HETERONORMATIVE RECOVERY IN THE BELL JAR

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Heteronormative Recovery in *The Bell Jar*

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ABSTRACT

In Sylvia Plath’s novel *The Bell Jar*, Esther Greenwood struggles to form a true identity. She emulates many women as a way to see how various identities work for her. One of these identities is that of a lesbian. During the novel’s 1953 setting, lesbianism was not a socially acceptable lifestyle. Esther struggles with her own internalized homophobia as well as the control of her doctors. She undergoes treatment during her hospitalization that is suggestive of sexual conversion therapy at the time, including the use of electricity as a tool of discipline. Doctors lead her toward an identity that is not necessarily true or healthy. The novel suggests that recovery is actually heteronormative conformity.
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DEDICATION

To the special men in my life: Joseph, Jacob, Tristan, and Duncan.
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INTRODUCTION

_The Bell Jar_ begins during the summer of 1953, which Sylvia Plath describes as a “queer, sultry summer” (1). Plath’s phrasing could carry many possible meanings. According to Karen V. Kukil, when approaching Plath’s writing, “readers should keep in mind the colloquial meanings of words appropriate to the time period. [...] For example, [according to Plath’s annotated dictionary], she used the word queer to denote […] eccentric[ity] or suspicio[n]” (The Unabridged Journals of Sylvia Plath xi). While Plath’s annotated dictionary may give us an idea of the meaning she intended with this word, the OED presents another possible definition for _queer_. As far back as 1894, the term refers to an individual who is sexually attracted to members of her/his own gender. Plath, who was born in 1932, would have lived in a culture where the term also carried this connotation. A multi-layered understanding of _queer_ is further augmented by the word _sultry_, also used in the first sentence of the novel. Sultry describes something “of the weather, the atmosphere, etc,: oppressively hot and moist; sweltering,” though it can also refer to something “hot with anger or lust” (“sultry”). The use of terms that also have heavy sexual overtones is appropriate in beginning a novel whose events amplify the first sentence. In this queer and sultry setting, Plath’s protagonist, Esther Greenwood, contemplates a queer identity. Esther reacts to another woman in a way that suggests Esther is attracted to her, but she is only able to verbalize that curiosity while she is hospitalized in a psychiatric institution due to her own internalized homophobia. In the asylum Esther undergoes a treatment regimen, including talk therapy, electroshock, and heteronormative reinforcement similar to sexual conversion therapy at the time. Doctors lead her toward an identity that is not necessarily true or healthy. With all of the queer parts at work, the novel suggests that _recovery_ is not true recovery, but
actually heteronormative conformity. The novel further establishes electricity as a tool of discipline in American society, intended for those who do not adapt to the norms.
LITERATURE REVIEW

There is sparse queer scholarship focused on this novel, due in part to its complicated background. Written between 1960 and 1962, *The Bell Jar* fictionalizes Plath’s own 1953 suicide attempt and subsequent institutionalization. In life, after Plath was released from the mental hospital, she went on to graduate from Smith College, study at Cambridge as a Fulbright Scholar, marry the British poet Ted Hughes, bare two children, and publish many poems along with *The Bell Jar*, her only novel. Plath led what seemed to be a successful, well-adjusted and heterosexual lifestyle. Her 1963 suicide changed the way many readers approach her novel. Many have looked to Plath’s personal biography to gain further insight into her writing and the personal nature of her subject matter have led many to read her work as a thinly veiled diary (Peel 49). One of the unfortunate consequences of framing Plath’s writing only within the frame her life established is that it offers limited room for interpretation. Reading *The Bell Jar* through a queer lens in no way suggests that Plath herself was a lesbian nor does it assert that she was not. It does, however, show that by freeing the text from the weight of her biography, the novel contains more complexities than it is given credit for.

Scholars have identified instances in Plath’s writing where she takes stands on important world events. These examples reveal her deep political awareness. Robin Peel chronicles instances in *The Bell Jar* where Plath comments on conflict specific to electrocution as control over women’s bodies. These themes lead to “a specifically feminist critique of the patriarchy” (Peel 50). Plath brings a particularly feminist comment on her cultural situation and brings a voice to many women who would otherwise have gone unheard within the confines of their patriarchal society. The role of womanhood in the cold war era was quite rigid, and the protagonist Esther feels constrained by her limited options. The novel becomes a search for an
identity and Peel briefly discusses the roles Esther considers as that of “mother, wife, poet, patient, journalist, heterosexual lover, and lesbian lover” (Peel 50). Each of these identities attracts Esther for different reasons and Peel’s acknowledgment of Esther’s lesbian identity represents one of the few times he mentions lesbianism his text. Peel provides very little analysis of Esther’s lesbian identity or queer aspects of the text in general. By taking Peel’s arguments even further, a feminist critique of the text can be augmented by an analysis of the queer aspects.

Esther relates to many women throughout the novel in different ways. These female relationships can be positioned on Adrianne Rich’s “lesbian continuum.” The lesbian continuum refers to “a range […] of woman-identified experiences […] including the sharing of a rich inner life, the bonding against male tyranny, [and] the giving and receiving of practical and political support” (Rich 648), which draws attention to a women’s need for relationships with other women free from identifying these relationships in regard to men. Esther has different kinds of relationships with each woman in the text. Some of these female relationships take men into consideration, such as the bonds Esther shares with women while she is in college and as a summer intern, during which Esther feels competition for the attention of men. Other relationships Esther has are completely free from connections to men, such as those during Esther’s time in the women’s ward of a psychiatric asylum, where she feels no need to compete with the women she is with. These women are able to relate to one another with no men present and, for the most part, do not take men into consideration. Rich’s lesbian continuum includes female bonds in a range from homosocial to lesbian and considers all forms and shades of relationships in between. On the homosocial end of the continuum, Esther’s peripheral female relationships include those such as her child-bearing neighbor DoDo Conway, whose name suggests the ignorance of the flightless and extinct do-do bird, and her friendship with the
innocent, fellow intern Betsy. Esther admires and briefly emulates the career drive of her magazine editor JayCee and experiences an emotionally tumultuous relationship with her own mother. Her friendships with two women in particular, Joan and Doreen, lead Esther to question her own sexuality and fall at the lesbian end of the lesbian continuum.

Esther’s connections to Joan and Doreen have lesbian overtones and suggest aspects of Esther’s incomplete identity. This struggle is what Frederick Buell focuses on when he argues that Esther’s identity struggles are the result of her “frightening lack of an inner, stable ‘self’” (Buell 196). As possible models for a complete identity, she forging a bond with many women. Diane Bonds points out that Esther’s pursuit is very active and selective, looking to Esther’s repeated pattern in which she “embraces relations with most of the women in the novel only to cast them off” (Bonds 55). This seemingly extreme process clearly establishes connections between the realizations that Esther does not want to emulate certain women and her full rejection of that relationship. When the relationship no longer offers Esther what she needs, she moves on and continues her identity search.

Esther’s search for her identity represents an important struggle throughout the novel. As Marjorie Perloff argues, the ultimate prize in Esther’s pursuit would be the discovery of her one true self. Perloff believes that Esther is successful in her quest and learns “to be herself rather than what others expect her to be” (Perloff 508). The pressure to obey the expectations of others is something she struggles to overcome. In order to find her true self, Esther must separate from the expectations of others. Perloff believes that Esther succeeds in this pursuit and experiences a true recovery. Baldwin supports Perloff’s belief and reveals this when explaining that the novel is told as a memory framed within Esther’s present. In the time that lapses between Esther’s release from the asylum and her present, readers are “left to wonder about that space between the
novel’s end and the writing of the narrative from the location of health and recovery” (Baldwin 25). Baldwin assumes that Esther’s present state is one of “health and recovery.” However, queering the text shows how there are simply too many unanswered questions to arrive at the same conclusion as Baldwin and Perloff.

