MEMOIR

Sylvia Plath and Mad Studies: Reframing the Life and Death of Sylvia Plath

James Macaulay McManus

Overview

I am a psychiatric survivor, a current consumer of mental health services, and a licensed social worker. I grew up reading, and connecting to, the poetry of Sylvia Plath. I recall a teacher, knowing my history at the time, remarked that I only liked Plath "because she killed herself." Indeed, I did and still do have a love affair with suicide. My admiration for Plath comes not from her untimely death, but for the years she survived—his assumption that her means of death somehow inspired me was not only incorrect, but in hindsight, incredibly insulting.

If I define "love affair," as a relationship that exists outside the accepted scope (i.e., marriage), then suicide was just that for me. I wrote my first suicide note at ten years old—I yearned for something I could not possibly understand at that age. Although I had Catholicism taught to me at a young age, I did not care for it enough to internalize any of the ideologies surrounding death. I believed, and still do, that death is wholly nothing and absolute nothingness was the only future I could imagine for myself. I so vividly remember writing that note in which I declared that I would simply hold my breath until I died. It was naive, of course, but so incredibly sincere. Plath wrote, on her attempt to drown herself that, "the body is amazingly stubborn when it comes to sacrificing itself to the annihilating directions of the mind" (Clark 273). Suicide, back then, was as attractive as it was forbidden. I knew I should not want to die, nor could I even articulate why I wanted to die in the first place—and yet that made me want it more.

I did not have a reference point for suicide until my early teenage years when I learned about Sylvia Plath. I saw my pain reflected in her poetry and recall the desperation of wanting to join her. I remember thinking that if things became too much, too painful for me,

I could just kill myself—there was always a way out. A large part of my suicidality came from untreated bipolar II symptoms, along with the abuse and neglect I received from my mother. Above all else, though, I could not see a future for myself. I could not see myself in any of the adults in my life, nor could I even relate to children my own age.

My relationship to suicide and madness has evolved as I have aged. It has taken several years of therapy for me to understand that, like Plath, I had deeply internalized a harmful narrative of myself. The mythology surrounding Plath is that she was a sick, and mad woman, who was destined for a tragic death. I have come to understand her differently. What if one reframes the experience of madness? What if we take back the power from those who study us? The field of Mad Studies aims to do just that. While Plath herself cannot control her narrative, I am hopeful that her scholars will redirect the narrative away from the "sick, mad woman" story that completely misses and erases the complex, but very human, range of emotions she felt during her lifetime.

Throughout this essay I will engage with Plath's journals, along with her novel *The Bell Jar*, while also weaving in my own personal experiences. I will first provide some context for who Plath was and then situate my work among the existing scholarship about Plath. Next, I will speak about my experience with madness as a teenager and will follow that with an exploration of the biomedical model of mental illness and its alternatives. I then spend some time looking at suicidology and use this frame to explore my own history as a queer and trans person. I move on to talk at length about the role that mothering played in madness for Plath and me, before lastly covering the notion of self-harm as a survival method.

Context

Plath was born on October 27, 1932, in Boston Massachusetts to Otto and Aurelia Plath (Clark 29). Plath's father, a professor, died when she was eight years old (3). Plath spent the rest of her childhood living with her mother, who had given up a career in higher education to provide for Sylvia and her younger brother, Warren (31). Plath kept meticulous and thorough journals throughout her life—many of which have since been published. It is from these journals where I will do the bulk of my analysis. Plath is most celebrated for her poetry collections, *The Colossus and Other Poems,* published in 1960 and *Ariel*, published posthumously in 1965 (107). I will, however, focus additional analysis on her novel *The Bell Jar,* published in 1963 and based on Plath's own life (50). Plath died on February 11, 1963, by suicide (893).

Although Plath's work broaches a multitude of subjects from motherhood to bees, it is her writing on the topic of death and suicide that struct me the most as a teenager. I so deeply appreciate Plath and her body of work because of her honesty. She communicated the feelings that I could not, without consequence, share with the adults in my life. I saw pieces

of myself in her poetry, prose, and journal entries. I, too, kept meticulous journals in which I wrote poetry about my suffering. I clung to her writing about death in such a way that helped me sustain my own life.

There is much writing on Plath and her relationship to motherhood and her two children. Heather Clark's *Red Comet: The Short Life and Blazing Art of Sylvia Plath* is the only work I have come across, however, that investigates the relationship between Plath and her own mother, and it does so in a way that I have complicated feelings about. There is, additionally, a great deal of writing as it relates to Plath and suicide, but none that uses the frame of Mad Studies. My work is different from the scholarship I have encountered, in large part because I am a queer, transgender man and I bring that experience to the table. There is also always the fear, for me, of not wanting to pathologize Plath or put words into her mouth. It is my hope that through making meaning for myself out of Plath's journal entries and prose, I can provide meaning to others.

