



**Narratives of Depression: A Study of Select  
Contemporary Texts**

**Thesis submitted for the award of the Degree of**

**Doctor of Philosophy**

**In**

**English**

**by**

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**2022**

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## **ABSTRACT**

Depression is a symptom of mood disorders such as major depressive disorder or dysthymia. People suffering from depression are usually sad and anxious; they may also feel hopeless, dejected or worthless. Depressed people live life in a cocoon leading to total alienation from life all around. Other symptoms expressed may include sense of guilt, irritability or anger. Further feelings expressed by these individuals may include feeling ashamed or restless. These individuals may lose interest in activities that they once considered pleasurable or otherwise experience either a loss of appetite or overeat. Depressive people tend to become irritable, cannot focus and feel fatigued all day long, no matter how long they sleep. They feel worthless and guilty. They find life meaningless and find it difficult to make decisions or have trouble in relationships. Depression is usually associated as a part of psychology and people going through depression do not open up about problems they undergo as it is stigmatized as mental illness.

A more serious issue is the inability to make the close ones understand the chaos the depressed is battling. The reason for this is the stigma associated with mental health concerns, as well as the fact that many people are uncomfortable knowing or accepting that people might suffer from mental illnesses. Mental health conditions such as depression, bipolar disorder, anxiety, depression, schizophrenia, PTSD, and others are stigmatized merely because society feels uncomfortable and do not know how to deal with them. Books written by authors who specialize in the subject matter can assist some

readers in recognizing the problems of depression in their lives, as well as help care providers in dealing with the depressed patient.

My research attempts to depict depression in literature and explore the various motifs and literary devices used to depict depression in literature. The research will also attempt to identify the way depression is projected through its signs and symptoms. The role of literature to help deal with depressive mood will be thoroughly discussed. To study depression in literature, three primary texts have been selected, *The Bell Jar* by Sylvia Plath, *Darkness Visible* by William Styron and *The Hours* by Michael Cunningham. The study is qualitative in nature and selected texts are studied through textual analysis. The present study has been divided into five chapters that are as follows:

1. Introduction
2. The Belle and The Bell Jar
3. The Visible Invisible
4. Three Women's Narratives And A Critique Of Depression
5. Conclusion

The primary purpose of the research is to impart deep knowledge and enhance understanding of depression in addition to medical field which is covered in the introductory chapter. The causes of depression are underestimated and complicated, and no single treatment is effective for everyone. This research may help to act as a catalyst to encourage sufferers of depression and all those who get affected by it in direct or indirect manner to discuss the issue without any fear of getting attached to the stigma. It

should be normal to discuss this issue like any other serious disease to make the sufferer of depression comfortable.

The second chapter entitled “The Belle and The Bell Jar” is the study of a semi-autobiographical novel, *The Bell Jar* which is written By Sylvia Plath. This chapter studies depression and its suffering of the protagonist, Esther, a college girl. Plath wrote mainly from personal experiences and described her depression lucidly in her writings particularly in *The Bell Jar*. It explores how Esther was sentenced to stay in a mental institution and how she tries to overcome life altering issues such as depression, isolation, sexual identity and the idea of mortality. She constantly feels “very still and empty” due to her depression and feels isolated from the rest of the society.

It has been observed that Esther’s experiences in the real world and her cure may act as a milestone and serve as means of self-discovery and understanding. The chapter studies the character’s struggles in figuring out her desires, understanding and dealing with death, and examining her relationships with her friends, parents and other adults. For a girl coming from small town to a big city is always a dream and Esther lived that dream working with famous editor of a fashion magazine but missed something and that feeling constructed in her an emptiness leading to the state of being depressed. It is considered a sign of depression if an individual has depressed mood most of the day and almost every day, feels sad, empty or hopeless. Depressing signs can be noticed at an early stage in Esther which become prominent later in her life. Esther had no idea that she was in the initial stage of depression as some may not “even be aware of the fact that

they are actually experiencing symptoms of depression”. Thus, the feature of sadness is often observed in Esther which quite evidently depicts her descending in depression.

Reading Esther’s story can be valuable for patients of depression and even those who are in its initial stage by means of catharsis. Esther was very cynical about being a married woman as she felt she “knew that inspite of all the roses and kisses and restaurant dinners a man showered on a woman before he marries her, what he secretly wanted when the service ended was for her to flatten out underneath his feet like Mrs. Willard’s kitchen mat”. She felt that she could not be happy leading the kind of life as the women of her society were doing. It presents her feministic thoughts which make her feel disappointed with her life. This chapter delineates that a psychiatrist’s approach to the patient is very essential in understanding the pain and problems. Talking to the doctors can unburden their pain largely and help them face the problem and find resolution bravely. Patients of depression like Esther reveal that they want to heal themselves but negativity and sufferings make it difficult to bring out anything positive. Depressive people like Esther become careful not to share their predicament in case they may be ridiculed which hinders them from seeking help. Patients of depression like Esther reveal that they want to heal themselves but negativity and sufferings make it difficult to bring out anything positive. Through Esther it has been realized that sufferers of depression want someone to recognize their struggles which is an essential aspect in patients of depression. This chapter thus emphasis the necessity to spread as much awareness about mental illness as it would help directly and indirectly to those suffering from depression. The caregivers and society around them get a chance to realize the torments they pass



through which could help them to provide better care and teach them to be patient with their patient. Writers suffering from depression intuitively write on topics related to depression and suicide which serve as a clue or gives inkling about their depressive state even before its diagnosis.

The chapter “The Visible Invisible” is the third chapter that deals with memoir of William Styron, *Darkness Visible: A Memoir of Madness*, published in 1990. It chronicles his depression, suffering, treatment and recovery. This chapter describes depression by Styron who sees it as a serious illness, comparable to cancer or diabetes, which is treatable but difficult to treat and is challenging. This chapter focuses on the explanation of danger of this disorder and how it affects a person's physical and psychological well-being at the same time. Among the first people to publicly acknowledge his battle with depression, William Styron shares a haunting account of his own depression and the struggle for recovery in the memoir, *Darkness Visible*. It details the way Styron had no clue about what really was depression and how deep was its pain and trauma. This chapter delineates how description of depression by Styron compels us to sympathize with him as it reflects the fear he anticipates from his suffering when he harks back to the depressed position of his friends.

Numerous myths surround the experience of depression in the western world, many of which are responsible for the stigma, shame and anxiety that plague those who suffer from depression in the first place. People who have no experience of this illness can get an idea about depression through studying the life of these people. Styron realized

that the common people had no familiarity with depression as they had with other physical diseases.

Styron believes “Through the healing process of time—and through medical intervention or hospitalization in many cases—most people survive depression, which may be its only blessing; but to the tragic legion who are compelled to destroy themselves there should be more reproof attached than to the victims of terminal cancer”.

By writing about depression and suicide, that accompanies it, Styron has used writing as an instrument to express and share knowledge and experience to create awareness among people. Despite the fact that depression affects people from all walks of life, Styron claims that artists, poets, and writers are particularly vulnerable to depression and suicide. Styron defends writers, their depression and suicide and blames society who fails to understand this serious illness. To acknowledge that one is suffering from depression is in itself a struggle for the depressive. To any other person, these thoughts may be somewhat funny but for people suffering from depression it is far too serious.

One is compelled to empathize with Styron or any other depressed patient when one reads Styron’s extreme struggle during his illness. The difference between the pain of physical illness and depression on behalf of all the people suffering from mental illness is expounded. However, for Styron, hospital works best and he feels the urge to get well and come out of depression. An optimistic view of hospital has been portrayed where depression afflicted people usually avoid going and provides a positive sign for patients going through similar phase giving them some encouragement. Thus, the chapter

explores the importance of making people aware of the seriousness of depression and motivate its sufferers to overcome the struggle with hope and courage.

The Fourth chapter entitled “Three Women’s Narratives and A Critique of Depression” examines depression in the characters of the novel *The Hours*. The novel depicts a single day in the lives of three women who are connected to one another through Virginia Woolf and the characters created by her in the novel, *Mrs. Dalloway*. Clarissa has a friend named Richard who refers to her as ‘Mrs Dalloway’ throughout the novel *The Hours*. This chapter explores depression in Virginia Woolf, Laura Brown, Clarissa Vaughn and Richard Brown.

The chapter focuses on how Woolf spends her days struggling to keep her migraine and inner voices at bay and spends a lot of time attempting to write, most likely in order to dissipate her feelings in a creative way. Woolf believes that she has no control over her writing and that she is a victim of circumstance. The cause of her depression is focused on as she experienced difficult childhood and teenage years which may be one of the reasons for her depression. It is believed that her father too suffered from depression after he lost his wife, Woolf’s sister had mental problems and her brother too had some illness due to which he tried to commit suicide. Woolf believes that it is the pain which has sucked all hope and happiness from her life and has made it difficult for her to have peace of mind. Through her, the reader can quite easily realize, empathize and sympathize with the struggle of patients suffering from depression

Laura Brown in the novel is another character who has no interest in her family which is evidently depicted when she displays interest only for reading. Though from

time to time she reminds herself that she adores her family a lot but it is also the truth that she cannot stop reading and stop herself from feeling guilty about it. She feels oppressed by the fact that she is a member of a family and believes she has lost her own identity and believes she is incapable of becoming an ideal family woman, and in order to escape from all worldly and societal responsibilities, she loses herself in the realm of books. At times, she assumes that she can live like any other normal woman of her time doing her tasks but then panics and feels insecure of herself. Laura experiences suicidal thoughts in between and later forces herself to get back to her usual life focusing on her family. Several symptoms of depression can be observed in her which are explored in detail.

This chapter also discusses the character, Clarissa who feels something lacking in herself as she is considered to be a conventional woman by her friend, Richard and her daughter as well. Cunningham examines the lack of fulfillment and sad life of Clarissa by making the reader witness her reminiscing about her joyful times with Richard. Clarissa acknowledges that the summer she spent with Richard was the most blissful time of her life. She spends a lot of time in her own head, letting her stream of consciousness carry her through the day, deep into memories of her past with Richard, alternate lives they might have had together, and through the murky depths of her subconscious mind.

Clarissa's friend Richard is also delineated as experiencing feelings of worthlessness and negativity which leads him to become depressed and commit suicide.

The fifth chapter is conclusion of the preceding chapters. It has been observed that it is impossible to distinguish between a person suffering from depression and someone suffering from other illnesses, making it difficult to comprehend the true suffering of the

sufferer. Sylvia Plath and Michael Cunningham use narrative writing to discuss their depression, whereas William Styron uses descriptive writing to discuss his depression. Styron's personal account of depression provides a detailed understanding of what depression is actually like, which is important because most people are unaware of its reality. Styron's memoir contributes significantly to our understanding of depression and serves as a guide for those who are depressed and dispirited. It has been observed that as difficult as it is to describe depression, Styron makes every effort to be a voice for the many voiceless people. The story of *The Bell Jar* parallels the life and suffering of Sylvia Plath, who, like Esther, suffered from depression at various points in her life. Plath attempts to depict depression in the shape of a novel through the use of fictional and non-fictional characters, whereas Styron presents facts and detail from all angles on the subject of depression. Almost all characters in the novel *The Hours* are generally dissatisfied with their life and attempt to fit into traditional society, which causes them to struggle with their emotions. These personalities portray people who are unable to express themselves and are scared to express their distress to others. Those who are afflicted by mental illness can benefit from the writings of Styron, Plath, and Cunningham because they serve as a catalyst for them to become conscious of their condition and help to get inspired to combat it bravely.

It has been examined that reading about other people's experiences with depression can be quite beneficial in helping depressives to overcome their difficulties. The present study highlights that letting people know of one's sufferings of depression can sometimes help in attainment of help. Catharsis is also a way to feel other's emotions

which may help people experience emotional release. Reading about other's problems regarding depression and sufferings may be a profoundly emotional experience for someone who has a friend or family member suffering from depression, in the sense that such readers may find themselves understanding and relating to the character's sadness or rage as if it were their own. It may also help to create awareness and decrease the stigma linked to this illness which prevents its sufferers to acknowledge and be open about their depression. Interacting with such narratives can make one feel more connected and can help people who may be dealing with depression or anxiety. The study thus concludes that reading and expressive writing should be encouraged so as to provide alternate means of treating patients suffering from depression and to help caregivers better understand and improvise the dynamics they share with their family and friends suffering from this malady.

## Chapter 1

### Depression: An Overview

If there be a hell upon earth,  
it is to be found in a melancholy man's heart.

*(The Anatomy of Melancholy)*

A growing body of research is available on depression and continues to be enhanced. Despite the fact that more attention is being paid to contextually relevant approaches to the phenomenon, very little is known about the experiences of depressed people. Depression is an illness that is shrouded in mystery (Westerbeek 27). Substantial research is being conducted to understand the disease properly but no theory can explain the origin of depression on a solely somatic basis, because various factors (both internal and external) can disrupt the serotonin metabolism. There are few epistemological narratives of how the people and workplace itself contribute to the development of depression. At best, literary works serve as a representation of human society. Egyptian and Chinese writings to Greek philosophy and poetry, Homer's epics to William Shakespeare's plays, Jane Austen and Charlotte Bronte to Maya Angelou, works of literature provide insight and context of world's societies. Literature is thus more than a historical or cultural entity; it is also access to a new realm of experience. It introduces the subject to readers who may not have experienced the same and can provide knowledge about unknown areas through various genres of literature. Various illnesses and diseases have been used to symbolize or connotate through the characters of different works for exploring humanity and nature since ancient times. Many diseases or illnesses are taken up as the main theme of writing by authors to share their personal experiences in modern literature. Literature

thus is also a representation of the pain and sufferings of people rather than just being the symbol of moral or spiritual corruption. Literature helps a person to ventilate and share their experiences. Sherrie Negrea in *Rutgers News* quotes Associate Professor of Rutgers University, Ann Jurecic, “These texts invite readers to pay attention to the complex ways that writing and reading sustain individuals, communities and cultures,” she says. “Literary narratives about illness, both fiction and nonfiction, allow us to explore the complex meanings of human fragility and mortality”.

Depression is a condition of low mood and aversion to the activity which can disrupt a person’s thoughts, behaviour, feelings, and sense of well-being. It is a common response to traumatic occurrences in life, such as the loss of a loved one. It is also a symptom of some physical diseases and a side effect of some drugs and medical treatments. Depression is a symptom of mood disorders such as major depressive disorder or dysthymia (Wikipedia). Seligman (1973) referred to depression as the ‘common cold’ of psychiatry because of its frequent diagnosis. Depressed people, most of the time in their gloom, isolate themselves. A characteristic of depression as a clinical disorder is the presence of a dysphoric mood, which is characterized by feelings of sadness, hue, “down-in-the-dumps,” or depression (Prusoff et al. 53). Such feelings, on the other hand, are common in the general population and do not necessarily indicate clinical impairment. Depression, according to clinical definitions, entails more than just the presence of a depressed mood (Rosenthal et al. 34).

People suffering from depression are usually sad and anxious; they may also feel hopeless, dejected, or worthless. Depressed people live life in a cocoon leading to total alienation from life all around. Other symptoms expressed may include a sense of guilt, irritability or anger. Further feelings expressed by these individuals may include feeling ashamed or restless. These individuals may lose interest in activities that they once considered pleasurable or otherwise experience either a loss of appetite or overeating. Depressive people



tend to become irritable, cannot focus, and feel fatigued all day long, no matter how long they sleep. They feel worthless and guilty. They find life meaningless and find it difficult to make decisions or have trouble in relationships. They experience difficulties in relationships may be because they are not understood well by others. Such people need to be dealt with sensitiveness, patience, and empathy.

Depression is a common mental illness characterized by low mood, loss of interest or pleasure, low energy, guilt or low self-esteem, disturbed sleep or appetite, and poor concentration. Anxiety symptoms often accompany depression. These issues can become chronic or recurrent, affecting an individual's ability to perform daily tasks and responsibilities. Insomnia, excessive sleeping, weariness and vocalizing general aches, pains, digestive problems, and reduced energy may be noted in individuals experiencing depression. Depression is usually associated as a part of psychology and people going through depression do not open up about problems they undergo as it is stigmatized as a mental illness. There can be many reasons that can lead a person to depression but they may be cured of it with proper understanding, support, and care by sufferers as well as their care providers. It entails a lot of courage for the depressed person to open up about his/her problem. Not every time the person may feel safe or comfortable in doing so as not everyone is kind enough to give a sympathetic ear to his or her problems. Depressive disorders frequently begin in childhood; they impair people's functioning and are frequently recurrent. As a result of these factors, depression is the second leading cause of disability. Globally, demand for treatment of depression and other mental health conditions is increasing.

In literature, during the Renaissance period, the mad and depressed were very well portrayed by Shakespeare. For example, King Lear and Hamlet. Since Victorian times characters with mental illness have been portrayed as evil nurses and mad women. People with mental issues reading these characters may relate to themselves and feel less alone and

understand their own plight. In a way, reading or watching such characters can help people with these issues to identify and relate with these characters. This kind of literature can help readers to deal with their problems (Breckenridge). Thus, the aim of this research would be to examine how depression is depicted in literature. Apart from medical treatment, these people take the help of literature as a cathartic release. Society does not treat it normally as other common diseases. This reaction of society can be one of the reasons that people suffering from depression face many more issues resulting in their attempt to suicide. Depression can happen to anyone, irrespective of his or her age and gender. However, women are more likely to experience depression than men due to their disvalued social status and lack of power (Bluhm 78).

Depression is considered a category of mental illness and madness. Over the centuries mental illnesses have been taken and responded to in different ways in different societies. The study has shown that the culture of different ages has a great influence on the diagnosis and treatment of mental illnesses. With the study of historical and cultural perspectives on mental illnesses, depression is better treated and understood at the present as compared to earlier times. In the Twentieth century, wars and political turmoil across the world are considered as some of the reasons that cause mental trauma. Soldiers who had faced the trauma of wars suffered from different mental illnesses on returning from the wars, Post Traumatic Stress Disorder (PTSD) being one. They went through these traumas due to the horrors of the wars they witnessed. Many poets such as Wilfred Owen and Siegfried Sassoon wrote poetry on this subject. Their poetry was about their experiences of wars and the destruction caused by them physically as well as mentally.

There were psychological issues during and following the partition of the Indian subcontinent. It was also depicted in the works of many writers of the time. There was political turmoil outside and inner torment experienced by the individual. It was a very dangerous,

distressing and life-threatening event for the common people. Most of them were displaced from their home and separated from family and many women were the victims of rape and suffered severe depression and mental problems. Toba Tek Singh is one such story written by Saadat Hasan Manto.

Previous scientific literature offers many definitions of psychosocial difficulties in depression, but these definitions have certain limitations: the techniques either focus on specific areas or regard PSDs as a result of depression. Recent research has proposed an updated classification of PSDs based on the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) (WHO) (Cabello et al 2). This novel method incorporates an original holistic model of health that encompasses the entire course, antecedents, and beginning of psychosocial issues. PSDs are defined as "...mental function deficits, activity limitations, and participation restrictions that affect both the individual's mental capacities and social interactions (such as at work, in the family, and in leisure activities)" (Cabello et al 2). Furthermore, abnormalities of body functions are controlled by the central nervous system. Depression develops as a result of an extremely complicated set of biological, psychological, social, and environmental factors that result in significant impairment and a loss of adaptive functioning.

Depression is a very serious problem in today's world and awareness of it is also increasing with time yet its stigmatization has not lessened. When one declares that he/she has diabetes, people become interested, inquire about his/her medicine, tell him that one should not eat rice or potatoes, and so on. However, if one states that he/she has schizophrenia, for example, there will be an awkward silence, as if you have just spoken something prohibited. When in depression, one feels devastated and clueless about one's surroundings. One may experience a sense of shame to admit to this problem. A more serious issue is the inability to make the close ones understand the chaos the depressed are battling. The reason for this is the

stigma associated with mental health concerns, as well as the fact that many people are uncomfortable knowing or accepting that people might suffer from mental illnesses. Is it because they lack sufficient knowledge or the possibility that it could happen to them as well? Or the fact that it may be inside the brain, a mostly unknown object that they can't see like a fracture or a wound from the outside? Mental health conditions such as depression, bipolar disorder, anxiety, depression, schizophrenia, PTSD, and others are stigmatized merely because society feels uncomfortable and does not know how to deal with them.

MIND, the UK's main mental health organization, estimates that one in every four persons in the country will suffer from a mental health problem each year. Because of the stigma associated with mental illness, sufferers may be hesitant to seek professional help or seek assistance from their peers or well-wishers.

Because of its frequency, high mortality rates, suicide risk (WHO), and economic impact on society, depression is a serious public health concern (Cuijpers and Schoevers 431, WHO, Sobocki et.al 88). It is thought to be the leading cause of years lived with disability (YLD) and, together with ischemic heart disease, is anticipated to be one of the two leading causes of disability-adjusted years (DALYs) by 2020 (Ustun et al 386). Depression causes functional restrictions that are comparable to, if not worse than, those experienced by many other chronic medical illnesses (Wella et al 915). Despite tremendous advancements in the treatment of depression over the last few decades, first-agent therapy is unsuccessful in 20 and 30 percent of cases (also known as treatment-resistant depression in literature) (NCCMH).

This result implies that traditional depression management strategies do not adequately address significant depression areas. Psychosocial troubles (PSDs) are a significant aspect of depression. PSDs are impairments in an individual's psychological and social daily functioning which is linked to their specific health condition (Cabello et al 2). PSDs cover a wide range of issues, including not just personal, but also economic and social consequences. As a result, it's

critical that these psychosocial issues and their associated variables be thoroughly investigated. Such data can shed light on patients' true requirements, assist doctors in identifying areas of depression that need to be improved and explored further, aid in the prevention of impairment, and shape policy.

Books written by authors who specialize in the subject matter can assist some readers in recognizing the problems of depression in their lives, as well as help care providers in dealing with depressed patients. If there are more fictional or real-life accounts featuring protagonists who have mental health concerns, readers will be able to empathize with characters in novels or films who have mental health concerns. The purpose of this research is to examine depression as it is depicted in various genres of literature, including a semi-autobiographical novel, a memoir, and a fictional text, as well as study how depression is represented in each of these genres. It is proposed in this study to look into depression not only through fictional characters but also in the life of an artist or a writer as they are generally oversensitive. It will also look into the role of literature in assisting in the resolution of the issue.

Michael Foucault in his *History of Madness* discusses whether madness was a religious or philosophical phenomenon and its representation in different periods. The classical conception of madness established a link between madness and dreams. Foucault begins the book by stating that writing about insanity is difficult since those who are labeled insane rarely write their own tales. Doctors and other specialists, on the other hand, write what they understand about insanity. This results in a situation in which there is no dialogue between the two perspectives of being mad and not being mad. Because those who aren't regarded as insane dominate the discussion. Classical definitions of madness included loneliness and hysteria/hypochondria. Within medical and moral debates, they became identified as mental illnesses over time.

“Inscribing Madness: Another Reading of *The Yellow Wallpaper* and *The Bell Jar*” is a chapter written by Jayasree Kalathil. Women, madness, and writing form the subjects of this paper, which investigate all these three. In her opinion, female authors treat mental illness as a form of human rights violation, and they criticize mental asylums and institutions as well as the role of doctors and psychiatrists. Many books are written by Western and European women on madness and not much has been written by Indian women. Some that have been mentioned are Telugu writer Vasundhra Devi, Malayalam writers Sara Joseph and B.M Zuhra, Triveni’s *The Mad Woman*, and Santha Gakhale’s *Rita Velinkar*. Jayasree tries to explore the silence of Indian women on this issue. She cites conflict between the individual and the collective as one of the reasons for this. Collective action is used to address issues such as literacy, sexual and familial violence, harassment, and other issues, but mental health is not one of them. It appears to be a private matter. She refers to feminine transformation as a personal transformation and psychology as an individual transformation. The author of this paper draws insights from personal accounts and journals of women's accounts of madness and then applies those insights to the analysis of the two texts under consideration - *The Yellow Wallpaper* (1973) by Charlotte Perkins Gilman and *The Bell Jar* (1963) by Sylvia Plath.

The term madness is stuck to a woman when she behaves and works against the accepted norms of society. According to the Kalathil, writings have always been a male art, and male authors an all-powerful patriarch. Kalathil has quoted Phyllis Chesler’s work *Women and Madness* which studies women confined to the mental asylum, who are the subjects of her study, as failed but heroic rebels, whose insanity is a punishment for ‘being “female”’ as well as for desiring or daring not to be’.

Women are portrayed as irrational, while men are portrayed as rational in this dualistic system of language and representations, as demonstrated by Showalter in her analysis of the

link between femininity and insanity. A woman is regarded as the personification of madness, and her physical appearance is regarded as irrational in general. Showalter writes:

While the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant. Thus madness, even when experienced by men, is metamorphically and symbolically represented as feminine: a female malady (qtd in Kalathil 301: 4).

Historically, the act of writing was regarded as abnormal for women in some circles. Gilbert and Gubar, on the other hand, believe that by writing about madness, women writers are, in a way, attempting to escape the male-dominated literature of the past. Madness is given language through writing. It is a form of confession that assists people in expressing themselves. Writing down their experiences in a way helps them to cure and self-evaluate, as well as provides a ventilation platform for them to achieve catharsis, and is extremely beneficial (Kalathil 301).

*The Yellow Wallpaper* writer, Gilman suffered from depression and the prescription she was given by her doctor was to keep herself busy with household chores and she was not allowed to write by her husband. But instead of getting well, she became worse. She is advised to rest as a cure for her depression. It is shown throughout the novel that the husband wants his wife to look after the family but the wife wants to express herself through writing. Her behaviour is viewed as being against the role of femininity and domesticity and is thus treated as irrational and sick. She continued to write but kept it hidden from her husband (Kalathil 302).

In *The Bell Jar*, the author of the paper, "Inscribing Madness: Another Reading of *The Yellow Wallpaper* and *The Bell Jar*" examines how Plath reinscribes madness in the protagonist, Esther Greenwood. Jayasree considers Esther was being punished (ECT) for being a dissent in the society as Rosenbergs were punished for the same and as was Plath. Esther was

always forced to become aware of the pressure of conforming to the norms of femininity as was Plath (Kalathil 304).

The chapter “Lay and Medical Diagnosis of Psychiatric Disorder and the Normative Construction of Femininity” is written by Renu Addlakha and deals with the sociology of mental illness. Different studies show that higher rates of depression are to be generally found among working-class women as compared to middle-class women because of their hard economic life. There has been found a link between gender roles and psychiatry. Patriarchal standards have a major effect on the psycho-pathology of women and on their treatment as well. The writer writes about the research work done in hospitals by observing the patients and doctors. She reveals that the issue of patriarchy cannot be overlooked in the diagnosis as well as in the treatment of psychopathology. She provides a detailed account of the psychiatric treatment of a female patient and indirectly highlights gender bias. The patient is considered mentally ill by her husband and mother-in-law as she does not do anything according to their will but says and does just the opposite.

Addlakha comments, “Personal narrativization of experiences of suffering despite its highly subjective nature cannot be rendered meaningful without reference to the social context, being embedded as they are in a network of interpersonal relationships, social institutions, and normative expectations.” (323)

In *Legal Order and Mental Disorder*, it is mentioned that “the terminology change is also part of the de-stigmatization exercise, where the stigma of the condition is attempted to be removed by changing the name of which is referred to” (Dhanda 22). In this book, law and insanity are studied. “Psychiatric diagnosis are stigmatizing labels phrased to resemble medical diagnoses and applied to persons whose behaviour annoys or offend others.” (26)

The majority of research on psychosocial aspects of depression is quantitative; but there is a paucity of qualitative methodologies that might provide in-depth and more extensive data,



exploratory assessments of patient's needs and perspectives, and thus more objective results (Kamenov 2). Depression is defined as chemical imbalances in the brain and is thus subjected to medical issues. It is believed it can be cured only by medicines. But it is much more than a medical problem and needs to be explored in other ways. William Styron has very well described depression and medical treatment in his book *Darkness Visible*. He writes about the side effects of these medicines and also mentions the fact that chemical imbalance is not the lone reason for one's depression. His book also puts forward the idea to jot down their experiences to help themselves and other people experiencing the same problem to help them free themselves from shame and a sense of guilt that may be arising as a result of this illness.

