

Between Madness and Sanity: Examining Suicide Ideation in the Female Characters in “The Yellow Wallpaper” and *The Bell Jar*

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Abstract

In this paper, we will discuss the power dynamics that drive gendered conversations and the suicide ideation that arises from the disproportionate exercise of societal power on the female individual. This paper explores the theme of suicide narratives in literature, focusing on Charlotte Perkins Gilman's short story “The Yellow Wallpaper” (1892), and Sylvia Plath's novel *The Bell Jar* (1963). Suicide narratives in literature bring to light the intricate intersections of mental illness, societal pressures, and the quest for self-identity. Historically, suppression and oppression have elicited varied responses in women, including submission (wherein they conform completely to their society), martyrdom, and ostracism (the latter two were performed when women proved ‘insubordinate’). In Gilman’s story, submission to ‘better advice’ foreshadows the narrator’s descent into dissociation. In Plath’s novel, the protagonist becomes alienated from the world around her; her body becomes her enemy, and she tries unsuccessfully to escape it. Ultimately, she sees the value of her life and strives to continue. The two narratives highlight the growing need to understand the detrimental impact of conforming to social conventions even when they prove harmful to the individual. Moreover, the interactions between the power exerted by said societal norms and the female-gendered psyche are analysed. In this paper, we will use Foucault’s opinions on suicide, and the doctor-patient relationship between society and the psychologically ill individual, Gilbert and Gubar’s thoughts on female agency to analyse the texts.

Keywords: suicide, society, identity, alienation, female psyche

Introduction

The suicidal narrative in fiction includes Elizabethan-era drama where, in Shakespearean plays like *Antony and Cleopatra*, *Romeo and Juliet*, *Othello*, and *Julius Caesar*, suicide is committed by prominent characters. However, the characters here are tragic and often belong to the higher levels of contemporary society. Moreover, their suicides were not seen as sinful or shameful, but

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as atonements for their crimes. Nearer to the modern period, *The Sorrows of Young Werther* (1774) by Goethe is a prominent example of the suicidal narrative. The two texts to be analysed are viewed mainly through their female characters, and how they respond to conventions imposed on them. Submission, escapism, and the consequent desire for suicide characterise the two. First, we will discuss Foucault's beliefs regarding death, its administration, and suicide. Foucault believes in death becoming as taboo a subject as sex, a theory that has been proven wrong. It is interesting that among the types of death that have become taboo, voluntary death is the most secretive. Next, we will discuss Gilbert and Gubar's thoughts on female agency, concerning the female protagonists (the creators of their lives in the stories), and the female authors who created them. The two authors committed suicide, and therefore, it is reasonable to assume that both of them grappled with psychological illnesses at some point in their lives. Finally, we will move on to an analysis of the two texts using Foucault, Gilbert, Gubar, and other writers when necessary.

Foucault's Thoughts on Death and Suicide

Foucault argues, in texts such as *The History of Sexuality*, that death has transformed from being a communal spectacle to a taboo, private subject. However, it is only one method of death – the voluntary one – which became taboo. In the medieval world of Europe, death was central to life. It existed through forms of the Great Famine and the Black Death. Since it was unpredictable and unreasonable, death came to be seen as an instrument of divine will. Later, during the Renaissance, when the focus shifted from religious to sovereign authority, the regent meted out death and punished those who chose it for their own. The right to award death became divided between God, and the sovereign, who exercised it through prisons, torture, executions, and so on. Death remained a common enough phenomenon, and the passage of people from life to death began to be seen as a passage of subjects from the temporal reign of the sovereign to the eternal reign of God. Foucault writes: "In the passage from this world to the other, death was the manner in which a terrestrial sovereignty was replaced by another, singularly more powerful sovereignty..." (Foucault 43). Further, in the nineteenth century, suicide was analysed as a sociological phenomenon:

