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Zásady pro vypracování

Práce se zaměří na problematiku "pohledu" a moci v románech zobrazujících ženskou postavu v roli pacientky v psychiatrické léčebně. Metodologicky bude vycházet z Disability Studies a Mad Studies (např. P. Beresford, R. A. Ingram aj.) a teorie moci (např. M. Foucault). Po teoretické kapitole, ve které autorka představí vybrané koncepce z těchto oblastí (např. medical gaze, stigmatizace, vládnutí, dominance apod.), bude práce obsahovat detailní analýzu románů *The Bell Jar* Sylvie Plath a *Girl, Interrupted* Susanne Kaysen, tedy děl, která zobrazují postavy žen hospitalizovaných v psychiatrické léčebně během 50. a 60. let v USA. Autorka bude mapovat způsoby, jakým tyto postavy subjektivně nahlíží na sebe samé, společnost, ze které byly izolovány, a primárně na léčebnu, ve které jsou umístěné. Následně se bude věnovat opačnému pohledu, tedy literárnímu obrazu lékařů a odborníků, kteří zastupují nejen psychiatrickou léčebnu, ale i společenskou normu, vědecký objektivismus a institucionalizovanou formu moci. Autorka může mezi dílčí témata zahrnout otázku svobody, lidskosti či genderových stereotypů. Práci uzavře kapitola, která z jednotlivých zjištění vyvodí obecnější závěry.

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ANNOTATION

This bachelor thesis explores the themes of the gaze and power in Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*, novels that depict the experiences of women institutionalized in the United States during the 1950s and 1960s. Drawing on Disability Studies, Mad Studies, and Michel Foucault's theory of power, the thesis examines how these texts portray psychiatric institutions as sites of control, normalization, and surveillance. Primarily, it focuses on the tension between medical narratives and personal storytelling, emphasizing the use of figurative language as a means of narrative resistance.

KEYWORDS

psychiatric institutions, gaze, power, narrative resistance, medical discourse, normalization, surveillance, Sylvia Plath, Susanna Kaysen

ANOTACE

Tato bakalářská práce zkoumá témata pohledu a moci v románech *The Bell Jar* od Sylvie Plathové a *Girl, Interrupted* od Susanny Kaysenové, které zobrazují zkušenosti žen institucionalizovaných v psychiatrických léčebnách ve Spojených státech amerických během 50. a 60. let 20. století. Práce vychází z přístupů Disability Studies, Mad Studies a teorie moci Michela Foucaulta a analyzuje, jak jsou psychiatrické instituce v těchto textech vykresleny jako místa kontroly, normalizace a dozoru. Práce se primárně zaměřuje na rozpor mezi medicínským diskurzem a osobním vyprávěním, přičemž klade důraz na využití obrazného jazyka jako formy narativního odporu.

KLÍČOVÁ SLOVA

psychiatrické instituce, pohled, moc, narativní odpor, medicínský diskurz, normalizace, dozor, Sylvia Plathová, Susanna Kaysenová

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Introduction

The psychiatric hospital has long held a prominent place in society as a symbol of institutional power and control, as well as a space where personal stories are shaped, distorted, or silenced under medical authority. Historically, such institutions have functioned not only as sites of care but also as mechanisms of normalization, social regulation, and disciplinary surveillance, particularly in relation to those who fail to conform to societal expectations. Within these systems, the figure of institutionalized woman emerges as a complex and often contradictory symbol: she may appear as a passive recipient of medical care yet also holds potential as a voice of resistance.

This thesis examines how Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted* portray the lived realities of hospitalized women, and how these novels engage with the authority of medical discourse. Both novels depict the authors' direct experiences at McLean Hospital in the United States in the 1950s and 1960s. Each work explores the conditions of institutional life, offering a lens through which to examine the intersection of social norms, psychiatric authority, and narrative form. *The Bell Jar* is a semi-autobiographical novel whose protagonist, Esther Greenwood, is closely modelled on Sylvia Plath herself. Esther is a talented and ambitious young woman grappling with societal expectations and facing a deepening psychological crisis. After a suicide attempt, she is institutionalized and undergoes a range of treatments including electroconvulsive therapy. Similarly, Kaysen's *Girl, Interrupted* recounts author's nearly two-year long hospitalization after receiving diagnosis of borderline personality disorder. Unlike *The Bell Jar*, however, *Girl, Interrupted* is written as a memoir and presents Kaysen's experiences without fictionalization. She examines various aspects of her hospitalization through a fragmented, documentary-like narrative interwoven with scans of her medical records. The novels reflect on institutional life, including patient-doctor relationships, treatments, and the broader societal pressures that shape the experiences of mental distress.

The theoretical chapter of this thesis outlines the conceptual framework and introduces the key perspectives of Mad Studies, Disability Studies, and Foucauldian theory. Disability and Mad Studies critique the dominance of biomedical model of mental distress, instead focusing on sociopolitical dimensions of 'illness' and centring voices of those with lived experience of psychiatric intervention. Alongside this, Michel Foucault's theories of power, particularly his analyses of discipline, surveillance, and normalization, provide a critical lens for examining how institutions function as instruments of authority and control, shaping how mental distress is understood and manged within broader societal structures. In addition, the concept of the

gaze, alongside other related ideas, is relevant in literary analysis, drawing attention to questions of perspective, voice, and the power dynamics involved in narratives of ‘madness’. Together, these frameworks establish a foundation for analysing the complex interplay of dominance, identity, and resistance in literary portrayals of women's psychiatric institutionalization.

The first analytical chapter explores the function of psychiatric institutions as environments shaped by systems of social control, normalization, and exclusion. It considers how the psychiatric hospitals depicted in *The Bell Jar* and *Girl, Interrupted* reflect internalized societal norms related to gender, conformity, and mental ‘health’, while focusing on power structures and cultural assumptions surrounding ‘madness’. Additionally, the chapter examines the relationship between discipline, surveillance, and the pathologisation of distress, as well as discussing the issues of objectification, freedom, and agency. Particular attention is given to the intersection of societal norms, institutional practices, and personal experience.

The second chapter of the thesis shifts focus from psychiatric institutions to the issue of narrative control, examining how the experiences of ‘madness’ are shaped, contested, or suppressed through language. Building on the discussion on institutional power and control in the previous chapter, this section explores how medical discourse, particularly in the form of diagnoses, records, and clinical manuals, affects the personal voices of those labelled ‘mad’. Furthermore, it investigates how *The Bell Jar* and *Girl, Interrupted* depict the contrast between externally imposed narrative and individual self-expression. In its final part, the chapter pays close attention to the protagonist’ use of figurative language, including metaphors, imagery, and symbolism, as a means of conveying lived experience and reclaiming narrative authority. Ultimately, this chapter considers how personal stories might become a form of resistance against psychiatric pathologization and institutional control.

The thesis as a whole explores how *The Bell Jar* and *Girl, Interrupted* both reflect and resist the institutional discourse that seek to define and contain mental distress. By highlighting the interplay between societal expectations, institutional authority, and personal narratives, it argues that the novels serve not only as autobiographical accounts of psychiatric institutionalization but also as acts of narrative resistance. The analysis traces how the protagonists’ subjective self-perception contrasts with the externally imposed definitions of medical discourse. In doing so, the texts draw attention to mechanisms of discipline and control, such as pathologization, surveillance, and the silencing of personal voices, while exploring how lived experience and figurative language offer alternative ways of understanding mental distress. Ultimately, the thesis suggests that narrative becomes a form of resistance, challenging the dominant discourses and redefining ‘madness’ on personal terms.

Theoretical Framework

The practical analysis of *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen utilises the conceptual framework of Disability Studies and its sub-discipline Mad Studies. Disability Studies emerged as an academic discipline in the 1980s after decades of activism, established legitimacy in the 1990s through its fight for equal rights, and later developed a broader academic identity.[1] It now embraces interdisciplinary approaches, connecting disability with issues of gender, sexuality, race, class or environment.[2] As Alice Hall notes, a central aim of Disability Studies is to provide objective insight into the lives of non-conforming individuals and to challenge the stereotypes associated with the label 'disability', while simultaneously fostering new, unbiased identity and knowledge.[3] Similarly, Michael Bérubé suggests that one of the most pressing tasks of the discipline is to "do justice to the actual lived experiences of people with disabilities."[4] To raise awareness and counter ableist misconceptions, Disability Studies emphasizes the importance of authentic representation, which is widely believed to be essential in combating the social marginalisation and negative connotation associated with disability.

Mad Studies focuses on mental wellbeing and 'disorders' while striving to challenge the prevalent social and medical models of 'madness', psychiatry, and neurodivergence. The origins of Mad Studies date back to the 1960s and 1970s which marked the "golden age of antipsychiatry and Mad liberation."[5] However, in following decades the movement faced severe repercussions and had been unable to establish itself as an independent discipline due to the prevailing prejudices linked to mental health and the lack of unified philosophy among the scholars at that time.[6] Mad Studies emerged as a new, well developed specialized discipline at the beginning of the twenty-first century. The name itself is credited to academic researcher Richard A. Ingram, who introduced it during his 2008 presentation "Mapping 'Mad Studies': the Birth of an In/Discipline" at the Disability Studies Symposium held at Syracuse University. He later shared his notes for the presentation, and in the abstract he stated that "'Mad pride'

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[1] Hall, *Literature and Disability*, 23, 25–26.
[2] Clare Barker, and Stuart Murray, "Introduction: On Reading Disability in Literature," in *The Cambridge Companion to Literature and Disability*, eds. Clare Barker, and Stuart Murray (Cambridge: Cambridge University Press, 2017), 7.
[3] Alice Hall, *Literature and Disability* (London: Routledge, 2016), 24.
[4] Michael Bérubé, "Disability and Narrative," *PMLA* 120, no. 2 (March 2005): 570, <https://www.jstor.org/stable/25486186>.
[5] Robert Menzies, Brenda A. LeFrançois, and Geoffrey Reaume, "Introducing Mad Studies," in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 1–3, 6.
[6] Peter Beresford, "Introduction," in *The Routledge International Handbook of Mad Studies*, eds. Peter Beresford and Jasna Russo (New York: Routledge, 2022), 4.

movement has […] given birth to what [he] suggest should henceforth be referred to as 'Mad Studies'."[7] Nevertheless, as Ingram later emphasized, mad studies – in lowercase – has existed in various forms long before his presentation.[8] Regardless of its indeterminate origins, Mad Studies has significantly evolved through numerous phrases, each contributing to a reassessment of society's perception of mental health and its attitude towards 'mad' individuals.

While the primary focus of Mad Studies has evolved to some extent over time, the core objectives have remained aligned with its founding principles. According to Richard Ingram, the main focus of Mad Studies should be "the shaking up" of psychiatry dominance in discourse about 'mad' individuals, which paradoxically often disregards their voices as inferior.[9] In contemporary discourse, the scholars concentrate their efforts on opposing marginalisation and oppression while emphasizing direct involvement of 'survivors' themselves. Additionally, the movement criticized the over-medicalised approach to madness and the harmful treatments that are used to 'cure' any 'deviance'.[10] Ultimately, Mad Studies consistently seeks to dismantle the established hierarchy and advocate for empowerment of the marginalized individuals while critiquing dominant medical discourse that devalues the experiences of those labelled 'mad'.

One of the major concepts extensively discussed within the fields of Disability and Mad Studies is the notion commonly referred to by most scholars as 'normalcy'. Lennard J. Davis defines the term 'normal' as "conforming to, not deviating or different from, the common type or standard, regular, usual." Additionally, he highlights how this rather recent concept penetrates every aspect of contemporary society while introducing itself as the new standard.[11] Michel Foucault discusses a similar idea in his work *The Birth of the Clinic*, connecting normality with medical practices. He claims that medicine, which was once focused primarily on curing illnesses, has assumed a normative attitude. Consequently, it asserts authority to establish and enforce standards for both physical and mental health. As a result, societies have constructed a rigid "bipolarity of the normal and the pathological," which is particularly evident in the shared psychological paradigms.[12] Because of the emphasis on conformity, which creates pressure to adhere to strict norms, any anomalous behaviour is labelled as 'abnormal' and the

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[7] Richard A. Ingram, "Mapping 'Mad Studies': The Birth of an In/Discipline," n.d., 1, <https://www.academia.edu/34008410/Mapping_Mad_Studies>.
[8] Richard A. Ingram, "Doing Mad Studies: Making (Non)sense Together," *Intersectionalities* 5, no. 3 (December 2016): 12, <https://doi.org/10.48336/IJDPTS4720>.
[9] Ingram, "Doing Mad Studies," 14–15.
[10] Beresford, "Introduction," 1, 6–8.
[11] Lennard J. Davis, "Introduction: Normality, Power, and Culture," in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2013), 1–3.
[12] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (1973, London: Routledge, 2003), 34–35.

individual is regarded as ‘mentally ill’ and in need of treatment.[13] Since the norm turned into the new ideal, it has become progressively more difficult to fit into the narrow categories created by society. Furthermore, Susan Wendell emphasizes that such a system is commonly constructed by those in positions of power who might have a vested interest in doing so.[14] As the power to define what is considered ‘normal’ is not in the hands of those directly affected by such definitions, such individuals encounter disempowerment. Their capability to make decisions about their life is limited and their autonomy is endangered. Thus, the concept of normalcy strengthens societal oppression, as it subsequently marginalizes those who do not conform and perpetuates a system of control and social inequality.