These writings are useful for not only the depressed but also their caregivers. One such book is *A Book of Light* by Jerry Pinto. It is an anthology of thirteen stories written by different people who are close relatives of depressed people. These stories have been collected and edited by Jerry Pinto, author of *Em and the Big Hoom*. These are real-life stories, which are heartrending, and put light on the sufferings of the caregivers which remain unnoticed. These stories are the lived experience of these writers which makes us aware of their helplessness and grief. These are examples of how society responds to mental illnesses and how it looks down on them. Jayasree Kalathil in one of her articles points out that women work on a number of social issues but not on mental issues. Creating awareness regarding mental health problems in India is lagging behind in some manner.

Woolf writes in her essay "On Being Ill":

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to light...it becomes strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of

literature. Novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia, lyrics to toothache. But no; ... literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear (32).

Depression has been studied in various disciplines due to its many causes. Different researchers, scholars, and writers have attributed various reasons for it, social cause being one among them. Linda Bailey in her article "Today's Women and Depression" (1983) suggests that women in our society are more vulnerable to depression (30). She says that societal changes in our culture may dispose to changes in the prevalence of depression. Losses are a primary component of depression (32). Maggie Scarf in her book, *Unfinished Business: Pressure Points in the Lives of Women* believes that women are biologically prone and vulnerable to depression because emotional attachments are much more important to them than to men (33). The researcher feels experiences of sadness are different from clinical depression which have symptoms of mood disturbance, inability to concentrate, inability to make decisions, anticipatory anxiety, poor judgment, crying, fearfulness, helplessness and increasing tension with the loss of hope (33). Severe depression may lead to experiencing hallucinations, paranoia and delusional thinking and behaviour. Although it is difficult, the treatment of depression can be successful (30-38).

The article "Age and Depression" (1992) by John Mirowsky and Catherine E. Ross analyses the relationship between age and depression. It studies the pattern of depression according to age. According to this article, depression may decrease with increasing maturity (188). Changes in marital, employment and economic status constitute the social life cycle. Some cyclical statuses may comfort and others depress producing a different pattern of depression. Maturity, lifestyle, survival and historical trend suggests different and sometimes

opposite predictions about depression. The author presents a different hypothesis, one that indicates a decline in depression with increasing maturity and the other hypothesis shows that as there is psychological decline with advancing age there are increasing rates of disease and dysfunction, problems with memory, and other cognitive factors (189). Physical and mental functions are usually stable in adult years but slowly with increasing age, emotional well-being declines along with physical health causing emotional distress. A declining sense of control over one's own life increases depression. (187-205)

The article "Rethinking Childhood Depression" (2004) written by Sami Timmi discusses childhood depression and the reasons behind it. It reflects cultural changes related to childhood problems. According to the writer, childhood depression is the gateway to the diagnosis of depression under 18 years of age. Childhood is taken as a precursor of adulthood depression. Symptoms of depression in children are not always similar to adult depression. Family structures, lifestyles and education can be among the reasons for children's unhappiness. The writer emphasizes understanding the impact of socio-cultural changes to help these depressive children and adolescents (1394-1396).

"Michael Cunningham's *The Hours*: Echoes of Virginia Woolf" (2004) suggests and brings out a parallel between Virginia Woolf's *Mrs. Dalloway* and Cunningham's *The Hours*. Similar characters and themes are present in both novels. Though there are some similar images in both novels, there is a difference in the style. "She loves life," *The Hours* is replete with echoes of Woolf's Clarissa Dalloway's thoughts. A similar thing occurs to Laura Brown when she is alone in room nineteen (and perhaps here there are echoes of Doris Lessing's short story). "She loves life, she loves it hopelessly". Thus, a connection is made between her and Woolf's fictional heroine: both "will go on, loving (their) life of ordinary pleasures, and someone else, a deranged poet, a visionary, will be the one to die". Linda Pilliere writes that Cunningham uses repetition to establish connections between his text and Woolf's text or texts (132-143).

The article “Illness Representation in depression” (2004) written by Gillian Fortune, Christine Barrowclough and Fiona Lobban examines models of depression and compares these models of physical illness. They assessed whether the dimensions of Self-Regulation Model are similar for depression as they are for physical illnesses. The IPQ (Illness Perception Questionnaire) was used to assess the women’s perception of depression (348).

The article “Can ‘You’ Help Me Understand” (2005) written by Nathan Philips studies the second-person narratives in the two novels that have depression as the main theme. The two novels *Damage* and *Freewill* in a way describe depression through their characters. The writer of the article says that in order to get a better understanding of the depression which his friend suffered, he turned to these narratives. He examines the author’s insight through the choice of narrative style in both novels (24). This article focuses on the second-person narrative’s effect on readers and how these texts can help readers to understand the symptoms of depression and sufferers and help ease their pain.

“They Took My Depression and Then Medicated Me into Madness: Co-Constructed Narratives of SSRI-Induced Suicidality” (2006) is an article written by Rachel Liebert and Nicola Gavey. In this article, the authors present various researches which have proved that anti-depressants have adverse effects on patients. Instead of taking one out of depression, these anti-depressants have induced suicidal thoughts in them. The article examined the narratives of two New Zealand women who experienced the same. It studies the experiences of people getting suicidal thoughts because of the use of antidepressants and also suggests a way to minimize its risks.

“Tragic wor(l)ds: Depression narratives in virtual support group Tukiaseema” (2006) is an article presented by Jussi Turtiainen. This article deals with the outbreak of depression, its effects, and the identity crisis caused by it. The writer has examined different stories that projected depression and studied its experiences and consequences of it.

“Thinking Hearts, Feeling Brains: Metaphor, Culture, and the Self in Chinese Narratives of Depression” (2007) is an article by Sonya Pritzker. This paper explores the metaphors used by people with depression. The article mentions the past studies of Chinese narratives in which the heart was shown as the center of thought rather than the brain in contrast to Westerner’s theory. This paper brings forth the cultural understanding of the self, thus studying the relationship between metaphor, culture, and self.

In the article “Asymbolia and Self-loss narratives of Depression by Women in Contemporary German Literature” (2007), Susan E. Gustafson talks about issues presented in contemporary writings of women of a new generation in German literature. These issues are isolation, failed relationships and self-loss. The writer analyses these writings and reveals that the main factors behind these issues are depression and frustration. The writer looks into several German texts written by women within the context of Kristevian psychoanalysis (3-4). She then talks about Julia Kristeva’s book *Black Sun: Depression and Melancholia*, and gives details of it. Kristeva considers melancholia and depression as constituting a ‘crisis of thought’ and ‘crisis of speech’ and ‘crisis of representation’. In her book, Kristeva describes depression in general and the extreme nature of depression among women (2). According to her, women are more depressed than men. She analyses and assesses depression and its nature with the theory of psychoanalysis. According to Kristeva, the depressing subject is confronted with feelings of resignation, loss of hope and disinterest “in words, actions and life itself”. (Kristeva 3) She says that the depressed patient perceives a “fragmentation and disintegration” of the self. Her female patients complain of a feeling of “absolute nothingness” (Kristeva 87) and often feel as if they were already dead (1-2).

The writer of this article studies different women characters who suffer depression in their own way. The characters depicted are burdened and trapped by the narratives of others as well as their own narration. Kristeva thinks one can free themselves from depression with the

help of tones, melodies and the rhythm of the poetic form while German writings by women projected the narrators and characters as trapped in self-loss and oppressed by narratives of others (Gustafson 3-21).

In the article “Unstrung: Some Notes on Depression and Literature” (2007), William Giraldi gives us an account of the depression he had suffered and the way he overcame it. Why and how it affected him is discussed at depth. He says more than therapies literature helped him more to get him out of depression. Mario Vargas Llosa writes, “literature says nothing to those human beings who are satisfied with their lot, who are content with life as they now live it” (28). Giraldi says literature is for the depressed and he quotes many writers and poets to justify it. He describes his feelings, and his state of mind at the time of depression and suggests measures to get comfort from it. He realizes every person has different sufferings and the way of perceiving it too is different. Thus, reading and writing can help to some extent to get out of the depressive and dejected phase (25-38).

The article “Poverty, material hardship and depression” (2007) studies the association between income and depression and the extent to which it affects material hardship. Colleen M. Heflin and John Iceland claim that several studies have specifically examined the relationship between depression and socioeconomic status and revealed the casual direction of socioeconomic status to depression. It has been reported that there are people who are poor but may report no hardships. On the contrary, there are people with income who report hardships. Thus, this article examines the relationship between mental health and income as well as hardships. The research finds material hardships definitely associated with an elevated risk of depression. Income affects mental health along with an increased presence of other chronic stressors (1051-1071).

“Stealing me from myself: identity and recovery in personal accounts of mental illness” (2008) written by Jennifer P. Wisdom, Kevin Bruce, Goal Auzeen Saedi, Teresa Weis,

and Carla A. Green examines identity-related themes in the personal accounts of the people suffering from mental illness, of their relatives and friends. They try to explore the extent to which these narratives help them in their recovery and affect their self-identity. They studied forty-five personal accounts using the qualitative method and found through their study that people with mental illness lose their sense of self, their inability to act normal, which they desire, and their feeling of hopelessness. The writers after going through the self-narratives of afflicted people and their care providers argue that a lot has to be done to bring positivity to the people who are suffering from various mental illnesses in a direct or an indirect way. Sharing these narratives and information can help all in getting a proper understanding of mental illness and spreading a word of hope.

“*The Bell Jar: A Psychological Case Study*” (2010) by Stephanie Tsank looks at the protagonist Esther Greenwood as a psychologically ill case. According to the article, Esther is affected by two distinct causes of depression (167). The first one is a life situation where a person faces some kind of loss. The death of Esther’s father is one such loss and the other is rejection from Harvard University where she dreamt of taking admission (168). Depressed people spend their childhood making firm goals for themselves without any place for failure anywhere. Esther too had always been after excellent grades, winning prizes and many scholarships. Her expected selection for a writing course under a famous writer is one of the strongest reasons for her illness. She could not bear this unexpected rejection. Her self-image of a perfectionist shatters after her inability to get admission into the much sought-after writing course (169). For any situation, she blamed and criticized herself rather than the real or actual cause of the problem. The writer thus highlights Esther’s depressed conditions and the reasons for it (173). He says that Plath has given voice to her novel’s heroine as she herself has gone through the same experience (166-177).

In the article “Gender differences in depression: Explanations from Feminist Ethics” (2011) Robyn Bluhm, gives an account of the greater prevalence of depression among women and how social factors can affect their mental health. This article shows gender differences in the course of the disorder or in the type of symptoms experienced (73). The feminist analyses of psychiatry have focused almost entirely on women who have suffered from mental disorders and on those who appear to be victims of oppressive socialization. It highlights gender-specific identity categories that shape the expression of symptoms to their logical distress but express distress in different ways. It claims that women are more inclined than men to repress their emotions while men are more likely to engage in antisocial behaviour and substance abuse (77). It highlights women are more likely than men to experience depression due both to their disvalued social status and relative lack of power and also the way they express distress focusing both on social conditions and women’s experiences (173-176).

“Maniac Depression in Literature: The Case of Virginia Woolf” (2012) written by Katerina Koutsantoni examines Virginia Woolf’s bipolar disorder through a medical humanistic lens. Katerina studies the conditions at the time of Virginia Woolf and the causes which led her to this disease. The writer tries to understand deeply the problems related to Woolf’s family which could have been one of the reasons for her depression. Her grandfather, father, uncle, and cousins have gone through a kind of maniac depression making this illness appear as a genetic disorder. The writer also points out that these mood swings, and cognitive and behavior changes linked with bipolar disorder affect creativity. Rapid shifts in Woolf’s mood and thought directed her to the creativity of writing (Koutsantoni 5).

“Being part of an enacted togetherness: Narratives of elderly people with depression” (2012) is an article written by Anneli Nyman, Staffan Josephson and Gunilla Isaksson. This paper examines how elderly people suffering from depression engage themselves in other activities and manage social activities and how they give meaning to their experiences of life.



For this, the writers have used Narrative theory. They have explained it by quoting three theorists- Bruner, Mattingly and Ricoeur. The narrative theory examines how people interpret and create meaning in everyday experiences as well as how this process of meaning-making is structured within society, culture and history (Nyman et al 411). They found that by interacting with other people these elderly persons with depression become a part of the unfolding enacted narrative.

The article “Maps, Models, and Narratives: The Ways People Talk About Depression” (2012) has been written in collaboration by 7 writers- Renata Kokanovic, Ella Butler, Hariz Halilovich, Victoria Palmer, Frances Griffiths, Christopher Dowrick and Jane Gunn. These researchers have tried to use three approaches to determine the experiences of depressed people. These approaches are explanatory models, exploratory maps, and illness narratives (6). According to these researchers, the application of these approaches can help experts as well as common people understand and cope with depression in a better way. They also discuss how people perceive depression and their reactions. Thus, they suggest besides narrative, maps and models too can be of help to depressed people (10-11).

The article “Emotional Experience in Depression” (2013) written by Mathew Ratcliffe, Achim Stephan and Smogy Varga discusses experiences associated with depression. According to the article, people are unable to put forward their experiences during the depression in a lucid manner. They aim to draw upon the phenomenology of depression in order to have a better understanding of the structure of experience (2). They believe that having a better understanding of the experiences of depression will help both the sufferers and their care providers. They explore similarities and differences between experiences of depression and other psychiatric diagnoses (3).

S. Taylor Williams wrote the article “Illness Narrative, Depression and Sainthood: An Analysis of the writings of Mother Teresa” (2014). This paper draws parallels between the

writings of Mother Teresa and those of other authors who have chronicled their illnesses while describing the psychological state of depression (1). The author explores two concepts in association with Mother Teresa's experiences- one is psychiatric (Major Depressive Disorder) and the other is spiritual (crisis of faith) and compares them. The writer tries to explore how similar her writings were to depression narratives focusing on the common language for illness narratives. The author has used textual analysis to explore whether she suffered from 'Dark Night of the Soul' or Major Depressive Disorder.

The article "Depression Narratives in Blogs: A Collaborative Quest for Coherence" (2015) deals with the blogs that have been written by women with depression. The writer, Dam M. Kotliar examines the way people depict and describe their depression in blogs. He says that not much attention has been given to these kinds of blogs, which have been one of the ways for these people to erase their seclusion. Illness narratives help people reinterpret illness experiences and depression narratives highlight how depression-suffering people perceive their illness (2). The Internet has played a major role by giving a space for such opportunities for people to put forward the problems that they couldn't share directly. Men and women differ in their blogs (3). Compared to men, women bloggers are more likely to blog about disease and disability (Miller, et al 740). Women blog more than men do (Kessler). Males tend to produce "filter blogs," whereas women tend to write personal blogs that highlight intimate and emotional topics (Chen; Gill et al; Pedersen and MacAfee). They collected this data on depression from Google as samples and found that these depression blogs in a way help people to form a bond with readers and also cope with their illness.

In the paper, "Sylvia Plath's *The Bell Jar*: Institutions and Agency" (2015) Airlie Maria Heung, Michelle Irvine, and Brittany Rossler study intertextuality in *The Bell Jar*. The paper discusses different institutions presented in the novels which are marriage, medical and academic institutions (4). The writers discuss the authority of these institutions. In the novel,

girls were told to behave in a particular manner and were given separate hotel to stay in. Esther was against marriage and believed in equality, which she saw as no longer possible after marriage. She wants to reject the institution of marriage but cannot discard it fully as she has to abide by the societal norms. Esther spent the majority of her life in an academic environment, and she notes that she has had “fifteen years of straight A’s” (5). In *The Bell Jar*, she is cast out from academic circles and assigned to a New York internship, a barren summer in the Boston suburbs, and finally, placed in medical facilities (5, 6). Esther is aware of the standards and has the skills necessary to succeed in and control the academic environment. The institution’s adept navigation contrasts with the power dynamics present within it, as students like Esther are not in a position of power(6).

The comfortable framework of school percolates into the rest of Esther’s life through her scheduling and planning. Outside of the academic setting, however, her goals and scheduling become unreasonable and absurd (6). When it comes to suicide, she is less concerned with pain or a hurtful statement but is more bothered about the timing, cleanliness, and ultimate location of her own body (6). Struggling with marriage and academic institutions and her loss of agency, Esther soon develops suicidal thoughts that ultimately bring her into a realm of medical institutions that further bound her. Sylvia Plath draws a parallel between the medical and psychiatric systems (6). She uses the bell jar motif to represent Esther’s mental state and the isolation she feels even among others. The writers have compared the bell jar to the voyeuristic device: the individual under the bell jar is put on display for everyone else to watch; their most private thoughts and feelings are exposed to those from whom they wish to hide their thoughts and feelings (7).

“The Writing of an Abject Ego in Sylvia Plath’s *The Bell Jar*” (2015) is written by Korphong Witchayapakorn. He presents this novel from a Freudian psychoanalysis point of view. The writer of this article says that this novel has mostly been analyzed through feminist

theory. According to the writer, the text presents an ego formation that is not directly seen. Ego preserves itself by a way of self-erasure (1). He argues that *The Bell Jar* cannot be just read from a feministic point of view as it involves mental disturbances, ego and personal experiences.

“Memory, Trauma and Identity in Woolf’s *Mrs. Dalloway* and Plath’s *The Bell Jar*” is written by Giorgia Damiani. The writer discusses the similarities in themes and content between the after-war novels *Mrs Dalloway* and *The Bell Jar*. The article deals with traumatic experiences presented in both the novels as experienced by the protagonist and their effects on them. The writers compare the protagonists of the two novels and bring out the similarities in them though there are differences in their experiences. Both women show symptoms of PTSD (Post Traumatic Stress Disorder) and share many similarities.

Damieh Ridge in his article “Depression: From User Narratives to Wider Social Change” (2018) explores the role of user narratives in the treatment of depression. He states that user narratives give us an insight into the interiors of the subjective and realistic life of the patient and help in a better way. He argues that these narratives are not meant to replace medical advice but to assist them. Medical professionals have also started embracing this method to have a proper understanding of the condition.

Jerry Pinto edited a book, *A Book of Light: When a Loved One Has a Different Mind* (2016) which is a collection of stories written by many people who have shared their experiences of living with someone having a mental illness. The stories in this book tell the readers how these writers of the stories managed their illnesses. They have narrated heartbreaking, personal tales of the loss and agony of their loved ones. This book can be very useful to caregivers and also provide a ray of hope.

There are people who suffer from depression while being caregivers to patients with other illnesses. In the article “Caregivers with Depression slip through the system” (2018),

Maggie Liu highlights the plight of these caregivers especially care providers of cancer patients. She says it's not just the patients who face depression because of the diagnosis of their illness but their illness and its treatment have adverse effects on their family members which are generally ignored. Kristin Litzelman, a UW-Madison professor of human development and family studies found in her research that spouses of cancer survivors were about 30 percent less likely than regular spouses to have received adequate medical treatment for depression. Care providers do not get the care they should get and 'why' is it so the researcher tries to find out. She suggests modifying the type of care that cancer treatment settings provide.

There has been enough long history of depression and the way it was perceived by the people of the times. As Michael Foucault has said in his *History of Madness* it is the intellectual, cultural and economic structures of the society that constructs what is madness and how it is experienced.

In the article "Historical Understanding of Depression", it is shown that depression has been a health issue for a long. Many philosophers and writers have written and researched this problem in ancient times. In the past, depression was known as 'melancholia'. The earliest records of melancholia appeared in the 11th century. At the time, mental illnesses were considered something demonic. There were physicians who were responsible for physical illnesses only. Depression or mental illness was perceived as possessing some evil spirits. Literature of the earlier times mentions people with mental illness and the causes being demonic possessions. Different civilizations used different techniques to treat it such as beatings, and starvation. In these ways, they believed they were driving the demons out of the body of the afflicted.

Romans and Greeks doctors claimed that it was both a psychological and biological problem. They suggested gymnastics, music, bath, and massage be some of the ways to get relief from depression. Hippocrates, a Greek physician explained the relationship between

mental illnesses and balanced or imbalanced body fluids called humors. The four humors were yellow bile, black bile, phlegm and blood. He divided mental illnesses into three categories – mania, melancholia (depression), and phrenitis (brain fever). The reason he gave for depression was the presence of black bile in excess. Bloodletting was the method he used for treatment which is a therapeutic technique to remove some blood from the body.

Roman philosopher Cicero gave an opposite reason for depression and it was violent rage, grief and fear. After the fall of the Roman Empire in the 5th century, scientific thinking and reasons for depression were withdrawn. During the medieval ages, mental illness was related to evil spirits, devils, demons and witches. For treatment, they either burned or drowned the inflicted people.

In Renaissance, which began in Italy in the 14th century, there were mixed thinking and opinion about depression. Some still attached depression to demonic possession and witches while others attributed scientific views attributing it to psychological and biological problems.

Robert Burton's *Anatomy of Melancholy*, published in 1621, discusses the social and psychological roots of depression (such as poverty, fear, and loneliness). He suggests nutrition, exercise, travel, purgatives (to remove toxins from the body), bloodletting, herbs, and music therapy as treatments for depression in this book (Brink 768). It has remained one of the most important works in the history of English literature. Burton discusses melancholy, its causes, and its cure. This book, which was written in the 17th century, throws light on the depression of that period and has become useful in studying depression today and the way it is perceived.

In the 17th -18th century, which was the Enlightenment period, depression was thought to be caused due to aggression. There were numerous ways by which depressed people were treated. Some were exercise, music, horse riding, water immersion, and special spinning tools to induce dizziness. In 1895, German psychiatrist, Emil Kraepelin was the first to separate

depression from schizophrenia. Psychodynamic theory was also developed around this time (Nemade). Psychoanalysis, or psychotherapy based on the psychodynamic theory, has grown in popularity as a depression treatment.

Later in the 19th and 20th centuries, the treatment prescribed for depression was lobotomy which was unproductive and instead resulted in many other problems such as poor judgment, coma and even death. Most doctors asserted that depression was a brain disorder. ECT (Electroconvulsive Therapy) was also used to treat depression. According to the article “Historical Understanding of Depression”, during the 1950s-60s medical classification of depression was made. Depression was classified as Endogenous depression and Neurotic depression. Endogenous depression was supposed to be a genetic problem and neurotic depression was thought to be due to some loss may it be a loss of a job or near one (Nemade). Many therapies and medications were introduced for the treatment of depression.

Juanne Clarke’s research paper “The Triumph of Pharmaceuticals: The Portrayal of Depression from 1980 to 2005”, examines the possibility of a changing media picture of depression from the 1980s to the 1990s and beyond to 2005 using 16 (locatable) articles of the 1980s, 38 (locatable) articles of 1990s, and 44 (locatable) items of 2000s. Although the number of articles on depression had increased over time, according to the author, there were still very few compared to other “diseases” like cancer. She further asserts giving instance that the *Reader's Guide to Periodical Literature* contained 19 full-text articles on prostate cancer and 58 full-text articles on breast cancer in just one year, 2005 (93). The early rarity of publications may have been due to the stigma and relative shame attached to mental diseases, especially in the past, while the sudden rise in numbers over time may have been due to the decline in stigma. It may also be an illustration of the growth and efficient promotion of more effective treatments for various mental health issues (Clarke 93).

Clarke quotes definition of depression by different magazines such as *Vogue* which described depression as “pessimism, anxiety, dissatisfaction, lethargy, crying, irritability and (emphases ours) decreased sexual drive” and *The New Republic* suggests that depression is “to be in a state of emotional paralysis, to dare nothing, to try nothing, to freeze” (95).

We can say that different opinions and views were produced for depression, causes and treatments. It was associated either with mind or body problem, mental or physical or both. Many researchers have concluded that it is due to many causes rather than just one cause. Depressed people need to be heard rather than blamed. Many have tried and are making themselves heard in written form making it a part of literature. These writings are termed as medical narratives in which narrators are narrating their illnesses and their experiences. These narratives are helpful and valuable to all sufferers and caregivers.

Author of the book, *Narrative Medicine- Honoring the stories of illnesses*, Rita Charon writes in her preface:

When we human beings want to understand or describe singular people in particular situations that unfold over time, we reach naturally for narrative, or storytelling, to do so. When we try to understand why things happen, we put events in temporal order, making decisions about beginnings, middles, and ends or causes and effects by virtue of imposing plots on otherwise chaotic events. We hail our relations with other human beings over time by receiving and alluding to stories told by others—in myths, legends, histories, novels, and sacred texts. We seek connections among things through metaphor and other forms of figural language. By telling stories to ourselves and others—in dreams, in diaries, in friendships, in marriages, in therapy sessions—we grow slowly not only to know who we are but also to become who we are. Such fundamental aspects of living as recognizing self and other, connecting with traditions,



finding meaning in events, celebrating relationships, and maintaining contact with others are accomplished with the benefit of narrative (vi).

Charon highlights the importance of narrative in everyday life which can be put to use in a variety of ways. The narratives can be beneficial to the sufferers as it may be difficult for them to convey or seek help. Charon who has coined the term narrative medicine says that medicine along with narrative skills can be more helpful to identify patients and diseases, transmitting knowledge and helping the patients and their families through the ordeals of illness and direct toward more effectual care. Narrative medicine is a field in which using the help of narratives, doctors can understand their patient's illness and ordeals. Thus the significance of writing and reading during the illness is quite evident to gain an enhanced understanding not only by the sufferer but also their doctors and caregivers.

It has been proved that reading has been very beneficial for everyone both intellectually and psychologically. It provides knowledge, information, and pleasure and opens up our minds. Reading has been proven scientifically to improve both overall mental and physical health, making it more than just a pleasurable way to stay entertained while socially isolating ourselves. Everyone can find a book to enjoy, from autobiography to romance novels which we have to explore for ourselves.

According to 2009 research by the University of Sussex in 2009, reading for merely six minutes each day can reduce stress levels by 68 percent. The idea of being able to escape reality, according to British philosopher Roger Scruton, is not an imaginary consolation. People who are depressed may feel isolated and alienated from others. Reading books and articles can help to alleviate these negative emotions. Reading novels can assist in escaping everyday life and immersing yourself in the imaginary adventures of the characters. Simultaneously, reading self-help books, which are highly recommended by professionals, can assist depressed people better understand themselves, their symptoms, and the problems they are dealing with. Reading

has been linked in researches to help with stress reduction, and lowering the risk of Alzheimer's disease later in life. Reading has been demonstrated to lower blood pressure and pulse rate. Hence, my research will reflect on how the three texts selected for study will help to create understanding and lessen the pain of depression.

Despite the complexity of depression, mental health professionals typically recommend a treatment strategy that includes medicines, psychotherapies, and lifestyle changes. In medical field, there are different ways to treat depression i.e. through medications and therapies. Medications comprise of SSRIs and antidepressants, and therapies include Cognitive Behavioral Therapy (CBT), Psychotherapy and Electroconvulsive Therapy (ECT).

ECT also known as shock treatment is a method of transmitting electric currents across the brain to cause a seizure to treat mental illness. The term "Psychotherapy" refers to the process of treating mental health problems through conversation with a psychiatrist, psychologist or other mental health provider. During psychotherapy, one learns about condition and moods, feelings, thoughts and behaviors. Psychotherapy helps learn how to take control of life and respond to challenging situations with healthy coping skills.

Cognitive-behavioral therapy (CBT) aims to replace unhealthy, negative thoughts and behaviors with healthy, constructive and affirmative ones.

Psychodynamic and psychoanalytic therapies emphasize on raising awareness of unconscious thoughts and behaviors, developing fresh insights into motivations, and conflicts resolution.

The primary purpose of the research is to impart deep knowledge and enhance understanding of depression apart from medical field. We currently underestimate how complicated the causes of depression are, and no single treatment is effective for everyone. This research can act as a catalyst to encourage sufferers of depression and all those who get affected by it in direct or indirect manner to discuss the issue without any fear of getting

attached to a stigma. It should be normalized to discuss this issue like any other serious disease to make the sufferer of depression comfortable.

My research will attempt to depict depression in literature and explore the various motifs and literary devices used to depict depression in literature. The research will also attempt to identify the way depression is projected across various genres through its signs and symptoms. The role of literature to help deal with depressive mood will be thoroughly discussed. Awareness about mental illness is often neglected by society and the role literature can play in creating such awareness will be examined.

To study depression in literature, three primary texts have been selected. They are – *The Bell Jar* by Sylvia Plath, *Darkness Visible* by William Styron and *The Hours* by Michael Cunningham. *The Bell Jar* is a semi autobiographical novel which is a story of an American woman and her life in an American society. *Darkness Visible* is a memoir in which narrator narrates the heart-rending story of his experiences of depression and its treatment. *The Hours* is a novel, which also tells the story of women suffering from mental illnesses and their experiences.

