

**The Medical Gaze in Psychiatric Treatment:  
Women Doctors and Nurses in Sylvia Plath's *The Bell Jar* and Susanna  
Kaysen's *Girl, Interrupted***

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ABSTRACT: This essay focusses on the forms of psychiatric treatment the protagonists undergo by women doctors and nurses in Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*. The theoretical basis for this comparative analysis is provided by Michel Foucault's concept of the 'medical gaze.' The different degrees to which this medical gaze is applied by male and female psychiatric staff ultimately have a strong impact on the female patients' recovery in both narratives.

KEYWORDS: medical gaze, psychiatric treatment, *Bell Jar*, *Girl Interrupted*

So, so, Herr Doktor.

So, Herr Enemy.

I am your opus,

I am your valuable[.]

(Plath, *Lady Lazarus* 246)

## Introduction

In Sylvia Plath's poem "Lady Lazarus" the lyrical I sees the figure of the doctor as an enemy and presents herself as the doctor's/enemy's creation. Considering Carmen Birkle's claim that "at first sight, literature and medicine seem to be, as common preconceived notions suggest, incompatible areas of human life" (x), this comparison seems to be a rather radical one. At second glance, we realize that "[a]n entire world of medicine has been represented in literary texts" (Engelhardt 433). However, the representation of medicine in literature was, for the most part, realized without the perspective of women – just like "the medical profession with its privileged access to the human body was and still is conceived of as a male dominion in Western culture" (Schmieder 175). Patients and doctors are always influenced by norms and values of their time and are inevitably subject to perpetuating typical gender roles that have had a strong impact on literature as well as medicine (Birkle xvii).

Additionally, it is important to note that research on literature and medicine has largely focused on physical illnesses, for example cancer and AIDS (Clark 3). If we combine this neglect of mental illnesses in scientific research with the literary representation of medical topics that was mostly created by men, literary scholar Marilyn Yalom's explanation sheds some light on the issue: "Women's internal experience, as recorded by women themselves, was simply not considered very important by those who formulated the basic theories of psychoanalysis" (2) – who were predominantly men.<sup>1</sup> Additionally, Yalom emphasizes that madness in literature was not only "male-authored [but] male-centered" as well (1).

As Elaine Martin points out, "little research has been done on the combined subject of women, madness and literature" (24, qtd. in Yalom 3) so far,<sup>2</sup> although madness and, for example, suicide appear rather frequently in Western literature (Willms 119). Janice L. Willms bases this frequency on the fact that "[t]hese are topics of universal significance to the human condition" (119). Hilary A. Clark explains that "narratives [about mental illness] give voice to the ill, the traumatized and the disabled [...] and help them navigate the bewildering, impersonal context of medical diagnosis and treatment" (3). According to Sue E. Estroff et al., the general problem underlying all accounts of mental illness is the following: "By definition and in essence, much of madness is invisible and unknowable to the 'other'" (qtd. in Schneck 337). In the context of this article, the 'other' stands for doctors and nurses who do not suffer from mental illnesses themselves. "Yet these uncomprehending others identify, name, and treat madness, both revealed and suspected" (Estroff et al., qtd. in Schneck 337).

The focus of the following analysis will therefore be on the forms of treatment described in Sylvia Plath's *The Bell Jar*, first published in 1963, and Susanna Kaysen's 1993 *Girl, Interrupted*. Both novels are about the psychological breakdown and recovery – or, as Yalom describes it, "the desire for rebirth" (89) – of a young female protagonist "at a time when marriage and motherhood were held out as the only appropriate avenues for women seeking fulfilling lives" (Leach 35). Although the two protagonists' mental problems are

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<sup>1</sup> This refers to influential male figures like Sigmund Freud.

<sup>2</sup> One example is Elaine Showalter's study which was first published in 1985. Yet Showalter understandably only includes literary works up until 1980 in her book.

linked to the role expected from them as women in society, the above-mentioned “impersonal context of medical diagnosis and treatment” leads to treatment by the “uncomprehending others” that mostly focuses on certain symptoms. This evokes Michel Foucault’s description of the so-called ‘medical gaze,’ which will provide the basis for the analysis, with the focus on women doctors and nurses.

### **The Link of the Author’s Biography to the Narrative’s Context**

Sylvia Plath is best known for her poetry, which was awarded the Pulitzer Prize in 1982 (England, Ganzer, and Tosone 85). *The Bell Jar* is her only novel and, according to Yalom, “helped create the subgenre of the psychiatric novel and [has] given it a distinctly female cast” (10), which underlines the novel’s significance in postmodern American literature. Other authors refer to this particular genre as illness narrative (Schneck 329; F. White 67), which is characterized as “mak[ing] public a private experience [and] compet[ing] for an individual voice against the powerful voices of medicine” (F. White 68).

