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Sylvia Plath: A Diagnosis

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The Bell Jar begins in the summer of 1953 as a girl named Esther continues her summer program working for a popular woman’s magazine as an intern. While Esther is very bright, she feels isolated from society and her friends, and does not know how she feels about her future. She knows that the stereotypical picture of a woman is a virgin until marriage and a good wife and mother after marriage, but she does not know how she feels about following those rules. Esther decides to go on a handful of dates to see if she discovers anyone interesting, and after a man attempts to sexually assault her, she retreats home to her mother’s house in the suburbs. While she is at her mother’s house, Esther has frequent flashbacks of her dating life with her on-again off-again boyfriend, Buddy Willard. When Esther goes to visit him in the sanitarium because he has tuberculosis, he tells her that he wants to marry her once he regains his health but also tells her that he slept with another girl while they were dating. Esther returns to her mother’s house where she learns she has not been accepted to a writing class she had hoped to take. After getting this news, Esther stops reading, writing, sleeping, and bathing. Noticing that she has spiraled into depression, Esther’s mother takes her to Dr. Gordon, who messes up her electroshock therapy. After this treatment, Esther tries many ways to kill herself, but none of them work. Finally, she takes a bottle of sleeping pills and hides in the crawlspace to die. Esther awakes in the hospital where she is unresponsive and still determined to end her life. After being moved to a private hospital, Esther meets Dr. Nolan, who gives her proper shock treatment and insulin treatments. Esther begins to improve slowly and even makes a friend, Joan. Joan and Esther bond over their similar experiences with men and their shared hometown. As Esther improves, she is granted permission to leave the hospital. On one of these trips she finally loses her virginity, but begins hemorrhaging, and has
to be taken to the hospital. While Esther is recovering, Joan commits suicide and Buddy comes to terms with their lack of relationship. Esther is permitted to leave the mental hospital in time for the spring semester, but knows she is on the edge of breakdown at any time.

After reviewing the DSM-IV-TR criteria for mood disorders, I have concluded that Sylvia Plath can be diagnosed with major depressive disorder. She meets the requirements for this disorder in many different ways. She has recurrent depression; her depression in her 20s as well as her depression after her children was born, unintentional weight loss, insomnia, feeling worthlessness to her husband, and had few close relationships. Along with her medical history of suicidal behavior, self-harming attitudes, and her personality trait of over responsiveness, Plath can be classified for major depressive disorder.

Plath meets many of these criteria for this disorder. While it was common for artists, poets, and writers to act oddly, many of them actually had a mental illness. Sylvia Plath qualifies for major depressive disorder because she meets at least five of the symptoms and has had at least two major depressive episodes. While Plath already carried the symptoms of depression with her from her first case in her 20s, the harsh winter could have brought on her depression again. With no phone and frozen pipes, the coldest winter London was hard on everyone, let alone a mother by herself with two children. While her friends say that she was still able to be cheerful at times, it is possible that Plath was able to cover up her depressed mood. Plath lost almost 20 lbs. intentionally, yet could still happily eat a plate of food if it was made for her. She was unable to sleep at night, woke early in the morning, and had to use services from a hypnotist to be able to sleep. Plath had many friends help her with her children while her husband was away, and they noted that she was distraught, hysterical, and strongly engrossed with the collapse of her marriage, which she blamed completely on her husband and his disloyalty. Her agitation with her husband was clear, as her thoughts towards him shifted from adoration to rage as soon as she suspected him of disloyalty. During her first episode of depression, Plath had many
recurrences of self-harm and thoughts of death including cutting her leg open just to see if she was bold enough, skiing precariously and breaking her leg, and driving her car off the road. All of these acts were done by Plath while she was conscious and not under the influence of drugs or alcohol.

While all of this is happening, Plath is still able to write many poems, including the 40 poems included in Ariel. These poems are mostly responsible for her fame, and it is odd that while she was dealing with this depression she was able to have enough energy to write 40 poems in less than two months. While she did not publish these poems herself, they were published after her death; they went on to win Plath the Pulitzer Prize in 1982. Plath also does not lose her interest in writing poems; in fact, she seems to be more interested than before in writing down all of her thoughts as soon as she thought of them, often very early in the morning.

After reviewing the chapter on mood disorders, I have found there are many concepts that can be discussed when examining major depressive disorder. Unipolar depression, which includes a major depressive episode, major depressive disorder, and dysthymic disorder, has around a 19% chance of severely affecting a person within the span of their adult life. Up to 26% of women may have an occurrence of severe depression at some point in their lives compared to 12% of men, making them twice as likely to experience episodes of severe unipolar depression. Because Sylvia Plath was a woman, she already suffered a larger chance of developing depression. She was also an artist, which made her more susceptible in society’s eyes to develop a mood disorder. While the statistics for depression are lower in Europe than in the United States, the harsh winter along with her recent separation from her husband could have caused her second episode of depression. There are many emotional symptoms that accompany depression, including emptiness and humiliation. Plath’s second bout of depression was marked with rage, bitterness, and agitation. While most of these thoughts were aimed at other people, Plath also had thoughts of suicide and was unable to cope with daily life. While some people experience
anhedonia, an inability to experience any pleasure at all, Plath was still able to function by writing daily and even correcting proofs for BBC. While some researchers do not consider clear-cut stressful events to be a beneficial way to distinguish the onset of reactive depression, in Plath’s case it is clear that stressful events determined her mental state. Her first bout of depression was caused by her rejection from the writing program she had hoped to get into. This caused her to attempt suicide in multiple ways before she was found in her crawlspace after having taken a whole bottle of sleeping pills. It is very likely that her second episode of depression was caused by her recent separation and a miscarriage earlier in life. Both tragic events played a heavy toll on an already precariously balanced artist who had already proven she could not handle rejection and sadness well.

After reading this memoir, I believe that I can better understand Sylvia Plath’s case of depression, but not necessarily every case of depression. While this memoir was written by Plath, she fictionalized parts of her story to add color to the plot, which exaggerated the symptoms of her main character. A pro for this type of writing would be the ability to learn more about the disorder firsthand through a person who actually has the disorder, whether they are aware of it or not. It is also helpful in this case because the disorder is explained through a story, rather than facts and statistics; this made it easier to understand. A con of this type of writing could be that Plath’s case is not the same as other people, and her story is unique only to her. So while she meets the criteria for depression in almost every way, not everyone will meet the criteria in the same way she did. Overall, I think that a memoir is a good way to better understand a specific disorder.