Towards a New Madwoman Theory: Reckoning the Pathologization of Disabled Women Writers from Woolf to Plath

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Preface

When I talk about
my trauma I am
not asking you to
carry it or relieve
me from it.

- Blythe Baird, *If My Body Could Speak*

I began researching disability studies in the fall of 2015 for my undergraduate honors thesis, which was on disability and the counterculture novels of the 1960s. I remember proposing the idea of researching the relationship between people who had mental difference and their surrounding society. For example, was Chief Bromden in *One Flew Over the Cuckoo's* nest really "insane," or did society make him that way? About halfway through that semester, I came across the term "disability studies," which opened up a world of mad and disabled thinking for me, and helped to answer my questions regarding the nature of disability, who gets to call themselves disabled, and the ways in which disabled individuals overcome the deep-rooted ableism present within our Western society. When I found the field of disability studies, I felt less alone as a student and as a citizen of the world, as I was able to find a community of thinkers who accepted me for who I am, rather than dismissing my disabled identity.

My first semester of grad school demonstrated ingrained ableism within academia that made me question whether I really fit in with the academic community, and whether I could even finish a graduate degree. In one seminar class, we were discussing an author's diagnosis of bipolar disorder, and whether he could claim his disabled identity. I argued yes, mental illness was an impairment that could identify one as disabled. Another student, further into their academic career than I was, told me that people with mental health issues should “just take their pills and shut up.” The majority of the class agreed with them. After that class section, I immediately thought of giving up on my hopes for an academic career, thinking that I would never fit in anywhere, that disability studies wasn’t an appropriate field of study, that I didn’t have the intelligence or skill to do a Master’s or a PhD, and that I should just silently quit and never try again.

Fortunately, I found that my professors and fellow students at Millersville were more open to the ideas and possibilities of disability studies, and did not reject me due to my identity. I have been able to find others who have nurtured my desire for disability justice and scholarship, as well as mentors who have helped me grow my knowledge of both the academic field and lived experiences of disability studies. I hope that after I earn my PhD I will be able to work with these individuals and that we can bring attention to disability activism and scholarship within the wider university community.

This thesis is my attempt to bring more knowledge to the growing field of women and mental illness, as well as the ingrained ableism within both literary studies and academia as a whole. For years, sitting in class as a student, I have noticed that both students and professors of literature have labeled certain authors with clinical diagnostic labels, as in one graduate class on Virginia Woolf, when one student argued that Woolf could be seen as a person with bipolar disorder, even though Woolf herself was never given that diagnosis. In another graduate class, one of my classmates argued that Herman Melville’s Billy Budd could be described as autistic. This began the thinking which is the central focus of my thesis: that this attempt to label authors and characters with diagnostic categories is deeply ableist and erases the voices of individuals who actually live with these impairments and illnesses. Although their intentions were genuine, this tendency demonstrates deep-rooted ableism within the literary community and academia as a whole, which works to silence the voices of disabled individuals who are usually not included in our conversations about social justice and equality through literature. This thesis brings light to two authors who are particularly often described in this way: Virginia Woolf and Sylvia Plath, who have been canonized as suicidal women and often treated as case studies that need to be solved by psychoanalytic critics within literary studies. Not only this, but Woolf and Plath have inspired me as disabled women writers whose work called for a disabled feminist future, which critics of both authors have overlooked.

This thesis claims no more: disabled women are tired of being treated differently due to their identity, tired of not being taken seriously by our doctors and medical professionals, tired of being excluded in our conversations surrounding social justice and equality, and tired of ableist critics who diagnose us through our creative works. Although disability studies is slowly entering our conversations about literature and criticism, much more work needs to be done to ensure that everyone and anyone has equitable access to our field and institutions, which still largely exclude disabled individuals in both research and practice. I believe that this thesis, and my future work as an academic, will bring more attention to disabled women who have been largely pathologized due to their disability.

Abstract of the Thesis

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Psychoanalytic criticism has often relied on pathography in order to cast women writers such as Virginia Woolf and Sylvia Plath as “crazed” authors who suffered from debilitating mental illnesses, such as schizophrenia, bipolar disorder, and depression. These critics have used and appropriated both Virginia Woolf and Sylvia Plath’s impairments in order to justify their writing abilities and productivity, arguing that their works were only possible through their mental differences. I argue that these psychoanalytic readings are driven by patriarchal norms and institutions, such as the academy and psychiatry, and are a product of a patriarchal attempt to silence the voices of disabled women. Using a framework of feminist disability studies that I articulate as madwoman theory, I argue that scholars and teachers of literature alike should refrain from using medicalized terminology to describe fictitious characters and their real-life authors. Primarily concerning women writers who are viewed as “mad” by the canon, this thesis attempts to deconstruct the psychological criticism that has been published and canonized regarding Woolf and Plath, which argues that their works were merely a product of their madness. These psychological criticisms, I argue, both commit violence towards each author and memorialize Woolf and Plath as merely “crazy” women writers who could not escape their disabilities and deaths by suicide. This thesis will describe these ableist readings of Woolf and Plath, and negotiate a madwoman theory analysis of their works, which privileges the voices of disabled women writers over these ableist readings. Further, I argue that an analysis of writing about lived experiences with disability enables a future in which the voices of disabled women are privileged over these diagnostic categories.

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I would like to thank the English department at MU for believing in me and providing me with excellent experience in the classroom and as a graduate assistant. Without their funding, this thesis would not have been possible.

I would like to thank my family for their continued support of my academic interests. I promise I will graduate soon.

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I would like to thank everyone who believes in women.

And, finally, to my fellow madwomen everywhere, who are no longer trapped inside the attic: thank you.

Introduction: Diagnosing the Madwoman

There is, in short, no natural body. Genes do not determine anything.

- Shelley L. Tremain, *Foucault and Feminist Philosophy of Disability*

Literature and mental difference[1] have been bedmates since ancient times—scholars have argued that one of the first classic philosophers, Socrates, suffered from schizophrenia, as analyzed through Plato's depictions of his thoughts and behavior. This notion of diagnosing authors with current medical terminology is also not a new phenomenon. Since the birth of psychoanalytic criticism in the late 19th century, literary critics have eagerly applied to authors and characters diagnostic terminology, ranging from hysteria and madness to bipolar disorder and schizophrenia. Even in modern literary discourse, scholars have attempted to classify authors and characters with contemporary diagnoses; for example, Claire Harman, Emily Brontë's biographer, has recently diagnosed the author with Asperger's syndrome, describing Brontë as "an Asperger's-ey person" (Cain). Despite this tendency by scholars to place labels on both deceased and living authors, a critical disability studies analysis of this habit suggests that this behavior is not only problematic, but ethically questionable as well. Using a framework of feminist disability studies that I articulate as madwoman theory, I argue that scholars and teachers of literature alike should refrain from using medicalized terminology to describe fictitious characters and their real-life authors. This thesis attempts to deconstruct the

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[1] In this thesis, I choose to define mental difference according to Sander L. Gilman's assertion that mental difference represents "psychic pain" (114). The term "mental illness" relies on clinical discourses surrounding psychic pain, and the term "mental difference" more accurately describes this experience without relying on clinical discourses of medicine and psychiatry.

psychological criticism that has been published and canonized regarding Virginia Woolf and Sylvia Plath, which argues that their works were merely a product of their madness. Critics of Woolf have argued that her writing demonstrates a diagnosis of bipolar disorder, while Plath scholars have stated that her work displays both clinical depressive and schizophrenic tendencies. These psychological criticisms, I argue, both commit violence towards each author and memorialize Woolf and Plath as merely “crazy” women writers who could not escape their illnesses and deaths by suicide. This thesis will describe these ableist readings of Woolf and Plath and negotiate a madwoman theory analysis of their works. Madwoman theory argues for a privileging of disabled women’s voices over those of psychiatric and psychoanalytic discourses, which obscure and cloud disabled women’s narratives by placing a clinical label on them.

Diagnostic Psychoanalysis: A Brief Overview

Understanding literature and its authors through the lens of clinical medicine was a product of both the Romantic and Victorian periods, during which the rise of both biography and psychoanalysis contributed to the production of pathographies. Sigmund Freud referred to the German neurologist and psychiatrist, Paul Julius Möbius, as one of the fathers of psychotherapy, a discipline which was founded in the Victorian period as a method by which individuals could receive relief from psychological ailments, including hysteria, paranoia, and sleep deprivation. Möbius was particularly interested in analyzing the psychological conditions of influential philosophers, in texts which he referred to as pathographies.[2] In these texts, he attempted to

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[2] Möbius was the first to use the term “pathography” to define a text that psychoanalyzed an individual, usually someone who was regarded as a creative genius. There have been recent attempts to reclaim the word; for example, Anne Hunsaker Hawkins uses the term to describe “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death” (1). Hawkins’s use of the term leans more toward individuals writing about their own experience with impairment and illness, while Möbius was concerned with medical professionals writing about an artist through a diagnostic lens. I am using Möbius’s definition of

observe and dissect the behavior and mannerisms of these figures, which included Nietzsche, Goethe, Schopenhauer, and Rousseau. As Möbius states, "Without a medical evaluation you cannot understand anybody. It is intolerable to see men and their actions judged by linguists and other armchair pundits. They have no inkling that more is needed than moralizing and the average knowledge of people" (qtd. in Schiller 80). Möbius attempted to overcome the limitation of biographies to better comprehend famous figures: "By writing pathographies, he intended to achieve a better understanding of great men than did lay biographers who lacked medical knowledge and based their interpretations on common sense and moral evaluation" (Sirotkina 1-2). Möbius, then, was interested in medical histories of these figures, and his pathographies transformed the field of literary criticism into medical analysis.

Deviance theory of the mid-20th century also contributed to the pathologization of disabled women writers, as many of the attempts to classify authors as mad operated as mechanisms of social control, through which "powerful professions attempted to control groups or individuals by 'labeling' and 'stigmatizing' them as deviant or abnormal. Thus, deviants were redescribed as the 'victims' of a process of stigmatization" (Sirotkina 2). Medical professionals, therefore, were the vehicles of social control according to deviance theory, as well as literary critics who relied on psychoanalytic criticism to diagnose authors with particular illnesses and conditions. As demonstrated in my deconstruction of pathographies of both Woolf and Plath, many of the notions that contributed to their canonization as "mad" women writers stemmed from psychoanalytic discourses of the 1960s, when literary critics, most of whom were men, portrayed these women as "hysterical" women writers who were overshadowed by their madness

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pathography in this thesis, as Hawkins's use of the word is closer to that of life-writing, which is different from Möbius's use of the term.

and suicides, such as several of the criticisms that appeared after Plath's death which described her as "mad" and "depressed." Not only this, but both Woolf and Plath's familial struggles were analyzed by these psychoanalytic critics, particularly Woolf and Plath's relationships to their mothers and fathers.

The psychoanalyst Charles Mauron, in 1963, defined psychocriticism, which was instrumental in constructing literary criticism based on diagnosing an author as "mad" or "ill." Mauron argued that a writer's unconscious personality is exposed during the writing process: "A writer is not a supernatural being. It can thus be supposed that his unconscious personality will try to express itself in his work" (53). Mauron argued that a writer's mental state has an influence on their work:

> ...if I speak of Mallarmé's nervous breakdown and of the influence it had upon his work, my explanation must, in principle, satisfy both the man who daily criticizes literary texts and the man who, day after day, observes nervous breakdowns...In short, while admitting that the unconscious personality of a writer finds some means of expression in his work, this manifestation will be of interest for us only if it is objective, discernible in the texts, recognized on both sides of the frontier separating literary criticism and psychoanalysis, and meaningful, finally, for the aesthetician. (53-54)

Psychoanalysis, in the form of psychocriticism, must present an analysis of a work that satisfies both literary and psychological classifications, according to Mauron. Mauron's theories of psychocriticism enabled later psychoanalytic literary approaches and theories of diagnosing authors and their characters as "mad" or "insane."

Psychoanalytic criticism has relied on pathography in order to cast women writers such as Woolf and Plath as “crazed” authors who suffered from debilitating mental “illnesses,” such as schizophrenia, bipolar disorder, and depression. These critics have used and appropriated both Woolf and Plath’s impairments in order to justify their writing abilities and productivity, arguing that their works were only possible through their mental “illnesses.” I argue that these psychoanalytic readings are driven by patriarchal institutions, such as the academy, and are a product of a patriarchal attempt to silence the voices of disabled women. Although these readings are deeply stigmatizing and work to oppress disabled women writers, this thesis attempts to overcome these ableist readings by using what I describe as madwoman theory to recover and analyze the works done by psychologically disabled women writers, particularly Woolf and Plath. I argue that these clinical psychiatric labels obscure the lived experiences of these authors in order to place them in distinct categories that limit their potentialities. Further, I argue that an analysis of writing about lived experiences with disability enables a future in which the voices of disabled women are privileged over these diagnostic categories.

Chapter 1: Ethically Questionable Readings of Disabled Women Writers

My madness has saved me.

- Virginia Woolf, to Jacques Raverat, 8 March 1924

Virginia Woolf and Psychoanalysis: Art, Bipolar Disorder, and Schizophrenia

Woolf's relationship to psychoanalysis has been studied and recognized by critics for decades; Freud's works travelled within the Bloomsbury circles of which Woolf was a prominent member. Woolf's relationship to illness was extensively written about in her work, in essays such as "On Being Ill," and her journals reveal the extent to which she lived with mental difference and trauma. Critics have argued over which specific mental "illness" Woolf had, ranging from bipolar disorder to cyclothymia, and from hysteria to schizophrenia. As her biographer, Hermione Lee, states: "Virginia Woolf was a sane woman who had an illness...Her illness is attributable to genetic, environmental and biological factors. It was periodic, and recurrent" (175). As noted in her writing and in her biographies, Woolf had a difficult time dealing with her mental difference. Her first encounter with mental trauma came when she was thirteen, after the death of her mother in 1895. She had another mental breakdown after the death of her father in 1904, and had continuing psychological problems throughout the next years, as she was dealing with the death of her brother, Thoby, and the publication of her first novel, *The Voyage Out*. After her marriage to Leonard Woolf, and throughout the rest of her life, Woolf dealt with periodic breakdowns pertaining to her writing and the publication of her works. As

Lee states, her mental difference “was precipitated, but not indubitably caused, by the things which happened to her” (175).[3]

There has been a history of Woolf criticism that negotiates her mental “illness”; specifically, Woolf’s disability in relation to her work began to be analyzed during the latter half of the 20th century, in such works as Roger Poole’s *The Unknown Virginia Woolf* (1978), Shirley Panken’s *Virginia Woolf and the “Lust of Creation”: A Psychoanalytic Exploration* (1987), and Thomas Szasz’s *My Madness Saved Me: The Madness and Marriage of Virginia Woolf* (2006). Each of these works analyzes Woolf and her “illness” through the lens of psychoanalytic criticism. Poole’s account of Woolf draws upon the biography of Woolf’s nephew, Quentin Bell (1972), who asserted that Virginia Woolf was “mad” or “insane,” whereas Poole attempts to prove Woolf’s sanity by suggesting that “madness” is socially constructed. The problem with Poole’s work, however, is that Poole fails to acknowledge that disability is both socially and physically constructed, and Poole ultimately dismisses the lived experiences of those who deal with mental difference or call themselves “mad” is an attempt to erase disability from the literary canon. Panken’s work attempts to dispel the belief that Woolf’s suicide attempts were due to anxieties surrounding the publications of her works. Panken argues that Woolf’s trauma and anxieties that had previously been attributed to her publications were actually a result of her marriage to Leonard Woolf; for instance, Woolf’s first novel, *The Voyage Out*, was published through Leonard in 1913; however, he held off publishing it for two years, while in the meantime, two of his novels were released between 1913 and 1915. Panken’s work is an early

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[3] I do not wish to reduce either Woolf or Plath to their suicides in my analysis. Although suicide is a biographical aspect of both Woolf and Plath’s lives, I contend it is more ethical to study and analyze their works through a madwoman theory lens in order to privilege Woolf and Plath’s lived experiences over these psychoanalytic discourses.

feminist psychoanalytic attempt to analyze the life of Woolf. Radically different from Panken is Thomas Szasz, one of the founding members of the antipsychiatry movement, who in *My Madness Saved Me* argues that the connection between creative genius and madness is a result of modern-day psychiatry. Szasz, however, famously notes that mental illness is a myth—a dangerous and traumatic notion for those, like Woolf, who actually live with the ramifications of mental difference.