My research focuses on the study of depression depicted through various genres i.e. a semi-autobiographical novel, a memoir and a fictional text and how its representation is different in these distinct genres. I propose to examine depression not only in fictional characters but also in the life of an artist or a writer and the way this portrayal differs from the fictional text.

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## Chapter 2

### The Belle and the Bell Jar

Sylvia Plath was born on October 27, 1932 in Massachusetts. She was a renowned American poet, novelist and short story writer. Her father Otto Emil Plath was a professor of biology at Boston University and her mother was a homemaker. Her father died when she was eight years old, which saddened and deeply affected her as if her “inner world has been overthrown” (Simpson 90). She has mentioned the loss of her father in many of her works especially in her semi autobiography novel, *The Bell Jar* through the main character, Esther.

Sylvia Plath was a very bright and an excellent student. She always got ‘A’ and 100% in her subjects, won many prizes and scholarships like the protagonist in her novel. Esther. She went to Smith College and then to Cambridge University in England on scholarships for further studies. She was passionate about writing, started with poetry and short stories at a very young age, published them and was the editor of the college publication, *The Smith Review*. While she was at university in 1953, she started working as a guest editor at Mademoiselle magazine in New York. It was also that same year that she made her first suicide attempt. She was rejected for Harvard’s writing course for which she was anxious to be admitted which she has projected in her semi-autobiographic novel through Esther. By this time, she was diagnosed with depression and was given electroconvulsive therapy as treatment. She attempted suicide several times but failed and was admitted to psychiatric care. An author, Oliver Higgins Prouty funded her treatment, and she recovered from her illness. With the help of Mr. Prouty she was able to join college, complete her studies on scholarships and won the Fulbright Scholarship to Newham College.

In June 1956, she married a famous poet, Ted Hughes and moved to the United States where she worked as a receptionist in a psychiatric hospital and in the evening attended writing classes given by the American poet, Robert Lowell. She has two children and died in February, 1963 in London.

Plath wrote numerous poems, which covered themes of mental illness, death, suicide, sufferings, and taboos in society through various techniques. She has painted her writings with experiences of depression in an extensive manner. Her works also depict feminism in different ways showing her discontentment towards society and the way it treats women. She became much more prolific while being in depression and the chaos in her mind made her pen poetry which gave her a sense of relief. She wrote mainly from personal experiences and described her depression lucidly in her writings particularly in *The Bell Jar*. Judith Kroll in her book *Chapters in a Mythology: The Poetry of Sylvia Plath* explains that Plath always tried to “transcend” the life she actually had (qtd in Simpson 106).

In 1960, her first collection of poems, *The Colossus* was published which was well received. *The Bell Jar*, a semi-autobiographical novel was published in 1960, which describes her mental breakdown, her recovery and predicament of mid- twentieth century women in a notable manner. Her poem *Daddy* in the collection, *Ariel* published posthumously in 1965 illustrates the conflicted relationship with her father. This collection comprises of poems that are gloomy, have semi-autobiographical elements and experiences of her depression and suicide. *Winter Trees* and *Crossing the Trees* are the two volumes that became public in 1971. She was posthumously awarded Pulitzer Prize for her poetry. Her letters and journals were also published as *Letters Home: Correspondence 1950-63* after her death in 1975, which were edited by her mother. A book of short stories and prose, *Johnny Panic and the Bible of Dreams* was published in 1977. Ted Hughes edited her adult diaries and released them as *The Journals*

of *Sylvia Plath in 1982* which illustrates her personal and literary struggles. Most of her works were found and published posthumously by her husband, Ted Hughes.

The complete semi-autobiographical novel, *The Bell Jar* of Sylvia Plath was published under her pseudonym Victoria Lucas in 1963 in London. She published it under pseudonym as she was not sure how readers would receive her writings for they were very expressive, as women of her time were not allowed to express their thoughts openly. It was republished in 1966 in England under her own name. *The Bell Jar* is a fictionalized story influenced by her life. She details the harrowing struggle of depression and the way women of her time were treated in an extensive manner. Her first and only novel, *The Bell Jar*, is said to have been inspired by her experience of psychiatric treatment, according to critics. It projects the problem faced by a depressive and the associated stigma attached which creates hurdles in coping with this illness. This book discloses the distressing situations created while struggling with mental problems informing and creating awareness among its readers, which can be helpful for every individual of society, be they patient, caregiver of the patient, family, friends or doctors.

It has been commented that Sylvia Plath herself had been depressed and had attempted suicide due to this illness. The cause of her illness has been said to be marital conflict, as well as some minor life events, and lasted six or seven months, during which time her mental state alternated between wrath and resentment, hopefulness and melancholy for a long time. She had been professionally productive for the duration of this time, writing every day, editing proofs, and recording poems for the BBC. Her mood, on the other hand, had deteriorated into a severe depression characterized by anxiety, suicidal thoughts, and an inability to deal with daily activities (Cooper 298).

Sylvia's status was secured by the publication of *Ariel*, a posthumous volume of verse, and despite being in the throes of a life-or-death battle with depression, she had achieved a literary milestone in the last months of her life, producing some forty phenomenal poems in a

spurt of creative energy. Three poems “Lady Lazarus”, “Cut”, “Daddy” from this collection project the theme of mental illness. When one reads a few passages from her poetry of the collection *Ariel* which mostly cover the theme of suicide, it becomes clear that she preferred writing as a safe haven to reality. She did in fact, write letters to her psychiatrist, Ruth Barnhouse, in which she expresses her sentiments more clearly. Nonetheless, her poems served as a creative outlet for the demons in the mind, which were clearly tormenting her.

*The Bell Jar* begins with a gloomy description of Rosenbergs, who are in the headlines for their execution. This is a first person narration of a girl Esther Greenwood living in New York. Rosenbergs are electrocuted. She feels ‘sick’ and imagines about their execution constantly. “I knew something was wrong with me that summer, because all I could think was about Rosenbergs” (Plath 2). Esther feels something unusual about herself as she would think about the death of Rosenbergs all the time. These negative feelings and pessimism about oneself depict direct signs of depression in her. It is felt that if a person reports negative mood which interferes in his or her life, he /she may be suffering from depression (Nydeggar 4). Esther shows these dejected signs in the very first chapter with the introduction of the news announcing the execution of Rosenbergs. She is no relative of them and has no connection but couldn’t ignore thinking about their electrocution. She blames herself for being in New York. She considers electrocution “must be the worst thing in the world” (Plath 1). The central idea of growing up is illustrated in the novel through the protagonist’s struggles in determining out what she wants, comprehending and coping with death, and analysing her relationships with her friends, parents and other adults. Throughout the novel, Esther closely resembles the Rosenbergs. On the one hand, Esther’s almost rebirth via ECT is comparable to Ethel Rosenbergs electrocution, both signifying a kind of death. Esther was sentenced to stay in a mental institute where she undergoes treatment in order to conform to a society which has already doomed her to be a failure, similar to how the Rosenbergs were convicted despite a

lack of concrete evidence and out of misguided fear, so was Esther sentenced to a stay in a mental institution (Matovic 148). Esther is desperately trying to figure out what to do with her life. She cannot seem to find the meaning of life or its aspects or figure out what she wants to do with her life.

Esther tries to overcome life altering issues such as depression, isolation, sexual identity and the idea of mortality. She constantly feels “very still and empty” due to her depression and feels isolated from the rest of the society (Plath 9). She faces problem when it comes to people. No matter how much she tries, other people always seem to affect her life negatively. She continues to decompress and fade into insignificance as she is introduced to people in New York: “I felt myself shrinking to a small black dot against all those red and white rugs and that pine panelling. I felt like a hole in the ground” (Plath 14). Esther has ideas in her head, based on assumptions she makes from observations of how things are supposed to work in life. Her inability to connect with people is because they are not what she thinks they are supposed to be. Nobody looks at what Esther wants, nor supports her, and this makes Esther spiral into a hole of confusion and pessimism. They see her as different or at fault and so they all try to mould her into something she’s not to make her conform to society. She relates the words ‘depressed’ and ‘lonesome’ showing that her loneliness is what makes her depressed.

Esther experiences disturbing feelings when she graduates from high school and enters the professional world. Esther succeeds greatly in life until that point and the very thought of leaving her comfort zone and entering the real world panics her. The world she is entering is superficial and materialistic, without sincerity or care, which puts her literary dreams in trouble. With all the madness going on in her new life, she feels “dead” and it weakens her will to continue. She was made to feel distraught by the people in her life and was unable to connect with the rest of society. Esther breaks down and is ‘saved’ in a way by a person who makes her feel safe. Dr. Nolan, her second psychiatrist nurtures Esther and gives her care and a sense of

reliance. Near the end, Esther calms down and opens her mind to approach the world with a new and different perspective on things. This is due to Dr. Nolan's techniques and the freedom she entrusts Esther. Because of this, Esther looks forward to living on, accepting, and finding her purpose in life.

Sylvia Plath expresses Esther's failure in adulthood. A sense of captivity is observed in Esther's life. The title *The Bell Jar* symbolizes Esther's unavoidable depression by the jar closing in on and trapping her in a space of depressed thoughts all around. The main character in *The Bell Jar* uses the bell jar as a metaphor for thoughts of captivity and constraint. She feels trapped inside her own head, whirling around the same self-doubt and notions of despair repeatedly without any alternative. However, she uses the bell jar as a metaphor to represent society as a whole and how an individual could become ensnared by arbitrary social norms and regulations. Mary Evans in the book *Research Methods for English Studies* writes "Sylvia Plath/ Esther Greenwood finds it difficult (indeed problematic to the point of attempted suicide) to locate herself within the social world of the United States" (40). She is trapped in her mind and confides to her peers. Esther is later institutionalized and restricted from associating with the outside world.

Esther is a character that realizes who she is and does not like it and so she finds her purpose on earth meaningless. Esther grows through her personal experiences in the real world and her cure is seen to be her experiences that act as milestones and serves as means of self-discovery and understanding. The central idea of growing up is expressed in the novel through the character's struggles in figuring out what she desires, understanding and dealing with death, and examining her relationships with her friends, parents and other adults.

Through fiction, people may understand intricate affairs such as human behaviour and therefore *The Bell Jar* presents a true picture through which people perceive reality lucidly. Thus, fiction acts as a simulation of the real world issues people deal with in daily life.

For her to come to New York and get selected for a fashion contest was an achievement as she did not belong to a wealthy family as did other girls and does not feel very confident. When her boss asks her what plans she has for the future, she is hesitant and confused to answer, as she did not know the answer herself. She thinks:

I felt very low. I had been unmasked only that morning by Jay Cee herself, and I felt now that all the uncomfortable suspicions I had about myself were coming true, and I could not hide the truth much longer. After nineteen years of running after good marks and prizes and grants of one sort and another, I was letting up, slowing down, dropping clean out of the race (Plath 27).

She feels foolish to buy for herself flashy, expensive clothes and regrets considering her successes in college as nothing great. Depressed people usually display low self-esteem and are very critical of themselves. Esther acknowledges to an extent what all she achieved but still regrets that she did not gain any meaningful success. She does not feel any excitement as her colleagues. She just felt “still” and “empty”, which means she could not enjoy anything around her (2). These are the signs that show the beginning of depression, which she is unaware of as yet. She always gets ‘A’ grade and scholarships in her studies and wins a contest for her writing skills, but she remains unhappy. She does not show much interest in her surrounding life and fashion as other girls do. It makes her feel “bore” (3). Lack of interest in activities around is indicative of depression, which Esther demonstrates undoubtedly. She is shown doing all the work but at the same time, she does not want to do it.

She presents her scepticism and lack of confidence. Achieving good performances since childhood, she loses her self-belief during her college days and confesses about her inadequate performance when working with a magazine. Every alternative paragraph specifies Esther’s sadness and tiredness as she mentions it whenever she has to do something like lie down or

needs to be alone, “back in bed staring up at the blank” etc. She thinks a lot which also makes her “sadder” and “more tired” (Plath 28).

Esther’s boss Jay Cee had questioned her if she did not feel interested in her work. When in actuality that was not the genuine reason for Esther’s stumpy performance and which she herself could not explain. This points out at the invisible troubles created by depression. Depression does not reveal itself in its initial stage as in any other physical illness but causes enough torment like any other disease. Both of them are unaware of the problem. It may be due to lack of awareness about depression during those times. She ponders upon all the achievements she had but at the end, feels worthless saying “what did I do but balk and balk like a dull cart horse?” (Plath 29). She questions herself and doubts as to whether she will be able to achieve anything in her future. Thinking too many negative thoughts is a strong basis for depression. It seems to her that everything is lost and against her. As many sufferers do not themselves know what depression actually is and thus do not see themselves as unwell (Walker 19).

Sylvia Plath describes the place of Esther’s father as “maniac-depressive hamlet” in the “heart of Prussia” (30). She presents autobiographical elements of her father. Esther wants to learn German but “each time I picked up a German dictionary or a German book, the very sight of those dense, black, barbed-wire letters made my mind shut like a clam” (Plath 31). Plath represents herself in the guise of Esther and discusses her interests. She also shows keen interest in writing and literature through Esther who was not much encouraged in her lifetime as a woman. Esther scored grade “A” in chemistry and physics but still was ‘scared and depressed’ of them (34). Her passion for writing is seen when in physics class sitting at the back she used to write “page after page of villanelles and sonnets” (34).

For a girl coming from small town to big city is always a dream and Esther was living that dream working with famous editor of fashion magazine but was still missing something



and that feeling constructed in her an emptiness leading to the state of being depressed. She writes, “The silence depressed me. It was not the silence of silence. It was my own silence” (Plath 17). It can be said here that she is pointing to her emptiness and loneliness. There was noise ‘but I couldn’t hear anything’ and feels it was good for her when in fact it was having a negative effect on her. It is considered a sign of depression if an individual has depressed mood most of the day and almost every day, for instance feels sad, empty or hopeless (160). Depressing signs can be noticed at an early stage in Esther which become prominent later in her life. Living in an eventful and dynamic city also fails to entertain her.

“Whenever I’m sad I’m going to die, or so nervous I can’t sleep, or in love with somebody I won’t be seeing for a week, I slump down just so far” (Plath 18). This shows clearly her thoughts of suicide which is one of the many signs of being depressed. As Walker discusses “for many, thoughts about death can be a part of their depressive experience” (59). Esther too reveals her helplessness at having thoughts of death when she is disturbed.

Hot bath she suggests purifies one, and she experiences it to get over the disturbing elements around her. She believes that she never feels so much herself as when she is in a “hot bath” (19). She is unaware of the underlying problem and tries out various ways to make herself comfortable. As “depression is known as silent disease since it slowly affects an individual and the individual remains totally unaware at the initial stage” (Bhattacharjee 17) Esther’s illness also develops gradually of which she is ignorant.

Depressed person usually feel helpless and hopeless along with being sad. “I felt now that all the uncomfortable suspicions I had about myself were coming true, and I couldn’t hide the truth much longer” (Plath 27). Esther felt hopeless about her future doubting her capabilities. She seemed to be confused about the choices she has in mind. Depression has also been expressed as feeling hopeless and full of despair, a slower way of being dead (Walker 20). The depressed person has difficulty in thinking positively about themselves (Nydeggar

34). Esther too could not find anything positive in her achievements in her academics. She felt she “was letting up, slowing down, dropping clean out of the race” (Plath 27). However, in actual she had no idea that she was in the initial stage of depression as some may not “even be aware of the fact that they are actually experiencing symptoms of depression” (Nydeggar 4). This is indication for many readers experiencing a similar situation in life.

The plans she made for the day did not work for her as she thought and then this made her “sad and tired” and “even sadder and more tired” (Plath 27, 28). Sadness is a clinically important component of the depressive syndrome and is the illness’s most frequent clinical characteristic (Mages and Bayle 325). Thus, the feature of sadness is often observed in Esther which quite evidently depicts her descending in depression. She uses the words ‘sad’ and ‘tired’ quite often to express her negative and miserable feelings. Nydeggar states that negative feelings about themselves and general pessimism is found in any type of depression (3). These symptoms are caveats for readers who are struggling from these kinds of dilemmas.

Esther was not happy with her mother’s profession, and did not feel inspired by her. She wished Jay Cee to be her mother as she sees her as a person to be inspired by. This can also be seen as one of the reasons for Esther’s depression. She wanted to be motivated by someone whom she could follow and idealize. She never was interested in shorthand which her mother taught in a college. She wanted to be a writer and an editor. However, she always had some hope in her subconscious mind that “one day she would be able to write great books the way the novelist, Philomena Guinea did” (Plath 37). This little optimism prevented her mind to go deep into depression.

She did not like the idea of women being a homemaker like her mother. She did not want to pursue the career her mother wanted for her. She did not want to be a woman as was the times in the society and wanted to have her own identity rather than just be a woman of a man and follow his commands. It was a patriarchal society in which she was living and she did

not want to be part of that male dominated society. To avoid the male dominated society she wanted to be a writer and bring out her own creativity and individuality. However, it seemed difficult which led her towards depression. It was actually fear that she had created in her mind regarding her future, which made her pessimistic. Researchers Weissman and Klerman in their article “Sex Differences and Epidemiology of Depression” analyse the possibilities of the processes through which women’s disadvantage may lead to clinical depression and reveals two key potential paths (106). The first highlights women's poor social position, legal, and economic discrimination, while the second emphasises women's internalisation of role expectations, which leads to a state of learned helplessness (106). They believe most of the women are depressed about their condition because genuine social discrimination makes it difficult for them to gain authority by direct action and self-assertion, adding to their psychological misery. When applied to depression, these disparities are thought to lead to legal and economic impotence, as well as reliance on others. In the context of depression, these disparities are thought to lead to economic powerlessness, reliance on others, chronically low self-esteem, low aspirations, and, eventually, clinical depression (Weissman and Klerman 106). Weissman and Klerman explain that the helplessness theory posits that socially conditioned stereotypical images establish a cognitive bias against assertiveness in women, which is reinforced by societal expectations. He further explains the traditional “femininity” norms are reformulated in this concept as a type of “learned helplessness,” which is a symptom of depression (106). During their socialisation, young girls learn to be helpless, and as a result, they develop a restricted response repertoire when faced with a stressful situation (106). These self-images and expectations are internalised throughout childhood, leading a young girl to believe that the feminine stereotype is expected, desirable, and typical (106).

Esther adored Buddy Willard who was a doctor by profession and was very practical. He never concurred with Esther’s interest in poetry and labelled it as “a piece of dust” (Plath

53). He was far away from literature and thought it as baseless. But when he was kept secluded in the hospital for tuberculosis, he read poetry. He mentions in his letters to Esther that he was reading poems by a poet who was also a doctor and there are other doctors too who were interested in poetry. This discussion shows affiliation between doctors and poetry which can be seen as a connection between being pragmatic and creative. It is quite evident that professionals can be part of literature or any form of art. Literature can be one of the forms that help any patient with any illness in different ways. Reading Esther's story can be valuable for patients of depression and even those who are in its initial stage. It not only creates awareness among the readers but also helps many in coping with this condition.

“I thought how strange it had never occurred to me before that I was only purely happy until I was nine years old” (Plath 71). Here she means she has never known happiness after the age of nine. There was nothing that made her elated and satisfied in her life not even her ‘A’ grades. At the age of nine, she had lost her father, which indicates that she developed this feeling of dissatisfaction and unhappiness as a result of this loss. Loss of a loved one has been seen as one of the reasons of repressed anger in the person which later on turns to become depression. Many researchers have stated that depression is often caused by the loss of a parent in the early childhood. Esther too lost her father at an early age, with whom she was very close and attached. She was not that close to her mother and did not like her profession. She had internalised the loss of her father, which developed into depression in the later stage of her life. Freud has explained this relationship between loss of closed one and depression where he emphasizes that depression is a regressive response to loss. This may be the reason that Esther avoided getting close to anyone though she was not aware of her condition.

Esther's mother always insisted her to learn shorthand as it would help her in getting job. She believed that just English major would not help her much in getting job as she herself was earning from shorthand. She wanted the same for her daughter too but she failed to

understand the interests of Esther. As Esther wanted to be a writer she assumed that shorthand was not her cup of tea and totally disdained it. She despised the idea of taking dictation by men and was entirely against the concept of serving men in any way. She was living in a society where women were maximum homemakers and whose opinions were not considered much. She says “The trouble was, I hated the idea of serving men in any way. I wanted to dictate my own thrilling letter” (Plath 72). She wanted to liberate herself from this kind of convention in her society and wanted to make her own identity and bring out her individuality rather than be a married woman and serve her husband. Esther’s interest was altogether against the common norms followed by the women of her time. This also shows one of the causes of her depression as she could not accept the role of women as homemakers and does not want the same for herself. She represents the self- independent woman who stands equal to men. Her sufferings illustrate her desperate urge to fulfil her dream but what led to depression is the fear of failure. Her fear of failure resulted in gloominess and dejection.

She feels discontented and disappointed by her capabilities. When she looked at other girls, she usually compared them with herself, which made her feel not good enough and incompetent. She says, “I felt dreadfully inadequate” (Plath 72), when she visits the UN building and meets different people and lacks confidence when she notices their different abilities which she herself lacked. She fails to notice that different persons have different capabilities and not everyone can do everything. She desired to be in the same place as other successful people. Esther had her own talent which made her win different scholarships which others were not able to achieve. But she at times forgets this and regrets her failures most of the time. Negativity about her own capabilities had started making her feel disheartened. She used to feel hopeless as she mentions that she “felt like a racehorse in a world without race-tracks” (72). She wanted to be so many things but at the same time due to the dilemma created in her mind, a sense of bleakness was budding in her. It is seen that depressives usually find it

hard to take appropriate decisions and Esther found it challenging deciding her career. This illustrates the role of caregivers who need to empathize with their patients in their suffering. Esther needed to be heard by someone but she had made her own world in her mind which had many things but nothing was fixed.

Esther had a different view about marriage and married life by observing women of her time. She believed it to be unfair for an educated woman to serve her husband. She was not in favour of a woman to be subordinate to man. This is one of the social issues she points out where women are not given equal rights as men. She is disappointed by these thoughts and they add to her depression. Studying for scholarships and achieving A grades every year and then to serve her husband was a big no for her. She thought it to be a failure and felt that she could not be happy leading the kind of life as the women of her society were doing. It presents her feministic thoughts which make her feel disappointed with her life. She was unable to share this with anyone even with her mother as she had not much attachment with her compared to her father nor had she any friends with whom she shared a close bond. She was unable to share her emotions, which accumulated inside her directing her towards dejection. Williamson and Schultz state that a low level of contentment with social contact, support and disrupted relationships can lead to depression too (577).

Esther was very cynical about being a married woman as she felt she “knew that inspite of all the roses and kisses and restaurant dinners a man showered on a woman before he marries her, what he secretly wanted when the service ended was for her to flatten out underneath his feet like Mrs. Willard’s kitchen mat” (Plath 80). She sees it same for every woman around her and in her neighbourhood. Buddy tells her that after having children she would forget about her writings. She feared that she might be ‘brainwashed’ and would lose her identity, which could be achieved through her career alone. Fear of losing her individuality and the thought of being a homemaker repulsed her from the thought of marrying in the future. Aaron T. Beck

talked about it in “Cognitive Triad” that in depressives there are ‘negative feelings about the future’. Esther clearly portrays negative feelings about her future through different aspects frequently.

Esther lacked self-confidence, in her abilities as well as in her looks. This is evident when she conceals herself from and avoids getting photographed for the magazine. She was reluctant for her pictures to be taken for she felt like crying without any reason. It was her fear and lack of confidence that made her feel so low. They had to take pictures with something that indicated their aim in life and when she was told to show the prop for what she wanted to be, she wavered, as she was not sure. It may encourage others to share their feelings with others after relating to this character, Esther. Our ability to comprehend and recognize others feelings and situation can have great effects on our mind (Kidd and Castano 380).

When Esther feels disturbed and low-spirited, her boss Jay Cee provides her with some scripts to read and cheer up. Her boss used reading as a tool to enliven her saying “these’ll amuse” her (Plath 98). This illustrates that reading does lend a hand in bad times to change the mood and mind. Thus reading her story would help many people like her and create awareness.

When Esther completes her internship with the fashion magazine, she returns home. However, there was nothing she takes back from New York, not even her clothes. She throws away all her clothes from the parapet on her “last night” (107). On her last night in the New York city she feels so dejected by the city that she doesn’t even want to take her wardrobe with her and throws it away “like a loved one’s ashes” (Plath 107). She once looked forward to visiting such a big city, which was a dream of every other girl, but while leaving she felt gloomy and considered the much-awaited visit a disappointment. In the beginning of the book, she mentions that the girls from elite class looked boring to her and made her sick, admitting that she felt jealous. She was jealous because of their lavish lifestyle but at the same time knew that in reality she could not adjust with these high-class people. Throwing away her apparel shows

her disappointment with the fashionable city, where once she was excited to try different trendy dresses like these girls but she freed herself from this burden in her mind. Soon Esther realises that she does not fit in that society and has different goals in life. She lost interest in fashion and designer clothes and did not pay much attention to her dressing. She borrows a dress to go home in exchange for her bathrobe and keeps nothing with her from the wardrobe acquired in New York, which shows her loss of interest in herself and her sense of dress which she considered as trivialities of life.

Another cause of Esther's depression can be seen through the rejection to get admission for a writing course which she had been waiting for a long time. "All through June the writing course had stretched before me like a bright, safe bridge over the dull gulf of the summer" (Plath 110). She had been waiting for the writing course eagerly for a long time, as she wanted to be a writer. This shock of rejection adversely affects her, though she realizes that she was rejected due to a lack of confidence in her abilities. She had such a low esteem that she felt 'it was very important not to be recognised' in her hometown by anyone (110). She did not want to meet or face anyone and wanted to seclude herself due to the failure of getting admission in the writing course.

"The soprano scream of carriage wheels punished my ear" showed Esther's irritation and intolerance of the sounds around her" (Plath 110). It depicts her disappointment, which seems to be one of the strong reasons for depression. She cancels all the other options she has to join summer school and decides to write a novel which too was discarded later. Her mother suggests her to learn shorthand, which too seemed fascinating at first but then again drops the idea. Thinking of shorthand makes her mind "blank" and "senseless" (110). She makes lot of plans for summer school but rejects all of them one by one. She plans to read *Finnegans Wake*, write her thesis, go for pottery making or go to Germany and be a waitress.



Her loss of interest is quite often highlighted especially when she is reading a book, as she describes words and letters as “twisted all awry, like faces in a funhouse mirror, fled past, leaving no impression on the glassy surface of my brain” (Plath 120). Another factor which indicates signs of depression, is diminished interest or pleasure in almost all activities most of the day, nearly every day (DSM 160). Esther’s disinterestedness is markedly observed in her activities as her reading.

She does not wash her clothes and hair for weeks as she says “it seemed so silly” that is it is something useless. “I wanted to do everything once and for all and be through with it” (Plath 123). She could not make out that she was living in dirty conditions. Researchers Buberian, Prudkov, Iu Sorkin assert that major depressive disorder can result in regressive behavior and emotions including loss of interest in any activity and poor self-care (which might include poor hygiene and grooming) (qtd in Lokko and Stern). Poor self-care is clearly reflected in Esther to whom it is futile to groom herself.

To her mother it seemed impossible that she had not slept for a week. Esther had been suffering from severe insomnia for she “had followed the green, luminous course of the second hand and the minute hand and the hour hand of the bedside clock through their circles and semi-circles, every night for seven nights, without missing a second, or a minute, or an hour” (Plath 122). Insomnia is regarded as a subjective complaint according to clinician’s observation (Mayers and Baldwin 10). The significance of subjective perceptions of sleep is demonstrated by the extent to which insomnia can precede depression and there is a strong subjective component to depression, particularly in terms of cognitive elements including guilt, self-esteem, pessimism, memory, focus, motivation, and mood (Mayers and Baldwin 10). Thus sleep disturbance is major issue in depressive patients which needs to be taken seriously and it is trivial according to Esther’s mother because she did not believe that her daughter was unable to sleep continuously for many days. The attitude of Esther’s mother is indicative of the lack

of sensitiveness of society to notice people who may be suffering from anxiety. Esther's mother seems to be dictating and forcing her opinions on Esther. The lack of sensitivity and domination further escalate Esther's mental balance. According to Argyropoulos et al., the inaccuracy of subjective sleep reporting in depression may be explained by the substantial (negative) cognitive component of sleep disturbance (188). Esther takes sleeping pills as she finds it difficult to sleep and experiences trouble while reading. It could be due to depression as researchers state. She consults a psychiatrist, Dr. Gordon on the recommendation of her family doctor as her problems were increasing and required a specialist. She wants to be free from her problem and makes efforts to overcome it and sets an example for the readers to do the same for themselves rather than just remain in conflict with themselves. She does not know the reasons for her trouble but shows a yearning to cure herself. It reflects her strength to tackle and address the problem.

