which alienates her even more from the social context, she feels the need for a purification that arrives in the form of food poisoning: after being sick, Esther says she feels “purged and holy and ready for a new life” (Plath 48), enjoying the bliss of something that usually provoke disgust and repulsion. She really needs to erase the binge in some way, because it pushed her even further away not only from the other girls’ image, but also from the image of the perfect woman according to the societal standards, because those kinds of appetites are not suitable for a respectable female (Dowbnia 578).

Therefore, Esther is frustrated because she loathes the path of motherhood and marriage, the one that she is asked to follow just because she was born a woman, but, at the same time, she wants to follow them not to be excluded from the world: “her dilemma seems to have a great deal to do with being a woman in a society whose guidelines for women she can neither accept nor reject” (Perloff 511).

This interior struggle, for example, is evident when, during a flashback about her boyfriend, Buddy, she remembers watching the scene of Mrs. Tomolillo giving birth to her child. Esther is evidently disgusted by what she is looking at: the delivery table seems “some awful torture table”, the woman seems “to have nothing but an enormous spider-fat stomach and two little ugly spindly legs propped in the high stirrups” and she is making an “unhuman whooping noise”, the baby is “the color of a blue plum and floured with white stuff and streaked with blood” (Plath 65-66). The description that she gives of the scene is not the one of a woman who sees childbirth as a miracle and who wants to be in Mrs. Tomolillo’s place, she cannot see anything beautiful about it: at first sight, it can be argued that she is so full of self-loathing and distaste for life that she cannot even recognize the natural wonder of giving birth, but, if one manages to analyse the passage in depth, it is evident that Plath is inviting the reader to reflect upon the fact that men always attributed a miraculous meaning to something that belongs to women’s lives and, therefore, to see through the clichés of motherhood (Perloff 516). In fact, “pregnancy and childbirth with all their hardships, though beautiful, have become a means to oppress and suppress the female and not to encourage the feminine. [...] The female as an equal to the male is thus ignored, and the feminine as an inferior to the masculine is emphasized” (Ghandeharion et al. 65-66). In the social context of the time (and even today), society kept telling women how giving birth was the only way to know fulfilment: the female purpose of life was to dedicate themselves completely to their husbands and their children

(Friedan 18), therefore, whoever did not agree with this specific model and was even repulsed by it was seen as having some kind of mental derangement and insanity. Indeed, those diagnoses were attributed from the point of view of a society that was prevalently patriarchal and based on the male gaze. Therefore, the female part of the population usually suffered and still suffers from this form of discrimination from the same struggle that Esther is facing throughout *The Bell Jar*: even in this case, even if she is disgusted by the *miracle* of childbirth, she still cannot help but imagine herself on the same table (Plath 67). Indeed, the protagonist's mental illness is a medical disease *per se* that has different causes, but, even from this passage, it is evident how the world she lives in contributes to her psychosis and burdens her already great deal of suffering (Perloff 511).

Likewise, the double-standard for men and women is exposed by Plath in the next scene, when Esther and Buddy talk about virginity. He confesses to have had an affair with a waitress and she feels she has been fooled by him acting as an innocent man when, in fact, he was not saving himself for marriage. This is the reason why she feels so disappointed by his actions and also why she cannot trust any other man after him, starting to grow an ambivalent relationship with the other sex (Lubaba 13). This episode reminds her of the words that Mrs. Willard, Buddy's mother, used to repeatedly say to her: "What a man is is an arrow into the future and what a woman is is the place the arrow shoots off from" (Plath 72). This sentence is fundamental because it summarizes the American 1950s view on gender roles: it is "an assertion of males as active and progressive, and of women as passive nurturers and caregivers" (De Villiers 4). Esther constructs the view of her future self and the role of women in society on the female role models she had and has: her own mother, who never understood her and does not really know her, and that she also sees as a woman devoted to housewifery, Mrs. Willard, who thinks the only purpose in life is to serve and subordinate to a husband, Dodo Conway, whose life is made of just giving birth to one child after another, the girls

with her in New York, who are only trying to attract promising young men to settle down. The only alternative that she finds to this lifestyle is represented by Jay Cee, a goal-oriented woman, determined and dedicated to her career, but for whom Esther sees a future of loneliness and lack of love (Ghandeharion et al. 67). She cannot seem to find a synthesis of these two female parts: she wants to dedicate herself to writing, but then she would be alone her whole life and scared she would never find love; she is not attracted by a lifetime of serving her husband and children, but it seems to be the only way to affirm her status as a woman and she is amazed by the easiness with which, following this plan, one can find her place in the world. Thus, she completely alienates herself from her role models, because their choices would just leave her consumed since neither one road or the other could lead her to all the things she wants.

This apparently unsolvable dilemma is perfectly represented in a crucial scene of the novel, when Esther imagines a fig tree in front of herself, picturing all the various possible paths that she could or could not follow in her future. She starts accounting for all the things she cannot do and the first one is cooking: unlike the women she knew when she was younger, such as her mother, grandmother and college best friend Jody, she is unable to cook, and that is the first thing that makes her feel different from the feminine role she is supposed to play. Therefore, her inability may result in a metaphorical starvation, because she is not capable of feeding herself or a man, she is unable to perform in a feminine way, so she does not have that option in her future (C. Smith 12). After this, she continues to add up all her lacks and faults, until she pictures the tree in front of her:

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. One fig was a husband and a happy home and children, and another fig was a famous poet and another fig was a brilliant professor, and another fig was Ee Gee,

the amazing editor, and another fig was Constantin and Socrates and Attila and a pack of other lovers with queer names and offbeat professions, and another fig was an Olympic lady crew champion, and beyond and above these figs were many more figs I couldn't quite make out.

I saw myself sitting in the crotch of this fig tree, starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest, and, as I sat there, unable to decide, the figs began to wrinkle and go black, and, one by one, they plopped to the ground at my feet. (Plath 77)

Esther is hungry for a life that she cannot have: being a mother and a wife meant being trapped in that role, unable to fulfil her personal ambitions, but, at the same time, dedicating herself to her career meant renouncing to be socially accepted and being seen as defective for her whole life. In the world she lives in, these are two mutually exclusive choices, and this is the reason why she freezes in front of the fig tree and starves herself: there is no way of reconciling her femininity with her intellectual life in a male-oriented society and, no matter what fig she would choose, she knows that she has to live under this oppression anyways (De Villiers 9). In this regard, in *The Unabridged Journals of Sylvia Plath*, the author wrote:

What is my life for and what am I going to do with it? I don't know and I'm afraid. I can never read all the books I want; I can never be all the people I want and live all the lives I want. I can never train myself in all the skills I want. And why do I want? I want to live and feel all the shades, tones and variations of mental and physical experience possible in my life. And I am horribly limited (43).

The limitation comes from the insatiable hunger to be everything that cannot be satisfied when the societal norms provide a neat definition of what a woman can and cannot be or do, and that is the same that the protagonist of the novel is experiencing in front of the fig tree: “unable to satisfy all of her life desires due to the restrictions of 1950s gender roles, Esther is fated to either conform or starve” (Dowbnia 582). In this passage, it is evident how she starts to lose control over her ability to make decisions and over her own body, which influences the course of her mental breakdown by accelerating it. She starts to experience self-alienation because the feminine can never be connected to the notion of creativity, considered “a male privilege”, therefore there is no window for reconciliation between her body and her mind (Sélei 128).

Thus, Esther struggles to find her own identity because of the conditions with which society oppresses her as a woman. This is evident even in the fact that she cannot define herself as a sexual being: “she has been told that she should want marriage and motherhood and is moving toward both of these through Buddy Willard. Yet when she imagines what it might actually be like, she recoils” (Coyle 165). Her experience with Buddy moulds her point of view about relationships and men in general. In a way, he is the symbol of the patriarchal oppression: apart from the dialogues on virginity they had before, she remembers also “Buddy Willard saying in a sinister, knowing way that after I had children I would feel differently, I wouldn’t want to write poems anymore. So I began to think maybe it was true that when you were married and had children it was like being brainwashed” (Plath 85). He represents the fact that men are imposing their views on women without letting them be free to define themselves, that “men promote what *they* believe to be beneficial for everyone else” (Ghandeharion et al. 65), and the pressure becomes so overwhelming that she fails to imagine herself in the position of a wife even married to someone that is not Buddy:

I tried to imagine what it would be like if Constantin were my husband.

It would mean getting up at seven and cooking him eggs and bacon and toast and coffee and dawdling about in my night-gown and curlers after he'd left for work to wash up the dirty plates and make the bed, and then when he came home after a lively, fascinating day he'd expect a big dinner, and I'd spend the evening washing up even more dirty plates till I fell into bed, utterly exhausted.

[...] I knew that's what marriage was like, because cook and clean and wash was just what Buddy Willard's mother did from morning till night [...] (Plath 84).

She cannot find a man that she could love, because everyone she meets reminds her of the male standard figure who just wants to have control over women (Perloff 517). Furthermore, her past experiences and her role models taught her that being in a marriage for a woman meant being “a slave in some private, totalitarian state” (Plath 85). Nevertheless, she is unable to erase her desire to be like one of them, to perform according to her societal role, even if she knows it would be oppressing and consuming.

This double standard for men and women and her ambivalent relationship with men from a sexual point of view is also conditioned upon *the virginity myth*. In this regard, Esther reads an article, written by a female author, in which it is clear that women are expected to be pure and virgins, while men are not. Pureness is connected to beauty, which is one tool with which the patriarchal society oppresses the female part of the population: women need to be desirable, to be vulnerable to the outside approval, in order to be accepted in the world they live in that is clearly regulated by the male gaze (Wolf 14), and this is why men are not asked to save themselves for marriage and are not seen as dirty and unworthy if they do not do so. The first thought that Esther has after reading the article is that it does not consider a girl's feelings towards the matter and she is angry because she “couldn't stand the idea of a woman having to have a single pure life and a

man being able to have a double life, one pure and one not” (Plath 81), such as in Buddy’s case. This episode makes her aware of the unfairness of this view about women’s virginity (Lubaba 16). She starts to realize that this double-standard is unfair and influences the quality of life and the expectations that she, as a woman, has or hopes to have. Recalling what Mrs. Willard used to say to her, the metaphor of the man-arrow, she says: “The last thing I wanted was infinite security and to be in the place an arrow shoots off from. I wanted change and excitement and to shoot off in all directions myself, like the colored arrows from a Fourth of July rocket” (Plath 83). She really wants to be that arrow and to do as many experiences as possible in her life, she wants to be a woman but also a writer, two mutually exclusive things in the context of that time, but, indeed, the societal pressure is so strong that she is not able to refuse to do what she is supposed to. In fact, since the very beginning of the novel, also caused by the fact that her “masculine” aspirations cannot reconcile with her “feminine” aspect, it is evident how she narrates her story but also internalises others’ perspectives on her, to the point that sometimes it is very difficult to recognize whether she is talking for herself or if it is the external world defining her, as if she suffered from a split in her personality (Sélel 131-132). In sentences like “I was supposed to be having the time of my life” or “I guess I should have been excited the way most of the other girls were” (Plath 2-3), it is clear how Esther’s mental suffering can be also attributed to the great discrepancy existing between her expectations and the expectations that the outside world has about her.