Many psychoanalytic critics attempt to label and analyze Woolf through her disability, stating that her writing "reveals" the manner in which her mental difference manifested itself, such as the way in which her novels depict diagnosis of bipolar disorder, or as some critics call it, manic-depressive illness.[4] The most prominent critic who argues for Woolf's diagnosis of bipolar disorder is Thomas Caramagno, who in 1992 published *The Flight of the Mind: Virginia Woolf's Art and Manic-Depressive Illness*. In his work, Caramagno argues that Woolf's writing style suggests a diagnosis of bipolar disorder, which is an impairment classified by periods of depression and mania, two extremes of affect which disrupt a person's livelihood. Caramagno's work is not in the realm of traditional Freudian psychoanalysis; he uses then-current findings from neuroscience to suggest a diagnosis of bipolar disorder for Woolf. He argues that traditional Freudian psychoanalysis is an outdated model for literary critics, arguing for critics to use newer models of bipolar disorder and psychiatry in their work:

> In the real world of the clinic, the use of lithium, antidepressants, and antipsychotics has revolutionized psychiatric care for bipolar disorder and produced remissions in cases that thirty years ago would have been considered

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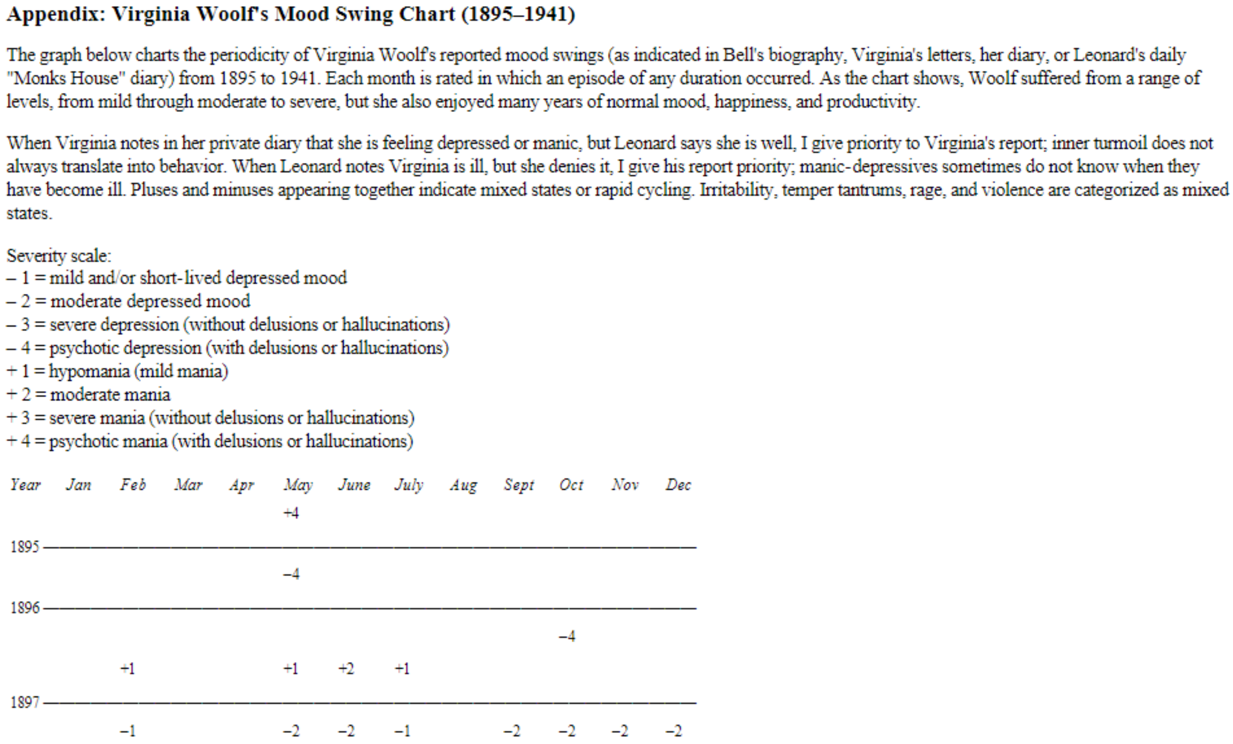
[4] The term "manic-depressive illness" is outdated, and many doctors and health professionals now use the term "bipolar disorder" when speaking of such a disability. From here on, I will use the term "bipolar disorder" instead of the outdated "manic-depressive illness."

> hopeless. In the rarefied atmosphere of academia, however, many psychoanalytically inclined literary critics cling to the outmoded, simplistic Freudian model of this disorder as a neurotic conflict that the patient is, either consciously or unconsciously, unwilling to resolve. (Caramagno 1)

The problem with using scientific psychology and medical psychiatry in literary criticism, however, is that critics do not have the authority to "prescribe" medication to characters and authors who deal with mental difference in their work. Caramagno's assesment supports the medical model of disability, which states that doctors should attempt to "fix" and "cure" those who deal with impairment and illness. The medical model argues that disability should be "fixed" by doctors and medical professionals so that the individual can be normalized within society, according to the disability studies theorist Michael Oliver (2009). As the disability studies scholar Tobin Siebers states, "The medical model situates disability exclusively in individual bodies and strives to cure them by particular treatment, isolating the patient as diseased or defective" (173). Would using lithium or antipsychotics have changed the trajectory of Woolf's life? I argue that this question, and any attempt to "correct" or "fix" an author or character through medication, represents an unethical attempt to erase disability from literature and literary history. Critics should not "medicate" authors or characters into acting or thinking in a "normal" or "rational" way, as this promotes ableism within the discourse of literary analysis.

Caramagno's portrayal of mental difference in both Woolf's life as well as her works represents an unrealistic depiction of disability, as it pertains to individuals with bipolar disorder, and also to disability more broadly. His argument rests upon the assertion that bipolar disorder was responsible for Woolf's creativity and productivity. For example, Caramagno includes a graph of Woolf's episodes at the end of his work, which is problematic and unnecessary—it suggests that her illness and its manifestations influenced the rate at which she produced her work, and gives a cold, clinical insight into the specificity of her illness (see figure 1).



Appendix: Virginia Woolf's Mood Swing Chart (1895–1941)

The graph below charts the periodicity of Virginia Woolf's reported mood swings (as indicated in Bell's biography, Virginia's letters, her diary, or Leonard's daily "Monks House" diary) from 1895 to 1941. Each month is rated in which an episode of any duration occurred. As the chart shows, Woolf suffered from a range of levels, from mild through moderate to severe, but she also enjoyed many years of normal mood, happiness, and productivity.

When Virginia notes in her private diary that she is feeling depressed or manic, but Leonard says she is well, I give priority to Virginia's report; inner turmoil does not always translate into behavior. When Leonard notes Virginia is ill, but she denies it, I give his report priority; manic-depressives sometimes do not know when they have become ill. Pluses and minuses appearing together indicate mixed states or rapid cycling. Irritability, temper tantrums, rage, and violence are categorized as mixed states.

Severity scale:
– 1 = mild and/or short-lived depressed mood
– 2 = moderate depressed mood
– 3 = severe depression (without delusions or hallucinations)
– 4 = psychotic depression (with delusions or hallucinations)
+ 1 = hypomania (mild mania)
+ 2 = moderate mania
+ 3 = severe mania (without delusions or hallucinations)
+ 4 = psychotic mania (with delusions or hallucinations)

Figure 1—Caramagno's graph of Woolf's mood swings.

To argue that bipolar disorder can be tracked down to such detail is a questionable assertion on Caramagno's part, and ultimately, Caramagno's thesis arguing that much of Woolf's writing lends itself to a diagnosis of bipolar disorder is an ableist one, and one that reduces the author to her "illness."

Woolf's *Mrs. Dalloway* has also been critically psychoanalyzed by Sabine Sautter-Léger (2017), a literary critic who diagnoses the character of Septimus Smith with schizophrenia. Using a clinical perspective on schizophrenia as theorized by Louis A. Sass, Sautter-Léger argues that "...the aspect of Septimus linking him to Sass's version of the schizophrenic...is essential to understanding his character" (13). Septimus's character is understood by Sautter-

Léger to be an embodiment of schizophrenia; as Sautter-Léger argues, "the schizophrenic's central problem is not, as has been traditionally supposed, that he or she has a tendency sporadically to take on an unreasonable, irrational approach to the world, but that his or her propensity to rely on the rational faculties has become compulsory and enervating" (10). Septimus, according to Sautter-Léger, relies on his rational faculties to understand the world, which becomes a problem for him in that he begins to see the world as irrational and mad. This alienation and self-consciousness lead Septimus to his suicide, which Sautter-Léger views as a rebellion from politics and the patriarchy. Events such as Septimus's involvement in World War I, the death of his friend Evans, and the explosion of the car in the first few pages of the novel all contribute to this irrationality which Septimus cannot comprehend, Sautter-Léger argues. Sautter-Léger does not account for or put into perspective Septimus's experiences with war, an event that scars almost all of the characters in *Mrs. Dalloway*, as much of the trauma inflicted from the war is transferred to Britain, which is seen when bystanders in the novel view the car explosion, or the airplane draws a word in the sky which several onlookers try to pronounce. Septimus's hyper-rationalization of these events is what Sautter-Léger argues is his "extreme introversion" and "fixat[ion] on the multiple or fragmented nature of the self" (11).

Ultimately, critics' attempts to psychoanalyze both Woolf and her characters fall short of literary criticism's ethical and moral boundaries. Whether critics attempt to psychoanalyze or diagnose, they refuse to divorce the author from her affect, which ultimately affects how readers view Woolf. This also affects the portrayal and stereotyping of mental difference and individuals with disabilities in our teaching and research, and the categorization of Woolf as a "madwoman" writer due to her death by suicide. A responsible analysis of Woolf manages to read her as a woman writer who lived with a disability, yet does not stereotype the mentally "ill" and those with emotional disabilities. Such care needs to be extended to all authors who live with mental difference or other disability, and I argue that feminist disability studies, particularly madwoman theory, provides academics and readers alike a method by which we can read and analyze these authors.

Psychoanalytic Readings of Sylvia Plath: The "Depressed" Woman Writer

Much like Woolf, several critics have attempted to "diagnose" Sylvia Plath with a variety of labels, ranging from bipolarity to depression to schizoaffective disorder. As was recorded in her journals and her letters, Plath dealt with mental difference throughout her life; unfortunately, she has been canonized by many psychoanalytic critics as a "crazy" woman writer, and these discourses have contributed to her commemoration as an angsty woman author who was "freed" of her suffering through her suicide. Early scholarship of this type includes David Holbrook's *Sylvia Plath: Poetry and Existence*, as well as Edward Butscher's *Sylvia Plath: Method and Madness,* both published in 1976. Holbrook argues that the violence in Plath's poetry is detrimental to civilization, as well as pathologizing Plath as schizoid. Butscher's work situates Plath in terms of revolting against the patriarchy, calling Plath a "bitch goddess," and a "discontented, tense, frequently brilliant woman goaded into fury by her repressed or distorted status in male society" (xi). However, he also views Plath as a monstrous being created by her mental difference, arguing that Plath's split personalities, narcissism and psychosis contributed to her monstrous formation. Another wave of Plath criticism emerged in the late 1980s and 1990s; texts in this school that pathologized her and her work include Anne Stevenson's *Bitter Fame: A Life of Sylvia Plath* (1989). Anne Stevenson's take on Plath in *Bitter Fame* reconstructs Butscher's pathologization of the author, stating that Plath suffered from paranoia, violent mood swings, a split personality, and hysteria, as well as viewing Plath's poetic embodiment as "the ‘real’ Sylvia—violent, subversive, moonstruck, terribly angry—[who] fought for her existence against a nice, bright, gifted American girl” (163). Stevenson’s suggestion that the poetic Plath was a separate entity from the real Plath also pathologizes the author as mentally “ill.”

As these critical approaches show, Plath has been emblazoned as the madwoman in American literature, as the image of the “madwoman” has been ingrained alongside her memory and work. During the second wave of feminism in the United States and England, Plath was held as an embodiment of the rebellion against the patriarchy through both her writing and suicide, and many feminist critics during this time argue that Plath’s husband, Ted Hughes, was abusive, abandoned her and her children for an extramarital affair, and made her symptoms worse. In the most recent edition of *Ariel* (2004), however, Plath’s daughter, Frieda Hughes, states that Plath was not abused by her husband, and that attempts to classify Plath as a rebellious feminist writer were misguided (“Foreword” xvii-xviii). Despite Frieda Hughes’s attempts to demystify her mother’s work and life, many critics today still attempt to psychoanalyze Plath, and attempt to diagnose and even medicate her through her writings.

Newer waves of psychoanalysis and psychocriticism attempt to bridge the divide between diagnostic psychoanalysis and a feminist theorization of her works. However, traditional diagnostic psychoanalysis still leaves its mark on contemporary literary criticism and teaching. For example, the psychoanalytic work by David Holbrook on Plath, “The Schizoid Problem in Creative Writing,” in *Sylvia Plath: Poetry and Existence*, is considered canonical by many Plath scholars, and unfortunately criticizes Plath’s work through a diagnostic framework of her “schizoid condition” (109). Holbrook uses a framework of schizophrenia by the psychiatrist Leslie H. Farber, who states that schizophrenia is “a disorder consisting of a double failure in areas that might loosely be called meaning and relation” (qtd. in Holbrook 109). Plath’s prose and poetry, Holbrook argues, is a failure in both categories of meaning and relation, and much of Plath’s poetry remains “unfinished” (109). Sylvia Plath was, then, to Holbrook, a “schizoid” –or one who dealt with the pathologization of schizophrenia or schizoaffective disorder.

Holbrook calls Plath’s suicide a “schizoid suicide,” which represents a tendency to pathologize her life and death into a schizophrenic illness. Holbrook argues that since Plath’s poetry does not make sense in a “sane” or neurotypical way, we must not attempt to understand the “schizoid” or attempt to analyze her images or language. Holbrook argues that Plath, as a “schizoid” individual, creates her own meanings through her poetry and prose, and often this is expressed through her dissociation of her body, such as Esther’s feelings of not being in her own skin in *The Bell Jar*. This characteristic of bodily dissociation, Holbrook argues, is a symptom of the “schizoid individual,” thereby pathologizing Plath as mentally “ill” and casting her off as “different” from a “normal” poet or writer.