When Esther meets the Doctor, she had expected him to be a grave-looking man who would openly listen to her, reach out to the problem, and find the solution as well. However, Dr. Gordon did not do as she expected. She wanted someone with whom she could share her problem in detail and the person should pay attention and talk to her. She anticipates "as if he could see something I couldn't, and then I would find words to tell him how I was so scared, as if I were being stuffed farther and farther into a black, airless sack with no way out" (Plath 123). She hopes that the doctor would direct her toward recovery as she "thought, he would help me, step by step, to be myself again" (124). Instead, the doctor asks her what was wrong with her when she had come to seek the answer to the same question. She says she did not tell the doctor about the handwriting issue, and it is quite evident that she did not trust him enough to share her problem.

"But when I took up my pen, my hand made big, jerky letters like those of a child, and the lines sloped down the page from left to right almost diagonally, as if they were loops of

string lying on the paper, and someone had come along and blown them askew” (Plath 125). She did not dare to mention her handwriting issue to the doctor as she felt afraid of getting ridiculed by Doctor Gordon. This is not just the case of Esther Greenwood but it can be seen in many depressives which hinders them from opting for treatment. Researchers have provided evidence that society is not sensitive to the torments of those who suffer from depression and anxiety (Kadam et.al 377). She does not feel good enough to trust her doctor. People suffering from depression are in search of someone they can put their trust in to share their pain. Depressive people like Esther become careful not to share their predicament in case they may be ridiculed which hinders them from seeking help. Substantial evidence demonstrates that effective communication with patients and others involved in their care such as a close family member or friend—along with appropriate medication and ongoing monitoring and support—is key to the successful treatment of depression (Savard, 19). Therefore, there has to be proper communication to bridge the gap between doctor and patients for proper diagnosis and treatment in the case of depression, as these patients tend to withdraw into themselves easily and isolate themselves from others.

Doctor Gordon prescribes Esther shock treatments without listening and understanding Esther’s real dilemma. Esther plans to run away rather than get herself ready for the shock treatments. Here can be seen some loopholes in communication between doctor and the patient which is so very essential in psychiatry. Esther believes that, her doctor does not understand her and she decides to run away from the situation. When she meets another doctor later that doctor also recommends a similar process but in a different manner and Esther readily agrees to it. This shows the difference between the doctors and the way in which they can make their patients comfortable and uncomfortable. The way a doctor should communicate with their patients play a major role in their treatment. John Percival, Jenny Donovan and Katrina Turner find in their study that patients of depression look out for empathetic behaviour in their doctors

for their treatment (92-95). They believe in those practitioners who “show interest and acceptance”, “communicate clearly and listen carefully”, “collaborate on manageable goals and sanction greater patient self-care and self-compassion” (Percival et.al 90-92). Similarly, Doctor Gordon failed to communicate with Esther as she expected and she felt that he did not listen to what she wanted to share with him. Hence, it shows the necessity for erasing of communication gap between doctor and patient, as it is the empathy and understanding of doctors that can help a great deal. Patients of depression are in search of some connection with whom they feel free to trust and talk about their problems and weakness without being ridiculed. As per the research study by Percival, Donovan and Turner, patients cherished doctors who give them practical and emotional support. They found significant impact of approachable nature of doctors on patients in creating a facilitative relationship between them encouraging them towards optimism (7-10). Thus, doctors too need to play a crucial role in building back the confidence and self-esteem besides treating the depression of their patients.

Plath has mentioned black colour as a kind of sign of depression referring to a wealthy woman possessing a black station wagon which depressed her. Nobody agrees to buy the car for the reason considering it to be a symbol of negative connotation and sadness. It can be seen how black colour was thought to be something negative and gloomy making it a sign of misery. A kind of stigma was attached to the wagon because of its colour which can be seen similar to the stigma attached to mental illness which people fear to discuss openly.

After Esther gets ECT in Dr. Gordon’s office, she becomes obsessed with suicide. She thinks of various ways to commit suicide and run away from the ECT. She keeps blades in her pockets to slit her wrist in the bathtub as she thinks it would hurt her less. She is ambivalent about her suicidal thoughts as she feels it will hurt her but still wants to get rid of her life. She could not accept the solution to her problem prescribed by her doctor that is Electroconvulsive shock treatment and felt that she was not mad to the extent of getting shock treatment and chose

to die instead of getting shock treatment again. Plath has described her own pain through Esther's pain and shows how it can be relatable to many such people. Esther needed somebody to talk and understand her rather than go directly for the electric shocks. When she is taken to the other doctor later, the way she convinces Esther for the electric shocks is in a different and approachable manner to which Esther readily agrees. Dr. Gordon fails to connect with her and this leads to increasing suicidal tendencies for Esther. Therefore, a better understanding of a depressive patient can reduce inclination towards suicide. A psychiatrist's approach to the patient is very essential in understanding their pain and problems. Talking to their doctors can unburden their pain largely and help them to face and find a way out of their illness bravely.

Esther made sure that her friend, Jody does not get to know about her predicament. She did not want people around her to tag her as a mad girl who "didn't have a brain" in her head (Plath 149). She pretended to be normal and healthy in front of her friends. Her acts of pretension to be normal shows the taboo associated strongly with mental illness. Depressives act normal only when they are conscious of being observed by people. Esther tries to cook hotdogs without burning them in front of her friends and pretends to be active as they were watching her. She is aware that she would not be understood by anyone, not even her close friends if she shared her trauma. Hiding the problems of mental illness and struggling alone can lead to intense depression rather than help come out of it. However, wherever she would go she always thought of the ways she could kill herself without pain.

Esther discusses a play with her friend on a beach, in which there is a mystery as to whether a mother had killed her son or not. Esther says she remembers the play just for the reason that "it had a mad character in it, and everything I had ever read about mad people stuck in my mind, while everything else flew out" (Plath 149). This shows her fixation to kill herself and her consistent thoughts of suicide. She is of the opinion that her life would never get better and can be related to by many people who suffer from similar pain. She gets deeply affected

by negative things and characters, which makes her unable to sense anything positive around her. She deliberately points at the way the woman kills the boy and it implies that she is searching for ways to execute her own suicide. She remembers well the instrument with which she kills him but wants to confirm where it is available. She tries to find ways to kill herself in the conversation she has with Cal but is unable to get a satisfying answer.

Esther is unable to adjust herself around people and friends. She could not even bear to have two three friends around and describes their company as weighing on her nerves. She believes she would be unable to control her condition and “I would start babbling about I couldn’t read and couldn’t write and how I must be just about the only person who had stayed awake for a solid month without dropping dead of exhaustion” (Plath 151). Further she contemplates “I thought drowning must be the kindest way to die and burning the worst” (151).

The researchers believe that depression by affecting the individual’s daily performance and social relationships increase the emergence of suicidal thoughts and suicide attempt (Levine 70). Izadinia, Amiri, Jahromi and Hamidi attempt to prove through their research that depression and thoughts of suicide certainly and considerably correlate with each other which means that with increasing depression the suicidal thoughts also increases (1518).

Esther in her heart wants to be cured as she is seen studying books on abnormal psychology but simultaneously finds her case hopeless. Reading books on psychology shows that she is struggling to find something that may provide a ray of hope for her that she can survive this illness. Patients of depression like Esther reveal that they want to heal themselves but negativity and sufferings make it difficult to bring out anything positive. “The more hopeless you were, the further away they hid you” (Plath 154).

Though Esther tries to find ways to commit suicide, however at the same time she also wants to get out of mental stress, which is evident in the way she wants to relate herself with religion. She wants to seek help from a sect of Christianity that is Catholicism. As Catholics

believe committing suicide is a dreadful sin, so “they might have a good way to persuade” her out of it (Plath 158). However she does not want anybody to know of her condition not even priests as she fears being mocked. She says, “Priests were terrible gossips” (158). This situation presents her yearnings for getting out of the mental trap but fear of scorn makes her dispirited and negative at the same time.

Esther quickly gets disheartened. While searching for her father’s grave in the graveyard she says that when it started drizzling, she “grew very depressed” (Plath 160). Here rain is used symbolically to represent emotion of sadness, gloom and tears. She cries on the grave of her father missing him. “I laid my face to the smooth face of the marble and howled my loss into the cold salt rain” (161). She believes she is in this state because of the great loss of her father who was closest to her. Her longing for her father shows had he been alive, she would have been much stronger.

She decides to end her life and spends all her savings. After her mother leaves, she takes fifty sleeping pills. Thus, she makes another attempt at suicide. However, she was saved and was admitted to the hospital. Her face was in an appalling condition, which made her unrecognisable, when she looks in the mirror. When she was shifted to the city hospital, she is asked why she was admitted to the hospital and she is open about it and informs them that she had tried to commit suicide. The reaction she gets in return is weird but not shocking, as Esther knew how the battle of her torment would be viewed by society. The woman did not even care to answer but acted as if she had seen something bizarre. “The woman stared at me. Then, hastily, she snatched up a movie magazine from her bed-table and pretended to be reading” (Plath 170). These kinds of reactions prevent sufferers to be open about their problems and pains. This was the main reason that she never wanted to disclose about her illness to anybody. These sorts of responses deepen pain, discourage, and lead towards hopelessness and helplessness.

Low self-esteem and self-confidence is a key symptom in depression, which is quite visible in Esther on many occasions. While in hospital when a group of doctors come on rounds, she feels disgusted to face the group. She feels while talking to one the others are staring at her and “taking unfair advantage” (Plath 172). She was afraid that they might ‘gossip’ about her condition if they were known to her friend Buddy Willard and she might become a figure of fun for them. These thoughts augment her desire to be alone. She was so frustrated that she would not mind if she was physically ill instead of mentally.

The famous novelist of that time Philomena Guinea shifts her from the city hospital to a private hospital at her own expense when she reads about Esther’s attempt to commit suicide. Esther assumed that Mrs Guinea was helping her because she too had gone through the same phase during her career. She probably understood the plight of Esther and provides her help and support to get well. In the same manner the experiences of Esther may help people with similar problem. Those who experience the sufferings of depression may help indirectly by imparting their knowledge and guidance through their understanding.

Esther did not feel elevated or encouraged by this move of Mrs. Guinea. While shifting she again has suicidal thoughts like jumping off the bridge into the river. She had become apathetic and dispassionate because of the depression when she should have been grateful to Mr. Guinea as she says “only I couldn’t feel a thing”. She had become emotionless as she does not try to understand her mother’s feelings nor entertain any visitors due to her negative feelings. She describes her feelings, as no matter how beautiful things would have been that were given to her, she “would be sitting under the same glass bell jar, stewing in my own sour air” (Plath 178). She has used the glass bell jar as a metaphor to represent her depression. The glass bell jar hovers over her head through which she could see everything but her mind is imprisoned and she can only breathe. She is unable to live, sense and enjoy life around her. “The air of the bell jar wadded around me and I couldn’t stir” (178).



In the private hospital, Esther experiences were bit different in comparison to the last hospital she was admitted in. She has a friendly and a comfortable conversation with her doctor, Dr. Nolan. The Dr. asks her about her previous doctor and her experiences with the treatment. There was much difference between the approaches of both the doctors as far as Esther was concerned. Dr. Nolan made her feel comfortable about the treatment and the necessary ECT. Many patients want someone to recognise their struggles which is an essential aspect in patients of depression (Walker 18). In the beginning she was unsure that this private institution would be of any help to her as she was disappointed by the last two hospitals. In the private hospital, Esther had to engage in different activities to keep her mind occupied. Within days, she feels like making friends and she attempts to do so and this shows some positive change in her which can be attributed to the relaxing and pleasant atmosphere around her. She feels hopeless and finds it difficult to believe that she would recover completely without the pain she experienced after the last ECT in Dr. Gordon's hospital. She becomes confused to find Dr. Nolan, co-operative because she does not expect doctors to be so. She was of the view until then that all doctors would treat her in the same manner as Dr. Gordon. The other reason for the change in Esther could be that her doctor listened to her fears and reasons for resisting treatment. She becomes quite comfortable and frank with her doctor and does not hesitate to share her likes and feelings as she feels that the doctor understood what she meant. This shows Esther needed somebody to listen to her patiently and understand her feelings and state. Thus, patients of depression need to be heard with patience and need much care and attention.

Esther never liked visitors, as she believed that rather than being empathetic of her sufferings and pains, they judged her for her looks. They expected her to be like every other conventional woman in the society of her time. They came to her with expectations but nobody cared to feel her plight. She felt that even her mother was unable to understand her. She had an

intuition that people would gossip about her, laugh at her and that she is unworthy for anything good. This shows her low self-esteem and low self-confidence.

One day she is not given her breakfast which clearly indicated to her that it was her turn for shock treatment that day. It was frightening for her as she was not ready and she became terrified just by the thought. She has a bad memory of the “blue flashes, and the jolting and the noise” during the shock treatment she was given by Dr. Gordon (Plath 200). She had hidden herself and was broken and felt that Dr. Nolan had broken her trust. “I liked Dr. Nolan, I loved her, I had given her my trust on a platter and told her everything” (Plath 203). However, her doctor showed her love and care to which Esther easily yielded and went for ECT. “Then she hooked her arm in my arm, like an old friend, and helped me up, and we started down the hall” (204). The attention and affection of her doctor encouraged her to agree for the horrifying shock treatment. The amicable nature of her doctor had lightened up some spark of hope in her of being healed. This time she does not feel any pain and she falls asleep. When she gets up she feels light and her bell jar “hung, suspended”. She says, “I was open to the circulating air” (206). She felt free and bright after ECT, which motivated her to concur for more such sessions. This certainly indicates how the approach of the doctor made Esther to agree for the treatments as she was absolutely against it earlier. Caregivers of depressives can also gain understanding about the importance of having kind conversation with their patients which can be beneficial for both. Hence, caregivers and psychiatrists have a major role to play in the lives of any depressed person.

Esther’s mother tells her to forget her illness like a bad dream but it is difficult for a patient to erase the pain they have been through that phase. She describes her struggle and pain, as “they are part of me. They were my landscape” (Plath 227). However, this part of life cannot be removed but can be taken as precaution for rest of the life. She feels apologetic for her mother because her name was associated with a mentally ill daughter. An unassailable stigma

is attached to mental illness, which prevents its patients to open up about their sufferings. Studies confirm that stigma dominates the experience of depression due to which about seventy percent of people are afraid to ask for help (Walker 51). Stigma is like a poison to any patient of depression, which prevents them from seeking care, and attention, which is an essential requirement. It is thus necessary to spread as much awareness about mental illness as it would help directly and indirectly to those suffering from depression. The caregivers and society around them will get a chance to realize the torments they pass through which could help them to provide better care and teach them to be patient with their patient. Books both fictional and non-fictional play a strong role as Sylvia Plath attempts to prove the therapeutic nature of literature in her semi autobiography in an effective manner.

Esther recovers from her illness and is freed of the bell jar but the fear that it may recur haunts her. She ends her story with a doubt, “how did I know that someday – at college, in Europe, somewhere, anywhere – the bell jar, with its stifling distortions, wouldn’t descend again?” (Plath 230).

Writers suffering from depression intuitively write on topics related to depression and suicide which serve as a clue or gives inkling about their depressive state even before its diagnosis. Esther is a teenage girl who suffered from depression and through the story of her mental illness enlightens the readers about the issues which any person with depression can face especially adolescents. She plays the role of being the voice of youngsters. Her sufferings and struggles of the illness are poignantly depicted through the text, which provide enough knowledge about the problems faced while suffering from the stigmatized illness. Esther draws attention towards the stigma linked to depression and the fear of sharing her battle with the illness. She also brings into consciousness of the readers the relation between psychiatrists and their patients which plays a very significant part in terms of helping patients in a better way. Thus reading the text *The Bell Jar* helps reader to become knowledgeable about depression

through the life of an adolescent, identify symptoms of depression and provide early intervention, help caregivers and family to be emphatic towards the depressed without stigmatizing apart from helping suffers to get inspired and relate with the characters and realize their problem is not unique and there are many such persons suffering from it and are not scared to seek help..

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## Chapter 3

### The Visible Invisible

William Clark Styron Jr., a novelist and an essayist was one of America's widely read authors and noted for historical and cultural narratives. William Styron was born on June 11, 1925 in Newport News, Virginia, U.S. He was the only son of Pauline Margaret and William Clark Styron Sr. His father was a shipyard engineer with deep roots in the south, and his mother was from the north, so William Styron was a perfect fusion of the two cultures he grew up in. Until his mother passed away, his life was full of joy and happiness. During his childhood, when he was thirteen years old, his mother passed away due to breast cancer, after a long battle with the disease, in 1939. His mother's death had a profound impact on him, and the effects of that impact lingered in him as a result of his inability to fully purge his grief and emotions. This effect is reflected in his work through the characters and landscape he creates. His father suffered from clinical depression, which made his life a little more difficult than it should have been. The theme of suicide recurs throughout his body of work. His father sent William Styron to Christchurch, a small Episcopal preparatory high school in Middlesex County, Virginia and from there he went to Davidson College in 1942. In June 1943, he was transferred to Duke University after his time in Marine's reserve officer training program in Davidson College, a conservative school. He participated as a second lieutenant in invasion of Japan in July 1945 and was released in December after Japan surrendered. Styron had interests in reading and writing. He wrote some stories during his college time. He completed his graduation from Duke University in 1947 after returning from his services in the war.

Under the influence of Prof. William Blackburn, Styron started taking interests in literature and creative writings. He worked as an editor for McGraw Hill in New York from



where he got fired after some months “for slovenly appearance, not wearing a hat, and reading the New York Post” (Encyclopedia). He found this job tiresome and focused full-time on his first novel, *Lie down in Darkness*. He published this novel in 1951. It was a well-acclaimed novel, which won him the prestigious Rome Prize awarded by American Academy in Rome in 1952. This novel is about a Southern debilitated family, the Loftises and revolves around the funeral of the protagonist, the beautiful Peyton who was not on good terms with her mother and remained emotionally disturbed. Her father was an alcoholic and self-obsessed. Peyton’s marital life too was not so good and she commits suicide. The story is told in flashbacks and from third person point of view.

In 1951, Styron joined Marines to take part in the Korean War and went to Europe after the war where he wrote a novella, *The Long March* based on his experiences on camp. *The Long March* was published in 1956. In Paris, he made many literary friends and founded a literary journal, The Paris Review. During his stay in Paris, he met a Baltimore poet, Rose Burgunder and they got married in 1953. The stay in Paris inspired Styron to write his next novel, *Set This House on Fire* which got published in 1960. This novel is about rape and two murders in Italy. His historical novel, *The Confessions of Nat Turner* won Styron a Pulitzer Prize for Fiction in 1968 and the William Dean Howells Medal of American Academy of Arts and Letters in 1970s. This novel, published in 1967 is a fictitious memoir of historical character Nat Turner who was a slave and led a slave rebellion against the white oppressors in 1831. George Steiner, in The New Yorker, called the book “a fiction of complex relationship, of the relationship between a present-day white man of deep Southern roots and the Negro in today’s whirlwind.” This book created a controversy among African-Americans who claim Nat to be represented from the White’s point of view. Styron’s next controversial novel, *Sophie’s Choice* was published in 1979. The novel centres on a Polish Catholic woman, Sophie who becomes a victim of Nazism, loses her children, and commits suicide. This book turned out to be bestseller

and won the National Academic Award in 1980. The theme of almost all of Styron's writings focussed on depressive topics.

William Styron then published a memoir of his depression that is *Darkness Visible: A Memoir of Madness* in 1990. He wrote this memoir in response to the audience and readers who made negative and disappointing remarks on the death of Italian writer who survived the Holocaust. Other writings of Styron include trilogy of short stories, *Tide-water Morning: Three Tales from Youth* (1993) and *Havanas in Camelot: Personal Essays*. The title story of this trilogy is about the death of his mother. He also wrote a play, *In the Clap Shack* (1972) and many other articles.

Styron died from pneumonia on November 1st, 2006 at the age of eighty-one in Martha's Vineyard. He is buried in Vineyard Haven, Dukes County, Massachusetts.

A memoir is a nonfiction factual account. The word memoir comes from the French word *memoire*, which means 'memory', 'reminiscence' and 'recollection'. A memoir is a recollection of events in the life of someone. It is a literary genre that covers a particular subject in someone's life during a period unlike an autobiography, which is a narration of his/her, entire life in detail. A memoir is specific and focuses in its subject matter covering a specific topic, event, and time in an individual's life. It has been defined by the Cambridge dictionary as 'a written record of a usually famous person's life and experiences. Pulitzer Prize winner William Styron's Memoir *Darkness Visible: A Memoir of Madness* chronicles his depression, suffering, treatment and recovery. This memoir specifically focuses on his depression and the issues related to it. He portrays his ordeal, torment, affliction and agony in direct and lucid language and others with similar experiences can easily relate to him while still others can empathize and provide moral support. Styron suffered from depression either because of personal loss (death of his mother), the experience of war, or genetically as his father was a patient of depression too.

The title of the memoir is an oxymoron and originates from John Milton's description of Hell in *Paradise Lost*:

No light; but rather *darkness visible*  
Served only to discover sights of woe,  
Regions of sorrow, doleful shades, where peace  
And rest can never dwell, hope never comes  
That comes to all, but torture without end  
Still urges, and a fiery deluge, fed  
With ever-burning sulphur unconsumed.

This quote clearly defines the title of the memoir of William Styron. It mirrors the harrowing sufferings of depression experienced by him and perhaps by many others as described in the text. It illustrates that the sufferer of depression who sees no light or hope but only darkness during his/her miserable condition. Only 'Darkness' exists for a depressed person which stands for sadness and gloominess.

The book *Darkness Visible* begins with a description of his mental state while travelling to Paris to accept a literary award, which serves as the basis for the rest of the text. The trip had a significant impact on the progression of the depressive illness that he was suffering from at the time. In this memoir, he describes his battle with depression as well as other trials and tribulations of life and recounts each and every instance in which he felt depressed and afraid. He has divided the book into ten chapters. Originally, this book was intended to serve as a lecture at a symposium on affective disorder in Baltimore, Maryland. Styron describes depression as a serious illness, comparable to cancer or diabetes, which is treatable but difficult to treat and challenging. In this book, Styron explains how dangerous this disorder is and can be, and how it affects a person's physical and psychological well-being at the same time. Styron writes, "Of the many dreadful manifestations of the disease, both physical and psychological,

a sense of self-hatred—or, put less categorically, a failure of self-esteem—is one of the most universally experienced symptoms...” (5).

“Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self—to the mediating intellect—as to verge close to being beyond description” (Styron 7). Depression has been illustrated in a very lucid manner and a reader, who has not experienced depression, can imagine the plight. Everyone gets upset or gloomy occasionally in his or her life but the same thing can turn into serious illness in some people. The writer of this book had also gone through the same illness. He had written this memoir after he had experienced the disease, was hospitalized and recovered. Depression has been called “psychopathology's common cold.” This analogy is problematic since it gives the appearance of a common but minor concern. Some depressions do, in fact, lead to death (Gilbert 3).

Among the first people to publicly acknowledge his battle with depression, William Styron shares a haunting account of his own depression and the struggle for recovery in the memoir, *Darkness Visible*. He has a distinct way of describing his illness. He had read a number of books, both professional and non-professional, in order to better understand his illness and gain a better understanding of his depression. It was a time when people were even afraid to bring up the subject of the problem. Styron demonstrated the importance of acquiring sufficient knowledge in order to conduct an honest self-examination. Different incidents, personal experiences, and familiarity with depression were used to raise awareness among readers about a topic that was rarely discussed during his time in the media. People who have suffered or are suffering can relate to one another and help themselves in this way. According to his own personal experience, he discusses all of the possible causes and consequences of depression. “I had come to the point where I was carefully monitoring each phase of my deteriorating condition” (Styron 8).

Styron was on medicines for insomnia. He seeks various treatments, antidepressants and medicines and presents the facts about this serious illness he experienced and at the same time the hard truth which one needs to face - "depression in its major stages possesses no quickly available remedy: failure of the alleviation is one of the most distressing factors of the disorder as it reveals itself to the victim" (Styron 10).

Every evening he finds himself struggling with a battle in his mind. He explains very precisely the workings of his mind. "It was past four o'clock and my brain had begun to endure its familiar siege: panic and dislocation, and a sense that my thought processes were being engulfed by toxic and unnameable tide that obliterated any enjoyable response to the living world" (16). He had reached to the level of committing suicide from which he was saved by a passage from Brahms's *Alto Rhapsody* to which he was emotionally attached to as he had heard his mother sing it in his childhood.

Throughout the book, Styron mentions a number of notable people who were also affected by depression, including writers and political figures who in the end, committed suicide. As he puts it, depressives are "a sad but scintillant roll call" of artists, and among them are artists such as Hart Crane, Van Gogh, Primo Levi, Virginia Woolf, John Berryman, Diane Arbus, and Ernest Hemmingway (35). This demonstrates that anyone can suffer from a medical condition such as this, and that one should not be ashamed of it. His description of depression is both accurate and admirably written. He tells us, in overly elaborate prose but with an understandable muteness, how close he came to choosing the second option and how he was able to pull himself back from the brink with the dubious assistance of drugs and psychotherapy, but does not elaborate further.

He believes that the only solution to depression is self-destruction. Being a sufferer of depression Styron shows deep inclination towards self-harm which has been strongly linked to depression and suicide in males. Suicide and depression have been linked to self-destructing

practices that end in self-inflicted misery (Lester and Hoffman 1106). The research study titled “Depression, Self-Defeating, and Self-Destructive Behaviors as Predictors of Suicide Ideation in Males and Females” shows that self-destructive behaviours are strongly associated to male suicide ideation (Hopes and Williams 66).

This memoir was published in 1989, which he wrote after his recovery from depression. Originally, it was written as an essay for *Vanity Fair* magazine, which was later published as a memoir of 85 pages adding accounts, which were not included in the magazine. Styron wrote it after the negative description and reception of death of an Italian writer Primo-Levi who also went through depression. Depression at that time was less known and talked about as it is linked to mental illness and nobody dared to share his or her own illness. In fact, people did not even want to acknowledge this illness. Styron dared to write on such issue at that time and became the voice of many people enabling them to start sharing experiences of their mental illnesses.

This memoir discusses in detail deep mental agony and trauma felt during depression not just by the writer but also discusses how other person may feel the same pain. The writer describes himself and his depression as ‘madness’ probably his condition during its affliction. “Of the many dreadful manifestations of the disease, both physical and psychological, a sense of self-hatred— or, put less categorically, a failure of self-esteem —is one of the most universally experienced symptoms” (Styron 5).

Styron discusses the seriousness of depression, which affects a person both physically and psychologically triggering self-hatred and crippling one’s self confidence. This illness, which attacks, becomes indescribable. He had gone to Paris to receive an award, which should have made him excited, but instead he experiences a sense of desperation. He realizes on this trip that he was clinically depressed. He like most of the people did not accept his illness easily and avoided it for most of the time. Styron read many books related to depression meant for non-professionals and professionals. This reflects his curiosity about what actually is this

illness before any consultation. He gained proper knowledge about it from medical books and realized that depression is as serious as cancer or diabetes. “I had read a certain amount on the subject of depression, both the books tailored for the layman and in weightier professional works including the psychiatrist’s bible, *DSM (The Diagnostic and Statistical Manual of the American Psychiatric Association)*” (Styron 9). This also illustrates how knowledge of books and reading made him aware of the severity of his illness which can be helpful in similar manner to others. It instructs the importance of reading to gain information when one feels helpless to ask help from someone.

As depression is stigmatized in our society, as something negative, one tries to ignore its reality because no one wants to be labelled with any kind of ‘mental illness’ but Styron made an effort to study it to understand what he was going through. He writes, “most likely, as an incipient depressive, I had always subconsciously rejected or ignored the proper knowledge; it cut too close to the psychic bone, and I shoved it aside as an unwelcome addition to my store of information” (9). The term ‘Mental illness’ is itself scary, which restricts people to open up to their problems. Through the minute details of experiences of his illness, readers with similar problem can connect themselves and identify their own pain and other’s agony. He explains what a common person would usually do in such a situation relying on useless and hopeless ideas, which are of no help and suggests an alternative way to come out of it. He writes, “But the wisest books among them underscore the hard truth that serious depressions do not disappear overnight...” (11).