A queer reading of this text shows that Esther does not actually experience a true recovery as previous scholars would suggest. Instead, Esther merely performs in the way society expects her to, including the heteronormative lifestyle she should lead. Tim Kendall supports the belief that Esther’s transition is not a recovery by saying that Esther’s behavior actually “equates to conformity” (58). Esther learns how to better navigate and ultimately accept the social standards for a woman in cold war America. Esther’s ability to comply with these expectations and properly perform her gender is the only explanation of the text’s contradiction. When Esther is released from the asylum, she re-enters the same society that had driven her to madness. Plath offers no explanation as to how Esther will navigate the stress of the situation. In order to adjust, which Esther seems to have done, she would need to completely accept patriarchal, heteronormative expectations. These same expectations had, at one time, had been difficult for her to endure. Diane Bonds further criticizes Esther’s supposed recovery, pointing to Esther’s changes within the novel from “a young woman who hates the idea of serving men in any way to one who appears to earn her exit from the asylum by committing herself, albeit unwittingly, to precisely that” (Bonds 49). Esther struggles with the expectations of patriarchy and it seems surprisingly easy for her to transform her thinking with no discussion of how she is able to make this metamorphosis. While Bonds identifies Esther’s resistance to submitting to men as the impetus for her rebellion and breakdown, Esther’s opposition to the tenants of patriarchy is partially due to her lesbian tendencies. Her ultimate conformity is not just the acceptance of
patriarchy, but also her acceptance of heteronormativity. As proof of her willingness to obey the cultural expectations, Esther begins a sexual relationship with a man while she is still institutionalized. This display of heteronormative behavior sets in motion the events that lead to her release from the asylum.
DISCIPLINE THROUGH ELECTRICITY

The text establishes electricity as a means of control. One example of this is the psychiatric treatment electroshock therapy. The terms electroshock therapy, electroshock treatment, electroconvulsive therapy and its abbreviation ECT refer to the same procedure and its name has varied slightly based on public perception of the treatment. The procedure and the term electroshock therapy were first used in 1938 ("electroshock"). After years of development, the therapeutic mechanism of the procedure is still not fully understood (Frank 163-174). By 1950, the limitations of the procedure were still numerous (Goldin 1) and ECT gained a decidedly negative reputation due in part to widespread depictions of electroshock in film. Examples of this trend include Harold Pinter’s The Caretaker, Anthony Burgess’ A Clockwork Orange, and Ken Kesey’s One Flew Over the Cuckoo’s Nest (Showalter 218). In all of these fictionalizations, the protagonists experience electroshock therapy as a loss of power due to the doctors forcing the procedure on the protagonists even under protest. The American Psychiatric Association published report in 1978 that specifically avoids the term electroshock because of its negative connotations. The report further suggests completely discarding the term (Breggin 14). The term electroconvulsive therapy was first used in 1943 (“electroconvulsive”) but had also been deemed inappropriate by the APA’s report due to the term’s inaccurate labeling of the procedure. The term itself suggests that electricity causes the muscles to convulse, though the procedure does not actually cause convulsions (Breggin 14-15). The debate over the term is further complicated by the disagreements over the ethics of the treatment itself. Plath primarily uses the phrase electroshock therapy, while authors such as Peter Breggin and Elaine Showalter primarily use the abbreviation ECT. For this paper, the term electroshock therapy or shock therapy will be
used to refer to this procedure in order to remain consistent and true to the vocabulary of Plath’s text.

Esther’s treatment includes electricity as a means of discipline to teach Esther what is acceptable and not acceptable behavior as she forms her identity. The novel focuses on electricity as the primary means of discipline and begins with this theme very early in the text. Esther describes the “queer, sultry summer” of 1953 as the time when “they electrocuted the Rosenbergs” (Plath 1). This identifies the setting of the novel in relation to a pivotal moment in American history. The Rosenbergs were executed for selling U.S. atomic secrets to the U.S.S.R. According to John F. Neville, Julius and Ethel Rosenberg were first generation U.S. citizens of Jewish descent who each showed communist sympathy. After their 1939 marriage, Ethel devoted her time to raising their two sons and Julius began to work full time for the American government as a civilian junior engineer. 1945 marked the beginning of what the government considered to be Julius’ suspicious spy activities. Julius had personal ties to people living in the U.S.S.R. and he also had access to atomic information. His engineering job focused dealt with the atomic technology that the Soviets had been experimenting with in their nuclear testing. Rosenberg lost his job due to this suspicious combination of circumstances and was followed by members of the FBI until his 17 July 1950 arrest. Three weeks after Julius’ arrest, Ethel was also taken into custody. Under the scrutiny of incredible media coverage, the Rosenbergs were tried, convicted, and sentenced to death for selling atomic secrets to the Soviet Union (Neville 3-6). The cacophony of overwhelming media attention continued up until the Rosenbergs’ electrocutions on 19 June 1953 in New York’s Sing Sing Correctional Facility (“Rosenbergs” 17).
The coverage of the Rosenbergs was incredibly intense. Esther spends the summer of 1953 physically close to their trail and electrocution due to a guest editorship at a woman’s magazine in New York City. She sees the “goggle-eyed headlines staring up at me on every street corner and at the … mouth of every subway” (Plath 1). Esther cannot escape the reminders of these horrific events. In the summer of 1953, The New York Times ran headlines such as “Rosenberg Appeal Denied For 3rd Time By Supreme Court: Stay of Execution for Spies Vacated – Mercy for Couple Hinged on Their Talking High Court Denies Rosenberg Appeal” on 26 May (Walz) and “High Court Denies a Rosenberg Stay; New Plea Up Today; Douglas to Hear in Chambers at 10 A. M. What Is Seen as Last Possible Legal Step Justices Differ on Case Clemency Appeal to President Planned -- Counsel to Visit the Condemned Spies High Court Denies a Rosenberg Stay” on 16 June (Walz). The repeated reminders of the Rosenbergs’ impending doom bothered Esther and she could not escape the updates.

Coverage of the Rosenbergs was not localized to New York City, but nationwide. In the article “The People’s Week,” published ten days after the Rosenberg’s electrocution, Time magazine describes the public reactions to the Rosenbergs’ executions. Their electrocution was met with the “evident feeling that the Rosenbergs had been fairly convicted and sentenced, [and] the people seemed to approve the […] decision” (9). This overall support of their punishment was further echoed in many other publications of the time. Milton Lehman of the Saturday Evening Post praises the judge of the Rosenberg trial, beginning his article “The Rosenberg Case: Judge Kaufman’s Two Terrible Years” by proclaiming that “no judge has ever had to show more courage than Irving Kaufman, who sentenced the Rosenbergs to death. During two years of rising Red Hysteria the brilliant young jurist held firm that right must be done. This is the ordeal he went through before the traitors died” (20). Lehman illustrates the trial judge Kaufman as
courageous and “brilliant,” while clearly identifying Julius and Ethel Rosenberg as “traitors.” The perspective that justice was carried out in the Rosenbergs’ electrocution bleeds into *The Bell Jar*. Esther’s colleague Hilda comments on the impending deaths of the Rosenbergs by saying “I’m so glad they’re going to die… it’s awful such people should be alive” (Plath 110-111). This callous response displays the belief in a very important part of cold war era politics: the necessity of maintaining national security at all costs. Those accused of violating this security were very quickly deemed guilty by suspicion.

Reactions to the Rosenbergs’ trial and punishment were documented both within the United States and abroad. In “The Demonstrators,” *Time* magazine chronicles protests of the Rosenbergs’ executions. Published ten days after the electrocution, the articles notes that in New York’s Union Square, people “wept through the time of electrocution,” (11) and the crowded in Washington was both “cheering and sobbing” (11). *London’s Daily Worker* ran “MURDER” as the headline the day after Julius and Ethel Rosenberg’s electrocution and a mob stormed the U.S. Embassy in Paris (“The Demonstrators” 11). The international headlines were more closely aligned with Esther’s reaction to the Rosenberg trial than what she had seen on the front pages in the United States. During this time in American, electrocution was a widely accepted means of punishment. This standard has since changed and the U.S. government deemed electrocution overly “cruel and unusual” form of punishment. As of 9 January 2012, only 9 of the 50 U.S. states still allow death by electrocution and only in the cases where a prisoner chooses this as the method of death (“Methods of Execution”). Esther seems to share the belief that electrocution is “cruel and unusual” and is deeply disturbed by the Rosenbergs’ punishment. Esther’s tender reaction to the plight of the Rosenbergs displays her compassion for the non-normative and sets
her apart from many of her fellow U.S. citizens, who conform to the expectations and assumptions of the society they live in.