In addition to the pressure to adhere to the established standards of normalcy imposed on all members of society, there has always existed a distinct set of rules that specifically control the lives of women, especially in the mid-20th century. Robert Lowell describes the 1950s as the “tranquilizer fifties,” by which he refers to the prevalent practice of treating women’s psychological ailments with medicinal drugs called tranquilizers. Similarly, Elaine Showalter characterizes this decade as one in which a desirable archetype of womanhood was embodied by a passive and docile housewife devoid of sexual desires or professional ambitions.[15] In contrast, the 1960s marked a period of turbulent changes in societal values, represented by the women's liberation movement. However, the transformation of the system required time to develop and become internalized. Consequently, the lives of women often remained restricted, and their expressions of dissatisfaction were routinely pathologized.[16] This tendency reveals how societal and gender norms influenced the understanding and treatment of women’s struggles and distress during these times.

Being identified as ‘abnormal’ carries a considerable societal stigma, reinforcing negative prejudices that harm not only those labelled as such but also other individuals, who might fall within the category of ‘normal’. As Susan Wendell describes, the stigmatization of distressed individuals stems from widespread fear of being associated with any kind of difference and non-conformity. This creates the concept of “the Other,” an inferior category of people

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[13] Ji-Eun Lee, “Mad as Hell: The Objectifying Experience of Symbolic Violence,” in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars’ Press, 2013), 107.

[14] Susan Wendell, *The Rejected Body: Feminist Philosophical Reflections on Disability* (New York: Routledge, 1997), 22.

[15] Elaine Showalter, *A Jury of Her Peers: American Women Writers from Anne Bradstreet to Annie Proulx* (New York: Vintage Books, 2009), 496–498.

[16] Nérée St-Amand, and Eugène LeBlanc, “Women in 19th-Century Asylums: Three Exemplary Women; A New Brunswick Hero,” in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars’ Press, 2013), 38.

symbolized by imperfection, failure, and vulnerability. The inability to conform creates many unpleasant consequences, among them alienation, feelings of shame and objectification of 'abnormal' individuals.[17] Ultimately, society weaponizes the notion of normalcy, suppressing expressions of difference and reinforcing rigid boundaries around what is deemed acceptable.

Moreover, framing distress through a medicalized narrative significantly contributes to the stigmatization and social exclusion of individuals. As Irit Shimrat suggests, psychiatric system reduces ordinary personal struggles, such as family issues or academic pressure, to psychiatric labels. These labels carry prejudices that often lead to shame and rejection.[18] Furthermore, Ji-Eun Lee argues that framing distress as a 'mental illness' with biomedical causes exacerbates stigma by presenting it as a permanent and transmittable condition.[19] This idea is echoed by Foucault in *Madness and Civilization*, where he notes that 'mental illness' is commonly accompanied by a prominent fear of contagiousness, which often results in the punishment or confinement of 'troublesome' individuals.[20] Ultimately, the pathologization and stigmatization of mental distress reinforces societal fears, leading to isolation, alienation, and further marginalization.

Such 'othering' and pathologization might escalate into coerced institutionalization of the individual within psychiatric hospitals, where medical care is predominantly shaped by the authority of psychiatry. Bonnie Burstow describes psychiatry as a "hegemonic" industry, that is supported by laws and government and has complete control over definitions of 'mental illness' and standards of 'normalcy'.[21] Opposing voices that were criticizing the medicalized treatment of distress began to gain recognition in the 1960s with the rise of 'anti-psychiatry'. This movement challenged medical abuse and violations of personal freedom, reflecting the objectives of Disability and Mad Studies.[22] While the stay in the hospital might prove beneficial for some individuals, many of them report negative effects on their personal, professional or public lives.[23] Consequently, as Arthur Frank suggests in his book *The Wounded Storyteller*, people have come to fear the institutions that are designed to help them. The individuals feel

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[17] Wendell, *The Rejected Body*, 21, 61, 85.

[18] Irit Shimrat, "The Tragic Farce of 'Community Mental Health Care'," in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 152, 156.

[19] Lee, "Mad as Hell," 107.

[20] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (1964, New York: Vintage Books, 1988), 67.

[21] Bonnie Burstow, "A Rose by Any Other Name: Naming and the Battle against Psychiatry," in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 80–81.

[22] Beresford, "Introduction," 1–3.

[23] Hall, *Literature and Disability*, 119.

victimized by the medical system that reduces them to mere 'cases' yet exercise complete control over their lives.[24] The oppressive practices of psychiatric institutions, reinforced by their unchallenged authority, may inflict harm to individuals whose distress is pathologized and thus regarded as requiring 'treatment'.

On a related note, the medicalization of distress and the detrimental effects of psychiatric treatments are one of the most widely discussed issues among Mad Studies scholars. As Peter Beresford notes, psychiatry relies on its scientific authority to excessively administer treatments and therapies or enforce isolation.[25] However, such solutions are often unhelpful, unnecessary or even traumatizing to the patients. Around the mid-twentieth century, the treatment repertoire for mental distress has included a number of conservative interventions – some of which are used to this day – such as therapy, medical drugs, or isolation. Simultaneously, however, psychiatry has employed multiple controversial, harmful, or at times lethal methods, most notably insulin shock therapy, neurosurgeries like lobotomy, and electroconvulsive therapy.[26] Many survivors of this type of treatments compare their experiences to a 'torture' and report a life-long harm that often includes a mental and physical deterioration.[27] Most importantly, medical interventions might be turned into tools of oppression and control in the hands of psychiatric professionals.[28] Ultimately, medical treatments have fallen short of providing the promised 'cure', as they were often unethically implemented or administered in a form that exacerbated the patients' suffering.

The isolation of the 'mad' represents a distinct form of control that functions primarily to segregate the 'problematic' individuals from the rest of the society. Various scholars, including Michel Foucault, Gordon Burstow or Susan Wendell, emphasize the unmistakable parallels between the hospital and the prison. In *Madness and Civilization* and *Discipline and Punish*, Foucault describes how the methods of control used in institutions such as psychiatric asylums closely parallel those used in prisons and similar coercive institutions. He notes how "prisons resemble […] hospitals" and describes both institutions as "centres of confinement," while comparing asylums to "cages" that serve to hide and suppress the shameful 'madness'.[29] Bonnie Burstow expands on this idea and suggests that labels such as 'patient' or 'mental

[24] Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995), 191.
[25] Beresford, "Introduction," 1.
[26] Beresford, "Introduction," 1.
[27] Frank, *The Wounded Storyteller*, 172–174.
[28] Menzies et al., "Introducing Mad Studies," 4–5.
[29] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (1977, New York: Vintage Books, 1995), 228; Foucault, *Madness and* Civilization, 45, 70, 115, 207.

hospital' work as euphemisms that conceal the controlling, prison-like reality of psychiatric care, framing imprisonment as compassionate help.[30] The psychiatric institutions have often functioned as instruments of segregation and confinement rather than care, as they isolate the individuals deemed 'mad' because of the perceived danger they pose.

However, psychiatric hospitals do not only serve to confine, but they also act as instruments of control and oppression over non-conforming individuals. According to Foucault, the institutionalized individual becomes the "object and target of power" and is subsequently subjected to various procedures aimed at "controlling and correcting" deviant behaviours. While examining the controlling methods that institutions use, Foucault introduced the concept of "docile bodies" – bodies that can be "subjected, used, transformed and improved." This is achieved by using 'discipline', a system of obligations and restrictions, which is subtly yet incessantly practised by those in positions of institutional power.[31] Thus, after hospitalization, the individuals often lose their freedom of choice, particularly regarding treatment, as all decisions are made by the medical professionals. Consequently, patients might feel a sense of powerlessness as they have to rely on medical staff with all their needs. Additionally, their dissatisfaction is often dismissed, and they are coerced into following the rules established by the hospital.[32] Maria Liegghio observes that the institutions justify the use of involuntary institutionalization and complete authority as a way to "protect public order" from the individuals they consider a "threat".[33] By enforcing discipline and exercising absolute control within the institutions, psychiatric hospitals reinforce dominant societal stigma while stripping hospitalized individuals of their autonomy.

One of the primary ways the institutions exert discipline is through constant surveillance and regulation of individuals. As Michel Foucault observes, discipline is rooted in enforcing strict order and supervision over every aspect of patients' lives.[34] These mechanisms operate through what Foucault calls 'medical gaze', 'clinical gaze' or simply 'the gaze'.[35] Instead of focusing on the patient's subjective experience, the medical gaze interprets symptoms through an institutionalized system of knowledge.[36] Consequently, the doctor gains sovereign authority

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[30] Burstow, "A Rose by Any Other Name," 84.
[31] Foucault, *Discipline and Punish*, 136–138.
[32] Lee, "Mad as Hell," 108–112.
[33] Maria Liegghio, "A Denial of Being: Psychiatrization as Epistemic Violence," in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 126–127.
[34] Foucault, *Discipline and Punish*, 140.
[35] Foucault, *The Birth of the Clinic;* Foucault, *Discipline and Punish.*
[36] Aleksandar J. Ristić, Adriana Zaharijević, and Nenad Miličić, "Foucault's Concept of Clinical Gaze Today," *Health Care Analysis* 29, no. 2 (September 2020), <https://doi.org/10.1007/s10728-020-00402-0>.

over the medical narrative and exclusive power to diagnose and administer treatments. This authority derives its legitimacy from the presumed "structure of […] objectivity," granting doctors a dominant interpretive authority. The gaze thus transforms medical care into an act of classification and surveillance, reducing the patient to a mere "external fact," as their symptoms are abstracted and pathologized.[37] In this process, the patient's lived experience is interpreted as a sign of an 'illness', stripping them of authority over personal and medical decisions. Ultimately, the institution, through medical professionals, claims control over the patient's body and life, enforcing disciplinary measures under the guise of the patient's 'recovery'.

The process of 'recovery' and 'normalization' is also shaped by the institutional environment itself. Drawing on Jeremy Bentham's concept of the Panopticon, Michel Foucault argues that the psychiatric hospital function as an active participant in treatment through constant surveillance. The Panopticon – a ring-shaped building with a central watchtower – ensures that residents can be observed at any time, though they never know exactly when. Consequently, individuals begin to internalize surveillance and learn to self-regulate, becoming both targets and enforcers of discipline. Ultimately, control becomes invisible and permanent, allowing it to operate more efficiently. Moreover, discipline, Foucault argues, extends beyond the institution, creating "a society penetrated through and through with disciplinary mechanism."[38] Through strategic use of surveillance and the gaze, power and control are exerted more subtly, fostering self-governance and internalized docility.

Controlled, disciplined and objectified by the institutions, individuals' credibility is compromised, and their experiences are interpreted through the doctor's gaze and psychiatric narrative. Alexa Schriempf notes that public understanding of impairments is largely shaped by the unchallenged authority of medical institutions. This authority dictates not only the nature and severity of perceived disability but also individuals' future, which might involve involuntary institutionalization or medicalization.[39] Similarly, Ji-Eun Lee observes that psychiatry operates through "symbolic power to define reality and to categorize the distress people experience."[40] In other words, medical expertise plays a central role in determining the socially accepted understanding of 'normality' and 'abnormality', thus effectively shaping reality itself.[41] This symbolic power is validated by legal systems, scientific research, and

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[37] Foucault, *The Birth of the Clinic*, 8, 89, 96.
[38] Foucault, *Discipline and Punish*, 172, 200–205, 209.
[39] Alexa Schriempf, "(Re)fusing the Amputated Body: An Interactionist Bridge for Feminism and Disability," *Hypatia* 16, no. 4 (Autumn 2001): 58, <https://www.jstor.org/stable/3810783>.
[40] Lee, "Mad as Hell," 106.
[41] Wendell, *The Rejected Body*, 117.

financial support from government and pharmaceutical companies.[42] Within the diagnostic discourse, the 'illness' becomes the central focus and the individual is reduced to an object to be examined, categorized, and treated. Diagnosis, verbalized through the medical gaze, grants medical professionals the power to determine the 'objective truth' about the person's condition.[43] Furthermore, the medical language of diagnosis remains rigid and allows little room for individual interpretations. As Anne Wilson and Peter Beresford observe, patients are expected to "conform to a specific diagnostic category and prescribed 'treatment'," which are predominantly based on biological models of 'mental illness' and rely on standardized diagnostic tools that are expected to apply universally.[44] By privileging psychiatric authority over subjective experience, the institutions silence individual voices and reinforce a system of control in which the person is perceived not as a complex human being but solely as a manifestation of pathology.

Under the dominance of psychiatry, the medical narrative holds unquestioned authority, not only over the clinical interpretation of psychological symptoms but also over the patient's subjective accounts of their experiences. Michel Foucault described the language of psychiatry as "a monologue of reason about madness," excluding those labelled 'mad' from meaningful participation in defining their own realities.[45] As Maria Liegghio explains, individuals who have been psychiatrized may be perceived as having "flawed or disordered way of seeing, perceiving, judging, and thus, knowing reality." As a result, their voices are routinely dismissed as illegitimate or unreliable, effectively silencing them and denying their right to self-narrate and make autonomous decisions.[46] Crucially, the biomedical framework differs significantly from the patient's narrative, which tends to include personal and contextual nuances of psychological distress that cannot be captured by an elementary list of symptoms. Susan Wendell observes that although psychiatry claims objectivity, it only deals with corporeal symptoms while ignoring the elusive realm of human mind. Consequently, this supposedly "morally neutral and objective" point of view can obscure the value of the lived experience as a source of valid knowledge. Moreover, the rigidity of medical language frequently results in dismissal of experiences that it cannot explain or does not conform to its narrow scientific categories of

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[42] Schriempf, "(Re)fusing the Amputated Body," 80–81.
[43] Foucault, *The Birth of the Clinic*, xi–xii, xv, 38–39.
[44] Anne Wilson, and Peter Beresford, "Madness, Distress and Postmodernity: Putting the Record Straight," in *Disability/Postmodernity: Embodying Disability Theory*, eds. Mairian Corker, and Tom Shakespeare (London: Continuum, 2002), 146.
[45] Foucault, *Madness and Civilization*, x–xi.
[46] Liegghio, "A Denial of Being," 126.