The ‘bell jar’ in the title of Plath’s novel also suggests the idea of entrapment and “can be added to the long list of real and metaphoric ‘closed fists’ such as hospitals, prisons, [...] all of which the readers are familiar with from [Plath’s] poems and stories” (Blosser 220). Just like Plath, Susanna Kaysen chose a rather telling title for her story. *Girl, Interrupted* refers to “the experience of a girl who had been ‘interrupted’ in her eighteenth year by a doctor she had never seen before, after what she remembers was a twenty-minute interview” (Maso 7). Additionally, the comma in the title also functions as an interruption, which shows that form and content of the title match.

What both narratives have in common is their origin in a true story. As is often the case in life writing, there is a lapse of time between the experience itself and the actual recording and publication of the story, which is important to keep in mind (Schneck 344). Peter Schneck, although focusing on 19th-century texts, considers this to be a “reframing of the original experience” with the main problem being that these ‘framings’ are difficult to identify as they, for example, “might be affected by the illness itself” (344). Plath herself was admitted to a mental hospital in 1953 after an attempted suicide (Conradt). She narrates this event in detail in *The Bell Jar*, which qualifies her narrative as a form of illness narrative. The

novel was published ten years after this experience (Blosser 218). Additionally, one could argue that there is a local and personal distance as well: At first, the novel was published exclusively – and under a pseudonym – in the UK; it took almost twenty more years for it to be published in the US (Blosser 218). These ‘distances’ might be attributed to the fact that Plath had already undergone psychiatric treatment prior to her suicide attempt; however, as it only consisted of prescriptions and electric shock treatment, her condition did not improve (Rollyson 66). A successful poet like Plath might not have wanted to share this ‘failure’ with her social milieu in the US and therefore chose to make use of the above-mentioned distances.

In Kaysen’s case the period of time between the actual events and the publication of the novel was even longer. The time lapse together with the medication led Jonathan Vankin and John Whalen to assume that “[m]emory is a flawed thing – especially if the period being conjured is marked by the regular ingestion of Thorazine, and especially if it’s being reconstructed twenty-five years after the fact” (167-68). Kaysen created characters for the narrative by combining certain diagnoses and characteristics of people in the mental hospital to prevent them from being recognized (Vankin and Whalen 167-68). She also openly admitted that she simplified things in her story and justifies this by stating, “[t]he fact that I was locked up taints everything” (qtd. in Maso 8). Yet in its subjectivity and fictionalization it might be closer to reality than any other pseudo-factual account. As Neil Campbell and Alasdair Kean argue, “Plath’s novel is an example of ‘self-conscious subjectivity’ in which her own life is the raw material through which to explore a ‘split’ self in a split age” (229). It is nonetheless a novel, a literary, crafted piece of work, though a semi-autobiographical one, that draws from Plath’s experience as a poet and patient. In it, her life serves as a ‘frame’ through which she constructs the protagonist Esther’s story. By contrast, Kaysen’s book “is comprised, largely, of rambling internal monologues and is more a series of episodic essays or journal entries than an integrated story” and is therefore considered to be a “memoir” (Vankin and Whalen 165) rather than a novel. This classification is supported by the fact that the chapters are in non-chronological order; additionally, Kaysen uses her real name and even includes original documents of her psychiatric treatment.

Phyllis Chesler argues rather boldly that, “[w]hen and if [women] are hospitalized, it is for predominantly female behaviors such as ‘depression,’ ‘suicide attempts,’ ‘anxiety neuroses,’ [...] or ‘promiscuity’” (56). Susanna Kaysen was ultimately diagnosed with borderline personality disorder (Vankin and Whalen 167), which, according to Kaysen’s medical file, “is more commonly diagnosed in women” as well (157). Sylvia Plath was hospitalized for one of the above-mentioned stereotypical alleged ‘female behaviors’, namely depression (Rollyson 66-67).<sup>3</sup> Kaysen’s “memoir of lost time” (Maso 7) eventually did have a happy ending whereas Plath’s did not. Her suicide shows that the psychiatric treatment did not turn out to be successful in the end (Rollyson 231). On the contrary, Rollyson suggests that Plath’s prescribed medication may even have exacerbated her mental health problems (227).

It is also important to consider the context in which a narrative is set; especially if an author constantly refers to certain topics and discourses. This applies to both narratives analyzed in this article. Sylvia Plath, for example, immediately clarifies the timeframe of her novel by starting off with the execution of Julius and Ethel Rosenberg as suspected Soviet spies in 1953 right in the first sentence (Campbell and Kean 235). The historical events of that same year laid the foundation for *The Bell Jar* (Rollyson 64). The protagonist even compares her own so-called ‘shock treatment’ with the death of the two Rosenbergs in the electric chair (Campbell and Kean 235). The reference furthermore situates the novel in a period largely affected by Cold War ideologies (Blosser 222), evoking in particular the feeling of insecurity and fear (Skinner 115) that is equally reflected in the novel.

