



Ontological Insecurity and Self-Division: Re-reading *The Bell Jar*

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Abstract: As Sylvia Plath's sole novel, *The Bell Jar* is frequently codified as a semi-autobiographical Bildungsroman or a clinical narrative of depression. However, traditional biographical and sociopolitical feminist critiques often fail to fully elucidate the internal philosophical mechanics driving protagonist Esther Greenwood's mental collapse. Utilizing R.D. Laing's existential psychiatry — specifically the concepts of ontological insecurity, the false-self system, and the tripartite anxieties of engulfment, petrification, and implosion — this paper re-examines Esther's spiritual crisis. It argues that Esther's psychological disorder functions not merely as biological madness, but as a strategic defense mechanism constructed to cope with the ontological threats of 1950s American patriarchy and the coercive psychiatric gaze. By analyzing interpersonal subjectivity loss, bodily alienation, and defensive suicide, this paper reveals Esther's madness as a desperate existential strategy to preserve her true self.

Keywords: *The Bell Jar*; Esther Greenwood; ontological insecurity; self-division

1. Introduction

Sylvia Plath's *The Bell Jar* (1963) occupies a universally recognized and central position in twentieth-century American literature, functioning simultaneously as a defining narrative of female subjectivity and a harrowing chronicle of psychological breakdown. Published under the pseudonym Victoria Lucas merely a month before Plath's own tragic suicide, the novel has long been entwined with the mythos of its author. While the narrative ostensibly chronicles the protagonist Esther Greenwood's descent into severe clinical depression during and immediately following a prestigious 1953 New York fashion magazine internship, its underlying narrative tension is far more philosophically complex than a simple medical case study. The profound friction within the novel derives from the violent, irreconcilable collision between an individual's desperate quest for authentic agency and the rigid, preordained societal expectations of the Cold War era.

The historical backdrop of 1953 is intrinsically linked to the novel's atmosphere of paranoia and suffocation. It was an era characterized by McCarthyism, the impending execution of the Rosenbergs, and an aggressive push towards domestic containment that sought to relegate women strictly to the suburban domestic sphere. Beneath the dark humor, poetic imagery, and cool detachment of Plath's prose lies a profound existential allegory of survival. The novel aggressively subverts the traditional Bildungsroman — the classic novel of formation and integration — reconfiguring it instead into an Anti-Bildungsroman, a narrative that actively rejects traditional growth trajectories to resist a culturally mandated destiny.

For decades, the critical reception of *The Bell Jar* oscillated between sensationalized biographical indexing of Plath's own personal tragedy and macro-level sociological analyses of restrictive gender roles. Yet, reducing Esther's mental collapse to a mere reflection of biological illness or standard patriarchal oppression critically overlooks the sophisticated, intentional philosophical architecture of her madness. When re-examined through the highly specific theoretical lens of existential psychiatry, Esther's psychological deterioration emerges not as meaningless chaos or a purely chemical imbalance, but as an acute, deeply felt ontological crisis. This paper contends that Esther's madness operates as a highly complex, albeit agonizing, defense mechanism — a desperate, strategic attempt to maintain the existence of an uncontaminated "true self" against a pervasive, panoptic society intent on obliterating it.

2. Literature Review

The critical history of *The Bell Jar* demonstrates a steady theoretical evolution. In the immediate decades following its publication, critics largely equated Esther Greenwood with Plath, reading the novel as a clinical transcript of pathological depression. While this established the text's notoriety, it inherently limited an appreciation of its artistic and philosophical construction.

With the ascendancy of second-wave feminism, the critical paradigm shifted toward socio-historical contexts. Linda Wagner-Martin established that Esther's tragedy was propelled by the combined forces of 1950s American McCarthyism and the coercive ideology of the domestic housewife, demonstrating how patriarchal systems discipline non-compliant women

[1]. Allison Wilkins expanded on this by defining the “Domesticated Wilderness,” analyzing how female subjectivity is crushed under the dual siege of family and society [2]. Domestic scholarship echoed these themes, with researchers noting that Esther’s trajectory subverts the traditional Bildungsroman, moving toward division rather than integration [3].