Recent criticism of Plath has also constructed her as a madwoman who suffered from suicidal tendencies, and attempts to classify her according to medical diagnostic terms. The most recent instance of this pathologization through psychoanalytic criticism is a study by the psychoanalyst and poet Frederick Feirstein (2016), who suggests that “[Plath’s] schizoid pathology resulting from the symbiosis (along with her bipolarity) helped prompt her suicide” (103). Much of Feirstein’s discursive language surrounding his comments on Plath’s health are quite problematic, as viewed from a lens of feminist disability studies. For example, Feirstein begins his study with the statement: “Health equals flexibility. Pathology equals rigidity of any sort” (103). This notion of “health” and “pathology” is, in Feirstein’s study, related to a “definition of psychological well-being” and “is not far from the wisdom of gym trainers” (103). Many critical disabilities studies scholars, however, turn away from a definitional term for health, as what is considered “healthy” is embodied differently from individual to individual; the term “healthy” is also reminiscent of the medical model of disability, which attempts to “correct” and “fix” disabled individuals. Calling Plath’s work “a model for health for all of us” (Feirstein 103) does a disservice to Plath as a disabled woman writer. Psychoanalytic critics have called upon Plath’s tragic life events to describe and explain her encounters with mental difference, such as her struggles with her mother and the death of her father at a young age. For instance, when her father developed a severe case of diabetes, her mother sent her to live with her grandparents, which many critics including Feirstein have suggested caused abandonment issues for the young Plath. The notion of a “schizoid personality” remains as a problematic attempt to construct Plath’s mental difference as a diagnosis of schizoid personality disorder (or SPD).

Feirstein also laments the suicide of Plath, stating that if, perhaps she received psychoanalytic treatment, she might have “rivaled young Keats as a poet” (104). This statement assumes that Plath did not achieve the amount of recognition that canonical poets such as Keats and Wordsworth received, an ableist notion that implies that if it not for her mental “illness,” Plath could have been the next Shakespeare or Spenser. Feirstein also attempts to medicate Plath, suggesting that perhaps new pharmaceutical drugs would have saved her from her suicide: “I fantasize Plath might have survived and not made *Ariel* into one long suicide note...To further compound her situation, today’s antidepressants and drugs to treat bipolar disorder, like Equetro and Latuda, were not available. Perhaps if they were administered…[she] might have survived” (Feirstein 105). This suggestion of medicating poets and artists who lived with mental difference is nothing short of an attempt to “correct” and “fix” the disabled individual; similar to Caramagno’s suggestion that the use of lithium would have “cured” Woolf’s “illness,” Feirstein’s assumption that medication is the solution to negotiating Plath’s suicidal ideation and mental difference is a nonsensical and bizarre notion, as well as an inequitable one.[5] Feirstein, in his analysis, ignores the problems related to treatment and medication management that many disabled individuals face in the current healthcare climate. Feirstein's analysis of Plath is unrealistic to the lived experiences of disabled individuals and deeply problematic in its attempt to diagnose and cure the psychologically disabled, as well as erasing the lived experience of those who deal with mental difference on a daily basis.

Truly, the biographies and literary analyses published during the 20th century concerning Plath cast her as a "madwoman," a trapped woman writer who could not escape her "illness" or the patriarchal limitations of the field of literature before the second wave of feminism. These works have canonized Plath as the quintessential "depressed" or "schizophrenic" literary figure, and many readers, students, and scholars alike firstly associate Plath with her mental difference and suicide. Germinal psychoanalytic readings have cemented Plath in the literary canon as intimately tied to psychoanalysis; however, many of these critics have unfairly cast her as "ill" and "abnormal," re-traumatizing her and inflicting more violence upon her and her works. Feminist disability studies can, and should, attempt to reconstitute Plath as a woman writer who was not just "crazy." An ethical reading of Plath and her works needs to be accomplished in order to lift her from the patriarchal attempt to pathologize women writers who lived with mental difference.

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[5] It is worth noting that a thirty-day supply of Equetro costs about $245, and a thirty-day supply of Latuda costs a jaw-dropping amount of approximately $1,200, even with some insurance. To suggest that these high-cost medications are a fix to the problem of disability is a capitalistic attempt to take advantage of the disabled individual.

Woolf, Plath and Psychoanalytic Criticism: Concluding Thoughts

Virginia Woolf and Sylvia Plath have been reduced to their psychological disabilities through the many critics' psychoanalytic attempts to diagnose each author as mentally "ill." By pathologizing Woolf and Plath as "mad" women writers, critics who analyze each author's mental difference re-traumatize and re-stigmatize each author and contribute to the notion that there is something medically and mentally wrong with women who attempt to write in a male-centered literary canon. In order to move away from these ethically problematic readings, I suggest that Woolf, Plath, and other disabled women writers be read through what I call madwoman theory, further described in the next chapter. Madwoman theory overcomes these patriarchal, pathologizing readings of disabled women authors, while at the same time privileging the writing and narratives of disabled women as their own accounts of their madness. We must move beyond these normative discourses in literary analysis in order to ethically investigate the writings of disabled women.

Chapter 2: Theoretical Groundwork of Madwoman Theory

Was not the world a vast prison, and women born slaves?

- Mary Wollstonecraft, *Maria; or The Wrongs of Woman*

The literary history of the pathologization of women writers must take into account the lived experiences of disabled women writers without further stigmatizing them as “crazy” or “insane.” Dating back to the late 19th century, pathographies have attempted to diagnose certain authors with specific conditions, such as schizophrenia or bipolar disorder. I have demonstrated that these readings of disabled authors are problematic for a variety of reasons: pathographies do not take into account the lived experiences of authors with disabilities, there is not much literary benefit in diagnosing certain authors with specific diagnostic criteria, and the act of labelling someone with a psychiatric disability has real-life consequences for individuals who are also stigmatized by that particular diagnosis. A new literary theory of a feminist disability studies approach to these issues is needed.

I argue that institutional control of women is seen in medicine and other forms of institutionalization’s relation to women. Women are thus socially controlled by medicine and institutions (such as marriage, war, and relationships), and therefore must push back against male authority. Disabled women writers also must fight back against labelling and eugenic stigmatization of disability as mechanisms of control, such as bodily control through social norms. Literary criticism, as I have shown, also enacts these forms of social control, as many of the critics who diagnosed Woolf and Plath as mentally “ill” were men, many of whom participated in a form of institutional control. Pathography and psychoanalytic criticism, therefore, are forms of institutional control of women's bodies that must be reckoned with and eventually overcome.

Michel Foucault and Institutional Control of the Body

Foucault's work has famously explored the manners in which institutions, such as the asylum and the prison, have controlled and observed the body, as power flows through the relation between the individual and the institution. Foucault states, "Power must be analysed as something which circulates, or rather as something which only functions in the form of a chain...Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power" (98). Institutional control of power is a communication between the individual and their institution—thus, for the disabled individual, their physical body is in a relationship of power between the self and the institution. Foucault's foundational insights have been helpful to both feminist theory and disability studies through their analysis of the body's relationship to the institution: the disabled body is socially controlled by the institution with which they are in a relationship. However, Foucault's critique of the institution is based on a genderless individual; he does not explore how this control is different for those who identify as women. Foucault's work concerning the individual's relationship to the institution has laid the groundwork for other theorists who use this social critique to theorize the madwoman.

Elaine Showalter's *The Female Malady* and Psychiatric Modernism

Both a historical and literary critique of the figure of the madwoman, Showalter's analysis of the female malady in British culture builds upon the real-life symptoms of women and mental difference. Building on Foucault's critique of the institution, in *The Female Malady* (1985), Showalter argues that patriarchal institutions, such as the asylum, marriage, childbirth, and the law, confine women and ultimately drive them toward a life of madness and conformity. Illnesses such as hysteria, schizophrenia, and depression are considered women's illnesses: "In the most obvious sense, madness is a female malady because it is experienced by more women than men" (Showalter 3). Increasingly during this period, madness became known as a female disorder, as diagnosis was used as a means to control women. As the Victorian era progressed, the asylum's population increasingly became women: "…the asylum rather than the attic was identified as the madwoman's appropriate space" (Showalter 17).

For women, discourses surrounding psychology and psychiatry had changed during the post-WWI period. For example, Freudian psychoanalysis "hardened into a discourse that devalued women—despite the presence of women in its ranks" (Showalter 197). Psychiatry had shifted from Freudian to behavioral: "During the postwar period, the female malady, no longer linked to hysteria, assumed a new clinical form: schizophrenia, confining itself to the neuroses, traditional medical psychiatry here came into its own" (Showalter 203). The condition of schizophrenia included the symptoms of "lack of affect, disturbed associations, autism, and ambivalence" (Showalter 204), a drastic difference from the 21st century notion of schizophrenia.[6] Contributing to the theoretical foundations of modernist schizophrenia is the notion that modernist schizophrenia is a social disease, as "Modernist literary movements have appropriated the schizophrenic woman as the symbol of linguistic, religious, and sexual

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[6] Postmodern theorists, such as Gilles Deleuze and Félix Guattari, have appropriated the concept of schizophrenia to represent the postmodern condition, as the "breakdown of relationships between an individual and his milieu," as well as the idea that schizophrenia is a combination of disorders rather than "a single phenomenon with a single cause" (Showalter 204). This concept of the schizophrenic represents the isolation and fragmentation of the individual under a capitalistic system. Readings like Deleuze and Guattari's, however, are stigmatizing towards those who are diagnosed with illnesses such as schizophrenia and schizoaffective disorder, and appropriate the lived experiences of individuals who are not able to voice their own experiences and are silenced by psychiatric institutions.

breakdown and rebellion" (Showalter 204). As increasing numbers of women were diagnosed with schizophrenia, and as psychiatry remained a largely patriarchal discourse, a growing institutional presence was needed in order to "control" these women.

The institutional control of women through treatments such as insulin shock, electroshock therapy, and lobotomy were often gendered and unfairly targeted mentally "ill" women. During the post-WWII period to the 1960s, ECT was often used in more female cases than male because women "are judged to have less need of their brains" (Breggin, qtd. in Showalter 207). Male doctors and psychiatrists acted within the framework of "male dominance and female submission," stating that housewives are excellent candidates for these procedures, as they are "less-skilled persons whose livelihoods are not dependent on the use of memory and intellect" (Showalter 207). Women's writing of this period demonstrates the Gothic quality of these asylums, "the asylum itself becomes...an elaborated, enclosed, and peculiarly feminine testing ground for survival. There are the large, spreading, mysteriously complicated buildings; the harsh guards and strange rules; the terrifying inmates; the privations, restraints, and interrogations; the well-meant but indubitable torture of electric shock treatment" (Moers, qtd. in Showalter 210). Writings by women who experienced this institutional control, such as the novels of Sylvia Plath, Jennifer Dawson, and Janet Frame, suggest that their experiences of women living under the bell jar of the asylum provide us with "a different perspective on the asylum, on the psychiatrist, and on madness itself; and they transform the experiences of shock, psychosurgery, and chemotherapy into symbolic episodes of punishment for intellectual ambition, domestic defiance, and sexual autonomy" (Showalter 210). Truly, the "wrongs of women" manifested as control through the asylum during the post-WWII period in the U.S. and

Britain. It was through writing their narratives that these women could escape the confinement of invasive psychiatry and the asylum.

Gilbert and Gubar's *The Madwoman in the Attic* and the Anxiety of Authorship

Sandra M. Gilbert and Susan Gubar have constructed the theoretical fundamentals of the pathologization of women writers during the 19th and early 20th centuries, as well as establishing a feminist literary criticism and canon in *The Madwoman in the Attic* (1978). Existing in a patriarchal sphere of literature, the woman writer of the late 19th and early 20th centuries struggled with what Gilbert and Gubar term the "anxiety of authorship." The sexual act between the male author and the female muse that Gilbert and Gubar famously describe excludes the female poet, as they ask, "Where, then, does the female poet fit in? Does she want to annihilate a 'forefather' or a 'foremother'? What if she can find no models, no precursors? Does she have a muse, and what is its sex?" (47)

Gilbert and Gubar's theories concerning the literary trope of the madwoman suggest that women writers must surrender their sanity in order to produce and create work in a patriarchal literary canon. As Elaine Showalter states, "Biographies and letters of gifted women who suffered mental breakdowns have suggested that madness is the price women artists have had to pay for the exercise of their creativity in a male-dominated culture. In the annals of feminist literary history, Virginia Woolf, Anne Sexton, and Sylvia Plath have become our sisters and our saints" (4). Madness exists in these literary landscapes as metaphorical for Gilbert and Gubar, and as representative of the anger and rebellion of women writers who moved against the patriarchal authority of art and literature. Gilbert and Gubar's notion of patriarchal institutions impairing women and making them ill, as well as their theoretical groundwork which made possible other critiques of women and madness, has benefitted both feminist criticism as well as feminist disability studies. However, Gilbert and Gubar's theory has fundamental limitations, such as their reliance on psychoanalytic methods, as well as their emphasis on madness as a metaphor rather than a true, lived experience of many disabled women.

Elizabeth Donaldson's "Revisiting the Corpus of the Madwoman": Reclaiming Mental Illness in Women's Work

Recent critics have deconstructed Gilbert and Gubar's notion of the madwoman, particularly in relation to mental difference and disability studies. The feminist disability studies scholar, Elizabeth J. Donaldson (2011), argues that this theoretical critique of the madwoman largely ignores the very real lives of women who live with mental difference, stating that "However it is romanticized, madness itself offers women little possibility for true resistance or productive rebellion" (93). Quite often, women who live with mental difference do not have the cultural or political means for rebellion. As Shoshana Felman writes, "Depressed and terrified women are not about to seize the means of production and reproduction: quite the opposite of rebellion, madness is the impasse confronting those whom cultural conditioning has deprived of the very means of protest or self-affirmation" (8). Donaldson argues that the issue surrounding Gilbert and Gubar's madwoman is the slippage between women who are "mad" and women who are mentally "ill"; "mental illness" is distinct from "madness" in that madness is metaphorical while mental illness is truly experienced by women. Using madness to romanticize mental illness has consequences for disabled women: "Although Gilbert and Gubar make it clear that their discussion concerns madness as a metaphor, not mental illness in the clinical sense, this distinction proves impossible to maintain. Fictional representations of madness have a way of influencing clinical discourses of mental illness and vice versa" (Donaldson 93). Similar to the pathographies and psychoanalytic criticisms of women writers that diagnose them as mentally "ill," these discourses surrounding authors such as Woolf and Plath have harmful and dangerous consequences for women who live with mental illness.

Feminist scholarship, as well as literary criticism, must overcome these ableist ways of reading madness and mental difference within women's work. As Donaldson states, "...when madness is used as a metaphor for feminist rebellion, mental illness itself is erased" (94). Daring and necessary for its time, Gilbert and Gubar's *The Madwoman in the Attic* has cemented the figure of the madwoman as a metaphor for women's rebellion against patriarchal institutions; however, it simultaneously erased the question of women and mental difference. Donaldson calls for a new method to read the madwoman within women's work, without pathologizing or diminishing the lived experiences of disabled women:

> …[T]heories that pay attention exclusively to the social causes and construction of mad identity while overlooking the material conditions of the body, and the body as material condition, have a limited political scope….A feminist disability studies theory of mental illness that includes the body, one that theorizes bodies as "material-semiotic generative nodes" and mental illnesses as physical impairments, would be a timely and productive way of developing the discussion of madness/mental illness within women's studies scholarship. (95)

A new theoretical groundwork for madwoman theory, then, must pay attention to the physical and mental impairments of the disabled female body while also examining the social implications of the disabled body. While, traditionally, disability studies has concerned itself with how disabled individuals relate to their world and surroundings, and how much of society excludes these disabled bodies, Donaldson calls for a reexamining of the madwoman's body, stating that feminist disability studies scholars cannot exclude the physical impairments of the body in our scholarship. The madwoman in the attic, as Donaldson argues, must contend with the lived experiences of women who live with mental difference, without stigmatizing the disabled female body.