'illness'.[47] Ultimately, by monopolizing the power to define and interpret mental distress, the medical narrative dominates public understanding and actively suppresses the voices of those it claims to treat.

As a part of the anti-psychiatry and Mad Studies movements, individuals labelled as 'mad' strive to regain their autonomy and reclaim the narrative and language surrounding their psychological experiences. Arthur Frank describes this act of 'reclaiming' as "finding one's voice" after it has been silenced by the dominant authority of medical language. He emphasizes the importance of self-narrated life stories as a form of both emotional healing and a means of resistance and liberation. By telling their stories, individuals challenge the idea that only medical professionals can define and interpret their experiences.[48] Moreover, the words that are used to describe mental distress are equally important as the self-narration itself. As Bonnie Burstow highlights, psychiatric labels can become means of control, stigmatization, and oppression. Consequently, opponents of medical language have created new terms, such as 'psychiatric survivor' or 'psychoprison', or have reclaimed originally derogatory words, including 'crazy' or 'loony bin', as a form of protest.[49] By reclaiming narrative authority over their own stories, individuals turn self-representation into a form of social and personal empowerment, challenge the traditional authority of psychiatry and regain their agency.

The silenced individuals have been reclaiming their voices in various ways, yet the written literature has become one of the most prominent forms of narrative resistance. Johanna Shapiro notes that literature provides opportunity to empower voices of those that are "either silenced or ignored" in favour of the "voices of authority and expertise," which are typically embodied by psychiatric professionals.[50] Similarly, Alice Hall highlights that authentic literary representation of 'madness' can transform societal understanding, foster discussion about contemporary social issues, and challenge the marginalisation of those labelled 'mad'. Hall further stresses the importance of written language as a vital medium for self-expression, one that encourages readers and writers alike to embrace "alternative ways of knowing."[51] Crucially, themes such as 'disability' and 'madness' should not be reduced to mere plot devices or metaphors but instead used to reflect the authentic experiences of those who live them.[52]

[47] Wendell, *The Rejected Body*, 119, 122.
[48] Frank, *The Wounded Storyteller*, 3, 64, 182.
[49] Burstow, "A Rose by Any Other Name," 80–84.
[50] Johanna Shapiro, "Using Literature and the Arts to Develop Empathy in Medical Students," in *Empathy in Mental Illness*, eds. Tom F. D. Farrow, and Peter W. R. Woodruff (Cambridge: Cambridge University Press, 2007), 477–478.
[51] Hall, *Literature and Disability*, 1, 4, 124–125.
[52] Barker, and Murray, "Introduction," 2–3.

Through literature, those labelled ‘mad’ reclaim control and authorship of their experiences, challenge psychiatric authority, and reshape societal understanding of madness and mental distress. As a result, they transform from passive objects of psychiatry into active authors of meaning, knowledge, and identity.

Normalization, Institutionalization, and Control

In a contemporary society, a rigid idea of normalcy affects every aspect of people's lives and shapes attitudes towards differences, particularly those related to health. Various scholars have noted that the postmodern man lives in a "world of norms," where an 'average' has been defined, internalized, and enforced as a new ideal.[53] In *The Birth of the Clinic*, Michel Foucault argues that the standard in medicine shifted during the 19th century from the focus on restoring health to a system centred on 'normality'. Since then, both society and medicine have assumed a ubiquitous normative posture that "dictate[s] the standards for physical and moral relations of the individual and of the society in which he lives."[54] Lennard J. Davis likewise highlights that the ideal of conformity in Western society is a relatively recent development as terms such as "'normal,' 'normalcy,' 'normality,' 'norm,' 'average,' [or] 'abnormal' all entered the European languages rather late in human history." Additionally, he contends that the concept of 'normal' is not an inherent human quality, but rather a learned construct, one that is incessantly "enforced in public venues (like the novel)."[55] Ji-Eun Lee adds that those who fail to conform might be "labelled as mentally ill by those who are in positions of power" and thus deemed in need of a "treatment".[56] Foucault elaborates even further, claiming that "the whole indefinite domain of the non-conforming is punishable," and through the repression of 'deviance', "the Normal is established."[57] Ultimately, the concept of 'normalcy' is a new and artificial ideal that is used to regulate and oppress individuals who falls outside its bounds.

This notion is evident in the struggles of both Esther and Susanna, who grapple with the societal expectations of what is considered 'normal' for young woman in the 1950s and 1960s. As they are forced to face these challenges, it reflects negatively on their mental wellbeing. At the beginning of the story, Esther is aware that her feelings differ from what is expected of a woman in her situation. Rather than feeling happy, she says, "I knew something was wrong with me that summer […] I was supposed to be having the time of my life." Unlike other girls, who seem to have no such issue, she finds it difficult to enjoy her life in New York and feels apathetic and numb instead: "I guess I should have been excited the way most of the other girls were, but I couldn't get myself to react."[58] Susanna describes a similar experience, noting the disparity between the life others envisioned for her and her own expectations for herself: "my

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[53] Davis, "Introduction: Normality, Power, and Culture," 1.
[54] Foucault, *The Birth of the Clinic*, 34–36.
[55] Davis, "Introduction: Normality, Power, and Culture," 1, 10.
[56] Lee, "Mad as Hell," 108.
[57] Foucault, *Discipline and Punish*, 178–179, 184.
[58] Sylvia Plath, *The Bell Jar* (1963, London: Faber and Faber, 2019), 2.

parents and teachers did not share my self-image. Their image of me was unstable, since it was out of kilter with reality and based on their needs and wishes."[59] Her hospitalization leads her to feel inadequate and incapable to meet the demands of those around her. Esther and Susanna's struggle shows how the attempt to conform to the rigid standards of normality often leads to negative psychological consequences while illustrating the societal tendency to immediately denounce any 'abnormal' personality traits and opinions.

Provided that both novels are set in the mid-20th century, it is also necessary to consider the expectations that were imposed on Susanna and Esther as women in the predominantly conservative society. Scholars emphasize that both of them are, above all, women struggling to align their dreams and ambitions with restrictive societal standards at the time.[60] The primary challenges revolved around marriage, motherhood, and sexuality. The existential struggles faced by Susanna and Esther appear completely natural and unproblematic for their peers. However, when contemplating married life, Susanna reflects how other girls "looked forward to their marriages and their children" but "[she] knew [she] wasn't going to have any of this because […] [she] didn't want it."[61] Similarly, Esther grapples with societal expectations, repeatedly proclaiming throughout the novel that she "never intends to get married." The dominant perspective on her convictions is illustrated by her boyfriend Buddy's response: "'You're crazy.' [...] 'You'll change your mind.'"[62] Similar societal opinion is communicated when Susanna reveals that she was released from the mental hospital after she got engaged, because "everybody could understand a marriage proposal."[63] Internalized norms are often reinforced by other women, in Esther's case mainly by her mother or Mrs Willard. The latter describes marriage as follows: "What a man is, is an arrow into the future and what a woman is, is the place the arrow shoots off from." However, Esther cannot identify with this notion, asserting that "the last thing [she] wanted was [...] to be the place an arrow shoots off from. [She] wanted change and excitement and to shoot off in all directions [herself]." She perceives marriage as "a dreary and wasted life" characterized by "being under a man's thumb" or "being flatten out underneath [man's] feet." Simultaneously, she cannot envision herself in a role of a mother, describing herself as "unmaternal", while portraying a pregnant neighbour as

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[59] Susanna Kaysen, *Girl, Interrupted* (1993, New York: Vintage Books, 1994), 155.
[60] Ebba Carlstein, "Marriage and Motherhood in Sylvia Plath's *The Bell Jar*: An Analysis of Gender Expectations and Poetic Language" (Bachelor's thesis, Linköping University, 2023), 3, <https://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-195280>.
[61] Kaysen, *Girl, Interrupted*, 156.
[62] Plath, *The Bell Jar*, 24, 89.
[63] Kaysen, *Girl, Interrupted*, 133.

"grotesque" and claiming that "children make [her] sick."[64] Both protagonists are unable to imagine themselves fulfilling the societal expectations. They also reject the belief that wifehood and motherhood are inherent ambitions for women, a perspective that might imply that women who are not interested in marital status are unreasonable or 'mad'.[65] Their stories show an aversion to traditional gendered standards and emphasize their determination to pursue their dreams and autonomy despite the societal constraints of their time.

Additionally, *The Bell Jar* extensively discusses other gendered norms, in particular the double standards for purity for men and women. Esther is angered by the hypocrisy of people around her, including her boyfriend Buddy Willard, who all expect her to remain a virgin until marriage but do not expect the same from men. After having to listen to her mother and Mrs Willard describe Buddy as "the kind of person a girl should stay fine and clean for," she discovers that he did not refrain from premarital sex. She feels deceived by his affair with a waitress and his pretended innocence, as she claims that she "couldn't stand the idea of a woman having to have a single pure life and a man being able to have a double life." Subsequently, she begins to feel burdened by her own purity, expressing that "[her] virginity weighed like a millstone around [her] neck." To resolve this, she decides to relinquish her virginity to a man to whom she felt no emotional connection and afterwards, she finally feels "perfectly free."[66] Although her behaviour is later perceived as neurotic and misunderstood by those around her, she decides to seek autonomy over her body and rejects the common double standards of purity imposed on women by patriarchal society.

As previously noted, the inability to conform is considerably stigmatized and surrounded by many misconceptions, rooted in the widespread negative image of 'abnormal' individuals as 'mad'. This prejudice stems from the common anxiety of being associated with the condemned group of people who are perceived as a threat to the societal order. Consequently, the responses might range from curiosity to fear, most notably the fear of contagiousness. As Susanna describes in *Girl, Interrupted*, many people who met her would ask themselves: "Could that happen to me? [...] What's keeping me out of the loony bin?" Then she adds: "Some people are more frightened than others. [...] 'You spent nearly two years in a loony bin? Hmmm. When was that, exactly?' Translation: Are you still contagious?"[67] Similarly to Susanna's experience, people look at Esther with "curiosity and wariness." Correspondingly, Esther's psychiatrist

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[64] Plath, *The Bell Jar*, 67, 79–80, 111, 113, 212.
[65] Carlstein, "Marriage and Motherhood," 12.
[66] Plath, *The Bell Jar*, 64, 77, 218, 232.
[67] Kaysen, *Girl, Interrupted*, 124–125.

warns her that people "would treat [her] gingerly, or even avoid [her], like a leper with a warning bell." During her stay in the psychiatric hospital, Esther comes to realize the truthfulness of this claim owing to her interactions with various people who came to visit her. For instance, when she meets with a priest, she notes that he appeared "terribly nervous the whole time," and that it was apparent that he considered her as "crazy as a loon." Later, she recounts how the visitors at the hospital would visibly judge her and watch her as if she was a "zoo animal." On similar note, one elderly lady, sharing the hospital room with Esther, upon finding out about her attempted suicide, drastically changes her attitude and demands that a nurse "pulled the bed-curtain between [them]."[68] Through this act, she strengthens both the physical and metaphorical separation between them to keep herself protected from the 'worse' madness. These passages highlight that many people prefer to keep non-conforming and uncomfortable individuals out of view as they feel protected from the perceived threat that way.[69] Along similar lines, Esther claims that "the more hopeless you were, the further away they hid you."[70] The individuals who deviate from the norm in any form are excluded and hidden from the public view. This form of mistreatment is based on socially constructed internalized fears and misconceptions rather than inherent differences. Ultimately, the fear of contamination and illness perpetuates the cycle of hatred, reinforcing the division between the 'normal' and 'abnormal'.

However, it is not only those unaffected that view emotional distress as a shameful and alienating illness. Oftentimes, the 'mad' individuals themselves internalize the stigma associated with the label of 'madness'. Susanna, for instance, states that she does not want "a crazy boyfriend," referring to fellow patients in the psychiatric hospital. Moreover, she later admits that she "feel[s] revulsion" towards "[i]nsane people."[71] Susan Wendell develops this idea further and describes how the different types and degrees of 'illness' creates hierarchies among patients. As a result, some patients refuse to associate themselves with other patients to avoid the disgrace any 'abnormality' of mind embodies in the society, consequently "mak[ing] each other 'the Other'."[72] The most prominent example of this phenomenon is illustrated in *The Bell Jar*, when Esther is transferred from Caplan, a ward treating more 'serious cases,' to Belsize, which housed women who were "fashionably dressed and carefully made up, and several of them were married." Despite being institutionalized in the same asylum, she was excluded from their group and treated "coolly, with a slight sneer, like a dim and inferior

[68] Plath, *The Bell Jar*, 167, 170–171.
[69] Liegghio, "A Denial of Being," 127.
[70] Plath, *The Bell Jar*, 123, 137, 156.
[71] Kaysen, *Girl, Interrupted*, 67, 125.
[72] Wendell, *The Rejected Body*, 60–61.

acquaintance." Their internalized contempt is further revealed when they mock a newspaper photo of Esther taken after her suicide attempt.[73] Although all the women are psychiatric patients, there is a visible internalized hierarchy, with the Belsize women viewing themselves as the 'superior' and more socially 'acceptable' group within the hospital. Altogether, internalized stigma deepens alienation, as individuals distance themselves from other patients in an effort to escape the disgrace of the labels like 'abnormality' and 'madness'.

