



Cure as Coercion: Psychiatric Authority and the Politics of Femininity in *The Bell Jar*

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Abstract— *Literary representations of mental illness often challenge clinical definitions by focusing on the tension between individual distress and social regulation. Sylvia Plath's The Bell Jar provides a powerful narrative of depression that resists being read as a simple psychological breakdown. Instead, it situates mental suffering within broader institutional and cultural frameworks. This paper examines Plath's portrayal of madness not as a purely medical pathology, but as a crisis of meaning shaped by rigid social expectations and psychiatric authority. Drawing on existential psychology and the medical humanities, the study explores how Esther Greenwood's depression emerges from an acute awareness of her limited choices rather than an inherent psychological defect. The novel's depiction of psychiatric practices reveals how mental health systems often function as regulatory structures aimed at enforcing social conformity. Through a close reading of the fig tree metaphor and Esther's experience with shock treatment, this paper highlights the limitations of clinical frameworks that isolate mental illness from its existential context. By framing madness as a response to structural pressures, Plath's novel challenges the dominant biomedical narrative and views depression as a crisis of purpose. This paper argues that The Bell Jar positions literature as a critical space where psychological distress is examined beyond diagnostic categories. It concludes by emphasising the role of institutional power and narrative in shaping the lived experience of suffering.*



Keywords— *Existential psychology, psychiatric authority, medical humanities, social conformity, illness narrative*

Sylvia Plath's semi-autobiographical novel *The Bell Jar* (1963) occupies an enduring and contested place in the literary canon as a narrative that refuses to be neatly categorised. On the surface, it tells the story of Esther Greenwood, a young, intellectually gifted woman who descends into depression and undergoes psychiatric treatment in mid-twentieth-century America. Yet to reduce the novel to a chronicle of mental illness is to miss the force of its central argument: that Esther's suffering is not a symptom of an aberrant mind, but a rational response to a world that systematically forecloses her choices. Plath writes from the margins of clinical authority, giving voice to a form of distress that the biomedical model cannot adequately name. This paper argues that *The Bell Jar* positions mental suffering as an existential crisis rather than a medical pathology, and that the novel's critique of

psychiatric authority reveals how institutions of mental health have historically functioned as mechanisms of social regulation. Drawing on existential psychology, particularly the work of Rollo May and Viktor Frankl, as well as medical humanities scholarship, this reading places Esther's experience within the broader cultural and ideological pressures of postwar American femininity. The fig tree metaphor, the novel's unflinching portrayal of electroconvulsive therapy, and the power dynamics encoded in Esther's relationships with her doctors collectively illuminate a narrative in which cure and coercion are dangerously intertwined.

The Bell Jar was published under the pseudonym Victoria Lucas in January 1963, just weeks before Plath's death by suicide in February of the same year. The novel draws heavily on Plath's own experiences in 1953: a poorly

administered course of electroconvulsive therapy at an outpatient facility before her admission to McLean, a subsequent suicide attempt, and several months of recovery at McLean Hospital in Massachusetts under a psychiatrist she trusted. This biographical context has shaped much of the critical discourse around the text, often collapsing the distinction between author and protagonist in ways that risk pathologising rather than analysing the literary achievement. Critics such as Christina Britzolakis have argued that the tendency to reduce Plath's work to confession or symptom reflects precisely the kind of clinical gaze that the novel itself resists. To read Esther's depression as simply Plath's depression is to replicate the gesture of the psychiatrist who sees only illness where the patient experiences meaning, contradiction, and protest. This paper works against that reduction, treating *The Bell Jar* as a formally and philosophically sophisticated text engaged in a sustained critique of how societies define, contain, and manage psychological deviance.

I. Existential Depression and the Crisis of Meaning

Existential psychology offers a framework for understanding depression not as a biochemical malfunction but as a response to the perceived meaninglessness of one's situation. Viktor Frankl, writing from his experience in the Nazi concentration camps, described what he called an 'existential vacuum' (Frankl 94), describing it as the feeling of 'a total lack of a will to meaning,' a condition of inner emptiness that arises when individuals are unable to find purpose or direction in their lives. Rollo May elaborated on this idea in his analysis of anxiety, arguing that authentic dread is not a neurotic symptom but a signal of the self's encounter with finitude and freedom. Both thinkers insist that suffering can be meaningful, and that the attempt to eliminate it through clinical intervention, without attending to its cause, risks a profound loss of selfhood. May warns that in modern culture, conformity to social expectation is purchased at enormous cost: the individual "conforms at the price of renouncing his autonomous strength, and hence he becomes more helpless, powerless and insecure" (May 175).

