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Double Entendre: Sylvia Plath and Psychiatric Diagnosis

Fifty-two years after Sylvia Plath's death, her legacy continues to captivate the attention of researchers, scholars, and readers due to her eloquent, witty, sharp – yet mysterious – voice.

Plath was formally diagnosed with depression when she was 20 years old, and died by suicide when she was 30. Posthumously, scholars in the medical and literary fields have continued to put forth various further diagnoses, which could help understand the roots of her suicide. With the release of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (abbreviated as DSM-5), a mental disorder prevalence of approximately 26.2% in the U. S. alone, it is pertinent to revisit her story in the context of psychiatry. Until now, scholars have largely used psychiatric models to analyze Sylvia Plath's biography. However, I suggest a shift in focus when studying Plath: her story should be read acknowledging its potential to *inform* psychiatry.

Several factors may have contributed to Plath's first formal diagnosis of depression: the death of her father Otto when she was eight years old; the difficult relationship she had with her mother, Aurelia; as well as the pressure and expectations Aurelia placed on her (Kirk 2004), in addition to Plath's life as a woman in the 1950s – trying to be a successful professional, a dedicated mother and spouse, and a housewife (Popova 2013); her socioeconomic background; exhaustion, overwork, and an unconfirmed sexual assault in New York City (Wilson 2013); and her rejection by the Harvard writing course – all of these variables could have played a role in Sylvia's initial struggle with depression.

Her mother noticed cuts on her legs after Plath returned from her internship in New York City. Aurelia took her daughter to their family physician. On July 29, 1953, Plath received her first electroshock treatment, administered by psychiatrist J. Peter Thornton:

> "Sylvia refused to communicate with him [Dr. Thornton] or discuss her thoughts. At his recommendation, Aurelia reluctantly agreed to allow her daughter to undergo electro-shock therapy on an outpatient basis to treat her for severe depression." (Kirk 2004, p.53)

Around the time Plath received the treatment, electroshock therapy in the United States "was frequently given in the office of the psychiatrist without the benefit of anesthesia, muscle relaxants, or emergency equipment" (Lebensohn 1999). This scenario is also suggested by reports of Plath's experience with the treatment:

> "… [which] involved placing mental probes on the temples that shot strong currents of electricity charging through the patient's body. Once the treatment was complete, the doctor brought Sylvia out to the waiting area, where her mother and neighbor drove her home. Dr. Thornton treated Sylvia for the first few times, but then he went on vacation and left a Dr. Tillotson in charge of several more sessions." (Kirk, 53)

> On this session, Dr. Brian Cooper, MD, also writes,

> "After inflicting gashes on her legs and talking of suicide she was referred to a psychiatrist and was started on electroconvulsive therapy (ECT), *which seemingly convinced her that she was fated to become insane* [my emphasis]." (Cooper 2003)

Naturally, after such an incident, it is not surprising that Plath would be convinced she was "fated to become insane". Plath describes this session in her correspondence as a "rather brief and traumatic experience of badly-given shock treatment". She adds: "pretty soon, the only doubt in my mind was the precise time and method of committing suicide" (Plath, Letter to Eddie Cohen, 1953). Such an attempt took place shortly thereafter and it sent her to the McLean psychiatric hospital in Belmont, Massachusetts (Moraski 2009).

There is an increasing body of literature on deliberate self-harm, particularly in adolescents. Regrettably, such research was not available during the 1950s and 1960s. The specific relationship

between suicide attempts and deliberate self-harm is yet to be studied in depth (Hawton, et al. 2002; Fox and Hawton 2004) and there is no sole reason that explains self-harm. Nonetheless, research suggests that self-harming in adolescents may be associated with difficulty in communicating feelings and thoughts, particularly with parents (Evans, Hawton and Rodham 2005; Tulloch, Blizzard and Pinkus 1997). Although it cannot be claimed with certainty that this was the case for Plath, one could speculate something similar was happening, especially given her relationship with her mother. Such details in Plath's history allow readers to create a picture far more intricate and complex than simply "troubled writer" (Gore 2013). As such, acknowledging the complexity of the context in which one self-harms, as in the example of Plath, challenges the stigmatization of those who suffer and are simply labeled "troubled".