At the heart of the society's fear of getting 'infected' by madness lies the widespread belief that emotional distress is fundamentally a biological illness. Anne Wilson and Peter Beresford emphasize how "medicalized interpretations" of nonconformity, along with "socially constructed nature of 'mental illness'," reveal a dangerous societal tendency to pathologize differences and 'otherness' of some individuals.[74] Within this framework, doctors adhere to "the biomedical model of mental illness" focused on "abnormality of brain chemistry or pathological causes" rather than personal and social context.[75] In *Girl, Interrupted*, Susanna notes this dichotomy when she describes how psychoanalysts focus on "a country they call a Mind" while biochemists research "the country they call Brain," thus never being able to find a common ground.[76] The tension between medical and psychological models of madness not only strengthen the societal stigma, but also reduces mad individuals to patients with biological issues rather than people who are trying to cope with complex emotional experiences.

Owing to the perception of emotional distress as a medical illness, individuals are frequently institutionalized in psychiatric asylums and subjected to various forms of treatments, both of which are intended to 'cure' their alleged 'disorders'. Among the more conservative approaches, therapy or prescribed rest are the most prevalent. Nevertheless, psychiatric professionals frequently resort to more invasive solutions, such as medicinal drugs or institutionalisation. The approaches that most significantly reflect the pathologization of madness include neurosurgeries, electroconvulsive therapy, and insulin shock therapy, although today, these methods are considered obsolete in the majority of the modern world.[77] Nevertheless, in the mid-20th century, when both *The Bell Jar* and *Girl, Interrupted* are set, these treatments were still commonly used in hospitals.[78] According to Nancy Tomes, the 1950s and 1960s were characterized by "legions of women benumbed by drugs, alcohol, shock

[73] Plath, *The Bell Jar*, 196–199.
[74] Wilson and Beresford, "Madness, Distress and Postmodernity," 143–144.
[75] Lee, "Mad as Hell," 123.
[76] Kaysen, *Girl, Interrupted*, 143.
[77] Beresford, "Introduction," 1.
[78] Wilson and Beresford, "Madness, Distress and Postmodernity," 152.

treatments, and psychotherapy."[79] Moreover, individuals are often subjected to such treatments against their will or without their "fully informed consent," as they are not granted the essential information.[80] These methods and practices demonstrate the over-medicalization of emotional distress and its adverse impact on patients' well-being and autonomy.

The personal experiences of Sylvia Plath and Susanna Kaysen offer valuable insight into the workings of psychiatric asylums in the mid-20th century, especially regarding treatment of women diagnosed with 'mental illness'. Both Kaysen and Plath, as well as Esther Greenwood, had stayed in the same institution, McLean Hospital, located near Boston, US.[81] Sylvia Plath was hospitalized after her suicide attempts in the summer of 1953, later transferred from the city hospital to McLean Hospital in October and discharged in February 1954, identically to the story of her character Esther.[82] Susanna Kaysen, by contrast, stayed in the hospital for a significantly longer period – nearly two years between April 1967 and January 1969.[83] In fact, Susanna reflects on Sylvia Plath's hospitalization, while recognizing parallels between their life stories, both being women authors confined to psychiatric asylum: "Did the [McLean] hospital specializes in poets and singers, or was it that poets and singers specialized in madness?"[84] Despite the stark similarities, their portrayals of the hospital differ in some respects, likely due to the fourteen-year gap between their stays. Kaysen offers more drastic critique of the hospital and medical professionals, portraying her experience in a harsher light than Plath's more subdued description, although the constant advancement of medicine would suggest the opposite. Both novels describe how was the hospital divided into multiple wards according to the patient's condition. Belsize was "the best house of all. From Belsize people went back to work and back to school and back to their homes." Caplan ward had medium security and patients often received shock treatments. Lastly, Wymark was the highest security ward which frequently employed inhuman treatments and complete isolation of its patients.[85] Within the hospital, the patients were typically confined to the grounds – or in worse cases, to their 'cells' – and subjected to various psychiatric treatments.[86] Their portrayal of life in the hospital

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[79] Nancy Tomes, "Feminist Histories of Psychiatry," in *Discovering the History of Psychiatry*, eds. Mark S. Micale and Roy Porter (Oxford: Oxford UP, 1994), 353. <http://dx.doi.org/10.1176/appi.ap.28.4.337>.
[80] Shimrat, "The Tragic Farce," 152–153.
[81] Pascale Antolin, "Challenging Borders: Susanna Kaysen's Girl, Interrupted as a Subversive Disability Memoir," *European Journal of American Studies* 15, no. 2 (June 2020): 1. <https://doi.org/10.4000/ejas.16051>.
[82] Showalter, *A Jury of Her Peers*, 527.
[83] Antolin, "Challenging Borders," 1.
[84] Kaysen, *Girl, Interrupted*, 48.
[85] Plath, *The Bell Jar*, 196–197; Kaysen, *Girl, Interrupted*, 101, 112–113.
[86] Kaysen, *Girl, Interrupted*, 124.

underscores the societal perception of 'mad' individuals as dangerous and incapable of autonomy, in need of constant supervision, restraint, or confinement.

Moreover, the testimonies of Plath and Kaysen highlight other prejudices connected to psychiatric hospitals. For instance, a nurse at the hospital treating Esther after her attempt calls the McLean asylum "you-know-where," treating the topic of asylum as a taboo, while Susanna recounts that activities such as "applying for a job, leasing an apartment, getting a driver's license" were problematic for anyone officially registered at the address of the McLean Hospital, 115 Mill Street.[87] Additionally, even within the hospital, a clear division between 'abnormal' patients and 'normal' medical personnel was maintained, with the building physically separating "[l]unatics to the left, staff to the right."[88] Esther's and Susanna's accounts reveal the prevalent stigma that follows patients inside and beyond the walls of the asylum and isolates them from the rest of the society. Taken together, both accounts provide insight into the daily life of hospitalized patients and describe the internalized societal stigma surrounding mental distress and those experiencing it.

Nevertheless, for some patients, institutionalization offered a temporary escape from an exhausting and intimidating reality. As Susanna bitterly reflects, the hospital 'protected' its patients from the "demands and expectations" of society, as it reduced their responsibilities to eating, taking medication, and undergoing treatments. She tentatively suggests that the hospital made them feel "free" since they had nothing left to lose – "[their] privacy, […] liberty, […] dignity" – as they had been "stripped down to the bare bones." Therefore, as she continues, the patients were in a need of protection, which the hospital to some extent provided. Nevertheless, she acknowledges the irony: "the hospital had stripped us naked in the first place."[89] In *The Bell Jar*, as illustrated previously, hospitalization in the low security ward resembled a retreat, characterized by "shopping downtown, [...] visiting with friends, and [...] tossing back and forth the private jokes." Yet this experience was limited to those in "the best [ward] of all," while other patients struggled with invasive treatments and significantly reduced autonomy.[90] Despite moments of relief, both accounts reveal that any sense of comfort and protection is undermined by oppressive practices, rendering it a damaging rather than therapeutic experience. Ultimately, the psychiatric hospitals frequently function more as tools of social control, designed to

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[87] Plath, *The Bell Jar*, 169; Kaysen, *Girl, Interrupted*, 123.
[88] Kaysen, *Girl, Interrupted*, 45.
[89] Kaysen, *Girl, Interrupted*, 94.
[90] Plath, *The Bell Jar*, 196–197.

normalize and subdue those deemed 'abnormal' or 'mad', all under the justification of medical necessity.

Besides institutionalization, the mid-20th century marked growing importance of a psychiatric medication as a treatment of emotional distress. Psychiatric drugs have been commonly used to treat "despairing, peculiar, and silly people." The results are in many cases 'improvement', but that is often only disguised sedation of the patient. However, some chemicals even have severe adverse effects, such as "destroy[ing] brain cells, interfer[ing] with normal metabolic functions, and render[ing] patients lethargic and emotionless."[91] Don Weitz introduces other dangerous side effects, including "trauma, memory loss, [...] and sometimes death."[92] Susanna Kaysen discusses medications on multiple occasions, both in relation to her own personal experience and its use in hospitals in general. She notes that drugs, such as "Thorazine, Stelazine, Mellaril, Librium, Valium," were considered "therapists' friends," emphasizing their frequent and routine use in psychiatric institutions. On the same note, she further compares the medications to "heroin", since the hospital personnel were "addicted to [patients] taking it," as the drugs reportedly "knocked the heart out" of patients, rendering them more docile and easier to control. Describing her own experience, Susanna likens Thorazine to "a wall of water, strong but soft," and recalls how her legs "felt like mattresses, [...] huge and dense." While she perceives the effects of medicine as "comforting" at times, the drugs also function as tools of suppression and coercion. For instance, when Torrey, another patient, plans to avoid returning to her family after her discharge, the nurses drug her against her will, subduing her and surrendering her to her new 'captors'.[93] On the whole, the institutions excessively rely on medicinal drugs and indiscriminately use them as a substitute for therapeutic care. In the pursuit of efficiency and effortlessness, emotional suffering is chemically silenced within the psychiatric industry.

The central psychiatric treatment discussed in Sylvia Plath's *The Bell Jar*, and briefly referenced in Susanna Kayse's *Girl, Interrupted*, is the electroconvulsive therapy, also known as 'electroshock therapy' or 'ECT'. The ECT was first introduced in the 1930s and it continues to be employed in modern psychiatry to treat depression, schizophrenia, and bipolar disorder. During the procedure, the patient is administered intravenous anaesthesia, followed by an

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[91] Gordon Warme, "Removing Civil Rights: How Dare We?" in Mad Matters: A Critical Reader in Canadian Mad Studies, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 227.

[92] Don Weitz, "Electroshock: Torture as 'Treatment'," in *Mad Matters: A Critical Reader in Canadian Mad Studies*, eds. Brenda A. LeFrançois, Robert Menzies and Geoffrey Reaume (Toronto: Canadian Scholars' Press, 2013), 158.

[93] Kaysen, *Girl, Interrupted*, 87, 97–100, 103–104.

electric current sent through the brain via electrodes attached to the scalp.[94] Esther receives several rounds of electroshock therapy before and during her hospitalization. Initially, she is administered the therapy by Dr. Gordon, her therapist, after becoming increasingly depressed. She recalls the traumatic experience at Dr. Gordon's private hospital as follows:

> [Doctor Gordon] gave me a wire to bite. I shut my eyes. There was a brief silence, like an indrawn breath. Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant. I wondered what terrible thing it was that I had done.

Afterwards, she does not notice any improvements, on the contrary, she reports feeling "terrible" as well as "dumb and subdued" as "[e]very time [she] tried to concentrate, [her] mind glided off," leading her to refuse the second session.[95] In fact, Esther's mental health deteriorates further and she attempts suicide multiple times, ultimately getting hospitalized. Her next encounter with shock treatment occurs during her stay in the McLean hospital. Although she is initially scared, the anaesthesia is effective, and the procedure is painless. Upon waking up, she reflects that her "mind slipped from the noose of the thought and swung, like a bird, in the centre of empty air," yet she feels relatively "at peace." By contrast, Susanna's fellow patient, Cynthia, always returns from ECT crying and, after six months of therapy, is no longer able to speak coherently, illustrating the potentially damaging effects of the procedure on the human mind.[96] Indeed, the temporary side effects of ECT might include seizures, migraines or even coma, while permanent consequences can involve brain damage, impaired cognitive function or amnesia.[97] Moreover, Cynthia later likens the process of ECT to being tied "in chains like a slave," while being "gagged", recalling the sense of powerlessness associated with the treatment.[98] Notably, statistical evidence shows that women are almost three times more likely to receive electroshock therapy than men, leading some anti-psychiatry scholars to regard the procedure as "a violence against women."[99] Additionally, as Esther's first experience with ECT illustrates, patients are frequently not provided with sufficient information about the procedure, its potentially painful nature, or its harmful long-term consequences, thus they cannot give fully informed consent. Therefore, a treatment intended to alleviate psychological

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[94] Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (1985, New York: Penguin Books, 1987), 206–207.
[95] Plath, *The Bell Jar*, 137–140, 197, 205–207.
[96] Kaysen, *Girl, Interrupted*, 21, 31.
[97] Weitz, "Electroshock: Torture as 'Treatment'," 159–160.
[98] Kaysen, *Girl, Interrupted*, 93.
[99] Weitz, "Electroshock: Torture as 'Treatment'," 161.

distress might instead become a tool of control that seeks to render patients docile thus more easily managed within the psychiatric institutions.

Institutionalization and its associated treatments might be perceived less as therapeutic care and more as mechanisms of control. Consequently, many scholars draw clear parallels between psychiatric hospitals and prisons, as both serve to isolate and confine the individuals who deviate from societal norms. Among the most prominent similarities between the institutions are involuntary admission, use of restraint, isolation, and constant surveillance.[100] Susanna, for instance, recalls how she was pressured into signing herself into the asylum after her session with a psychiatrist, as she was threatened with a court ordered hospitalization.[101] On the other hand, Esther is institutionalized after her suicide attempt, stripped of the chance to make decisions for herself because of her deteriorated health. However, she receives her first electroshock treatments at Dr. Gordon's private hospital very reluctantly. She expresses a clear desire to escape on multiple occasions, but she is unable to act on it due to her emotional constraints.[102] Neither woman's committals can truly be considered voluntary, and the circumstances of their admissions mark the beginning of institutional experiences that closely resemble incarceration.