It is not surprising that suicide – once a crime, since it was a way to usurp the power of death which the sovereign alone, whether the one here below or the Lord above, had the

right to exercise – became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. (Foucault 44)

As we entered the modern age, a world in which Darwin had already propounded the theory of evolution, an era in which the two World Wars had triggered increasing disillusion with ‘God’, increased irreligiosity and atheism, we see death as a result of wars, massacres, genocides, and whatnot. In the post-World War age, increased incomes, better standards of living, and rapidly improving healthcare have enabled humankind to view voluntary death as an anomaly. Death was now caused by natural reasons or by diseases, not enforced by someone. Therefore, the choice of death became a taboo, since greater prosperity meant that choosing to kill oneself became a ‘greater denial’ of the ‘gift’ of life. Death remains as central as life to the human condition, but suicide has become a topic discussed in whispers: “For the first time in history, no doubt, biological existence was reflected in political existence; the fact of living was no longer an inaccessible substrate that only emerged from time to time, amid the randomness of death and its fatality; part of it passed into knowledge’s field of control and power’s sphere of intervention.” (Foucault 47). Furthermore, Foucault focuses on the doctor-patient relationship – the former being an authorial, father figure who reinforces the order of things, and the latter, especially in the case of mental disorders, being a child, someone to be taught and controlled. If we were to reconstitute this for our paper, *Man and Society*, that is, patriarchy, would function as the doctor, while the female characters function as the recalcitrant, ‘disobedient’ patients who are not willing to see ‘reason’ and ‘behave.’

In “The Yellow Wallpaper,” the protagonist’s suicidal ideation is a result of society’s attempts to ‘normalise’ women who fall outside the purview of traditional norms. The pressure to conform to then-acceptable methods of treatment begins the protagonist’s descent into madness, while ironically, it also acts as a form of resistance against the same restrictions since society had not given the protagonist ‘permission’ to die. This ties in with Foucault’s idea of death as acceptable only when enforced, not when chosen. The ‘doctor-patient’ dynamic discussed earlier, while connecting society and the female protagonist through it, also connects the character’s husband John and herself overtly. John is patronising towards his wife’s needs, and assumes he knows better because he has studied medicine.

In *The Bell Jar*, we see how Esther's 'deviance' from traditional norms is pathologized. Her suicide attempts are continuous measures taken to establish sovereignty over a body that had begun to feel alien. Here, the enforcement and choice of death both are decided by Esther, and the subject for both is her body itself. Therefore, Foucault's concept of death becomes individually enforced, and therefore, suicide is also individually chosen. The 'doctor-patient' dynamic is apparent in the way Dr. Gordon treats Esther through electroshock therapy, after which she feels numb and cuts herself with a blade. Her subjective concerns are ignored, and she becomes just another patient to be viewed objectively. On the other hand, Dr. Nolan, a female psychiatrist provides Esther with customised, specialised care, and so enabled her to live life hopefully again.

Gilbert and Gubar's Thoughts on Female Agency

In the seminal text *The Madwoman in The Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (1979), critical theorists Sandra M. Gilbert and Susan Gubar discuss the lack of literary models for female authors. This is in response to the 'anxiety of influence' experienced by male writers, a term explained by Harold Bloom in his eponymous book *The Anxiety of Influence: A Theory of Poetry* (1973) as the sense of anxiety felt by any writer or creative persona when they realize that anything that they might be doing has already been done before. Bloom calls this condition 'belatedness.' Gilbert and Gubar argue that this anxiety exists only for male writers, not for female writers. Male writers function in a creative environment where the literary and artistic canon has been 'male' for centuries. Therefore, they have models to look up to, 'forefathers' to emulate and be anxious about. The same is not true for the female writer, she does not have a feminine canon to inspire her: "...for the female artist the essential process of self-definition is complicated by all those patriarchal definitions that intervene between herself and herself." (Gilbert and Gubar 17)