A Diagnosis

I recall the first instance I was taken to my pediatrician, at age thirteen to discuss my suicidal ideation and mood swings. In her journals, Plath so accurately articulates the nature of my mood swings: "it is as if my life were magically run by two electric currents: joyous positive and despairing negative – whichever is running at the moment dominates my life, floods it" (*Unabridged Journals* 474). My moods tended to swing toward the "despairing negative," with brief but blissful moments into the "joyous positive." I now have the language to see that, diagnostically speaking, my lows were depression, and my highs were hypomania. So much is lost, like my humanity, when using these reductive labels. Plath's writing provided me with a way to engage with my "two electrical currents," without generating a spark large enough to kill me. I, for example, I could read Esther's suicide attempt in *The Bell Jar* and get close enough to what I wanted so deeply, without having to touch it.

Even at thirteen, I seem to have known, as I brought up the possibility of a bipolar diagnosis for myself and received laughs from both the middle-aged pediatrician and the attending nurse. I looked at them quizzically, because why were they laughing? As if she were testing me, my pediatrician asked if I was happy or sad most of the time to which, of course, I replied "sad." And so, I left with a diagnosis of "major depression" and a prescription for an SSRI.

As my moods did not improve and my suicidality got worse, my mother found me a psychiatrist. David, an older man, never truly heard what I had to say beyond counteracting my symptoms with a prescription. He never inquired further into my moods. "I can't sleep," I told him once. He gave me, a sixteen-year-old, a prescription for Ambien. The FDA does not recommend pediatric use of Ambien. The medications he prescribed, often sedatives, made me at best groggy and at their worst, unable to function. "I'm suicidal," I must have

told him dozens of times. In response, he handed out prescriptions to mood stabilizers and sedatives like candy. Assuming that all my problems could and should be solved by medication only reinforced a harmful narrative: the doctor says I am ill, and that there is something biologically wrong with my brain. I rehashed that narrative again and again in my head as I took the pills that David prescribed. The several different SSRIs, mood stabilizers, and anti-psychotics failed to work and thus left me feeling truly, and biologically, broken. No room existed for growth in the biomedical model because what can one do to truly fix oneself if subjectivity is so far removed from structural oppression? My story, however, is so much more complex, and so much richer than what the medical model can provide.

Plath, too, did not feel seen or heard by the first psychiatrist she met with, Dr. Thornton, in Boston in the summer of 1953 (Clark 266). Plath immortalizes Dr. Thornton in *The Bell Jar*, naming his character Dr. Gordon. Esther Greenwood, the protagonist based on Plath herself, hates him immediately, because he appears young and conceited. He says: "your mother tells me you are upset… Suppose you try and tell me what you think is wrong" (*Bell Jar* 98-99). Esther wants to say that she is "so scared," but is immediately put off by Dr. Gordon's choice of words: "What did I think was wrong? That made it sound as if nothing was *really* wrong, I only t*hought* it was wrong" (*Bell Jar* 99). Esther goes on to explain that she has not slept and cannot write, and Dr. Gordon dismisses her concerns. Plath only met with Dr. Thornton for two sessions before he recommended shock treatment. The initial interactions Plath and I had with psychiatry only reinforced the hierarchy of doctor and patient, where the doctor is the expert, and the patient is not.

The Biomedical Model

Sylvia Plath received ECT treatment between the years of 1953 and 1954 to address her depression following her 1953 suicide attempt. Plath regarded her experience of this treatment as "traumatic." Ellie Friedman, a college friend, recounted that Plath had told her that ECT "was like being murdered," and stated that "if this should ever happen again, I *will* kill myself" (Clark 269). Neurologist, Ugo Cerletti, created in 1938 after witnessing pigs being "anesthetized and shocked" before their death, and wondering if this could benefit humans (Clark 268). ECT in the best-case scenario could improve the mood of a severely depressed patient. At its worst, however, ECT could cause cognitive impairment and memory loss. ECT is still used occasionally for patients who do not respond to psychotropic medications. This method of treatment rather precariously targeted parts of the brain to alter brain chemistry. It wasn't until decades after Plath's death, in the 1980s, that antidepressants known as SSRI's really took off in popularity. Growing up in the twenty-first century for me meant that I watched a lot of television. With television came commercials that preached the benefits of taking psychotropic medications. I remember the original 2001 commercial for Zoloft that featured a "sad blob," the character affected with depression. The commercial succinctly demonstrated the nature of the biomedical model—that there is a chemical imbalance happening in the brain.

The Biomedical Model and Oppression

The thought that it is brain chemistry alone that causes human suffering is misguided. In his work on the mental health industrial complex, Eric M. Greene posits that, "this specific ontology of subjectivity, which defines the entire human experience as a result of brain chemistry, is a singular, restrictive and reductive understanding of all the ways in which humans and their subjectivity can be understood," (1). In other words, to reduce the human condition to brain chemistry means that we lose a great deal of nuance, especially as it relates to oppression. In her chapter in *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies* Mary O'Hagan states that she seeks to create a world, "where mental distress is viewed primarily through the eyes of the people who experience it - as a legitimate though challenging experience from which value and meaning can be derived (353). The meaning that we can derive from these experiences, then, can come from oppression. If one experiences misogyny regularly, like Plath absolutely did, it makes sense that she might feel suicidal as a result. One can see this misogyny in the scene from *The Bell Jar* that I mentioned earlier, where Esther first visits Dr. Gordon. Instead of addressing her concerns when Esther mentions that she cannot eat, sleep, or read, Dr. Gordon asks her about her college and remarks "my, they were a pretty bunch of girls" (*Bell Jar* 100). Esther's distress lacks credibility because of her gender and serves as a classic example of misogyny within psychiatry. In his chapter in the same book, *Searching for a Rose Garden,* Peter Beresford comments on the legitimacy of having direct experience with madness. He goes on to say that when someone already experiences both discrimination and oppression, they can typically expect to face additional discrimination based on being perceived as not having any credibility – despite their direct experience (692). The biomedical model is, thus, a powerful ideological tool that leads society to believe that there is something inherently wrong with the brain, as opposed to there being something wrong with structural oppression.