Her disillusionment is strongly linked to her editorship in New York, because she works in an environment that advertises and promotes this double standard of restrictions for women and allowances for men. Magazines like *Ladies’ Day*, the one she interns for, and medias more in general are responsible for sending mixed messages: women should be high-achievers but without losing sight of the gender-segregation policy, they should have a college education but their ultimate life

goal should be the one of becoming wives and mothers and, if they do not feel fulfilled by this, they should find their fault within themselves (Ghandeharion et al. 68), they should be self-sufficient, but at the same time they are not given the means to reach self-sufficiency (C. Smith 6). By working in this field, Esther feels this pressure even more: the image she has of herself is constantly threatened by what others want her to be and she becomes a symbol for the feeling of inadequacy that many young girls experience in the American 1950s just because they do not adjust to their feminine role (Ghandeharion et al. 68). In fact, she constantly tries to resemble the women showed in this kind of advertisements and magazines, struggling to perform her femininity in a way that is socially acceptable, such as when she keeps ordering alcoholic beverages even if she does not enjoy them (Dowbnia 577). Furthermore, the fact that Esther has always played this role leads to a fracture in her identity and to her feeling as an empty shell, realizing that she does not know herself because she was always too busy trying to please the people around her and the societal expectations (Perloff 509). For example, when Jay Cee asks her what she wants to do after graduation, her answer is that she does not know and, in that moment, she becomes aware of this fact: "It sounded true, and I recognized it, the way you recognize some nondescript person that's been hanging around your door for ages and then suddenly comes up and introduces himself as your real father and looks exactly like you, so you know he really is your father, and the person you thought all your life was your father is a sham" (Plath 32). In this passage, the sham is Esther herself, because she is the one that is suddenly recognized as an empty casing and that tries to repair this internal fracture through the course of the whole novel. Nonetheless, she never clearly expresses her discomfort but, on the contrary, she keeps it to herself and she internalises it to the point that her inability to live her ideal life transforms into a growing unconscious distaste and hatred for the one she has, for everything and everyone around her (Lubaba 9), precipitating her already precarious mental state. Her only way to aim towards happiness seems to be by following her impulses of self-destruction (Coyle 169),

as it can be seen in the skiing flashback, while she speeds down the hill thinking about dying: “the thought that I might kill myself formed in my mind coolly as a tree or a flower. [...] This is what it is to be happy” (Plath 97). Her only way to escape her struggles seems to be by looking for some sort of rebirth outside of the world she is constricted to be in. In fact, “Esther’s search for selfhood through the dramatically opposed lives of poetry and motherhood offers us a character who throws herself against the limited options available to her like a furious pinball” (Baldwin 24-25), until she stops and almost surrenders to the impossibility of what she is looking for.

A very important turning point in the novel is when she realizes that she is trapped in this vicious cycle not long before she leaves New York. During a photoshoot for the magazine, she is asked to be immortalised as what she wants to be when she grows older: “I said I wanted to be a poet. Then they scouted about for something for me to hold” (Plath 101). Even in this case, Esther feels like they are trying to feminise the future image of her career by making it saleable: she understands that the beauty industry only pretends to care for what she desires but, instead, it is just trying to make her personality “nothing more than a package designed to catch the eye of the discerning masculine consumer” (Leonard 61). In fact, when the photographer asks “show us how happy it makes you to write a poem” (Plath 101), Esther bursts into tears:

I buried my face in the pink velvet façade of Jay Cee’s loveseat and with immense relief the salt tears and miserable noises that had been prowling around in me all morning burst out into the room.

When I lifted my head, the photographer had vanished. Jay Cee had vanished as well. I felt limp and betrayed, like the skin shed by a terrible animal. It was a relief to be free of the animal, but it seemed to have taken my spirit with it, and everything else it could lay its paws on (Plath 102).

Esther finally manages to break the cycle of bingeing and purging “as she begins to realize that participation in consumer capitalism will not allow her to be everything she wants but instead limits her possibilities and control her behaviour” (Dowbnia 579). In fact, the photographer still wants to portrait her as a one-sided woman, and her desire to be everything is, once again, repressed. Thus, the final act of crying that can be seen as a liberation, gains a bittersweet meaning: she feels relieved by freeing all the emotions that for so long she had kept for herself, but, when she surrenders to the world that is assaulting her and finally loses control, she is left empty and destroyed, “as if her spirit, her very self, has been taken”, as if she is “only a residue of what she once was” (Coyle 169).

After this episode, on the night she leaves New York, she actuates her ultimate form of purging after a terrible evening spent with Marco (C. Smith 16): “piece by piece, I fed my wardrobe to the night wind, and flutteringly, like a loved one’s ashes, the gray scraps were ferried off, to settle here, there, exactly where I would never know, in the dark heart of New York” (Plath 111). This scene represents her final renunciation to her New York lifestyle, made of buying things she could not even afford to adjust to a certain lifestyle and not to be an outsider (Dowbnia 579), but it can also be interpreted as the beginning of her mental decline where she gives up a substantial part of what makes her *feminine* from a societal point of view (Leonard 67). Either ways, if up until now evidences of Esther’s mental suffering are found but are not so evident, from this point on Plath focuses more on the events and the feelings that lead the protagonist to attempt suicide and, later on, to be institutionalised.

2.3 Second part: Esther's mental breakdown

“The face in the mirror looked like a sick Indian” (Plath 112): this is the first thought expressed by Esther in *The Bell Jar* after she has left New York. Since this first sentence, it is evident how the sense of otherness that was starting to establish in the first chapters is not only very present, but it is also getting more powerful. The ‘I’ that Esther sees reflected in the mirror is shaped as someone very different from her, a body and a face that belongs to a marginalised image that deviates from the socio-culturally and magazines prevalent discourse, to express it in a Foucauldian framework (Sélie 142). It could mean that she is more likely to identify herself with the figures who do not have power in the social context of the time, reflecting the fact that she struggles and, consequently, she is increasingly losing her own power over her life choices, her body and, ultimately, herself.

In fact, her return in Massachusetts starts right away with bad news that cause Esther a great deal of distress: “All through June the writing course had stretched before me like a bright, safe bridge over the dull gulf of the summer. Now I saw it totter and dissolve [...]” (Plath 114). Her mother informs her that she was not accepted for the writing course she was planning to attend and, considering the fact that Esther wants to pursue a career in that field, the psychological repercussions are evident. When she comes home, she experiences severe depressive symptoms: first of all, she cannot sleep and she neglects her personal hygiene, resulting in a refusal of the feminine appearance that already started with the act of tossing her clothes out of her window (Leonard 67). However, despite this, she continues to write and, in the process, the sense of otherness continues to grow: “A feeling of tenderness filled my heart. My heroine would be myself, only in disguise. She would be called Elaine. Elaine” (Plath 120). It can be observed how her image keeps multiplying, since there is Esther herself, Esther writing *The Bell Jar* years after the events had happened, Esther trying to write a novel in which she is the protagonist at that time, and all of these

are attempts to be subversive against the prevailing discourse of power of which she is a victim (Séllei 139-140). Thus, she keeps writing and she keeps reading and, only when language starts to fail her, she understands that there might be something wrong with her. In fact, she has the first meeting with Doctor Gordon only after she realises that her ability to write is compromised, since she manages to write only less than a page per day, and, when she tries to read, the words on the page seem to rebel against her: "I squinted at the page. The letters grew barbs and rams' horns. I watched them separate, each from the other, and jiggle up and down in a silly way. Then they associated themselves in fantastic, untranslatable shapes, like Arabic or Chinese" (Plath 124). Of all the other dislocations of self that Esther experiences, this is by far the pivotal one, because her love for the printed words is so deep that she would rather live in the fictional world than in the real one; therefore, "from here there is the full blossoming of the breakdown and the subsequent slow path to recovery" (Coyle 163).

The first session with Doctor Gordon is nothing like Esther would expect:

I hated him the minute I walked in through the door.

I had imagined a kind, ugly, intuitive man looking up and saying "Ah!" in an encouraging way, as if he could see something I couldn't, and then I would find words to tell him how I was so scared, as if I were being stuffed farther and farther into a black, airless sack with no way out.

Then he would lean back in his chair and match the tips of his fingers together in a little steeple and tell me why I couldn't sleep and why I couldn't read and why I couldn't eat and why everything people did seemed so silly, because they only died in the end.

And then, I thought, he would help me, step by step, to be myself again.

But Doctor Gordon wasn't like that at all (Plath 128-129).

Esther hopes to meet a doctor that would immediately fix her problem and this extract represents the expectations, that many psychiatric patients have, to find a doctor that knows everything and is able to heal everything, as if they had some kind of magic wand that would make the patients feel like themselves again (M. Smith 363). Therefore, the strength in this passage, and in all the other where Esther expresses how she feels, is that they are truthful, since they come from a writer who experienced herself the struggle derived from living with a mental illness. However, her expectations in this case are too high: the scarce information on mental health and its treatment do not allow patients to have an accurate idea about what it means to heal from a mental disease. The long-existing link between physical and mental health, in particular regarding the case of women and hysteria, stigmatise the recovery journey: indeed, physical and mental illnesses are of equal importance, but their treatments are very different and, if the first ones can be healed with immediate actions by the doctor, for the second ones the recovery time is prolonged and the relationship of mutual trust between the patient and the therapist is fundamental.

In this case, the possibility of Esther trusting Doctor Gordon is broken when he asks her "Suppose you try and tell me what you think is wrong", and she thinks "What did I *think* was wrong? That made it sound as if nothing was *really* wrong, I only *thought* it was wrong" (Plath 129-130). She feels as if he is dismissing her problems and undermining them, and he keeps doing it even when she talks about her inability to sleep, eat and read and he just asks her where she went to college, embodying the patriarchal point of view according to which women are defective if they do not behave according to their stereotypes, in this case the one of "young, 'pretty', college girls" (De Villiers 6). In the office of Doctor Gordon, observing a picture of him and "a beautiful wife and

beautiful children and a beautiful dog haloing him like the angels on a Christmas card” (Plath 129), Esther is once again put in the position of a woman who is mentally ill and needs to be shocked back to her senses because she does not perform accordingly to the feminine standards (Leonard 77). Therefore, she does not trust him and her mental health does not improve, to the point that she is sent to receive ECT therapy in Doctor Gordon’s private hospital. However, right because of these reasons, Esther does not consider the treatment as a hopeful relief, but rather as a punishment: when she is there, in that small room, scared and resigned, the only thing she is capable of thinking about is “what terrible thing that it was that I had done” (Plath 143).

Thus, she decides to interrupt Doctor Gordon’s cures and she tells her mother. Her answer is: “I knew my baby wasn’t like that. [...] Like those awful people. Those awful dead people at that hospital. [...] I knew you’d decide to be all right again” (Plath 145-146). Her words are very indicative of the stigmatisation that mentally ill people were suffering at the time and of the terrible conditions they were constricted to living in psychiatric hospitals: her mother cannot accept that her daughter has that type of disease because those kinds of patients are segregated from the rest of the world, dehumanised and reduced to the status of a non-person. They almost seem dead to her eyes because they are not receiving the kind of support and treatment that would allow them to heal properly and to be reinserted in the society, instead, they are demonised, because mental issues are seen as something that permanently affects their capacity of judgement and their personalities, almost as if whoever is institutionalised is doomed forever. Moreover, it is evident how the way that other characters talk to Esther, her mother in this case, but also the doctor, suggests that she is aware of her problem and it is only in her power and her will to find a way to fix them. They project on her a choice that she actually does not have, because she is suffering from a disease that is not recognised as such: “It is this feeling of being terrifyingly alone that Plath conveys so well, unable to

communicate meaningfully or be understood" (M. Smith 358). Thus, her mental health rapidly precipitates.

After having lost contact with the printed words, Esther is able to read only psychology books and articles about murders and suicides, a fact that "reinforces her sense of life as a horrendous, hostile, and barely endurable experience" (Coyle 164). Her only way to escape the pain that she is forced to constantly face every day becomes a means to actually strengthen it and her sense of alienation from the world. Therefore, her suicide attempts, which can be seen as an ultimate way to look for freedom, can be also considered as desperate attempts to conform and relate to the images of newspapers and magazines, that is exactly what she was trying to do when in New York (Séllei 140). Thus, Esther's dislocation from her body and her sense of otherness is evident even in her suicide attempts:

I thought it would be easy, lying in the tub and seeing the redness flower from my wrists, flush after flush through the clear water, till I sank to sleep under a surface gaudy as poppies.