Even if we argue that writers are writers, and any artist worth their salt could be inspired by anyone, whether male or female, the matter still stands that female representation in male-written literature is either scanty, poorly done, or exists only about the male characters, the protagonists per se. Gilbert and Gubar attempt to answer the question: "What does it mean to be a woman writer in a culture whose fundamental definitions of literary authority are, as we have seen, both overtly and covertly patriarchal?" (Leitch et al. 1842). To the male 'anxiety of

influence,' Gilbert and Gubar have responded with the female 'anxiety of authorship' wherein the female writer has "a radical fear that she cannot create, that because she can never become a 'precursor', the act of writing will isolate or destroy her" (Leitch et al. 1844).

We can link this anxiety with the representation of 'feminine hysteria.' The term 'hysteria' has negative connotations, and is derived from male figures trying to explain female 'problems.' In particular, 'feminine/female hysteria' has its roots in ancient Egyptian and Greek societies. The earliest mention of this 'affliction' was in the Kahun Papyri of ancient Egypt. Ancient Greek physicians shared the view of their Egyptian counterparts that a 'wandering womb' (uterus travelling across the body) was the cause of this 'hysteria,' the word itself coined from the Greek word for uterus, 'hystera.' Female hysteria was later linked to witchcraft and used as evidence for persecution of 'troublesome' women. As knowledge of human nature developed, 'female hysteria' was classed as a behavioural disorder in the early 20th century. In 1980, it was removed altogether from the DSM (Diagnostic and Statistical Manual of Mental Disorders), and now remains known as an infamously incorrect way to understand women's health.

Women writers, especially in the nineteenth century that Gilbert and Gubar have used for their text, did not have reliable female literary ancestors from whose work they could derive a model of female madness. If any such character existed, she was invariably viewed through the lens of patriarchal condescension:

Thus the loneliness of the female artist, her feelings of alienation from male predecessors coupled with her need for sisterly precursors and successors, her urgent sense of her need for a female audience together with her fear of the antagonism of male readers, her culturally conditioned timidity about self-dramatization, her dread of the patriarchal authority of art, her anxiety about the impropriety of female invention. (Gilbert and Gubar 50)

So, women writers set out to create their forms of female madness. One of the earliest was Charlotte Brönte's Bertha Mason in *Jane Eyre*. In this paper, two such 'maddened' characters – the narrator of Gilman's story, and Esther Greenwood are analysed.

Furthermore, for these characters, the 'anxiety of authorship' of their own life exists in the way they are denied choices, deemed frivolous, or seen as too unrealistic. At the beginning of

the works, none of them is the author of her life, and, interestingly, the choice of suicide makes them wielders of their destinies.

“The Yellow Wallpaper” and the Jane Who Escapes

In Charlotte Perkins Gilman's “The Yellow Wallpaper,” the narrator, afflicted with what we now know as post-partum depression, is conflicted between what she feels would be best for her recovery, and what society at large (represented here by her husband John) thinks would be best for her. Despite her belief in the therapeutic value of activities such as writing, she is urged to adopt complete rest. John is a physician who takes her away from home to the countryside, to an old castle to recover. Her wishes about her activities are shot down, and she submits to her husband's advice. There are two types of submissions here – one to his superiority as her husband, and the other to his professional superiority as a doctor. In both cases, the woman finds herself without recourse – to subsume herself to her husband's superior knowledge is what she knows and does. The invalidation of her feelings and beliefs denies her the agency to make her own decisions; it gradually plunges her into madness and dissociation; it fuels her eventual desire for suicide.

The story is written in the epistolary form, and so we see events as they unfold through the narrator's perspective. She feels that “there is something strange about the house...” (Gilman 3), but her husband does not believe her. In her isolation and lack of expression, the narrator grows increasingly obsessed with the ‘grotesque’ yellow wallpaper, which seems to her like a diseased organ of the house. She sees nebulous shapes and objects in the wallpaper's design. Gradually, the outline of a woman takes shape – “Sometimes I think there are a great many women behind, and sometimes only one, and she crawls around fast, and her crawling shakes it all over” (Gilman 14).