This text describes illness from writer’s perspective as well as reader’s too, as to what the other person might feel in a similar situation. Styron has explained the possible chaos and activities in the mind of a depressed. He presents truth about its symptoms, suffering and treatment. Depressive person feels helpless and thinks that his actions cannot make a difference in life. American psychologist Martin E.P. Seligman conceptualized and developed

Helplessness theory which characterizes a depressive person as pessimistic and dwells on negative side of everything. The afflicted becomes pessimist and shows helplessness “I had concluded that I was suffering from a serious depressive illness, and was floundering helplessly in my efforts to deal with it” (Styron 5). So, such person despite knowing that he feels incapable because of depression turns to cynicism because of his mental condition. He feels like a failure and worthless. This pessimism can be seen in the line, “a nation pleasantly besotted with cultural prize giving” (6). Styron criticizes the French culture of honouring the people by giving prizes, which in general is considered as a tool to improve the art, science and technology in a society. One may take long period of time to recover from this illness and the helplessness that comes with it might be misused by people who claim quick treatment for it, “Those that do claim an easy way out are glib and most likely fraudulent” (Styron 10). It seems depressives are often carried away by fake assurances of being healed fast but which is just the reverse. Satirical statement is made on a written information by Styron that depression could easily be erased with intake of appropriate antidepressant— “a lot of literature available concerning depression is, as I say, breezily optimistic, spreading assurances that nearly all depressive states will be stabilized or reversed if only suitable antidepressant can be found” (13). He believes as there has been no exact cause known for clinical depression so its treatment also takes a long process. When one does not know about it, he feels lost, he feels disappointed, without any hint how to handle it and remains a mystery. This also depicts the importance of reading literature for self-help in the times of misery. Maria Vargas Llosa writes in *The New Republic*, “Literature is the food of the rebellious spirit, the promulgator of non-conformities, the refuge for those who have too much or too little in life.”

The helplessness of the depressed is multiplied because of the mystery of this mental condition. Styron quotes a clinician in his memoir who defines depression as, “If you compare our knowledge with Columbus’s discovery of America, America is yet unknown; we are still



down on that island in the Bahamas” (10). This means what really causes depression is still not very clear though different studies and researches have given different reasons for it. The writer mentions an incident when he refused to be present for a lunch, against his own wish because his illness could not be explained, to his host. Illness is described as “confusion”, “failure of mental focus” and “lapse of memory” (Styron 14). These kinds of situations are possible anytime in any depressed person’s life and becomes difficult for him/her to make it understandable to anyone.

Styron tries to explain the chaotic and broken up condition of his mind meticulously when he made the decision of rejecting the invitation for lunch. This wrong decision was due to “anarchic disconnections” in his mind, “bifurcation of mood: lucidity of sorts in the early hours of the day, gathering murk in the afternoon and evening” (Styron 14). His hostess was angry by his rude behaviour but she did not know the real reason behind the refusal which Styron could not explain to her. The reason was his illness, which was invisible to the people around and which makes it difficult for the person suffering to put in plain words. *DSM-5 (Diagnostic and Statistical Manual of Mental Disorders)* states that many people with depression suffer from problems of proper thinking, concentrating and making minor decisions (164).

It is not necessary that daily sufferings of the depressives are similar for everyone in terms of the extent of their severity. As per NIMH (National Institute of Mental Health), Depression can affect people differently, depending on their age. In the case of Styron, he feels the commencement of his symptom as different from others. He gives a gothic kind of description of his symptom when he says, “gloom crowding in on me, a sense of dread and alienation and, above all, stifling anxiety” (Styron 12). The gothic description highlights the dark elements of this psychiatric illness which can be petrifying phase of seclusion.

It becomes difficult for a sufferer to explain the problem he/she faces while in depression which make them uninterested in any kind of social activities. It further makes them to hide and endure within. This could be the reason Styron is uninterested to attend an award presentation, lunch and then visit to a museum for an interview. He is not well enough to attend everything but could not share with his hosts his ordeal, as it is a condition that wears away people's power to connect and communicate with others, which makes it quite impossible for others to comprehend them exactly. Maybe the taboo attached to depression made him attend all the events. His interview was "not a captivating promenade but a demanding struggle, a major ordeal" (16). He could not confront his dilemma in front of anyone due to the fear of stigma attached to mental illness.

"I was feeling in my mind a sensation close to, but indescribably different from, actual pain" (Styron 16). He confesses that this pain is not like any other pain, which can be described clearly. If it had been so uncomplicated, then all the distressed people would have been able to deal with this illness without difficulty and it would have been easy for the patients and caregivers as well. Despite being in a difficult condition, he wanted to uphold "the rosy view" (13). It strongly shows the power of optimism for the readers in battle with depression to remain positive so that one could save himself from sinking deep into its agony and misery. Though being optimistic is the reverse of the symptom of depression yet this text offers the reason to stay encouraged for the recovery from this problem. Optimism and health are linked reasonably (Peterson and Bossio 127-145).

Since ancient times depression has been a serious issue but was not represented as any other physical illness and there was no particular treatment found for it. Styron stresses on the word 'indescribable' to describe the pain in depression, as he himself was a victim of depression, he tries his best to depict this illness to his audience. Not every aspect and element of this ordeal can be explained to others lucidly. Suffering during depression can be different

for different sufferers in many ways. For him “the pain is most closely connected to drowning or suffocation—but even these images are off the mark” (17). He quotes William James from *The Varieties of Religious Experience* to portray his depression- “It is a positive and active anguish, a sort of psychical neuralgia wholly unknown to normal life” (17).

William James too has suffered depression, which he tries to depict in written form, but failed to do so. It has been said he inferred that he was unable to portray it expressively due to its “near-impossibility” as it “is a positive and active anguish, a sort of physical neuralgia wholly unknown to normal life” (Styron 17). We can understand if such a great writer found it so difficult to express his sense of pain, and how difficult it can be for a common afflicted person. This reflects the complexity of depression, which makes it hard to represent it even by writers. However, William Styron has done commendable work in the form of a memoir which has been relevant and will remain relevant for coming years and help people deal with depression.

Insomnia is one of the awful effects of depression mentioned by the writer in his memoir. It would affect and make it difficult to relax. He pronounces his lack of sleep as ‘injurious sleeplessness’ which projects adverse influence of depression. This clearly implies that depression and sleeplessness are interlinked as they have an impact on each other. For instance, when convicts are in prison, they get depressed, which makes them unable to sleep. Recent studies have revealed that depressed people are less satisfied with the quality of their sleep than healthy controls (Mayers and Baldwin 499-500). The afflicted person in this state is in miserable condition and wants to be relieved but is unable to do so and becomes vulnerable. Moreover, the worst part is that he has to attend his responsibility without making anyone realize around him about his illness. Styron confesses that “even if one of the evenings of Paris is no matter how beautiful and ardent, he will be like a zombie” (19). He would not feel anything attractive and interesting which is one of the symptoms of depression where one loses

all interest in usual activities and surroundings. He has used horrifying and appalling words to describe depression and its effects.

To him, insomnia is one of the most “unendurable” facets of this illness. He depicts it poignantly:

It has been my custom of a near lifetime, like that of vast numbers of people, to settle myself into a soothing nap in the late afternoon, but the disruption of normal sleep patterns is a notoriously devastating feature of depression; to the injurious sleeplessness with which I had been afflicted each night was added the insult of this afternoon insomnia, diminutive by comparison but all the more horrendous because it struck during the hours of the most intense misery (Styron 18).

Styron used writing in an artistic way to convey and share his torment, simultaneously creating awareness about this ‘horrendous’ illness. He has made use of various adjectives and images to unfold the intensity of his illness to his readers. He uses adjectives like ‘dangerous’, ‘strident’, ‘malefic’, ‘stifling’, ‘sinister’, ‘murky’, ‘an ashen, mortified expression’, and many such to describe severity of depression (10,11,12,14,15).

Feeling of worthlessness is another sign of depression, which the writer displays very well. When he was chosen for the Del Duca prize money of \$25,000, he thought he was not the one to deserve the prize. He felt a sense of worthlessness and had no confidence in himself as “he had been deeply bothered that I was not deserving of the prize” (Styron 19). During dinnertime with his French friends, he loses the prize cheque and instead of worrying about it justifies the loss as “a form of repudiation” (19). He strongly portrays his lack of self-esteem through “self-loathing” (19). He argues that this is a way of hating oneself, which can be seen as developing because of depression. Freud has distinguished mourner and melancholic person in terms of lack of self-esteem (Freud 155). He could not reject the prize officially but it went

out of his hands accidentally, which he thinks, had happened for good because he thought himself as undeserving. He raises a rhetorical question, “Did I ‘intend’ to lose money?” which implies he in actual sense did not want to lose his prize money but simultaneously did not feel like he deserves it. Though he shows signs of lack of self-esteem but it also demonstrates that he felt unworthy of the prize money for not behaving well as expected “the check was gone, its loss dovetailed well with the other failures of the dinner” (19). The word ‘failure’ has been stressed upon by the author presenting his mind filled with negativity while in depression. He could not talk, as he was unable to be communicative. He found difficulty in expressing himself as “the ferocious inwardness of the pain produced an immense distraction that prevented my articulating words beyond a hoarse murmur” with his friends, which clearly showed the complexity of his sickness (20).

William Styron in his early thirties was deeply inspired by the French author and philosopher Albert Camus who “radically set the tone” of his life and history. He finds a drastic change in himself and his life intellectually and spiritually. He “received the stab of recognition that proceeds from reading the work of a writer who has wedded moral passion to a style of great beauty and whose unblinking vision is capable of frightening the soul to its marrow” (Styron 21). He plans to meet Camus but before the meeting, Camus dies in an accident. Styron’s novels has Camus’s influence, which demonstrates that writings and narratives do make tremendous and effective influence on readers. It shapes their ideas and views of life. Similarly reading this memoir can make a great impact on its readers and enlightens them to make it easy for its sufferer in the family and society. Styron believes that “Camus was a great cleanse of my intellect, ridding me of countless sluggish ideas, and through some of the most unsettling pessimism I have ever encountered causing me to be aroused anew by life’s enigmatic promise” (22).

Camus's death saddens Styron intensely as he is greatly influenced by him. He admits that he contemplated over his death for long time. Camus mentions suicide in his works and discusses it in great deal. *The Myth of Sisyphus* by Camus gives a deep message to never give up hope and the need to struggle to survive. Styron assumes that Albert Camus must have been distressed in his life, which made him write on such a topic (24). Camus in a way puts down his sufferings and experiences in writing form in an indirect manner. He never opens about his depression rather vents it out through his writings. He might have felt a need to end his life but never made such an attempt and continued his struggle personifying it in his works.

While discussing Albert Camus's depression with Romain Gary, Styron gets to know about Gary's depression. Gary had said to Styron that "he was able to perceive a flicker of the desperate state of mind which had been described to him by Camus" (25). During one of the meetings with Gary, it is known that Gary's wife who was an actress is also on medication for the same illness that is depression. When Styron observes these three people's depression, he realizes that at that time he had no clue about what really was depression and how deep was its pain and trauma. He was a mere onlooker who could just be considerate to them without having a real understanding of their plight. He points out a very important concern regarding indifference of other people who never had such an experience. Those people are not at all familiar with the true nature of depression. This poses a need to help these sufferers by being sympathetic towards them rather than ridiculing them. Styron provides the explanation for how a stranger perceives this particular illness. It compels us to ponder over the illness from every aspect be it a sufferer or an alien to it. He writes, "this memory of my relative indifference because such indifference demonstrates powerfully the outsider's inability to grasp the essence of the illness. Camus's depression and now Romain Gary's—and certainly Jean's—were abstract ailments to me, in spite of my sympathy, and I hadn't an inkling of its true contours or

the nature of the pain so many victims experience as the mind continues in its insidious meltdown” (26).

After a year, Styron gets to know about Jean Seberg who commits suicide by taking an overdose of pills and lay dead in her car for some days. She ended her life to end her depression. Though she was being treated for her sickness but could not get better. Her husband Romain Gray too commits suicide and had been also a victim of melancholy for a long time. This demonstrates the severity of this illness and its perilous consequence which is suicide. Suicide is another main factor that is apparent in patients of depression.

Mentioning his friends who were suffering from depression and who were artists indicates a connection between art and melancholy. In the 30th book of *The Problems*, Aristotle questions why it is those outstanding men- philosophers, statesmen, poets, artists, educators, and heroes- are so often melancholic. Among the ancients, the strongmen Hercules and Ajax are cited as melancholic; other contemporaneous examples cited in *The Problems* include Socrates, Plato and the Spartan general Lysander. The answer given is as Hippocrates believes that too much black bile leads to insanity, while a moderate amount creates men “superior to the rest of the world in many ways” (Kramer).

Styron has dreams of death and doom during his sufferings “blowing through my mind like icy gusts of wind, they are the formless shapes of doom that I suppose are dreamed of by people in the grip of any severe affliction” (28). He explicates the way his body behaves when he is caught by these attacks, “A disruption of the circadian cycle, the metabolic and glandular rhythms that are central to our workday life— seems to be involved in many, if not most, cases of depression” (26).

Due to these problems, he becomes a prey to insomnia making things worse for himself. He used to be relieved from pain and distress for some time between dinner time and midnight when he could engage in some rational thinking for himself, which had become difficult for

him for most of the day. He feels a kind of storm the whole time in his mind, which makes it difficult for him to concentrate on any work or surroundings. He feels his mind in “the process of meltdown” (26). This metaphor indicates unspeakable pain of a depressive and makes the readers grow numb. These sufferings are at times unexplainable for those suffering from it and they continue to suffer without any help. This narrative of Styron provides comfort to a number of sufferers of mental health issues by helping them to relate to him as he has described it lucidly. As there is evocation of emotions while reading a narrative, a feeling of sympathy and identification is experienced by the reader.

“Having been able to reminisce about Camus and Romain Gray, however, I found that my continuing thoughts were not very consoling” (27). This statement of Styron compels us to sympathize with him as it reflects the fear he anticipates from his suffering when he harks back to the depressed position of his friends.

During his melancholy, he recalls his friend’s wife’s suicide that “gripped me with sadness” which reflects his mind has been occupied most of the time by it (27). She is no relative of his but he remembers her and recalls her death. Unconsciously his illness reminds him of her.

Styron recollects his experiences when he was with Gary who was depressed and feels related to his affliction “he was in his mid-sixties—his voice had the wheezy sound of very old age that I now realized was, or could be, the voice of depression; in the vortex of my severest pain I had begun to develop that ancient voice myself” (27). He notes that when he actually was with him observing all these changes in Gray; he was not able to understand the pain at that time. However, he remembers and understands when he experiences it himself. During his meetings with his afflicted friends, he had no idea that in future he would go through similar distress. It can be said that all these minute observations like change of voice came into his mind while writing his memoir, which makes him recollect his experiences with the



depressives in the past and identify his own anguishes. A similar path can be functional for readers with identical issue. The way Styron identifies his plight with the friend who was depressive; the readers too can relate their position with the writer and help themselves in a similar way. Gray has stated in his last note that his ex-wife was not the reason for his suicide but it is quite apparent that the cause of his depression was the loss of his wife Jean Seberg—“his loss of Jean had so deepened his depression that from time to time he had been rendered nearly helpless” (27).

Abbie Hoffman was a social activist who was a patient suffering from bipolar disorder, which is also known as mania depression. He was on medication for a long time but did not recover from it and ended his depression by consuming 150 phenobarbitals with alcohol. He was diagnosed with this illness and his activities and behavioural pattern were mostly according to his moods. Styron met him once in 1968 and revered him for his zeal and individuality. Later on, it is revealed that his illness had a direct impact on his personal and professional life. Besides being a comedian, he was also a performing artist who worked in theatres. It's ironic that a man who used to be a clown and make his audience laugh suffered from depression. The news of his suicide comes as a surprise to the majority of people, including his family, because he was always a vibrant and engaging individual. Hoffman was a very lively person in his life, and was also a comedian, which demonstrates that a person can appear to be humorous on the outside while being depressed in the inside. A clown by profession, he was in reality a man who had hidden his despair behind the clown's mask. He was a master at disguising his distress, perhaps as a result of the social stigma associated with depression. According to the results of various interviews, people who suffer from depression have the impression that others will never be able to comprehend their plight and sensitive feelings (Kadam 378). This can be interpreted as a realistic illustration of the widespread stigma associated with this illness. Numerous myths surround the experience of depression in the western world, many of which

are responsible for the stigma, shame and anxiety that plague those who suffer from depression in the first place (Walker 42-43). Depression, on the other hand, can be dangerous, and can lead to the victim committing suicide.

The poet and critic Randall Jarrell too suffered from depression and let himself be killed by a car hit. He was hospitalized for his illness before his accident as he had cut his wrist. He was severely affected by depression as Styron mentions that he had “violent fluctuation of mood” (31). He explains that suicide of people is negatively looked upon as they end their life since they are unable to overcome their sufferings and the pain they are going through. The stigma of suicide has been pointed out in this memoir profoundly and comprehensively and the writer has defended Jarrell explaining that he committed suicide not because he was afraid of something but because he could not endure the pain and agony of the affliction that had gripped him in the worst possible manner.

People who have no experience of this illness can get an idea about depression through studying the life of these people. Through Jarrell’s illness he is in a way describing the extremity of despair. It can also be seen that this illness is generally not taken seriously by the society and its doctors as well. Therefore, the afflicted feels neglected and their problems are misunderstood by the closed ones. This indicates social factors and the reactions of the people have debilitating effect on depressive due to which he reacts and behaves accordingly in an unenthusiastic manner. It is a sign of vast unawareness in our society of this illness and its consequences. The result of this lack of knowledge can be seen through the death of Primo Levi as described by Styron. He defends Jarrell’s death for which he is demeaned, “Randall Jarrell almost killed himself. He did so not because he was a coward, not out of any moral feebleness, but because he afflicted with a depression that was so devastating that he could no longer endure the pain of it” (32).

Styron realized that the common people had no familiarity with depression as they had with other physical diseases. This realization was made when he read about the Italian writer Primo Levi who committed suicide at the age 67. His death was negatively criticized by other writers and scholars. Styron argues that the man who survived the Auschwitz suffering cannot be that feeble, as he had been labelled. He wanted to get rid of his depression that made him to commit suicide which people were not able to understand. This negative response of the audience and the media impelled Styron to write his own memoir to make people realize the gravity of depression and its truth. Here the relation between strength and depression has been signified. It is usually misconceived that a strong person cannot feel low and can handle any impediment effortlessly and apparently can never be depressed.

Nevertheless, this notion is misconstrued generally, which needs to be erased. Levi was characterized as feeble because he committed suicide. If he would not have killed himself, he would not have been tagged as “feeble”. Styron stands up for Levi, “It was as if this man whom all had greatly admired, and who had endured so much at the hands of the Nazis—a man of exemplary resilience and courage—had by his suicide demonstrated a frailty, a crumbling of character they were loath to accept” (33). Styron suggests that “the prevention of many suicides will continue to be hindered until there is a general awareness of the nature of this pain” (33).

Styron clarifies in a short note before writing this memoir about depression, which is a severe illness like cancer or diabetes and needs to be accorded the same attention. People who never experienced such occurrences misinterpret it and make their own assumptions. It is therefore necessary to have general awareness of depression in the society so that the affected are understood and in a way prevent suicide. He points out that proper treatment and hospitalization can restore them to health but those who do not survive it should not be debased. Styron believes “Through the healing process of time—and through medical intervention or hospitalization in many cases—most people survive depression, which may be its only

blessing; but to the tragic legion who are compelled to destroy themselves there should be more reproof attached than to the victims of terminal cancer”(33). By writing about depression and suicide, that accompanies it, Styron has used writing as an instrument to express and share knowledge and experience to create awareness among people.

Styron offers a voice for those who go through these tough times but are unable to express themselves. They feel overwhelmed by Styron’s writing as he highlights the problem that they are afraid to address and had internalized it. Styron felt pleased by the reaction received for his written piece. He describes his satisfaction through impressive imagery as “the overwhelming reaction made me feel that inadvertently I had helped unlock a closet from which many souls were eager to come out and proclaim that they, too, had experienced the feelings I had described” (34). This statement also proposes that readers can identify and relate themselves with other stories to help themselves to come out of similar kind of predicament. Styron regarded himself as a savoir of affected by lettering the experiences of many. He expresses the contentment he felt after deciding to make his privacy public by talking frankly about depression through his narration on behalf of many such victims of this ‘treacherous’ illness. He says in his memoir, “I didn’t intend my ordeal to stand as a representation of what happens, or might happen, to others” (34). The readers of this narrative who might be affected by depression might relate themselves to many instances if not all, as mentioned by him. These kinds of narratives give courage and self-belief to the helpless victims in numerous ways though the suffering might be different for each one. The advantage and help, which many readers can get from narration of experiences of affliction, has been proven productive as is evident from the legit response to the narrative of Styron.

The writer has further highlighted those affected by this illness giving statistical description. “Depression afflicts millions directly, and millions more who are relatives or friends of victims” (Styron 35). It means those affected by this illness suffers and at the same

time this illness adversely affects the people close to the sufferer that is their caregivers. The caregivers of the affected get depressed by looking at the condition of the loved ones. It is noticed in other diseases as well. When a caregiver looks after his relative suffering from a disease, he/ she might become depressed while looking after the ailing person and neglect him or herself. Many researchers have shown through their studies that depression prevails in caregivers of patients with other diseases such as cancer. The occurrence of anxiety and depression in cancer patient caregivers is approximately 47% and 42% respectively (Geng 5). Almost one in ten Americans experience depression and at any age, gender, race or class (Styron 35). This illness affects people of any occupation or profession. Women are more prone to depression as compared to men. A captivating and whimsical comparison of affliction of depression to a person has been made with “Norman Rockwell poster” (35). Rockwell posters were based on every social issue and addressed all sections of society without discrimination to any part of society, and in a similar manner depression can crop up in anyone.

Despite the fact that depression affects people from all walks of life, Styron claims that artists, poets, and writers are particularly vulnerable to depression and suicide. Among those who have suffered from depression and committed suicide are Virginia Woolf, Ernest Hemmingway, Jack London, Romaine Gray, Hart Crane, and many others. Styron ponders why these creative people choose to end their lives in such a tragic manner. These questions lead us to wonder why artists, in particular, are so susceptible to depression. Styron makes an attempt to connect their psychological situation and its origins in their childhood and adolescence.

Styron argues that the term ‘depression’ is itself very disheartening for such a serious illness. He blames Swiss psychiatrist Adolf Meyer who termed this psychological illness as ‘depression’, which he thinks demoralizes the sufferer more than the illness itself. He has emphasized the importance of the term with which we label this illness. In the book, *Social Origins of Depression* George W. Brown and Tirril Harris, explain the term ‘illness’ attached

to psychiatric problem should not be acceptable as it removes the responsibility of the victim to control his life and is forced into a sick role. They further explain that due to this term, individuals will be restricted to clinic rather than bringing reforms in the society to prevent mental illnesses. William Styron's justification for his emphasis on the term 'depression' is somewhat similar to Brown and Harris's explanation. He finds 'melancholia' word much more appropriate than 'depression', which was used in earlier times in English. Thus, the word or term assigned to any illness also plays a significant role for the victim in some way. The word 'brainstorm' had to be the term for this illness according to Styron but it already describes something intellectual and playful. But people with depression in reality feels it is the storm in the brain which create difficulties for the afflicted person. He hopes that this illness is designated with a better name other than the term 'depression'.

Styron describes depression in a figurative manner as "a veritable howling tempest in the brain, which is indeed what a clinical depression resembles like nothing else" (38). This portrays the turbulent emotions that have developed with his depression. The storm in his brain symbolizes and even mirrors the inner struggles that have made the writer undergo such distress. Through this description, one can make a notion of the gravity of sufferings of this illness. Styron sarcastically says even a layman would feel pity on the condition of the depressives in lieu of those who react by saying "so what" or "We all have bad days" (38). These kinds of reaction show their minute or no experience of depression. These inexperienced people are of the opinion that the depressive experiences suffering intentionally making it dramatically serious and do not accept it as an illness like any other illness, which also needs suitable treatment and attention. This behaviour of the people around pushes the patients away from sharing their pain apart from making them feel negative about the treatment and consulting anyone. By specifying these people, he is emphasizing the acknowledgement of

depression as illness, which they are rebuffing. Similar thing happened with Primo Levi where instead of sympathizing with his despair he was ridiculed for his suicide.

Styron states that one can never be able to get to know the reason of his or her depression easily as it is nearly impossible. There cannot be one reason involved in it but “so complex are the intermingled factors of abnormal chemistry, behaviour and genetics” (Styron 38). It is a misleading notion that there could be a single particular reason for suicide. Nobody can exactly make out the exact cause. These false notions erupt with people’s own assumptions relating it to incidents in the life of those affected individuals (39).

The reasons for Abbie Hoffman’s death were his mother’s serious illness, the failure of his book and his auto accident. Randall Jarrell was supposed to be dead due to his unsuccessful career and Primo Levi killed himself because he was tired of caring for his sick mother. These were the reasons that were attributed for the suicide of these people based on rumours or their own assumptions. These reasons are serious but not directly related to suicide. Many such people face dreadful problems in their lives and live. The reasons cannot be just these problems in one’s life. The real explanation needs to be explored instead of giving air to these rumours. Styron defends these writers, their depression and suicide and blames the society who fails to understand this serious illness. This relates to all those who are still suffering and those who “still stagger down the road, unscathed by real depression” (39) and are unable to do anything for themselves. He says he was never able to find the origin of his illness, which he faced for the first time when he was sixty. He thinks this began the moment he was unable to drink alcohol. He had most of the time been dependent on alcohol and considered it as a true friend who had always been with him. He feels with the help of alcohol, he had a clear imagination and fantasies, which facilitated him in his writings and works. For him alcohol was a ‘sublime agent’ (40). To him it played the role of a senior partner and as well as a reliable friend who always guided him. However, suddenly his body stopped taking this drink as if the body had

become intolerant of it. He became very uncomfortable and even a sip of it made him feel wobbly and nauseated. He did not stop drinking because he wanted to but his body rejected it and made him unable to consume it. This sudden attack leaves him upset and distressed which he marks as the beginning of his clinical depression. Alcohol had a constructive effect on him, earlier which helps him to imagine better. This shows his dependence on alcohol for ideas for his writings. It works as a catalyst for him to produce artistic work. Alcohol is a “major depressant”, asserts Styron (43). This suggests that mood disorder too can inspire artistic product. The painter Edward Munch who was suffering from mental illness owns up in the 1900s: “They [my troubles] are part of me and my art. They are indistinguishable from me, and it would destroy my art. I want to keep my sufferings” (Ferreira). The poet Edward Thomas acknowledged: “I wonder whether for a person like myself whose most intense moments were those of depression, a cure that destroys the depression may not destroy the intensity—a desperate remedy?” (Jamison 241).

Styron rightly points out that it would become a happy occasion if one could so easily resist alcohol but his case is the opposite. He feels uneasy and restless after his body’s inability to accept alcohol. It gives place to depression or mood disorder. He feels changes in his mornings, afternoons and evenings and during his working hours and did not feel cheerful and jovial in the morning, regarded night as gloomy and full of sadness and his afternoons were full of uneasiness and deeply emotional. He later on realizes that these signs are of depression. Maybe these feelings of uneasiness were already present but are hidden and suppressed by the influence of alcohol. It can be said that these feelings are paired with the withdrawal of consumption of alcohol. He describes depression as “demons” and himself as “emotionally naked” (43). These metaphors point at the extreme trouble and distress he endures. The pain which depressives are not usually able to articulate to their closed ones can be realized through



these metaphors showing their graveness. Though, they are portrayed in negative sense but they also reveal the inexpressible agony of the many helpless afflicted.

The moment he stopped drinking alcohol, he experiences feelings of anxiousness and twitchiness. He then believes alcohol betrayed him with its sudden detachment. However, later it became the reason for diagnosing depression as during his drinking period, he had never experienced any depression. For him, alcohol acted as “a shield against anxiety” during his drinking phase (Styron 41). Until alcohol was there, he was secured from any kind of trauma and emotional outrage but the moment he stops drinking, his inner self is visible in its terrible form as if depression was waiting for this to happen to make its appearance. Perhaps alcohol suppresses the repressed emotions covering depression.