Creating a New Madwoman Theory

Building on the work of the above theorists, I argue for a new critical lens through which to analyze madwomen in literature, answering Donaldson's call for a "madwoman theory." I argue for the following tenets, which are central in understanding madwoman theory:

1. Women who are diagnosed as mentally "ill" are stigmatized and controlled by patriarchal institutions such as war, genocide, medicine, marriage and childbirth, among others;
2. Mental difference should not be used as a metaphor for rebellion;
3. Scholars of madwoman theory cannot ignore the corporeal impairments that go along with being a woman living with mental difference; and
4. Literary scholars should not use diagnostic labels to describe an author, character, style, etc., in their works, and instead should value the narratives and voices of disabled women over critics who attempt to label these women and obscure their lived experiences.

As Showalter states in *The Female Malady*, women are socially and physically controlled through patriarchal institutions; therefore, the first tenet of madwoman theory recognizes this and builds itself out of this framework. Donaldson argues for the recognition of the corporeal impairments of the body in negotiating feminist disability studies, as well as moving away from the idea that women's illness is a metaphor for rebellion; thus tenets two and three include these theories. Finally, my contribution to madwoman theory argues that scholars of literary criticism should refrain from using diagnostic criteria to analyze a literary text, as seen in tenet four.[7]

It is crucial to understand the deep-rooted ableism within the fields of literary criticism and critical theory in order to grasp a theoretical knowledge of madwoman theory. This theory attempts to negotiate this ableism within literary criticism and academia and read women's narratives as representations of their own lived experiences rather than reading the madwoman as symbolic of feminine rebellion against the patriarchy. As seen in the pathographies and psychoanalytic criticism of Woolf and Plath in Chapter 1, many critics, past and present, still use diagnostic labels to refer to women writers as "insane" or "different" from other authors, especially due to an author's gender and disability. Prominent examples of this include Thomas Caramagno's assertion that Woolf was bipolar, and David Holbrook's notion that Plath suffered from a schizoid pathology. Although these are only the most notable demonstrations, diagnostic literary criticism is common throughout the field of literary studies, and madwoman theory negotiates and overcomes these ableist readings of madwomen in literature.

Different from both Feminist Psychiatric Disability Studies, coined by Merri Lisa Johnson, and Mad Feminism, coined by Anna Mollow, madwoman theory is separate from these epistemologies in that madwoman theory pertains to the pathologization of women authors within the field of literary studies. Feminist Psychiatric Disability Studies' cripistemologies, as Johnson and Robert McRuer state, are crip methods of knowing; they are epistemologies geared toward survival rather than a future of recovery (Johnson and McRuer 132). However, these cripistemologies often privilege physical impairments over mental and/or emotional ones, as well

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[7] Mad studies scholarship privileges lived experience and patient narrative over clinical discourse surrounding mental difference; however, mad studies does not consider the question of gender, which differentiates madwoman theory from mad studies.

as ignoring the subtle ableism within Eve Kosofsky Sedgwick's notion of epistemologies upon which they are founded (as Mollow states, Sedgwick uses the terms “bipolar,” “crazy,” and “psychotic” to characterize ideas she doesn’t find useful). Not only are epistemologies ingrained in ableist language, the notion of cripistemology does not address the question of psychological/mental/emotional disability and focuses instead only on physical impairment. Mad Feminism has methodological issues in that it does not recognize the women who are comfortable with, accept, and even take pride in their diagnostic labels. For many, disability is a marker of identity which could be seen as a distinguishing feature of accomplishment. Not only this, but Mollow’s notion that individuals who reside in “the margins of madness” should identify as mad is problematic in that it re-stigmatizes and re-traumatizes certain populations that are already viewed as second-class citizens in society: people (especially women) of color, “fat people,” and “folks with chronic illnesses” (Mollow, “Mad Feminism”). Stigmatizing these populations as mad, even though they might not identify as such, works to further disempower them and keep them at the fringes of society, instead of actively working to empower these voices and offer a solution through critical and literary theory. Although owing a great deal of discursive debt to Feminist Psychiatric Disability Studies and Mad Feminism, madwoman theory primarily pertains to literary notions of the madwoman, stating that these literary figures of the madwoman as rebellion against an oppressive patriarchy offer no real solutions or power to women who live with mental difference. Moreover, madwoman theory presents a method for scholars to discuss mental difference in women’s work without stigmatizing them or further disempowering them by marking them with a diagnostic label. Madwoman theory can thus be used not only to critique diagnostic methods that analyze the madwoman in literature, but also to investigate the deep-rooted ableism present within the academic establishment of literary studies.

Charlotte Perkins Gilman's "The Yellow Wallpaper": A Reading through the Lens of Madwoman Theory

Gilman's canonical feminist text, "The Yellow Wallpaper," depicts one woman's life-changing experience when receiving the rest cure after the birth of her daughter during the late 19th century. Gilman based her short story on her own experiences with the rest cure: "In 1887...she had consulted Weir Mitchell, who applied the rest cure for a month and then sent her home with advice to lead a thoroughly domestic life, to limit her reading to two hours a day, and to give up writing altogether" (Showalter 140-41). Gilman's narrator, similarly, is forbidden to "work" under the guidance of her husband; she writes, "So I take phosphates or phosphites—whichever it is, and tonics and journeys, and air, and exercise, and am absolutely forbidden to 'work' until I am well again" (2). Under the patriarchal authority of her husband and brother, Gilman's narrator believes that she is "sick" due to her husband stating that he does not believe her ailments are real: "John is a physician, and *perhaps*—(I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind)—*perhaps* that is one reason I do not get well faster. You see he does not believe I am sick!" (1). Without anyone to believe her ailments or confide in, the narrator secretly writes to the reader, therefore practicing a man's craft that her husband believes makes her ill: "There comes John, and I must put this away, —he hates to have me write a word" (4).

Her husband John, existing as a patriarchal authority within the narrative, also does not believe that there is anything seriously wrong with the narrator, stating that her condition is nothing but a case of "nervousness." The narrator writes, "John does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him" (4). The narrator's "illness," then, is contextualized through the historic lens of Showalter's female malady, existing within the age of female hysteria which Freud analyzed during the late 19th century. As Showalter notes, this female hysteria was viewed by male practitioners as irrational and illogical, as hysteria became during this era a catch-all diagnosis for any sort of “mad” symptoms that were seen in women, including the desire to write and read. The narrator knows that writing her story is a central component to her ability: “I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me” (5). Women’s writing is thus viewed by men as a foolish and silly endeavor, thus stigmatizing the women writer as “mad” for wanting to narrate her own story. Women who wrote were infantilized and seen as childish by their male doctors, similar to the manner in which the narrator is treated by her husband, as she writes, “Then he took me in his arms and called me a blessed little goose” (5). Not only is she pathologized by her husband, the medical and patriarchal authority within the tale, but she is not taken seriously when she expresses discomfort. These acts of pathologization and infantilization of women work to oppress and silence the voices of disabled women.

Gilman’s narrator, then, ultimately becomes the literal madwoman in the attic, trapped not only by her patriarchal husband but also confined by the room in which she must rest. The yellow wallpaper contains bars, and her bed is nailed down to the floor, serving as physical constraints to the narrator’s body and mind within the room. The narrator has very real corporeal impairments that cannot be ignored when discussing her condition; at the beginning of the story, she has very little energy to function properly throughout the day, as she states, “Nobody would believe what an effort it is to do what little I am able, —to dress and entertain, and order things” (4). Her condition only worsens as the story continues, and her nervousness actually becomes real: “I don’t feel as if it was worth while to turn my hand over for anything, and I’m getting very fretful and querulous” (7). The narrator’s weight, appetite and hair are also representative of her impairment; her appetite increases, and the stench of the yellow wallpaper seeps into her hair, a “peculiar odor” which compels her to burn down the house in order to “reach the smell” of the wallpaper (13-14). Although the narrator’s body is fictitious, her physical and mental impairments are very real representations of the historical pathologization of women’s bodies during the late 19th century.

I argue that critics of “The Yellow Wallpaper,” and of all disabled women’s writing, cannot ignore the corporeal impairments of the body when analyzing mental difference in women’s literature. Eventually, the narrator finds a woman within the yellow wallpaper—as Gilbert and Gubar argue, this woman is a double to the narrator, serving as a metaphorical madwoman to the narrator’s feminist rage and rebellion against patriarchal authority. As Gilbert and Gubar state, “What ‘The Yellow Wallpaper’ shows she knew, too, is that even when a supposedly ‘mad’ woman has been sentenced to imprisonment in the ‘infected’ house of her own body, she may discover that, as Sylvia Plath was to put it seventy years later, she has ‘a self to recover, a queen’” (92). Although Gilbert and Gubar claim that the double of the narrator is a symbol of feminist rebellion against patriarchal institutions, I argue that this notion does not offer any productive solutions for disabled women who are silenced and trapped by patriarchal and ableist language and institutions. As demonstrated above, the corporeal impairments of the narrator’s body show that she was a true representation of the physically and psychologically disabled women of the age of hysteria—her body was real for many women, and to reduce it to a metaphor does a disservice to those who were traumatized by the rest cure and similar treatments during the late 19th century. The narrator’s “illness” should not be viewed as simply a metaphor for feminist rebellion and instead seen as an embodiment of the history of violence and oppression enacted on disabled women’s bodies.

Early and even recent criticism of Gilman's story has pathologized the narrator as a literary representation of depression, postpartum psychosis, and as Jerome M. Schneck argues, a representation of Capgras syndrome, through which the narrator hallucinates her rebellious double—the woman in the wallpaper. Schneck states, "One variant of Capgras' syndrome is the autoscopic type in which patients see doubles of themselves in persons or objects nearby...Gilman's protagonist deteriorated into a paranoid psychosis" (448). Capgras syndrome, also known as "imposter syndrome," affects more women than men, and there is no cure for the disorder. Schneck diagnoses the narrator with a pathology that is not common and is quite stigmatized in the general population. Obscuring the narrator's own account of her struggles with the rest cure, the diagnosis of Capgras syndrome clouds the narrator's own telling of her lived experience—and this label further disempowers her by marking her with a psychiatric diagnosis for which there is no cure. Attempting to diagnose the already traumatized narrator, Schneck's labeling of her as a representation of the ambivalent type of Capgras syndrome is nothing short of stigmatizing her as "different" or "insane."

As psychoanalytic criticism largely ignored the writings done by disabled women, Gilman's story as analyzed through madwoman theory effectively gives a voice to psychologically disabled women, such as Gilman and other women who were diagnosed as "hysterical" and treated with the rest cure and similar remedies. By the end of the story, the narrator wishes to "do something desperate," such as jumping out the window or burning the house down to spite the patriarchal authority of her husband (17). Instead, she turns to the "paper" of her writing, as the yellow wallpaper turns into the paper onto which she can write her narrative: "'I've got out at last,' said I, 'in spite of you and Jennie. And I've pulled off most of the paper, so you can't put me back!'" (18). Liberation for the narrator, then, is the possibility of writing her narrative on the yellow wallpaper, as the act of writing frees her from the patriarchal constraints of the rest cure. “The Yellow Wallpaper” effectively opens up the possibility of disabled feminist futures, as seen in the narrator’s writing her own narrative. Madwoman theory initiates this feminist future by creating dialogues in which not only are disabled women heard, but their voices are central to the conversation.

Chapter 3: Reading Virginia Woolf through Madwoman Theory: Writing as a Tool of Resistance

I thought how unpleasant it is to be locked out; and I thought how it is worse, perhaps, to be locked in.

- Virginia Woolf, *A Room of One's Own*

Virginia Woolf has demonstrated throughout her works of fiction and essays the importance of women writing their own narratives, particularly women owning themselves as both artists and creators of their works. Although Woolf has been previously labelled with certain psychological conditions by critics who use pathography and psychological criticism, I believe that madwoman theory offers potentialities to read her work as representative of disabled women's writing through works such as *Mrs. Dalloway* and "On Being Ill." Woolf's novel, *Mrs. Dalloway*, demonstrates the patriarchal institutional control of women (and shell shocked men) through the means of medicine and gender norms of the early 20th century, which I will first investigate using the first tenet of madwoman theory. I will also analyze the metaphors of madness that critics have argued for in their analysis of the novel, such as Septimus's suicide and Clarissa's waves of anxiety through the second tenet of madwoman theory. I will then discuss the corporeal impairments of the body that these critics have overlooked by primarily analyzing Septimus and Clarissa's psychological impairments as material using the third tenet of madwoman theory. Finally, I will evaluate the psychological criticisms that have attempted to diagnose Septimus and Clarissa, as well as Woolf herself, with several different pathologies, such as schizophrenia and bipolar disorder. By using madwoman theory, I argue that these readings of both *Mrs. Dalloway* and "On Being Ill" obscure the lived experiences of disabled men and women by retraumatizing them through the act of psychiatric labelling. I argue that disabled women's narrative and life-writing offer possibilities for a disabled feminist future, one in which disabled women are taken seriously not only by doctors and medical professionals, but by readers as well. A madwoman theory analysis reveals that Woolf depicts possibilities for disabled women writers to voice and own their narratives through creating their own accounts of their impairments and traumas by patriarchal institutions.

***Mrs. Dalloway* and Opposition to Patriarchal Institutionalization**

Woolf's novel *Mrs. Dalloway* represents the trauma and impairments of war in modernist Britain, while also focusing on gender roles and madness in both men who had witnessed war and women who are repressed by Western patriarchal society, as both women and shell-shocked men were controlled by the patriarchal institutions of marriage, war, and medicine during the post-WWI era. The novel's title indicates the degree to which Clarissa is controlled by the patriarchal institution of marriage. Although Woolf had originally intended for the novel to be named *The Hours*, Woolf instead chose the name *Mrs. Dalloway*, not *Clarissa*, indicating that the basis of Clarissa's character rests upon her relationship to her husband, Richard Dalloway, demonstrating that she herself is seen by others to be only a possession of her husband. As Clarissa thinks to herself at the beginning of the novel, she reflects on being known as Mrs. Richard Dalloway and not Clarissa: "She had the oddest sense of being herself invisible; unseen; unknown; there being no more marrying, no more having of children now, but only this astonishing and rather solemn progress with the rest of them, up Bond Street, this being Mrs. Dalloway; not even Clarissa any more; this being Mrs. Richard Dalloway" (*Mrs. Dalloway* 14). Marriage and having children rob Clarissa of her own individual identity—rather than being viewed as her own independent self, Clarissa is tied to her husband through the eyes of British society, a society that steals from her a sense of independence and autonomy. Thus, the patriarchal institution of marriage is first demonstrated in the title of the novel, a designation which Clarissa can only escape by reclaiming her own story and emotional narrative throughout the novel.