But when it came right down to it, the skin of my wrist looked so white and defenceless that I couldn't do it. It was as if what I wanted to kill wasn't in that skin or the thin blue pulse that jumped under my thumb, but somewhere else, deeper, more secret, and a whole lot harder to get at (Plath 147).

From this extract, it can be seen how Esther does not simply want to kill herself, but wants to reach something that is deeper inside of her, perhaps "any frightening, 'unfeminine' emotions and experiences" that do not allow her to find her place in the American 1950s society and that could make suicide seem like "the ultimate beautification and 'purging' ritual" (Leonard 71). She cannot

accept herself as whole because the outside world does not help her to do so, but it actually hinders her process of self-realization. Her emotional distress becomes so great that, when she gets out of the bathtub, she cannot recognise her reflection: “If I looked in the mirror while I did it, it would be like watching somebody else, in a book or a play. But the person in the mirror was paralyzed and too stupid to do a thing” (Plath 147-148). Her body does not cooperate and keeps betraying her even in the following suicide attempts, as if she has no control over it anymore (Coyle 170): when she tries to hang herself, “I saw that my body had all sorts of little tricks, such as making my hands go limp at the crucial second, which would save it, time and again, whereas if I had the whole say, I would be dead in a flash” (Plath 159); instead, when she tries to drown herself, her body keeps coming out to the surface of the water again and again. The initial sense of disassociation has grown and now it seems that Esther and Esther’s body are two separate entities that cannot communicate to each other anymore.

Her discomfort and malaise keep restraining her from satisfying her basic needs: she still cannot sleep or eat, but she does not want anyone to know. For example, when she is at the beach with Jody and others, they cook hot dogs and “then, when nobody was looking, I buried it in the sand” (Plath 155). Her distress is expressed in the form of her inability to eat, while she can still perform effectively in social settings, because nobody notices that something is wrong with her (C. Smith 17). The reason for which she does not want anyone to find out is that she thinks her case is incurable, and also Doctor Gordon’s treatments and approach made her feel that way, since “the more hopeless you were, the further away they hid you” (Plath 160). The fact that the social destiny of mentally ill people seems to be ostracism affects not only the view that people in general have of them, considering psychiatric patients as dangerous, attention-drawing and inferior, but has also a prejudicial effect on patients themselves: to ask for help would mean to give up their status of

humans and to be locked away in a structure that, in most cases, does not provide the accurate cares that they would need. Therefore, Esther speaks the truth about not wanting to be seen as a sick person not to lose her possibility to make her own decisions.

Thus, she continues to live her life by pretending not to experience any form of mental distress in front of the others, until her last attempt of suicide reveals to be her most successful:

Wrapping my black coat round me like my own sweet shadow, I unscrewed the bottle of pills and started taking them swiftly, between gulps of water, one by one by one.

At first nothing happened, but as I approached the bottom of the bottle, red and blue lights began to flash before my eyes. The bottle slid from my fingers and I lay down.

The silence drew off, baring the pebbles and shells and all the tatty wreckage of my life. Then, at the rim of vision, it gathered itself, and in one sweeping tide, rushed me to sleep (Plath 169).

Esther gains a sort of control over her body again and finally manages to try to kill herself. However, she does not die, but, likewise, this can be considered a turning point because she will be internalised and she will start a proper recovery journey.

2.4 Third part: the recovery

After her suicide attempt, Esther awakens in the dark in a room of a psychiatric hospital. In that condition, when she claims she cannot see anything, a nurse answers: "There are lots of blind people in the world. You'll marry a nice blind man someday" (Plath 171). It seems impossible for her to escape the conservative messages of the patriarchal society that are one of the causes that led her

to be in that state (C. Smith 17). Even when she is institutionalised *outside* of the real world, it can be seen how the gender-segregation is still very present and pervades what it is supposed to be a safe place for her recovery. However, in the hospital she is denied the status of a woman and of a person to the point that even the simple act of looking at herself in the mirror is not possible, because patients do not have mirrors in their rooms. The only way to gain it back and to heal, according to the societal context, is to return to the established image of female, the one that she has refused by neglecting her appearance and personal hygiene because of her depressive episodes (Leonard 67).

The try to kill herself marks also the peak of her identity fragmentation: when Esther finally convinces the nurse to give her a mirror, she thinks “It wasn’t a mirror at all, but a picture” (Plath 174). The process of disembodiment is complete, since she is seeing something other in front of her, something that she cannot even connect to her being a person: it is only when she smiles that she realises the image is hers, “Esther is reminded of her identity and sends the mirror crashing to the floor. It will take a long time to pick up the pieces” (Perloff 511). Being in that delusional state, it is particularly significant that her roommate’s name is Mrs. Tomolillo, as the same woman who was on the table in the childbirth scene in the first part of the novel, because, even when Esther is not able to rationalise and recognise herself, her fears about marriage and motherhood are still very present, and it can also be noted how deeply they conditioned her thoughts (Ghandeharion et al. 66).

In fact, her female role models, in particular her mother, continue to haunt her behaviours and choices. Esther continues to try to perform acceptably her femininity, and this is evident in a scene that parallels the one of the Ladies’ Day banquet: while everyone is eating, she distances herself from them by helping to serve the food at the tables, avoiding to indulge in food like she had

done last time and trying to imitate the behaviours of the women she had and has in her life (C. Smith 18). Despite this, her suffering is still very present and, perhaps, has grown: she still cannot sleep, eat or read, she has thoughts like “I would rather have anything wrong with my body than something wrong with my head” (Plath 182), she still cannot open up with the doctors. Even if her feminine performance has improved, her mental state has not. Thus, it is evident how reducing Esther’s mental issues to the fact that she is unable to be a woman as defined by society is not only pointless, but also dangerous for her health.

This perspective is internalised by Esther and she gradually arrives to the point of moulding her thoughts in those terms. For example, when she sees Valerie, another patient, “reading her tatty copy of *Vogue* with intense interest”, she thinks: “What the hell is she doing here? [...] There’s nothing the matter with her” (Plath 188). She interiorised the patriarchal guidelines so much that, according to her, Valerie, who is performing her femininity appropriately by reading a women magazine, should not be in a mental hospital, since she has no problems in fitting in the world. On the contrary, Esther is still ill because she cannot find a way to reconcile the fact that she has *non-feminine* aspirations with her being born a woman. It seems that she becomes obsessed with this dichotomy so much that she reconnects everything to it. In particular, before the insulin cure she was unable to put on weight and this fact makes her seem like an outsider (as in the Ladies’ Day banquet scene); however, when she receives it, “I just grew fatter and fatter. [...] I looked just as if I were going to have a baby” (Plath 192). Her thoughts on the matter reflect the fact that “at the institute she becomes what she flees from: [...] she assumes the image of the fertile and pregnant woman she otherwise rejects” and she is scared of (Séliei 149).

This dilemma is partially resolved when she meets Doctor Nolan, that is described as relatively good, in particular compared to Doctor Gordon: she “understands and validates Esther’s

anxieties”, in a way that the male therapist never had (Dowbnia 580). The relationship of mutual trust is more easily established in this case, and this is evident when Esther talks with her about her mother: “My mother was the worst. She never scolded me, but kept begging me, with a sorrowful face, to tell her what she had done wrong” (Plath 202). She is not pleased by her behaviour, since she seems more focused on herself rather than on her daughter’s suffering, since it is evident that she doesn’t understand her but, at the same time, she keeps acting as a thoughtful mother. Esther confides her feelings to Doctor Nolan, and she “conveyed the impression that she seemed to know what the narrator meant” (M. Smith 364). Therefore, she is seen as empathetic and as an ally until the end of the novel, when her patient finally leaves the hospital.

However, if Doctor Nolan’s treatment is in part successful and helps Esther gain an authentic sense of herself (Coyle 162), it is also true that, in this case, healing also means to conform to a certain standard of *normality*. In fact, even in this institution, she receives ECT treatments and patients who are scheduled for them do not receive breakfast: “Esther interprets this act to mean that those who are well enough, that those who are ‘normal’, receive breakfast and escape shock therapy” (C. Smith 19). Indeed, they are not scary as the first time, because the female physician reassures her and walks her through them, but, still, they reflect the fact that mental illnesses are considered as physical abnormalities because “it is primarily her ‘head’ that needs treatment; yet what *is* treated is the body – and, as one more switch, the bodily treatment is inseparable from the head because the self-image cannot be distinguished from culture” (Séliei 147). In the novel, it is evident how the cures solely aimed at the physique are not effective, otherwise also Doctor Gordon’s ones would have performed effectively, and are extremely invasive – especially in the case of electrocution, insulin shots and lobotomy – to the point that, sometimes, they also lead to the patient having more issues, like Esther’s mental health that precipitated after the first ECT, or Valerie

who does not want to leave the hospital anymore after her lobotomy. In fact, the protagonist is only able to be cured when, in addition to a physical treatment that is not as invasive, she also receives mental cares by Doctor Nolan, who helps her address her problems due to the gender-segregation and cultural restrictions for women (Dowbnia 580).

In fact, the female doctor seems to understand her concerns: for example, when Esther tells her about the article on virginity written by the female lawyer, she says “Propaganda!”; when she expresses her worries about having “a baby hanging over my head like a big stick, to keep me in line”, she writes her the name of a doctor that could provide her with birth controls (Plath 221-222). In this passage, the protagonist starts to detach herself from the image of the wife and mother as the only way for her to have a future as a woman, “Esther views birth control as something that frees her from an unwanted relegation to the domestic sphere” (Dowbnia 586). When climbing on the examination table, “I am climbing to freedom, freedom from fear, freedom from marrying the wrong person, like Buddy Willard, just because of sex [...]. I was my own woman” (Plath 223). Thus, the only way her recovery can begin is by finding a tangible option to reconcile her aspirations with her image of a *traditional* woman, learning that love and career are not two mutually exclusive things, but that she can build her own path without forcing to fit herself in the established ones. When she starts to understand this, she also loses her sense of otherness and begins to regain a complete sense of herself.

However, being totally free from societal constrictions is a long-life journey that cannot happen in one second: “Ever since I’d learned about the corruption of Buddy Willard my virginity weighed like a millstone around my neck. It had been of such enormous importance to me for so long that my habit was to defend it at all costs. I had been defending it for five years and I was sick of it” (Plath 228). It is evident how, despite the fact that Esther begins to find her identity outside of

the societal impositions, those very same guidelines on how to be a *perfect* woman still have a say in her decisions and make it harder for her to define her sexuality. Therefore, she chooses to lose her virginity to Irwin in a rational way, not moved by sexual desire or eroticism (Séllei 145). Therefore, her overindulgence in behaviours that are not adapt to the female sphere – food, when she has dinner with the man, and her engaging with sexual behaviours – is punished with a massive haemorrhage, “a fact that serves to ingrain in her the belief that disregarding gendered boundaries is not just ill-advised but also catastrophic” (C. Smith 20). Additionally, she discovers that her friend Joan hanged herself. Just when Esther begins to regain her identity, her sense of doubleness is expressed through the figure of her friend (Coyle 172): therefore, her suicide can be also seen as a punishment for the loss of her virginity.

Thus, the real recovery can only continue if she truly accepts all the parts that belong to her and the horrors she had to live through:

I remembered everything.

I remembered the cadavers and Doreen and the story of the fig tree and Marco’s diamond and the sailor on the Common and Doctor Gordon’s wall-eyed nurse and the broken thermometers and the Negro with his two kinds of beans and the twenty pounds I gained on insulin and the rock that bulged between sky and sea like a gray skull.