In recent years, the intersection of feminist psychoanalysis, cognitive linguistics, and the medical humanities has profoundly deepened this discourse. Renée Dowbnia analyzed Esther’s anorexia and bulimia as somatic resistance against consumerist objectification [4]. Yang Guojing utilized Foucault to highlight the text’s anti-psychiatry themes, framing madness as bodily resistance to the medical gaze [5]. Most recently, scholarship has emphasized the limitations of clinical frameworks, arguing that psychological distress in the novel must be examined beyond diagnostic categories, viewing depression as a structural crisis of purpose. Despite this rich multidimensional network, existing research frequently lacks an ontological bridge connecting macroscopic social oppression directly to the microscopic mechanisms of psychological collapse. R.D. Laing’s existential psychiatry provides this exact connective tissue.

3. Theoretical Framework: R.D. Laing and Ontological Insecurity

To comprehend the intricate mechanics of Esther Greenwood’s mental breakdown, the definition of the “Self” must move beyond traditional Freudian psychoanalytic instincts — which often reduce mental conflict to biological urges clashing with social norms — or Sartrean alienation, turning instead directly to the phenomenological insights of existential psychology. In his seminal 1960 text, *The Divided Self: An Existential Study in Sanity and Madness*, the radical British psychiatrist R.D. Laing provided a revolutionary framework for understanding schizophrenia, psychosis, and severe depression. Laing radically argued that such states are not inherently biological illnesses or meaningless chemical misfires, but rather the logical outcome of a desperate struggle to preserve a core self that feels constantly threatened with absolute destruction [6].

Laing postulates two fundamental phenomenological states of human existence. The first is Ontological Security, wherein an individual possesses a firm, continuous, and robust sense of being real, integrated, and alive. This stable foundation allows the ontologically secure person to interact naturally and safely with the external world and other human beings without fearing that such interactions will annihilate their core identity. The second state is Ontological Insecurity. For the ontologically insecure individual, basic, everyday existence is not a taken-for-granted fact; rather, they are continuously haunted by the pervasive, terrifying threat of “Non-being” or complete ontological erasure.

To survive in a world perceived as inherently hostile, the insecure individual remains in a state of hyper-vigilance, constantly defending against three specific existential anxieties outlined by Laing: engulfment, petrification, and implosion [6]. To navigate these continuous threats — which, within the specific socio-historical matrix of 1950s America, were heavily codified within patriarchal marital discourse, consumerist media propaganda, and medical surveillance — the individual constructs what Laing terms a “False-Self System”. In this defensive maneuver, the true self is withdrawn deep internally for protection, isolated from reality, while a compliant, performative, and highly adaptable false self engages with the external world. While this profound psychological split allows for basic survival and functional masquerade within oppressive social relations, the excessive expansion and prolonged dominance of the false self ultimately risks the total exhaustion, starvation, and inevitable collapse of the true self.

4. Engulfment Anxiety and Loss of Subjectivity

In the first half of *The Bell Jar*, as Esther navigates the elite but shallow world of New York publishing and her collegiate life, her primary ontological crisis manifests as a profound fear of engulfment. In Laingian terms, engulfment is the sheer terror of losing one’s independent identity and subjective boundaries through any form of intimate union or relationship with others. This anxiety absolutely dominates her interpersonal relationships, particularly her fraught dynamic with her presumptive fiancé, Buddy Willard.

Buddy represents the quintessential, unassailable 1950s American middle-class male ideal: he is a Yale graduate, a prospective doctor, handsome, and the unquestioned beneficiary of systemic patriarchal privilege. However, rather than viewing him as a desirable partner, Esther accurately perceives his existence as a direct, lethal threat to her own subjectivity. Buddy seeks to seamlessly assimilate Esther into his preordained, heteronormative life trajectory, requiring her to sacrifice her poetic ambitions. His patronizing assertion that “What a man is is an arrow into the future, and what a woman is is the place the arrow shoots off from” [7] explicitly defines women as purely functional, static background apparatuses designed solely to facilitate male ambition. For Esther, who possesses acute and fierce self-awareness, accepting this supportive role does not merely mean compromising her career; it means total ontological erasure. She acutely fears that marriage will leave her downtrodden like a kitchen mat, entirely stripped of personal color and subjective reality.