Esther Greenwood fits this existential profile precisely. Her depression does not arrive as an inexplicable biochemical event. It is carefully motivated by the novel's opening chapters, which establish the social conditions that make her situation untenable. Esther is a scholarship girl in New York City, a guest editor at a prestigious women's magazine, and by every conventional measure a success. Yet she feels nothing. 'I was supposed to be having the time of my life,' she observes, in a tone of flat bewilderment that reverberates throughout the novel (Plath 2). The gap between what she is supposed to feel and what she actually

feels is not a sign of ingratitude or neurosis; it is the beginning of an honest reckoning with the limits of the world being offered to her. The options available to a woman of Esther's intelligence and ambition in 1950s America are, as the novel makes relentlessly clear, brutally narrow: wife, mother, secretary. Her suffering is the cognitive and affective consequence of perceiving those limits with unusual clarity.

This reading is reinforced by the novel's narrative form. Esther is not an unreliable narrator in the conventional sense; she does not distort reality through delusion or fantasy. Rather, she sees with an uncomfortable precision that others around her lack or prefer to suppress. Her observations about the marriage of her neighbour Dodo Conway, who wheels her sixth child while pregnant with a seventh, are sardonic but not irrational. Her horror at the prospect of a life defined by biological reproduction and domestic labour reflects a coherent value system, not a pathological mind. The novel insists that what is diagnosed as Esther's madness is, in many respects, a form of clarity: an unwillingness to perform the contentment that social survival demands.

II. The Fig Tree Metaphor: Paralysis and the Weight of Choice

The novel's most celebrated symbolic passage is the fig tree vision, in which Esther imagines herself sitting in the crotch of a fig tree, watching the ripe figs at the ends of every branch. Each fig represents a possible future: '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 so on, until 'quite a few more figs' extend beyond what she can name (Plath 77). The figs are beautiful, various, and available, and this is precisely the problem. Esther cannot choose, and so she sits 'starving to death,' watching the figs turn black and fall to the earth one by one.

The passage is frequently read as an illustration of ambivalence or indecision, but this interpretation underestimates its structural critique. Esther's paralysis is not simply psychological; it is the product of a social world that presents choice as abundance while systematically ensuring that most of the figs are, for a woman, functionally out of reach. The fig of a 'famous poet' and the fig of 'a husband and a happy home' are not, in the world of the novel, genuinely compatible. Esther has been given to understand, through the example of her mother, through her mentor Philomena Guinea, and through every institution she encounters, that femininity and intellectual ambition are mutually exclusive. The tree does not represent freedom; it represents the cruelty of illusory freedom, the cultural fiction that women in postwar America could have everything when, in practice, they could have very little.

Jean-Paul Sartre famously argued that radical freedom, understood as the recognition that existence precedes essence and that the self is not determined in advance, is experienced not as liberation but as anguish (Sartre 39). The fig tree embodies exactly this existential anguish. Esther is free in the abstract and constrained in the concrete, and the collision between those two realities produces a paralysis that looks, from the outside, like depression. The clinical intervention that follows, namely shock treatment, hospitalisation, and medication, addresses the paralysis without addressing the collision that produces it. This is the central problem the novel identifies: that psychiatric care, as Esther experiences it, offers a cure for symptoms while leaving the conditions that generate those symptoms entirely intact.

III. Psychiatric Authority and the Regulation of Femininity

The Bell Jar's portrayal of psychiatric practice is notably ambivalent. It does not offer a simple condemnation of medicine or a romantic celebration of madness. What it does offer is a detailed and critical account of how psychiatric authority operates in relation to social norms, particularly norms of gender. The doctors and institutions Esther encounters are not primarily concerned with her well-being in any rich sense of the term; they are concerned with her functioning. The standard of cure in the novel is not inner flourishing or existential peace but social legibility: the ability to perform the behaviours of a normal woman.

This is made most explicit in the contrast between Esther's first psychiatrist, Doctor Gordon, and her later therapist, Doctor Nolan. Doctor Gordon is a figure of self-satisfied authority who looks at Esther with a practised blankness that she immediately reads as indifference. When he recommends electroconvulsive therapy, he does so without explanation or care, and the treatment he administers is badly calibrated, functioning as a shock to the nervous system rather than a therapeutic intervention. Esther's description of the experience is one of the most harrowing passages in the novel: 'Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant' (Plath 143). The language of violence is unmistakable. The treatment is administered as punishment or correction, not as care.

Doctor Nolan, by contrast, listens to Esther, respects her intelligence, and prepares her for the shock treatment she will later receive at Belsize. Under Doctor Nolan's supervision, ECT is a different experience: still frightening, but not traumatic in the same way. The contrast

is instructive, but the novel is careful not to let it stand as a simple good-doctor-bad-doctor narrative. Even Doctor Nolan operates within an institutional framework whose ultimate aim is Esther's reintegration into society rather than her liberation from its constraints. When Esther is discharged at the novel's end, she is no longer suicidal, but the world she is discharged into has not changed. The figs are still rotting on the tree.