The depictions of psychiatric hospital environments in both novels further emphasize their prison-like conditions, primarily marked by mechanisms of isolation and confinement. Michel Foucault describes how institutions use "location of bodies in space, [and] distribution of individuals in relation to one another" together with "lock[s]" and "isolation" to enforce discipline "spontaneously and without noise" and effectively isolate individuals from the rest of the society and each other.[103] In *The Bell Jar*, Esther draws attention to locked doors and barred windows, simultaneously expressing her fear that the psychiatric hospital will become a "cage" that confines and hides her.[104] On a similar note, Susanna describes locked security windows that can only be opened by the staff via a complicated and lengthy process. Moreover, the novel introduces 'seclusion rooms', which resemble cells and are used to isolate 'problematic' patients:

> The seclusion room was the size of […] bathroom. Its only window was the chicken-wire-enforced one in the door that allowed people to look in and see what you were up to. You

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[100] Benjamin J. Boldt, "Boundaries of Autonomy: Exploring Parallels Between Mental Hospitals and Prisons in the United States," *The Agora* 2, no. 1 (May 2024): 2–4. <https://agora.scholasticahq.com/article/117116.pdf>.
[101] Kaysen *Girl, Interrupted*, 39.
[102] Plath, *The Bell Jar*, 133–134, 136–137, 164.
[103] Foucault, *Discipline and Punish*, 144, 206–207.
[104] Plath, *The Bell Jar*, 110, 154.

couldn't get up too much in there. The only thing in it was a bare mattress […]. The walls were chipped, as though somebody had been at them with fingernails or teeth.

The stark description parallels the bleak simplicity and sensory deprivation associated with institutional architecture. The resemblance to prisons is even more pronounced in Susanna's account of the "maximum security" ward. Although she was never confined there, her description reinforces the inhospitable atmosphere: "The windows had screens [and] there were bars in front of the screens. […] The bathrooms had no doors, and the toilets had no seats."[105] Together, these depictions blur the line between therapeutic care and disciplinary control, exemplified by restriction, seclusion, and surveillance. The comparison reveals how psychiatric institutions may function as means of normalization, marginalization, and confinement.

As a result of these practices, the patients frequently come to fear institutionalization, which only exacerbates their psychological distress. The loss of freedom, invasive treatments, forced isolation, and societal stigma make hospitalization appear not as a refugee but as a threat.[106] After one of her suicide attempts, Esther contemplates voluntarily committing herself. However, she recalls her terrifying experience with ECT at Doctor Gordon's private hospital and quickly disregards the idea. She realizes that "once [she] was locked up, they could use [the electroshock machine] on [her] all the time."[107] Esther's fear of losing bodily autonomy ultimately prevents her from seeking help she might otherwise accept. Fear and discomfort connected to psychiatric hospitals are not limited to patients alone, even visitors frequently express unease and anxiety. One of Susanna's visitors describes the hospitals as "terrible", to which she replies: "'It's not really that bad,' […] but I was used to it and he wasn't," indirectly admitting that her acceptance stems from desensitization rather than comfort.[108] Her comment shows how long-term exposure can normalize even the most dehumanizing conditions and lower individuals' standards. Therefore, psychiatric hospitals, which are expected to serve as spaces for healing, might instil fear, foster alienation, and reinforce a sense of hopelessness.

As previously discussed, psychiatric institutions function not only as sites of treatment but also as mechanisms of control and discipline. Drawing on Michel Foucault's interpretation of institutional power, these spaces enforce strict order and normativity through confinement, forced treatments, and constant surveillance.[109] As Foucault notes, surveillance relies on the "supervision of the smallest fragment of life and of the body" and must be able to "see

[105] Kaysen, *Girl, Interrupted*, 46, 81, 112–113.
[106] Lee, "Mad as Hell," 108–109, 119.
[107] Plath, *The Bell Jar*, 153.
[108] Kaysen, *Girl, Interrupted*, 26.
[109] Foucault, *Discipline and Punish*, 136–139.

everything constantly."[110] In *Girl, Interrupted*, this is exemplified through 'checks', during which nurses monitor patients at short intervals: "Five-minute checks. Fifteen-minute checks. Half-hour checks." Susanna likens this process to measuring life in small, wasted segments of time that have gone "sour, gone off, gone by without [patients] savoring it."[111] Similarly, in *The Bell Jar*, patients are subjected to regular "ward rounds" and rigid routines that govern everything from sleep schedules to social interactions.[112] Boldt also notes that communication with family, friends, or other patients is frequently closely monitored.[113] In *The Bell Jar*, for instance, garden visits are overseen by doctors who stand "within listening distance," and record "every word" the patients say.[114] Similarly, in *Girl*, *Interrupted*, Susanna laments the complete lack of privacy, with a phone booth offering the only brief reprieve.[115] This ever-watchful institutional gaze ensures docility while eroding patients' sense of autonomy. In both novels, surveillance becomes internalized, prompting patients to regulate their own behaviour in accordance with institutional rules and ultimately shaping how they act and perceive themselves.

Through this panoptic surveillance, the building itself becomes a tool of discipline and a method of treating any 'abnormality'. Foucault observes that "surveillance is expressed in the architecture" of such institutions, and that "architecture [can] transform individuals, [...] carry the effects of power right to them," in essence, "stones can make people docile and knowable." In this sense, the hospital becomes "an instrument of medical action" that serves not only to contain and correct but also to internalize discipline.[116] In *Girl, Interrupted*, Susanna describes the layout of the hospital as follows: "A long, long hallway: [...] rooms on one side, the nursing station [...] on the other," underlining the clear division between hospital staff and patients that ensures efficient supervision. Later, she adds that "the toilets and shower rooms were also to the right, as though the staff claimed oversight of [their] most private acts," emphasizing the disciplinary function of the unavoidable gaze.[117] Inside such a space, where observation is impossible to escape, patients internalize the rules imposed upon them and begin to self-police their behaviour, thus becoming docile and compliant.

[110] Foucault, *Discipline and Punish*, 140, 173–174.
[111] Kaysen, *Girl, Interrupted*, 54–55.
[112] Plath, *The Bell Jar*, 169–170.
[113] Boldt, "Boundaries of Autonomy," 7.
[114] Plath, *The Bell Jar*, 172.
[115] Kaysen, *Girl, Interrupted*, 58.
[116] Foucault, *Discipline and Punish*, 172–173.
[117] Kaysen, *Girl, Interrupted*, 45.

By implementing the mechanisms of control and discipline, psychiatric institutions strip individuals of their humanity and reduce them to objects of medical scrutiny. As Foucault explains, the disciplinary system “objectifi[ies] [...] those who are subjected” to it, turning them into mere “bod[ies] that [are] manipulated, shaped, [and] trained” for submission. Subsequently, institutions become “machineries of power that explore [the body], break it down and rearrange it,” to a create 'docile' body – an individual who is rendered compliant through constant regulations.[118] Similarly, Mad Studies scholars argue that psychiatry engages in “objectification of so-called ‘mentally ill’ people under the guise of science,” a process they regard as “deeply dehumanizing.”[119] Both *The Bell Jar* and *Girl, Interrupted* portray this dehumanization through the medical gaze, surveillance, and neglect. In *The Bell Jar*, Esther is examined by groups of medical students who treat her as a ‘case’ rather than a person, uncomfortably “peering at [her].” Her fellow patient Joan recounts her psychiatrist inviting nine observers to a therapy session, leaving her feeling exposed and objectified.[120] Neither woman is informed about the results of their observations, diagnosis, or future treatment plans. Similarly, in *Girl, Interrupted*, Susanna’s therapist offers only vague prompts like “Yes?” and “Could you say more about that?” while ignoring her actual responses. Additionally, Susanna notes that nurses in the hospital monitor the patients without any engagement, which she likens to “looking at a cake through the glass of the oven door” without checking closely, highlighting the nurses’ detachment and disregard.[121] These examples show how patients are treated as cases to be observed and corrected, rather than individuals with complex inner lives. Psychiatric institutions thus reinforce a broader societal tendency to reduce patients to diagnoses, stripping them of their personhood.

The contrast between isolation and freedom, as well as control and autonomy, is central to both novels, including both life within the asylum and beyond its walls. As Ji-Eun Lee observes, institutional response to mental distress often leads to feelings of powerlessness, as it strips individuals of their “freedom to make basic daily life decisions and to exercise choice over all the things that most people take for granted.” Furthermore, the forced use of treatments and restraint contributes to “increased feelings of helplessness, and loss of trust and safety.”[122] In *Girl, Interrupted*, Susanna recounts how patients were “almost never allowed to walk

[118] Foucault, *Discipline and Punish*, 136–138, 184–185,
[119] Menzies et al., “Introducing Mad Studies,” 5.
[120] Plath, *The Bell Jar*, 170–171, 189–190.
[121] Kaysen, *Girl, Interrupted*, 46, 57, 118–119.
[122] Lee, “Mad as Hell,” 108.

around" the hospital grounds, keeping them confined.[123] This example connects to one of the central symbols of freedom in both novels – 'privileges'. In *The Bell Jar,* patients are granted small, conditional freedoms such as "walk privileges, [...] shopping privileges, [or] town privileges," which represent rare opportunities to escape the involuntary isolation.[124] Similarly, Susanna discusses a "complex system of 'privileges' [that] determined how many nurses accompanied each patient, and whether the patient could leave the grounds," reflecting the varying degrees of freedom granted. Susanna's fellow patient Lisa, frustrated by these restrictions, repeatedly attempts to escape, only to be "always caught and dragged back, dirty, with wild eyes that had seen freedom." She later condemns the hospital for denying even basic freedoms: "never going outside, never even breathing fresh air, never being able to open your fucking window, with a bunch of sissy cunts telling you what to do." These restrictions elicit a strong desire for liberation and teach patients "to treasure freedom and [...] do anything [...] to get it and keep it."[125] These limitations of movement and choice ultimately emphasize how institutions supress autonomy and foster a profound sense of powerlessness and entrapment. In stripping individuals' agency and voice, institutional authority not only imposes physical control but also dominates personal experiences and narratives, prompting a deep desire to reclaim one's body, story, and truth.

[123] Kaysen, *Girl, Interrupted*, 48.
[124] Plath, *The Bell Jar*, 197.
[125] Kaysen, *Girl, Interrupted*, 20, 49, 80, 124.

Language, Narrative, and Resistance

The loss of bodily autonomy is mirrored by narrative disempowerment, as psychiatry monopolizes the authority to define the publicly accepted understanding of madness while simultaneously excluding or discrediting lived experiences. Susan Wendell argues that medical institutions have become "the new repository of truth," where "absolute […] judgments are made by supposedly morally neutral and objective experts."[126] As a result, psychiatric professionals are seen as the only qualified interpreters of 'madness', using specialized language to assert their authority.[127] In *The Bell Jar*, Esther challenges this authority, questioning how Doctor Nolan could know that patients slept during electroshock therapy "if she'd never had a shock treatment herself."[128] This reveals the psychiatry's reliance on theoretical knowledge rather than patient's lived experience, exposing the disparity between clinical and personal perspectives. This divide is further reinforced by the medicalized language used to describe ordinary behaviour. In *Girl, Interrupted*, Susanna critiques the "special language" used to pathologize everyday actions, including terms like: "acting out, hostility, withdrawal, [or] indulging in behaviour." The last phrase, she notes, could apply to any activity and turn it into a 'symptom': "indulging in eating behaviour, talking behaviour, writing behaviour," even though, in the outside word, people "ate and talked and wrote."[129] This contrast illustrates how psychiatric language dehumanizes patients and alienates them from their own realities. Although psychiatry claims 'objectivity', its language often distorts or erases patient narratives, contributing more to their stigmatization rather than understanding.

Medical record keeping is one of the psychiatric practices that constructs the public image of madness without input from those it affects. Anne Wilson and Peter Beresford observe that an individual's psychiatric record "constitutes the dominant version of [the] person" which is measured against the presumed 'normal' and 'healthy' psyche. Subsequently, these often-subjective conclusions determine treatment, confinement, and further "restrictions [...] on future life opportunities, […] rights, and possibilities." However, patients rarely have the opportunity to contribute to these documents or correct inaccuracies.[130] In *The Bell Jar*, Esther notices a doctor standing nearby during her conversation with her mother, "taking notes on a tiny, almost invisible pad." She has no way of knowing what he has written and what consequences his observations could have for her hospital stay. Although the conversation is casual, her words

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[126] Wendell, *The Rejected Body*, 118.
[127] Lee, "Mad as Hell," 106.
[128] Plath, *The Bell Jar*, 197.
[129] Kaysen, *Girl, Interrupted*, 84.
[130] Wilson and Beresford, "Madness, Distress and Postmodernity," 144, 147–148.

might be pathologized and interpreted as symptoms of 'illness'. In contrast, during her therapy session with Doctor Gordon, where she directly discusses her mental issues, he does not write anything down. This suggests that he alone decides what is worth documenting, effectively dismissing her concerns.[131] Additionally, until 1991, patients in the United States were denied access to their psychiatric records, and even today disclosure might be restricted if it is judged to "cause serious harm to [individual's] physical or mental health."[132] In *Girl, Interrupted,* Susanna Kaysen recollects that she obtained her hospital records only with the help of a lawyer nearly thirty years after her institutionalization.[133] She includes scans of these records throughout the memoir, highlighting the contrast between medical documentation and her personal account. Both novels expose how psychiatric records construct an authoritative version of truth that excludes the patients' perspective and thus reinforces the power imbalance between doctor and patient. Ultimately, medical documentation becomes a tool of control, distorting identity while silencing those it describes.