To actively defend against this threat of engulfment, Esther adopts a psychological strategy of “unembodiment.” When

Buddy awkwardly exposes himself to her, her reaction is stripped of passion or normative romantic engagement; instead, she assumes a clinically indifferent posture, infamously likening his genitals to “turkey neck and turkey gizzards” [7]. This deeply desexualized, clinical gaze is not merely an expression of emotional disgust or puritanical modesty; it is a desperate, highly effective psychological resistance employed to maintain the structural integrity of her own boundaries when they are threatened by another’s sexual and emotional desires. By detaching herself from bodily experience and retreating into the mind of a cold spectator, she prevents herself from being swallowed by Buddy’s expectations.

This profound engulfment anxiety extends beyond romantic relationships to encompass her violent rejection of established female societal roles. Her neighbor, Dodo Conway — a Catholic mother of six who is entirely consumed by continuous reproductive and domestic functions — evokes visceral, physiological suffocation in Esther. In Esther’s eyes, Dodo’s life symbolizes the complete, terrifying dissolution of female subjectivity into pure biological utility. The terror of being swallowed by these culturally mandated roles induces a severe state of cognitive paralysis, immortalized in the novel’s famous fig tree metaphor. Sitting in the crotch of the metaphorical fig tree, Esther watches potential futures wrinkle and fall to the ground because choosing any single branch implies being permanently locked into, and thus irreversibly engulfed by, that specific role. Consequently, paralyzed by the double bind of patriarchy, she chooses not to choose, adopting a strategy of total withdrawal that inevitably accelerates her detachment from reality.

5. Petrification and Discipline Under the Medical Gaze

When Esther’s initial, fragile defense mechanisms fail and she is subsequently absorbed into the institutional psychiatric system, she encounters a more severe, institutionalized ontological threat: petrification. In existential psychiatry, petrification is the profound fear of being turned from a living, breathing subject into an inanimate object, a specimen, or a biological machine. This horrifying process of objectification is executed flawlessly by the unquestioned institutional power of the 1950s medical establishment.

Dr. Gordon, the imposing embodiment of psychiatric authority in the text, functions not as a compassionate healer, but as a rigid disciplinary agent enforcing patriarchal norms and social conformity. When Esther desperately attempts to articulate the terrifying internal fragmentation she is experiencing, Gordon blatantly refuses to listen to her subjective truth. Instead, he parades a photograph of his own beautiful, normative, idyllic family. This seemingly banal, conversational act is, in fact, an exertion of immense institutional violence; it establishes an absolute, unyielding standard of societal conformity and instantly isolates Esther, petrifying her into the position of a defective, abnormal specimen. Gordon’s clinic operates precisely as a Foucauldian miniature panopticon, subjecting Esther to continuous, dehumanizing surveillance. Under his clinical gaze Esther is aggressively stripped of her existential freedom and petrified into a mere object awaiting mechanical repair.

This petrification culminates in a state of severe bodily alienation through the administration of unanesthetized electroconvulsive therapy (ECT). Plath brilliantly describes the violent shock through metaphors of punitive power: “Then something leapt out of the lamp in a blue flash and shook me till my teeth rattled” [7]. The electrical current acts not as medicine, but as a physical punishment designed to forcibly shatter her mental resistance and reconnect her aberrant brain to societal expectations, directly mirroring the historical use of asylums to discipline and silence unreason. The sheer trauma of the ECT severs Esther’s final psychological connections to her own flesh; she begins to perceive her body not as herself, but as a betrayer and a hostile cage.