From an American perspective “the fifties marked a new phase in women’s domestic destiny” (Showalter, *Peers* 391). Three times as many girls as in the 1930s attended college in the 1950s, but the number of women actually entering the professions decreased significantly (Showalter, *Peers* 391). As Showalter states, “American women in general were placid, contented, domestic, well groomed, and involved in togetherness on the surface, but

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<sup>3</sup> Both authors were admitted to a psychiatric hospital after a suicide attempt (Conradt; Vankin and Whalen 164-65) and treated in the private McLean Hospital in Belmont, Massachusetts, which “was *the* place for the well-to-do poets, artists and musicians to go to have nervous breakdowns [...]. It [i]s still ranked the #2 psychiatric hospital in the country” (Conradt).

churning with unspeakable desires underneath” (*Peers* 390). This obvious contrast between reality and ambition is likely to have led doctors to diagnose the so-called ‘housewife fatigue’ that required treatment with tranquilizers (Showalter, *Peers* 391). Referencing Betty Friedan, Nancy Tomes calls the very same idea “the ‘problem with no name’ [...] among the ‘happy housewife heroines’ of the 1950s” (353). According to Tomes, “[t]he end result was legions of women benumbed by drugs, alcohol, shock treatments, and psychotherapy” (353). Therefore, this decade is also referred to as “the tranquilized Fifties” (Showalter, *Peers* 391).

By contrast, the 1960s brought about tumultuous changes in American society that strongly affected the world in which women lived. Kaysen’s memoir begins in 1967, “at a time when student protests and movements arose and demonstrations against traditional societal and political circumstances took place” (Schuegraf 174).<sup>4</sup> As a result, the so-called “‘second wave’ of modern feminism” emerged during the late 1960s, with one of its main goals being “[m]aking women aware of the negative consequences of psychiatry’s conservative, indeed soul-damaging, influence on their lives” (Tomes 348). However, not just the women’s liberation movement changed society, but also the sexual revolution and the Vietnam War with its antiwar movement (Showalter, *Peers* 422). As Vankin and Whalen state rather dramatically, “young men were being shipped off to Vietnam each day and the world felt like it was coming apart” (165). As a reaction, Davis and West mention a former congresswoman who organized a march of 5,000 women on Capitol Hill to protest the war (325). Kaysen devotes a whole chapter of *Girl, Interrupted*, titled “Nineteen Sixty-Eight,” to these freedom movements (92-93). This feeling of “the world coming apart” as well as a slight hope for freedom and self-realization is thus mirrored in the novel.

### **Michel Foucault’s Concept of the ‘Medical Gaze’**

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<sup>4</sup> Translated from German: “also zu einer Zeit [sic!] in der die Studentenproteste und –bewegungen aufkamen und gegen überkommene gesellschaftliche und politische Verhältnisse demonstriert wurde” (Schuegraf 174).

The 1960s also saw the publication of influential philosophical-political works like Michel Foucault's *The Birth of a Clinic*,<sup>5</sup> from which the term "medical gaze" (Foucault, *Clinic* 9) is derived. Antje Dallmann describes this concept as "especially important in modern medicine" ("Doctors" 122). However, the term "medical gaze" itself is subject to discussion: Foucault also uses the terms "clinical gaze" (*Clinic* 132) and "observing gaze" (*Clinic* xxi) whereas Katja Schmieder calls it "empirical-medical gaze" (177), "scientific gaze" (190) or "dissecting gaze" (190). Dallmann, on the other hand, sticks to the established term 'medical gaze.'

In *The Birth of a Clinic* Foucault describes how medical researchers in France at the end of the 18th century, influenced by Enlightenment ideas, moved more and more in a direction of what we would nowadays consider 'scientific' (Cohen and Kennedy 264-65). According to Dallmann, this scientific view on medicine could best be described as a "distanced medical gaze" ("General Reformation" 425) which is "disinterested [and] coldly analyzing" ("Doctors" 122) and mostly ascribed to the "instance of the clinical physician" ("Doctors" 122). In fact, the doctor was seen "as personification of the medical gaze" (Dallmann, "Doctors" 131), and, due to "the masculine foundations of science" (Schmieder 176), in most cases male. Therefore, Schmieder parallels the medical gaze with the male gaze (177)<sup>6</sup> and speaks of the "integration of the male medical gaze" (178).

The alteration in perception also led to a significant change in conversations between doctors and patients. Instead of asking the patient about his/her overall health condition, the physician rather inquired where exactly the patient felt pain (Foucault, *Clinic* xxi). This basically means that the individual "acquir[es] the status of [an] object" with "the gaze directed upon [him/her]" (Foucault, *Clinic* xv). Consequently, "the patient's bed [...] become[s] a field of scientific investigation and discourse" (Foucault, *Clinic* xvi-xvii) where doctors focus on recording diseases and their symptoms (Cohen and Kennedy 265) instead

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<sup>5</sup> The French original (*Naissance de la Clinique*) was published in 1963, the English translation was first published in 1973.