He expresses his incapacity, after recognition of his illness, to appreciate the summer pleasures he used to feel. Depression makes him lose interest in beautiful things too. He clearly displays the physical changes he experiences and remarks that he feels trapped into the grasp of ‘hypochondria’. A hypochondrium is the obsession of worrying continuously of suffering from serious illness. It means that there may be no serious physical ailment but with constant thinking, it causes the body to become defective. Hypochondria is a condition, which preoccupies the person towards other defects rather than the mind. He makes an allusion to the notes of seventeenth century physicians, and “the perceptions of John Dryden and others—a connection is made between melancholia and hypochondria; the words are often interchangeable, and were so used until the nineteenth century by writers as Sir Walter Scott and the Brontes, who also linked melancholy to a preoccupation with bodily ills” (Styron 44).

Depression affects the body and causes ailments. The writer finds numerous changes in himself physically. He writes, “I felt a kind of numbness, an enervation, but more particularly an odd fragility— as if my body had actually become frail, hypersensitive and somehow disjointed and clumsy, lacking normal coordination” (Styron 43).

Most of the time, Styron starts becoming restless and shows how troubling and anxious he feels every time. Mistakenly he has scotch and soda together and as a result is taken to hospital. This mistake he makes when he is distressed and stressed. His drinking causes him to suffer from a severe disease, from which it takes some days to recover. His doctor confirms that he is healthy but after two days, there “began the rhythmic daily erosion of my mood— anxiety, agitation, unfocused dread” (Styron 45). This means that the doctor cannot easily detect the real illness he is suffering from. He cannot diagnose the actual disease he has. It shows that depression can be such a condition, which cannot be directly detected with just ‘high-tech’ and ‘expensive tests’. It needs much more and in spite of all the tests and treatment he was experiencing anxiousness and disturbance once again. It is a recurring illness, which needs appropriate attention and can be a message to the doctors who might be dealing with such problems.

Styron did not like his surroundings and felt gloomy and death like feelings in his home where he had been living for the past thirty years and could not be free from murky thoughts. This shows the predicament of a helpless and depressed person. The evening light was an object of suffocation for him in the house. He compares the evening light to the poet Emily Dickinson’s “slant of light” in terms of its beauty and finds dissimilarities between both the lights (45). He found his place unsympathetic and wondered how the place which was full of sweet and soothing memories, could be so cold and unwelcoming to him. He feels all alone though his wife has always been around him but the chaos of his mind makes him emotionally alone. His working hours changed into troubling and disturbing hours. Surrounding too matters in making different frames of mind, which has either positive or negative vibes on the person.

Styron describes himself when he is caught up in the grip of depression. He finds negativity in all things, which were the objects of happiness and good mood. Many unenthusiastic metaphors and adjectives have been used to illustrate the pain and distress of

depressives. The use of language has been made immensely which can bring awareness to readers about mental illness, which is treated very indifferently. He used to feel helpless and fearful due to the illness. To acknowledge that one is suffering from depression is in itself a struggle for the depressive. Styron quotes Baudelaire's line to depict his illness, "I have felt the wind of the wing of madness" (46).

This line very well explains Styron's situation. He quotes lines from literature to express the depth of the disorder. The tone of the language is pessimist and it can only help to identify and understand depression and its victims. However, the word "madness" should not be misunderstood. Styron asserts that it does not mean that depression is a form of madness. However, it describes a state and situation. He says madness is caused due to irregular biochemical process (Styron 47). He argues that it is the "depletion of the chemicals norepinephrine and serotonin, and the increase of a hormone, cortisol" that causes madness (47). People with madness become violent towards others but in case of depressed people, they do not harm others but only themselves. "The madness of depression is, generally speaking, the antithesis of violence" states Styron (47). Depression is expressed lucidly with the help of metaphor, "it is a storm indeed, but a storm of murk" (47). In depression, his voice changes making him look older than his actual age and he became an insomniac. This demonstrates the physical changes, which are the early signs of aging. He eats food only for survival. These signs are mostly noticed in people with depression and need to be commiserated instead of being ridiculed.

Styron used to take drugs to treat his insomnia but which he says is also one of the reasons to augment his depression. The doctor did not care enough to make him aware of the side effects he could suffer from. Some people believe that taking an antidepressant can create or arouse feelings of personal failure and inadequacy as their individual autonomy is transgressed upon (Walker 20). The role of antidepressants is to eliminate the symptoms of

disorder for most of the sufferers but different from “curing” it or addressing the root of this illness (Walker 20). Antidepressants are not the only solution for depression. Here doctors fail to understand their patient’s plight which cannot be treated just with medicine. He warns about his experience with treatment and pills to treat depression and other problems associated with it. In one of the seizures, he realizes that extreme form of this illness could lead to death. He experiences horrible and terrific thoughts making him feel helpless and feels tortuous physical pain due to stress and anxiety and finds acute difficulty to free himself from this agony and pain. He refers to the protagonist of the novel, *Madame Bovary* in which Emma wanders in search of help but in vain. Styron compares his own situation to hers and feels he too is helpless and unable to find anyone to help him. Emma goes to the priest who was not much helpful to her and Styron consults Dr. Gold. He hoped something better from Dr. Gold but at the same time, he says he was not sure if things would improve for him. Doctors should not only help with medicine but also listen to their story of pain to counsel them and give them hope. Patients of depression usually find problem in communicating and showing trust on people around them. However, doctors can provide assistance in this case and play a significant role. One is compelled to consult a professional when one finds no other direction in this kind of circumstances. Even though if these experts cannot do away with the illness of the individual the least they can do is counsel them, give them some relief, and support them as well as their caregivers. Here writer vents out his experiences in written form to lighten himself and enlighten people about the factual struggles of depressives.

Styron feels every object of his house compels him to commit suicide, for instance he thinks kitchen knives are meant for him to harm himself. To any other person, these thoughts may be somewhat funny but for people suffering from depression it is far too serious. Dr. Gold did not prescribe anything different to him except an antidepressant pill. He diagnoses what Styron is already aware of through various readings regarding this illness. Role of ‘reading’ is

significant as it helps him in recognizing his illness. In a similar manner, reading his book on depression a reader can learn a lot about problems regarding the illness. He holds a mirror to society. He faces side effects of the pills but his doctor persists him to continue with the same. Here the writer points out at the pros and cons of the medications prescribed by the doctors for the treatment of depression. He gives details about the drawbacks of pharmacology in psychiatry citing example from his own experiences. Medicines help in a limited way in depression but does not bring back the hope and enthusiasm in the patient. There need to be done more than prescribing medicine to them. They need to be listened to which some of the afflicted are venting out by writing. Therefore, reading and writing play a crucial part in expression of the suffering of many sufferers and help in catharsis.

Loss of something or someone in childhood can lead to depression, states Styron. Childhood is considered as a precursor of adulthood depression (Timmi 20). He believes that maybe this is the reason for depression in his adulthood. During his illness, he loses his self-esteem and his own sense of self, which are notable symptoms of depression. These losses make the afflicted feel very low and alone. Styron is afraid to be left alone and experiences panic attacks.

The importance of caregivers has been emphasized very keenly. Styron asserts that devoted concern and care of the closed ones during this difficult time is the most significant element in the sufferer's life. There can be no denying that the support of the near and dear ones provides strength to bear the pain. The care of the caregivers at least makes them psychologically aware that they are not alone. The role of the caregivers in the life of the sick is pivotal and essential as their behaviour affects the depressed.

Styron mentions the intolerable pain associated with this illness. Patients of depression do not have any hope of recovering, which adds to their pain. The sufferers do not have normal routine but are supposed to have it as their sufferings and pain is less perceivable. It is true that

it is not like other patients who get sympathy and attention as they are bed-ridden. The sufferer is blamed rather than understood. Depressed people are not bed-ridden but are expected to work and move as any normal person. The author has described a depressed person as “walking wounded”, which means the afflicted are expected to walk and progress with suffering and pain (65). His pain is not discernible like other illnesses but which can be brought out to the world through writings.

Depressives have to behave in society as any other person and follow the same routine. They have to pretend in front of family and friends generally as they cannot explain their misery to everyone, as it is an internal one. Family fails to recognize the harrowing illness of the person making them feel embarrassed and develop feelings of shame and disgust. Some studies have shown that positive support from the family members and friends or informal contacts is correlated to improved recovery among people suffering from bipolar disorder. Reading of the works of the experiences of the people not only helps the sufferers but also their closed ones making them realize the distress these sufferers endure.

Styron chronicles his condition as “There I would lie for as long as six hours, stuporous and virtually paralyzed, gazing at the ceiling and waiting for that moment of evening when, mysteriously, the crucifixion would ease up just enough to allow me to force down some food and then, like an automation, seek an hour or two of sleep again” (59). This reflects the struggle of a depressive, which can be different for other depressives, but represents intensity of pain which can be intolerable. Here arises the empathy needed for these people to minimize their agony which they have to suffer alone. For depressed people, making any kind of decision is painful and tormenting. In loneliness, they have to face torture internally and around people; it becomes difficult to interact. William Styron says, “I experienced a curious inner convulsion that I can describe only as despair beyond despair” (63).

One is compelled to empathize with Styron or any other depressed patient when one reads Styron's extreme struggle during his illness, "I had now reached that phase of the disorder where all sense had vanished, along with the idea of a futurity; my brain, in thrall to its outlaw hormones, had become less an organ of thought than an instrument registering, minute by minute, varying degrees of its own suffering" (58).

He kept a diary, which he thought he would destroy when he would be near to his death. When it becomes difficult for him to bear the pain, he starts thinking of suicide. He visits his lawyer to revise his will. Being a writer, he feels troubled while writing the suicide note. Troubled writing his suicide note depicts paradoxically his unwillingness to die but simultaneously his trouble with bearing the pain, which wants him to commit suicide. Suddenly he realizes his erroneous decision of committing suicide when he listens to a passage from Brahms Alto Rhapsody. He understands his dilemma and is admitted to a hospital with a new hope of recovery. Styron reads and writes which helps him to identify his strife, strive through it and revives in him a ray of hope to survive.

The difference between the pain of physical illness and depression on behalf of all the people suffering from mental illness is expounded. He believes that one is taught with time to endure the known ailment and accommodate accordingly and there is always some kind of relief available. But this is not similar in the case of depression where the expectation of getting relief is not instant—"The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no remedy will come—not in a day, an hour, a month, or a month"(Styron 62).

Styron describes his stay in hospital and its effect on him. He points out the loopholes of the system of psychiatry where his physician, Dr. Gold warns him about the stigma attached to hospitalization for any mental illness. Shame and self-contempt as an outcome of uncontrolled hospitalization in addition to stigma stress may lead to self-stigma, reduced

empowerment and poor quality of life (Rusch et al 151). He asserts that not all psychiatrists are able to be much help to their patients, as they are unable to figure out the suffering of their patients and make them dependent on medication, which has side effects rather than positive and healing effects. However, for Styron, hospital works best and he feels the urge to get well and come out of depression. He says that hospital was not a pleasant place like his farmhouse but it is where he feels relaxed and calm.

“The hospital was a way station, a purgatory” (69). It was the hospital where Styron starts getting a sense of his own self. He no longer gets suicidal ideas and thoughts in hospital as he used to. He discovers that Halcion, which he takes for his insomnia, is a high dose for him and one that boosts his suicidal thoughts. An optimistic view of hospitals has been portrayed where depression-afflicted people usually avoid going. This is a positive sign for patients going through a similar phase giving them some encouragement.

The author advises the patients not to hesitate to visit the hospital for their illness. The stigma attached to the hospital may be misleading as it is in his case when Styron’s psychiatrist Dr. Gold warns him against the hospital. However, for Styron hospital works best. He recommends that hospitals should be devoid of the taint of being not so significant in case of mental illnesses. He is in favour of hospitals from his personal experience where he recovered. This experience of the writer can be encouraging for those who fear to consult someone for treatment or to disclose their mental illness. Fear to get tagged as mad and the embarrassment it can bring to the family impede them to make a move towards cure.

Styron describes the hospital, “the place where I had found refuge was a kinder, gentler madhouse than the one I’d left” (73).

Styron provides valuable advice to his readers who have gone through suffering so that they may keep hope and faith no matter how hard it becomes for them to tolerate the pain. He has compared this situation to storm and its fury. As storm comes suddenly, does destruction



and finally vanishes. Depression and its effects are perilous, painful and intolerable but if the sufferer accepts its affliction, its torment disappears gradually.

While staying in hospital Styron was involved in couple of therapies organized by the hospital. He views their benefits, which can be different for individuals. Different people based on their perception and reception can accept therapies in diverse manner. For Styron, these therapies work quite well and helps him gain back his health.

Depression is an illness that affects the afflicted even after recovery which means that the person can be attacked by this illness later in life. Nevertheless, Styron asserts that the afflicted would know how to deal with it once they have confronted and survived the depression. Depression has led many to suicide but many have survived also though they cannot erase certain permanent wounds left by it from their memories. It weakens the person in a number of ways but Styron very well explains that one should be determined to fight and if one gets support and encouragement of close and near ones; they are definitely going to win it over. Styron writes:

A tough job, calling “Chin Up!” from the safety of the shore to a drowning person is tantamount to insult, but it has been shown over and over again that if the encouragement is dogged enough—and the support equally committed and passionate—the endangered one can nearly always be saved (76).

It is very difficult to ask someone to hold up during their tough time and suffering because the one who suffers can only know the real predicament of pain and agony. It is true that in a desperate situation, the person loses all his hope and faith for good to happen. The world around appears shattered. Nothing gives solace at that moment and becomes entirely vulnerable. As this illness is stigmatized, they do not want to become a matter of laughing stock for anyone or to be known as “mad”. Due to this lack of trust, they avoid sharing their problems with anyone. In this case, it’s only the close one who can play a role in helping the distressed

souls, and they need to show patience, love and care to gain their trust and build hope and aspiration to get well. Styron urged his readers to look out for their friends and relatives in distress and help them to come out of their agony and save them from deteriorating. It is only the attention and the care of their caregivers that can bring their hope and desires back to life. Therefore, social support is very important to restore self-worthiness and confidence.

The writer ponders over the cause of his own depression after he recovered from it. He realizes that shadow of depression was always with him as the characters of his books were depressed and committed suicide. His books had this gloomy atmosphere. Subconsciously depression was in him which later in life propels him towards suicide. His father was a depression patient when he was a child so he thinks it as a genetic issue. The other major reason he feels is the loss of his mother in his childhood. It could be because the person may not have released himself emotionally from this grief of loss, which remains deep seated inside him. This leads to hurting himself and later comes out as depression. Styron strongly believes his “incomplete mourning” of loss of his mother is one of the main factor for his depression and when he avoided his suicidal behaviour after listening to the passage from *Alto Rhapsody*, he had his mother in his mind. He was deeply attached to his mother who used to sing this passage when she was alive. He gives reference to a book on suicide, *Self-Destruction in the Promised Land* by Howard I. Kushner who testifies incomplete mourning taking Abraham Lincoln as an example. Abraham Lincoln too was a depression patient and had suicidal thoughts. He too had lost his mother in his childhood and later his sister, which affected him immensely.

The writer alludes to numerous writers and artists from ancient times to contemporary period in terms of depression and their works associated with melancholia. To him, the experience of depression is so terrible that it becomes hard for one to describe it exactly. The artists and writers do try their best to portray it but Styron feels it still inadequate. He marks depression as “a simulacrum of all the evil of our world” (Styron 83). However, a number of

examples from literature have been quoted in this memoir to describe the appalling conditions this illness creates in his life. This depicts the significance of creative writing and narrative in expressing ideas and information that can be of great help and assistance for many. According to him, only Dante's representation of depression through metaphor is apt and seizes attention, "In the middle of the journey of our life / I found myself in a dark wood, / For I had lost the right path" (83).

He ends his memoir on a note of hope and encouragement. However, depression and its miseries are intolerable but it is possible to overcome it with patience. There are many who have suffered from this ailment but also triumphed over it. They have started living their life with joy and flying colors though there are remains of bad memories in their mind. "And so we came forth, and once again beheld the stars" (Styron 84). They suffered from despair, bore it, fought and won over it. Depression for them was not the end of the world. It became a passing phase of their life through a horrible and unforgettable one. Therefore, Styron puts forward a number of suggestions and advice for his readers who comprise depressed people, their caregivers and all others. Depression is dangerous like any other serious illness but conquerable also. Though it entails losing hope and desires altogether he suggests keeping some hope in them to come out of it. Psychodynamic theories dominate in the 1960s in psychology and psychiatry. The psychoanalytic theory given by Sigmund Freud is a part of psychodynamic theory. He stated that the causes of depression were due to biological factors but can also be because of some loss of a loved one or objects. The loss of someone or something causes grief that remains suppressed in a person, which in long term develops symptoms of depression.

According to Freud, there can be conflicting action of conscious and unconscious on the mind of a person, creating phenomenon called repression, which is, a state where one is not aware of his or her disturbed emotions and motives but get influenced by them negatively.

Psychoanalytic theories assert that a person should try to identify the developing conflict at an earlier stage in order to prevent him or her from repression. Loss of loved one remains in the unconscious part of the mind of the person for life when he/she does not mourn it (Freud). This unconsciously affects him/her negatively and make him/ her depressed. He writes in his work *Mourning and Melancholia*, as in mourning, a person who grieves over the loss of his/her loved one, is not a case of melancholia. In melancholia, the grief of loss of someone lingers in unconscious part of the mind and leads him to depression.

William Styron notes in his memoir that loss of his mother could be the reason for his depression as he lost her in his childhood. He comprehended the importance of his loss of his mother when he listened to the passage from *Alto Rhapsody*, which he had heard his mother singing in his childhood. However, he did not mourn explicitly over her loss because the environment of his childhood did not allow him to do so. He moved on in his life with all the other activities but unconsciously the loss had deep-rooted affect in his mind of which he was not aware of. He claims the depression was hovering over him every time but he was unconscious of it and it was indirectly making its presence feel through his works. His work had this gloomy and sullen theme, which can be said to be effective because of his dark and sadistic unconscious part of his mind. His works had a recurring theme of depression. His novel, *Sophie's Choice*'s protagonist goes through a phase of depression. He admits that after his recovery he realized that his writings were covering the theme of death and suicide and contemplates why they were so prominent. He believes depression to be the reason for making suicide, as the theme for his works. This explains the reason for his works which reflect the theme of suicide.

Styron tries to educate people about depression through his memoir. He wants people to understand this illness in its actual sense rather than through its stigmatised form. He gives details to make his readers understand the real pain and suffering one suffers through its

affliction. He provides an account of his personal experiences to make his readers understand the depth of the serious illness and explains explicitly that it is more than just being sad. This memoir is knowledgeable and advantageous for every stratum of society to help understand themselves and others around. It is essential as the sufferers of this illness are treated with contempt in the society which make them conceal it and suffer alone. Thus, Styron message is clear and that is to make people aware of the seriousness of depression and motivate its sufferers to overcome the struggle with hope and courage.

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## Chapter 4

### Three Women's Narratives and a Critique of Depression

Michael Cunningham was born on November 6, 1952, in Ohio, USA, and raised in California. He is a Pulitzer Prize-winning writer and producer from the United States. He received his master's degree from Iowa University after studying English Literature at Stanford University. During his studies, he wrote short stories that were published in the *Atlantic Review* and the *Paris Review*. He is a senior lecturer of creative writing at Yale University. He wrote two screenplays, *A Home at the End of the World* and *Evening*. He has written numerous novels that are *Golden States* (1984), *A Home at the End of the World* (1990), *Flesh and the Blood* (1995), *The Hours* (1998), *Specimen Days* (2005), *By Nightfall* (2010), and *The Snow Queen* (2014). *A Home at the End of the World* (1990) explores the connected bond of two childhood friends and how they build together a family that transcends age, blood links, and sexual identity. The love triangle of a gay man, a straight man, and a straight woman can be seen in various combinations which would recur in the novel *The Hours*. His third novel, *Flesh and Blood* (1995), moved away from his earlier work's detailed depictions of strongly linked characters. It is a multigenerational story of an immigrant family's ascent to affluence and the hardships they face, examining both the family's difficult past and uncertain future. He wrote *Specimen Days* in 2005, a novel about three intertwined lives. The characters are positioned in a futuristic setting this time, presenting great twists in science fiction and film noir genres. His short story, *White Angel* was listed among the Best Short Stories (1989). He received Whiting Writers Award in 1995 and was awarded the Pulitzer Prize for Fiction (1999), PEN/ Faulkner award (1999) and Gay, Lesbian, Bisexual, and Transgender Book Award (1999) for the novel *The Hours* in 1998. Cunningham got The Fernanda Pivano Award for American Literature in



Italy in 2011. He has one non-fiction book under his name, *Land's End: A Walk in Provincetown*. It is a travelogue on Provincetown, Massachusetts. His story collection, *A Wild Swan and Other Tales* was published in 2015. Cunningham currently resides in New York City and contributes to a number of periodicals and journals.

The Pulitzer Prize winning novel, *The Hours* is the most famous among all of his novels. "He masterfully explores the quiet, private moments of a life" (Steven Barcalay Agency). *The Hours* follows the lives of three women over the course of one day. One of the narrative strands delves into a day in 1923 and depicts Virginia Woolf writing *Mrs. Dalloway*. Another story revolves around a day in the life of Laura Brown, a housewife from the United States, in 1949, and she is shown as spending a part of her time reading *Mrs. Dalloway* by Virginia Woolf. The third narrative takes place on a single day in the late twentieth century, during which the character Clarissa Vaughn throws a party for her poet-friend Richard for winning a literary award. Clarissa has a friend named Richard who refers to her as 'Mrs Dalloway' throughout the novel *The Hours* (the central character of *Mrs Dalloway* is Clarrisa Dalloway) The novel depicts a single day in the lives of these three women who are connected to one another through Virginia Woolf and the characters created by her in the novel, *Mrs. Dalloway*.

This book is divided into twenty-four chapters, each of which is narrated by one of the three main characters in turn. In spite of the fact that the novel is written in the third person, the author uses the thoughts and feelings of the protagonists to propel the plot forward. Irrespective of the third person narration used, the reader is completely immersed in the thoughts of these women (Young 33). Cunningham uses a number of sentence patterns to assist the reader in comprehending the ideas of his characters and follow their minds. It is eloquently explained by Cunningham, who claims that the mental states of these three ladies demonstrate that they are suffering from depression in different ways. Virginia Woolf commits suicide at

the beginning of the novel, and as the narrative proceeds, it becomes evident that she had previously tried suicide on two separate occasions (Young 39). A third attempt at suicide is made, this time by drowning in a river with stones in her pockets, with the intention of ensuring that she is successful in her attempt.

Woolf in the novel *The Hours* is shown as avoiding looking in the mirror while washing her face because she believes it is dangerous to do so. She believes it to be some dark form that resembles her in some way. She is conscious of the fact that she is not looking in the mirror, which scares her and makes her feel uncomfortable. That she is self-conscious about her appearance is indicative of her depression, and she also makes it a point not to delve over it on a day she has scheduled for writing, as she does not want it to be ruined in any way. She interprets the “dark manifestation of air that matches her body” as some sort of negative influence that is going to ruin her day. She makes an effort to ignore all kind of distractions that, in her opinion, are diversions. “No, she is not going to look in the mirror” (Cunningham 31). Her insistence on not looking in the mirror shows that she considers it to be a bad omen in some way and also displays lack of self-esteem. She tries to be optimistic and eager to begin writing her new book with all concentration and energy. She does not go to the kitchen and does not engage in conversation with her servants in order to avoid any potential distractions. She attributes her lack of self-confidence and energy to a variety of external factors, which she fears will become a hindrance to her career. Virginia Woolf becomes anxious that depression will not let her work. “This morning, she wants to get straight to work without risking exposure to Nelly’s bargaining and grievances. It could be a good day; it needs to be treated carefully” (31). She is afraid to face anything and anyone before getting to her work which can take away her concentration. Depression she feels lowers concentration, energy and confidence. Woolf in order to concentrate on her writings avoids talking or instructing her housemaid. She labels her fear as “that fragile impulse, egg balanced on a spoon” (85).

Inquiry about her sleep by her husband is indicative of the difficulty she faces in sleep. “How was your sleep, he asks, as if sleep were not an act but a creature that could be either docile or fierce” (32). Sleeping problems, including oversleeping, are a common indication of clinical depression. Major depression and sleep disturbance have been shown to have a high association, according to research (Nutt, et al 329). Sleep disturbance is one of the key symptoms of the disease and may be the reason that depressed patients seek help and it has proven to be a major risk factor for suicide (Agargun et al 250). Patients with major depression, insomnia and hypersomnia are significantly more likely to become suicidal as compared to others, indicating that insomnia and hypersomnia are linked to suicidal behaviour (Agargun et al 250).

Her extra effort to keep her mind and day occupied and free of stress demonstrates that she is extremely motivated to complete her book in the time period she has set for herself while still attempting to remain calm and comfortable. When her husband Leonard Woolf informs her that Nelly would be bringing breakfast, she says, “If you send Nelly in to interrupt me, I won’t be responsible for my actions” (33). She takes Nelly as a disturbing element though she is her maid. He thinks Woolf repulsion to eat is not a good sign, which is indicative of depression. In depression, patients usually lose their appetite. People with depression usually experience loss of appetite, as they feel low and sad. Woolf skips her breakfast and shows no interest in having lunch too. “Not eating is a vice, a drug of sorts—with her stomach empty she feels quick and lean, clearheaded, ready for a fight” (Cunningham 34). *DSM-5 (Diagnostic and Statistical Manual of Mental Disorders)* asserts that some depressed individuals have to force themselves to eat and some may crave some specific food (163). Woolf is made to eat forcefully and skips food giving excuses to cover it up. She believes “she should have breakfast but she can’t bear the interruption it would entail, the contact with Nelly’s mood” (Cunningham 34).

To avoid the housemaid, she avoids food. “She gets to her study, quietly closes the door. Safe” (Cunningham 34).

Woolf thinks she is ‘Safe’ in her room as if she is running away after carrying out some crime or from some perilous situation. The reality is she was running from her servants. She is trying to concentrate, which she believes can be ruined if she diverts her mind towards anything else. Loss of focus can be one of the most challenging facets of depression (Well Clinic). “This morning she may penetrate the obfuscation, the clogged pipes, to reach the gold” (Cunningham 34).

Woolf tries to relax and strengthen her mind in order that her husband takes her back to London, which was feasible only if she is in good health. She was brought to the suburb of Richmond, which is located outside of the metropolis of London, in order to receive treatment. She was not in excellent health in London and does not enjoy living in Richmond. She attempts to prove that she is well in order to be able to return to her former city life in the near future. Woolf spends her days struggling to keep her migraine and inner voices at bay and spends a lot of time attempting to write, most likely in order to dissipate her feelings in a creative way (Young 33). Woolf believes that she has no control over her writing and that she is a victim of circumstance. It is her belief that she writes because it occurs to her rather than because she is motivated by a desire. Woolf is depicted by Cunningham as a character who is extremely sensitive to her environment throughout the novel. She feels that every situation has significance for her, and as a result, she is extremely attentive to even the smallest details in her environment. Woolf tries to be normal to be well, but her extensive life experience makes her have recurrent thoughts of insanity, which she attempts to deny. It has been studied that the more we lose our focus as a result of depression, the more difficult and futile it all seems (Well Clinic). Woolf thus tries to be more focused on her health and work which can be difficult due to her depression. Virginia Woolf’s biography too reveals the history of her mental illness.

It has been shown that most patients of psychotic depression may have undergone some form of traumatic experiences. Website *Psycom* cites Dr. Rothschild explains early life trauma, for example losing a parent at an early age puts one at a high risk of depression especially psychotic depression and an individual having endured this kind of trauma is at a higher risk of psychotic depression (Black). Similarly, Virginia Woolf experienced difficult childhood and teenage years which may be one of the reasons for her depression.

Woolf lost her mother and sister at a very young age. Later she lost her brother and father too which further escalated her towards mental illness. It is believed that her father too suffered from depression after he lost his wife, Woolf's sister had mental problems and her brother too had some illness due to which he tried to commit suicide. Her sister Vanessa, it is believed suffered from depression after her abortion. Therefore, there could be several reasons attributed to Virginia Woolf's depression.