Maybe forgetfulness, like a kind snow, should numb and cover them.

But they were part of me. They were my landscape (Plath 237).

The real turning point happens when “she decides not to hide from the horror that she has felt and been but to accept it as an integral, if dreaded, part of herself” (Coyle 172). That is the only way to

read and write again, to return to satisfy her basic needs and to properly heal. She recalls all the psychologically abusive experiences she had with men – for example, Marco the *women-hater* and Doctor Gordon’s treatment –, her institutionalisation, her feelings of inadequacy in New York and many more experiences she suffered from. She accepts that she has a disease and her awareness of it and of the society around her ensures that she can properly heal from her mental issues. Indeed, this does not mean that, leaving the hospital, she has all the answers she needs: “I had hoped, at my departure, I would feel sure and knowledgeable about everything that lay ahead – after all, I had been ‘analyzed’. Instead, all I could see were questions mark” (Plath 243). Plath shows the readers how the path towards recovery bears no clear-cut solution, but is rather a process of self-awareness and self-knowledge that the patient has to complete with the tools provided by the treatment. Esther is not a new person after her institutionalisation, “she does not emerge from madness as a new being but as one who has recovered from physical trauma, bearing the scars of her journey” (De Villiers 9).

Thus, the ending of the novel leaves the reader with many open questions: Esther seems to be reborn after everything she has been through, but she still has to live in a world dominated by the male gaze, even if her perception of it has deeply changed after the period in the psychiatric hospital. In fact, “while on one hand, Esther seems to have recovered, finding closure with both Buddy and Irwin, attending Joan’s funeral, and preparing for her exit interview, on the other hand, as readers we might wonder at what cost” (C. Smith 20). For all this time, Esther has led a half-life, thinking that she could not be a woman and a writer, that she had to get married and have children in order to be loved, and that she could not pursue her career because the field was dominated by men and she would have been alone for her whole life. She “symbolically cements the crack between the two selves”, but, in the end, Plath encourages the readers to wonder “What was really

the problem? What were Esther's family and the doctors trying to achieve? What needs to be healed?" (Ghandeharion et al. 70). Perhaps, Esther is reborn in the sense that she resumes her role "as a consumer who buys commodities in order to appear as a 'woman' on the sexual marketplace" (Leonard 65), or rather she finds a way to be two mutually exclusive things in a world that would not allow her to do so. In any way, she is brought back by the authority and help of the institutions, but she takes credits for her own rebirth (Coyle 173). Her madness, though, has not completely disappeared and it is still a potential threat, especially in a society that was responsible for damaging her in the first place. Esther has not destroyed the bell jar she was living under, but, with the help of Doctor Nolan in the hospital, she is able to lift it and breathe again. If it descends one more time, she knows she has a way out.

2.5 The metaphor of the bell jar

People who experience depression often tend to use the metaphor of a containment to identify it, an inanimate shell that traps them and that they need to escape from to be able to feel like themselves again (Charteris-Black 206-207). In this case, the container is a bell jar: people experiencing mental illnesses often feel isolated from the world and, even if they are popular and successful, there is still a sense of being cut-off from the outside, unable to communicate their distress (M. Smith 357). By making this prison out of glass, Plath is able to convey even more the sense of despair that mental issues can lead to, because this people can see what is going on around them, can interact with others and seem to be functioning well in their lives. However, they are not able to be a part of that world and to get so close as to communicate their feeling trapped, as if they are disconnected. The most important way to extract these sensations from the container and finally

make them emerge from it is therapy, as it can be also seen in *The Bell Jar* itself (Charteris-Black 212).

In particular, Esther descends into the bell jar when she represses her dual conscience of being a writer and a woman:

If Mrs. Guinea had given me a ticket to Europe, or a round-the-world cruise, it wouldn't have made one scrap of a difference to me, because wherever I sat – on the deck of a ship or at a street café in Paris or Bangkok – I would be sitting under the same glass bell jar, stewing in my own sour air (Plath 185).

Her metaphorical starvation in front of the fig tree and, later, her actual one, when she is not able to eat, sleep, write or read anymore, causes her to be trapped under this glass container with no possibility to physically escape it (Dowbnia 568). When she is institutionalised and finds real help in the figure of Doctor Nolan, she is able to lift it, but “how did I know that someday – at college, in Europe, somewhere, anywhere, the bell jar, with its stifling distortions, wouldn't descend again?” (Plath 241). Indeed, the fact that she can leave the hospital is just the beginning of her recovery journey into the world, but from this passage it is evident how the possibility of a relapse is very present, as if once one is trapped under the glass container and manages to lift it up, it continues to remain there, like the sword of Damocles hanging over them. This is a powerful metaphor because, in the process of healing, relapses are very common: patients often fall again in the damaging coping mechanisms of their illnesses, but that does not mean that they are doomed to be trapped under the bell jar for the rest of their lives.

Furthermore, in the novel, the bell jar indicates also another aspect that is very important in Esther's life and strongly contributes to the precipitation of her mental health: it does not only

indicate the fact that she feels like she is cut off from reality, as if her air has been stolen and she is unable to breathe, dying and living at the same time, but it is also used to display objects to the gaze of the consumer, often male, implying an invitation to be observed and chosen by a man as a wife in the patriarchal society (De Villiers 8). In fact, the glass container reminds of the plates on which cakes and pastries are showed in shops, or of “the plate-glass windows of department stores, where ‘women’ (mannequins) strike a ‘feminine’ pose with such perfection that only a dead woman could hope to rival it” (Leonard 62). Thus, the bell jar is a strong reminder of the fact that, as a woman, Esther’s solely purpose in a male-dominated society is to be objectified and chosen as a wife and a mother by a man, which causes her to suffocate in the world she lives and to have a mental breakdown.

Therefore, *The Bell Jar* and its metaphor is the perfect synthesis of Esther’s mental distress: it encloses her feelings of being trapped and detached from the outside world and also one of the main causes why she experiences a deep suffering, her being a woman in a patriarchal and male-oriented society.

Chapter 3

Sarah Kane's *4.48 Psychosis*

3.1 Biographical notes

There are two constants regarding the life and works of Sarah Kane: her passion for writing, in particular playwriting, and her struggle with severe depression. She was born in 1971 in Brentwood, Essex, and after having graduate from high school she went on to study drama and playwriting. Originally, she wanted to be a poet, but then she became attracted to the stage as the perfect means to convey her thoughts and feelings because, as she wrote herself in an article for *The Guardian*, "theatre has no memory, which makes it the most existential of the arts. No doubt that is why I keep coming back in the hope that someone in a dark room somewhere will show me an image that burns itself into my mind". Despite her mental illness, she wrote consistently throughout her brief life: she left behind a legacy of five plays and a short film that were revolutionary for their representation of violence as "a tool for Kane through which she criticizes the injustices of the world. She is not interested in violence for the sake of violence. [...] Her aim by depicting violence on stage is to show the real sources and harm effects upon the human body and spirit" (Biçer 82).

Kane was one of the exponents of the drama style that was denominated by the British theatre critic Aleks Sierz as *in-yer-face theatre*, a term used to describe young playwrights' works in the British 1990s that presented controversial and shocking material on stage in order to strike the audience. These young dramatists were all moved by a common anger towards the dictatorship of the *political correctness* that separated matters into presentable and unrepresentable on stage, as if there was only one correct view of the world. As Kane herself stated, "There isn't anything you can't represent on stage. If you are saying that you can't represent something, you are saying you can't

talk about it, you are denying its existence” (qtd. in Urban 39). Therefore, the playwright brings on stage images that are shocking – and had never been represented in this way before – in order to prove that no matter is unsuitable for art, since “my responsibility is to the truth, however difficult that truth happens to be” (ibid.). Her purpose was to represent reality “to undermine or resist a theatrical tradition which expects the voice of the author to explain away the contradictions and ambiguities of everyday life and to take up a fixed standpoint on recognisable social issues” (Gorman 39). The conventional dramatic canon would expect a playwright to take a position, to erase from the stage what was considered non-acceptable to show and to provide their perspective on society; instead, Sarah Kane just wanted to bring reality itself on stage, however cruel, mean, shocking or undesirable it could be.

In fact, she was seen as controversial since her first work, *Blasted*, was produced in 1995 (Kaplan 121). In her first three plays, violence is clearly visualised by the audience (*Blasted* shows scenes of rape and cannibalism, *Phaedra's Love* brings the violent action of Seneca's play on stage, *Cleansed* represents a world of extreme cruelty with scenes of torture), while in her last two, *Crave* and *4.48 Psychosis*, violence becomes verbalised (Biçer 81) and “she experiments with form and structure; time, place and persona are increasingly indeterminate. No reading of Kane's work could possibly be ‘definitive’” (Kaplan 121). In particular, *4.48 Psychosis* is deeply connected to her struggle with mental illness: the play is composed by several monologues and dialogues which mean to show to the audience the violence that depression and the stigma attached to it can harm people who suffer with; in addition, the fragmentation of the text itself reflects the thinking pattern of a person who is in pain and is not able to communicate straightforwardly, giving much importance also to the form of the play, not only to its contents. This is due to the experimental perspective with which Kane approached the theatrical art, but also to the fact that she thought:

But much more important than the content of the play is the form. All good art is subversive in form *and* content. And often, the element that most outrages those who seek to impose censorship is form. Beckett, Barker, Pinter, Bond – they have all been criticised not so much for the content of their work, but because they use non-naturalistic forms that elude simplistic interpretation (Stephenson and Landgridge 130).

In fact, amongst the mid-90s young playwrights, Sarah Kane was the most experimentalist, since she created texts that go beyond all the more traditional dramatic conventions:

Not dominated by dialogue, her plays use images and movement to re-imagine the British stage. Her work lacks any pretense to authorial closure, for the directors, actors, and even the readers of her plays become integral parts of their meanings. For Kane, content was nothing without a form that best expressed such exploratory demands, and thus, each of her plays literally recasts dramatic form (Urban 40).

A great turning point in her life for her artistic view was, as written by Sarah Kane herself in a letter to Aleks Sierz, when she saw the play *Mad* written by Jeremy Weller represented in theatre: “As an audience member, I was taken to a place of extreme mental discomfort and distress and then popped out the other end. [...] *Mad* took me to hell, and the night I saw it I made a decision about the kind of theatre I wanted to make – experiential” (qtd. in Saunders, *Just a Word on a Page and there is the Drama* 99). By becoming a part of the audience in that occasion, Kane decided to write trying to affect her audience in the same way, to change the life and the perspective on society of the people who would actually see or read her works:

It changed my life because it changed me – the way I think, the way I behave, or try to behave. If theatre can change lives, then by implication it can change society, since we're all part of it. I also think it's important to remember that theatre is not an external force acting on society, it's a part of it, a reflection of the way people within that society view the world. Slasher movies don't create a violent society (though they may well perpetuate it), they're a product of that society. Films, books, theatre, they all represent something which already exists, even if only in someone's head, and through that representation they can change or reinforce what they describe (Stephenson and Langridge 133).

This is why in her plays the spectator plays a fundamental part: they need to be shocked by what they see, to reflect upon it and to reevaluate their perspective and opinions on the society represented on stage. This fact is particularly important in *4.48 Psychosis*, since it invites the audience to reflect upon the critics moved to the institutionalisation and the way mentally ill people are treated and considered in the social context.