In speaking about oppression, it is important to acknowledge the intersections of identity—specifically race, class, and gender—at play when I speak about Plath and myself. Plath and I both exist(ed) as lower middle-class white people in a society where white supremacy is upheld. While Plath experienced oppression, she also held oppressive viewpoints. We can observe Plath's racism, for example, in both her poetry and fiction. In *The Bell Jar*, Esther refers to the Black man serving her food in the psych ward with a racial slur and comments that "he kept grinning and chuckling in a silly way," and "he gawked at us with big, rolling eyes" (*Bell Jar* 139). Plath relies on racialized caricatures to describe this unnamed character.

Decades later and, in the context of literature and what is taught in academic institutions, white supremacy still reigns. I grew up learning bits and pieces of Plath's poetry—but almost never the work of Black poets and authors like James Baldwin, Zora Neale Hurston, and Octavia Butler. In speaking about the Black experience and the biomedical model, it is crucial to acknowledge that the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the

social workers, psychiatrists, and the like who use it, disproportionally give out psychotic disorder diagnoses to Black individuals. In *Mad People of Colour*: *a manifesto*, Gorman et al. addresses the ways in which they, as both participants and organizers, are "dismissed or deflected by people who want the mad movement to be white and middle-class" (Gorman 27) To address racism in mad spaces means to also address the "violent and subtle ways that people of color are psychiatrized." The diagnosis of psychotic disorders among Black individuals is just one well documented example of racism within the mental health field. Indeed, Black consumers of mental health services are three to four times more likely to receive a diagnosis of a psychotic disorder than white individuals (Schwartz & Blankenship 133). One of the reasons for this disproportionality is "clinical bias." In other words, it is up to the whim (and racism) of the person diagnosing. The biomedical model and structural racism therefore intersect and keep white supremacy in place.

Dangerous Gifts

An alternative to the biomedical model, however, exists, among many others. Sascha Altman DuBrul and Jacks McNamara created The Icarus Project, a mutual-aid community, in 2002 to "overcome alienation and tap into the true potential that lies between brilliance and madness" (DuBrul 259). The Icarus Project is now renamed and under new leadership as of June 2020, but I will focus on its original mission. The vision of The Icarus Project states that "sensitivities, visions, and inspirations are not necessarily symptoms of illness, they are gifts needing cultivation and care." Reimagine, then, Plath as having a dangerous gift that simply needed careful cultivating. The Icarus Project acknowledges the double-edged nature of madness: "at our heights we may find ourselves capable of creating music, art, words, and inventions which touch people's souls or change the course of history. At our depths we may end up alienated and alone, incarcerated in psychiatric institutions, or dead by our own hands" (259). Madness, then, is a gift that can often feel like a curse; to nurture the gift means to unlock the potential within it. Without the skills to nurture our gifts, though, we can easily find ourselves struggling to function. The nurturing of dangerous gifts can look like many different things for many different people; for me, it looks like getting enough sleep, keeping a routine, taking my meds, and engaging in therapy. I will also note that the language of "dangerous gifts," coined by The Icarus Project might not resonate for everyone—especially given its creation and use by white individuals.

Plath's poetry shows that she had a rich emotional landscape; low valleys, high mountains, a stream separating fields of tall grass: "for all my despair, for all my ideals, for all that – I love life. But it is hard, and I have so much – so very much to learn" (*Unabridged Journals* 37). The landscape, though, has dark spots. It is in these dark spots where it is easy to lose hope and a sense of purpose. Plath was situated in a time that did not have the tools, compassion, or insight to nurture and help someone grow such a landscape. Her death is not a failure on her part, but on that of an incredibly limited and oppressive society.

My formal diagnosis of bipolar II means that I meet certain criteria according to the DSM-V. One must have had at least one hypomanic episode along with one major depressive episode, and these episodes must cause significant distress. Sometimes I wonder how my madness could be considered a gift when these deep and vast depressions rendered me incapable of functioning. I am reminded of the story from Greek mythology of Icarus, from which The Icarus Project gets its name. Icarus builds a pair of wax wings and flies too close to the sun, melting his wings, which causes him to fall and ultimately drown in the ocean below.