In a rare 1961 BBC interview with Plath and husband Ted Hughes, Plath recalls:

> "I think I was very happy up to the age of about nine – very carefree – and I believed in magic, which influenced me a great bit. And then, at nine, I was rather disillusioned – I stopped believing in elves and Santa Claus and all these little beneficent powers – and became more realistic and depressed, I think, and then, gradually, became a bit more adjusted about the age of sixteen or seventeen. But I certainly didn't have a happy adolescence – and, perhaps, that's partly why I turned specially to writing…" (Popova 2013)

One could argue Plath turned to writing because she did not have a happy adolescence; it was *her* way of communicating. It is not easy to imagine the turmoil of a middle-class young American woman in the 1950s who experienced the loss of one parent and had a rigid relationship with the other (Butscher 2003); who, given those variables, did not feel safe to communicate her feelings with others; who, upon self-harming, is asked to talk to a stranger – a male psychiatrist; and who, at last, upon not wanting to communicate her thoughts with him, is administered electroshock therapy. As follows, it is perhaps natural, not obsolete or pathological, to consider suicide as an alternative to such suffering, as Plath indicates in her letter to Eddie Cohen.

CLINICAL DIAGNOSES

Plath's work is often seen as a firsthand account of depression although some scholars have suggested different diagnoses. Previous work suggested that Plath was manic-depressive (Slater 1972) while others go so far as to propose that Plath's depression was caused by an inherited chemical imbalance (Feinmann 2012), despite the lack of genetic data on either of Plath's parents. Recently, Brian Cooper defended that Plath exhibited traits of borderline personality disorder – which is characterized by unstable moods, behavior, and difficulty in creating stable relationships – in addition to depression. In Plath's specific case:

> "…this character trait [overresponsiveness to daily experiences], along with her impulsive streak, the history of suicidal behavior and physical self-harm, the episodes of rage and the deep-rooted ontological insecurity her journals reveal, taken together indicate a personality disturbance."

Maintaining the initial diagnosis of depression, Cooper concludes:

> "The appropriate case-formulation would appear to be: recurrent depressive disorder, severe (without psychotic symptoms); or alternatively major depressive disorder, recurrent, in the setting of a personality disorder." (Cooper 2003)

There are subtle details worth noting in Cooper's suggestion. For instance, it is vital to question whether Plath's "deep-rooted ontological insecurity" is pathological or the result of a confusing period of her life (adolescence, surrounded by un-rooted parental connections), or both. Moreover, Cooper puts forth the notion of Plath's "personality disturbance" as demonstrated by episodes of rage. Take, for example, one of these episodes, which figures in several biographies of Plath:

> "After talking a short while, he [Ted] hung up, and Sylvia walked over to the wall and yanked the telephone cord out of it. (…) She drove off in a rage (…) Her husband was in love with another woman, she said, Assia Wevill, and Sylvia was scared of her. She told Elizabeth that her husband had become a little man, that she had given him her whole heart and it could never now come back. It was gone forever (…) It was bad enough that

> her marriage was falling apart, but for it to happen in front of her mother's eyes must have been especially excruciating for Sylvia, who always tried so hard to please her mother…" (Kirk, 92)

This passage denotes Plath's context – repeated losses and failures ("It was gone forever"). In addition, two crucial points are to be highlighted: Plath's relationship with Hughes and her relationship with her mother. Plath found a partner and confidant in Hughes: her loss was not only that of a husband but also a part of herself, a part that only surfaced through her writing. Until she met Hughes, she ostracized men "because they didn't stay around and love me like a father" (Plath, *The Journals of Sylvia Plath* 1982). Ted Hughes offered Plath a new masculine figure. Unsurprisingly, when their relationship fell apart, so did Plath's world.

Aurelia Plath was also a focal point in Plath's world. Scholars have hypothesized that "unresolved grief for her father led to a symbiotic attachment to her mother characterized by a compulsive drive for achievement and praise" (Shulman 1998). Plath's relationship with her mother was complex in that she adopted a sweeter, more superficial persona when communicating with Aurelia, even though she largely resented her mother. The following excerpt from Plath's diary – her mother's "prescription for living, methods for getting along with and controlling a man" (Firestone and Catlett 1998) – illustrates this idea:

> "Get a nice little, safe little, sweet little loving little imitation man who'll give you babies and bread.., and money money money every month. Compromise. A smart girl can't have everything she wants. Take second best. Take anything nice you think you can manage and sweetly master. Don't let him get mad or die or go to Paris with his sexy secretary. Be sure he's nice nice nice ....So what does [Mother] know about love? Nothing. You should have it. You should get it. It's nice. But what is it?" (Firestone and Catlett 1998)