Once entered into a patient's medical record, a psychiatric diagnosis, based on rigid symptom categorisation, comes to define the individual's identity, determines their treatment, and shapes their future. Bonnie Burstow critiques this system, describing how the psychiatric industry "manufactures progressively more labels and captures more and more people in its net."[134] Psychiatric documents, such as patient charts, mental health laws, or professional manuals, reinterpret and pathologize the details of individual's life. Subsequently, these details are categorized into narrow diagnostic brackets that frequently reduce complex experiences into simplistic labels.[135] In *Girl, Interrupted*, Susanna questions the usefulness of psychiatric terminology, remarking that words such as "depression, catatonia, mania, anxiety, agitation […] don't tell you much," exposing the limits of medical language in capturing personal experience.[136] On a similar note, one of the most influential texts of psychiatry, *The Diagnostic and Statistical Manual of Mental Disorders* (DSM), is used "to identify, label, and mark certain nonconforming people as different against normative psychiatric standards."[137] Therefore, diagnosis, especially DSM-based one, reflects standards of normativity and societal expectations, while largely ignoring the lived experience of emotional distress.

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[131] Plath, *The Bell Jar*, 125, 173.
[132] Wilson and Beresford, "Madness, Distress and Postmodernity," 148.
[133] Kaysen, *Girl, Interrupted*, 150.
[134] Burstow, "A Rose by Any Other Name," 81.
[135] Liegghio, "A Denial of Being," 124.
[136] Kaysen, *Girl, Interrupted*, 75.
[137] Liegghio, "A Denial of Being," 124.

Diagnosis and its consequences are an important theme in both *Girl, Interrupted* and *The Bell Jar*. Having been diagnosed with 'borderline personality disorder' (BPD), Susanna attempts to reconcile the DMS's definition with her own experience. While acknowledging that it contains some truth, she ultimately dismisses it as reductive: "it isn't profound. […] It's not even a case study. It's a set of guidelines, a generalization." This highlights how medical narratives often simplify and depersonalize patients' experience while reducing individuals to a checklist of symptoms. Kaysen further critiques the legitimacy of diagnosis by exposing its historical instability: "Freud […] thought most people were hysterics, then in the fifties it was psychoneurotics, and lately, everyone's a borderline personality." Additionally, she notes that diagnostic labels sometimes even disappear altogether, implying that they reflect cultural trends rather than objective truths. Furthermore, she challenges the pathologization of ordinary experiences, including "[i]nstability of self-image, interpersonal relationships, and mood … [and] uncertainty about … long-term goals or career choice," which she argues are part of adolescence, rather than symptoms of an 'illness'. Moreover, she critiques the vagueness of medical terms: "What do you suppose they mean by 'social contrariness'? Putting my elbows on the table? Refusing to get a job as a dental technician? Disappointing my parents' hope that I would go to a first-rate university?" Her sarcastic statement reveals the ambiguity of such criteria and the way they enable psychiatric authority to define pathology on their terms. Finally, she highlights the gender bias in diagnosis, pointing out that out of six "potentially self-damaging" BPD symptoms, three ("shopping sprees, shoplifting, and eating binges") are stereotypically feminine while only one ("reckless driving") masculine. Her feminist critique shows how diagnostic categories reinforces stigma surrounding women and 'mental illness'.[138] In *The Bell Jar*, Esther is never told her diagnosis, but still faces its consequences, including treatments, confinement, and surveillance. Similarly to Susanna, she experiences diagnosis not as explanation, but as a silent authority shaping her identity. Ultimately, both novels show how psychiatric diagnosis functions less as a therapeutic aid and more as a mechanism of control that simplifies and stigmatizes mental distress under the guise of scientific objectivity.

Medical practices such as diagnosis, treatments, and surveillance often operate as tools that silence patients' voices thus reinforcing psychiatry's dominant narrative. As Michel Foucault notes, the rise of psychiatry replaced the dialogue between 'madness' and reason with a one-sided "monologue [...] about madness," effectively silencing those labelled 'mad'.[139] Consequently, individuals are no longer active participants in their own stories, as medical

[138] Kaysen, *Girl, Interrupted*, 150–154, 158.
[139] Foucault, *Madness and Civilization*, x–xi.

practices reduce complex experiences to clinical terms or suppress them altogether. Within this system, patients are "silenced from voicing their distress in their own narrative styles," whether through neglect, medical intervention, or isolation.[140] In *The Bell Jar*, Esther is unable to voice her anxiety about electroshock therapy: "I tried to ask [Dr. Gordon] what the shock treatment would be like, but when I opened my mouth no words came out." Paralyzed by fear, she is met with silence from the medical staff.[141] Similarly, in *Girl, Interrupted*, Cynthia, another patient in the asylum, struggles to articulate her feelings because of ECT. Beyond these subtler forms of suppression, some treatments are more overt: when Lisa, another patient, returns from enforced seclusion, her defiance is gone and her voice effectively muted.[142] The psychiatric approach to mental struggles often limits self-expression, thus sustaining a system that dismisses and silences patients' voices.

The theme of silence is explored in both *The Bell Jar* and *Girl, Interrupted*, although in different ways. According to Robyn Fivush, what is repressed or left unsaid is equally important as what is spoken and can contain complex, even contradictory, meanings. Fivush also highlights the difference between "being silenced" and "being silent," as the former suggests a loss of agency while the latter might reflect rest, introspection, or even resistance.[143] In *The Bell Jar*, Esther often associates silence with pain, loneliness, and disconnection. Early on, she describes how her own silence "depressed [her]," and after attempting suicide, she recounts being metaphorically "rushed [...] to sleep" by it, again linking it to emotional suffering.[144] In contrast, *Girl, Interrupted* present silence more positively. Susanna finds comfort in not having to explain herself during therapy sessions with her psychologist Melvin, appreciating the "companionable" quiet.[145] As *The Bell Jar* progresses, Esther begins to use silence as a form of resistance. During her session with Dr. Gordon, she finds power in deliberately withholding information, realizing she can only "control the picture he had of [her] by hiding this and revealing that."[146] Her silence becomes a way to reclaim a degree of power lost by institutionalization rather than a sign of passivity. In both novels, silence takes on multiple roles, appearing not only as a sign of suffering or oppression, but also as a form of self-preservation, comfort, and resistance against psychiatric authority that seeks to interpret and contain them.

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[140] Liegghio, "A Denial of Being," 126; Lee, "Mad as Hell," 110.
[141] Plath, *The Bell Jar*, 136–137.
[142] Kaysen, *Girl, Interrupted*, 21, 31.
[143] Robyn Fivush, "Speaking Silence: The Social Construction of Silence in Autobiographical and Cultural Narratives.," *Memory* 18, no. 2 (July 2009): 88–90.
[144] Plath, *The Bell Jar*, 17, 163.
[145] Kaysen, *Girl, Interrupted*, 116.
[146] Plath, *The Bell Jar*, 125.

As previously discussed, the psychiatric industry often silences those it labels ‘mad' by questioning their reliability and legitimacy as narrators of their own experiences. Mad Studies scholar Maria Liegghio notes that institutionalized individuals are routinely seen as incapable of understanding or managing their condition and thus deemed unfit to make “appropriate decisions” or take care of themselves. This form of epistemic violence stems from the stigmatization and pathologization of emotional distress. The dominant image of the ‘mentally ill’ as “incompetent, disordered, unpredictable, or dangerous” discredits individuals’ voices and strips them of status as “legitimate knowers.” Consequently, their personal stories might be dismissed as “symptoms of a ‘mental illness’” or erased altogether by psychiatric authority.[147] Both Esther and Susanna describe this frustration of being denied credibility and control. In *Girl, Interrupted*, Susanna dedicates an entire chapter, pointedly titled “Do You Believe Him or Me?,” to challenging the official account of her committal. She compares the doctor’s record with her own memory, saying: “doctor says he interviewed me for three hours. I say it was twenty minutes.” Aware that readers might believe him, she offers “hard evidence,” including hospital documents, and concludes the chapter with “[n]ow you believe me.” Nevertheless, this narrative reclamation occurs nearly thirty years later and only through the support of medical records. Later in the novel, Susanna reflects on the imbalance of authority and credibility, stating: “He can say it because he’s a doctor. If I said it, nobody would believe me.”[148] Her comment illustrates the core of epistemic violence, where professional status automatically grants trust, while the patient’s opinion is dismissed as unreliable. Similarly, in *The Bell* Jar, Esther is unsettled when Dr. Gordon asks her during their session to “tell [him] what [she] think[s] is wrong,” making it sound “as if nothing was really wrong [and she] only thought it was wrong.”[149] The language used implies that her distress might be imagined, thus unworthy of serious attention. In both novels, the characters’ voices are deliberately discredited and diminished, which reveals how psychiatric authority operates through silencing.

Listening to the patients’ voices is crucial, as doctors interpret not only individuals’ experiences but also define the broader understanding of the ‘mad’ community. When experience is filtered solely through the medical lens, it can result in harmful misconceptions. For instance, Ji-Eun Lee highlights how indifference or apathy, frequently caused by distress or institutionalization, are misinterpreted as signs of “getting better.” Therefore, obedience is equated with ‘recovery’, although the patient may simply be conforming to societal

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[147] Liegghio, “A Denial of Being,” 125–126.
[148] Kaysen, *Girl, Interrupted*, 71–73, 151.
[149] Plath, *The Bel Jar*, 124.

expectations. As Lee notes, “a compliant patient is generally seen as less ill and is treated better than a non-compliant patient,” while resistance to treatment is often misread as further evidence of ‘illness’. Some patients even choose silence and compliance to convince medical professionals of their return to 'normalcy’.[150] In *The Bell Jar*, Esther’s mother urges her to “co-operate,” reporting that doctors say she “won’t talk to any of the doctors or make anything in Occupational Therapy,” and pleads with her to “be good.”[151] However, Esther’s refusal stems from distress and protest, not ‘illness’, but is pathologized as a symptom, reinforcing the notion that recovery is synonymous with obedience. In *Girl, Interrupted*, docile patients are rewarded with privileges such as being able to walk alone on hospital grounds or visit the city, while those who resist, like Lisa, are denied such freedoms. However, Daisy, who was “on top of the chart” with full privileges, later commits suicide, exposing the failure of compliance as a measure of healing.[152] Both novels show how interpreting patients’ experiences through the medical narrative frequently leads to misconceptions, especially the false belief that obedience equals recovery. True recovery requires respect for personal agency and recognition of the complexity of mental suffering.

In response to the stigmatization, oppression, and silencing they face, many individuals affected by the psychiatric system seek to reclaim their narratives and assert control over their experiences. Arthur Frank emphasizes that stories of ‘illness’ should not be told solely “*about*” but rather “*through* wounded body,” allowing for new understandings of one's place in the world. He observes that many individuals resist being reduced to “clinical material” and demand that medicine acknowledge their voices.[153] Similarly, Mad Studies scholars challenge the dominant psychiatric narrative and advocate for a “new model of mental health where patients and service providers would be […] equals,” aiming to eliminate discrimination and marginalization.[154] Although the efforts of Mad Studies are relatively recent, psychiatric survivors have long resisted the dominant psychiatric discourse through autobiographical writing, offering “alternative ways of understanding madness and distress.”[155] Giving voice to the lived experience is central to both Sylvia Plath’s *The Bell Jar* and Susanna Kaysen’s *Girl, Interrupted*. Not only do their characters regain control over their narratives in various ways,

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[150] Lee, “Mad as Hell,” 108, 112–113.
[151] Plath, *The Bell Jar*, 173.
[152] Kaysen, *Girl, Interrupted*, 35, 49–51.
[153] Frank, *The Wounded Storyteller*, 2–3, 12, 68, 176.
[154] Beresford, “Introduction,” 5, 9.
[155] Danielle Landry, "Survivor Research in Canada: ‘Talking’ Recovery, Resisting Psychiatry, and Reclaiming Madness," *Disability & Society* 32, no. 9 (May 2017): 1448. <https://doi.org/10.1080/09687599.2017.1322499>.

but the novels themselves serve as acts of reclamation by the authors, challenging the dominant psychiatric discourse. By employing personal narrative as an alternative to medical authority, both authors help dismantle the framework that has long defined, and confined, those labelled 'mad'.

An important goal of narrative reclamation is asserting an identity independent of dominant societal and medical expectations. Alexa Schriempf explains that medical institutions and professionals interpret and define the 'mad' individual's sense of self.[156] Similarly, Arthur Frank notes how patients are compelled to adopt identities that "medicine maintains for [them]," with diagnosis being the most dominant.[157] As a result, individuals might experience depersonalization, confusion, and loss of self, stemming from the loss of narrative control and internalization of medical labels.[158] In *The Bell Jar*, Esther exhibits profound feelings of depersonalization. She repeatedly refers to her reflection as "the face in the mirror" or "the woman in the mirror," signalling her disconnection from herself. At one point, she mistakes a mirror for a picture and another time she fails to recognize herself in a newspaper photograph. Moreover, while contemplating suicide, she remarks that looking in the mirror would be like "watching somebody else, in a book or a play." Her detachment and inability to maintain a stable sense of self stems from both mental distress and her struggle to conform to societal expectations.[159] Similarly, Susanna questions her diagnosis as an imposed identity and metaphorically searches for her reflection in psychiatric manuals and medical records. Yet, she cannot reconcile herself with psychiatry's constructed image of her.[160] The stories of Esther and Susanna illustrate how losing narrative control and internalizing institutionally imposed identities can cause deep disconnection and loss of self. Their identities are strained under the weight of psychiatric labels and societal pressure. Both novels emphasize reclaiming one's voice as essential for identity, self-understanding, and healing.