The narrator thinks later in the story that the woman trapped behind the wallpaper has escaped from her prison, and that she has seen her around during the day. Gilman's protagonist then tears off the wallpaper while isolating herself further from her husband and other people in the house. With her frenzied action done, she starts viewing herself and the ‘escaped’ woman as one, a fusion of identities that makes up for her lost one during her ‘recuperation.’ Even so, it is interesting that vestiges of herself are expressed in ways such as: “I've got out at last....in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!” (Gilman 18).

It is interesting that the woman ‘trapped behind’ the wallpaper is called Jane, a common name that the police use to mark unidentified victims (‘Jane Doe’). Since she identifies with the woman, the narrator is now essentially Jane. On the other hand, her husband is John, another common enough name. Whether the author intended this to show the commonplace nature of such illness is doubtful, but it does not take away from the symbolism of the same.

‘Jane’ is pushed further into her delusional state by the exhaustion she experiences from having to keep up appearances for not only well-wishers, but even her dearest ones, lest it may cause them ‘worry.’ The narrator writes: “Nobody would believe what an effort it is to do what little I am able, – to dress and entertain, and order things” (Gilman 5). She is deprived of creative stimulus, and in spite of all the ‘care’ around her, there is not one person who she is sure would listen to her without passing any judgement. Her brother is also a physician and he deems John’s course of action for her cure the best option. Her husband believes he knows best, because his society and his education tell him so, and the ailing wife is neglected: “But these nervous troubles are dreadfully depressing. John does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him” (Gilman 5). There is no ‘reason’ for the narrator to be unhappy – on the surface, she is loved and cared for by her husband. But is that really so? Her husband dismisses her opinions, reflecting patriarchal society’s beliefs about a woman’s thoughts. He laughs at her, she says, and she supposes it to be natural in a marriage. Communication always fails wherever comprehension is impossible, so is the case with John who talks to his wife and cares for her, but does not understand her, and pushes her further to the edge:

At first he meant to repaper the room, but afterwards he said that I was letting it get the better of me, and that nothing was worse for a nervous patient than to give way to such fancies. He said that after the wallpaper was changed it would be the heavy bedstead, and then the barred windows, and then that gate at the head of the stairs, and so on. (Gilman 5)

Another unconventional aspect of the female narrator is the relative antipathy she displays towards her baby. As mentioned earlier, her symptoms resemble what we now know as post-partum depression, and early on in the story she writes: “It is fortunate Mary is so good with the baby. Such a dear baby! And yet I cannot be with him, it makes me so nervous.” (Gilman 5)

The Foucauldian beliefs we discussed earlier are reflected both in the taboo that is thought of about suicide engenders in ‘Jane’, as well as in the patronising attitude that John displays toward his wife. Here in this story, there exists truly the ‘father’ doctor – ‘child’ patient dynamic as well as the ‘dominant’ male – ‘submissive’ female dynamic. John is a physician, and so is adamant about knowing best. The narrator is the recalcitrant female-child here, too emotional, too impulsive, too unreasonable, while John stands as the repose of contemporary medical knowledge, his knowledge so mighty in its ivory tower that by the end of the story, John is the one who seems quite foolish for not listening to the patient about her illness: he faints when he breaks into the locked room and sees her creeping and tearing at the wallpaper.

The other Foucauldian idea is that of the taboo associated with suicide. At the beginning of the story, the narrator is concerned with healing herself, she is grateful for the care she receives from her husband. However, throughout the story, we see her obsession with the “dull yet lurid orange” wallpaper grow exponentially. She sees a woman, or multiple women creeping along behind the wallpaper. Since ‘Jane’ has no outlet for her thoughts save her forbidden writing, she becomes “...angry enough to do something desperate...To jump out of the window would be admirable exercise, but the bars are too strong even to try” (Gilman 17). Ultimately, she becomes so dissociated from reality that she identifies with the wallpaper woman, an ignored identity creeping all over the room and sees her husband as someone to ‘creep over’ while he lies in a swoon.