Esther’s reaction to the Rosenbergs’ electric punishment may also indicate what Sigmund Freud would classify as a psychological defense mechanism called projection. Projection is when an individual’s feelings are unconsciously displaced onto a person or object outside of her or himself (Freud *The Basic* 854-855). Just as Freud identifies, Esther attempts to distance herself from the Rosenbergs while projecting what she would image to be the Rosenberg’s feelings onto herself. Esther states the situation surrounding the Rosenbergs “had nothing to do with me, but I couldn’t help wondering what it would be like, being burned alive all along your nerves. I thought it must be the worst thing in the world” (Plath 1). She tells herself that the Rosenbergs and their punishments do not directly or personally affect her. Despite this, Esther actually reveals that the Rosenberg’s electrocution has everything to do with her. Just as the Rosenbergs have violated social expectations for American citizens, Esther worries that she may also violate the social expectations for American women. The Rosenbergs, especially Ethel Rosenberg, become models for what may happen for those who do not conform. Esther’s deep fear of violating these standards is well founded, and she will eventually experience a similar punishment to the Rosenbergs. The novel presents electricity as the ultimate example of what could happen to those who do not follow the stringent social norms of McCarthyism.

Electricity is a tool of domination in Western culture. For example, *electrolysis* was first developed in 1834 to refer to the “chemical decomposition produced by the passage of an electric current” (“electrolysis”). According to Rebecca Hertzig, the actual procedure harnesses electricity through an instrument such as a needle or a wire. Used for a variety of medical issues ranging from epilepsy to tumors, electrolysis became an instrument of the medical field in the
1850s and 1860s. It was first used for hair removal in 1877 and the procedure became incredibly popular for women in the middle class (Hertzig). Hairless skin became a mark of beauty and social status. This standard developed into a mechanism of control. The necessary upkeep for this beauty standard is how the medical community became the gate keeper for this procedure. In another example of the medical community’s use of electricity, it also develops into a way to direct recovery.

Electroshock therapy became a successful means of regulating severe mental disorders. According to Elaine Showalter’s examination of medical history, electroconvulsive therapy was first administered to human subjects in 1938 and developed into the primary treatment for patients with schizophrenia and severe depression. George Goldin’s 1950 study on electroshock treatment offers insight into the medical community’s knowledge and reaction to the procedure during The Bell Jar’s setting. Goldin reveals that “there are few psychiatrists or other professional workers in the field of mental health who will deny the dramatic effectiveness of electroshock therapy in the treatment of the major functional psychoses” (Goldin 1). The results of the therapy seemed to be undeniable and this study establishes the overall acceptance of the procedure at the time. Electroshock was considered a key tool of the medical community during the cold war and viewed as a necessary way to regulate its citizens.

Despite the overall positive results of electroconvulsive treatment, the procedure gained a negative reputation. Testimonies to the brain-damaging effects were published as early as 1942. Despite these reports, electroshock continued to be administered and by 1947, “many American psychiatrists had become seriously distressed about […] the hazards of [electroshock therapy]” (Breggin 11). These reports resulted in doctors’ hesitation to force this treatment on patients. Of those patients who did experience the therapy, female patients outnumbered male patients (Frank
Peter Breggin alleges that women were preferable ECT patients because they were “judged to have less need of their brains” than men (Breggin 188). After treatment, many electroshock patients were rendered helpless and completely dependent on others due to the damaging long-term effects of memory loss and partial amnesia. It creates a situation where a man can be in complete control of a woman who is no longer able to think independently. Like the women in reality who were judged to need such treatment, Esther experiences electroshock therapy within the novel. Her first experience with electroshock is administered by the male doctor, Doctor Gordon.

Esther decides early in her appointment with Doctor Gordon that she does not trust the doctor. Doctor Gordon seems to be overconfident, conceited, and a “prototypical male representative of patriarchal society” (Brandner 70). He seems to quickly diagnose Esther’s problems without taking her situation into full consideration. This may have been easy for the doctor to do based on the initial impression Esther may have given him. Esther describes herself as physically disheveled. She admits “I hadn’t washed [my clothes] in my three weeks at home […] and I hadn’t washed my hair in three weeks, either” (Plath 142). Her unwashed appearance is drastically different from the young woman who had left to be an intern for New York City. At that time, she had purchased new clothes and shoes, relishing the thought of dressing up and looking sophisticated. Now that she has returned home, Esther no longer sees the need to wash and bathe because “it seemed silly to wash one day when I would only have to wash again the next” (Plath 143). Her loss of motivation disturbs her mother who goes to Doctor Gordon for a cure. The doctor seems to take note of her disheveled physical appearance and Esther tells of her physical struggles which include “not sleeping and not eating and not reading” (Plath 145). Despite these revelations, she chooses to not tell Doctor Gordon about the problem that bothers
her most: her inability to write. Esther is embarrassed that she seems to have lost this skill. Even without knowledge of Esther’s full scope of symptoms, Doctor Gordon is concerned enough about her lack of self-care to continue with a psychiatric regimen. Through this situation, Plath critiques the importance patriarchal society places on women’s physical appearance.

The behavior of Doctor Gordon and his use of electricity in Esther’s treatment show the connections between medical authority, patriarchal heteronormativity, and discipline through electricity. Doctor Gordon does not reveal a diagnosis for Esther or speak of her treatment plan. Instead, he tells her to return to his office in a week, expecting her to accept what he tells her. At this next appointment, she undergoes electroshock therapy and learns exactly what it feels like to be “burned alive along the nerves” (Plath 1), just as she has wondered about with regard to the Rosenbergs early in the novel. The language and descriptions of Esther’s experience with this procedure are both unpleasant and aggressive. Esther says that after she is strapped down, something “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 161). Her treatment sounds as though it tears her apart. She is physically shaken and feels as though her bones will break. The sounds of the therapy are no more comforting, shown through words such as “Whee-ee-ee-ee-ee it shrilled,” and “air crackling,” as though the procedure is similar to an unpredictable and dangerous carnival ride. Just as the Rosenbergs had endured punishment through electricity, Esther believes this uncomfortable episode to be a punishment. She is unsure the reason for the punishment, but because the electroshock therapy was ordered by Doctor Gordon, it stands to reason that it is the result of Doctor Gordon’s initial assessment. Esther’s behavior and the way her appearance violates acceptable social expectations for a young woman.
It becomes Doctor Gordon’s job to punish Esther and restore her behavior to acceptable patriarchal norms.

Esther’s second round of electroshock treatment is dramatically different from her first experience. Doctor Nolan, Esther’s new female doctor, administers this second round. After Esther is strapped down to begin the treatment, she describes darkness falling over her as though she is “wiped … out like chalk on a blackboard” (Plath 241). Her experience is very similar to falling into a peaceful sleep. When she awakens after the procedure, she notices “the bell jar hung, suspended, a few feet above my head. I was open to the circulating air” (Plath 242).