Reclaiming narrative is a crucial step in resisting epistemic violence and the institutional control of diagnosis, treatment, and confinement. Thomas Couser argues that life writing allows individuals to regain authority over their bodies and identities, shifting from passive objects to

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[156] Schriempf, "(Re)fusing the Amputated Body," 58.
[157] Frank, *The Wounded Storyteller*, 66.
[158] Alison Torn, "Madness, Narrative Loss and Identity Making," in *Narrative, Memory and Identities*, eds. David Robinson, Pamela Fisher, Tracey Yeadon-Lee, Sarah-Jane Robinson, and Pete Woodcock (Huddersfield: University of Huddersfield, 2009), 138, 140–141. <https://eprints.hud.ac.uk/id/eprint/4877/2/Chapter_14_Alison_Torn.pdf>.
[159] Plath, *The Bell Jar*, 17, 18, 108, 142, 168, 191.
[160] Kaysen, *Girl, Interrupted*, 150–159.

active agents of their stories.[161] Arthur Frank similarly argues that all narratives are "a form of resistance," and that "wounded storytellers" challenge not only the pathologized image imposed on them but also the enforced silence of suffering.[162] This defiance is often fuelled by feelings of anger, hopelessness, and powerlessness, which are closely tied to psychiatric hospitalization.[163] In *The Bell Jar*, Esther frequently expresses such feelings, for instance stating that she "had fallen and could fall no farther." Later, she conveys frustration at a doctor's indifference: "He quirked an eyebrow, as if he didn't believe [me]. So I told him again, […] only it was angrier this time, because he seemed so slow to understand," yet her words still leave him "unimpressed".[164] Comparably, Susanna questions the legitimacy of her enforced committal and the disparities between her account and the doctor's, asking: "Does it matter which of us is right? It matters to me." Although she struggles to envision a future beyond hospitalization, telling her side of the story helps her regains a sense of agency.[165] In both novels, intense emotional experiences are transformed into a means of challenging medical discourse. Storytelling becomes a tool for resisting oppression and marginalization, and for restoring not only voice but also agency, dignity, and hope.

Just as individuals resist psychiatric narrative through storytelling, they also confront another layer of institutional control – the language used to define their experiences. As Mad Studies scholar Bonnie Burstow notes, "words matter," and rejecting or reappropriating psychiatric terms becomes a vital strategy for regaining agency and resisting pathologization. As Burstow further explains, among the "refusal terms" are alternatives such as 'psychoprison' for 'hospital', 'psychiatric drugs' for 'medication' and 'inmate' for 'patient', which expose the underlying dynamics of control and confinement. Another category includes "reclaimed terms," traditionally laden with stigma, such as loony bin', 'crazy', 'nutter', or 'lunatic', which the Mad community works to subvert and reframe "as a quality to embrace" rather than a mark of danger or shame.[166] Such language appears throughout *The Bell Jar* and *Girl, Interrupted*, often reflecting how character internalize, question, or resist imposed labels. In *Girl, Interrupted*, terms such as "blotto", "loony bin," "nuthouse", "going nuts," or "lunatics" are used casually, turning originally stigmatizing terms into tools of irony, solidarity, or self-awareness.[167] In *The*

[161] G. Thomas Couser, *Recovering Bodies: Illness, Disability, and Life Writing* (Madison: The University of Wisconsin Press, 1997), 29, 291.
[162] Frank, *The Wounded Storyteller*, 170, 182.
[163] Lee, "Mad as Hell," 118.
[164] Plath, *The Bell Jar*, 43, 129.
[165] Kaysen, *Girl, Interrupted*, 71, 167.
[166] Burstow, "A Rose by Any Other Name," 79, 81–84.
[167] Kaysen, *Girl, Interrupted*, 23–25, 39, 41, 45, 51, 94–95, 124–125.

Bell Jar, Esther recounts one of her hospital visitors clearly believing she was "crazy as a loon," yet her deliberate use of the term signals an attempt to reclaim power over its meaning and implications.[168] Ultimately, by reappropriating or rejecting traditionally oppressive language, the characters challenge medical authority and assert their right to narrate their own experiences.

Beyond reclaiming power from institutional narratives, individuals also assert agency through personal language, stylistic choices, and literary devices. Arthur Frank explains that people internalize conventional narrative structures from society and the stories of others, and that these norms are continually reinforced as new stories conform to them. Therefore, he emphasizes the importance of alternative narratives that resist this pressure.[169] Brendan Stone similarly critiques the limitations of traditional forms of storytelling, emphasizing the significance of figurative language – including metaphor, simile, allegory, and imagery – for conveying experiences that often lie "outside of comprehension" and are "approachable perhaps only via art." He believes that such language allows the self to articulate inner complexity and emotional turbulence, reinforcing agency and a sense of selfhood while leaving space for "the unexpected, the mysterious, […] the uncertainty."[170] This emphasis on creative expression is evident in *The Bell Jar* and *Girl, Interrupted*, where characters frequently use distinctive and unconventional forms to describe their experiences. These narrative strategies free the narrators from the constraints of medical discourse and enable a more genuine portrayal of the complexity and ambiguity of mental distress.

The most poignant uses of symbolism appear in the titles of both novels. Susanna Kaysen draws the title of her memoir from painting called *Girl Interrupted at Her Music*. When she first sees the artwork, before her hospitalization, she feels unsettled, as if the girl in the image is trying to warn her: "her urgency filled the corridor. 'Wait,' she was saying […] Don't go!' I didn't listen to her [...] and, eventually, I went crazy." When she revisits the painting sixteen years later, her perception has changed: "She was no longer urgent. In fact, she was sad, [...] she was looking [...] for someone who would see her." Now with distance from her institutionalization, Kaysen recognizes the symbolic parallel between herself and the girl in the painting: "Interrupted at her music: as my life had been, interrupted in the music of being

[168] Plath, *The Bell Jar*, 195.
[169] Frank, *The Wounded Storyteller*, 3.
[170] Brendan Stone, "How Can I Speak of Madness? Narrative and Identity in Memoirs of 'Mental Illness'," in *Narrative, Memory and Identity: Theoretical and Methodological Issues*, eds. David Robinson, Christine Horrocks, Nancy Kelly, and Brian Roberts (Huddersfield: University of Huddersfield, 2004), 49–50, 55. <https://eprints.hud.ac.uk/id/eprint/4960/2/intro.pdf>.

seventeen, as her life had been, [...] one moment made to stand still and to stand for all the other moments."[171] This moment encapsulates the central metaphor of the novel – the interruption of life, growth, and personal narrative by psychiatric intervention. As Arthur Frank argues, any personal story of 'illness' can be described as "interrupted autobiography."[172] The theme of interruption recurs throughout the text: Susanna's life trajectory is derailed, the narrative is fragmented by scans of medical records, and even the title itself is interrupted by a colon. However, the final line of the passage, "I see you," becomes more than a recognition of the girl in the painting.[173] It can be interpreted as a quiet act of self-recognition, a refusal to be defined by a single moment of entrapment, and a step toward reclaiming continuity in a once-interrupted life.

In Sylvia Plath's novel, the image of the bell jar recurs as a central symbol, representing Esther's profound sense of unease, emotional suffocation, and psychological confinement. Shortly after her breakdown and suicide attempt, she articulates this oppressive feeling, likening her experience to "[...] sitting under the [...] glass bell jar, stewing in [her] own sour air." The bell jar distorts her perception of the world and traps her in a space where she is forced to breathe the stagnant air of her own despair. It becomes a metaphor not only for her personal emotional struggle but also for the societal expectation surrounding gender, success, and conformity, as she observes that other women in the hospital also sit "under bell jars of a sort." Toward the end of the novel, Esther reflects that "[t]he bell jar hung, suspended, a few feet above [her] head," which suggests that her reprieve from mental suffering is fragile and temporary. She fears that "the bell jar, with its stifling distortions" might someday "descend again," reflecting the persistent anxiety that her struggles might return.[174] Unlike *Girl, Interrupted*, which offers a moment of hope and tentative closure, Plath's bell jar continues to hover ominously, reflecting the persistent threat of relapse and lingering presence of mental issues.

Both *The Bell Jar* and *Girl, Interrupted* use symbolism and imagery to convey the characters' feelings of disconnection and isolation resulting from their mental distress and nonconformity. Such feelings are common among individuals navigating emotional struggles, often stemming from "an overwhelming feeling of being different and misunderstood by

[171] Kaysen, *Girl, Interrupted*, 165–167.
[172] Frank, *The Wounded Storyteller*, 119–120.
[173] Kaysen, *Girl, Interrupted*, 167.
[174] Plath, *The Bell Jar*, 178, 206, 227, 230.

others."[175] As mentioned previously, Esther often uses glass as a symbolic barrier between herself and the outside world. At one point, she describes her inability to answer the phone, feeling emotionally and physically separated from connection: "I forced [my hand] towards the receiver again, but again it stopped short, as if it had collided with a pane of glass."[176] In *Girl, Interrupted*, Susanna likens her sense of entrapment to a meat in a butcher's display: "The meat was bruised, bleeding, and imprisoned in a tight wrapping. And […] so was I."[177] Similarly to Esther, she feels suspended and confined, unable to escape the mental prison that her condition has created. Both authors use the motif of containment, whether through glass or wrapped flesh, to give form to an invisible, internal suffering, while simultaneously animating the isolating experience of emotional turmoil.

As a result of the oppressive and stifling nature of psychological despair, both novels incorporate metaphorical experiences of purification as acts of escape, renewal, or rebirth. In *The Bell Jar*, Plath uses water, especially in the form of hot baths, as a symbolic means of cleansing, offering Esther temporary relief from her emotional turmoil. For her, the bath becomes a ritual of renewal, a way to restore her inner peace: "I lay in that tub [...] for near on to an hour, and I felt myself growing pure again," suggesting that immersion in water momentarily washes away her despair. Moreover, she compares the bath to spiritual experience: "I feel about a hot bath the way those religious people feel about holy water." This imagery of renewal reaches its peak when Esther says: "The longer I lay there in the clear hot water the purer I felt, and when I stepped out at last [...] I felt pure and sweet as a new baby," framing the bath as a womb-like space that briefly allows her to be reborn as a new person.[178] These metaphors of cleansing reflect Esther's desire to escape the suffocating confinement of the bell jar and return to the state of emotional purity. In contrast, rather than using water as a symbol of comfort, Susanna in *Girl, Interrupted* experiences a strange sense of lightness after her suicide attempt and subsequent stomach pumping. She describes feeling "lighter, airier than [she]'d been in years," as if the fifty aspirin she took had purged not just her body, but "a certain aspect of [her] character." In that moment, she even likens the sensation to "self-abortion," suggesting not just a cleansing but a metaphorical erasure of part of her identity.[179] While Esther's experience is comforting and restorative, Susanna's is characterized by psychological

[175] Lucy Osler, "'An Illness of Isolation, a Disease of Disconnection': Depression and the Erosion of We-experiences," *Frontiers in Psychology* 13 (August 2022): 2. <https://doi.org/10.3389/fpsyg.2022.928186>.
[176] Plath, *The Bell Jar*, 114.
[177] Kaysen, *Girl, Interrupted*, 38.
[178] Plath, *The Bell Jar*, 19.
[179] Kaysen, *Girl, Interrupted*, 38–39.

rupture and loss. Interestingly, Esther also undergoes a moment of physical purging when she becomes ill and vomits, after which she recounts feeling "purged and holy and ready for a new life."[180] Although their experiences differ in tone, both characters seek psychological transformation and symbolical cleansing of the constraints of psychological despair, even if only temporarily. However, this bodily purification is only a surface manifestation of a deeper desire for ultimate purification through symbolic death and rebirth.

Both Esther and Susanna yearn for spiritual rebirth, believing it offers them a means of escaping their psychological turmoil and reconstructing a new, unburdened self. Their desire manifests through metaphors of womb, regression and symbolic death. In both novels, the womb becomes an important symbol, although its connotations differ dramatically. In *Girl, Interrupted*, the hospital itself becomes a metaphorical womb: "You can't go anywhere, and it's noisy, and you're stuck." Rather than representing comfort or the possibility of renewal, the womb signifies entrapment, mirroring Susanna's fear that she may never recover her life outside the institution. Interestingly, her description of the tunnels beneath the hospital as "warm and cozy and quiet" strongly evoke the qualities of the womb, yet Susanna rejects the comparison.[181] Despite perceiving the womb as a symbol of confinement and powerlessness, Susanna's eventual release from the hospital suggests a quiet, tentative kind of rebirth. In contrast, *The Bell Jar* explicitly frames the womb as a symbol of transformation and relief. Esther envisions rebirth not only metaphorically, but also through near-death experiences, such as her reckless ski slope descent. She imagines herself hurtling through a tunnel toward a "still, bright point," ending in the image of "the white sweet baby cradled in its mother's belly." This moment casts the womb as a meeting of death and life, illustrating the womb as both the sanctuary and starting point. Later, at the funeral of her fellow patient, Esther experiences a symbolic burial of a part of herself, deepening the theme of emotional renewal. Finally, as she prepares for her release from the hospital, she articulates her desire for a definite rebirth: "There ought […] to be a ritual for being born twice – patched, retreaded and approved for the road."[182] In *The Bell Jar*, the womb becomes a symbol of hope and transformation, reflecting Esther's deep desire to begin again, fully liberated from the psychological weight of her past. In both novels, the womb is connected to desire for symbolic rebirth and reflects protagonists' attempt to reclaim a sense of self.

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[180] Plath, *The Bell Jar*, 44.
[181] Kaysen, *Girl, Interrupted*, 121–122.
[182] Plath, *The Bell Jar*, 93, 232–233.

Through metaphors of entrapment, fragmentation, and rebirth, *The Bell Jar* and *Girl, Interrupted* demonstrate how figurative language enables the characters to articulate their emotional experiences and reclaim authorship over their stories from the reductive authority of medical discourse. As Brendan Stone argues, "literary or poetic narrative is used [...] to point beyond itself to that which cannot be said – the silence behind the story."[183] Imageries of bell jars, interruptions, purification, or symbolic rebirth allows the narrators to resist the constraints of conventional storytelling and challenge the silencing effects of psychiatric narrative. The recurring metaphors externalize their inner turmoil while reflecting their yearning for agency, transformation, and emotional liberation. In this way, figurative language becomes both a form of resistance against institutional silence and a means of conveying the unspeakable, offering expression to suffering that conventional language cannot fully articulate.