Sarah Kane herself was affected by severe depression, even if the information about this aspect of her life, especially the connection between the events in her life and her suicide, is fragmentary because reconstructed only from interviews, friends' and colleagues' notes and articles (Cermák et al. 111). However, her struggle is documented, since she was voluntarily admitted twice to the Maudsley Hospital in London: "Her depression became more intense; she denied herself food for long periods; eventually her thoughts turn into suicide. [...] And then one day I got a phone call from Mel Kenyon, the agent that Sarah and I shared. Mel just said: 'She's done it'. I knew straight away what she meant" (Ravenhill). In 1999, at the age of 28, she attempted suicide by overdosing on prescription drugs and two days later she actually committed suicide by hanging herself with her

shoelaces in a bathroom of a generic ward of King's College Hospital. Indeed, her suicide greatly influenced the interpretation of her work and, in particular, of her last play, which was seen by many critics as a suicide note that she completed shortly before she died. However, many academics now agree on the fact that *4.48 Psychosis* is not only a chronicle of Kane's suffering, but also a theatrical piece that is revolutionary for its form, its purpose and its content, all aspects that contain many interesting insights, even not regarding the sole connection with the author's personal life. In this sense, she was compared many times to Sylvia Plath since both writers had their works read in light of their life circumstances, tying the powerful voices of their texts only to their death, rather than noticing the potential that their works have *per se* (Gorman 35).

In particular, "the play is as much literary as a theatrical event. Like Sylvia Plath's *Edge*, it is a rare example of the writer recording the act she is about to perform" (Billington). In the poem *Edge*, the writer says:

The woman is perfected.

Her dead

Body wears the smile of accomplishment,

The illusion of a Greek necessity

Flows in the scrolls of her toga,

Her bare

Feet seem to be saying:

We have come so far, it is over (Plath).

It is evident how both writers undoubtedly incorporated their own personal experience in their works, talking about their mental struggles and suicide attempts, but it is important to notice also how their messages go beyond the spheres of their personal lives: as seen in *The Bell Jar*, Plath moves a well-defined critic towards mental health institutions and treatments and also towards the male-gazed and women-oppressing society; likewise, in *4.48 Psychosis* Sarah Kane attempts to show the faults and damages of the negligent mental illness treatment system and also to transmit her feelings and thoughts to the audience, trying to strike them and make them reflect upon the concept of madness and their way of experiencing it, as will be analysed later on. In this regard, about the complete works of Sarah Kane, David Greig writes: “To read these plays for what they tell us about their author is, to my mind, a pointlessly forensic act. The work’s true completion comes when the plays are read for what they tell us about ourselves” (xviii). In fact, the point of her theatre is to focus on the performance, rather than on the interpretation, to directly confront the audience, to cause their reactions and to involve them in the processes described in her plays, to the point that they become a fundamental part of the performance itself by filling in the gaps left with their own feelings and thoughts (Singer 141).

Another risk of reading Kane’s works only in light of her suicide is that her death could be romanticised: “We are still drawn to the idea that the artist is suddenly struck by the muse, that at a painfully young age they are compelled to write. No learning a craft, no honing a work: just a straight explosion from the Self on to the Page” (Ravenhill). The danger is that the playwright’s suffering, as many more writers who were and are affected by a mental disease, could be seen as something that gave a particular nuance to her writing, a witty streak that made her inspired and brilliant, instead of an actual illness that made her life difficult to the point that it was too unbearable for her to go on, leading to a misunderstanding and downplaying of her suffering. Moreover, her

writing “wasn’t just some outpouring of the soul. It was immensely crafted. She wrote the first draft of *Blasted* while studying in Birmingham. But [...] that draft was very different. [...] Yes, that retyping, over and over, had a compulsive drive. But it was that discipline that informed *Blasted* as much as the emotion at its core” (ibid.). Therefore, it is evident how considering her mental illness as enhancing her writing career creates disinformation about the reality of living while being affected by one and about the study and effort put in pursuing the dramatic field. Consequently, her disease, rather than helping her in being one of the most promising British playwrights of the mid-90s, should be considered as having brutally interrupted her flourishing future by leading her to take her own life (Singer 160).

3.2 The play and its context

4.48 *Psychosis* is not a play intended in its most conventional terms. It is fragmented into monologues and dialogues written in a “poetic narrative form” with no stage directions and no indications about the characters and the events of the play: everything is “left open to interpretation” (Ovaska, *Sarah Kane’s World of Depression* 3). The text alternates poetic language and realistic dialogues, but the reader is not able to know who is talking and when, since the speaker designations are absent from the play; however, one can feel “the uncanny sensation that the text is deeply monologic, the product of a singular, albeit divided, self” (Urban 44). In fact, as described by Kane herself:

It’s about a psychotic breakdown and what happens to a person’s mind when the barriers which distinguish between reality and different forms of imagination completely disappear, so that you no longer know the difference between your

waking life and your dream life. And also you no longer know where you stop, and the world starts (qtd. in Saunders, *Love Me or Kill Me* 111).

This is why it is not possible to clearly distinguish dialogues from monologues and vice versa: they could all be a product of an alienated and divided mind, or there can actually be more than one person speaking. However, the lack of interpretation and directions from the author makes it impossible to certainly know, leaving the performance very open depending on the strategies and the kind of direction that the actors and the director want to take. In fact, “the play could be performed (as has often been the case) as a monologue inhabited by different voices and containing sections of internalised dialogue, or, at the other extreme, as a choral piece potentially involving as many actors as the lines to be spoken” (Soncini 125). This obscurity regarding the speaking voices and the alternating registers of the text is reflected also by the language and the words chosen by the playwright: questions, unspoken answers, repetitions, silences are present on every page and they also represent the confusion of the mind, but they could also assume a more *political* connotation. Indeed, the medical and psychotic discourse was and is still governed by a deeply patriarchal society, where men have the power to define the words used to talk about these particular issues; therefore, women are not able to find a proper way to express their feelings, since they are limited by the very same masculine-oriented language they have to use. The result is an evident opacity that pervades the whole text and reflects a great frustration derived from this “linguistic absence”, as defined by Judith Butler, because “within a language pervasively masculinist, a phallogocentric language, women constitute the ‘unrepresentable’” (qtd. in Sánchez-Palencia Carazo 4). Therefore, *4.48 Psychosis*, even if without concrete reference to the surrounding world, is a text that is able to represent not only the struggle of a psyche affected by a mental illness, but

also the frustration resulting from having this issues from a woman's point of view in a society that is certainly not designed for women.

The main topic of the play has a strong connection with its writer's biography: as written at the beginning of the play, "And my mind is the subject of these bewildered fragments" (Kane 210). In fact, *4.48 Psychosis* was written during one of her most debilitating depressive episodes in 1998/1999 and, shortly after, she killed herself (Greig xvi). She gave life to a character (or more than one) who represents, at least partially, her struggle with her mental illness, her treatment and, perhaps, also her death, since suicide is an overwhelming presence throughout the whole text. In addition, "another point that calls for biographical interpretation is the reading material that, according to Sarah Kane's brother, was found at her bedside and that supposedly informs the play" (Sánchez-Palencia Carazo 2). Books like Goethe's *The Sorrows of Young Werther* or Sylvia Plath's *The Bell Jar* undoubtedly influenced her way of expressing herself through writing and this is particularly visible in this last play through the way she describes her struggle and her suicidal thoughts. There are also other elements that encourage the readers to find a link between the text and the author's life: it is all written using the first person "I", the protagonist refers to herself (assuming that there is an identification) with adjectives taken from unfavourable critics of her previous works, and "because the stories keeping the characters in the grip of the text are, to a considerable extent, made up of fragments or facets of Kane's biography, it is easy to associate the writer's persona with the plight of her speaking selves" (Soncini 128). Moreover, the speaker is ungendered, but in translation "female gender is often ascribed to the main character, mainly in languages that do not allow such linguistic camouflage of gender" (Bilal 55). Therefore, it is very easy to see *4.48 Psychosis* as only biographical and to read it in light of her suicide, but, in this way, the importance of the text

itself becomes obscured: it is a play about “love, despair, trauma, psychoses, and dissolution of a mind, depression, psychological destruction, mental illness and suicide” (Biçer 87).

The spectator is called not only to watch the struggle of the protagonist losing the boundaries between reality and imagination, but the fragmentation of the text also compels them to fill in the gaps with their own experiences and emotions, in an attempt to show them that pain and grief are concepts universally understandable and felt, whether the person has or has had depression or not (Ovaska, *Detuned Selves* 374). The audience becomes a witness in the depiction of trauma, they are invited to identify with the author’s words and are facilitated by the non-linear and repetitive structure that perpetually returns to the most painful experiences of suffering (Tyce 27). In this way, Sarah Kane shows how mental health is a spectrum and people who suffer from a mental illness are not much different from any person who has experienced loss, love and desperation, trying to erode the boundaries between what was considered *mad* or *normal*. In this sense, the title of the play itself is also an example of this subversive narrative regarding madness:

For a period of her depression, Kane had found herself awoken, every morning, at 4.48 a.m. She took this moment, the darkest hour, just before dawn, and found in it a moment of great clarity, a moment when the confusions of psychosis seem to evaporate. The paradox in the play is that the moment of clarity in the psychotic mind is, to those outside it, the moment when delusion is at its strongest (Greig xvi).

In fact, 4.48 a.m. has been also interpreted as the time when most people listen to their suicidal thoughts and kill themselves (Bilal 54). It may seem impossible to believe that it could be a moment of sanity, since it leads to death, but Kane plays also with the word *psychosis* because, in the early morning when she woke up, she usually experienced a moment of clarity and she wrote: she actually felt sane, but her behaviour may have been and still be interpreted as insane by others (Singer 161).

Therefore, it is evident how there cannot be only one standard to define who is *mad* and who is *normal*, to decide who deserve to be listened to or considered as delusional, because mental illnesses are to be analysed within the context of the patient's life and their feelings. For example, "Sarah Kane seeks to represent not only the sufferings of the mind which has lost the sense of identity but also to show that depression is a fatal realization about the impossibility of coping with the outer world" (Bilal 58).

In this regard, the play can be also considered as a critic to the mental health care system: the psychiatric field described mental illnesses as chemical flaws and based the relationship with the patient only on drug prescription or scientific techniques to correct the physical structures of the brain, neglecting the fact that their whole world was altered by depression and that their actual experience of the illness needed to be considered in order to choose the right path to recovery (Ovaska, *Sarah Kane's World of Depression* 3-4). Through alleged doctor-patient dialogues, Kane is able to show how the medical discourse obscures the narrating voice's thoughts and feelings, perpetrating the stigma even in a place where they should be safe and listened to. In fact, the violence in *4.48 Psychosis* is hidden in the language, it is verbalised in all the dialogues and monologues where it is evident how the prejudices about mentally ill people and their biased treatment push the protagonist to feel increasingly alienated, to the point that they have suicidal thoughts and, perhaps, they end up killing themselves (Biçer 87). In this case, the play is regarded as *experiential* because Kane brings on stage her own experience of mental illness and her own feelings of alienation; therefore, the audience is constricted to confront this reality that is relatively new to them, since mental health has always been a tabooed topic, and to actively engage into it by reflecting on all these problematics raised by the playwright (Sánchez-Palencia Carazo 6). The open form of the play allows the spectator to enter into and explore the psychotic mind, even to recognise

themselves into its thoughts (Greig xvii), in order to show them that being affected by a mental disease cannot be a pretext to be ostracised and seen as *different*, since whoever has ever experienced the strong feelings described in the play – love, desire, pain, grief – even if not pathologically, could be able to identify with the main character and sympathise with them.