What does a diagnosis matter anyway if we have the model provided by The Icarus Project? A diagnosis is useful for me to give a name to the suffering I experienced for years. What is not useful is when others wield my diagnosis against me. "Are you manic?" loved ones will ask me. No, I'm not manic and even if I were manic, I am insulted that you felt the need to point it out. There are people who want to co-opt my moods and turn them into accusations: "Well, you're manic so that's why you did this." Maybe I tried to spend a ridiculous amount of money on a skateboard without knowing how to skate, and maybe I met the diagnostic criteria for mania. When my moods and actions are pathologized, I am stripped of my dignity of having a nuanced and unique emotional experience. It is frustrating when people in my life make assumptions about my moods and what causes them. I would like to simply experience a full range of human emotions without necessarily needing to attach a qualifier to the emotion (i.e., manic, or depressive).

Suicides get treated similarly; because Plath died by suicide, many assume that she had always been headed toward that path. In his 2013 biography, for example, *Mad Girl's Love Song: Sylvia Plath and life before Ted*, Andrew Wilson writes that Plath was "a tortured soul whose only destiny was death by her own hand" (Wilson 13). Wilson's reductive description of Plath only feeds into the mythology around her. When I tried to engage in conversations about Plath in high school, her poetry was hardly mentioned—only the means surrounding her death.

McKay argues that "death somehow pervades every act and behavior of their lives" (McKay 45). To make that assumption discredits all the joy Plath doubtlessly experienced in her lifetime. I look back on the twenty-seven years I have lived so far and while I suffered more than I would have liked, it is hard for me to forget the moments of joy. Plath and I both, for example, spent many summers vacationing in Cape Cod, Massachusetts. In a letter reflecting on the summer of 1952 that she spent nannying for a family in the town of Chatham she wrote: "I think back on that as the happiest summer of my teens—it just glows gold, the color of the Chatham sands" (Clark 202). I remember very little from my childhood, but I do remember the warm sands of Cape Cod. I remember feeling embodied and safe surrounded by water, and I suspect Plath did too.

What if we took Plath out of the twentieth century and placed her into 2021? At the very least, there is less of a mental health stigma. I look at myself, though, and the nearly twenty

years of suffering I endured and wonder how much things have truly changed since Plath's experience with psychiatry seventy years ago. That said, The Icarus Project has been instrumental in my healing process in life, as a survivor of psychiatric abuse. I still actively engage, as a consumer, with the mental health system but I now have the language and tools to define for myself how this looks in my life. More specifically, I take my medication daily and go to therapy twice a week not because I am inherently flawed, but rather because I feel good when I do those things. Beth Filson remarks that "whoever has the power determines what it means" (Russo & Sweeney 514). I have taken back that power from the dead-in-the-eyes psychiatrists of my childhood; I have taken back that power from every person who has called me "crazy;" I have taken back the power from whatever it is that haunts my mind at night. To take back power means that I now have control over my own narrative. I want Plath's legacy to be able to take back that same power.

Suicidality and a Crisis of the Self

The biomedical model treats suicidality as something to eradicate completely with the use of psychotropic medication. The "dangerous gifts" framework, on the other hand, treats suicidality as part of a larger experience. Working with my Gestalt therapist, we have given a name to my suicidality: Katie. Giving a name to something so dark and scary as suicidality has made it feel almost tangible and easier to work with. Why that name in particular? I am a transgender man and Katie was the short version of my birth name. Katie exists, even in this moment in time, as a teenage girl. She's not an ordinary teenage girl though—she's mad. She hurts herself compulsively and worries—if not scares—others in her life with her frequent extreme emotional states. It is Katie who comes to visit when I, James, am lying peacefully in bed at night mere moments from sleep. She creeps into my psyche and pokes and tears at all my sore spots until I desperately need a release from the pain caused by trauma. The thing about Katie, though, is that she does not mean to hurt me. She is usually trying to lead me to something deeper within myself.

David Webb, a suicidologist at Victoria University, speaks extensively about his own suicidality. Most interestingly to me, he mentions how suicide is a "crisis of the self."

With hindsight I can now say that at the core of my suicidal dilemma was the question, 'What does it mean to me that I exist?'. This question points to what is recognized as one of the key indicators of suicidality – hopelessness. For me, hopelessness arises from an absence of meaningfulness. If I feel that my life is entirely without any meaning and purpose, and no hope of it ever being otherwise (i.e. helplessness), then suicide becomes a progressively more and more logical and attractive option. Why put up with this pain when there is absolutely no point? (Webb)

Plath, too, struggled to find the answer to the question "what does it mean to me that I exist?" As a woman living in the twentieth century, she could easily answer the question of

what her existence meant to other people: marriage, children, domesticity. Plath notes that "Yes, there is joy, fulfillment and companionship – but the loneliness of the soul in its appalling self-consciousness, is horrible and overpowering" (*Unabridged Journals* 44). The "loneliness of the soul" that Plath mentions resonates with me deeply. I suspect Plath's sense of existential loneliness came because of misogyny and the lack of an option to live authentically, whatever that might look like for her. I have experienced a similar loneliness and what I feel is a literal crisis of the self.