According to NAMI (National Alliance on Mental Alliance), depressive psychosis may have a genetic component. This is quite probably a reason for Woolf's depression as her symptoms are symptoms of psychotic depression. Despite the fact that researchers have not identified the specific gene, they claim that having a close family member, such as a mother, father, sister or brother suffering from the malady increases one's chance of having psychotic depression. Women tend to experience psychotic depression more than men (NAMI). The narrator personifies her headache in her mind:

They infiltrate her. They inhabit rather than merely afflict her; the way viruses inhabit their hosts. Strands of pain announce themselves, throw shivers of brightness into her eyes so insistently she must remind herself that others can't see them. Pain colonizes her, quickly replaces what was Virginia with more and more of itself, and its advance is so forceful, its jagged contours so distinct, that she can't help imaging it as entity with a life of its own. She might see it while

walking with Leonard in the square, a scintillating silver-white mass floating over the cobblestones, randomly spiked, fluid but whole, like a jellyfish. “What’s that?” Leonard would ask. “It’s my headache,” she’d answer. “Please ignore it” (Cunningham 70).

Headache and pain associated with it are illustrated through a metaphor. They have been depicted as “the old devil” which haunts her when she is alone (Cunningham 167). Woolf believes that it is the pain that has sucked all hope and happiness from her life and has made it difficult for her to have peace of mind. Through her, the reader can quite easily realize, empathize and sympathize with the struggle of patients suffering from depression. The account of its pain further brings into consciousness the utmost cruelty of depression on its patients. Cunningham’s description of headache can be related to many people suffering from mental issues. He explains:

The devil is a headache; the devil is a voice inside a wall; the devil is a fin breaking through dark waves. The devil is the brief, twittering nothing that was a thrush’s life. The devil sucks all the beauty from the world, all the hope, and what remains when the devil has finished is a realm of the living dead—joyless, suffocating. Virginia feels, right now, a certain tragic grandeur for the devil is many things but he not petty, not sentimental; he seethes with a lethal, intolerable truth (167).

A metaphor has been used by Woolf to describe her appearance when in doubt as to whether she should dress up when her sister arrives, “The goat’s really looking rather well, isn’t she?” (Cunningham 114). She tags herself as a goat which clearly marks her lack of self-esteem. Christopher J. Mrukin’s book, *Self-esteem: Research, Theory, and Practice* define self-esteem as “a certain attitude and a perception of one’s self”, which influences relations and attitudes towards oneself and others (Choi et al 1). She ponders a lot about her actions.

However, in front of her husband, she tries to behave in a normal and quiet way in order to show herself healthy. Sometimes, the singing of birds outside her window makes her feel terrible. In psychology, these behaviours indicate a subtype of depression which is known as psychotic depression. Bruce in her article, 'Psychotic Depression' on the website *WebMD* feels a person with psychotic depression is detached from reality. They hear 'voices' which is quite evident in Woolf's case and have weird and illogical thoughts as experienced by Woolf when she looks into the mirror "shows her dark manifestations of air that matches her body, takes her form but stands behind watching her, with porcine eyes and wet, hushed breathing" (Cunningham 31).

According to the fifth edition of *The Diagnostic and Statistical Manual of Mental Disorders*, a person with psychotic depression is diagnosed when major depressions exist along with delusions and/or hallucinations (162). Anil Malhotra, MD, Vice Chair of research in the department of psychiatry at the Zucker School of Medicine at Hofstra/ Northwell in Hempstead, New York states that in general, a person with psychotic depression demonstrates a low, gloomy mood, with poor concentration and feeling of lack of self-worth and guilt (Black). He explains that the person hears or sees voices and things that are not real, which are hallucinations, and believes things that are not in actual, which are delusions (Black). These features are quite visible in the character of Virginia Woolf in the novel. She has hallucinations, delusions, memory loss, and lack of appetite:

When she's crossed over to this realm of relentless brilliance, the voices start. Sometimes they are low, disembodied grumblings that coalesce out of the air itself; sometimes they emanate from behind the furniture or inside the walls. They are indistinct but full of meaning, undeniably masculine, obscenely old. They are angry, accusatory, disillusioned. They seem sometimes to be reciting

text. Sometimes, faintly, she can distinguish word. “Hurl”, once, and “under” on two occasions (Cunningham71).

When tea is served in the afternoon, and her sister and her children are present, the children come across a dead bird and decide to create a deathbed for it. Virginia Woolf expresses her desire to die after viewing the dead bird and its death bed. People suffering from psychotic depression are at significant risk of experiencing suicidal thoughts. Her frequent thoughts of self-harm provide her relief, therefore she used to act on them. It appears to have been an escape for her from the agony and illness she was experiencing. “Virginia looks with unanticipated pleasure at this modest circle of thorns and flowers; this wild deathbed. She would like to lie down on it herself” (Cunningham 119). It has been studied that psychotic depression is dangerous as delusions can make people suicidal (Nall). The “Journal of Clinical Psychiatry” reports that delusions in depressive psychosis generally involve guilt, paranoid, or bodily issues (Nall). Psychosis is not present in all mental disorders and symptoms of it may vary from individual to individual. The delusions and hallucinations usually reflect the person's intensely depressed mood—for example, they may become convinced they are to blame for something or that they have committed a crime (National Institute of Mental Health). Cunningham delineates:

She would like to lie down in its place. No denying it, she would like that. Vanessa and Julian can go on about their business, their tea and travels, while she, Virginia, a bird-sized Virginia, lets herself metamorphose from an angular, difficult woman into an ornament on a hat; a foolish, uncaring thing (121).

Virginia Woolf is frequently depicted as worrying about escape from everyone and as being stuck in a bind. She may clearly be seen pondering and altering her thoughts from one to another in her mind's eye. Readers get a closer glimpse inside her head as she recounts her life



events through her thoughts and reflections. She is preoccupied with death and imagines the situation after death:

She thinks of how the newly buried remain all night in their graves, after the mourners have recited prayers, laid down wreaths, and returned to the village. After the wheels have rolled away over the dried mud of the road, after the suppers have been eaten and the bedcovers drawn down; after all that has happened the grave remains, its flowers tossed lightly by the wind. It is frightening but not entirely disagreeable, this cemetery feeling. It is real; it is all but overwhelming real. It is, in its way, more bearable, and nobler, right now, than the beef and the lamps (Cunningham 165).

Woolf feels having thoughts of death and grave is much more satisfying than things at home. According to *Diagnostic and Statistical Manual of Mental Disorders- 5* “thoughts of death, suicidal ideation, and suicide attempts are common” which is confirmed by Woolf’s behaviours and thoughts (165). It demonstrates her desire for death which she fulfils by drowning herself in the river. These thoughts of death build up in her gradually and lead her to commit suicide eventually.

The second protagonist of *The Hours*, Laura Brown in Los Angeles lives with her husband Dan and son Richie. She is pregnant with her second child. It is the birthday of her husband and she plans to have a small party for him after his work. She is a bookworm and is currently reading *Mrs. Dalloway*. She is doubtful that she is not happy with her husband though he is loving and caring. She thinks of leaving her family and going far away from them. But then again, she tries to do things to keep her perfect happy family.

For her husband's birthday, she decides to make him a cake that is as beautiful as the ones she has seen in magazines. She makes the cake in one attempt, which she considers to be less than perfect, and then she makes another cake, which she considers to be slightly more

satisfying. This vision of the perfect cake to make for her husband can serve as a cover-up for the guilt she feels about not being satisfied with him when he goes above and beyond to make her happy. Her son is aware that his mother is going through a difficult time and makes an effort to express his love and concern for her. Laura, on the other hand, has made the decision that she will leave her family one way or another, or else she will die if she does not. She believes she is unable to keep up with the expectations of society and that she must remain outside of it. She considers committing suicide by taking pills in order to escape from her current reality, which is that of living with a family. She desires to read endlessly, and in order to accomplish this, she sends her son to a friend's home after completing her household chores. She goes to a hotel to find a room for her to be alone and read *Mrs. Dalloway* for few hours.

While talking to her son, Laura catches a few inquiries in Richie's eyes, which she promptly avoids by changing the subject. She believes that she will never be happy no matter what her spouse does for her, and she believes this most of the time. She demonstrates instability, and as a result, instills her insecurities in her son. Laura's passive tone of voice, her slow speech, as well as the coldness and non-spontaneity of her speech, which she employs to try to persuade Richie that his concern for her is unfounded, and that his exaggerated anxiety has no basis, communicates a double message, which also disqualifies the boy's perception of the situation.

Richie knows that his mother is suffering from something but finds himself helpless. She is unable to think above anything except death. She has negative and hopeless thoughts about herself and thinks herself as incapable and unworthy of anything good. Success neurosis, according to Freud, is determined by a very inflexible superego or by early basic needs that are not fulfilled because of personal experiences of hopelessness, which prevents the ego from developing frustrations and awareness of the needs of others.

She is introduced as “Laura Brown is trying to lose herself. No, that’s not it exactly— she is trying to keep herself by gaining entry into a parallel world” (Cunningham 37). This presents a very clear picture of her going through something that is not good. Losing herself psychologically she tries to keep her balance with the world and tries to manage herself and her life with responsibility. She “felt the dark sensation around her, the nowhere feeling, and knew it was going to be a difficult day” (Cunningham 38). She thinks a lot before getting out of bed and anticipates the day to be hard. This implies her pessimism even before the beginning of the day. Pessimism is commonly related to depression which means low mood, negative thoughts and unnecessary worry. She feels that she would have a difficult day and “trouble believing herself” (38). She affirms that she has particularly low self-confidence and self-esteem, which characterises a person with depression. Researchers Savera Ali Aziz, Nadir Suhail and Sumera Aziz Ali in their research paper “Low self-esteem leads to Depression among elderly people” write that lack of self-esteem and self-confidence increase the chances of depression in drastic manner (1-3). Such people according to them feel contemptible and helpless thinking that they cannot do anything worthwhile.

Brown wants to read when she wakes up in the morning, as she loves reading and believes that only reading can ‘calm and relocate’ her but her husband and son are already up and she has to be a perfect wife and mother. However, she still goes ahead and reads another page, “as if reading were the singular and obvious first task of the day, the only viable way to negotiate the transit from sleep to obligation” (Cunningham 38). She feels ecstatic while reading and wishes she could do it all the time. However, this is not possible because she has responsibilities towards her family. She has no interest in her family which is evidently depicted when she displays interest only for reading. Though from time to time she reminds herself that she adores her family a lot but it is also the truth that she cannot stop reading and stop herself from feeling guilty about it.

She marvels how Virginia Woolf could kill herself so easily when she was a wonderful writer and had such marvellous talent. She and her works fascinate her and she desires to be like her and possess similar intelligence and vividness. She imagines Virginia Woolf to be some kind of super hero and her super powers captivates her. She sometimes imagines herself as having a bit of talent in her— “Here is the brilliant spirit, the woman of sorrows, the woman of transcendent joys, who would rather be elsewhere, who has consented to perform simple and essentially foolish tasks, to examine tomatoes, to sit under a hair dryer, because it is her art and her duty” (Cunningham 42).

She is well aware that many other women experience similar feelings in one form or another. She does, however, have responsibilities, which she believes she is obligated to fulfil even though she does not choose to do so. She feels oppressed by the fact that she is a member of a family and believes she has lost her own identity and believes she is incapable of becoming an ideal family woman, and in order to escape from all worldly and societal responsibilities, she loses herself in the realm of books.

Reading provides freedom from this conflict. This conflict is not a physical but is a psychological problem. She does her best to manage her everyday household chores and thinks too much about little and trivial things. When she is about to go to the kitchen to meet her husband and son, she feels she is not dressed properly but then at the same time she realises it is her family which would not care about her dress but her presence only. She struggles to get out of the room and meet her family in the kitchen and has numerous thoughts. “She pauses several treads from the bottom, listening, waiting; she is again possessed (it seems to be getting worse) by a dream-like feeling, as if she is standing in the wings” (74). At the same time, she has this urge to get back to the book she was reading instead of going to the kitchen. This change of thoughts shows the chaos in her mind as she appears to find comfort and security in books. Going to the kitchen to her husband and son is like going “onstage and perform in a

play for which she is not appropriately dressed, and for which she has not adequately rehearsed” (67). Her mind is every time in dilemma with what should be and what is in present, kind of “to be or not to be” situation. All these behaviours illustrate the symptoms of the onset of depression. Few times she tries to smoke and then avoids doing it. She shows confusion whether she should smoke or not as the narrator describes— “She slides a cigarette out of the pack, changes her mind, slips it back in again” (Cunningham 45).

While doing her chores, she feels like going back to read the book several times but restrains from doing it. “She is herself and she is the perfect picture of herself; there is no difference” (Cunningham 76). She imagines a perfect cake, which she would make for her husband’s birthday. When she is preparing the cake, she asserts that her husband and son love her, is happy and wants to be with her family and raise her son. She hopes for a better future and decides not to lament about any loss or failure and would accept everything and remain committed to her duties toward herself, son and husband and do everything to keep her family happy and united. Her cake is ready but it is not the way she had thought it to be and she tries to ignore it. She feels “This cake she’s produced feels small, not just in the physical sense but as an entity” (Cunningham 99). She makes sure she does not mind the cake not to be perfect but somewhere in the mind; it troubles her.

She is seen to be confused and unsure while taking even minor decisions most of the time which is evident through numerous instances and words she utters. “Pauses several treads”, “changes her mind”, “he will be happy with all these gifts or appear to be happy” (Cunningham 43, 44, 100). She seems to dream to be in another place or world for instance, “she is taken by a wave of feeling, a sea swell, that rises from under her breast and buoys her, floats her gently...”, “dream like feeling, as if she is standing in the wings, about to go onstage and perform in a play”, “dreaming about being in a car” (Cunningham 40,43, 141).

Another aspect to study about Laura is her relationship with her son, which appears to be complex. She infers that “Alone with the child, though, she loses direction. She can’t always remember how a mother would act” (Cunningham 47). She is perplexed as she is not able to fulfil the responsibility of motherhood and does not appear to be happy to be a mother “with Richie, she sometimes feels unmoored—he is so entirely, persuasively himself” (Cunningham 47). Laura Brown appears to be devoted to her family as well as depressed because of her family. She has a strong inner conflict which wants her to leave everything and lead her life as an individual.

Brown strives not to think anything negative. Her husband loves and cares for nothing more except her. However, most of the time her mind remains occupied with *Mrs Dalloway* and its writer Virginia Woolf. She aims to remain positive and do everything perfectly without complaint. She decides at one time she “will not mourn her lost possibilities, her unexplored talents (what if she has no talent, after all?)” but is vague sometimes (Cunningham 79). She gets many thoughts concurrently leading to her over thinking. The cake she makes for her husband does not turn out “the way she’d pictured it; not at all. There’s nothing really wrong with it, but she’d imagined something more. She’d imagined it larger, more remarkable” (Cunningham 99). Here, she over thinks about a cake which according to her is perfect. Over thinking is also associated with depression in mental health. Now and again she feels her cake to be “fine” and “amateur” (99). “It is only a cake, she tells herself. It is only a cake”—she reminds herself repetitively (Cunningham 99).

At times, she assumes that she can live like any other normal woman of that time doing her tasks but then panics and feels insecure of herself. When her friend Kitty visits her, she gets nervous because of the cake and tries to hide it. She feels embarrassed due to it, as she did not wish her to see her “amateurish” cake (99). Though, Kitty appreciates the cake, Laura considers her compliment on the cake as “the way a child’s painting might be cute” (Cunningham 104).

Laura reveals, “She has produced something cute, when she had hoped (it’s embarrassing, but true) to produce something of beauty” (104). This shows her lack of self-esteem where even a small thing like a cake affects her so much. After Kitty leaves, she throws the cake in the bin and decides to make another. She wants the cake to be perfect in every way. She makes another cake but finds it “amateurish” and again finds some avoidable defects (143).

The narrator describes, “What Laura regrets, what she can hardly bear, is the cake. It embarrasses her, but she can’t deny it” (Cunningham 143). She feels that she has failed to produce “something marvelous” which upsets her a great deal. She becomes obsessed with the desire to make a perfect cake to such extremity that she feels that something is not right with her. “Something, she thinks, is wrong with her” (Cunningham 144).

Obsession is sometimes notably associated with depression. Obsessions of depression are associated with rapid changes in mood, anxiety, agitation and overactivity (Vaughn 38). People living with OCD typically experience obsessions or repetitive unwanted thoughts that prompt an extreme urge to repeat a specific behaviour (Joy). The International OCD Foundation estimates that between 25 and 50 percent of those with OCD also experience depression. Their study also put forward the view that depression occurs as a response to the distress and devastation associated with having OCD (Joy). Despite the fact that OCD and depression are different they are somehow related to each other. Researchers have found that the more severe obsessions and compulsions are, the more they affect the daily functioning, worsening depression symptoms (Altintas and Takistunia 351).

Laura Brown depicts the characteristics of being obsessive and overthinking her actions. She cannot stop thinking about her dream and constantly regrets not baking her dream cake. She persistently has unnecessary thoughts:

Still she had hoped to create something finer, something more significant, than what she’s produced, even with its smooth surface and its centered

message.....She wants to have baked a cake that banishes sorrow, even if only for a little while. She wants to have produced something marvellous; something that would be marvellous even to those who do not love her. She has failed. She wishes she didn't mind, something, she thinks, is wrong with her (Cunningham144).

After all her work is done, she feels tired and wants her me-time all for herself and her reading. She tries to read in her room but she cannot concentrate and feels like she would go crazy. These actions and symptoms significantly indicate the onset of depression clearly. She gets hallucinations and hears voices and so decides to move out of the house for a while. Hallucinations and delusions too are clear symptoms of depression. She speculates, "Is this what it's like to go crazy?" (Cunningham 142). She imagines sometimes someone to be behind her which, she herself negates and then asserts that there "is no one, of course; it's just a trick of the light. For an instance, no more than that, she has imagined some sort of ghost self, a second version her, standing immediately behind, watching" (Cunningham 214).

"But now, right now, she is going somewhere (where?) to be alone, to be free of her child, her house, the small party she will give tonight" (Cunningham 142). After leaving her son under the care of a friend, she drives away to a hotel to find a room of her own for reading and peace. Driving her car, she feels free as if she was caged, and is now free of responsibilities. "She's a woman in a car, only that" (144).

She books a room in a hotel and reads there for hours until evening. She wants to be away from her 'real' life and 'to escape the cake'. She feels real life is not actually what she wants and she is not playing the role of a good wife. Her real self is lost by marrying Dan and by being a conventional woman of her times. The narrator illustrates the thoughts of Laura as "It's almost as if she's accompanied by an invisible sister, a perverse woman full of rage and recriminations, a woman humiliated by herself, and it is this woman, this unfortunate sister,



and not Laura, who needs comfort and silence. Laura could be a nurse, ministering to the pain of another” (Cunningham 149).

While reading, she thinks of death, which seems very easy for her. She does get suicidal thoughts at times and this is an indication of her mild depression. She imagines someone who must have ended his/her life in that hotel room to free himself/herself. She feels very pleased while thinking of death. She thinks she has no option other than living when she does not want to and wants to leave her family and thinks death is a good way to escape these conventional responsibilities which she is unhappy to carry. However, at the same time, she is reminded of her husband, son and the baby in her womb and feels she loves life like anyone. This way her mind dwindles between committing suicide to her love for life for the sake of her family. She is apparently very indecisive and confused. “There might, she thinks, be a dreadful beauty in it, like an ice field or a desert in early morning” (Cunningham 151).

She finds beauty and comfort in death rather than in life and feels people will talk after she dies pitying her saying they had no idea of her sadness and her loneliness. Her feelings of pleasure at the thought of death clearly show a lack of interest in life around her. She always imagines the suicide of Virginia Woolf and the reasons for which she took that step. When she reads *Mrs. Dalloway*, she imagines herself in that story in the streets of London as herself or some other character or even Virginia Woolf. It also depicts the intense influence of reading the book and its author. Here it can be inferred how reading can influence a person and help readers recognize the way depression affects different people and help to cope with it accordingly.

Laura experiences suicidal thoughts in between and dreams them to be marvelous and gets back to her usual life focussing on her family. Dan ruins Laura’s perfect cake by blowing the birthday candles. She calms herself but in her subconscious, it bothers her most of the time. Her husband irritates her but at the same time, she is aware of his goodness and kind behaviour

for which she thinks she should move on. At the end of the day, she reflects on suicide when she picks up the bottle of sleeping pills, which is full. Every time it seemed “it would be as simple as checking into a hotel room. It would be as simple as that. Think how wonderful it might be to no longer matter. Think how wonderful it might be to no longer worry or struggle, or fail” (Cunningham 214). Laura tries to imagine death to escape from the world and its responsibilities.

The third protagonist of the novel, *The Hours*, Clarissa Vaughn lives in New York. Vaughan is depicted as fifty years old and a successful publisher who is married to a producer and has a daughter Julia. The story of Clarissa Vaughan is very similar to the story of *Mrs. Dalloway* by Virginia Woolf. Each section imitates Mrs. Dalloway by being restricted to the events of a single day, and follows the stream of consciousness. The story is of a day when Clarissa is arranging a party in honor of her long-time friend, Richard. The theme of depression centers around the characters of the novel, *The Hours*. Richard is a poet and has been selected for a literary award. He is seriously ill and is on medications. Clarissa visits him daily and on the day of the party too. She recalls her past and the short period of a love affair with him during her younger days. After that affair, they remain just good friends. She thinks now what it would have been like had she married Richard. Sometimes she feels left out when her partner Sally goes out for lunch with her friend. She becomes skeptical about the life she is leading, the choices she made in the past and thus dissembling her emotions. Nostalgic about her former romantic engagement with Richard, Clarissa experiences a sense of melancholy and doubts her relationship with Sally. She pines for the liberty she enjoyed in the past and compares her current life to it.

Clarissa feels something lacking in herself as she is considered to be a conventional woman by Richard and her daughter as well. She feels upset but tries to conceal her emotions and suppress them. The suppressed emotions usually result in depression. “She is now revealed

to herself as a meagre spirit, too conventional, the cause of much suffering” (Cunningham 16). Clarissa in the novel tries to hide her thoughts but gives the impression of being happy and social. In reality, she appears to be trying to cover her isolation and regrets. She is surrounded by people but feels alone and regrets her decisions and choices and displays confusion regarding her decision not to marry her long-time friend Richard.

Clarissa does not suffer from severe depression but its mild form. She tries to appear as if she is living her life and enjoying the environment around her. “She feels every bit as good as she did that day in Wellfleet, at the age of eighteen, stepping out through the glass doors, into a very day very much like this one, fresh and almost painfully clear, rampant with growth (10)”. “She loves the vendor’s cart piled with broccoli and peaches and mangoes....” (14).

Due to her condition, Clarissa starts questioning everything she observes around her. “Why else do we struggle to go on living, no matter how compromised, no matter how harmed?” (15). This reflects her inner feelings. It is as if she is suffering from the inside but is still trying to live her life to the fullest. When she is not invited by Oliver St. Ives, she thinks, “I am trivial, endlessly trivial” (94). It hurts her conscience though she tries to ignore it by explaining to herself that it is not a failure.

The disappointment of not being invited by her partner Sally to have lunch with a movie star reminds her of a summer she enjoyed with Richard. Cunningham examines the lack of fulfillment and the sad life of Clarissa by making the reader witness her reminiscing about her joyful times with Richard. Clarissa acknowledges that the summer she spent with Richard was the blissful time of her life.

When compared to the two characters previously described, one can be convinced that Clarissa is affected by what Mackinnon and Michels classify as dissembling depression (Moraes et al 16). Although she has other symptoms typical of depression, she presents a psychodynamic standard of denial of the disturbance of the affective component (sadness,

usually generated by an internal conflict between anger and guilt), struggling to preserve her subjective feelings at a non-conscious level (Moraes et al 16). Clarissa is difficult, she sees herself 'trapped' in the desire of being the eternal Mrs. Dalloway and, in this sense, cannot admit anything less than this idea and everything it can provide her. It can be possible that Clarissa's depressive state is related to what Bibring states as being the conscience of the ego and its inability to be at the same level as its narcissistic aspirations (arising from the ego ideal), imposed as behavioural standards" (Moraes et al 16).

Clarissa agonizes over her relationship with her daughter, worries about her social standing, tortures herself by overthinking about what other people think of her, and concerns herself a lot about her capacity to throw a good party. She spends a lot of time in her own head, letting her stream of consciousness carry her through the day, deep into memories of her past with Richard, alternate lives they might have had together, and through the murky depths of her subconscious mind. Clarissa is a sensitive spirit whose age will not make her give up on life. According to Richard, Clarissa seems shallow because she 'covers the silence' by giving parties.

Clarissa is worried about her long-time friend as he is affected by AIDS and is on heavy medicines. "Richard, her lost lover, her truest friend, is disappearing into his illness, his insanity" (Cunningham 91). In the morning when she visits him, he exhibits signs of hopelessness and wishes to die. Richard is the fourth character to suffer from mental illness. Richard is the same small Richie, son of Laura Brown. His mother left him as she had said she would leave her family. He used to show his love for his mother frequently when he was very young. However, it was not well reciprocated by her as he expected. He always found his mother lost when they used to be together. His mother could not make up a strong bond with him, which leaves him agitated and agonized for his whole life. His poetry portrays his mother most of the time showing the closeness to his mother whom he always missed. Thus, Richard

is traumatized by his difficult upbringing after being abandoned by his mother, as well as his later years as an author, about which nothing much is known.

After he gets afflicted with the deadly disease, he becomes sad, pessimistic, lacks motivation, and self-confidence remains lonely, and withdraws himself from society. He believes that he did not achieve anything worthwhile, as now he is sick and is unable to do anything. He is aware of his depression and tells Clarissa, “I got a prize for my performance, you must know that. I got a prize for having AIDS and going nuts and being brave about it, it had nothing to do with my work” (89). He shows his helplessness and disappointment with his life and is very dependent on Clarissa who takes care of everything.

The setting of the apartment of Richard also depicts his melancholic behaviour. It “is, as always, dim and close, overheated, full of the sage and juniper incense Richard burns to cover the smell of illness” (Cunningham 56). He never opens the curtains of the windows to let in the fresh air and sunlight. Being in a dim room also depicts a depressing and gloomy ambiance. The lamps too are shaded, as he cannot bear much light. He remains seated on a big dirty chair. That chair is in very bad condition and unhygienic. “The chair smells fetid and deeply damp, unclean; it smells of irreversible rot. If it were hauled out into the street (when it is hauled out into the street), no one would pick it up” (59). The condition of the place in which he resides is a sign of his hopelessness, low self-trust and low self-esteem.

The narrator describes the chair and semblance can be seen with Richard’s condition. The picture of the chair reflects its deteriorating state of Richard. “Richard’s chair, particularly, is insane; or, rather, it is the chair of someone who, if not actually insane, has let things slide so far, has gone such a long way toward the exhausted relinquishment of ordinary caretaking—simple hygiene, regular nourishment—that the difference between insanity and hopelessness is difficult to pinpoint” (Cunningham 58). Clarissa too feels that he

“smells...slightly, horribly (it is his only repellent smell), of the chair in which he spends his days” (58).

Richard locks himself in his room away from the world and spends his life in obscurity. Cunningham articulates his physical appearance in a very efficacious manner. It demonstrates the pensive soreness with which any depressed person can relate to. “Richard’s face, its hollows, and deep, fleshly folds, its high glossy forehead and smashed pugilist’s nose, seems to rise up out of the darkness like a sunken sculpture hauled to the surface” (Cunningham 58).

When Clarissa asks him to be ready for the evening party, he hesitates to state that he has nothing to do with the party and they can celebrate without him too. He tries to ignore the crowd he would have around him. Clarissa attempts to convince him and encourages him in the best possible way. She can see and understand the suffering Richard is going through and wants to give the best party for Richard to make him feel better. However, Richard has his thoughts and laments about how he has become a failure. He has hallucinations, calls them dark voices and is depressed of being dependent on too many medicines, which can also be one of the reasons for his psychological instability. This indicates that depression may be caused by physical illness. Different studies reveal that prevalence rates of depression are much greater among people living with HIV/AIDS (Johnson et al 33, Bing et al 726). As Richard was suffering from HIV, it can be observed that his illness is a major cause of his depression.

