Narrative Review

THE BELL JAR_ SHATTERED: Exploration of creativity through a psychiatric lens

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Introduction

Why is it that all those who have become eminent in philosophy or politics or poetry or the arts are clearly of an atrabilious temperament? (Problemata XXX.1953a10-14)¹

So is phrased Aristotle's theory of melancholia, which forges the link between creativity and mental illness. It hypothesized for the first time that individuals who possess any form of genius are prone to depression more than the average person.²

Ernest Hemingway shot himself, Anne Sexton died by asphyxiation, Vincent Van Gogh chopped off his own ear and Virginia Woolf chose to drown. The list of examples supplementing Aristotle's theory is by no means exhaustive; extensive researches across the medical field (Andreasen, 1987; Jamison, 1989; Ludwig, 1995) establish that creative writers are more susceptible to mental illness.³ Anton Chekhov, an accomplished writer and doctor, adeptly employed this very concept by creating an intellectual but mentally ill protagonist in his story "The Black Monk".⁴

However, when it comes to absolute proof, research on this subject is prone to fallacies. An inability to define either creativity or mental illness concretely, personal biases that have crept into said personal accounts and a tendency to limit creativity to mere literary prowess all hamper the credibility of such endeavors.⁵

The use of first-person accounts of illness to aid psychiatric diagnosis has been established (Greenhalgh and Hurwitz 1999), and studies indicate that analysis of a patient's condition from their perspective can result in provision of better healthcare and positive health outcomes (Kaptein et al. 2011).

One such insight comes from American poet, novelist and short story writer Sylvia Plath who extensively chronicled her struggle with lifelong depression in her semi-autobiographical novel 'The Bell Jar'. She committed suicide at the age of 30. The novel gave rise to what has come to be known as "the Sylvia Plath effect" the phenomenon that poets are prone to suffer mental illness and even more so, if they are female. What makes it so poignant are the parallels Plath draws between Esther, the heroine's life and her own, albeit with a vastly different conclusion- her protagonist, unlike Plath, makes a full recovery from her depression and goes on to live a normal life.

An excellent student and gifted writer from a very young age, Plath's first encounter with emotional instability came in the form of her father's death at the age of eight (he died from complications following the amputation of a diabetic foot). It caused a split in her life she was clearly able to demarcate; In one of her last prose pieces, Plath commented that her first nine years "sealed themselves off like a ship in a bottle—beautiful inaccessible, obsolete, a fine, white flying myth".

College provided a temporary respite, although it would not last. Her dissatisfaction with her undergraduate internship and subsequent rejection by a Harvard literature program she had hoped to be accepted into, marked her first failures in professional life. They brought her buried unhappiness to the

forefront, planting seeds of self-doubt that grew into a full blown identity crisis. The disparity between the academic and the real jarred her; she spiraled into depression. She lost motivation and became emotionally withdrawn.

Amidst this turmoil she contemplated suicide by starting to self harm, setting a precedent for future attempts. Esther, her protagonist, personifies this struggle- she is unable to work or sleep and feels trapped as if under a bell jar, unable to breathe. She tries repeatedly to die, eventually overdosing on sleeping pills and crawling into a closed off tunnel in her basement.

Plath's first documented suicide attempt in real life occurred the same way. Her mother had sought electroconvulsive therapy for her ailment but improper administration of the treatment by her psychiatrist prompted her to overdose instead. She was found after three days and resuscitated, just as Esther is in the novel, and spent the next six months in psychiatric care. With her subsequent recovery and release, the timeline of The Bell Jar ends. Esther concludes that the treatment felt like "lifting the metaphorical bell jar in which she has felt trapped and stifled"

Plath's own life in its entirety turned out to be not so simple- her marriage with renowned poet Ted Hughes went sour shortly after she finished her novel in 1962 and led to her second suicide attempt by reckless driving. The subsequent separation from him caused her depression to return in full force. Alternating between anger and passivity, optimism and negativity, she was unable to maintain her emotional stability. She continued to work though and became a renowned author and poet. Her inner turmoil went undetected, other than sudden weight loss and an inability to sleep. (6) She again actively sought therapy and was prescribed antidepressants. However, over the three weeks it would take for the pills to come into effect, Plath succumbed to her ailment and committed suicide in February of 1960. She locked herself in the kitchen with wet towels around the door preventing the carbon monoxide she had asphyxiated herself with from seeping through the apartment to her kids. Sylvia Plath's case has a clear pattern- it echoes the psychosocial model linking adverse personal events and predisposing personality of the individual to a probability of being severely depressed.⁷

While it is believed by many that creativity is a compensatory advantage to those who have mental illness-the peak of creativity coinciding with the periods of early recovery- her life raises many questions: Is there actually such a thing as a "mad genius"? If there is, is it their sensitive and observant nature (a prerequisite for being creative) that renders

them vulnerable to mental illness or is it truly the compensatory advantage? Can we intervene to prevent harm? Will curing the illness equate to depriving the person of his/her creative power?

Sylvia Plath's life and work serve as reminder that the answers reside somewhere in between. Creative people present a special challenge to doctors. By virtue of their intelligence, they can be valuable assets in the path to recovery, a doctor's best allies. By the same token, they can be headstrong and willful, unwilling to follow instructions passively and sometimes ignoring our instructions altogether. It is up to us, as physicians, to recognize this dichotomy and utilize it to the best advantage of those we wish to serve.

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