Esther’s newfound freedom from the bell jar of depression is what Doctor Nolan has said would happen after electroshock therapy. The dramatic difference between her experiences with Doctor Gordon and Doctor Nolan is indicative of Esther’s wish to be accepted by those she admires. Esther determined early in her appointment with Doctor Gordon that she does not like him. In contrast, Esther deeply admires Doctor Nolan. The women have talked at length about how electroconvulsive therapy should feel and what it will result in. These descriptions are, indeed, what Esther experiences with Doctor Nolan. She so deeply admires Doctor Nolan that it would be too painful for Esther to admit that Doctor Nolan would willingly violates their bond of trust. In truth Doctor Nolan must bring Esther to understand patriarchal norms and accept a heterosexual identity, similar to Doctor Gordon’s job before her.
MEDICAL AUTHORITY

Michel Foucault notes the importance of a common medical discourse as he traces the history of medicine in his *Birth of the Clinic*. Each set of diagnostic criteria is the result of many doctors’ observations and chronicling multiple patients who suffer from the disease. Foucault acknowledges the complex nature of collecting data about diseases by observing that “in relation to what [the patient] is suffering from, the patient is only an external fact; the medical reading must take him [sic] into account only to place him [sic] in parentheses” (Foucault *Birth of the Clinic* 8). Distancing the patient from the disease becomes necessary as a way for the doctor to remain objective about the patient. This process enables the doctor’s “medical gaze” to better analyze the disease. The medical gaze allows for the doctor’s years of education and experience to interpret the patient’s symptoms. The criteria to determine a diagnosis allows for a way to not only effectively identify the patient’s affliction, but also to transfer knowledge from experienced doctors to inexperienced doctors. Just as Foucault is arguing, the doctors who treat Esther in *The Bell Jar* draw on research from doctors of the past in order to create Esther’s treatment regimen.

The medical community establishes a common discourse in order to have agreed upon criteria through which to effectively diagnose patients. A pivotal example of this important process came in 1952 with the American Psychiatric Association’s *Diagnostic and Statistical Manual*, or *DSM*. This manual establishes a common medical language for mental health disorders and provides psychologists and psychiatrists with specific standards. The transfer of medical terminology and diagnoses is a key function of the *DSM*. One example of an official diagnoses established in the *DSM-I* was a classification for same-sex attraction to be a mental disorder. A subdivision of “Sexual Deviation,” the queer diagnosis of “homosexuality” was paralleled with pedophilia, voyeurism, sadism, and masochism. The specific criteria for a Sexual
Deviation are “individuals whose sexual interests are directed toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus or toward coitus performed under bizarre circumstances” (Committee of Nomenclature 44). Subjective qualifiers are prominent in this diagnosis. Sexual acts that go against the “usual” and are performed under “bizarre circumstances” create a diagnosis that is rich in morally-bound language and indicative of the culture in 1950s America, which held strong taboos against nonprocreative sex (May 111). This situation of mental health care contextualizes the care that Esther receives. Patients at this time who violate the stringent cultural taboos are policed and monitored by the medical community. It becomes the medical community’s job to make sure patients are able to adhere to cultural norms and understand the taboos of the culture.

Enabled by the thorough medical diagnoses offered through publications such as the DSM-I, doctors attempted to regulate many aspects of patients’ lives. Regulating patient’s lives was especially true during the cold war and a time when adhering to social standards was of the utmost importance. One of the ways that the medical community attempted to manage a patient’s social acceptance was by suppressing involuntary impulses of sexual attraction. Same-sex attraction was believed to be cured through what was termed sexual conversion therapy. This included “either exclusively or sometimes in combination – psychoanalysis, religious faith healing, aversive behavioral conditioning and even electroshock therapy” (Sexual Conversion 1). Each of these therapy methods were believed to successfully regulate the sexual urges of the patients they are used on. The use of electroshock therapy can be used as part of sexual conversion therapy just as it had been used with severe mental disorders. It becomes most interesting when applied to The Bell Jar and its recurring notions of electricity and control. Electricity can also be part of other forms of conversion therapy such as “the application of
electric shock to the hands and/or genitals” (Haldeman 260). Based on these therapies, it seems that sexual conversion was often unpleasant and often cruel. These ideas affirm the belief at the time that same-sex attraction was a learned or conscious choice rather than a genetic predisposition. The medical community has a history of attempting to restrict aspects of patients’ lives that the patients cannot limit themselves.

Doctors attempt to manage their patients’ involuntary muscle reflexes. An example of this is in the cases of early electroconvulsive therapies. Many injuries resulted from these procedures due to the patient’s involuntary muscle tensing. Patients often fractured bones such as the “spine, arm, pelvis, or leg” (Showalter 206). The painful results were alleviated by the early 1950s, when muscle relaxers were developed. The inclusion of muscle relaxers in this procedure allowed doctors to suppress patients’ involuntary muscle tension. As the electroshock therapy began to be used more frequently, muscle relaxers became a necessary part of the procedure. Esther would have used muscle relaxers in order to make her experience with electroshock therapy a physically safe experience. Muscles and sexual preferences were not the only ways that doctors attempted to manage involuntary aspects of their patients.

The medical community’s attempt to control the involuntary stomach muscles are a recurring image in The Bell Jar. Stomach muscles and vomiting due to stressors tend to be common problems for many women. In an examination of women and stomach maladies, Elaine Showalter cites T. Clifford Allbutt’s early medical writings. Allbutt makes clear connections between the psychological nature of anxiety disorders and their physical manifestations in the stomach. He identifies one specific medical diagnosis titled “neurosis of the stomach” (Allbutt qtd. in Showalter 128). This disorder was later identified as anorexia nervosa and was considered by many physicians to be a form of hysteria. In The Bell Jar, stomach issues appear when Esther
and her fellow interns experience uncontrollable vomiting as a result of ptomaine poisoning (Plath 52). When she wakes up in the hospital, the nurse explains the reason for Esther’s hospitalization. Esther and her colleagues were “‘poisoned, the whole lot of you. I never seen anythin’ like it. Sick here, sick there, whatever have you young ladies been stuffin’ yourselves with?’” (Plath 51). The nurse suggests that these young ladies are unable to show restraint. In order to protect the women from themselves, doctors believe that the medical community needed to manage their patient’s lives. The medical community assumes the helplessness is inherent in women. This situation is suggestive of the number of female patients who were believed to not need their brains as much as men. In these cases, the medical community also stepped in as a way to dominate these women who appeared in need of it. Just as doctors believe that female mental patients need regulation, so too do doctors believe they must control the involuntary stomach muscles of Esther and her fellow female interns.

Esther struggles with her stomach muscles when she is confronted with overt lesbianism. Joan, the text’s most visible lesbian, reveals to Esther, “I like you better than [my ex]. I like you” (Plath 247). In this moment, Joan shares for the first time her feelings for Esther. Instead of being receptive of this advance, Esther rejects Joan, telling her “I don’t like you. You make me puke, if you want to know” (Plath 248). Esther is so disgusted by Joan’s sexuality that she will become physically ill if the women spend more time together. This exchange also clearly communicates that Esther has no interest in the women beginning a relationship. When Esther walks in on Joan in a lesbian encounter, Esther leaves the room with a “creepy feeling” that makes her “want to puke” (Plath 246). Esther has trouble managing her stomach and makes it clear that Esther wishes to distance herself from Joan and lesbian practices.
The association between nausea and lesbianism is fueled by an incident between Esther and her colleague Doreen. Esther describes Doreen with seductive language, suggesting Esther feels a lesbian attraction to Doreen. When Doreen rejects Esther for a man, Esther is deeply hurt. When a drunken Doreen comes to Esther’s hotel room after a date with this man, Esther does not let Doreen in the room. Doreen vomits in the hallway outside of Esther’s door. Instead of comforting Doreen, Esther leaves her to spend the night on the ground in puke. Esther would rather let Doreen sleep in her own vomit on the floor than care for her, framing Esther’s ultimate rejection. Esther’s stomach problems are often the result of a confrontation with lesbianism. In this incident with Doreen, Esther observes the woman who has just rejected her laying in a puddle of vomit. Connections between vomit, attraction, rejection, and lesbianism all come together to solidify these associations. When Esther cannot be with Doreen, Doreen’s puke is sickening, making it easier for Esther to push Doreen away. Finally, Esther’s nauseous reaction to Joan’s lesbianism makes Esther’s dismissal of Joan easier. When Esther rejects Joan, this may be a proactive measure so that Esther will not be able to be hurt by another woman after Doreen’s rejection.