It is difficult to discern the rage in the context a potential pathology if one sees Plath as mentally ill from a very natural outcome of an extremely hurtful situation – that of witnessing adultery – particularly for a woman who had struggled with trust issues and feelings of unworthiness, and who had previously described Hughes as "better than any teacher, even [filling] somehow that huge, sad hole I feel in having no father" (Cooper 2003). Not to affirm that suicide nor violence are *natural*; however, if one sees one single type of behavior as *normal*, any other behavior other than that one is, thus, *abnormal*. Would the idea of mental illness in Plath change if we defined normal as "a spectrum of variability" (Smoller 2012)? It may be important to question where the line between illness and sadness is; where the line between 'normal' and 'abnormal' is.

Plath's struggle often surfaced as a dichotomous existence. As Plath herself stated, her life was "magically run by two electric currents: joyous positive and despairing negative – whichever is running at the moment dominates my life – floods it" (Plath, *The Unabridged Journals of Sylvia Plath*, *1950-1962* 2000). Firestone and Catlett (1998) highlight the author/narrator process in the creation of this dual persona, and its relationship to her mother:

> "Plath's conflict between her good self and her "demon" was closely related to writing and not writing and was expressed in her pattern of withholding her talent as a writer. Passages from her journal reveal a double-bind situation originally manifested in the enmeshed relationship between Plath and her mother." (Firestone and Catlett 1998)

The dark double of her "good self," "demon" Plath, has also been associated with Plath's "narcissism" and her "incipient schizophrenia". According to Gordon Lameyer, professor and writer, in his article "Plath Uses Literary Doubles to Depict the Anguish of Her Schizophrenia" (Lamayer, 2012):

> "According to modern psychoanalytic theory, it is the narcissist's failure to fulfill love needs in childhood that causes the personality to split, projecting onto another the deepest guilts and destructive forces within the self (…) her incipient schizophrenia stemmed from narcissism and might have transformed so much of her experience into art." (Lamayer 2012)

Schizophrenia is a severe psychiatric disorder. It has been referred to as "the most serious and frightening" psychiatric condition (Picchioni and Murray 2007). People who suffer from schizophrenia may experience psychotic symptoms such as delusions and hallucinations, and consequently a severe lack

of insight. There are no reports of any symptoms of delusion or hallucination in the medical history, or work, of Plath. In fact, even if one acknowledges Plath's "overreactiveness", her reactions were generally founded on situations that took place in the realm of ordinary reality, such as not being able to attend a Harvard program.

Taking a closer look at Lameyer's argument, his definition of schizophrenia explicitly suggests a *personality split*, "projecting (…) the deepest guilts and destructive forces within the self". Lameyer is most likely referring to a different disorder, multiple personality disorder, ironically commonly confused with schizophrenia. This disorder is characterized by the involuntary adoption of several personae or personalities. Once again, there are no records of multiple personality disorder in Plath's history.

The only possibility that would corroborate this assertion is to consider that the author/narrator process can be a disorder in and of itself. However, the author is never the narrator as the author *creates* the narrator. Even if one acknowledges the presence of literary doubles in Plath, they may not be able to accurately depict the anguish of her schizophrenia, for she did not exhibit symptoms of schizophrenia. As such, one must be cautious when giving Plath's story a label as complex as that of a severe psychiatric disorder. It is, therefore, imperative to talk about Plath in the context of psychiatry because it is a strong reminder of the stigma and labeling associated with mental illness, and its inherent complexity.

A NEW MODEL OF DEPRESSION AND PLATH

The importance of revisiting Plath's life lies in its potential to inform psychiatry. Admittedly, Plath's struggle with depression was present in her life. The above-represented scholarly work provides examples of the focus on taking concepts from the psychiatry and applying them to Plath's life and work, when investigating her story. I suggest a shift in focus. For mental health professionals, reading Plath could contribute to a more patient-centered care, could improve understanding of the role of affects in the development of a psychiatric disorder, and could highlight the importance of patients' comprehensive history in the formulation of diagnoses.