<sup>6</sup> This refers to the theory of the male gaze which was conceptualized by Jacques Lacan and modified by Laura Mulvey (cf. Mulvey).

of perceiving the suffering individual in his/her singularity (Foucault, *Clinic* 33). Davenport suggests the terms “gazing” for the Foucauldian idea of perceiving a ‘case’ or ‘condition’ instead of a human being, and “witnessing” for the kind of treatment that “acknowledg[es] the whole lives of the population” undergoing this treatment (311). According to Robin Cohen and Paul Kennedy, this change in medical perception and treatment meant that “medical professionals claimed the monopoly right to supervise every aspect of life in the name of social improvement” (265), which led to “a new style of totalization” (Foucault, *Clinic* 32). Foucault adds that “[the doctor’s] intervention is an act of violence if it is not subjected to the ideal ordering of nosology” (*Clinic* 7), which indicates doctors’ power over their patients.

However, the term medical *gaze* should not be misunderstood as it contains more than the word ‘gaze’ itself suggests. The medical gaze embraces several sensorial fields, for example the “sight/touch/hearing trinity” (Foucault, *Clinic* 202). In fact, Foucault states that “the eye certainly does not have the most important function,” which leads to “[a] gaze that touches, hears, and moreover, not by essence or necessity, sees” (*Clinic* 202). Foucault’s work was adapted, for example, in sociology or psychiatry. Cohen and Kennedy describe the so-called “biomedical model of illness” (265) and its consequences: First, it becomes more important to cure a disease instead of preventing it (Cohen and Kennedy 266). Secondly, this approach has the tendency to trivialize “how disease is produced out of social organization” (K. White 4, qtd. in Cohen and Kennedy 266),

rather than simply by natural processes. This sometimes produces highly undesirable effects that are often as damaging as the illness itself. Problems that clearly have complex psychological, sociological and biological causes – such as alcoholism, depression and gambling – are turned into physical conditions treatable only by surgery or drugs. (Cohen and Kennedy 266)

With regard to the sub-category of biological psychiatry,<sup>7</sup> this results in the assumption that mental illnesses or disorders are caused by biological factors and should therefore be treated that way (Russell 1). The fact that “[b]iological psychiatry is the dominant form of

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<sup>7</sup> According to Russell (1), this sub-category is sometimes also referred to as medical psychiatry.



psychiatry in the Western world” and “more [women] than men [...] directly encounter biological psychiatry in treatment” (Russell 1) leads to the assumption that we also encounter this form of psychiatry in illness narratives. As a result, we shall assume that patients and protagonists in *The Bell Jar* and *Girl, Interrupted* perceive their treatment by women doctors and nurses in terms of Foucault’s medical gaze. As Dallmann states, “biomedicine as a discourse is instrumental, since it naturalizes the social, and, through the character of a woman doctor, gives scientific, moral, and emotional authority to women. Thereby, the text also appropriates and genders the medical gaze, rendering it less universal and at the same time more comprehensive” (“Doctors” 131). In other words, the medical gaze is not restricted to the male doctor, but it is equally applicable to women practitioners.

### **The Medical Gaze and Women Doctors and Nurses in Sylvia Plath’s *The Bell Jar* and Susanna Kaysen’s *Girl, Interrupted***

In *BJ*<sup>8</sup>, Dr. Nolan’s first appearance is linked to the first reference to the ‘bell jar’ that also gives the novel its name (195). Thus, the introduction of the character Dr. Nolan ‘solves’ the mystery of the novel’s metaphorical title, indicating that Esther might be able to make sense of her thoughts and feelings with the help of Dr. Nolan. Dr. Nolan’s introduction supports this: “My name is Doctor Nolan. I am to be Esther’s doctor” (196). This appears to be a rather neutral way of introducing herself to the patient. She does not use her first encounter with Esther as an opportunity to demonstrate her authority by saying, for example, “I will analyze Esther’s problems and solve them,” which might indicate that she is willing to follow Esther on the path she, the patient, chooses to go as long as they achieve the goal of recovery for Esther.

Dr. Nolan’s unpretentious way of introducing herself is contrasted with the introduction of the male hospital staff. The men seem to understand the patient’s bed in terms of Foucault’s explanation as field of scientific investigation:

[A]fter a nurse had led me [...] to the [...] building [...], where I would live, [...] a whole lot of strange men came [...]. I lay on my bed [...], and they entered my room, one by

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<sup>8</sup> In the following analysis, the titles are shortened to *BJ* for *The Bell Jar* and *GI* for *Girl, Interrupted*.

one, and introduced themselves. I couldn't understand why there should be so many of them, or why they would want to introduce themselves, and I began to think they were testing me, to see if I noticed there were too many of them, and I grew wary. (196)

These men, presumably doctors or therapists, do not grant Esther the time to get used to her new surroundings in the psychiatric hospital and their appearance is described in terms of a physical assault on Esther right after her arrival. They seem to consider her to be only another patient, a number on a checklist that has to be ticked off, and scare her as they do not even explain the purpose of all these introductions.