Gilbert and Gubar’s theory lends itself not only to Gilman as the author, but to the narrator who has been denied her decisions about her life. The feeling of helplessness and haplessness pervades her diary entries: “If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do? My brother is also a physician, and also of high standing, and he says the same thing . . .” (Gilman 3)

The lack of the narrator’s agency shines through: she does as is deemed best by two important male figures in her life, even though she disagrees privately, because she knows their opinion would be approved by society. The other female character in the house, John’s sister Jennie, is the housekeeper, and she enforces the decisions made by her brother for her sister-in-law’s ‘well-being.’ She also lacks agency, and because the story does not focus on her, we never know if she agrees with her brother’s opinions or is just humouring him.

Elly Higginbottom and Escapism in *The Bell Jar*

In Sylvia Plath's semi-autobiographical *The Bell Jar*, the protagonist Esther Greenwood grapples with an internal conflict between her individual desires and societal expectations, ultimately contemplating suicide as an escape from societal constraints. Esther is Plath's literary alter-ego, and her relationship with her mother reflects Plath's strained dynamics with her own mother. Esther is preoccupied with the realization that she has never been truly happy after her father passed when she was nine; that her last truly-happy memory is of spending a day with her father at the beach. Even after attaining many conventional achievements (grants, editorship of her college magazine, attending university at Harvard), her life is not as happy as she imagined it would be at the prestigious internship she does in New York City, where the story begins. Esther seems to be living her dream life, but the rush of achievements she has single-mindedly dogged for has left her immune to their joys. She has also internalized the concept of female sexual 'purity,' wherein women were supposed to 'save' themselves for marriage, while men were fully entitled to experiment and sow their wild oats. Esther's two friends, Betsy and Doreen, stand on opposite spectrums of the issue – Betsy is chaste, pure, virtuous; while Doreen is adventurous and does not attach her self-worth to her virginity. Esther swings between wanting to be the societal conformist and wanting to explore her opportunities like Doreen. Her work in New York exposes Esther to a variety of people and experiences, but she is stifled by her upbringing and beliefs, and there is a void in her that does not admit the 'joys' she sees outside herself, and nor does it let her find any 'joys' within herself: "The silence depressed me. It wasn't the silence of silence. It was my own silence" (Plath 20), and "I couldn't see the point of getting up. I had nothing to look forward to" (Plath 123).

Esther experiences dissociation between her mind and her body, repeating throughout the novel her wish to be freed of her body. Eventually, she views her body as her enemy, and tries to catch her limbs and features red-handed in the act of doing something subversive to 'trick' her. She starts viewing her arms as "a heap of cornflowers," and her face in the mirror in the aftermath of her suicide attempt seems to be of a "fat Chinese woman," not her own. Unhappiness at work, the conflicting beliefs in her mind, and the hypocritical people she experiences around her, all add to her gradual descent into suicidal tendencies.

"To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream" (Plath 250). One of the prominent reasons behind Esther's psychosis was her

realization that her beloved father was dead and her hated mother alive: she had never mourned her father completely. She had been unable to honour the memory of the parent she loved. Coupled with this was her rejection from a summer writing course that she had applied for in New York City. Esther realized that she would have to go back home to the suburbs to live with her mother and the thought was unbearable for her. For Esther, the horror is not outside as it is for Gilman's protagonist. It exists within her, and around her as the 'bell jar' of the above quote – the cloistered vessel is how she views her world to be. At home, she sees herself only through her 'illusionary' shortcomings – these reflect her mother's opinions on what a young white woman of the 1950s ought to know, and Esther spirals into depressive episodes. She feels unable to take care of herself, even though she wants to, and becomes an insomniac: "The reason I hadn't washed my clothes or my hair was because it seemed so silly.... It seemed silly to wash one day when I would only have to wash again the next. It made me tired just to think of it. I wanted to do everything once and for all and be through with it." (Plath 135)