It became the psychiatric community’s responsibility to force patients within their care to conform to the expectations of the larger society. In order to accomplish this within the novel, Doctor Nolan performs a kind of conversion therapy on Esther. While never making a direct connection between Esther’s treatment and sexual conversion therapy, there are striking similarities. Doctor Nolan carefully lays the groundwork necessary to convince Esther to accept the control of the hospital and the greater society. The doctor assures Esther that another round of electroshock therapy would be beneficial and her previous, negative experience with Doctor Gordon was improperly administered. The doctor promises that Esther will not have shock
treatments while she is in the asylum, adding if Esther does need to undergo shock treatments, the doctor will tell her about it beforehand. When Doctor Nolan violates the promises she has made to Esther, Esther is stunned by the doctor’s “bare-faced treachery” (Plath 238) and the violation of trust breaks Esther’s heart. Doctor Nolan orders Esther to undergo another shock treatment, but does not tell Esther about it beforehand. This behavior shows that the doctor does not truly have Esther’s best interests at heart. Instead, Doctor Nolan’s actions reveal her own responsibility to the medical community. It is Doctor Nolan’s role to force Esther’s conformity to the heteronormative expectations of her society.

Despite Doctor Nolan’s violation of Esther’s trust, both Esther and Plath scholars are surprisingly willing to forgive and justify Doctor Nolan’s actions. Esther tells herself that “if [Doctor Nolan] had told me [about the electroshock therapy] the night before I would have lain awake all night, of course, full of dread and foreboding” (Plath 238). This is an internal explanation in order to help Esther understand Doctor Nolan’s reasoning for her actions. Esther talks herself out of her own anger even before she is able to confront Doctor Nolan. Scholars like Marjorie Perloff view Doctor Nolan as Esther’s savior within the novel. Her untruthfulness is deemed necessary for Esther’s true recovery. While this may be true for that line of reasoning, it simply cannot be ignored that Doctor Nolan broke her promise to Esther. She violates the bond of trust and is too easily allowed to do so.

Esther and Doctor Nolan have a markedly different relationship than Esther has with the other women in the text. Doctor Nolan is the only woman whom Esther does not try to emulate. As Marjorie Perloff points out, instead of serving as a model for Esther, the doctor becomes an anti-model. Doctor Nolan is the “instrument whereby Esther learns to be, not some other woman, but herself” (Perloff 521). This role allows for the doctor to guide Esther toward that illusive true
self. Perloff believes that Doctor Nolan successfully helps Esther find that one, perfect identity. Instead of offering gentle guidance, as Perloff argues, the doctor is actually quite forceful in Esther’s transition process. Esther is not allowed to make necessary decisions for herself and her new identity represents not so much Esther’s true self, but her socially influenced, medically reinforced-despite-injury self that Doctor Nolan has Esther construct.
McCarthyism and cold war ideals were fiercely patriarchal. According to Judith Butler, patriarchy is constructed around strict gender distinctions. The trouble with gender, Butler further argues, is that “gender is not a fact” (190). It is fluid; neither true nor false. Gender is often believed to be the outward display of an individual’s physical sex. In actuality, these displays of gender are in no way dependent on sex. Gender is nothing more than actions and apparel. Butler makes connections between gender performance and drag-show performance. In a drag-show, a person imitates the opposite gender and reveals the “imitative structure of gender itself” (Butler 187). The line between ‘original’ and ‘imitation’ is blurred in a drag-show in the same way that gender performance is not dependent on an ‘original’ sex. Genders are “performative in the sense that the essence or identity that they otherwise purport to express are fabrications manufactured and sustained through corporeal signs and other discursive means” (Butler 185). The performance of gender is learned from patriarchal culture and in order to adapt to this culture, Esther must perform her ‘proper’ gender.

The patriarchal foundation of 1950s America hinged on the display of masculine power’s dominance and superiority. The cultural idea that men must always be taken into consideration can be identified by using Rich’s term “compulsory heterosexuality.” This notion is dependent on the bias that a woman is “naturally” attracted to men and a woman must always be defined through a man. A lesbian relationship violates this patriarchal expectation due to the lack of a man’s presence in the relationship. Rich has observed that the patriarchal view of lesbianism is “perceived on a scale ranging from deviant to abhorrent” and often simply unseen (Rich 632). In her essay, “Compulsive Heterosexuality,” Rich gives voice to “women-identified” attraction and the “lesbian experience.” The principles of compulsive heterosexuality and the assumptions
society carries with it are the very principles that Esther battled against leading to her breakdown. Throughout the novel, Esther has struggled to find an identity that will be fulfilling. The problem is the social standards of 1950s America, a time that was governed by patriarchal expectations when women were expected to marry, become homemakers, and raise children. These same ideals are reinforced during a therapy session with Doctor Nolan, who perpetuates patriarchal expectations. Esther asks the doctor, “‘What does a woman see in another woman that she can’t see in a man?’” to which Doctor Nolan paused responds, “‘Tenderness’” (Plath 247). By supporting the gendered assumption that a woman naturally has heightened tenderness and a man naturally lacks tenderness, the novel’s most prominent voice for the medical community becomes the driving force behind forcing the invisibility of lesbianism due to the perpetuation of patriarchy and its domination over women.

Patriarchal culture pressures young women to fall into this domestic ideal. One of the key steps in adhering to this gender performance was to get married. Esther feels pressure to do so, though she does not want to fall into the stereotypical role of a wife. Esther “hate[s] the idea of serving men in any way” (Plath 83). Esther’s culture has so ingrained the gendered stereotypes and pressures her to perform her gender that Esther cannot seem to shake this understanding. A heterosexual lifestyle led many of America’s young people into marriage with very well established gender roles. The role of a cold war era wife was very similar to that of a servant to her husband and Esther’s fear of serving men would have been very well founded.

Another gender performance for young women living in the patriarchal culture of the cold war was to bear children. Esther reveals that she does not want to become a mother, saying that “children make me sick” (Plath 131) and “If I had to wait on a baby all day, I would go mad” (Plath 250). Esther seems to want the independence of not caring for a baby. Even without
a child, her worry that she will become “sick” and “mad” prove to be true within the text. Her mental institutionalization is indicative of her madness and her struggle to control her stomach throughout the novel indicates sickness. Despite her fear that children would change her life for the worse, Esther feels incredible pressure to become a wife and mother. When Esther meets with a female poet she admires, she tells this poet “I might as well get married and have a pack of children someday” (Plath 247). Esther’s phrasing sounds like she has resigned herself to this expectation, to which the female poet responds in horror “but what about your career?” (Plath 248). The poet has chosen writing instead of a family and supports Esther’s pursuit of a career. This scene clearly sets up the conflict between a marriage with children or a career that Esther struggles with. For many women during the cold war, a career was not an option. This was a time when the “domestic ideology articulated by the experts [said that] women would achieve personal and sexual fulfillment if they adhered to the homemaker-mother role” (May 123). Many experts preached the promise of sexual fulfillment and happiness as the result of women focusing only on their husband and children. As a result of these happy predictions, many women happily accepted these promises of complete happiness in the domestic realm (May 123). Esther’s difficulty deciding between these options for her future establishes that she does not blindly accept the standards for women as homemaker and mother.

In order to prevent pregnancy, Esther has avoided sexual intercourse up until this point in the novel. Esther tells Doctor Nolan that there is “a baby hanging over my head like a big stick, to keep me in line” (Plath 249). The threat of a baby becomes a tool of control. Doctor Nolan is able to alleviate Esther’s fear of becoming pregnant as a result of heteronormative sex. She laughs and dismisses Esther’s worries, exclaiming “propaganda!” (Plath 250). Doctor Nolan does not agree with the messages that Esther has been taught and she writes Esther a prescription
for a contraceptive diaphragm. On the surface, Esther believes that Doctor Nolan has given her the tools for sexual liberation. Esther will now be able to have a sexual relationship with a man that can include intercourse without the worry of pregnancy. In actuality, the diaphragm does not liberate Esther but instead pushes her toward heterosexual coupling. Freed from the worry of pregnancy, Esther will be able to experience sexual relations with men. Heterosexual relationships offer the prospect of gaining approval from Doctor Nolan, who has willingly written the prescription for the diaphragm without question. Armed with a prescription for birth control, Esther becomes able to explore heterosexuality. Doctor Nolan uses her power to influence Esther to accept a heterosexual identity. Instead of giving her patient the active choice over her sexual identity, Doctor Nolan uses her authority to affect this personal decision for Esther. Without fully understanding what is taking place, Esther trusts her doctor fully and believes that Doctor Nolan has her best interests at heart. This may not be the case and instead indicates the pressure to enforce heterosexual norms that were expected of authorities such as mental health providers during the cold war.