As opposed to *BJ*, the introduction of Dr. Wick in *GI*, who is the only female doctor in the narrative, focuses on the doctor's disturbing characteristics. As someone who has come to the United States from Rhodesia, she is, for example, described as being "utterly innocent about American culture" (84). Dr. Wick only plays a minor role in Susanna's story, with her appearance being limited to a few pages within one single chapter (84-86). However, this short sequence, especially Susanna's description of "[a] representative conversation with Dr. Wick" (85), describes the doctor as someone who has internalized the medical gaze:

'Good morning. It has been decided that you were compulsively promiscuous. Would you like to tell me about that?'

'No.' This was the best of several bad responses, I've decided.

'For instance, the attachment to your high school English teacher.' [...]

[...]

'[...] He drove me to New York. [...] But that wasn't when it was.'

'What? When what was?'

'When we fucked.'

[...]

'So when did you – ah – when was it?'

[...] 'What?'

'The – ah – attachment. How did it start?'

[...] 'I was at his house. [...] [W]e were just sitting there on the sofa alone. And he said, 'Do you want to fuck?'

[...] 'He used that word?'

'Yup.' He didn't. [...] But why should I disappoint her?

This was called therapy. Luckily, Dr. Wick had a lot of girls to take care of, so therapy with her was brief, maybe five minutes a day. (85-86)

While it is obvious that Susanna deliberately provokes Dr. Wick and exaggerates slightly, the shortness of Dr. Wick's therapy sessions with each patient still shows that she is not

interested in tracing the origins of their mental illnesses. Five minutes is barely enough time to discuss a certain symptom – or, as during this conversation, to discuss whether a person used a certain word or not – but it is not possible to analyze why this symptom appeared in the first place. The fact that Susanna is aware of that and even makes a sarcastic remark about the so-called therapy shows how limited Dr. Wick’s influence actually is. She, literally, only gazes at her patient for a few minutes each day and then ‘decides’ the diagnosis instead of ‘finding it out’ or ‘concluding it’ from several sessions with each patient, as is the usual procedure in psychological treatment.

Additionally, one could argue that the fact that Dr. Wick has some difficulty in comprehending her patient’s cultural and societal experience due to the age and culture difference, automatically limits her influence as a doctor to the medical gaze. Susanna clearly “acquir[es] the status of [an] object” (Foucault, *Clinic* xv) to which promiscuity is simply attributed in this supposedly therapeutic conversation. Basically, Dr. Wick can only ask her questions that aim to determine *when* or *how* Susanna happened to have sexual intercourse with her English teacher because Dr. Wick might not be able to understand the reasons *why* and therefore does not even try to find out.

In *BJ*, Esther’s first therapeutic session with Dr. Nolan is more ‘open,’ with regard to the time used for it and the content of the conversation. In contrast to Dr. Wick in *GI*, Dr. Nolan does not limit her part of the conversation to journalistic questions about *where* or *when* something happened, but, as an icebreaker, asks Esther whether she liked her former psychiatrist Dr. Gordon (198). When Esther negates that, Dr. Nolan also wants to know the reason for that, which shows that she is interested in finding out *why* Esther feels the way she does (198). During the conversation, it becomes obvious that Esther’s electric shock treatments had been traumatic, which makes it difficult for her to trust Dr. Nolan:

I thought the doctors must all be in it together, and that somewhere in this hospital [...] there reposed a machine exactly like Doctor Gordon’s, ready to jolt me out of my skin.  
 [...] I told Doctor Nolan about the machine, and the blue flashes, and the jolting and the noise. While I was telling her she went very still.  
 ‘That was a mistake,’ she said then. ‘It’s not supposed to be like that.’  
 [...]

'If anyone does that to me again I'll kill myself.'

Doctor Nolan said firmly, 'You won't have any shock treatments here. Or if you do,' she amended, 'I'll tell you about it beforehand, and I promise you it won't be anything like what you had before.' (199)

Dr. Nolan is emotionally affected by Esther's description of the shock treatment as she listens to the girl's description without interrupting her once and immediately afterwards assures Esther that this kind of treatment was undertaken wrongly by her predecessor. Dr. Nolan is able to relate to Esther's feelings and does not objectify her to a hysterical girl who only claims to commit suicide to get attention. This sympathetic way of thinking prompts Dr. Nolan's promise to prevent Esther from shock treatments similar to the ones she experienced at Dr. Gordon's. This promise, in addition to the fact that it is uttered "firmly," shows that Dr. Nolan is nevertheless the "scientific, moral, and emotional authority." She also wants to show Esther that there are differences between doctors: When Esther asks her what a woman saw in a woman that she could not see in a man (231), Dr. Nolan explains that it is "[t]enderness" (231). This could be interpreted as being Dr. Nolan's commitment to psychotherapy to understand her patients' problems instead of administering pure biomedical treatment.