Michel Foucault's analysis of psychiatric power is useful here. In *Madness and Civilization* (1961) and later in *Psychiatric Power* (1973-74), Foucault argues that the asylum functions as 'a juridical space where one is accused, judged and condemned' (Foucault, *Madness* 269), not simply a place of treatment but a mechanism of social regulation, an apparatus for disciplining those whose behaviour deviates from norms that are themselves historically and politically contingent. The psychiatric gaze, on this account, is not a neutral scientific instrument; it is a technology of power that defines normality and positions deviance as illness requiring correction. *Madness*, the novel suggests, is partly a category applied to those who refuse or are unable to perform the social roles assigned to them.

IV. Shock Treatment as Metaphor and Reality

Electroconvulsive therapy functions in *The Bell Jar* simultaneously as a literal medical procedure and as a resonant metaphor for the violence embedded in social conformity. The very name "shock" carries a double meaning that the novel exploits. Society shocks those who deviate from its norms into compliance; the machine merely externalises and literalises a violence that is otherwise diffuse and invisible. Susan Sontag cautions that 'illness is not a metaphor' and that the most truthful way of regarding illness is 'one most purified of, most resistant to, metaphoric thinking' (Sontag 3) to what is already a physical ordeal. But Plath's metaphorical use of ECT does not diminish the reality of the procedure; rather, it illuminates the political dimension of a treatment that was disproportionately administered to women and to those whose non-conformity was construed as pathological.

It is significant that Esther's first experience of ECT is associated with Doctor Gordon, a figure whose authority is inseparable from his gender and his social confidence. The shock he administers is not tailored to Esther's needs; it is a blunt instrument deployed in response to her failure to get better on his terms. The scene in which she is prepared for the procedure is one of deliberate infantilisation: she is laid on a table, her agency entirely surrendered to the medical apparatus surrounding her. That Plath survived and later wrote about this experience with such clarity is itself an act of resistance, a reclamation of

narrative authority from the institution that had temporarily claimed it.

The recovery Esther eventually achieves is real but qualified. She learns, under Doctor Nolan's care, to manage her suffering rather than be consumed by it. The novel does not suggest that this is nothing. But it is careful to distinguish between the management of symptoms and the resolution of their causes. When Esther walks out of Belsize at the novel's end, she does so with the image of the bell jar hovering in her consciousness. 'How did I know that someday — at college, in a job, in a marriage — the bell jar, with its stifling distortions, would not descend again?' she asks (Plath 241). The bell jar is always a possibility because the conditions that lowered it have not been dismantled. Esther's recovery is a negotiation, not a cure.

V. Literature as Counter-Discourse

If *The Bell Jar* is a critique of clinical authority, it is also an argument for the distinctive epistemic value of literature in representing mental suffering. Psychiatric diagnosis, as Plath portrays it, works through reduction: it translates the complex, context-saturated particularity of individual suffering into the generalisable categories of the diagnostic manual. This translation is not without value, as it enables treatment, communication between clinicians, and institutional care. But it also loses something irreplaceable, namely the meaning that suffering has for the person who experiences it.

Literature works in the opposite direction. Rather than abstracting from particularity, it dwells in it. Plath gives us Esther's depression in all its specific texture: the particular horror of the rotting figs, the precise sensation of the shock treatment, the specific quality of the silence that descends when she stops being able to read. This particularity is not decorative; it is epistemically significant. It insists that Esther's suffering is not a case of depression but a form of life, a way of inhabiting a world that has become, for specific and comprehensible reasons, unbearable. To understand this form of life, one must attend to its details, its context, and its meaning. Diagnosis, however necessary, cannot do this work; only narrative can.

Conclusion

Sylvia Plath's *The Bell Jar* is a novel about depression that is also, and more fundamentally, a novel about the relationship between individual suffering and social power. Esther Greenwood's breakdown is not an accident of brain chemistry; it is the intelligible consequence of finding herself in a world whose options are too narrow for the breadth of her desires and intelligence. The novel's critique of psychiatric authority is not a rejection of medicine but a demand that medicine attend to the social and existential dimensions of mental suffering,

asking not only what is wrong with the patient but what is wrong with the world the patient inhabits.

The fig tree metaphor encodes this demand in its most concentrated form: Esther does not need to be restored to a pre-depressive equilibrium; she needs a world in which the figs are genuinely available to her, in which the choice between intellectual life and domestic life is not a choice between her ambitions and her femininity. The shock treatment she receives at the hands of Doctor Gordon dramatises the violence of a psychiatric system that enforces social norms under the guise of therapeutic intervention. And the qualified recovery she achieves at Belsize, under the more humane care of Doctor Nolan, does not resolve the structural contradictions that produced her suffering; it merely equips her to endure them more effectively.

In positioning literature as a space where psychological distress can be examined beyond the categories of diagnosis, *The Bell Jar* performs what it argues for. Plath's novel survives as a resource for those who experience the inadequacy of clinical frameworks, a text that says, in effect, that what you are feeling has a name that no diagnostic manual contains, and that name is the human response to an inhuman situation. The bell jar may descend again, but the fact that Plath wrote this book, and that we still read it, suggests that narrative is one of the few instruments by which its glass can be made visible.

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