Acting as Clarissa's masculine double, Septimus is also controlled by patriarchal institutions throughout the novel, as he is confined not only by the practice of psychiatry and medicine but also restricted by gender roles and Western notions of masculinity through the role of the idealized "war hero." As several scholars have noted, many veterans of war become impaired through warfare; Nirmala Erevelles points out, "War is one of the largest producers of disability in a world still inhospitable to disabled people and their predominantly female caregivers" (117). The incidence of impairment due to warfare also challenges Western notions of the masculine "war hero." The response to the war by men enlisted ranged from "mental diseases" to "war neuroses," and increasing need for institutions to care and treat for these men resulted in a shortage of hospital beds by 1915 (Showalter 168). The growing incidence of shell-shocked men returning from war contrasted with the masculine ideals of heroism and bravery that much of society placed on these men; as Showalter states, "Indeed, emotional repression was an essential aspect of the British masculine ideal… 'not to complain' is to be 'manly'" (169). Septimus enlists in order to connect to his "manliness"; however, the trauma of war has a reverse effect on him: "Septimus was one of the first to volunteer. He went to France to save an England which consisted almost entirely of Shakespeare's plays and Miss Isabel Pole in a green dress walking in a square. There in the trenches the change which Mr. Brewer desired when he advised football was produced instantly; he developed manliness" (*MD* 130). Septimus's notion of the

British gentleman influenced his notions of what a “war hero” should be; however, instead of reclaiming his masculinity, Septimus is instead rendered more feminine by his doctors, who diagnose him with male hysteria. The rise of male hysteria was viewed by many to be “a form of resistance to the war” (Showalter 169), and therefore a form of resistance to the hegemony of patriarchal institutions. Those men who demonstrated a nervous breakdown after serving were thus viewed as feminine and homosexual. The idea that showing emotion or distress is linked to effeminacy or acting feminine reveals a subtle notion about the manner in which individuals experience affect, implying that hysteria and neurosis is a woman’s condition, while men should be stoic and not demonstrate any distress or discomfort. As Showalter states, “powerlessness...lead[s] to pathology” (190). Men who returned from war were thus pathologized, which led to their powerlessness, as doctors and medical professionals silenced them through their diagnoses of “male hysterics.” Septimus’s character articulates these problems of the masculine ideal and the incidence of male hysteria after WWI.

The institutional control of medicine is also seen in Septimus’s relation to Drs. Holmes and Bradshaw, his psychiatrists who wish to place him in a rest home, representative of the growing institutionalization of “male hysteria” during and after WWI. The institutionalization of Septimus and other WWI veterans is closely tied to gender roles and sexuality, as the patriarchal hegemony of the institution inflicts these norms upon the individual under its control. Dr. Bradshaw’s home in the country resembles the home of Gilman’s narrator in “The Yellow Wallpaper,” as well as the treatment of the rest cure:

> It was merely a question of rest, said Sir William; of rest, rest, rest; a long rest in bed. There was a delightful home down in the country where her husband would be perfectly looked after. Away from her? she asked. Unfortunately, yes; the

> people we care for most are not good for us when we are ill. But he was not mad, was he? Sir William said he never spoke of “madness”; he called it not having a sense of proportion. But her husband did not like doctors. He would refuse to go there. Shortly and kindly Sir William explained to her the state of the case. He had threatened to kill himself. There was no alternative. It was a question of law. He would lie in bed in a beautiful house in the country. The nurses were admirable. Sir William would visit him once a week. (*MD* 146)

The rest cure that Bradshaw prescribes to Septimus demonstrates the institutionalization of shell-shocked men and women in the age of Freudian hysteria, as many women of the late Victorian and modernist period were controlled by doctors and medical professionals through the rest cure and similar treatments. Holmes and Bradshaw’s desire to treat Septimus through the rest cure, which, as seen in Gilman’s “The Yellow Wallpaper,” was an instrument of social control through the patriarchal institution of medicine during this time.

Critics have also inflicted institutional control over disabled individuals by arguing that madness is a metaphor for rebellion against patriarchal institutions, which not only ignores the lives of disabled individuals, but erases the question of the materiality of mental difference within literature. Both Septimus’s madness and Clarissa’s emotional responses to the world have been viewed as metaphors by many critics, including the feminist literary critic Barbara Hill Rigney, who in *Madness and Sexual Politics in the Feminist Novel* (1978) states, “Unlike [Charlotte] Brontë’s clear-cut distinction between sanity and psychosis in a society in which psychological survival is at least a desirable possibility, Woolf’s dividing line is an extremely fine one, obscured in a world which insanity may well be a ‘sane’ alternative” (41). Rigney argues that madness is an appropriate response to a society which sends young men off to fight in brutal and catastrophic wars, while women are institutionalized for acts such as writing and expressing discomfort under the care of paternalistic medical professionals. Madness, in this sense, can be viewed as a metaphorical rebellion against a patriarchal Western society. Septimus and Clarissa are thus viewed by Rigney to be psychological doubles of one another, with Clarissa embodying the more "normal" response to patriarchy, while Septimus represents the other extreme, in which his isolation, anxiety, and alienation from society are enough to drive him to insanity. Arguing that madness might be a "sane" response to an "insane" society is an elaboration on the anti-psychiatry theorist R. D. Laing's view of schizophrenia as an appropriate response to a repressive hegemony; Rigney states, "...society itself has become a composition of individuals who are what Laing calls 'sane-schizoids,' people alienated from their own inner selves and therefore isolated from each other as well" (42).

Viewing mental difference as a myth as the anti-psychiatry movement does, as well as theorizing mental difference as a metaphor, as Rigney and Gilbert and Gubar do, equally does a disservice to actual lived experiences of those who live with mental difference. Although Rigney's analysis was useful for its time, viewing madness as a rebellion against the patriarchy stigmatizes those who identify as mad and truly experience mental difference. Despite Rigney and Gilbert and Gubar's attempts to view madness as a metaphor, critics must acknowledge that mental difference has a bodily materiality; I theorize that feminist disability studies and madwoman scholarship cannot ignore the physicality of the body in its discourse.[8] Septimus and

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[8] The anti-psychiatry movement argues that since mental difference doesn't physically materialize on the body, it is a myth and must not exist. However, this argument ignores the very real bodily symptoms of mental difference, thus creating an artificial mind/body divide which privileges the body over the mind. I argue that psychological impairments are in fact bodily impairments, as the brain is an organ of the body and becomes physically impaired whether through trauma, genetics, or an individual's environment.

Clarissa have both been interpreted by critics as metaphorical representations of madness and suicide; however, their bodily articulations in the novel reveal that their psychological impairments were also material. Septimus's bodily descriptions represent his corporeal impairments. He is introduced as: "Septimus Warren Smith, aged about thirty, pale-faced, beak-nosed, wearing brown shoes and a shabby overcoat, with hazel eyes which had that look of apprehension in them which makes complete strangers apprehensive too. The world has raised its whip; where will it descend? ...The world wavered and quivered and threatened to burst into flames" (*MD* 20-21). His "look of apprehension" demonstrates his anxieties surrounding his life in a post-WWI British society, where he is expected to uphold gendered ideals as a "war hero." Not only is Septimus anxious and apprehensive of the world around him, he also describes having little "feeling" about certain events after the war, such as marrying Reiza. Septimus states:

> ...when Evans was killed, just before the Armistice, in Italy, Septimus, far from showing any emotion or recognising that here was the end of a friendship, congratulated himself upon feeling very little and very reasonably. The War had taught him. It was sublime. He had gone through the whole show, friendship, European War, death, had won promotion, was still under thirty and was bound to survive. He was right there. The last shells missed him. He watched them explode with indifference. (*MD* 130-31)

This lack of feeling, as well as his reactions to everyday occurrences within the novel, suggests that Septimus was psychologically altered by the war. This alters his everyday life, to the point of being noticed by others within the novel, such as when Mrs. Filmer notices that Septimus has hallucinations: "But Septimus let himself think about horrible things, as she could too, if she tried. He had grown stranger and stranger. He said people were talking behind the bedroom walls. Mrs. Filmer thought it odd. He saw things too—he had seen an old woman's head in the middle of a fern" (*MD* 99-100). These hallucinations of Evans' death, his lack of emotion, belief of persecution, perceptions of voices surrounding him and believing others were watching his every move suggest that Septimus's psychological condition was far from metaphorical—he truly experienced symptoms of a psychological impairment that were disabling in the context of the novel. Woolf's novel also privileges and insists upon corporeal symptoms of the body over metaphorical ones, which cannot be ignored when analyzing both Septimus and Clarissa's psychological states.

Both Septimus and Clarissa's psychological impairments have been understood to be metaphorical; however, in much of literary criticism, including disability studies, the physical impairments of the body have not been fully analyzed. Disability studies, including feminist disability studies, has somewhat ignored the physicality of impairment within its discourse, such as in the social model, which states that disability arises when an individual's environment does not accommodate their impairments. Madwoman theory attempts to negotiate this by arguing for the materiality of the body instead of viewing disability, particularly madness, as a metaphor or social construct. As Erevelles states, "...the effectiveness of much of feminist disability studies remains limited because of its overreliance on metaphor at the expense of materiality. By *materiality* I mean the actual historical, social, and economic conditions that influence (disabled) people's lives, conditions further mediated by race, ethnic, gender, class, and sexual politics" (119, emphasis in original). When reading the works of disabled women, the critic cannot ignore the materiality of the body in relation to impairment; both Septimus and Clarissa demonstrate this materiality in relation to their psychological impairments. Clarissa demonstrates corporeal impairments throughout the novel, particularly in relation to her waves of emotion and anxiety. At the very beginning of the novel, Clarissa demonstrates anxiety about her day: "...like the flap of a wave; the kiss of a wave; chill and sharp and yet (for a girl of eighteen as she then was) solemn, feeling as she did, standing there at the open window, that something awful was about to happen; looking at the flowers, at the trees with the smoke winding off them and the rooks rising, falling" (*MD* 3). This passage suggests that Clarissa had experienced this anxiety since her girlhood; it was not a response to the war, unlike Septimus's trauma that psychologically impaired him. This anxiety extends into her perceptions of her body—she describes her body as "a narrow pea-stick figure; a ridiculous little face, beaked like a bird's. That she held herself well was true; and had nice hands and feet; and dressed well, considering that she spent little. But often now this body she wore (she stopped to look at a Dutch picture), this body, with all its capacities, seemed nothing—nothing at all" (*MD* 14). Clarissa feels a disconnect between her body and herself; however, this disconnect demonstrates her anxieties about her body that are fueled by the patriarchal norms that govern how women should look in public at all times. This out-of-body experience that Clarissa encounters during her day demonstrates her anxieties surrounding her outward, gendered appearance and her inner thoughts, through which she is able to share her narration to the reader, which becomes vital in reading the novel through madwoman theory. The gendered and sexual politics of the early 20th century influence Clarissa' notion of her physical and psychological self; the patriarchal institutions of marriage and childbirth have not only robbed Clarissa of an identity, but they have inflicted impairments onto her body in the form of her anxiety and emotional waves. In this sense, patriarchal institutions have not only impaired Septimus through warfare, but they have also impaired Clarissa through the institutional control of women during this period. Therefore, Septimus and Clarissa's psychological and bodily impairments are not only material, but they are due to the patriarchal control of individuals through the institution.

Viewing these impairments as material and not as metaphorical is central in reading the novel through madwoman theory; further, I argue that critics who have pathologized Septimus and Clarissa have done a disservice not only to Woolf's work, but to disabled individuals who are controlled by the patriarchy. Scholars have diagnosed Septimus with various disorders such as schizophrenia and depression, including Sabine Sautter-Léger, who argues that Septimus's illness throughout the novel is attributed to his schizophrenic condition. Sautter-Léger, whose analysis was quoted at length in chapter 1, states that Septimus's alienation, hyper-awareness of others and his surroundings, and his reliance on his rational faculties to understand the world, distinguish him as a case of schizophrenia within literature. Septimus's relationships with his doctors, Holmes and Bradshaw, and his wife, Reiza, demonstrate his alienation and hyper-awareness; however, a diagnosis of schizophrenia seems unethical to give to a character who has witnessed and suffered such trauma that he kills himself by the end of the novel. Placing such a stigmatizing diagnosis on a character who has suffered such trauma not only does a disservice to those who live with and are diagnosed with the condition, but also re-traumatizes Septimus by labelling him with a diagnosis that the general public vilifies and casts as deviant.

Similar to Sautter-Léger's diagnosis of Septimus as schizophrenic is Thomas Caramagno's critique of Septimus and Clarissa as two sides to one "bipolar" being, with Septimus representing the depressive side of bipolarity, and Clarissa embodying the manic side. Caramagno argues that both Septimus and Clarissa are representative of Woolf's bipolarity, which not only acts as a literary device, but is reflective of Woolf's lived experience with mental difference. As noted in chapter 1, Caramagno charts Woolf's emotional and psychological patterns to determine her supposed degree of bipolarity and uses this to distinguish her productivity throughout her life. He argues that these features of Woolf's mental difference are reflected in *Mrs. Dalloway*, in which Septimus's depressiveness and Clarissa's mania create a sort of normalcy within the novel. However, retroactively diagnosing Woolf, as well as Septimus and Clarissa, as "bipolar" does a disservice not only to Woolf's lived experience, but to Septimus's trauma from war and Clarissa's emotional impairments, as well.

In contrast to Sautter-Léger and Caramagno's readings, madwoman theory, which relies on feminist disability studies, privileges disabled women's experience over these diagnostic clinical labels. As Elizabeth Brewer states, disability studies has an important task of privileging "disabled people speaking for themselves, claiming their identities, and demanding 'nothing about us without us'" (11). Brewer argues for constructing a narrative of disabled individuals' lives that includes their experiences with their impairments; attempting to understand her brother's diagnosis of schizophrenia after his suicide through a diagnostic lens, she argues, "felt incomplete and inauthentic" (12). Voicing one's own experiences is central in understanding and creating compassion for disabled individuals by the able-bodied majority. Listening to the voices of disabled individuals over psychoanalytic and psychological criticism of their lives creates a better understanding of the lived experiences of these individuals, which helps to destigmatize those who are labelled with a psychiatric condition.