This profound, medically induced alienation triggers what can be read as a reverse collapse of the Lacanian mirror stage. Esther repeatedly fails to recognize her own physical reflection, disturbingly describing her battered face in the mirror as a “big, smudgy-eyed Chinese woman” [7]. This severe mirror recognition disorder signifies the complete, devastating rupture of her identity. Within Laing’s existential framework, this indicates that Esther’s true self has retreated entirely into the dark, unreachable depths of the psyche, coldly and helplessly observing the “false body” as it mechanically navigates the physical world. Esther’s extreme, phobic aversion to being photographed stems from this exact same terror; the camera lens, identical to the psychiatric gaze, threatens to suck away her remaining soul and freeze her permanently into a static, petrified object.

6. Implosion, Spatial Segregation, and Defensive Suicide

As external societal pressures relentlessly mount and her elaborately constructed false-self system collapses under the unbearable weight of its own internal hypocrisy, Esther enters Laing’s third and final phase of ontological crisis: implosion. Having spent years painstakingly constructing an exhaustive false identity as “Elly,” the scholarship-winning, perpetually cheerful intern, Esther suddenly finds that the internal vacuum created by the starvation of her true self is completely unsustainable [6]. When relatively minor professional failures shatter her perfect, high-achieving mask, the entire psychological

edifice collapses instantaneously, and the titular bell jar finally descends upon her.

The bell jar is far more than a convenient literary metaphor for clinical depression; it represents the absolute, suffocating closure of Esther's psychological and phenomenological space. It decisively isolates her from a highly toxic external reality. Inside the glass walls of the jar, Esther stews in her own sour air, yet paradoxically, she simultaneously achieves a pathological, desperate form of security. By consciously stopping basic human functions — refusing to bathe, sleep, change clothes, or even think in a linear fashion — Esther enacts an extreme existential retreat. Cutting off all sensory input and interaction is not an act of lazy surrender or mere fatigue, but a highly strategic, final defense mechanism designed to preserve the last, microscopic remnants of the true self within a sterile vacuum, thereby preventing her total assimilation and annihilation by the external world.

Viewed from this existential perspective, Esther's subsequent, meticulously planned suicide attempt in the dark crawl space of her home is not an act of simple self-destruction or surrender to the illness, but rather a radical, explosive eruption of subjective agency. She deliberately retreats to the basement — a dark, subterranean space heavily symbolizing both the maternal womb and the burying earth — to swallow a bottle of sleeping pills. This deeply symbolic act constitutes an existential ritual attempting to shed the agonizing false identity and seek a profound spiritual rebirth. Esther does not genuinely desire the biological death of her physical flesh; instead, she desperately desires the termination of the agonizing, performative false self that society has forced her to wear. Her suicide attempt stands as a conscious, ultimate resistance against the institutionalized violence and rigid conformity of her era, representing the absolute rejection of the scripted life paths offered by figures like Buddy Willard and Dr. Gordon. It is only much later, through the compassionate, progressive intervention of Dr. Nolan — a female psychiatrist who provides genuine intersubjective understanding, validates Esther's anger, and grants her bodily autonomy through birth control — that Esther's ontological insecurity is sufficiently alleviated, allowing *the bell jar* to lift and permitting her tentative return to the world.

7. Conclusion

Re-reading *The Bell Jar* through the theoretical architecture of R.D. Laing's existential psychiatry fundamentally alters our understanding of Esther Greenwood's mental breakdown. By peeling back the layers of biographical assumption and diagnostic categorization, we recognize Esther's madness not as meaningless chaos, but as a harrowing battle for the defense of human existence.

Trapped in the Cold War ideological landscape of the 1950s — a society that sought to engulf women in domesticity and petrify non-conformists under the clinical gaze — Esther was forced into profound psychological division. Her withdrawal, her implosion beneath *the bell jar*, and her descent into the crawl space were strategic maneuvers executed to guard an uncontaminated, true core of selfhood. In transforming individual pathology into a universal existential crisis, Plath exposes the massive social machinery dedicated to discipline and punishment. Ultimately, Esther's journey underscores the necessity of intersubjective empathy over mechanical clinical detachment. *The Bell Jar* reminds us that true healing cannot occur through coercion, but only when the individual is recognized and respected as an autonomous, ontologically secure subject.

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