Even though Esther has rebelled against the pressure of society’s patriarchal heteronormativity, she still feels incredible pressure to get married and follow the expectations of premarital chastity. Esther considers marriage to her first serious boyfriend, Buddy Willard. Buddy is a student at Yale’s elite Medical School and Esther feels pressure to remain sexually “pure” for him. When Buddy admits to Esther that he has been sexually active with another woman, Esther is disgusted. Buddy has led her to believe that he did not have experience with sexual intercourse and this new discovery puts the double standards of her society on full display. In cold war America, women were expected to remain virgins until their wedding night and were held to a higher moral standard than men. A “woman’s reputation was so deeply tied to
her sexual behavior that fear of exposure was often intense” (May 117). Reputation and purity were powerful commodities for women. This was also a time where “sex was expected to strengthen the marriage, enhance the home, and contribute to each partner’s sense of happiness and well-being” (May 127). Despite the importance cold war society placed on virginity, many young people engaged in sexual relations before marriage. In his chronicle of sexual behavior, Alfred Kinsey focused on white Americans in the late 1940s and early 1950s. He found that “nearly half the men surveyed wanted to marry a virgin” (May 117), suggesting that despite the culture’s movement away from premarital abstinence, many young men still expected to marry a woman who had no previous sexual experience. Despite the number of young people who were experimenting sexually, society is very slow to adapt to such a change. It became very difficult for young people such as Esther to navigate between these very different standards. Her confrontation with Buddy and her contemplation of society’s double standards across genders are examples of the novel’s presentation of males and heterosexual relationships as unsafe for Esther.

As though amplifying the protagonist’s inability to find safety or fulfillment in relationships with men, Esther finds herself in multiple situations where men present danger to her physical and psychological wellbeing. In another example of this thread throughout the novel, Esther experiences a violent encounter with a man during her time in New York City. Esther goes on a blind date with Marco, who she classifies as a “woman hater.” (Plath 118) He becomes forceful with Esther and demonstrates his lack of concern for her. She realizes “women haters are like gods: invulnerable and chock-full of power” (Plath 120). Marco’s need for power leads him to physical assault her in a back alley as he pushes Esther to the ground, rips her dress, and calls her a “slut!” (Plath 121). During the struggle, Esther drops Marco’s diamond in the
mud. She leaves Marco on his hands and knees as he scrounges for the diamond. This “woman hater” uses force, violence, and verbal abuse in an attempt to render Esther powerless. Esther’s trauma increases because she knows that she has narrowly escaped further assault as a result of this encounter. Her experience with Marco is another example of the novel’s presentation of men as dangerous for Esther.

Esther’s first experience with heterosexual intercourse further develops the peril that men present to Esther. She meets Irwin on campus at Harvard University, where she “decided to seduce him” (Plath 254). She and Irwin go back to his place and have intercourse. Esther experiences more pain than she is expecting and cries out “‘it hurts… is it supposed to hurt?’” (Plath 253). Irwin brushes off her distress by casually saying “‘sometimes it hurts’” (Plath 253). His lack of concern for her pain leads Esther to believe that she has nothing to worry about. In actuality, Esther has a potentially severe injury and Irwin’s calm reaction to her pain makes it clear that he is not truly concerned for Esther’s safety.

Following heteronormative expectations, Esther does not recognize Irwin’s dismissal of her pain as distressing. Instead of recognizing the severity of her injury, Esther is relieved that her first sexual experience is over. She is bleeding from this encounter and understands the presence of blood to mean she is no longer a virgin. She remembers “stories of blood-stained bridal sheets and capsules of red ink bestowed on already deflowered brides […] I smiled into the dark. I felt part of a great tradition” (Plath 258). Esther believes her discomfort and blood are necessary in order to be part of this great tradition and to be part of the heterosexual community. Esther feels unburdened from the weight of her virginity, but this experience brings her no pleasure.
The patriarchal control of heterosexuality not only presents itself as very negative for Esther, but in some way lesbianism becomes a force of salvation. Esther’s heterosexual encounter with Irwin is only made possible by her ruse to convince Doctor Nolan that Esther will spend the night at Joan’s apartment (Plath 259). Esther truly does end up at Joan’s apartment after Esther insists Irwin bring her to Joan’s instead of the asylum. Irwin all-too-willingly leaves Esther bleeding at Joan’s doorstep and only after Joan recognizes the severity of the situation does she rush Esther to the hospital. Joan recognizes Esther’s need for treatment and becomes instrumental in Esther’s physical salvation. This encounter suggests that the lesbian love offered by Joan represents safety and care, as opposed to the damaging heterosexual relationship offered by Irwin. Esther’s experience with Irwin physically injures her to the point of needing medical attention. The novel critiques patriarchal standards of society by showing Esther’s heterosexual coupling actually causes her injury and these events suggest that heterosexual love may pose more of a danger to Esther than lesbian love. Despite the possible safety and support that lesbianism could offer her, Esther realizes this lifestyle is not socially acceptable in patriarchal society.
LESBIANISM

Because the novel presents lesbianism to be more fulfilling and safer than heterosexual relationships, a complete queering of this text is in order. Esther questions the patriarchal expectations of her society by comparing heterosexual love to lesbian love. In a patriarchal society which adheres to compulsory heterosexuality, lesbian love remains dangerous because it does not involve a man. During the appointment where Esther grapples with lesbianism, she tells Doctor Nolan, “‘I don’t see what women see in other women’” (Plath 247). Doctor Nolan reveals her belief in the differences between relationships with women versus relationships with men as tenderness. The next logical connection to make is that love with a man is not tender. This conclusion is supported by the multiple encounters that Esther has with men that end negatively. Both Esther and Doctor Nolan define lesbian relationships as a response to a lack of tenderness in a heterosexual relationship. By making this assumption, Doctor Nolan, Esther, and others who share these same beliefs, undermine other reasons that a woman would be attracted to another woman. These assumptions illustrate the medical community’s devaluation of lesbian attraction. Doctor Nolan’s answer to Esther’s question and the doctor’s answer fail to take into consideration women who behave differently than this limited idea would suggest, such as those who remain in relationships with men despite finding these men emotionally unavailable or women who are attracted to women for a myriad of reasons other than tenderness.

Esther’s hesitation to verbalize question about lesbianism before this meeting with Doctor Nolan is due in part to Esther’s battle with the “internalized sigma and negative beliefs about the self” (DeLonga 63) as a result of her attraction to Doreen, or Esther’s internalized homophobia. A queer individual’s dislike of self is the result of living in a patriarchal and homophobic society. Often internalized homophobia results in extreme psychological trauma.
including depression and suicide (Kelley 477). Individuals who deal with internalized homophobia experience not only a dislike for one’s own sexual orientation but also a “negative perceptions of gay peers” (Kelley 477). A negative perception of gay peers may result in the alienation of a potential support system and loneliness. An extreme result of internalized homophobia may be “the rejection of one’s sexual orientation” in favor of a more acceptable, heteronormative identity (Frost 97). The process of choosing an appropriate identity is the result of social pressures to perform in an acceptable way. Esther experiences many of the struggles with internalized homophobia throughout the novel, including a suicide attempt, a negative view of her gay peers, and the ultimate rejection of her queer identity in order to perform her feminine gender.