3.3 A closer reading

The very first lines of the play describe what would seem to be a conversation between a patient and a doctor. Actually, only the doctor seems to be speaking, since the patient does not answer, but remains silent. In this passage, there are ones of the few indications wrote by the author in the whole play: (*A very long silence.*), (*A long silence.*) and (*Silence.*) (Kane 205). It is very important to notice how the only directives given by Sarah Kane about the play's staging correspond to a simple silence, since the audience is invited to answer the question "What do you offer?" (ibid.), as if it really was directed to them, being almost compelled to complete the play with their own personal experience (Tyser 26). In this way, the spectator begins right away to identify with the performance itself. Moreover, the beginning sets the tone of the whole text because it "frames the play with a painful experience of having failed in social relationships" (Ovaska, *Sarah Kane's World of Depression* 6). The protagonist feels alienated and heart-broken, suffering because of their relationship with the others and the outer world: these are all feelings that will be recalled later in the play and that will be elaborated by returning on the flashback and by the words of the main character.

In fact, they go on saying: "I had a night in which everything was revealed to me. How can I speak again?" (Kane 205). The internal world of the character is a sort of refuge against the

alienating world, they need to defend their lyric truth against others' perception which only see their mind as delirious or ill, since this revealing moment is also ambiguously considered as a moment that could bring to suicide (Cermák et al. 116). As Kane woke up at 4.48 am feeling the sanest, in the deepest of despair the protagonist finds their inner truth but is afraid to speak it in a world that would not understand. The alienation feels so strong also because the societal conventions do not allow people to freely explore their identity and, consequently, to have a real grasp of themselves. The character refers to themselves as "the broken hermaphrodite who trusted herself alone" (Kane 205), unable to define what they really are and, therefore, what they need and want. In fact, the heteronormative society, by silencing everyone who does not correspond to the fixed canon, harms whoever cannot reflect its standards, causing "melancholia for an identity that is never fully acknowledged and therefore can never be fully legitimated and mourned" (Tyce 35). Consequently, it is evident how the societal context has a great influence in the experience of being alienated; this is why Kane's mantra is to "Remember the light and believe in the light / An instant of clarity before eternal night / don't let me forget" (206). Perhaps, the moments when the protagonist is regarded as mad, when they are the most far away from the social standards, are the same moments when they are more close to their internal truth and, therefore, are precious and should be looked at with a positive perspective.

The play goes on to move a subtle critic to mental health care system with a monologue of painful desperation:

I am sad

I feel that the future is hopeless and that things cannot improve

I am bored and dissatisfied with everything

I am a complete failure as a person

I am guilty, I am being punished

I would like to kill myself

I used to be able to cry but now I am beyond tears

I have lost interest in other people

I can't make decisions

I can't eat

I can't sleep

I can't think

I can't overcome my loneliness, my fear, my disgust

I am fat

I cannot write

I cannot love

[...]

At 4.48

when desperation visits

I shall hang myself

to the sound of my lover's breathing (Kane 206-207).

This is a very important passage, because Kane writes “a list that is directly borrowed from Beck’s Depression Inventory (BDI), a test used by medical professionals to assess the severity of a patient’s depression”, but all these symptoms are “meant to be read (and likely are read) as an expression of someone’s inner experiences – of deep feelings of distress and pain” (Ovaska, *Detuned Selves* 363-364). This means that, even if the protagonist of the play is affected by a mental illness, they are still experiencing feelings with which everyone can empathize and identify with: even if their experience of pain, loss and despair is particularly intense due to a pathology, it is different from others’ experiences only in regard to their overwhelming power and in the way their life is affected. The unidentified voice could actually belong to anyone because it universally expresses feelings that “are not something impossible to understand: even though they are often extreme, they are still tied to the ways we all – whether suffering from depression or not – experience our bodies, feel emotions and relate to other people” (ibid. 369). Kane strongly criticises the medical belief that a person’s behaviours can be charted and rated on a scale from *sane* to *insane*, showing how even a psyche labelled as healthy can identify with many of the statements made by the character (Tyce 34).

Then, the main character says also: “I do not want to die / I have become so depressed by the fact of my mortality that I have decided to commit suicide / I do not want to live” (Kane 207), pushing the boundaries of the quest for selfhood and analysing also the contradiction between the existential dread for death and, at the same time, the longing for it (Soncini 116). The intensity with which the protagonist experiences pain brings them to almost desire to die, obscuring their survival instinct:

I have resigned myself to death this year

Some will call this self-indulgence

(they are lucky not to know its truth)

Some will know the simple fact of pain

This is becoming my normality (Kane 208).

It is evident how violence enters *4.48 Psychosis* in a way that is not visualised, but rather verbalised: the audience can perceive the violence with which the voice talks to itself, its body and the world outside, even if no violent act is actually shown on the stage (Soncini 369).

Moreover, the violence can be interpreted even as the one that the character experiences because of the stigma attached to depression that involves also the professionals who are supposed to help them and that, instead, pathologize them: “Dr This and Dr That and Dr Whatsit [...] have nothing to say about my ‘illness’ which anyway amounts only to knowing that there’s no point in anything because I’m going to die” (Kane 209). Instead of understanding them, the doctors – called with random names because every one of them systematically dismisses their patients’ feelings – perpetrate the stigma by treating their illness as a biochemical flaw without any regard for the person’s own being-in-the-world. In this way, the disease is not the only thing they have to fight against, but there are also the inappropriate judgements and prejudices that make them feel misunderstood and contribute to the worsening of their condition (Sánchez-Palencia Carazo 2):

Watching me, judging me, smelling the crippling failure oozing from my skin, my desperation clawing and all-consuming panic drenching me as I gape in horror at the world and wonder why everyone is smiling and looking at me with secret knowledge of my aching shame.

Shame shame shame.

Drown in your fucking shame (Kane 209).

In this way, the main character is only brought to rage at themselves, rather than to want to feel better. Self-accusation evokes severe experiences of distress with emotional words that are also addressed to the reader – by using the second person “you” – and hopes to bring back memories or sensations of similar experiences in them, so that they can understand the struggle (Ovaska, *Detuned Selves* 373).

In the following doctor-patient dialogue, there is a clear example of the lack of empathy shown by the doctor: when the voice says, “I feel like I’m eighty years old. I’m tired of life and I want to die”, the answer is, “You are not eighty years old” (Kane 211). Instead of focusing on what the patient is trying to say, the doctor insists on the fact that they are using a metaphor and they are not talking about the reality of their feelings. Instead of empathizing with them, the therapist tries to prove that the patient is mistaken, disregarding the complexity of their experience (Ovaska, *Sarah Kane’s World of Depression* 9-10). Consequently, the main character continues to drown in their depression and feels increasingly alienated, to the point that they do not feel as a whole, but their mind is disconnected from their body: “Body and soul can never be married / I need to become who I already am and I will bellow forever at this incongruity which has committed me to hell” (Kane 212). This condition worsens to the point that the self is seen as a cage, as an obscure place that cannot be escaped: “I will drown in dysphoria / in the cold black pond of my self / the pit of my immaterial mind” (ibid. 213). If the main voice is identified with the one of Sarah Kane, it can be observed how depression contaminated not only her creative process, but also “the boundaries of her ego, which she does not succeed in re-establishing” (Cermák et al. 114), a fact which also explains the fragmentariness with which she alternates dialogues and monologues, but also lyrical and more naturalistic language. In particular, in this specific passage there are also other hints which point towards an overlapping of the narrating voice with the author herself, because there

are many reminders to her profession (Soncini 128), such as the question “How can I return to form now my formal thought has gone?”, or “Just a word on a page and there is the drama” (Kane 213). However, since the play is, at least not only, biographical, it cannot be affirmed that the unidentified ungendered voice is the one of the playwright.

Then, the reader begins to be introduced to the actual events happened in the life of the protagonist, even if they are not given many details:

Sometimes I turn around and catch the smell of you and I cannot go on I cannot fucking go on without expressing this terrible so fucking awful physical aching fucking longing I have for you. And I cannot believe that I can feel this for you and you feel nothing. Do you feel nothing?

(Silence.)

Do you feel nothing?

(Silence.) (Kane 214).

This telling of an unbearable loss happened in the past shows how “the protagonist’s experiences are tightly connected to other people and to intersubjective emotions like love, longing and shame”, since they are introduced through the painful events happened regarding their interpersonal relationships, and, rather than ill, “s/he seems to be heart-broken, alienated from others, and grieving” (Ovaska, *Sarah Kane’s World of Depression* 6). The audience is invited to resonate with the voice’s experience by the questions that remain unanswered and contrasted by silence. Moreover, the telling of this loss ends with an outburst of anger towards many people of the character’s life: the loved one, the father, the mother and, ultimately, to God himself and everyone, in an explosive “FUCK YOU FUCK YOU FUCK YOU” (Kane 215) that, through the usage of the second person singular,

involves also the spectators themselves. “Depression is anger”, as the patient says to the therapist, “It’s what you did, who was there and who you’re blaming”, and while it may seem that most of this anger is directed to the outer world, when they are asked, “And who are you blaming?”, the only answer can be, “Myself” (ibid. 212).

The cyclical structure of the text then returns to the doctor-patient conversation that, this time, is about acts of self-harm. When the therapist notices cuts on the patient’s arm, they are not willing to listen to their reasons, but simply thinks that “That’s a very immature, attention seeking thing to do” (ibid. 216). Self-mutilation is now understood as a “complex coping mechanism” used by “the mind that employed depersonalization to escape pain” and “is now in danger of disintegrating” (Singer 165). Mechanisms of dissociations are set in motion when the emotional reality is unbearable for the person and it may lead to acts of self-injury but, in this case, the patient’s act is dismissed as childish and pointless. In addition, the doctor continues not to listen to the protagonist’s words even when they ask for a very specific help:

- I don’t understand why you did that.

- Then ask. [...]

Why don’t you ask me *why*?

Why did I cut my arm?

- Would you like to tell me?

- Yes.

- Then tell me.

- ASK.

ME.

WHY (Kane 217).

However, when the therapist finally asks and the patient answers, “Because it feels fucking great”, they still continue to pathologize them and not paying attention to their experience, saying sentences like “And you don’t think you’re ill?”, or “Please don’t do it again” (ibid. 217-218). This dialogues reflects a world where the patient’s pain intensity shines strongly through their words, but their requests are ignored by the professionals who are supposed to help them the most (Singer 163). Therefore, the protagonist arrives to the point that they believe to be “Built to be lonely / to love the absent” (Kane 219), as if there was a dooming component of their pain, as if they were born to fulfil this destiny. The monologues – following the dialogues – written in an almost poetic style, in fact, introduce the audience to the narrating voice’s thoughts and feelings, making the spectators active witnesses not only of the mental illness, but also of the failing mental health care (Ovaska, *Sarah Kane’s World of Depression 3*).

In another doctor-patient dialogue, the protagonist refuses to assume drugs, but, in the end, they agree to take them out of desperation and hopelessness:

- There’s not a drug on earth can make life meaningful.

- You allow this state of desperate absurdity.

You allow it.

(Silence.)

- I won’t be able to think. I won’t be able to work.

- Nothing will interfere with your work like suicide.

[...]

Okay, let's do it, let's do the drugs, let's do the chemical lobotomy, let's shut down the higher functions of my brain and perhaps I'll be a bit more fucking capable of living (Kane 220-221).