However, Esther's primary distrust proves to be justified. Her worst fear, "[the] dim notion that Doctor Nolan was allowing [her] a certain number of days and then she would say just what Doctor Gordon had said: 'I'm sorry, [she] [does]n't seem to have improved, I think [she'd] better have some shock treatments ...'" (212), becomes true and shatters Esther's belief in Dr. Nolan: "It wasn't the shock treatment that struck me, so much as the bare-faced treachery of Doctor Nolan. I liked Doctor Nolan, I loved her, I had given her my trust on a platter and told her everything, and she had promised, faithfully, to warn me ahead of time if ever I had to have another shock treatment" (222-23). Esther feels betrayed twice – Dr. Nolan had promised the girl to spare her further shock treatments, which even caused Esther to entrust the doctor with her biggest secret, that she hates her mother (214). However, the fact that she opens up and trusts Dr. Nolan does not prevent her from anything; Dr. Nolan does not see any further improvements and decides to add 'physical therapy' to improve Esther's depressive condition. One could even argue that in this particular moment, the thought of having shock therapy performed by Dr. Nolan is worse for

Esther than it being performed by Dr. Gordon since the girl at least knew what to expect from her former doctor.

However, Dr. Nolan does not want to be considered an ‘enemy.’ She takes her promise seriously and explains the situation to Esther:

Doctor Nolan put her arm around me and hugged me like a mother.

[...]

‘Listen, Esther,’ Doctor Nolan said. ‘I’m going over with you. I’ll be there the whole time, so everything will happen right, the way I promised. I’ll be there when you wake up, and I’ll bring you back again.’

I looked at her. She seemed very upset.

I waited a minute. Then I said, ‘Promise you’ll be there.’

‘I promise.’

Doctor Nolan took out a white handkerchief and wiped my face. Then she hooked her arm in my arm, like an old friend, and helped me up, and we started down the hall.

(223-24)

In this particular scene, it becomes clear that Dr. Nolan is a mother figure for Esther, a substitute for the hated mother at home. Dr. Nolan feels sympathy for the girl, she takes the time to take Esther to electrotherapy herself, and “every so often she g[ives] [Esther] an encouraging squeeze” (224). Dr. Nolan also seems to be surprised by the fact that Esther actually took treachery into consideration. After having showed Esther that she really understands her problems by forbidding the girl to have visitors, for example, her mother, for a while (212), Dr. Nolan probably expected more loyalty.

In contrast to *BJ*, treatment by doctors in the mental hospital surprisingly only plays a minor role in *GI*. Dr. Wick only appears as a minor character, with the main character being the head nurse Valerie. She is an ambivalent character; on the one hand described as neither being afraid of patients nor doctors (83) but on the other hand “[s]he [i]s shaking too” (100) and thus emotionally affected when one of the patients has to leave and the other girls express their anger and frustration about that.

However, this situation is not the only ambivalent one. Valerie constantly oscillates between compassion for the girls and strictness that is often combined with the objectification of her patients. When a patient is upset and tries to hide in a small corner, the head nurse would crawl to the girl and sit beside her (83) but would not hug her since “[t]he day staff [to which

Valerie belongs] adhere[s] to the No Physical Contact rule” (88). This prevention of body contact is a clear sign for the “distanced medical gaze” (Dallmann, “General Reformation” 425) to which the nurse tries to stick by literally keeping as much distance between her body and her patient’s. Furthermore, “Valerie [i]s unsympathetic to [the patients’] complaints” (90) about another nurse but takes Susanna to a dentist in Boston to prevent the girl from treatment by the hospital dentist Susanna is afraid of (107-08). Valerie even steals Susanna’s tooth after the treatment to give it back to the girl (109) as a kind of reward. However, Valerie cannot understand that Susanna is not enthusiastic about her social worker’s suggestion of becoming a dental technician; even after the girl’s bad experiences with the hospital dentist the nurse only sees the job’s advantages (133).

Sometimes the reason for Valerie not understanding her patients is that she does not want to because it might cause inconveniences. The most obvious objectification of patients happens when it comes to medication: “Thorazine, Stelazine, Mellaril, Librium, Valium: the therapist’s friends. [...] Once [they] were on it, it was hard to get off. A bit like heroin, except it was the staff who got addicted to [them] taking it” (87). Despite her compassion for the girls, Valerie often belongs to the staff members who prefer Thorazine to talking. When the patient Torrey has to leave the hospital, Valerie forces her to swallow “a full medication cup” which the nurse describes as “[s]omething to relax” (100). In this distinct situation, there is no medical reason why Torrey should take medication; Valerie simply wants to quench any potential protests and the easiest way to do that is giving Torrey Thorazine. This drug even causes the girl to “los[e] her balance slightly” (100), which shows how strong it is. Valerie’s remark “[t]hank God” (100) indicates that she simply wants to get the situation over with; she does not care about Torrey’s feelings of sadness and anger about the fact that she has to leave her friends. Instead of calming her and the other girls by explaining the situation to them, Valerie sticks to biomedical treatment and lets Thorazine ‘do the talking.’