Readers can attempt to negotiate the lived experiences of disabled individuals not through a clinical diagnostic lens, but through privileging the voices of disabled individuals over their clinical labels. This issue of voice is explored in Woolf's novel: I argue that Septimus was not able to voice his own narrative to others within the novel, whereas Clarissa was, which ultimately lets her live. Septimus was pathologized and rendered powerless by the patriarchal institutions of medicine and marriage, which treated him as childlike and naive; he was not able to express any agency over his diagnosis or treatment, and only through his suicide was he able to gain control of his condition. Before the war, Septimus was able to write; in fact, he was a poet in the English Romantic tradition:

> Was he not like Keats? she asked; and reflected how she might give him a taste of Antony and Cleopatra and the rest; lent him books; wrote him scraps of letters; and lit in him such a fire as burns only once in a lifetime, without heat, flickering a red gold flame infinitely ethereal and insubstantial over Miss Pole; Antony and Cleopatra; and the Waterloo Road. He thought her beautiful, believed her impeccably wise; dreamed of her, wrote poems to her, which, ignoring the subject, she corrected in red ink; he saw her, one summer evening, walking in a green dress in a square. "It has flowered," the gardener might have said, had he opened the door; had he come in, that is to say, any night about this time, and found him writing; found him tearing up his writing; found him finishing a masterpiece at three o'clock in the morning and running out to pace the streets, and visiting churches, and fasting one day, drinking another, devouring Shakespeare, Darwin, The History of Civilisation, and Bernard Shaw. (*MD* 128-29)

This passage demonstrates that Septimus is able to communicate effectively with others before the war, and is able to feel love for others. Writing, for Septimus, is a way for him to connect with others and create his own narrative; in this way, the act of writing is a tool of resistance to patriarchal institutions within the novel. After the war, however, Septimus is unable to communicate effectively with others, and gives up writing poetry: "...he became engaged one evening when the panic was on him—that he could not feel. For now that it was all over, truce signed, and the dead buried, he had, especially in the evening, these sudden thunder-claps of fear. He could not feel" (*MD* 131). Due to his lack of emotion, Septimus cannot communicate effectively with others around him anymore, particularly with his wife, Reiza, and Holmes and Bradshaw, who believe he has a lack of "proportion," which is causing him distress. However, Septimus's lack of communication causes him great emotional pains throughout the novel, such as when he watches the airplane writing letters in the sky:

> So, thought Septimus, looking up, they are signalling to me. Not indeed in actual words; that is, he could not read the language yet; but it was plain enough, this beauty, this exquisite beauty, and tears filled his eyes as he looked at the smoke words languishing and melting in the sky and bestowing upon him in their inexhaustible charity and laughing goodness one shape after another of unimaginable beauty and signalling their intention to provide him, for nothing, for ever, for looking merely, with beauty, more beauty! Tears ran down his cheeks. (*MD* 31)

Septimus's lack of communication that resulted from the trauma he experienced during warfare results in his alienation from others around him. Septimus states that "Communication is health; communication is happiness" (*MD* 141), which leads him to believe that his trauma and unhappiness are a result of his lack of ability to communicate and connect with others around him. Before he jumps out the window to kill himself on the railings, Septimus asks himself, "Only human beings—what did *they* want?" (*MD* 226, emphasis in original). For Septimus, what others "wanted" from him was for him to deeply and truly connect with the world around him, which he is unable to do as a result of his involvement in the war. Septimus felt nothing while watching Evans die, and his pride at this lack of reaction suggests that Septimus had to figuratively kill his old, poetic, emotional self in order to survive the traumas of warfare. Due to this emotional consequence, Septimus is unable to voice his own account of his impairment and lived experience, as Holmes and Bradshaw would not listen to Septimus's account of his lived experience, and attempted to silence him through treating him as a case of male hysteria. Septimus was never able to provide to others his own account of his trauma and disability through warfare, which results in his death, as neither medical professionals nor others around him attempted to understand him.

Clarissa, however, is able to live through her own account of her impairment, and thus uses writing as a tool of resistance to the patriarchy and to clinical diagnostic labels that are placed on her and Septimus. After Septimus kills himself, the Bradshaws come to Clarissa's party and tell her about what Septimus did to himself:

> What business had the Bradshaws to talk of death at her party? A young man had killed himself. And they talked of it at her party—the Bradshaws, talked of death. He had killed himself—but how? Always her body went through it first, when she was told, suddenly, of an accident; her dress flamed, her body burnt. He had thrown himself from a window. Up had flashed the ground, through him, blundering, bruising, went the rusty spikes. There he lay with a thud, thud, thud in his brain, and then a suffocation of blackness. (*MD* 280)

Feeling deeply for Septimus, Clarissa is able to empathize with others around her, which enables her to understand Septimus's condition and view Bradshaw as a troubling aspect of patriarchal authority over those who are psychologically disabled. She asks, after leaving her party briefly, whether Septimus had a poetic gift, and doctors such as Bradshaw suffocated that gift:

> Or there were the poets and thinkers. Suppose he had had that passion, and had gone to Sir William Bradshaw, a great doctor yet to her obscurely evil, without sex or lust, extremely polite to women, but capable of some indescribable outrage—forcing your soul, that was it—if this young man had gone to him, and Sir William had impressed him, like that, with his power, might he not then have said (indeed she felt it now), Life is made intolerable; they make life intolerable, men like that? (*MD* 281)

Septimus was not able to write effectively or create his own account of his lived disabled experience; thus, he was alienated by society and stigmatized as “different” by his doctors. Clarissa is able to live and narrate her story to others. When she is alone while the party goes on in her home, Clarissa notices an old woman across the street going to sleep, watching her through her window. At this moment, Clarissa finally feels a connection to the others around her:

> The young man had killed himself; but she did not pity him; with the clock striking the hour, one, two, three, she did not pity him, with all this going on. There! the old lady had put out her light! the whole house was dark now with this going on, she repeated, and the words came to her, Fear no more the heat of the sun. She must go back to them. But what an extraordinary night! She felt somehow very like him — the young man who had killed himself. She felt glad that he had done it; thrown it away. The clock was striking. The leaden circles dissolved in the air. He made her feel the beauty; made her feel the fun. But she must go back. She must assemble. She must find Sally and Peter. And she came in from the little room. (*MD* 283-84)

Feeling the striking of the clock, the final strike of time in the novel, Clarisa is able to understand and appreciate her connections to others in the novel, including Sally and Peter, who deeply care for Clarissa and her well-being. Through the act of narrating her story, Clarissa is able to live and see the "beauty" and the "fun" of life. Although she did not feel pity for him, Septimus inspires Clarissa to live, and resist the patriarchal authority of war, medicine, and marriage through narrating her own lived experiences by the end of the novel.

The act of writing is therefore portrayed as a method to resist patriarchal institutions throughout *Mrs. Dalloway*. Not only this, but writing as a way to create a record of one's lived disabled experience can overcome the stigmatizing experience of clinical psychiatric labels. The act of communication becomes paramount in the novel, not only through Septimus's lack of it but also through Clarissa's increased ability to communicate with others by the novel's end. This act of communication and narration thus not only provides a tool of resistance to patriarchal authority, but also gives them a method of resisting clinical labels which mark each of them as "mad." Scholars have distorted both Septimus's and Clarissa's accounts of their experience with disability, and have placed diagnostic labels on them that have done a disservice not only to the novel, but to Woolf's legacy as well. I argue that doctors and scholars should look to a disabled individual's account of lived experiences in order to better understand these issues and to destigmatize the madman or madwoman within literature.

"On Being Ill" and the Literatures of the Body

Mrs. Dalloway was one of the first novels in the Western canon to demonstrate the psychological and physical effects of war on an individual, as both Septimus and Clarissa are altered by their experiences of living through WWI in the novel. Woolf's essay "On Being Ill" was published a year after *Mrs. Dalloway*, and theorizes impairment and illness for Woolf within a literary text. Woolf argues that literature has not seriously approached or discussed the topic of illness in its work, whereas themes such as “love, battle, and jealousy” have been recorded by writers all throughout history (“On Being Ill” 9). The body and its impairments have not been considered by writers to be a topic of literature, Woolf notes, despite the fact that illness is quite commonly experienced and impacts every body. Woolf argues that there are no sufficient words in the English language to describe illness, despite the fact of illness’s occurrence throughout the body. Therefore, Woolf asserts that literature should include impairment and illness within its discourse, particularly women’s illnesses, which had largely been ignored by male writers throughout literary history. I argue that Woolf’s essay creates possibilities for disabled women’s writing to work as a tool of resistance against patriarchal institutions and psychoanalytic criticisms, which attempt to obscure the voices of disabled women. “On Being Ill” thus works as a call for other disabled women writers to discuss their disabilities and incorporate these accounts into the field of literature.

In “On Being Ill,” Woolf argues for more attention to be brought to impairments and illnesses of the body, particularly women’s bodies, as subjects of literary discourse. Woolf states,

> Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to light, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us in the act of sickness, how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels and the harpers when we have a tooth out

> and come to the surface in the dentist's arm chair and confuse his 'Rinse the mouth—rinse the mouth' ("OBI" 9)

Bringing awareness to bodily illnesses and impairments, such as influenza, "a little rise of temperature," and a pulled tooth is paramount when discussing women and their bodies within literature. The great male canon discusses at length themes such as love, jealousy, and heroism; however, it ignores the question of the body, particularly the female body. Woolf asserts that literature "does its best to maintain that its concern is with the mind," and "the body is a sheet of plain glass through which the soul looks straight and clear" ("OBI" 9-10), demonstrating that although literature has brought attention to psychological conditions of its authors and characters, little care is shown for impairments of the body. When discussing impairments, Woolf argues that English does not have satisfactory language to describe these bodily issues: "English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache...but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry" ("OBI" 11). Woolf thus calls for a new language through which to understand illness and impairment, as well as a "new hierarchy of the passions," such as privileging "a temperature of 104," "the pangs of sciatica," and "sleeplessness" over concepts such as love, jealousy, and heroism ("OBI" 11). Woolf ultimately calls for a new language and new hierarchy through which great writers, particularly women writers, can discuss their illnesses and impairments, and be taken seriously by others.

Disabled women's writing can thus work to overcome ableist readings of disabled women, such as those who diagnose Woolf, and subvert readings which obscure these narratives with clinical diagnostic labels. As Stacy Clifford Simplican argues, the disabled writer is "the disability rights protagonist fighting against a hostile ableist audience" (49). Through the act of writing and narrating one’s account of lived experience, disabled women can defeat these ableist critiques of their own lives and challenge those who diagnose and place clinical labels on them, which clouds and perverts their own accounts with their impairment. Not only this, but writing can provide a method for disability community: “This disabled protagonist finds solace and strength in a unified disability community” (Simplican 49). Disabled women are thus empowered to speak for themselves and create a sense of community through listening to and empowering each other’s accounts of their lived experiences.

The poverty of the English language works to prevent women’s attempts to discuss their bodily impairments, which effectively silences the voices of disabled women who attempt to share their experiences. I argue that Woolf’s essay calls for a future of disabled feminist possibilities, in which women’s accounts of their impairment and illness are taken seriously by medical professionals and society as a whole. Woolf asks for this new language: “We need the poets to imagine for us...Indeed, it is to the poets that we turn” (“OBI” 18). Although Woolf herself relied heavily on prose to write about illness, many disabled women have used a variety of genres to discuss their disabilities; for example, Plath uses her confessional poetry to discuss her condition, and many contemporary accounts of women’s disability have used nonfiction to describe their accounts and experience, such as Esmé Weijung Wang’s new *The Collected Schizophrenias* (2019), in which Wang discusses her life with schizophrenia. Other accounts include Lucy Grealy’s account of “childhood cancer, surgical pain, and facial deformity”; Stephen Kuusisto’s description of “what partial blindness, due to premature birth, allows and disallows him”; and Jean-Dominique Bauby’s memoir of “his body locked-in by a cerebral vascular accident” (Mijangos 64). Not only has “On Being Ill” impacted the works of contemporary disability life-writing, but Woolf’s other works, including *Mrs. Dalloway*, have effectively foregrounded the topic of mental difference and bodily impairment in literature. Woolf's body of work has created a new canon of literatures of the body, one that focuses on impairment and one's relationship to the world through disability.

Chapter 4: Reading Sylvia Plath through Madwoman Theory: Reclaiming Disabled Women's Work

My health is making stories, poems, novels, of experience: that is why, or, rather, that is why it is good, that I have suffered & been to hell...My life, I feel, will not be lived until there are books and stories which relive it perpetually in time.

- Sylvia Plath, journal entry, Wednesday, July 17, 1957

Sylvia Plath has created works of literature that demonstrate the lived experiences of disabled women, particularly the ways in which disabled women find themselves controlled by patriarchal institutions and ideals, such as the asylum, marriage, childbirth, and traditional gender norms. Despite critics' attempts to label Plath as both a case study of psychological ailments and a representation of women who rebel against the patriarchy through madness, I argue that Plath's work can be read through madwoman theory as a portrayal of the lived experiences of psychologically disabled women who are socially controlled by patriarchal institutions. Both *Ariel* and *The Bell Jar* represent these experiences of psychologically disabled women, particularly those who are trapped and imprisoned by institutions that seek to silence the voices of disabled women. I argue that each of these works not only depicts the lived realities for psychologically disabled women, but that both works offer a future for disabled women, without the trauma that is inflicted on them by clinical labels. First, I will discuss the institutional control of women in *The Bell Jar*, particularly how the novel's protagonist, Esther Greenwood, is socially controlled by gender norms of the 1950s, men such as Buddy Willard, and institutions such as the asylum. Similarly, in Plath's final work, *Ariel*, I argue that the speaker is socially controlled by patriarchal institutions, such as gender norms and the role of men in the speaker's life. I will then discuss madness as metaphor within *The Bell Jar*, particularly those critics who collapse Esther and Plath into one and argue that madness within the novel is a form of feminist rebellion. Madness as metaphor is also argued for by critics who analyze *Ariel*, as in "The Plath Myth" coined by Sandra M. Gilbert, and I will briefly deconstruct these readings. I will then discuss corporeal impairments of the body in Plath's novel, such as Esther's food poisoning while in New York and weight gain after receiving insulin shock therapy, as well as her broken leg during her ski trip with Buddy. *Ariel* also presents the reader with bodily impairments, through its embodied language, as well as instances when the speaker causes harm to herself, such as in "Cut." I will finally briefly deconstruct psychoanalytic readings of both *The Bell Jar* and *Ariel*, which place clinical diagnostic labels on Esther, and by extension Plath, and argue that the act of writing liberates Esther from patriarchal institutions, which control her as a disabled woman. I ultimately argue that these clinical labels do a disservice to the speaker of the poems within *Ariel*, as well as to the memory of Plath herself, by obscuring the voice of the speaker. I argue that the ending of *Ariel* imagines disabled feminist futures, as the speaker is finally released from the confinement of the bee box in "Wintering," and releases the bees into the open world. Both *The Bell Jar* and *Ariel*, I argue, represent possibilities of a disabled feminist future, which provides a space in which disabled women are able to own and control their narratives.

***The Bell Jar* and *Ariel*: Reclaiming Disabled Women's Voices**

Plath's novel, *The Bell Jar,* has been analyzed numerous times by critics to be a *bildungsroman* story, an attempt by the protagonist, Esther Greenwood, to find an identity as well as a community in which she belongs and feels like her genuine self. Many critics have theorized Esther's identity in relation to her gender and writing capabilities, arguing that Esther lacks a feminist figure in her life to which she can relate, as neither her mother; her editor at *Ladies' Day*, Jay Cee; her benefactress, Philomena Guinea; her friends; or her psychiatrist, Dr. Nolan, offer a possible feminist or feminine model for Esther. As Esther states, "Why do I attract these weird old women?...[T]hey all wanted to adopt me in some way, and, for the price of their care and influence, have me resemble them" (*The Bell Jar* 220). The lack of a feminist role model for Esther not only demonstrates her resistance to patriarchal norms and customs, but also her inability to find a disabled feminist community. This search also extends to a community for disabled women, which Esther attempts to find all throughout the novel; as Rose Miyatsu states, "...while Esther is searching for and rejecting female role models, she is also, or perhaps even primarily, searching for identity and community as a person with an enduring mental illness" (53). I would further add that Esther is unable to find such a feminist community because the patriarchy attempts to label and confine individuals to strict gender categories, while Esther does not figure herself into either a strictly feminine or strictly masculine classification.

The feminine role models in Esther's life, such as her mother and Mrs. Willard, are portrayed to be overbearing and attempt to mold Esther into the ideal white, middle-class, feminine, married mother, which Esther rebels against. Esther's mother also does not provide a model for femininity that Esther can relate to, and also rejects her daughter's disability when she seeks help for her psychic pain. When her mother suggests that Esther learn shorthand, she is revolted at the idea, stating that she "wanted to dictate [her] own thrilling letters" (*TBJ* 76). Later, when Esther's mother picks her up from Doctor Gordon's asylum, she praises Esther for deciding to not be like "those awful dead people at that hospital" (*TBJ* 146). Esther also comments that her stay at Doctor Gordon's asylum had used up almost all of her mother's money, even though Esther does not believe that she's getting better (*TBJ* 185). As Miyatsu states, chronic illnesses such as mental differences are detrimental to a society that wants its citizens to be productive and contribute to its capitalistic gains; not only this, but in a society in which recovery and quick treatment are prioritized over long-term care, mental differences are looked down upon and are viewed as a drain on others (56). Esther's mother, as well as others who comment on Esther's mental state, contribute to her feelings of stigmatization and isolation, and ultimately Esther's mother does not provide an opportunity for Esther to find a community of disabled women or encourage her writing capabilities, and thereby supports a version of femininity that is based on patriarchal standards for women and excludes disabled women's voices.