This passage contains “an impassioned critique of the hospitalization and treatment of those with mental illness, in which the individual is questioned, diagnosed and treated with powerful combinations of antidepressants and anxiolytics” (Saunders, *Just a Word on a Page and there is the Drama* 105). In fact, after having undermined and dismissed the patient's words and experiences many times, the doctor treats their illness with prescription drugs, considering depression only in the most clinical sense, ignoring the fact that it is not irrational but comes from an altered experience of the world that varies from person to person. From this moment on, the text begins to be even more fragmented and to lose coherence, emphasising the problems of the mental health institutions and how they can worsen the patients' conditions (Ovaska, *Sarah Kane's World of Depression* 10). In fact, the protagonist goes on pronouncing words that appear almost disconnected from one another, but that reveal their anguish of being “unpleasant / unacceptable / uninspiring / impenetrable” or “irrational / irreducible / irredeemable / unrecognisable” (Kane 221-222). Paradoxically, the main character, even if they live in a situation of extreme blurriness between reality and imagination, is aware of the fact that their suffering comes from standing on the wrong side of what is considered acceptable within the societal context (Sánchez-Palencia Carazo 5). In particular, it is their mental illness that marginalises them and makes them considered as delusional by others, not giving them a chance to be listened to and understood. In this regard, given her personal history, the sentence “I know what I'm doing / all too well” (Kane 222) may be

interpreted as a hint dropped by the playwright herself to make the reader understand that she was not *mad*, but right in her mind while writing the play (Bilal 57).

Then, the medical discourse takes over and the drug-induced segments are composed by drug prescriptions, symptom assessments, body checks, health checks as in notes written by an actual doctor that pathologises even normal emotional reactions or experiences. It is important to notice how these treatments do not involve in any way the patient's inner feelings and their emotional conditions do not improve: "Mood: Fucking angry. / Affect: very angry" (Kane 224). In fact, this passage shows how "like a self-fulfilling prophecy, drugs became a diagnosis: Prozac works, therefore the patient must be deficient in serotonin. The actual mechanisms of depression, and other mood disorders, are still unknown" (Singer 164). By correcting the biochemical malfunctions of the brain, the patient is still not satisfied because they are searching for reasons, for answers that only drugs could never give them. Therefore, the last medical note is particularly exemplifying: "100 aspirin and one bottle of Bulgarian Cabernet Sauvignon, 1986. Patient woke in a pool of vomit and said 'Sleep with a dog and rise full of fleas.' Severe stomach pain. No other reaction" (Kane 225). Kane uses irony to construct a "witty parody of drug talk" that shows the arbitrariness of the psychiatric care, which takes a moment of strong emotional distress, as a suicide attempt, and treats it disregarding the context, the patient's history and their motive (Ovaska, *Sarah Kane's World of Depression* 11). This irony "serves to unite the audience at the expense of a commonly experienced, incompetent medical bureaucracy. Ironically, life crawls along in spite of the very institution that is meant to prolong it" (Tyser 34). This is why mental health treatments fail and keep dragging the narrating voice deeper and deeper into despair and alienation: "I'm seeing things / I'm hearing things / I don't know who I am" (Kane 225), they say, conveying the pain they are feeling, the sense of hopelessness that brings them to desperately ask for someone to "save me from this madness

that eats me”, to “cease this war” (ibid. 226-227). In all of this, the main character blames themselves and the self-reproach grows so strong that it takes delusional forms (Ovaska, *Sarah Kane’s World of Depression* 16):

I gassed the Jews, I killed the Kurds, I bombed the Arabs, I fucked small children while they begged for mercy, the killing fields are mine, everyone left the party because of me, I’ll suck your fucking eyes out send them to your mother in a box and when I die I’m going to be reincarnated as your child only fifty times worse and as mad as all fuck I’m going to make your life a living fucking hell I REFUSE I REFUSE I REFUSE LOOK AWAY FROM ME (Kane 227).

Self-hatred becomes so powerful that the protagonist actually believes to have committed terrible deeds, because their depression and their unheard cry for help create exaggerated feelings of shame and guilt. In a way, they also believe that they deserve to be in pain because they find the fault of being unaccepted by society in the fact that they actually are unacceptable and, therefore, they are the core reason of their suffering.

Consequently, depression should be seen as an altered way of experiencing the world, as a loss of faith in life and others, rather than as a mere biochemical deficiency, since it undermines the actual experience of the illness and alienates the person by making them feel like the world is not able to listen to them and that they do not belong there. In this sense, the distinction between *mad* and *not mad* is the one that causes the most harm, since it creates a standard of normality that must be respected in order to be accepted in the society. In *4.48 Psychosis*, Kane deeply challenges this definition: “At 4.48 / when sanity visits / for one hour and twelve minutes I am in my right mind. / When it has passed I shall be gone again, / a fragmented puppet, a grotesque fool” (Kane 229). Right when the speaker feels in complete control of their thoughts, that is the time when they are seen

as the most insane by the outer world. They ask, "Why do you believe me then and not now?" (ibid.), in an attempt to make the audience think about the fact that their feelings are invalidated just because they are considered irrational, delusional, *mad*. In the play, Kane "is questioning the boundaries of identity and the concept of sanity. To live consciously, she seems to say, is to speak the full force of experience, which abolishes meaning, blasts open logic, and refuses linearity. [...] For Kane, her 'madness' is her sanity" (Kaplan 122). Therefore, these moments that are regarded as delirious are actually the most precious for the narrating voice: "Remember the light and believe in the light" (Kane 229), they say, in order to remind themselves to embrace their inner truth, even if it is considered just as insanity. In fact, the spectators are invited to "stop judging by appearances and make a right judgement" (ibid.), a judgement that is not influenced by the societal standards of normality, but that goes beyond them, listening to the suffering of the person.

In the play, the boundaries of identity are stretched to the point that the main character feels like their body does not belong to them and feels alienated by the social context. However, the quest for selfhood involves also blurriness in the consideration of power relations: "Victim. Perpetrator. Bystander" are rarely three different persons (ibid. 231), but rather "in Kane's writing the three figures, always contained within the single body, serve as an honest and compassionate anatomy of the human experience of pain" (Greig xvii). For example, the act of suicide that is evoked many times in the play, requires the person to be a victim and a perpetrator at the same time, therefore the audience is invited to reflect on themselves and to perceive themselves as fluid in the framework of power relationships, to think about the fact that they could be victims, perpetrators and bystanders, perhaps even at the same time (Tyce 31-32). This is what happens in the context of the play, since they are victims of the anger outbursts of the narrating voice, they perpetrate the violence of judging and stigmatizing mentally ill people and, simultaneously, they are active

witnesses of the protagonist's slow descent into darkness without having the chance to help them. Sarah Kane herself said: "I write about human beings, and since I am one, the ways in which all human beings operate is feasibly within my understanding. I don't think of the world as being divided up into men and women, victims and perpetrators. I don't think those are constructive divisions to make [...]" (Stephenson and Langridge 133). The controversy of this work, in fact, stands by the fact that familiar societal divisions are not only questioned, but also proved as wrong by the re-enactment of a traumatic experience of strong emotional distress.

The fact that these separation lines are not that well defined and also may cause harm to people standing at the presumed wrong side of them is particularly visible when the main character starts to list what they desire. Indeed, some of these wishes are basic human needs, such as "to achieve goals and ambitions", "to be independent and act according to desire", "to avoid pain / to avoid shame", or "to maintain self-respect" (Kane 233-234), showing that the alleged *diversity* of the protagonist is just a product of the disinformation and stigma surrounding mental health issues. On the other hand, there are also desires that show how much suffering can cause the fact of being marginalised based on these societal separations, such as "to be seen and heard", "to be free from social restrictions", "to belong" or "to be accepted" (ibid.). Finally, there are also wishes directed to the relationships with other people, since the narrating voice wants "to feed, help, protect, comfort, console, support, nurse or heal / to be fed, helped, protected, comforted, consoled, supported, nursed or healed" (ibid. 235), revealing how important intersubjective relations are in the context of depression.

Actually, also the relation with the therapist has a great influence on the protagonist, to the point that the doctor begins to be seen as "my saviour, my omnipotent judge, my priest, my god, the surgeon of my soul" (ibid. 233), idealised to the point that the fact that they are misunderstood

and rejected pushes them further and further into the pit of despair. The critic moved to the mental health institutions, in this case, is that the doctors themselves perpetrate the mental health stigma against their patients, making distinctions “between the sanity of the majority and the insanity of the clinically diagnosed” (Tyser 33). In fact, when the therapist says, “I fucking hate this job and I need my friends to be sane” (Kane 237), they are stating that, if their relationship was not only professional, they would not have chosen the patient as their friends anyway, since the gap between sanity and insanity cannot be overcome. The rejection brings the protagonist to an extreme state of distress: “Despair propels me to suicide / Anguish for which doctors can find no cure / Nor care to understand / I hope you never understand / Because I like you” (ibid. 239). They internalise the doctor’s words to the point that they see their difference – the one imposed by societal standards and that causes their distress – as a blessing for others that do not experience the same intensity of feelings (Ovaska, *Detuned Selves* 376). Therefore, their alienation from the external world grows stronger and stronger.

4.48 a.m. becomes a completely positive time, “the happy hour / when clarity visits” (Kane 242), even if the allusions to death and suicide are more and more present in the play and, in the end, the spectator is repeatedly invited to “watch me vanish” (ibid. 244). The ending is ambiguous and open to various interpretations: it could be seen as a suicide, it could have a positive meaning or it could be connected to the experience of the theatre itself. In the first case scenario, the vanishing of the subject is due to the fact that they can find refuge neither in the external nor in their internal world, and they are moved out of desperation to find peace in death (Cermák et al. 117-118). The words fall down along the page as the voice invites the reader to witness their disappearance, provoking a melancholic effect that lingers with them even after the play has ended (Ovaska, *Detuned Selves* 375). This interpretation is supported also by the very last line, “please

open the curtains” (Kane 245), that may be a final literary allusion “to Goethe’s Werther, who romantically ponders suicide as the ‘lifting of the curtain’” (Ovaska, *Sarah Kane’s World of Depression* 19). Therefore, if there actually is a suicide scene at the end, the complete works of Sarah Kane can be all be seen as a long-planned crafted suicide note (Soncini 117), and the writer herself can be identified with the speaker vanishing from the stage, as she vanished from her own life. Instead, in the second case scenario, the positive interpretation of the ending could be linked to the possibility of “a space free from pain” (Urban 44), since, by opening the curtains, the light comes in. This fact may suggest a “reconciliation with the outside world and turns the whole play into a complex meditation on mortality”, on the fact that, after all the destructive behaviours, the hatred and the pain, the protagonist can see an alternative path asserting their need for love and affection (Sánchez-Palencia Carazo 7), for “this vital need for which I would die / to be loved” (Kane 242-243). Lastly, there is also the third case scenario, which regards the theatrical performance itself: the vanishing act of the speaker is contrasted by the permanence of their living body, exposing the illusionism of the stage and of death onstage, “an irony that is savagely accentuated by the off-stage reality of Sarah Kane’s self-inflicted death” (Soncini 130). Moreover, the curtains at the end should be opened, not closed, because “the theatrical experience is not meant to end at the curtain call, but to linger with the audience” (Tyser 30): the spectators are invited to reflect on what they have just seen even after the play is over and to be deeply affected by the melancholy of the story they witnessed.

3.4 The play’s reception and performance

After Kane’s suicide, the critics were divided up in two camps: “one saw the entire body of work in light of her suicide, the other mourned her death, but declined to even try to connect her death and

her work" (Singer 160). On one hand, her complete works – indeed, *4.48 Psychosis* in particular, since it has direct references to her illness and suicide – were seen as a product of her disease and as a carefully crafted and complex suicide note. On the other hand, some critics refused to read her works in light of her death because the multiple meanings of the plays itself would have all been obscured by a prejudicial perspective. By reading *4.48 Psychosis* outside the sphere of the playwright's life, it can be noticed how Kane's purpose, as she wrote herself, was "to create something beautiful about despair, or out of a feeling of despair, [which is] for me the most hopeful, life-affirming thing a person can do. Because the expression of that despair is part of the struggle against it, the attempt to negate it" (Saunders, *Just a Word on a Page and there is the Drama* 105). Therefore, the autobiographical component is undeniable, but considering the play as only an account of the author's struggling against her mental illness is reductive and threatens "to annul the melancholic ambiguity that lies at the heart of the play's text and performance" (Tyser 25), that involves also its universality – the audience is brought to fill in the gaps with their own experiences and to sympathise with the protagonist – and its critical side against mental health stigma and psychiatric care showing that treatments of depression and mental illnesses in general are not effective if the experience of their emergence is dismissed. The play is not a consequence of the writer's suffering; it was rather written in spite of it:

4.48 Psychosis is a report from a region of the mind that most of us hope never to visit but from which many people cannot escape. Those trapped there are normally rendered voiceless by their condition. That the play was written whilst suffering from depression, which is a destructive rather than a creative condition, was an act of generosity by the author. That the play is artistically successful is positively heroic (Greig xvii).