Susanna has a similar experience. In an exceptional mental situation when she is not sure whether she has bones, Valerie only glances at her and leaves the room again, only to return “with a full medication cup” (103), and forces Susanna to swallow it. Obviously, she had promised Susanna that the girl would not have to take Thorazine, as Susanna exclaims, “[o]h Valerie, [...] you promised” (103) before the effect of the drug sets in. Valerie sees that the

girl is upset and concludes that she needs medication to calm down when it probably would have been more important for Susanna to talk about her fears. Before drinking the medicine, Susanna states, even twice, that she is not safe (103). This could either be interpreted as not being safe from her fears or not being safe from Thorazine and Valerie's coldly analyzing gaze and therefore the nurse's unwillingness to administer alternative treatments, i.e. to listen.

Generally speaking, none of the patients in *GI* is safe from biomedical treatment. Polly, who is diagnosed with schizophrenia (59), is wrapped in ice-cold sheets and, as this does not stop her from screaming, is put on medication (23). Cynthia, suffering from depression (59), gets electroshock treatments that always make her cry (23) and, after six months of this therapy, result in her saying sentences like "I would if somebody would want to but of course nobody would want to so I wouldn't want to force somebody to want to" (31), which gives the impression that her condition got worse. The most invasive biomedical treatment is applied to Lisa, the most rebellious patient who often escapes from the psychiatric hospital. After one of her escapes, she is put into the so-called seclusion room for two days, whose actual purpose is "to quarantine people [...] who sustained a higher level [of noisiness and misery] for more than a few hours" (47), "her nails [are cut] down to the quick" and she is put on medication so strong that her whole personality changes for a few months (22-23). Significantly, neither the head nurse nor other nurses ever confirm that she gets medication if other patients request to know the reason for Lisa's strange behavior (22). With medication or shock therapy, they treat the symptoms (Polly's screams, Cynthia's depressive moods and Lisa's urge to run away) but do not analyze the underlying reasons.

In *BJ*, despite the disappointment about the shock treatment, the relationship between Dr. Nolan and Esther goes back to a trusting, almost day-to-day business relationship. Although Dr. Nolan does protect Esther from disturbing visits, she prepares her for what to expect in 'the normal world' by stating "quite bluntly, that a lot of people would treat [Esther] gingerly, or even avoid [her], like a leper with a warning bell" (249-50). This warning shows that Dr. Nolan does not think her duty ends at the hospital doors; she wants her patients to manage their lives as successfully as possible. Significantly, the only time Dr. Nolan is angry

about something Esther says is when the girl claims to be blamed for her friend Joan's suicide, although, according to Dr. Nolan, insufficient treatment by doctors is to blame (253).

In fact, throughout the novel *GI*, this treatment is described with the help of vocabulary that is linked to the military, to law enforcement and especially to imprisonment: Another patient is "marched past" (112) Susanna and her friends, she encounters "[n[ew [f]rontiers in [d]ental [h]ealth" (131), considers her diagnosis to be "the charges against [her]" (150) and "her loneliness and [...] fear [to be] weapons aimed at [her] enemy, the world" (42). Additionally, she directly addresses the reader by stating that she has "more evidence" (72) proving her version of things. The most obvious comparison throughout the narrative is the one between the mental hospital and a "prison" (94) with "captors" (20) who "lock [patients] up with [their] rages and rebellions" (93). A member of the evening staff is described to be "an undisguised prison matron" (88), and Susanna and her friends hope that the people involved in the resistance movements of 1968 would "get around to 'liberating' [them] too" (93), although they "all knew nobody could escape [the head nurse]" (99).

It is not surprising that Susanna and other patients consider the hospital to be a prison as they are not allowed to do what they want there, especially considering the fact that this hospital supposedly belongs to the best in the country. Additionally, although one would generally assume that the basic premise of a hospital is to improve people's conditions, the methods represented in the narrative have quite the opposite effect. One could argue that, if the patients and all their problems had been taken seriously by the medical staff, they probably would not have considered their stay to be a form of imprisonment, which, additionally, evokes Foucault's detailed description of the prison (*Discipline*).

In Susanna's case, her whole stay is based on the fact that a doctor's opinion outweighs an 18-year-old's: "The doctor says he interviewed me for three hours. I say it was twenty minutes. Twenty minutes between my walking in the door and his deciding to send me to McLean" (72). The short period of time demonstrates that the doctor's gaze is only limited to one particular 'symptom,' in this scene it is the fact that Susanna picked a pimple in her face (7). The male doctor does not consider her life situation, her overall tiredness (7-8) or anything else except this unimportant physical aspect from which he concludes that she



needs a rest (7). Susanna is then betrayed by this doctor, a bit like Esther in *BJ*, as he assures the girl that her stay at the hospital would be limited to a few weeks (8) but turns out to be 18 months long (129).