Esther never intends to marry, to put herself into the position of 'servility and sacrifice' that she sees women around her do. "The trouble was, I hated the idea of serving men in any way" (Plath 79). She had been a high-achieving go-getter throughout school and college, and the thought of domestic servility strangles her, so to say. When Buddy, her boyfriend, proposes to her, she refuses to marry him. She cannot reconcile Buddy's 'chaste' and 'upstanding gentleman' act with his act of premarital sex, which she calls hypocrisy. Moreover, Buddy appears a gentle, 'good' man on the surface, but he dismisses Esther's poetry and essentially wants someone to take care of him after marriage like his mother did. Esther is further disgusted by this. Dr. Gordon represents the patriarchal system that tells women that society knows more about their minds and bodies than they do. His incorrectly administered electroshock treatment drives Esther to several suicide attempts. Dr. Nolan, on the other hand, is a female doctor who believes in listening to the patient and not patronising them. Her treatment, coupled with her non-judgemental attitude toward Esther, results in the latter feeling at peace with herself by the end of the novel.

The Foucauldian doctor-patient relationship plays between different characters as 'doctors' and Esther as 'patient.' The men she dates, her mother, and Dr. Gordon function as the 'patronising doctors' in Esther's life. Their dismissal of her beliefs and the imposition of their own on her make Esther feel suspicious of herself, since 'they know better.' In contrast, in Dr.

Nolan, Esther finds the ‘compassionate doctor,’ who understands her and tries to help her believe in herself, to put it simply. The taboo related to suicide is not written as much as felt in the novel. Esther plans about death, but she has several concerns about someone ‘interrupting’ her, such as her mother, and her plans never become action. Her first almost-successful suicide occurs a day after her visit to her father’s grave for the first time, when she finally reconciles herself to the fact that he is no more. In this novel, the taboo of suicide is not so much about the action as about the consequence. Esther is unable to recognize herself after her suicide attempt, so far has her mind moved away from her body.

Gilbert and Gubar’s concern with female agency is reflected here in the ways that Esther responds to the imposition of societal rules on her. Her mother projects her own desires onto her and tries to mould her into the perfect young white woman of the 1950s, while Esther acts foolish and subservient around the men she dates in fulfilment of the ‘desirable woman’ trope. Her mother’s exercise of her agency robs Esther of her own, so much so that she once fantasises about moving to Chicago under the alias of Elly Higginbottom, the latter being a desperate attempt to claim her agency. It is in suicide that she finds recourse to exercise her agency, as also in the novel she plans to write – the protagonist Elaine is Esther herself, “a doll in a doll’s house” (Plath 116). Her disassociation is evident, and as readers, her course of action seems painfully reasonable as a reaction against her inner and outer worlds.

Conclusion

“This determination to die, strange and yet so persistent and constant in its manifestations ... was one of the first astonishments of a society in which political power had assigned itself the task of administering life.” (Foucault 139). Foucault’s idea of death being as taboo as sex and sexuality did not particularly take root. However, in everyday life, suicide became a taboo. Nonetheless, this reality is gradually changing as people are having open discussions about suicide, its ideation and the reasons that drive an individual to voluntary death. It is also true that suicide is legally punishable in many countries, and therefore, like what Foucault says in the aforementioned quote, political power administered life, and was also invested with the power to take the choice of death away.

Once suicide was accepted as a common fact of society- not as a noble Roman alternative, nor as the mortal sin it had been in the Middle Ages, nor as a special cause to

be pleaded or warned against- but simply as something people did, often and without much hesitation, like committing adultery, then it automatically became a common property of art. (Alvarez 1971)

Perhaps life imitates art, perhaps vice-versa, but the fact remains that viewing suicide as a result of social and personal upheaval allowed people to be more honest about and accepting of it. The result was its widespread, general use in literature as a device, and further acceptance in a type of circular cause and effect.