Coming to terms with my queerness was a terrifying and alienating experience. I came out as a lesbian at around age sixteen. Not only was I a lesbian—I was a butch lesbian. I experienced a great deal of misogyny and homophobia during those years—mostly coming from my own mother. When I foolishly told my mother that I had kissed my then girlfriend for the first time, she called me "disgusting." That wound is still raw over ten years later. What was even scarier though, was coming out as a trans man a few years later and having to navigate the world as an entirely different gender. Abundant resistance came directly from my family, with my mother at the forefront. My mother's disapproval, however, was nothing new.

A Disclaimer

In her recent biography on Plath, Heather Clark writes that Aurelia Plath "cannot be blamed for Sylvia's suicidal depression any more than Sylvia herself" (Clark 304). She goes on to question how much of Plath's reported hatred for her mother was genuine, and how much of it was "suggested" by her psychiatrist, Dr. Ruth Beuscher who reportedly was "hostile to Mrs. Plath…[and] all who might claim an equal share to Sylvia's growth and affections" (303). I understand Clark's hesitancy, perhaps, to blame any one person for Plath's suicidality. I am, however, inclined to trust the words that Plath has written. That said, Dr. Beuscher abused her position of authority in Plath's life. The line between "psychiatrist" and "friend" was one that was blurred and eventually crossed. When I draw comparisons to my mother and how Plath writes about hers, I do so to understand my own experience better and not to speak for or to project onto Plath.

Mothers and Madness

Context is so crucial when thinking about Plath's life. In her chapter in *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies,* Beth Filson remarks that as a patient herself, she "was essentially disconnected from any context that could have explained the chaos in and around [her]." She argues that "when the actions we take to cope, or adapt, or survive are deprived of meaning, we look – well, crazy" (Russo & Sweeney, 2016). To remove context from Plath's life means losing the rationale behind her choices. Doctors never hesitate to tell me I am sick without considering exactly why I am like that. My years

of complex trauma get lost to the narrative of the biomedical model; the behaviors that I used to cope are then "deprived of meaning." When I refer to complex trauma, or C-PTSD, I am specifically referring to the emotional neglect I faced at the hands of my mother. The dynamic between my mother and me has caused me great distress and has ultimately contributed to my chronic suicidality.

On August 24th, 1953, Plath took an overdose of sleeping pills in an attempt to end her life. Her mother reported her missing and Plath was found two days later in her cellar. Much like Plath did during her lifetime, I have spent a great many years trying to kill off something scary inside of myself. I spent years staring down knives and blades, wondering which I would choose. And yet, I never did 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" (*Bell Jar* 113). At age 16, I found myself institutionalized for the first time, in upstate New York. The well-intentioned but misguided therapist asked me why I wanted to kill myself. "I don't feel loved," I told her. She remarked, "your mother is trying very hard, you know." I did not want my mother because I knew she did not want me. Whatever love she was trying for was in vain.

Deep in her journals, Plath writes something remarkably similar about her own mother: "WHY DON'T I FEEL SHE LOVES ME? WHAT DO I EXPECT BY 'LOVE' FROM HER? WHAT IS IT I DON'T GET THAT MAKES ME CRY?" (*The Unabridged Journals* 534). These are all questions that I have asked myself and have tried to answer for years. Plath goes on, "I think I have always felt she uses me as an extension of herself; that when I commit suicide, or try to, it is a 'shame' to her, an accusation: which it was, of course. An accusation that her love was defective." My mother's love has never felt authentic or genuine. I find my body going limp and cold when she hugs me—there is nothing there to feel. To be clear, it is not a meaningful hug that I am looking for. There is no physical gesture or apology that she could give me now that would ever be enough.

John Bowlby's attachment theory has given me great clarity in looking back at my past. Bowlby places great emphasis on the role of the mother in the child's capacity to form attachments; a mother is the foundation of security in a child's life. In a much-replicated 1975 study on attachment called the "Still Face Experiment" Edward Tronick discovered that after three minutes of interaction with an expressionless mother, the child "rapidly sobers and grows wary" (Adamson & Frick 452). The child will then try to reengage the mother, but the attempts will fail, and the infant withdraws and orients its body away from the mother. Growing up with a mother who was not present emotionally for me meant that I developed an ambivalent, or anxious, attachment style. Her emotional engagement presented (and still does) as inconsistent. A home video exists of me at age three—I am lying face down on the floor of my then babysitter's home. "What's wrong, Katie?" she asks me. "I can't smile," I say. The video cuts out. This babysitter recalled, in recent years, that she knew what kind of

day I was going to have based on the look on my face after walking in her front door: "you weren't a happy kid," she told me. Even now, I find it profoundly difficult to meet my mother's gaze or mirror her emotions. As part of developmental milestones, babies learn to mirror their mother's facial expressions. She will laugh, for example, and I cannot even come close to curling my mouth into a smile—my face remains still. Why couldn't I smile all those years ago? Why can't I smile now? Because her love was—is—defective.