Miyatsu argues for Esther's search for disabled community through the asylum, as neither her cohort at *Ladies' Day*, the gossip papers, nor a monastery are places where she can find herself or others like her. Instead, she turns to the asylum for community, where she attempts to find sisterhood through other women there, such as Miss Norris, Valerie, and Joan (Miyatsu 59-63). The search for a disabled community is an important one; however, Esther's attempts to find others like her within the asylum becomes futile, as any indication of friendship that arises while Esther is there proves to be unsuccessful: all of her acquaintances within the asylum have either moved on from her or are dead by the end of the novel. It is also important to note that the nature and history of the asylum demonstrates that true disabled sisterhood within the asylum is, in fact, impossible. As Showalter and several other critics have noted, the asylum was created as a method for imprisoning women who were viewed as "hysteric" or rebellious, and many were institutionalized for things such as objecting to their husband's wishes. The sexist and misogynistic nature of the asylum does not enable a space where disabled women can connect and are free to be themselves, as the true essence of the asylum perpetuates social and bodily control through its attempts to silence the voices of disabled women.

Similarly, in *Ariel*, the female speaker is controlled by men and patriarchal institutions throughout the work, and attempts to reckon with this control by voicing her experiences. In "The Applicant," the speaker describes the true "womanly" figure that the patriarchy models and expects from all women, particularly of Plath's era. She states,

> A living doll, everywhere you look.
> It can sew, it can cook,
> It can talk, talk, talk.
> ……………….
> Will you marry it, marry it, marry it. ("The Applicant" 33-35, 40)

This "living doll" isn't even referred to as a "she"; she is instead an "it," removing any agency from her and objectifying her as a thing than can sew, cook, and "talk, talk, talk." Later, in "Lady Lazarus," the speaker compares herself to "A paperweight, / My face a featureless, fine / Jew linen" (7-9), comparing herself to the Hebrew population that was killed in the Holocaust.[9] This comparison between the speaker and a Jewish person, I argue, is an attempt to connect her struggles with patriarchal institutions to a similarly stigmatized population and their deaths as a result of the patriarchal institution of eugenics and genocide. Disabled women are controlled by men such as "Daddy," who control the speaker so much that she is "[b]arely daring to breathe or Achoo" (5). Her father, representative of the patriarchal authority that institutions such as war, genocide, and science have over disabled women, is dead by the end of the poem, yet the speaker

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[9] Critics, such as Joyce Carol Oates, have argued that Plath is anti-Semitic due to her comparing the speaker to a Jewish person, as well as the speaker's father to a Nazi. Although many might find Plath's comparison drastic and perhaps insensitive, I argue that this connection brings sympathy to the speaker, as she is able to connect her experiences of oppression to the genocides of the Holocaust. I do not wish to undermine the tragedy and atrocities of the Holocaust in my analysis.

is still upset over her father and thinks that “every German was you” (“Daddy” 29), indicating that his psychological torment has inflicted so much pain upon her that she blames an entire nation for the actions of one individual. By the end of the poem, she is “through” with her father, and ultimately attempts to overcome the institutions of the patriarchy that her father has inflicted upon her.

Madness as Metaphor in Plath’s Work: Does Madness Offer a Possibility of True Disabled Feminist Resistance?

Critics have often suggested that both *The Bell Jar* and *Ariel* are metaphorical tales of women’s rebellion against the patriarchy—that Plath’s “madness” was a metaphorical rebellion against the confines of patriarchal institutions that are imposed upon her within these texts. Feminist critics of the second-wave feminist movement have most famously postulated this reading of Plath; Sandra M. Gilbert (1978), writing before *The Madwoman in the Attic* was published, argued for metaphorical readings of both texts, suggesting that Esther’s “madness” and Plath’s “madness” as the speaker in *Ariel* are used to revolt against norms of the patriarchy that are forced upon them. Gilbert argues that Esther’s experiences are metaphors for the female experience. Gilbert argues that Esther’s incident with food at *Ladies’ Day* is symbolic and metaphorically significant, and both Gilbert and Gubar make a similar argument in reading eating disorders in Emily Brontë’s *Wuthering Heights*. Similarly, Phyllis Chesler, in her 2005 introduction to *Women and Madness* (1970), argues for a metaphorical reading of women’s eating disorders as rebellions against the patriarchy, stating, “...girls and women who refuse to eat (or who binge-eat and throw up) are engaging in a self-destructive protest against the contradictory cultural demands that they look boyishly thin, like high-fashion models—and, at the same time, look sexy and seductive. Some [such as Carolyn Zerbe Ennes] say that controlling one’s weight is an attempt to gain control when one’s life seems otherwise out of control” (8). Esther’s quick devouring of caviar and avocado is thus read by these critics as an episode of binge-eating, and is therefore a method for Esther to enact resistance to the patriarchal bodily norms that are imposed upon her at *Ladies’ Day*. However, this offers no true resistance for Esther, and this also pathologizes her by suggesting that she has an eating disorder, which is theorized to be bulimia. As Donaldson notes, women who live with mental difference are not empowered to rebel against patriarchal and capitalist systems that enforce bodily norms on disabled women (and women in general); therefore, to suggest that mental difference is a metaphorical rebellion against these systems does a disservice to women who live day to day with the implications of psychological and emotional disability.

Gilbert also argues for a metaphorical reading of “madness” in *Ariel*, as madness is used to escape the confinements of patriarchal institutions, such as the queen bee escaping her enclosure in “Stings.” Similarly, the speaker is liberated through madness in “Ariel,” when the speaker runs away on horseback into the sunrise. This sense of captivity and liberation through madness is the central position of Plath within both *The Bell Jar* and *Ariel*, Gilbert argues, and is thus a rebellion against patriarchal confinement: “Being enclosed—in plaster, in a bell jar, a cellar or a waxhouse—and then being liberated from an enclosure by a maddened or suicidal or ‘hairy and ugly’ avatar of the self is, I would contend, at the heart of the myth that we piece together from Plath's poetry, fiction, and life, just as it is at the heart of much other important writing by 19th and 20th century women” (592). Writing about these experiences is thus a catalyst for Plath’s madness and feminist rage, Gilbert argues, and women’s art is thus used to represent their madness in writing in a male-centered literary canon, and they cannot escape this madness, as they are driven mad by their own work. However, this reading of Plath (as well as

Dickinson and Woolf) does not offer disabled women any true resistance to patriarchal institutions, and only works to disempower women who are actively confined by these structures. When mental difference and suicide become metaphors for feminist rage against the patriarchy, disabled women lose at the cost of excluding their lived experiences from these readings.

Corporealities in Plath: Impairments of the Body

Critics have long theorized madness as metaphor within both *The Bell Jar* and *Ariel*; however, impairments of the body must also be analyzed in relation to mental difference in order to understand these manifestations. In *The Bell Jar*, Esther's body presents the reader with physical materiality that cannot be overlooked when discussing her psychic pain. Theorists such as Gilbert and Chesler have postulated that Esther's issues with food and her weight are metaphorical in that they represent her feminist rage against patriarchal bodily norms. This reading does a disservice to individuals who live with eating disorders every day, and many would argue that their condition is not a symbolic or metaphorical construct. Rather, Esther's issues with food and weight gain during her stay at the asylum are representative of the lived experiences of people who live with psychological and emotional disabilities as well as the consequences of therapy with insulin shock and medication. When Esther is receiving insulin shock therapy at Dr. Nolan's asylum, the nurse notes that Esther was wearing pajamas underneath her regular clothes; afterwards, she gives Esther "a cup of sugary fruit juice" (*TBJ* 191) following each injection. Esther then tells Valerie that "[n]othing happens" when she receives insulin therapy (*TBJ* 192), noting that the only thing that changes is her body: "But I never seemed to get any reaction. I just grew fatter and fatter. Already I filled the new, too-big clothes my mother had bought, and when I peered down at my plump stomach and my broad hips I thought it was a good thing Mrs. Guinea hadn’t seen me like this, because I looked just as if I were going to have a baby” (192). Esther’s physical reaction to insulin shock therapy is representative of many lived experiences of any individuals who rely on psychiatric medication everyday. For many individuals who take antipsychotics, mood stabilizers, or selective serotonin reuptake inhibitors (SSRIs), weight gain is an all-too common side effect of these medications and treatments. Often, these treatments also contribute to other bodily conditions that can develop while taking these medications, such as diabetes, tardive dyskinesia, seizures, and hypothyroidism, among others. For many, these psychiatric treatments bring serious side effects that are often still present even after an individual has stopped taking these medications. These bodily conditions are a daily part of the lived experiences of individuals who use medication for treatment. Esther’s bodily reactions to insulin shock therapy represent a corporeal material expression of the lived experiences of psychiatric treatment.

Esther has physical reactions to her treatments at the asylum that can be read as a materiality of mental difference. To suggest that Esther’s weight gains and restrictions are a metaphorical rebellion against the patriarchy is shortsighted and ignores the bodily materiality of many individuals who use psychiatric medication. However, women are treated as child-like and naïve patients within *The Bell Jar* by men who represent the institution of medicine; often times, their physical illnesses and impairments are seen as fancied and illusory. For instance, Buddy believes that many of Esther’s bodily pains are either imaginary or psychosomatic, and are not actually experienced by Esther. She states, “He was very proud of his perfect health and was always telling me it was psychosomatic when my sinuses blocked up and I couldn’t breathe. I thought this an odd attitude for a doctor to have and perhaps he should study to be a psychiatrist instead, but of course I never came right out and said so” (*TBJ* 73). Esther’s bodily manifestations are not believed to be “real” by the men of *The Bell Jar*, and represent the traditional view of women as patients by their male doctors: these men often dismiss the valid concerns of women within the novel, and often gaslight women into believing that their bodily symptoms are figments of their imaginations. Too often are disabled women seen as hysterical or delusional when they present their doctors with symptoms that are not directly related to their disability—particularly emotional and psychological differences. Esther’s physical manifestations are not representations of rebellion against the patriarchy: they are portrayals of the personal experiences of disabled women who live under the care of psychiatric and medical institutions, which often dismiss the valid concerns of disabled women.

In *Ariel*, the speaker also presents physical manifestations of mental difference, particularly in relation to the daily experiences of disabled women. In “A Secret,” the speaker compares herself to a “blue and huge” traffic policeman, and the speaker points out the bodily differences between each of them: “A difference between us? / I have one eye, you have two” (3, 5-6). She then describes herself as a “Dwarf baby,” which is illegitimate and has a “big blue head” (“AS” 45, 26). These bodily differences between her and the men within *Ariel* represent the bodily harms that patriarchal institutions inflict on disabled women, particularly those who have been controlled by psychiatry and the asylum. Later in “Cut,” the speaker describes cutting herself:

> What a thrill--
> My thumb instead of an onion.
> The top quite gone
> Except for a sort of hinge
> Of skin (1-5)

She describes this experience as “[a] celebration,” comparing her blood to “a million soldiers… / Redcoats” (“C” 17, 19-20). Viewing this event as a celebration, the speaker decides that she is “ill / I have taken a pill to kill” (“C” 23-24). Chesler views acts of self-mutilation as feminine disorders, stating, “When and if [disabled women] are hospitalized, it is for predominantly female behaviors such as ‘depression,’ ‘suicide attempts,’ ‘anxiety neuroses,’ ‘paranoia,’ eating disorders, self-mutilation, or ‘promiscuity’” (116). Similar to Showalter, Chesler suggests that cutting and self-mutilation are female maladies, as they are most often seen in women and young girls with mental difference. This act of cutting by the speaker, which does not seem to be accidental, represents a bodily materiality of mental difference that is traditionally seen in disabled women. These instances of physical impairment in both *The Bell Jar* and *Ariel* must not be read either symbolically or metaphorically; rather, they should be read as physical manifestations that coincide with psychological and mental difference, as patriarchal institutions often inflict these bodily traumas on women, whether through lack of care or through treatment. In both *The Bell Jar* and *Ariel*, I argue, the incorporation of bodily difference demonstrates the lived experiences of mental difference, as these bodily realities represent many of the personal experiences that women have when dealing with psychic pain and psychiatric treatment.

Deconstructing Psychoanalytic Readings of *The Bell Jar* and *Ariel*: Disabled Women’s Resistance

Esther’s narration of her experiences at *Ladies’ Day* and in the asylum offer a way in which she can overcome methods that have attempted to psychoanalyze and place clinical diagnostic labels on her, and by extension, Plath. In chapter 1, I have demonstrated how psychoanalysis is used to pathologize and cast disabled women writers as “crazy” or “different” from non-disabled authors. The history of Plath criticism demonstrates this tendency, as much of the foundation of Plath criticism is based upon male psychoanalytic critics, as well as second-wave feminist critics, who argue that Plath was "schizophrenic" or "depressed," had "daddy" issues, and hated Ted Hughes for abandoning her and her children, Frieda and Nicholas.[10] As for *The Bell Jar*, some psychoanalytic critics argue that Esther's psychic pain, her turn toward the asylum, and her failure of language to describe aspects of herself demonstrate a diagnosis of major depressive disorder (MDD). For instance, Stephanie Tsank uses clinical psychiatric descriptions of depression to theorize Esther's breakdown during the second half of the novel, and argues that the death of Esther's father traumatized Esther so much that any future psychic pain would be unbearable for her. Tsank argues that Esther's self-imposed rigid goals and high-stress environment precipitate her depression, as ultimately her rejection from Harvard's writing program fuels her nervous breakdown and depressive episode in the second half of the novel. Tsank argues for a psychiatric label of depression for Esther, which, the author suggests, would explain Esther's psychological state in the first half of the novel, the climax of her rejection from the summer writing program, and her downfall in the asylum during the second half of the novel.

Ultimately, this diagnosis of Esther's psychological state is shortsighted and ignores Esther's gifts as a writer as well as the influence institutions have on disabled women throughout the novel. The inadequate social practices that Tsank argues against are fundamental to understanding the nature of the lived experiences of disabled women during Plath's time, as patriarchal institutions were used to control and silence disabled women, particularly through the

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[10] Although critics have argued that *The Bell Jar* is autobiographical, I argue that simply collapsing Plath into Esther is a careless way of analyzing the novel. Despite the similarities between Esther's story and Plath's real life, Plath did make changes to her story which demonstrate a fictionalization of her account, such as changing each character's name and altering some of the details about Joan, such as having her commit suicide by the novel's ending. Ultimately, due to these changes, it is inaccurate to collapse Esther and Plath into one being, and critics should not use Esther to diagnose Plath.

asylum. Although she is rejected from Harvard's writing program, I argue that Esther's ability to write enables her to tell her story to the reader, and the act of narration overcomes this ableist and sanist tendency of critics to label her, and by extension, Plath, with clinical psychiatric labels. I believe that instead of labeling characters and authors with specific clinical labels, we should privilege disabled individuals' voices and lived experiences over the critiques of psychoanalytic critics. In order to do this, we must look to instances where characters and authors are using writing and communication to describe their experiences in literature.