Moreover, seeing the work as a product of the playwright's mental illness is also dangerous, because the risk is to downplay the pain and, instead, considering it the light that guided her to write: in the text, it is really clear how depression is not, in any way, a blessing, but a painful experience that needs to be understood as an "altered way of being-in-the-world" (Ovaska, *Sarah Kane's World of Depression* 17). Once considering these aspects, it is almost natural not to read Kane's works only connecting them to her life and death, but to "freight the plays with our own presence, our own fears of the self-destructive act and our own impulses towards it" (Greig xviii), being aware of their multiple layers and meanings.

In fact, the lack of stage directions and indications leaves the play open to various interpretations, especially for its original purpose, that is the performance. The ambiguity and the many insights provided "offer a wide-range of possibilities for directors, far divorced from the personal biography of the playwright, thus perhaps opening those metaphorical curtains even further to new theatrical visions" (Urban 44). Perhaps, this is the major strength of Kane's theatrical pieces that have been and still are so represented all around the world. For example, in 2004, just five years after her death, the *New York Times* wrote: "Her plays – especially '4.48 Psychosis', which had its debut at the Royal Court Theater in London in 2000 and went on to 20 other countries – are produced far more now than they were when she was alive, and have been translated into at least a dozen languages, including Chinese, Greek and Swedish" (McKinley).

The very first performance of the play was directed by James MacDonald and was posthumously brought on stage after Kane's suicide in 1999. It was the first time that a theatre company confronted the text and, therefore, the first time choices were made about how to better represent the text and make the performance effective. The staging was all decided based on Kane's words and in order to convey the traumatic feelings of despair and the core of the play to the

spectators in the allegedly best way. Starting with the speakers, Macdonald chose to have three actors on stage, one male and two females, and to represent at times the dialogues doctor-patient and at times “the conflicted, racing, fastidious thoughts of a suicidal mind”, but with no attempt to clearly define the voices or the stage itself (Singer 160). In fact, the fact that there are three people on stage can also be due to them “representing the division of a person into victim/perpetrator/bystander” (Greig xvii): the emphasis remains on the fragmentariness and on the ambiguity of the text, leaving the spectator to give their own meaning to the experience of the performance. The setting up of the stage is inspired by a moment of dissociation of the main character: “A table two chairs and no windows / Here I am / and there is my body / dancing on glass” (Kane 230). This passage inspired the scene designer Jeremy Herbert with the usage of two chairs and one table that “doubled as the central character’s hospital bed and as a writing desk onto which random thoughts, lists and numbers were written”, and of a mirror “suspended from the stage at a 45-degree angle, allowing the audience to see the action from both in front and above” (Earnest 300). In this way, the mind-body division is concretised and the audience is dragged into the protagonist’s mind, witnessing how depression makes the patient feel like they are trapped in their own body, not in control of their actions but constricted to just observing them (Saunders, *Love Me or Kill Me* 116). This was amplified by the projection of video images of people walking outside the theatre, “reinforcing the feeling that both audience and characters are trapped, and cannot escape” (Kaplan 126). The three main actors, Daniel Evans, Madeleine Potter and Jo McInnes, alternated several tones to deliver the text to the spectators, from flatness to a great emotional intensity when needed, speaking alone or in a chorus, respecting the polyphony of the play itself (Earnest 300). Therefore, the emphasis throughout the whole representation is always on the fragmentariness of the self and of the theatrical piece itself. The audience actively witnesses the deeper and deeper detachment of the protagonist from themselves and, through the clever usage of props and the

polyphonic interpretation of the actors, the final dissociation: “It is myself I have never met, whose face is pasted on the underside of my mind” (Kane 245). However, the ending was represented with a positive tone, because the request of opening the curtains was met by the actors by opening the window shutters of the theatre and let the outside light and sounds in, perhaps suggesting the possibility of a reunion between the Self and the Other (Sánchez-Palencia Carazo 7).

The lack of stage directions allowed for many more interpretations and representations of Kane’s text very different from one another in Anglophone countries and also all around the world since that first staging. For example, Ulrich Rasche’s very recent production in Berlin transformed the 35-page play in a three-hour show featuring a chorus of voices expressing the narrating voice’s feelings, talking and shouting sometimes even in unison to powerfully deliver the message to the audience, although “there is a dimension to Kane’s experience of patriarchy-inflicted suffering, her anorexia, genital-hating and depressed libido, that is not aesthetically captured by shouting men” (Potter). Conversely, a performance directed by Valentina Calvani in Milan in 2012 featured only one actress on stage, Elena Arvigo, who played with multiple voice registers to fully express all the nuances of the text in her long monologue. One of the most interesting part of this representation, however, was its scenery: the protagonist moved between mirror fragments, photographs and lottery tickets, all things that crowded not only the theatre physical space, but also the mental space of the narrating voice, occupied by thoughts and memories (Carboni). Apart from differences regarding the practical staging of the play, from the various performances can be also noted how there are different ways to convey the main themes analysed in *4.48 Psychosis*, especially the isolation felt by those affected by a mental illness due to the social stigma attached to it and to the fallacious psychiatric system. For example, in the 80-minute performance staged behind an enclosure glass at the New Diorama Theatre in London, the director Paula Garfield chose to present

the text from the point of view of two deaf patients and two doctors. There is an important experimental aspect, that is the fact that the patients talk in British Sign Language, making it even more difficult to communicate with the two doctors and the audience: “Garfield’s choice of casting highlights the taboo subject of mental health in the deaf community and the terrible hurt of trying to make understood and accepted, as a deaf person, by the hearing” (Bradley), conveying the loneliness felt by a person that is not able to connect with others because their disease – or, in this case, also disability – is neglected and stigmatised. Another successful and particular adaptation of the text was staged by the Intercultural Theatre Institute earlier this year: the director Andy Ng Wai-shek painted a powerful picture of loneliness by casting five actors – four mentally ill patients and their doctor – and by making them talk four different languages, exasperating the unfeasibility of their condition. In fact, “the language barrier constructed between the mentally ill patients and their doctor emphasises his lack of understanding and his refusal to acknowledge them as more than their symptoms”, which is one of the main critics moved by Kane towards the mental health care system that only increases the desperation and hopelessness of the patients who “reach out, to each other and to the audience, screaming in unison, never receiving a response” (Canopoli). Moreover, this performance in particular emphasises the physicality of mental illness, abolishing the common idea that physical diseases are more important and serious than mental ones, generally associated with laziness and lack of will rather than being treated as actual pathologies: actors’ movements – legs twisting, tiredness, paralysis, etc. – show how mind and body are deeply connected and how depression can be overwhelming even from a physical point of view. This representation deeply challenges “the notion of mental illness being ‘just in your head’”, as if it was something one could easily get rid of by convincing themselves (ibid.). At the same time, it also criticises the widespread clinical approach for which patients are just treated as malfunctioning brains

and they are not listened to, neglecting their actual experience of the illness and dismissing their thoughts and feelings about it.

Therefore, it is evident how the lack of stage directions, time and space settings and speaker definitions in *4.48 Psychosis* have left almost complete freedom to the companies that have represented it on the theatrical stage. The performances differ from one another in many aspects: the number of actors, the length of the representation, the physical scenery, the monologue-dialogue interpretation and many more. However, there is a common legacy that Sarah Kane left within her text and that lingers with the audience even when they have left the theatre: mentally ill peoples' experiences are often unjustly dismissed, undermined and not listened to because of years of reclusion, disinformation and stigma against them. This discrimination greatly harms them and does not allow their treatment to be considerable of their own experience of the illness, since it is regarded as delusional and irrational. However, in *4.48 Psychosis*, Sarah Kane wanted to prove something: "Mental illness is so often sentimentalised, or portrayed as madness – I hate that word", said Simon Kane, "Sarah wanted to convey that while it may be pathological, it isn't necessarily illogical" (qtd. in Dickson). Perhaps, Kane's greatest strength was that she was able to write a play in which the protagonist's feelings, thoughts and naked words are honest and sincere to the point that everyone can empathize and feel a connection to them, being able to identify and feel the pain expressed by the narrating voice and understand that, even if a person is mentally ill, they are still a person who is in need to be seen and heard, rather than pushed away.

Conclusion

The works of Sylvia Plath and Sarah Kane are very important in the process of analysing and deconstructing the long-existing mental health stigma against people affected to mental diseases, derived from the many centuries of segregation, mistreatments and pathologizing they have endured through history. These prejudices – that result now in the romanticization of the mental illness itself or its biased perception for which whoever is affected by it is violent, dangerous or *out of their minds* because their mental faculties are compromised – are due to a deep lack of knowledge about this particular issues, since it was always removed from the eyes, instead of attempting to find a concrete way to approach it. Consequently, the voices of the people who were considered to be *crazy* remained always unheard, in real life and in literature, where mad characters were relegated to play the villain part or were used as a comical strategy. Throughout the years, this biased representation contributed to reinforce the idea that mental diseases make people lose their status of equals in the society they live in. The most important thing that Plath and Kane do in their works is to give back their long-lost voices to these people, starting from telling their own story. Indeed, they both struggled with mental health issues and they deeply suffered, but, by reading their texts, it can be noticed how they are not only a chronicle of their lives, but they are also powerful tools to criticise the society around them, the psychiatric institutions and the stigmatisation inside and outside the medical environment.

In *The Bell Jar*, the main focus is on how the external circumstances and the social context are very significant factors in the insurgence and worsening of a mental health condition: Esther is deeply challenged by a world in which her, as a woman, can never fully be satisfied with her life perspective, since the world is dominated by the male part of the population. This fact, together

with the events happening in their life, is one of the main causes of her mental breakdown and consequent suicide attempt. Moreover, Plath shows also how the societal prejudices against mentally ill patients – in particular women – are present in the institutions which are supposed to help them heal: it seems like the only aim of the hospitalisation is to make her return to the *proper* image of a woman according to the general social standards, to bring her back from her derangement from what was expected from her to be and do. This point is fundamental even in *4.48 Psychosis*, where the critic moved to the mental health care system is that the patient's needs and experiences are neglected and ignored in order to adopt a cure that is purely physical, giving them meds to fix their malfunctioning brains. In this way, the whole world of the person is dismissed and their condition does not improve, since they feel unheard and isolated, falling deeper and deeper into despair. In the play, unlike in Plath's novel, there are not many references to the context in which the narrating voice lives, although it is always reconnected to the author's biography, but the main character speaks to the audience in a way that can be considered *universal*, showing how their feelings of love, loss and grief are not different from everyone's feelings of love, loss and grief, even if they feel them to a different extent due to their mental illness. Therefore, the stigmatized differences between *sanity* and *insanity* are thinned, if not annulled, contributing to deconstruct this biased perspective.

In conclusion, *The Bell Jar* and *4.48 Psychosis* are both works that need to be read beyond the biographies of their authors and that have a great importance in the process of dismantling the long-existing mental health stigma: by talking about themselves, the two writers also talk about people who, for many centuries, were neglected and wrongly defined by others, and they try to give them back their stolen voices so that they could finally be able to tell their own stories.

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