The notion of a crisis of the self feels very relevant here when thinking about my mother. Webb posits that the core of his crisis of the self was the question, 'what does it mean to me that I exist?' I have wondered the same thing. I spent my teenage years grappling with what Webb calls a "key indicator of suicidality," or hopelessness. I wanted to live authentically, but how does one do that when one has been raised by someone so incredibly inauthentic? That said, I recently posed the questions to myself: did I medically transition (i.e., taking hormones and having surgery) to get away from my mother? Does my suicidality come from wanting to kill the parts of my mother that rest inside of me?

My stance on this has changed several times over the course of the past few years. On the surface, I transitioned to resolve my gender dysphoria. Going deeper, though, I once thought that I had to kill off parts of Katie to let James live. Katie is a product of her mother, but James is a self-made man. Katie performed the part of "girl," of "woman," until she could not anymore. James rose from the ashes of Katie; he collected all the useful parts of her and tried to leave the rest. My suicidality, I believed, came from the remnants of my mother that are still left in this body, that I so desperately want to kill off. I certainly do not wish literal harm upon my mother. I simply wish for all the things I know she cannot ever be. Her capacity for self-growth, I realize now, is quite limited. She cannot love herself and she cannot love me.

Plath remarks that her psychiatrist, Ruth Beuscher, giving her permission to hate her mother felt "better than shock treatment." Shock treatment, although traumatizing for Plath, only treated the supposed chemical imbalance. While Beuscher, according to Clark, largely influenced Plath's hatred for her mother, perhaps simply experiencing the emotion of anger was enough to allow for some healing. The Freudian idea that anger directed inward is depression would lend itself to the idea that if one redirects that anger, the depression will decrease. Because Beuscher's work with Plath was largely informed by Freud, it makes sense that she would guide Plath's anger toward her mother, regardless of if the anger was warranted.

My therapist, too, has given me permission to hate my mother. The fact that Plath and I both needed permission to feel anger toward our mothers points to a larger theme of misogyny. Society expects women to exude warmth, and to instantly bond to their child. This expectation does not consider the potential of post-partum depression and does not consider the very real fact that some women do not want to be mothers in the first place. I

know that my mother and father married largely because they both were in their late 30s and felt as though it was "now or never," and I know they decided to have children for the same reason. My mother brought her own baggage to the table when it came to raising me. I hate my mother for the pain she caused me. And yet, I keep going back for more in hopes that maybe she will see and hear me at all. In an ideal world, my mother would provide me with the only thing I have ever wanted: unconditional love. I have had to accept the limitations of my real mother: she cannot love me like I want her to.

Plath, too, acknowledged what she perceived to be the true nature of her mother—one that is capable of everything but love: "now this is what I feel my mother felt. I feel her apprehension, her anger, her jealousy, her hatred. I feel no love, only the Idea of Love, and that she thinks she loves me like she should. She'd do anything for me, wouldn't she?" (516) My mother is heavily invested in the love she believes she gives me. On the receiving end of this "love," it manifests more as apprehension and hatred than it does unconditional love. Plath's mother, much like my own, would seemingly do anything for me—something I have never asked for. In turn, I am forever indebted to my mother for this sacrifice, and I feel she resents me for it at times.

I do not know enough about my mother's aspirations to say what she would have done had she not married and given birth to two children. Perhaps she would have traveled more, instead of planting roots in upstate New York. Maybe she would have pursued higher education. Either way, there is a misogynist expectation that women drop everything to pursue motherhood—and she did just that.

The desire for unconditional love is something so deeply ingrained in me that it does not occur to me what I am searching for until I realize I cannot have it. Plath asks the relevant questions: "What do I expect or want from mother? Hugging, mother's milk? But that is impossible to all of us now. Why should I want it still. What can I do with this want. How can I transfer it to something I can have?" (*Unabridged Journals* 543). A former therapist once told me that even if my own mother came around and loved me, "the mother's milk won't be as sweet." Indeed, the milk would be rotten at this point. Despite the probably debatable notion that Dr. Buescher totally influenced Plath into hating her mother, there is still a yearning for something that Plath experienced. The question of how she can transfer "this want" to something she can have, however, goes unanswered.

The Psychiatric Institution

Following her 1953 suicide attempt and a stay at another hospital, Plath ended up at McLean Hospital in Boston. My first inpatient hospitalization, unlike Plath's, was entirely against my will because I was a minor. My parents had admitted me under the guidance of my high school. How many times does one have to get reported by a mandated reporter before being shipped off to a psychiatric hospital? Only once, it turns out.

My parents drove me up to the hospital in Upstate New York on an October day in 2011. From my memory it was more of a campus; it contained various units: children, adolescents, and adults. Above all else, it looked aesthetically like it was trying to compensate for the true suffering that went on there. Similarly, in 1953, the director of McLean remarked that the hospital "is very attractive and looks more like a college campus than a mental hospital" (Clark 284). The notion of an "attractive" mental hospital sounds strange to me because it begs the question: who is it trying to be attractive for? Certainly not the patients, I would argue.

I walked from the parking lot to the intake building and made note of the scent of freshly cut grass. I recall that fall being a warm one and there was abundant flora still in bloom. "Looks nice," my mother remarked, observing the landscape before ushering me inside the intake building. I knew and felt from the moment that I stepped inside the building that I was no longer free; doors began to lock behind us and security escorted us through hallways. My parents signed the paperwork admitting me to the inpatient unit and I was soon separated from them.