Critics have also used Plath's poetry to diagnose her with a myriad of conditions, but particularly schizophrenia, as several theorists have argued that Plath's *Ariel* demonstrates several schizophrenic tendencies. As shown in chapter 1, both past and current psychoanalytic readings of Plath have connected her biographical information, such as her suicide, to her poetry, stating that a clinical diagnostic label can be applied to Plath when analyzing *Ariel* through a psychoanalytic lens. David Holbrook's *Sylvia Plath: Poetry and Existence* is one of the foundational texts that psychoanalyzed Plath as "schizophrenic," arguing that Plath suffered from a "schizoid condition" that revealed itself in *Ariel*. Plath's manuscript of *Ariel*, Holbrook argues, is "unfinished," which demonstrates a disconnect between language and meaning, despite the possibility that Plath perhaps did not mean for *Ariel* to be finished. Similarly, Frederick Feirstein, as summarized in chapter 1, recently described Plath as having a "schizoid pathology." Arguing for these clinical labels, as well as suggesting that medication could have saved Plath from her suicide, does a disservice to Plath's lived experience and commits violence against disabled women who are stigmatized by these labels every day. Frieda Hughes has also written about the pathologization of her mother, stating that Plath has turned into a "Sylvia Suicide Doll" ("My Mother" 44), describing the current media portrayals of Plath as "killing her [mother] again" and

"Carrying her death around in their heads / And practicing it" (1, 6-7). It is inappropriate to postulate that diagnosing a character or author with a certain medical condition could explain their thoughts and behaviors, as well as suggesting that these individuals could benefit from treatment such as psychiatric medication. Reading *Ariel* through madwoman theory overcomes these ableist and sanist norms within psychoanalysis, as well as privileging the lived experiences of disabled women, which should be favored over viewing the speaker, and by extension Plath, as "schizophrenic." The paramount tenet of madwoman theory argues for understanding the lived experiences of disabled women rather than reading their lives and works as a symptom of a specific psychiatric "illness," which past and present critics have done to Plath and her works.

In *The Bell Jar*, Esther's talents as a writer demonstrate how patriarchal institutions attempt to silence the voices of disabled women. For example, Esther believes that men like Buddy attempt to control women by denying them their own written voice: "I also remembered Buddy Willard saying in a sinister, knowing way that after I had children I would feel differently, I wouldn't want to write poems anymore. So I began to think maybe it was true that when you were married and had children it was like being brainwashed, and afterward you went about numb as a slave in some private, totalitarian state" (*TBJ* 85). Although Buddy is able to write and publish his own poetry, which Esther finds mediocre, Buddy makes her believe that after marriage and childbirth, a woman will have no interest in her own writings, as the more important tasks of taking care of her husband and children will trump any sort of poetic drive. This, primarily, is the reason why Esther does not want these things; she wants instead to be her own person through writing and creating her own narrative. Esther is an English major at her college, enrolled in the honors program, and she finds that literature is an escape for her. For instance, when she reads the story of the fig tree, she finds it so beautiful that she wishes to be inside the pages: “I thought it was a lovely story, especially the part about the fig tree in winter under the snow and then the fig tree in spring with all the green fruit. I felt sorry when I came to the last page. I wanted to crawl in between those black lines of print the way you crawl through a fence, and go to sleep under that beautiful big green fig tree” (*TBJ* 55). Later, when Buddy asks Esther if she knew what a poem was, Buddy states that a poem is “a piece of dust” (*TBJ* 56), to which Esther replies, “So are the cadavers you cut up. So are the people you think you’re curing. They’re dust as dust as dust. I reckon a good poem lasts a whole lot longer than a hundred of those people put together” (*TBJ* 56). For Buddy, as well as men who represent the patriarchy, poetry is just an object meant to be scientifically observed and measured, similar to the theorists who use psychoanalysis to place clinical labels on an author’s work. For disabled women like Esther, poetry is instead a place where one can express oneself and control one’s own story through the act of writing. Ultimately, Esther rejects Buddy’s patriarchal view of both literature, and instead searches for a place where she can be herself and resist disabling institutions through her writing.

Midway through the novel, Esther learns that she has been rejected by Harvard’s summer writing program, which she discovers through her mother on the drive home from the train station. Esther then declares that she has “nothing to look forward to” for the rest of the summer, even though her friend Jody invites her to Harvard, and suggests that she could enroll in another summer program there (*TBJ* 117-18). Critics, such as Susan Coyle, have argued that after this rejection, Esther is unable to articulate language or her own image in the novel. This argument overlooks the fact that Esther still knows that she has writing capabilities, and desires to use them over the summer instead of learning shorthand from her mother. She wants to write a novel with a heroine: “A feeling of tenderness filled my heart. My heroine would be myself, only in disguise. She would be called Elaine. Elaine. I counted the letters on my fingers. There were six letters in Esther, too. It seemed a lucky thing" (*TBJ* 120). I argue that this novel that Esther attempts to write before she goes into the asylum is *The Bell Jar* itself, as Esther is able to find her own voice and reclaim her own story through writing the novel. At the asylum, her creative gift is stifled, as she is unable to recognize her own handwriting during her time with Dr. Gordon. The asylum effectively suffocated Esther's writing capabilities, as she is unable to speak or express her narrative during her time at the asylum.

By the end of the novel, Esther is able to reclaim her own voice and reject the patriarchal authority of Buddy, the math professor she sleeps with, Irwin, and the control of the asylum. However, Dr. Nolan prepares Esther for life outside of the asylum, and tells Esther that if she returned to school, she might deal with others (not only her cohorts at college, but ultimately society) stereotyping her and discriminating against her as a disabled woman. However, Esther remains positive before the meeting to determine whether she can leave the asylum, as she states, "But I wasn't getting married. There ought, I thought, to be a ritual for being born twice—patched, retreaded, and approved for the road" (*TBJ* 244). Despite Esther's loss of language during her time at the asylum, she is able to regain her writing abilities through narrating her story up until her meeting with Dr. Nolan and the staff at the asylum. The ending of *The Bell Jar* represents a positive future for disabled women, in which their voices are uplifted and defy clinical diagnostic labels that are placed on them.

Ariel presents the reader with disabled women's liberation through the final poems placed in the order that Plath intended. Beginning with "The Bee Meeting," the speaker comes into contact with villagers who lead her to a beanfield, where they lead her to a bee box, which contains the bees that the speaker describes in the later poems. The speaker describes the "secretary of bees," who covers the speaker in a suit: "Buttoning the cuffs at my wrists and the slit from my neck to my knees. / Now I am milkweed silk, the bees will not notice. / They will not smell my fear, my fear, my fear" ("The Bee Meeting" 8-10). Later, the speaker describes the beehive as "snug as a virgin," and pictures the queen as "very clever," describing her as "...old, old, old, she must live another year, and she knows it" ("TBM" 34, 43, 44). When the speaker receives the bee box in "The Arrival of the Bee Box," she describes the box as "...the coffin of a midget / Or a square baby / Were there not such a din in it" (3-5). The box is locked and "dangerous," without any windows, yet the speaker "can't keep away from it" ("The Arrival of the Bee Box" 6, 8), as she is intrigued by the swarming of the bees inside the box. She describes the bees as "maniacs," stating, "I have simply ordered a box of maniacs. / They can be sent back. / They can die, I need feed them nothing, I am the owner" ("TABB" 23-25). Describing the bees as "maniacs" hints at possible psychological impairment of the bees, and the speaker implies that these bees are similar to disabled women, who are trapped in institutions like the asylum, which have "no exit[s]," and are "dark, dark" ("TABB" 10, 12). The bee box, then, representative of the asylum, keeps disabled women trapped within its confines, and the bees that the speaker is intrigued in are attempting to raise their voices over the limitations of the box. The speaker states:

> How can I let them out?
> It is the noise that appals me most of all,
> The unintelligible syllables.
> It is like a Roman mob,
> Small, taken one by one, but my god, together! ("TABB" 16-20)

The speaker wishes to listen to the voices of the bees over the confines of the box, and by the end of the poem, wants to liberate the bees from the box, stating, “If I just undid the locks and stood back and turned into a tree. / … / Tomorrow I will be sweet God, I will set them free” (“TABB” 28, 35). By liberating the bees from their imprisonment within the box, the speaker creates a sort of disabled sisterhood for them both, as disabled women’s liberation can be achieved by lifting up the voices of disabled women within feminist discourse.

In “Stings,” the speaker states that she is “in control” (32) of the honey-machine, implying that she has command over the bees that she freed in the previous poem. The speaker describes the bodily impairments of the queen, stating that she is “old,” “Her wings torn shawls, her long body / Rubbed of its plush— / Poor and bare and unqueenly and even shameful” (“Stings” 16-19). Wishing to “recover” the queen, the speaker liberates the queen from death, while the queen has a “lion-red body, her wings of glass” (“S” 52, 55). By the end of the poem

> ...she is flying
> More terrible than she ever was, red
> Scar in the sky, red comet
> Over the engine that killed her—
> The mausoleum, the wax house. (“S” 56-60)

Liberating the disabled queen from the confines of the bee box helps to envision a future for disabled women, one in which they are not restrained by the patriarchal institution of the asylum, or restricted by psychiatric diagnoses that only work to disempower the lived experiences of disabled women. Finally, in “Wintering,” the speaker imagines a disabled feminist future where “Winter is for women,” and the bees are living on “Tate and Lyle,” or sugar, instead of flowers (42, 27). However, the speaker herself is confined by the house she is currently residing in, with

“...the last tenant’s rancid jam / And the bottles of empty glitters— / Sir So-and-so’s gin” (“Wintering” 8-10). She states that she “could never breathe” in the room she is currently in, instead “It is they who own me. / Neither cruel nor indifferent” (“W” 12, 19-20), implying that the bees “own” the speaker in exchange for the honey they provide her. By the end of the poem, the speaker states that “The bees are all women, / Maids and the long royal lady. / They have got rid of the men” (“W” 38-40), suggesting that the female bees now own their voices and futures. The speaker asks in the closing lines,

> Will the hive survive, will the gladiolas
> Succeed in banking their fires
> To enter another year?
> What will they taste of, the Christmas roses?
> The bees are flying. They taste the spring. (“W” 46-50)

The speaker here imagines a possibility of disabled feminist futures in which the “hive” of disabled women overcome the patriarchal authority of institutions such as the asylum as well as empowering them to own their voices so that they can “taste the spring.” By creating a space where disabled women can be themselves and empower each other, both the bees and the speaker resist diagnostic clinical labels. For the speaker, being trapped in the dark room represents attempts to confine her with specific diagnoses which only work to stigmatize her; however, she imagines spring for the bees, a season which she herself will not be able to enjoy, but the bees will. Her writing of her experience with her bees also helps to envision possibilities of ownership of one’s disabled experience, similar to Esther’s writing of her disabled experience in *The Bell Jar*.

This ending of *Ariel* represents a positive outlook on the futures of disabled women, one where they are not imprisoned by the asylum or the patriarchy, but rather are liberated by the act of writing and disabled sisterhood. Instead of reading *Ariel* as a product of Plath's psychic pain at the end of her life, I argue that by reading Plath's work through madwoman theory, one can view *Ariel* as representative of the lived experiences of disabled women. Psychoanalytic criticism that only seeks to diagnose characters and their respective authors is detrimental to the lived experiences of disabled women who are already stigmatized and traumatized by institutions such as psychiatry and the asylum. Rather, critics should privilege disabled women's experiences and narratives rather than obscuring their voices with clinical psychiatric labels, such as schizophrenia and MDD. Literary criticism should work to privilege the voices of marginalized populations such as disabled women rather than confining them to a diagnosis that disempowers them. In this sense, madwoman theory can create new meanings for disabled women within the discourses of literary analysis and feminist disability studies.

Conclusion: Is Literary Theory Ableist?

A basic premise of the disability rights movement is simply this: Nothing About Us Without Us.

- Judi Chamberlin, “Testimony of Judi Chamberlain”

As madwoman theory postulates, personal narratives and lived experiences trump the ableist and sanist rhetoric within the discourse of psychoanalytic literary criticism. Theories that attempt to place clinical diagnostic labels on authors and their characters do a disservice to the memories and cultural productions of these figures, as well as stigmatizing those who actually live with these psychiatric diagnoses. This tradition must not continue within the field of literary studies. As I have shown, these attempts have disfigured the collective consciousness of disabled writers, but particularly disabled women writers who were deemed “mad” by the cannon, such as Virginia Woolf and Sylvia Plath. I believe that madwoman theory can overcome these ableist tendencies and pave a new road for literary criticism that values and privileges the personal experiences of those who live with mental difference. The next question that must be answered, then, by disability studies scholars is whether literary theory is, in itself, ableist.

Traditional literary criticism is performed within the institution of the academy—an institution which, as many of the theorists I have cited within this thesis observe, has its own hierarchical establishments, where disabled individuals are viewed as “lesser than” by their nondisabled peers. Jay Dolmage has commented on the structures of institutions that have excluded disabled individuals, particularly higher education institutions that work to ignore the very existence of disabled people: “For most of the 20th century, people with disabilities were institutionalized in asylums, ‘schools’ for the ‘feeble-minded’ and other exclusionary institutions, locations that became the dark shadows of the college or university, connected with residential schools, prisons, quarantines, and immigration stations in these shadows" (3). Not only are disabled individuals often physically excluded from institutions of higher education, they are emotionally, mentally, and psychologically excluded as well: "...[T]he ethic of higher education still encourages students and teachers alike to accentuate ability, valorize perfection, and stigmatize anything that hints at intellectual (or physical) weakness" (Dolmage 3). Disabled people are thus viewed as a "problem" within the university: a problem that needs a solution (Dolmage 4). In the vast history of the institution of higher education, disabled individuals were seen as a detriment to the university community, and therefore are largely excluded by these institutions.

Residing within these institutions, the field of literary studies has only studied and theorized the disabled body since the 1990s, when critical disability studies began as a serious inquiry into the literary and cultural depictions of people and characters with disabilities. Until then, physical and mental difference in literature was viewed scientifically, metaphorically, or symbolically. The lived experiences of disabled individuals were never taken into consideration when analyzing these representations. As I have shown, many critical lenses that were deemed essential by the canon, such as traditional psychoanalysis and psychoanalytic feminism, often viewed mental difference as manifestations of rage, such as Gilbert and Gubar's theorizing of Bertha Mason as a symbol of feminist rebellion in *Jane Eyre*. These discourses have excluded the knowledges and experiences of disabled people, but particularly disabled women. As Donaldson has shown, these interpretations of mental difference as feminist rage do a disservice to disabled women in that most disabled women do not want their personal experiences with mental difference to be viewed as metaphorical. When able-bodied society views mental difference as metaphorical, the lived experiences of disabled individuals are erased, and thus we are only left with harmful and reductive representations of disability. When able-bodied readers are only left with media depictions of mental disability as either “violent” or “creative genius,” as Margaret Price points out, they can only base their experiences of disability on these representations, which are often biased and stereotype these populations (2).

I believe that critical disability studies and feminist disability studies can negotiate this academic ableism through madwoman theory. By privileging the personal, real experiences of those of us who live with mental difference, we can include these perspectives in our discourses surrounding both literature and criticism. When we analyze these experiences, not only do we get a better understanding of living with mental difference, but we also incorporate intersectional views surrounding identity and politics. I believe that the next wave of madwoman theory must look to these intersectional identities in its discourse, particularly how madwoman theory relates to other concepts within literary criticism, such as postcoloniality, sexuality, queerness, ecocriticism, ethnicity, and race, among others. When we incorporate these identities into madwoman theory, we can work to overcome the inherent ableism and sanism that has resided within academia for far too long.

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