Seventy-five percent of successful and would-be suicides give clear warning of their intentions beforehand, and are often driven to the act because their warnings are ignored or brushed aside At a certain point of despair a man will kill himself in order to show he is serious. It is also estimated that a person who has once been to the brink is perhaps three times more likely to go there again than someone who has not. Suicide is like diving off a high board: the first time is the worst. (Alvarez 108)

Both the protagonists in the two texts discussed think about committing suicide in various ways, but of course, they do not think of it as a means to embrace death, but as a way to escape life. It is interesting that the writers of these texts, both women, died by suicide, just like their characters hoped to, as if their characters had been offered second chances (which the authors did not get), while the authors themselves closed off the stories which their characters might have lived.

Charlotte Perkins Gilman was herself prescribed the 'rest-cure' which her unnamed narrator is also prescribed for recuperation. The doctor which 'Jane' is threatened that she would be sent to was Weir Mitchell, who had prescribed complete rest to Gilman and turned her almost crazy. It was from personal experience that Gilman wrote this story as a sort of warning to people who were themselves suffering from psychological illnesses, or had family members or friends suffering from similar conditions. Suicide ideation comes from the refusal to listen to the patient, and from the assumption that professional and/or anecdotal evidence can completely replace a patient's personal testimony. Therefore, the suicidal tendencies exhibited by the nameless narrator are intensified by invalidation and neglect; the constant lack of creative stimulus and an empathetic person to share her writings with create her need to focus all her creative energy on the yellow wallpaper, to see shapes in it, to imagine a story for it, and

inevitably become one with her obsession. Lack of agency (here, female agency) equals invalidation, and constant, severe invalidation results in suicide ideation.

Sylvia Plath was afflicted by suicidal tendencies for a long time. Her thoughts about suicide are reflected in Esther's choice of instrument for suicide – whether it should be hanging, or slitting her wrists, whether she could shoot herself, or jump from high up – and all of this marred by the anxiety of her mother coming home early and her act of suicide not yet being complete; or by her worries about a slow death, or worse, an unfinished death if she missed her gunshot, or failed to break her neck on jumping. Unlike her character who survives, Plath committed suicide a month after the novel's publication in 1963 by carbon monoxide poisoning, a method she had not contemplated through Esther in her novel. It is interesting that Plath had used an alias, Victoria Lucas, to publish the novel. As mentioned before, Plath's relationship with her mother was strained; perhaps it was why her mother had objected to the publication of the novel. Esther's experiences were limited by the opinions of her mother; she felt neglected and invalidated by her mother and her society at large, leading her to the slow, methodical contemplation of suicide and how to put it into action. Like Gilman's protagonist, Esther's invalidation led to her lack of agency, and the consequent suicidal ideation.

In conclusion, the study of suicidal ideation in literature through these two texts serves as a powerful reminder of the complexities of the human psyche, and the search for personal identity in a constantly changing society. Through "The Yellow Wallpaper" and *The Bell Jar*, we have witnessed how 'Jane' and Esther Greenwood grapple with a debilitating internal world, which is often exacerbated by external influences like the dictums of society, which snatch their autonomy and agency. Suicidal ideation is a battle with oneself, and some people see the fight as brave. In this battle, individuals confront the stifling expectations of society, the burden of individual trauma, as well as the isolation of mental illness. Moreover, narratives about suicide prompt society to critically engage in discussions about the ways in which societal norms and structures help facilitate or hinder the psychological well-being of individuals. Narratives such as the ones analysed encourage readers to be empathetic, aware, and understand the issues of mental health and its relationship with suicidal ideation. Therefore, the study of suicidal ideation in literature highlights the importance of compassion and support. It stresses the role played by community and society to detach from suicide the stigmas attached to suicide, and enable suffering individuals to live fulfilling, happy lives.

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