These one and a half years were affected by constant checks on patients, all through the day and night (55): “Five-minute checks. Fifteen-minute checks. Half-hour checks. Some nurses said, ‘Checks,’ when they opened the door. *Click*, turn the knob, *swish*, open the door, ‘Checks,’ *swish*, pull the door shut, *click*, turn the knob. Five-minute checks. Not enough time to drink a cup of coffee, read three pages of a book, take a shower” (54). Often, these checks are so annoying for Susanna and her friends that they sit in front of the nursing station where “[t]he person on checks put[s] her head out of the nursing station and bob[s] it four times, once for each of [them]” (67). The main purpose of these checks is to see if patients are alright, checking if they are alive or trying to hurt themselves physically. The nurses on checks do not answer any questions (57) or care about the patients’ overall feelings and fears as long as the girls do not ‘act out’ or hurt themselves. What they do is “like looking at a cake through the glass of the oven door”<sup>9</sup> (46) without checking whether the cake is done in the middle or needs some more time – the medical gaze in its purest form.

## Conclusion

The medical gaze is not a characteristic that can be attributed to all women doctors and nurses in the two narratives. Basically, there are two ‘opposing camps’ in both novels: In *BJ*, male doctors, as personified by Esther’s former psychiatrist Dr. Gordon, are portrayed as coldly analyzing doctors who tend to treat psychological diseases like the girl’s depression with physical treatments like shock therapy. In opposition to this, Dr. Nolan is a compassionate and caring doctor whose treatment consists mainly of therapeutic conversations that give Esther the chance to talk about her thoughts. Dr. Nolan symbolizes a mother figure for Esther who understands the girl’s fears, sometimes even before Esther expresses them. Even when shock treatment is added to the therapeutic plan, Dr. Nolan sticks to her promises and makes all possible efforts to maintain Esther’s trust.

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<sup>9</sup> The image of the prison evokes Michel Foucault’s description of the panopticon, a prison where all prisoners can constantly be surveilled without being able to see the surveillant (cf. Foucault, *Discipline*).

With regards to *GI*, the ‘opposing camps’ are not as easy to distinguish. Male and female doctors as well as nurses apply the medical gaze although a higher frequency can be attributed to doctors. However, as doctors only play a minor part in the protagonist’s description of everyday life in the hospital, it is important to look at the nurses in detail. Especially the head nurse Valerie oscillates between compassion as well as sympathy for the girls on the one hand, and a coldly analyzing gaze that makes her reach for the medicine cabinet instead of talking to the girls. This objectivizing gaze becomes apparent, for example, through the constant checks where nurses only want to monitor whether the patients are physically well instead of caring about their psychological condition.

Considering the fact that both authors were treated at the same hospital, and “[m]uch like Plath, the author of *Girl, Interrupted* drew on her 18 months at McLean” (Conrad), it is surprising that sometimes Plath’s and Kaysen’s descriptions of the same place differ significantly, leading to two contradictory reports. Of course, the time difference between their stays at McLean might account for some of these differences. Kaysen’s narrative portrays the treatment by doctors as well as nurses more drastically, although she was admitted to the hospital fourteen years later than Plath. With medicine constantly advancing, one could have expected an improvement of psychiatric treatment during this period.

As Vankin and Whalen state with regards to *GI*, “[r]ecovery was a long, hazy, circuitous route” for Susanna (166), and the same could be said about Esther in *BJ*. In *BJ*, the improvement of Esther’s condition can largely be attributed to Dr. Nolan’s treatment: Through the subversion of the medical gaze and the “scientific, moral, and emotional authority” Dallmann attributes to women doctors (“Doctors” 131), Dr. Nolan gains Esther’s trust. Especially the emotional authority proves to be the key factor. In contrast to *BJ*, Dr. Wick in *GI* has internalized the medical gaze. She also maintains her scientific authority as a doctor and emphasizes her moral viewpoints but tries to avoid talking about emotions. Nurse Valerie, on the other hand, claims all of the three mentioned forms of authority but can only partly fulfil them. Therefore, she uses the medical gaze, mostly in the form of

medication, to maintain them and to avoid being emotionally too involved in her patients' stories.

As this analysis has shown, Foucault's medical gaze can be attributed to the medical staff in both narratives as their objective is to maintain "the impersonal context of medical diagnosis and treatment" (Clark 3). Whereas Dr. Wick in *GI* clearly wants to avoid any personal attachment to her patients, nurse Valerie constantly oscillates between the poles 'impersonal' and 'personal.' Dr. Nolan in *BJ* is the only character who leaves this impersonal context of psychiatric treatment behind. In conclusion, her not applying the medical gaze and taking Esther seriously as a complex human being, ultimately leads to the girl's recovery.

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