Esther’s battle with internalized homophobia includes the fact that admitting that she hates to serve men may actually reveal that she is not sexually attracted to men. In her culture, serving men was so deeply tied to marriage, family, and domestic duties that this statement may have been her way of pushing these standards aside in her attempt to make room for an alternative identity. Esther’s considers a lesbian identity even before she is committed to the asylum with Joan. Esther is attracted to Doreen, who is described by Esther in very erotic ways. Surprisingly, scholars are reluctant to take the leap that Esther is sexually attracted to Doreen. These previous works identify Esther’s draw to Doreen as simply admiration. One such scholar, E. Miller Budick, analyzes the language used to describe Doreen in the novel such as Doreen possessing “marvelous, elaborate decadence” (Plath 5). Budick does not consider the full implications of Esther’s attraction to Doreen and concludes that this language describes Esther’s admiration instead of taking it a step further and making connections to expression of sexual desire.
Esther describes Doreen in terms of a powerful sexual pull. Doreen has a natural “scallopy” scent that is similar to that of a “sweet fern you break off and crush between your fingers for the musk of them” (Plath 6). Esther most specifically describes Doreen’s smell as musk. The term “musk” refers to the male musk deer’s odor that is used to draw female musk deer for the purposes of mating (“musk”). Scent works as an aphrodisiac in mammals. Humans are just as receptive to the draw of these pheromones as any other mammal. By making note of Doreen’s smell in terms of musk, Esther suggests that from her perspective, Doreen’s character and sexual attraction are closely linked. The sexual connotations of the term musk suggest Esther’s attraction to Doreen in terms of lesbianism.

Another indicator of Esther’s sexual attraction to Doreen includes the need for the women to be physically close. Esther is drawn to Doreen “like a magnet” (Plath 5), which suggests an immediate and involuntary pull between the women. When Doreen is close enough to touch, Esther makes note that Doreen is “warm and soft as a pile of pillows against my arm” (Plath 24). The combination of softness and warmth suggests that Doreen brings comfort to Esther while Esther is able to offer Doreen physical support. Not only is Esther drawn to Doreen physically, the women also offer one another emotional support. Esther has not experienced this kind of support in past romantic relationships and finds her connections to Doreen to be comforting. The connection between these women and the language Plath uses in her descriptions suggests more than a platonic friendship. This relationship becomes Esther’s first grappling with a lesbian identity.

While Esther may not consciously contemplate a lesbian relationship with Doreen, many descriptions indicate Esther’s sexual attraction. Doreen wears dressing gowns that “you could half see through … [that are] the color of skin that stuck to her with some kind of electricity”
(Plath 6). The combination of the coloring and static electricity of Doreen’s night gown gives the impression that she is nude. Electricity represents a mechanism of regulation in the novel and here seems to be no exception. In a patriarchal society, Doreen’s power is her ability to seduce and attract. However, she never returns Esther’s feelings of attraction, and men are the primary targets for Doreen. This puts Doreen in a position of dominance over Esther. Esther’s attraction to Doreen is a positive or at least less harmful use of electricity than the way the text depicts electricity as a tool of discipline. The electricity in this situation is not forced onto Esther or Doreen. Instead, Doreen seems to have natural access to electricity as her own personal tool of control.

The relationship between Doreen and Esther changes when Doreen begins a romance with a man. Doreen asks Esther to accompany her to the house of a new man Doreen has met named Lenny. Esther agrees, figuring that because the other people she knew had found other things to do, saying “I thought I’d string along with Doreen. I wanted to see as much as I could” (Plath 14). As Doreen dances with Lenny, Esther observes “there is something demoralizing about watching two people get more and more crazy about each other, especially when you are the only extra person in the room” (Plath 18). Doreen has dragged Esther to this location and put her in this “demoralizing” position to witness Doreen’s fun. Esther’s willingness to follow Doreen further suggests Esther’s attraction and a longing to stay close to the object of her desire. While Doreen wishes Esther to be close as a way to protect Doreen from Lenny if the situation should get out of hand, Esther feels taunted by the way Doreen flirts with Lenny. In a moment of passion, Doreen bites Lenny’s ear and the two begin to wrestle. In the skirmish Doreen’s breasts fall out of her dress and Doreen and Lenny dissolve into laughter. Esther leaves Lenny’s house before “anything more could happen” (Plath 18-19) and makes her way back to the hotel. When
Doreen returns later that night, she is very drunk. Doreen’s rejection emotionally injures Esther so deeply that she lets Doreen sleep in the hallway in a puddle of her own vomit. From this night on, Esther decides to “watch [Doreen] and listen to what she said, but deep down … would have nothing at all to do with her” (Plath 25). Esther’s total rejection of Doreen may be a reaction to feeling betrayed by Doreen. Esther remains true to her word and only interacts with Doreen in passing from that point on. The mixed signals and eventual rejection from Doreen display some of the difficulties Esther experiences when she contemplates a lesbian life in a culture that rewards heteronormative gender performances.

Esther’s lesbian contemplation is juxtaposed with the lesbianism of her doppelganger Joan. Joan becomes institutionalized in the same mental hospital as Esther after both women had separately attempted suicides. The women are from the same home town, a year apart in college, attend the same church, and share the same ex-boyfriend. Despite so much in common, Esther and Joan had never been close outside of the hospital. Esther’s and Joan’s common background represents the first indicator of their doppelganger relationship. A doppelganger has many things in common with the protagonist and Baryon Tensor Posadas further identifies commonalities between multiple examples of the doppelganger. Often, the doppelganger “marks a sense of crisis” within the story (Posadas 162). By using many of the principles established by Freud, Posadas argues that the doppelganger becomes a representation of the ‘uncanny,’ or the result of something repressed coming to the foreground of the conscious and disrupting the structure of the familiar. Joan acts on her curiosities about lesbianism while Esther only questions lesbian love. The interest expressed by both women gets repressed by Esther and explored by Joan, establishing Joan as the uncanny representation of Esther’s repressed lesbianism.
In the lesbian power-structure of the asylum’s women’s ward, piano music becomes a metaphor for love and creativity. Joan begins a friendship with a piano playing woman in the hospital named DeeDee. Esther notices that DeeDee spends a lot of time with Joan, describing moments such as when “Joan was leaning on one corner of the piano and leafing through a new issue of some fashion magazine, and DeeDee smiled up at her as if the two of them shared a secret” (Plath 233). Esther does not think much of the secret the women may share. Esther tells of another moment when “Joan and DeeDee were sitting side by side on the piano bench, and DeeDee was teaching Joan to play the bottom half of ‘Chopsticks’ while she played the top” (Plath 243). This scene displays DeeDee’s dominance over Joan, in that DeeDee takes the dominant position on top while Joan plays the bottom half. The common interest of the piano seems to lead to an even closer relationship than they would otherwise have. Joan is not the only one who wishes to learn piano from DeeDee; Esther is interested in the piano as well. The creative outlet that the piano provides allows for a friendship or something deeper to develop between these women.

The metaphor of piano music can be further extended to include lesbian love. The two women most involved with playing the piano, Joan and DeeDee, begin a lesbian relationship. Esther inadvertently interrupts the women together when she enters DeeDee’s darkened room to retrieve piano music. It takes a moment for Esther’s eye sight to adjust to the dark. Esther says that “as my vision cleared, I saw a shape rise from the bed. Then somebody gave a low giggle. The shape adjusted its hair, and two pale, pebble eyes regarded me through the gloom. DeeDee lay back on the pillows, bare-legged under her green wool dressing gown, and watched me with a little mocking smile” (Plath 246). Esther quickly realizes that she has walked in on DeeDee in a lesbian encounter. Joan’s “pale, pebble eyes” reveal who DeeDee’s lesbian partner is. Esther
displays her discomfort with this situation and stammers an explanation for walking in on the woman. DeeDee, who owns the piano music, knows what Esther wants immediately. The artistic nature of piano music offers the women freedom of expression. The piano becomes a way to express artistic freedom, just as lesbianism offers freedom from the confines of a patriarchal society. Not only does DeeDee control the piano music, but she is also one of the partners in lesbian experimentation within the mental institution. Joan and Esther are interested in learning piano from her, but Joan’s desire to pursue the piano is greater than Esther’s. Joan embraces her creativity and accepts her own lesbianism, where as Esther represses these desires and follows the path toward heteronormativity. DeeDee devotes more time and attention to Joan, helping Joan learn more piano music and also cultivate her lesbian desire.