"You'll get your stuff back later," one nurse told me as she picked my bookbag off the floor and handed it to security. I followed the same nurse into a room so cramped it could have passed as a storage closet. The fluorescent lights of the room burned my eyes and I began to squint so much that I hardly registered a second nurse had come into the room.

"We need to make sure you're not hiding any drugs or weapons," one nurse told me. I did not understand. The other nurse cleared her throat and clarified: "we need you to strip." I complied and undressed down to a bra and underwear. I held my breath as they counted and documented the scars on my wrists, shoulders, and thighs with the tips of their pens. "Underwear too." My clothes sat in a pile on the floor, and my underwear at my knees. I felt vulnerable, exposed, and embarrassed.

The room where I would spend the next 8 days was just big enough for two people. The walls were peeling, exposing layers upon layers of white paint. I lay atop my assigned bed and stared at the wall. Moments later, my belongings were returned to me. My contact lenses were taken because I couldn't prove that the saline solution inside the case was truly such, but a copy of *Ariel* by Sylvia Plath remained in my possession.

I woke up that first morning to another body in the bed across from mine. My roommate had arrived via ambulance sometime that night. We skipped formalities and swapped stories. "It was a momentary lapse of judgment," she said of her suicide attempt. She woke up one morning, swallowed a bottle of pills, stumbled through the streets, and ended up in the hospital being force-fed charcoal to induce vomiting. Hers is not my story to tell, though.

Every day at noon and five, we were escorted to the dining hall. The social climate was what you would expect from about fifteen "mentally ill" teenage girls. Conversation was required to stay light and any discussion about mental health or our treatment plans was strongly discouraged. Too much laughter was also frowned upon by the bitter and exhausted attendants who watched over us. I witnessed more than one girl get put on a dining hall restriction for laughing too loudly or too much. In our brief moments of joy, we were condemned as being uncontrollable.

Not wanting to draw any attention to myself, I stayed quiet during meals. One night, however, the attendants were discussing what movie should be played that weekend. I recommended *The Breakfast Club*. "Oh yeah, you'd be the basket case, right?" the attendant said, referring to Ally Sheedy's character who goes to detention because she has nothing better to do. I wanted to argue and say that I'd *actually* be John Bender, but I knew he was right.

Physical location certainly plays a role in one's external experience of madness. Plath and I both ultimately ended up in private hospitals; her stay was paid for by her college benefactor, Mrs. Prouty, and mine by insurance. Race and class have everything to do with where an individual can end up as far as psychiatric institutions go. As mentioned earlier, our position as white and middle class meant that we were afforded certain privileges, like an upscale hospital. Madness, though, does not particularly care where you are: the internal experience remains largely the same. Plath demonstrates this point in *The Bell Jar* when she is moved from a city psychiatric hospital to a private hospital: "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" (*Bell Jar* 143). Esther's experience of madness made her feel like a preserved specimen trapped on the inside of a bell jar.

I carried the weight of my own bell jar upon my release from the hospital eight days later. Hospital, home, or school—it didn't matter because I felt trapped inside the jar. Esther's mother encourages her daughter to act as if her madness had simply been a "bad dream." Esther goes on: "to the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream" (182). Esther likens herself to the preserved fetuses she had previously seen: frozen in a specific moment of time until presumably, the madness lifts and life resumes again. Life, however, did not simply go back to normal once madness had touched me. Mostly, because the madness never really left.

I left the hospital with no useful coping skills and a disdain for textbook Dialectical Behavior Therapy (DBT). The hospital staff did not help us mad teenage girls try to cultivate visions of our futures. We were not told of the gifts (dangerous or, otherwise) we possessed. I arrived back home with the same degree of suicidality that I entered the hospital with—I just got much better at masking it.

Self-Harm as Survival

Cutting has been a habitual part of my life since the age of 13. I had an unprofessional, and cruel therapist around this time, as well. When I shared with her that I was cutting, she would invite my mother into the room and make me show her. She threatened to institutionalize me—a threat that was very real given I had just left my first inpatient setting. I came across a journal entry from December 2nd, 2010, in which I wrote that if I wasn't allowed to cut, then I would not eat. I had already been starving myself at that point. Like cutting, it felt good. My therapist told me I was "refusing treatment," but looking back on it now, I do not know what treatment she was even offering me. My cutting, to her, was significant in terms of the risk of suicide, and yet, she did nothing to ease my suffering.

"You're mutilating yourself," she would tell me, but I begged to differ. For me and individuals like Clare Shaw, a contributor to *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies*, self-injurious behavior is done more often than not as a means of survival and is a conscious decision to stay alive: "it's a uniquely powerful decision to make…there is immense hope and strength, and that in engaging with death we also engage with life: what it means to be alive; what we want from our lives." If you had asked me why I was cutting back in 2010 I would only have been able to articulate that it simply felt good. Now I see that cutting was a powerful coping skill; a way of "preserving and affirming life." Cutting, of course, preserved me by keeping me alive during periods of suffering. In her book *Self-Injury, Medicine and Society,* Amy Chandler states that "the success of the practice of self-cutting is linguistically tied to the embodied aspects of cutting: blood is released, it flows, it is 'let out'. At the same time, this 'release' refers too to emotions—sometimes explicitly, and other times less so" (94). Indeed, cutting affirmed me by being a physical representation of my internal distress. I could see the blood and in turn, felt as if my distress was alleviated in some way.