In the past decade, the insurgence of positive psychology in the affective sciences has influenced models of depression, which challenge the 'chemical imbalance theory' (see for example Donaldson, Csikszentmihalyi, and Nakamura 2011). The chemical imbalance theory suggests a biomedical model of mental disorders as brain diseases. The same theory "emphasizes pharmacological treatment to target presumed biological abnormalities (Deacon 2013)." In this latter part of the essay, I would like to highlight the work of one particular scholar, psychologist Jonathan Rottenberg, who advocated for the acknowledgement of both biological and sociocultural factors in the development of depression:

> "…something this bad must be a disease. Perhaps what we call depression isn't really a disorder at all but, like physical pain, an alarm of sorts, alerting us that something is undoubtedly wrong." (Rottenberg 2014)

Rottenberg sees depression as "an alarm of sorts," hinting at something deeper than the physiological symptoms themselves. In fact, the author defends that "affective science [responsible for the study of affect and emotion] holds the key to understanding and treating depression". This is because affective science may in fact complement psychiatry, which relies largely on understanding physical mechanisms – what a psychiatric disorder *is* – as opposed to a more affective-science-oriented approach, which has the potential to focus on what a disorder *feels like* and therefore why it occurs (Rottenberg 2004, 12). As a result, although diagnoses are important to design a course of treatment, they do not exist in a vacuum; they do not investigate why the feelings or symptoms arise in the first place or how the person may recuperate. In the case of Plath, it may be essential to investigate her history because it sheds light on the role of affects in her struggles.

In addition to her turbulent relationships with Hughes and her mother, and the death of her father, other circumstances may have been associated with Plath's struggle. Namely, research shows that there is a correlation between over-achievers and depressive symptoms (Wirtza, et al. 2013). To this point, Rottenberg adds that "depressed people are overcommitted to goals that are failing" and that it may not be the case that people exhibit apathy or isolation because they do not have goals at all. In Plath's case, this idea is also exemplified: a brilliant student who interns with a well-renowned magazine in New York City and does not feel a sense of belonging, control, or accomplishment, who fails to attend a Harvard program the summer after she returned from that same internship. Some of the goals set by Plath – whether directly or indirectly also set by her mother – failed, one after the other, fueling feelings of defeat and failure.

This succession of failures raises one final point: depression may arise not only from a stressful event but also from a succession of stressors, which "maintains depression." These successive stressors may go unnoticed – perhaps what Cooper termed "lesser life events", in Plath's case. In other words, there were major events, such as the death of her father, which led Plath to live trapped under a 'bell jar'.

However, the continuation of less positive feelings – exalted by loss, betrayal, self-esteem, and prolonged by lack of support and fulfilling relationships with others – may have hindered her journey to resurface from emptiness.

As social and gregarious animals, humans establish bonds with others to create relationships, which are fundamental to human existence. Evolutionarily, we developed a system to deal with the painful feelings arising from the end of a relationship or the end of an emotional bond with another being. That evolutionary mechanism is a mood system, ordinarily manifested as one's mood (Nettle and Bateson 2012). We are, therefore, evolutionarily predisposed to feel sadness when a bond is disrupted; for instance, when Plath lost her father. As such, sadness in and of itself is not abnormal. It can only be natural – 'normal', if you will – to feel broken after ending a meaningful bond with another. It was perhaps an inadequate environment that did not allow Plath to recover from such loss.

From here follows a point common to all scholar work on Plath's life: the role of her parents in the development of her character. There is a consensus regarding the strong impact Otto's death had on Plath as well as her relationship with Aurelia. In addition, research suggests that personality and mood disorders may arise, in part, due to unhealthy or inexistent relationships with parents, as primary caregivers and role models (Laulik, *et al.* 2013). In this sense, reading Plath in the context of psychiatry reminds us of the importance of strong, caring role models in creating a safe environment for children. By revisiting Plath's work, one begins to pay attention to the seemingly insignificant details in a patient's history. These details – the context – may be decisive in drawing the line between normal and abnormal, natural and pathological, before reaching a diagnosis.

The field of psychiatry could gain from reading Plath's history as yet another example of the difficulty of adolescence and the changes arising from it. Plath's life and work challenges perceptions of normality and forces me to question the easiness in applying labels to the "mentally ill". But what came first, the so-called illness that may have pre-dated the passion for writing, or was the writing that kept the poets sane in the midst of their pain? A double entendre revolves around Plath: the woman who died by suicide due to her madness and the woman steeped in sadness who died by suicide.

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