Joan not only engages in a lesbian relationship with DeeDee, but she also has feelings for Esther. During a conversation between the women about Buddy Willard, Joan tells Esther “‘I like you … I like you better than Buddy’” (Plath 247). Esther reveals that Joan makes Esther want to puke. This rejection represents a turning point. Scholars such as Perloff believe this moment is Joan’s attempt to seduce Esther. Esther “openly rejects Joan’s lesbian advances,” and begins to make important strides toward a true identity (Perloff 521). By reacting to Joan in this way, Esther effectively frees her future from what Esther herself seems to view as the threat of lesbianism. This situation may also speak to Esther’s continued pain as a result of Doreen and their failed relationship. As a defense mechanism, Esther may not want to begin a lesbian relationship for fear of being put aside in order to make room for a man. This moment may also display Esther’s internalized homophobia through her repulsion for a gay peer. Joan is in a lesbian relationship within the asylum and Esther distances herself from a possible relationship of her own or a system of support.
CONCLUSION

Esther undoubtedly experiences change within the text, but change is not the same as recovery. The novel ends with Esther stepping into meeting between her doctors. This meeting will focus on patient dismissals, suggesting that Esther will be released after an assessment from these doctors (Plath 275). Esther is now very aware of the expectations and the way she must perform as a woman in cold war era America. In order to prove that she can adapt and survive in this society, she must show her doctors that she can follow these rules.

The novel does not provide enough information to determine whether or not Esther has actually accepted heteronormative expectations. In the time between her mental breakdown and her release from the asylum, Esther transforms from a young woman who hates the idea of serving men to one who willingly searches for a man with whom to begin a sexual relationship (Bonds 49). This willful act of what she believes is sexual liberation actually a heteronormative performance that pushes her toward the service of men and a full rejection of a lesbian identity indicative of internalized homophobia. As Bonds argues, Esther is ultimately bound by the only reality she has ever known and the stereotypes that come with it. Kendall observes that society’s expectations of women are what lead to Esther’s mental breakdown, but “the novel offers her no form of reconciliation with society” (Kendall 56-57). Instead, the period of time in which Esther will adapt to life after her experience within the mental institution is left unexplored. Kendall further points out the period of time between Esther’s release and her present as a period of silence. Plath reveals that Esther’s present includes a baby (Plath 4). By mentioning this child, readers are shown that Esther has moved on from her struggles within the novel. After her release from the hospital, Esther leads a heterosexual lifestyle. It is unclear whether Esther’s
present heterosexual life is the result of her experience with Doctor Nolan’s conversion therapy or whether another factor in Esther’s life has changed.

Esther’s experiences within the mental hospital are markedly different from Joan’s experiences. Joan is re-institutionalized shortly after her release from the hospital (Plath 263). Joan is discovered one evening by her doctor, who tells Esther that Joan is “‘dead […] I’m afraid she has hanged herself’” (Plath 265). Joan’s death truly breaks the bond between the women and Esther’s ability to perform her gender rapidly progresses. By ending Joan’s lesbian journey in her own suicide, Esther totally and completely rejects a lesbian identity. To Paula Bennett, Joan and Esther are so closely connected that the only way to separate the women is through Joan’s death. Bennett believes that Joan’s death and Plath’s lack of exploration into her death reveal that Joan’s main function is to juxtapose Esther’s struggles. Joan must be “disposed of if the demons that haunt Plath’s/Esther’s mind are to be exorcised as well” and suggest Plath’s purpose behind Joan’s death is cathartic (Bennett 120). Diane Bonds also identifies Joan as a physical representation of an unacceptable part in Esther’s own identity. Bonds says that “Esther springs to new life as Joan is buried” (Bond 57) and with their broken connection, Joan’s presence no longer reminds Esther of the unacceptable lesbian identity. However, building on their analyses, Joan’s death becomes a warning to Esther and offers a glimpse into the difficult future of living as a lesbian. Rather than simply representing demons to be exorcised, Joan stands as the path Esther becomes afraid to take. Esther cannot ignore the impending doom that accepting her lesbian impulses may hold and instead begins to move closer to the socially appropriate, heteronormative identity.

The novel suggests that the truth must be revealed before the hospital will approve of a patient’s release and successful transition back to society. While secrecy and untruth may lead to
a release, the patient will be unable to transition back to society and die tragically. Joan does not verbally acknowledge her own lesbianism and keeps her lesbian attraction secret from those in positions of authority. What begins as a promising recovery ends in Joan’s destruction. Both Joan and Esther are each committed to the asylum after suicide attempts, suggesting that both women struggle with their identities in a culture where same-sex attraction is not acceptable. Neither woman is given an official medical diagnosis within the novel. So too is Joan’s relationship with DeeDee never given a name. Joan’s treatment includes meeting with her therapist, Doctor Quinn, whom Esther describes as having “an abstract quality that appealed to Joan, but it gave me the polar chills” (Plath 252). The importance of the relationship between the patient and therapist comes out in this description. Doctor Quinn never orders Joan to undergo electroshock treatments and her ultimate suicide suggests she is unable to fully comply with the heteronormativity of cold war culture. Esther’s multiple electroshock treatments, the control of Doctor Nolan, and her heteronormative reinforcement lead Esther enable her to perform the ideal identity for a woman in cold war America. Though not well founded, Esther’s trust of Doctor Nolan leads to truthful revelations and leads to Esther’s release from the hospital. The more removed relationship between Joan and Doctor Quinn allows Joan to avoid the truth, keep her lesbianism a secret, and ultimately leads to her death. The novel suggests that truth will lead to conformity and release, while secrecy will lead to an inability to transition back to larger society.

Electricity becomes an important tool of control for Esther, the Rosenbergs, and Joan. Showalter observes that electroshock therapy becomes for many patients a rite of passage, allowing patients the belief that the doctor “kills” the bad self and “resurrects” the good self (Showalter 217). By experiencing the application of electricity in different forms and intensities, Esther’s electroshock allows for a resurrection, the Rosenbergs’ electrocution is a complete
destruction, and Joan’s lack of electroshock renders her unable to perform properly and brings about her suicide. The medical community and the government wield electricity in order to reinforce heteronormative gender performances from their patients and citizens.

Esther contemplates a lesbian lifestyle even before she enters the asylum. Her relationship with Doreen suggests erotic thoughts and feelings for this woman. As Esther recovers within the mental institution, Doctor Nolan reinforces heterosexuality in subtle and powerful ways. Esther’s ultimate release after multiple rounds of electroshock therapy lead her toward heteronormative expectations proven through her sexual relationship with Irwin. The treatment and recovery Esther undergoes suggests that electricity is a successful means of control over those who violate social norms. The medical community approves Esther’s gender performance which directly leads to her release. Even though Doctor Nolan is heralded by scholars as the saving force in the novel, a queer reading proves that she does not help Esther recover but, instead, teaches her to perform. Joan actually saves Esther’s life by recognizing her need for medical treatment and providing transportation to the hospital. Joan’s role as Esther’s savior leads to the text’s presentation of lesbianism as a safer sexual identity than heterosexuality, though the text admits the dangers of lesbian identity through Joan’s eventual suicide.

*The Bell Jar* levels some fierce criticism at Americans of the time. Esther is shown what happens to those who are unable to accept society’s expectations when she looks at the models of the Rosenbergs and Joan. Just as electricity eradicates the Rosenbergs, whose crimes the government determined were so extreme they were unworthy of salvation, so too does electricity lead to the eradication of Esther’s *sickness* that leads toward her release. Joan, who has not experienced electroshock therapy, is unable to adapt to a heteronormative identity and cannot
adjust to life outside of the hospital. The text does not allow for any easy answers as death, or death of self, is the only option. This limited scope is indicative of the social constraints placed on individuals, especially those who identify themselves as queer, who did not conform during the cold war era. The text critiques these constraints and presents heteronormativity as a dangerous ideology. Heteronormativity and the patriarchal control of society lead to domination and possible physical abuse, though it brings with it social acceptance at the price of self. Lesbianism is presented as a safer pursuit, although the social persecution that may result is not shown to be safe. *The Bell Jar* establishes the social expectations of cold war America as unsafe and those who cannot or will not follow these expectations are in danger. Cold war society is only a safe society for those who are able to follow these stringent expectations.
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