[183] Stone, "How Can I Speak of Madness?" 53.

Conclusion

This thesis has explored how institutional authority shapes both social and literary constructions of mental distress, and how individuals affected by these systems can reclaim power through self-narration. Through close analysis of Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*, it underscores the significance of literary representation in revealing the tension between medical discourse and personal experience. A crucial argument of the thesis is that psychiatric hospitals, particularly in the mid-20th century, functioned less as spaces of healing and more as tools of institutional control, rooted in internalized discipline, pervasive surveillance, and societal prejudice.

By integrating literary and theoretical perspectives, the thesis demonstrates how *The Bell Jar* and *Girl, Interrupted* expose the oppressive structures of psychiatric systems. The protagonists, Esther Greenwood and Susanna Kaysen, reveal how dominant medical narratives often pathologize non-conformity and delegitimize individual voices. Yet through their autobiographical storytelling, they resist objectification, medicalization, and the erasure of subjective experience. These personal narratives challenge the authority of institutional discourse by asserting agency through introspective and figurative language, ultimately offering new and authentic understandings of 'madness'.

The first key themes explored were normalization, institutionalization, and control, along with related issues such as societal pressure to conform, gendered expectations and psychiatric confinement. Drawing on Foucault's concepts of 'medical gaze' and the social construct of 'normalcy', the thesis illustrates how psychiatric institutions act as disciplinary mechanisms, policing deviations from normative behaviour, especially in women. Esther and Susanna are institutionalized not only for their psychological distress but also for their inability and refusal to conform to prescribes societal roles. In such system, any deviations from norm might be perceived as symptom of 'mental illness', rendering individuals 'mad' in the eyes of the system and society. In both novels, the institutional setting becomes a space where deviance is confined and corrected through medication, surveillance, and discipline.

The second major topic is the interplay between narrative and power. This part of the analysis examines how psychiatric language, diagnoses, and medical records function as tools of epistemic violence, often invalidating patient's ability to narrate their own experiences on their own terms. Both texts demonstrate how medical discourse reduces nuanced emotional experience to clinical terminology, shaping not only public perception but also how individuals

understand themselves. The rigidity of these frameworks determines treatment plans and social labelling, constraining the potential for self-definition.

In response, both *The Bell Jar* and *Girl, Interrupted* become acts of narrative resistance. Sylvia Plath uses rich imagery and metaphorical language, such as the symbol of bell jar, to articulate a sense of suffocation and psychological entrapment beyond the scope of diagnostic language. Likewise, Susanna Kaysen's fragmented, non-linear memoir, interspersed with real medical records, directly confronts the discrepancy between official documentation and lived reality. These narrative techniques reclaim interpretive agency, challenge the authority of dominant discourse, and validate alternative truths. By resisting diagnostic reductionism, both works expose the limitations of clinical discourse, resist the objectification of psychiatric patients, and offer new ways of understandings of mental distress and identity, grounded in subjectivity and authenticity.

This analysis gives life to a powerful image of storytelling as a mode of resistance. When medical authorities label individual experiences as irrational or irrelevant, personal narratives become an act of defiance. By writing their experiences, Sylvia Plath and Susanna Kaysen refuse to be reduced to their 'symptoms' or diagnoses. Instead, they assert themselves as full, complex individuals whose experience of mental distress cannot be contained by institutional language. Through their stories, they reassert their agency and identity, while reshaping the public conversation about 'madness'.

This thesis contributes to a broader understanding of literature as a site of resistance to oppressing forces such as medical discourse and institutional authority. In a time when mental distress remains stigmatized and pathologized, particularly for women and other marginalized groups, these texts continue being profoundly relevant. The thesis underscores that beside academic and philosophical texts, novels and memoir might serve as equally valuable institutional critique. Approaching them through frameworks like Mad Studies encourages critical revaluation of what constitutes 'normalcy', who defines it, and to whose benefit. While this work focused primarily on gendered experience, it is worth examining how other aspects, such as class, ethnicity, or sexuality influence the role of psychiatric discourse and shape the potential for narrative reclamation. Overall, analysing literary works through various theoretical frameworks, such as Foucault's theories or Mad Studies, enrich the understanding of how narrative, power, and resistance intersect in literature and real life.

Overall, this thesis has shown that *The Bell Jar* and *Girl, Interrupted* function not only as literary reflection of psychiatric experience but also as invaluable critique of the systems that pathologize difference, silence personal voices, and enforce conformity under the guise of care.

Most importantly, they demonstrate that reclaiming one's story is not merely therapeutic, it is a radical, humanizing act. In doing so, these narratives redefine 'madness' not as a deficiency, but as an alternative way of feeling, knowing, and existing in the world.

Resumé

Tato práce se zabývá otázkami pohledu a moci v literárních dílech ženských autorek pojednávajících o pobytu v psychiatrické léčebně. Je rozdělena na teoretickou a praktickou část, přičemž praktické kapitoly se zabývají podrobnou analýzou děl *The Bell Jar* od Sylvie Plathové a *Girl, Interrupted* od Susanny Kaysenové. Oba texty vycházejí ze skutečných zkušeností autorek s psychiatrickou hospitalizací v 50. a 60. letech 20. století ve Spojených státech amerických, konkrétně v McLean Hospital. Práce zkoumá, jak tyto texty zobrazují psychiatrické instituce jako nástroje kontroly, normalizace a dozoru, a jak osobní narativ vystupuje jako opozice vůči hegemonnímu medicínskému diskurzu, který marginalizuje osobní výpověď a subjektivní zkušenost. Tato díla zároveň reflektují dobový kontext, v němž se subjektivní pocity často podřizovaly lékařské autoritě.

Cílem práce je analyzovat, jak jsou pomocí různých forem jazyka zobrazeny zkušenosti žen v psychiatrických léčebnách a jak mohou literární díla a obrazný jazyk fungovat jako formu narativního odporu vůči psychiatrické moci. Zvláštní pozornost je věnována tomu, jak může osobní vyprávění přetvářet způsob, jakým společnost nahlíží na psychické utrpení. Práce zároveň usiluje o hlubší a komplexnější pochopení vztahu mezi institucionalizovanou mocí a narativní kontrolou jedinců, kteří byli společensky i medicínsky označeni za ‚psychicky nemocné'.

Metodologicky práce vychází z interdisciplinárního přístupu a propojuje literární analýzu s teoretickými koncepty Disability Studies, Mad Studies a teoriemi Michela Foucaulta, zejména jeho koncepty disciplinární moci, lékařského pohledu, normalizace a panopticismu. Disability Studies slouží jako rámec pro kritiku sociální konstrukce ‚normálnosti' a jejích důsledků pro osoby označené jako ‚abnormální'. Mad Studies, jakožto poddisciplína Disability Studies, zdůrazňuje důležitost osobních výpovědí a zkušeností lidí, kteří byli označeni za ‚šílené', přičemž se snaží narušit a zpochybnit dominanci medicínského modelu lidské psychiky. Druhou stěžejní teorií využitou v této práci je dílo Michela Foucaulta, který se ve svých dílech *Madness and Civilization, The Birth of the Clinic* a *Discipline and Punish* analyzuje institucionální moc, disciplinární dozor a objektivizaci ‚abnormálních' jedinců. Kromě Michela Foucaulta jsou v této práci klíčoví autoři jako Richard Ingram, Peter Beresford, Lennard J. Davis, Susan Wendell a další.

Teoretická část podrobně představuje výše zmíněné pojmy a přístupy a rozvíjí diskuzi o tom, jak společnost a instituce vytváří a udržuje dichotomii mezi ‚normálním' a abnormálním'. Foucaultova teorie institucí jako mechanismů moci, které systematicky ovládají tělo i mysl, je

propojena s feministickou kritikou ženské psychiatrické zkušenosti. Jsou zde rozebírány paralely mezi psychiatrickými léčebnami a vězením s důrazem na kontrolu, dozor, omezení svobody a internalizaci norem skrze architekturu, disciplínu a jazyk. Závěrečná část kapitoly se věnuje otázce narativní kontroly možnostem jejího uplatnění v rámci osobního odporu. Tyto teoretické přístupy a koncepty jsou následně využity v analýze románů pojednávajících o těchto tématech z literárního úhlu pohledu.

Analytická část je rozdělena do dvou kapitol. První z nich se zaměřuje na vyobrazení psychiatrických institucí jako prostředí, která neslouží primárně jako místa léčby, ale jako nástroje dozoru, sociální segregace a potlačení osobní svobody. V obou dílech jsou instituce popisovány jako místa, kde je svoboda pohybu výrazně omezená, pacienti jsou pod neustálým fyzickým i symbolickým dohledem a jakákoli forma odchylky od očekávaného chování je považována za patologii. Kapitola také rozebírá stigmatizaci žen, které se vymykají společenským normám, například v otázkách manželství, mateřství či sexuality, a jak je jejich odpor vůči těmto normám označen z důkaz duševní ‚poruchy'. Texty ukazují, jak tlak na konformitu může vést ke zhoršení psychického stavu a jak institucionalizace posiluje společenské předsudky. Zároveň kapitola poukazuje, jak duševní nepohoda bývá redukována na diagnózu, která následně legitimizuje institucionální zásahy. Psychiatrické léčebny jsou v obou textech přirovnávány k vězením, a to nejen kvůli jejich architektonickým podobnostem, ale především kvůli dozoru, omezení svobody a ztrátě autonomie. Kapitola se rovněž zabývá otázkami svobody a nezávislosti, které jsou v důsledku institucionálních praktik ohroženy.

Druhá analytická kapitola se věnuje otázce jazyka, narativní kontroly a odporu. Klíčovým bodem je rozdíl mezi objektivujícím a odosobněným lékařským jazykem, který popisuje pacienty prostřednictvím symptomů a diagnóz, a osobním jazykem, který je subjektivní, emocionální a často obrazný. Oba texty ukazují, že pacienti jsou mnohdy vylučováni z možností ovlivňovat vlastní příběh, neboť nejsou považováni za důvěryhodné. Místo toho jsou lékařské záznamy, diagnózy a psychiatrické manuály považovány za stěžejní zdroje informací o psychických stavech. V tomto kontextu slouží literatura jako nástroj zpětného získání kontroly nad vlastním narativem.

Zvláštní pozornost je věnována způsobu, jakým obě autorky využívají obrazný jazyk, symbolismus a fragmentární strukturu textu k vyjádření svých zkušenosti, které nelze jednoduše zachytit v jazyce psychiatrie. V dílech *The Bell Jar* a *Girl, Interrupted* autorky využívají metafory, přirovnání a obraznost jako formu vzdoru vůči medicínskému diskurzu. Tímto způsobem vyprávění mohou jedinci znovunabýt kontrolu nad svým příběhem, vyjádřit autentické emotivní prožitky a nastínit život ovlivněný společenskými předsudky,

institucionální mocí a psychickými potížemi. *The Bell Jar* využívá semi-autobiografický narativ, kterému dominuje motiv skleněného zvonu, jež metaforicky vyjadřuje pocit izolace, bezmoci a stísněnosti. Jazyk, který Plathová využívá, je poetický, obrazný a introspektivní, což vytváří kontrast k medicínskému popisu jejího stavu. Memoár *Girl, Interrupted* využívá primárně fragmentovanou strukturu a obsahuje autentické výňatky z lékařských záznamů, čímž autorka zdůrazňuje kontrast mezi ‚objektivním' institucionalizovaným diskurzem a osobní pravdou. Kaysenová ukazuje, jak fragmentace může reflektovat rozpad identity a zároveň poskytnout příležitost pro nové formy vyprávění. Obě díla vyjadřují pocity izolace, vyloučení ze společnosti i potřebu znovunabytí narativní i osobní kontroly. Dále využívají symboly očisty a znovuzrození k vyjádření vnitřní frustrace a touhy po znovuobnovení či nalezení vnitřního klidu. Práce ukazuje, že jazyk může být nástrojem moci i osvobození. Obě autorky se cítí odpojené od vlastní identity, která je definována dominantním lékařským jazykem, ale díky využití poetické obrazotvornosti, mohou vzdorovat kategorizaci psychiatrického systému a nastolit novou identitu i chápání lidské mysli a jejího utrpení.

Závěrečná část shrnuje hlavní poznatky a zdůrazňuje, že *The Bell Jar* a *Girl, Interrupted* nejsou pouze autentickými záznamem psychiatrické hospitalizace, ale také formou aktivního narativního odporu vůči hegemonnímu vnímání duševních stavů. Skrze literární jazyk destigmatizují psychické problémy, zpochybňují mocenské struktury psychiatrie a poukazují na škodlivé vlivy psychiatrického systému. Primárně však představují alternativní způsoby, jak chápat duševní nepohodu, s důrazem na autenticitu, lidskou zkušenost a svobodu projevu. Literatura tak může sloužit jako prostor, kde lze vyjádřit to, co je v oficiálním medicínském jazyce potlačeno a vrátit narativní svobodu těm, jimž byla odebrána. Práce tedy přispívá nejen k literárněvědné interpretaci daných děl, ale také k širší společenské debatě o duševním zdraví, moci, identitě a významu hlasu těch, kteří byli umlčeni.

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Statement: During the preparation of this thesis, I used ChatGPT 4 throughout the thesis to enhance readability and academic style of the text. After using this, I reviewed and edited the content as needed. I take full responsibility for the content of the thesis.