The 21st century, with all its problems, has at least given me the ability to connect with folks outside of my own city and state. Who could Plath turn to, I wonder, in a crisis? Phone calls, especially when living abroad, were expensive. Having to wait days or weeks for a letter from a friend or Dr. Beuscher meant that support had the potential to be a waiting game. I want to reiterate and expand on the point I made earlier: it is not that Plath did not have the capacity to cultivate her emotional landscape. Rather, it is the limited, oppressive, and patriarchal nature of the twentieth century that did not provide the tools. One can only tend to a garden so much before tools are needed. Plath had planted all the seeds, so to speak, but was not given the watering can.

Conclusion

As a licensed social worker and therapist, I think about suicidality and how it is received in my professional community. My peers and colleagues are terrified by the mere mention of

suicidal ideation; I have had former classmates tell me that they refuse to work with "that population" out of fear of being personally liable for a death. *In Exploring Identities of Psychiatric Survivor Therapists: beyond Us and Them*, contributor Kristina Yates writes that therapists "are only as good as the work they have done on themselves" (Adame et al. 80). Every quality therapist I have ever had has left room for suicidality in our work together. Plath deserved to have been met with similar support and beyond. In writing solely about madness and suicidality I realize I have perhaps left little room for the joy and the successes that Plath and I experience(d). And so, going forward, I want to leave room for joy. Plath and I are similar in that we both found joy in writing. Indeed, I feel most alive when I am writing. There is something so special about the birth, destruction, and rebirth that goes into drafting a piece of fiction or poem. The joy that writing brings me will not erase the trauma and hurt that I experienced and will inevitably continue to experience but will, rather, soothe it. I would like to end on a line by spoken word poet Andrea Gibson from their poem "The Nutritionist." It is a line that I have tattooed on my chest, and it is a line that I wish Plath had heard during her time.

"You are not weak just because your heart feels so heavy."

Works cited

Adame, Alexandra L., et al. *Exploring Identities of Psychiatric Survivor Therapists: Beyond Us and Them*. Palgrave Macmillan, 2017.

Adamson, Lauren B., and Janet E. Frick. "The Still Face: A History of a Shared Experimental Paradigm." *Infancy*, vol. 4, no. 4, Oct. 2003, pp. 451–73. *DOI.org (Crossref)*, https://doi.org/10.1207/S15327078IN0404_01.

Chandler, Amy. *Self-Injury, Medicine and Society: Authentic Bodies*. Palgrave Macmillan, 2016.

Clark, Heather. *Red Comet: The Short Life and Blazing Art of Sylvia Plath (Kindle Edition)*. Vintage, 2020.

DuBrul, Sascha Altman. "The Icarus Project: A Counter Narrative for Psychic Diversity." *Journal of Medical Humanities*, vol. 35, no. 3, Sept. 2014, pp. 257–71. *DOI.org (Crossref)*, https://doi.org/10.1007/s10912-014-9293-5.

Gibson, Andrea. *Lord of the Butterflies*. 2018. *Open WorldCat*, https://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=2205532.

Gorman, Rachel, et al. "Mad People of Colour: A Manifesto." *Asylum*, vol. 20, no. 4, 2013, p. 27.

Greene, Eric M. "The Mental Health Industrial Complex: A Study in Three Cases." *Journal of Humanistic Psychology*, Feb. 2019, p. 002216781983051. *DOI.org (Crossref)*, https://doi.org/10.1177/0022167819830516.

McKay, Kathy. "'I Am Learning Peacefulness': Sylvia Plath's Liminal Art of (Un)Living." *Journal of Poetry Therapy*, vol. 30, no. 1, Jan. 2017, pp. 44–52. *DOI.org (Crossref)*, https://doi.org/10.1080/08893675.2017.1260205.

Russo, Jasna, and Angela Sweeney, editors. *Searching for a Rose Garden: Challenging Psychiatry, Fostering Mad Studies (Kindle Edition)*. PCCS Books, 2016.

Schwartz, Robert C., and David Blankenship. "Racial Disparities in Psychotic Disorder Diagnosis: A Review of Empirical Literature." *World Journal of Psychiatry*, vol. 4, no. 4, 2014, p. 133. *DOI.org (Crossref)*, https://doi.org/10.5498/wjp.v4.i4.133.

Sylvia Plath. *The Bell Jar (Kindle Edition)*. Harper Collins, 2015.

Webb, David. *The Many Languages of Suicide*. 2021, http://www.jungcircle.com/DWebb.html.

Wilson, Andrew. *Mad Girl's Love Song: Sylvia Plath and Life before Ted*. 2016.