Clarissa comes to pick Richard up for the party but she finds him sitting on the window sill in a disturbed state with one leg dangling out of the window. She requests him to come down but he does not listen to her. He says that he had done nothing much in his life and was a fool to think he will be able to create something extraordinary. It shows it had become difficult for him to face anyone. He gives a speech, which depicts his lost interest in life and his surroundings and thanks her for all the good she has done for him and cherishes his young days with her. He asserts that he loved her and no two people could be happier as they were. With

this, he lets himself fall down from the window and dies. The lack of will to live and a sense that he had nothing left to give and contribute anything to society made him commit suicide. According to Aaron Beck's theory, there is a "direct relationship between the amount and severity of someone's negative thoughts and the intensity of their depressed symptoms" (93). Richard suffers feelings of worthlessness and was full of negativity which led him to become depressed and commit suicide. Virginia Woolf writes in her novel *Mrs. Dalloway* that when Septimus Warren-Smith commits suicide, "Death was an attempt to communicate, people feeling the impossibility of reaching the center, which mystically, evaded them; closeness drew apart; rapture faded, one was alone. There was an embrace in death" (Woolf 205).

He tells Clarissa before dying that he took two pills together which were Xanax and Ritalin. He claims that these taken together made him feel fantastic and he wanted light and air which made him feel fresh. These pills are given to the patients as antidepressants and it produces hyperactivity in them. The stimulant Ritalin is prescribed to make one feel active but has side effects of depression at the same time. The consumption of these drugs has led to suicide by some consumers (Priti and Sahini 81). Richard was depressed certainly and was not much active but when he combines these pills, his emotions and condition reaches a different level and prompt him to commit suicide. He was already ill necessitating the administration of numerous medications; the disease had already caused him to become despondent, which exacerbates his anxiety, stress, and eventual suicide.

All four major characters suffer from different kinds of depression ranging from severe to mild and may be the result of external factors, such as terminal illness, challenging domestic circumstances, or traumatic childhoods. Cunningham, like Woolf, implies that the value of living is determined by interpretation, by each mind's ability to apprehend the small things that absolve us, from hour to hour (Belling). These characters express their distress, and try to escape from their depressiveness and constrained society. The novel distinctly depicts

depression in the characters and presents societal response which is very important in order to help people suffering from similar illnesses.



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**Narratives of Depression: A Study of Select  
Contemporary Texts**

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**by**

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## **Chapter 5**

### **Conclusion**

Depression is a common illness that can affect anyone at any point in their lives. It has a direct impact on the people who suffer and an indirect impact on their close friends and family. The fear of discussing it with others, however, prevents people from reaching out for assistance in any way. The illness of depression is a mental illness that is heavily stigmatized, making it difficult to discuss openly with others. Depression is defined as being distressed for an extended period of time and experiencing a variety of symptoms such as weakness, fatigue, loss of appetite, and loss of interest in daily activities and routines. People suffering from it stop socializing and lose confidence in everything, and thereby confining themselves to their homes. It is impossible to distinguish between a person suffering from depression and someone suffering from other illnesses, making it difficult to comprehend the true suffering of the sufferer. It forces the depressive to conceal his or her condition out of shame. Why are people more concerned with concealing their depression than they are with finding a cure? The primary reason for this is that it is frequently associated with 'madness'. People may label them as 'crazy' which forces them to keep their illness hidden from others. They are paralyzed by the fear of being labeled as insane, which prevents them from sharing their anguish and agony with others. The stigma associated with this illness is a serious issue that must be eliminated from society. The eradication of this stigma can be accomplished by increasing public awareness of the causes and effects of depression.

Different artists and writers depict this illness in a variety of ways in order to raise awareness among the general public. The portrayal of depression in today's society is extremely

important and beneficial for those who are unable to express themselves verbally. It aids them in gaining confidence and courage to seek help, as well as breaking down the barriers that stand in their way of receiving the treatment they require. According to research conducted by Krpan, Kross, Berman, Deldin, Askren, and Jonides in 2013, expressive writing can help to alleviate the symptoms of depression in some people. It was discovered that people in a group who wrote for 20 minutes every day for three days had significant reductions in signs of depression, according to the researchers (1151). Pennebaker and Baell write in their research paper, “Confronting a traumatic event: toward an understanding of inhibition and disease” (1986). Expressive writing is a method for engaging oneself in deep and thoughtful writing about some traumatic event and pain (Krpan et al 1148).

Depression is a condition that affects people all around the world. According to healthcare providers, almost 7% of American adults suffer from depression each year. In the United States, more than 16% of adults — roughly 1 in 6 —experience depression at some point in their lives. (Cleveland Clinic). Depression is a widespread ailment that impacts millions of people in the United States each year. Depression can strike anyone, even if there appears to be no apparent cause. It can be caused by a variety of factors, including life challenges, brain chemistry anomalies, certain drugs, and physical ailments.

Many studies have revealed that writing can aid in the healing of depression by allowing for expression. The mood-related benefits of expressive writing, appear to be particularly noticeable among people who report higher levels of depression and anxiety (Baikie et al. 318; Gortner et al. 298; Koopman et al. 217; Sloan et al. 59). For example, women with high baseline depression, people scoring highly on suppression measures, and people who are likely to be suffering from mood disorders, especially benefit from expressive writing (Baikie et al. 314-15; Gortner et al. 298; Koopman et al.218). However, there has hardly been any research

examining the therapeutic qualities of expressive writing among people who have been formally diagnosed with current Major Depressive Disorder (MDD).

The potential value of expressive writing as a supplement to existing treatments for depression is significant. Expressive writing is an activity that could be implemented by any willing participant. Moreover, it is grounded in a rigorous, and comprehensive scientific tradition (Klein and Boals 531; Pennebaker and Beall 280; Sloan and Marx 166; Sloan et al 550). The sizable and meaningful effects observed in other populations (Smyth, 1998) suggest that expressive writing may well be an effectual, time- and cost-efficient therapy to supplement existing treatments for depression (Kazdin and Blasé 27).

A memoir is a non-fictional narrative written by a person about an imperative part of his or her life in a storytelling manner. Unlike an autobiography, a memoir is focused on a specific issue or topic from the author's life. A memoir recounts the events of a specific moment in the narrator's life as recalled by him or her. It is restricted to a certain extent but serves the aim of recording the experiences and feelings associated with a certain incident. An autobiography on the other hand is a written narrative of a person's entire life.

The semi-autobiographical novel's plot is based on the author's actual life events, which are depicted in great detail. It is partially based on fiction and partly on the author's life. It is possible for authors to choose to write a semi-autobiographical novel rather than a true memoir for a variety of reasons, including protecting the privacy of their family, friends, and loved ones; achieving emotional distance from the subject; or achieving artistic goals, such as creating plot, themes, and other details. A novel may be written in a semi-autobiographical style in order to enable the author to express his or her views and experiences in a way they are unable to do so directly. A character based on the author, as well as events surrounding his or her personal experiences, appears at least in one chapter.

In an article, a famous author, David Mitchell while celebrating *The King's Speech* for being the first film to accurately portray speech defects comments, "Despite growing up in a much saner family than the Duke of York's, my open and kind parents and I discussed my speech impediment exactly never, and this "don't mention the stammer" policy was continued by friends and colleagues into my thirties. I'd probably still be avoiding the subject today had I not outed myself by writing a semi-autobiographical novel, *Black Swan Green*, narrated by a stammering 13-year-old" (Temple). Similarly, Sylvia Plath too wrote about her sufferings by presenting them in the form of a semi-autobiographical novel through the character Esther Greenwood.

A novel is a fictional tale which is lengthy and contains a complicated plot that is often difficult to follow. The novel deals with a character who finds himself in a social dilemma. A realistic depiction of human existence is typically used as the foundation for this type of fiction. Virginia Woolf in *A Room of One's Own* refers to it as "the most pliable of all possible forms" (72).

The three writers express their feelings about depression in a variety of ways. Sylvia Plath and Michael Cunningham use narrative writing to discuss their depression, whereas William Styron uses descriptive writing to discuss his depression. Narrative writing is when the author is narrating a story or part of a story. Usually, it has an introduction, body, and conclusion. It let readers create their own imagination. Descriptive writing describes what the author wants to impart. It expresses emotion about a certain topic.

The three writers understudy discuss their characters and their mental illness and discuss depression as the characters experienced it. Depression is discussed in all three texts, and it appears to be a central theme. Styron speaks about his depression in the first person, while Sylvia Plath does the same thing through her protagonist Esther. Plath does not openly discuss her depression, but she does so in a way that draws attention to the social stigma that



surrounds it. It has been observed that people are reluctant to discuss or even mention it out of fear of losing job opportunities. They do not seek assistance or choose to receive treatment. They feel like they are in a 'bell jar' segregated from society, unable to express their opinions, and the only appropriate option they stumble on is death.

*Darkness visible: A Memoir of Madness* is a memoir written by William Styron on his depression. His memoir is centered on the onset of depression, the agony he endured as a result of it, and his eventual recovery. We learn about this illness from the perspective of the narrator, who has had several close encounters with it. He broadens the scope of investigation from his personal experiences to include a basic overview, facts, and clinical data. In his book, he describes both similar and dissimilar experiences of people who have suffered from depression, demonstrating the enormous amount of apprehension surrounding the disease.

This disease appears to be noticeable in some patients and progresses slowly in some and rapidly in others. Every symptom manifests itself differently in different people. While discussing the misconceptions surrounding the disease, he uses his own personal experiences to demonstrate the extent to which the disease has veered off course. Individuals react and behave in a variety of ways in response to differing perceptions of mental illness. Styron's personal account of depression provides a detailed understanding of what depression is actually like, which is important because most people are unaware of its reality. Styron's memoir contributes significantly to our understanding of depression and serves as a guide for those who are depressed and dispirited.

In spite of the fact that clinical sources are available for the diagnosis and treatment of depression, the various narratives selected for the study also contribute to a better understanding of depression in quite a few interesting ways. Those who have second thoughts about seeking medical attention for their illness should consider reading through the various narratives on the subject to become more familiar with it. In order to achieve a more in-depth

and profound understanding, it is necessary to read through varied narratives related to depression. These narratives aid in the development of empathy for the situation and can make the sufferers acquainted with the actual situation they are in. Sufferers can feel the pain and be assured that there are many others who suffer in a similar manner by reading about them. This instills confidence in them, allowing them to take the first step towards hope. It has been observed that a patient does not receive the level of comfort that he or she would expect from a psychologist in a clinical setting. Medical treatment is only administered when they are emotionally shattered and not understood by others around them and are beyond their help.

Styron explores a variety of issues in this area through the lens of various ordeals. Reading this memoir is expected to offer a comprehensive understanding of depression, including its symptoms and underlying causes. It is beneficial to those who may be suffering from this illness, as well as to those who are simply unaware of the existence of this illness. Depression is addressed in this memoir by the author, who personally experienced the condition.

Styron portrays depression through his own personal suffering and struggles with it. He described it so explicitly that the readers can discern a specific understanding of depression. He draws on his own and other people's personal experiences and factual knowledge to describe the numerous symptoms he experienced while suffering from it. He cites various eminent people who experienced and suffered from identical mental illnesses in different contexts and demonstrates how widespread and obscure the condition has become. He exemplifies the sheer amount of obscurity around the disease. Every individual, however, will have his or her unique experiences, which will vary depending on the situation and the intensity of the suffering.

Styron studies a variety of books in order to learn more about his disease, which he then shares with his readers through his memoir. In a similar vein, his knowledge and experiences can be of tremendous use to those who are suffering from a similar condition. We learn from

Styron's personal experience that depression takes time to dissipate, and he asserts that there is no quick remedy for the condition. This research tries to explore the various motifs in order to depict this illness.

*The Bell Jar*, written by Sylvia Plath, is a semi-autobiographical novel that chronicles Esther's development via her personal problems with depression and her professional life. This text describes the progression of illness, its diagnosis, and its treatment. Plath portrays her own despair through the depression of her protagonist Esther Greenwood in her novel *The Bell Jar*. In a way, the story's plot parallels the life and suffering of Sylvia Plath, who, like Plath, suffered from depression at various points in her life. Plath attempts to depict depression in the shape of a novel through the use of fictional and non-fictional characters, whereas Styron presents facts and detail from all angles on the subject of depression. It is via this story that the reader comes to appreciate the condition of the sufferer in a more contemplative manner. This story helps the reader to understand the plight of the sufferer in a reflective way. In a way, the plot of the story describes the life and suffering of Sylvia Plath who too suffered from depression in her life.

Irrespective of any profession, depression can affect anyone as mentioned by Styron. He alludes to a number of writers and artists who experienced the same. Anyone can suffer from depression and any kind of feeling of embarrassment in revealing his or her mental illness should be discarded. Styron never had any idea about depression until he himself faced it. He admits that when his friend was suffering from depression, he was unable to comprehend his predicament and could only act as a bystander, unable to provide any assistance to him. However, he realized the trauma when he gets afflicted with it. The experience teaches us that one should be considerate with mentally ill people. With his supposition about the relationship between other people's depression and his own, Styron establishes a similar kind of relationship with his readers. They, too, can benefit from reading Styron's narrative. Plath's

Esther is a young student and a budding writer who gets afflicted with depression in her formative years. She takes a long time to acknowledge her illness and does not reveal her illness to her friend and family. Esther's journey of affliction is deeply described throughout the book and describes the author's thoughts throughout Esther's life.

Writers utilize their creative talent as a platform to ventilate and express themselves, which those who lack the creative talent of writing cannot. They endure a great deal, which is difficult to express. This emphasizes the importance of educating everyone about the illness's severity. The writers reveal the physical health consequences of this mental disorder. Styron is forthright and makes an attempt to explain mental illness when no one else had the confidence to do so. Through his personal experience, he illuminates the subject of psychological illness and the societal issues that surround it. He explicates the subject of psychological illness through his experience and highlights problems related to it in society.

Although the symptoms of depression appear to be trivial in a healthy person, they are significant. It is critical to focus on these symptoms in order to comprehend a depressive patient's struggle. The memoir examines and discusses many symptoms of depression through the narrator's personal experiences. Although these symptoms might not appear to be severe, they are extremely harmful and cause significant suffering to those who are afflicted if they are not carefully treated as other diseases. The feeling of helplessness and pessimism are key symptoms observed in patients of depression. A person suffering from depression spends the majority of his or her time in a world of negativity and worthlessness. Styron defines depression as a state of mental disarray and inability to focus. Esther is simultaneously filled with pessimism and helplessness. When she is depressed, she encourages thoughts of death in order to clear her mind.

Insomnia is also a symptom of depression, as the two have been shown to be causally related. Depressed individuals are significantly impacted by sleep quality, which makes their

situation worse because they are unable to relax their minds. This demonstrates their inability to obtain the necessary rest that a normal human body demands. Esther also struggles to sleep at night, necessitating the usage of sleeping tablets. Laura Brown is also depicted as possessing a bottle of sleeping drugs. Perhaps she, too, struggles with sleep deprivation, which could be related to her depression. When Virginia Woolf's husband in the text *The Hours*, enquires about her sleep, it is evident that Woolf, too, suffers from sleep problems. This demonstrates unequivocally that sleeplessness is a crucial element in depression, negatively affecting these depressives. This lack of sleep due to mental agony directly or indirectly affects physical health adding to the overall suffering. Styron's detail on minute issues related to depression is eye-opening for readers who are ignorant about the severity of this illness. The three texts selected for study effectively highlight this symptom.

Through their major characters, Styron, Plath, and Cunningham addressed the topic of depression in depth. Styron describes how a depressed individual develops a strong sense of unworthiness and low self-esteem. These writers believe they are unworthy of achieving anything good in their lives and whatever happens to them, good or horrible, is exactly what they deserve. Esther obtains good academic marks, scholarships, and a position in a fashion magazine, yet she still feels unworthy and lacks self-esteem. Virginia Woolf is unable to look in the mirror, displaying her lack of self-confidence. Similarly, Laura Brown has concerns about herself and appears to be a confused being at times. Depressed people's minds are preoccupied with negative and pessimistic thoughts that prevent them from seeing things positively. It also renders such victims uncommunicative, causing them to suffer alone. This is a good example of how reading may aid such patients. Reading such books, which mirror the writer's experiences, helps raise their understanding of ways to cope with negativity. They can relate and learn to cope with their sorrow more effectively. These characters experience feelings of hollowness and loneliness, which cause their lives to become worthless. Esther does

not get accepted into a writing program, which has a profound impact on her. She considers her accomplishments to be limited and equates herself with failure, despite the fact that she has a long list of accomplishments to her credit.

There is a common aspect in Esther of *The Bell Jar* and Laura Brown of *The Hours* which is that they both do not want to be conventional women of their time. Being a woman with a career was not common during their time in society. This thought dejects them extremely and is in conflict with their inner self. Plath tries to vent out her suffering by penning it down which she does not share openly. Through her book, we can understand the struggles of her illness.

Richard Brown suffers from depression for a variety of reasons. He also suffers from a major physical illness. He commits suicide as a result of his incapacity to cope with both his ailments. Despite the fact that Clarissa is rooting for him, Richard feels forced to commit suicide. The medicine he takes for depression does not seem to be of any assistance to him. Brown explores the social stigma that is associated with this sickness. His observations of various occurrences he comes across reveal how the rest of the world perceives people suffering from depression. This clearly demonstrates why people suffering from mental illness are so reluctant to discuss their condition with others. Because of trust concerns, they are unable to establish relationships with others. They are usually associated with a negative connotation, regardless of how severe or minor the disease that is causing them to feel shoddier is. Typically, they are concerned about being mocked or stigmatized as 'crazy'.

Depression should be addressed as any other health condition. Even caregivers stigmatize depression because they too are not much familiar with this illness. The stigma associated with depression makes it difficult for depressives to acknowledge their illness and sometimes altogether ignore it. Mental illnesses are deemed as different as they express themselves through those very characteristics that make us individuals – cognitive, affective,

and behavioural – and thus differ from physical illnesses (Crisp 197). Reading and sharing can facilitate a great deal in wiping away this stigma by sufferers as well as caregivers and society. This will help the sufferers to open up to their struggles.

Suicide is also associated with the social stigma. People often believe that they commit suicide because they are weak, and this is a general narrative. However, it is their deplorable situation that drives them to commit suicide. In order to put an end to their agony, they go through the process of killing themselves. Styron gives reference to Primo Levi in order to draw attention to the stigma associated with suicide. The suicide of Levi has been criticized by readers, although Styron maintains that Levi's despair is the root cause of his depression. According to Styron, it is critical to bring this sickness to the general public's attention. He personally took the first step by publishing a personal description of his despair as part of his first move toward recovery. As a result, literature has a huge impact on raising awareness among individuals about this serious issue.

Depression patients experience a sense of shame as a result of the stigma attached to the condition, which leads them to hide their sickness from others. They try to keep their disease hidden in order to avoid being looked down upon. They place responsibility on themselves and withdraw from society. Stigma breeds secrecy, which serves as a barrier to the diagnosis and treatment of mental illness at all phases of the illness' progression (Byrne 69). As a result, in order to effectively treat depression patients, the stigma associated with their condition must be erased so that they can discuss their illness without feeling embarrassed. The depth of Sylvia Plath's depression was not publicly acknowledged but was reflected in her writings. She expresses her feelings about depression through her character in her narrative. It is well known that this book was not to be published until after her mother's death in order to avoid humiliation for the rest of her family. It is undeniably true that the condition was associated with a great deal of shame. Stigma can be eliminated by raising awareness in the community and fostering

empathy for those who suffer from mental illness. It should be treated as if it were any other physical ailment. Discrimination and shame as a result of stigma might deepen the depression of the depressed rather than alleviate it. Laura Brown never attempts to accept her position since she, like everyone else, does not want to be classified as 'crazy'. Through contemplation of suicide and death, she tries to find relief from her distress. She imagines death in a variety of scenarios in order to get away from the duties of ordinary life in which she has little interest. Clarissa Vaughn and she, both disguise their depressive states in different ways. Clarissa becomes entangled in her history and becomes emotionally dead. Immediately before jumping out of the window, Richard informs her that she is 'always throwing parties to drown out the stillness.' These characters illustrate challenging situations that many people, including themselves, have had to deal with. Almost all characters in the novel are generally dissatisfied with their life and attempt to fit into traditional society, which causes them to struggle with their emotions. These personalities portray people who are unable to express themselves and are scared to express their distress to others. Those who are afflicted by mental illness can benefit from the writings of Styron, Plath, and Cunningham because they serve as a catalyst for them to become conscious of their condition and be inspired to combat it bravely.

Styron also draws attention to the negative consequences of anti-depressants. He speaks about the medications he has taken while suffering from depression, as well as the effects they have had on him. His past experiences with medications have taught him that he cannot rely on them completely. Styron from *Darkness Visible* and Richard from *The Hours* are both observed trying to avoid social life which is evident of their symptom of depression. It has been proved through studies by researchers who declare that their findings show that depressive symptoms are connected with less time spent engaging in social interaction, time spent with others who are also depressed, and time spent engaging in pair-wise rather than group interactions (Elmer and Stadfeld 6).



Styron employs a metaphorical or austere tone and vocabulary in his writing. Even though he tries to be as open and honest as he can about his depression, he acknowledges that for those who suffer from it, “the horror of depression is so overwhelming as to be completely beyond expression, hence the frustrated sense of inadequacy found in even the greatest artist’s work” (Styron 94). Sylvia Plath, like Esther, has described Esther's depression using a variety of metaphors and similes. Her demeanour is cynical and unpleasant, which reflects the severity of her disease.

Styron believes that it is not so easy to describe the actual pain one goes through with this illness. It is complicated to explain though it is like any other disease. However, he makes every effort to make depression as simple as possible by drawing on his personal experiences and understanding. As difficult as it is to describe, Styron makes every effort to be a voice for the many voiceless people of his day and previous times as well. Despite the fact that this was always a serious problem, it was never represented in the same way that any other bodily sickness has been. He quotes William James, who says that despite being a superb writer, he, too, was unable to accurately convey his mental disorder at the time. He emphasizes the seriousness of depression as well as the difficulty that people have in articulating their feelings to others. Kalathil writes in her paper, “Inscribing Madness: Another Reading of *The Yellow Wallpaper* and *The Bell Jar*”:

Writing can be viewed as a form of therapy. It creates a literary space in which the experience can be addressed. Writing gives chaos a voice. Writing is a public confession and an outspoken protest. It makes one wonder what women are looking for in the confessional mode of autobiographical writing that they couldn't find in the confessional mode of psychoanalytic treatment. I'd want to suggest that re-inscribing lunacy in the textual realm of literature might be an attempt at self-cure because writing is in some ways an admission, a facing of

realities, and a self-evaluation. Writing about one's psychotic experience is thus a path from illness to recovery (301).

Reading about other people's experiences with depression can be quite beneficial in helping depressives to overcome their difficulties. This can motivate them to confront their issues and maintain their belief in their ability to receive therapy for them. It might serve as an inspiration for them on their healing journey as well as a boost to help them combat it with courage. Texts like *Understudy* can help to de-stigmatize mental illness and inspire readers to be more understanding and sincere while helping their family or loved ones deal with such difficulties. It may help to alleviate the sufferer's sense of isolation. Perhaps, as a result, diversity and inclusivity will become more commonplace throughout the world. After reading a book by Albert Camus, Styron is also inspired and gains confidence during his period of depression. He expresses his gratitude to Camus for his contribution to his life, stating that his book gave him the strength to fight back against the disease.

In this backdrop, Jon Saari of *Antioch Review* writes - "Styron's memoir should become a valuable addition to the understanding of depression, confirming again the role the literary artist plays in bringing light to the darkest secrets of the human psyche" (149). Thomson comments, "For one author writing could be a way of signaling others; for another, it could be a way of recording the insights from their ruminative thoughts" (Vann). He believes that letting people know of one's suffering from depression can sometimes help in the attainment of help (Vann). Sylvia Plath, William Styron, and Michael Cunningham have skilfully articulated mental illness and depression in their works to bring much-needed attention to its severity in today's world.

Reading such inspirational and courageous anecdotes might help people comprehend depression and become more familiar with it in their lives and in society. It will aid in the development of empathy for those who are afflicted as well as their caretakers. In short, it has

the potential to disseminate knowledge and information about this illness, encourage people to support one another, and aid in the eradication of the stigma associated with it. The afflicted too will find comfort in sharing their miserable situation without the fear of being mocked. As reading leads to a better understanding of something, in a similar manner learning about others' experiences through literature provides great help and is cathartic. It gives the inspiration to handle the situation or help those experiencing and suffering from it.

Reading about other people's experiences might also evoke strong emotions, which can result in catharsis. Catharsis is the purging of one's soul through self-realization. It indicates that the catharsis experienced by the character helps the reader to experience the same deep emotion as the character. While reading what the author has to say, one may be reminded of familiar feelings. Reading good literature by itself is a pleasant experience, but it also provides a chance to learn more about ourselves, our human integrity and imperfection, our actions, dreams, and ghosts, alone and in relationships with others, our self-respect, and the secret recesses of our consciousness (Llosa). Similarly, the texts, *The Bell Jar*, *Darkness Visible*, and *The Hours* disseminate awareness of a social perspective in order to become better acquainted with the seriousness of depression in every stratum of society. It can enlighten the non-sufferers of their struggle through these characters' experiences and can be motivational and inspiring for sufferers to endure and conquer it. It is through their personal stories, these writers convey to their readers that they share many subjects common in life. They try to connect to their reader through their character's stories and understand the pain and struggles of these characters, Catharsis too plays a significant role. Catharsis is an emotional release that allows a person to achieve a level of moral or spiritual regeneration, as well as a state of emancipation from anxiety and stress. It's a Greek term that means 'cleanse' and is described as a cleansing element in literature. It is an emotional release associated with the need to resolve underlying conflicts. As it has been observed that when a person does not give these conflicts a healthy outlet, they

may erupt in rage or develop inside as despair, leading to psychological illness and may even result in suicide. Catharsis is intended to detoxify and ventilate such emotions of characters in literature. In other terms, it is the outpouring and releasing of bottled-up emotions which help to address the inner problems in a character or in the audience through the medium of art.

Bahl states that a cathartic experience, whether in theatre or literature, is one in which the audience or reader shares the emotions that the characters on stage or on the page are experiencing (Bahl 79). As a result, any piece of literature that provides readers with this sensation is a therapeutic work (79).

Catharsis in literature functions similarly to therapy in real life: it allows readers to “let it all out” by allowing them to feel overwhelming emotions from a distance (Bahl 86). Cathartic works are especially good in discharging repressed emotions—that is, emotions that a reader or audience member might not otherwise allow oneself to feel. “Sometimes feeling somebody else’s feeling proves to be a lot easier than feeling your own—and catharsis has a way of making use of it and helping people experience emotional release. True believers in dramatic catharsis (as Aristotle defined it) would say that experiencing emotions like pity or fear in response to an artwork can even help people to better handle these emotions in real life” (Bahl 86).

Thus, through catharsis, the suffering of the writers and readers may be best understood through the narratives of illness as such texts may be cathartic for those experiencing similar pain, or their relatives and friends. Reading about these problems may be a profoundly emotional experience for someone who has a friend or family member suffering from depression, in the sense that such readers may find themselves feeling the character’s sadness or rage as if it were their own. Therefore, the depiction of depression through these texts and its characters emphasizes an important aspect of the readers forming a strong bond with what characters reflect through catharsis. It can be helpful to understand the signs and symptoms of

depression in order to identify them in the initial stage and to avoid them reaching the level of intense suffering and suicide. Thus, these texts help to reveal the inner turmoil and the way they overcome depression. It raises hope in other people that they too can overcome it if they want and helps them to understand themselves better and transform their lives in a better manner. As a result, it aids in the psychological recovery of both the depressive and the reader. Narratives in the field of psychiatry allow compassionate and meaningful interactions with patients. This can bring them comfort and encourage them to get treatment willingly.

Reading such narratives can make one feel more connected and can help people who may be dealing with depression or anxiety. It allows their imagination to become more engaged and connect emotionally to characters and reflect on their feelings, problems, and desires as they read. Increasing awareness about the stigma toward mental issues is very important. These narratives thus create awareness about such a sensitive subject among people around the world. Due to the stigma, people often neglect to discuss illnesses related to the mind which further creates issues that patients are forced to confront. These narratives can help to bring significant consciousness to society and make the issue open for discussion. It can play a pivotal role in helping patients with depression and also their caregivers.

It can therefore be concluded that reading and expressive writing be encouraged so as to provide alternate means of treating patients suffering from depression and to help caregivers better understand and improvise the dynamics they share with their family and friends suffering from this malady. This also highlights the positive role Literature can play in ensuring its contribution to society in general and humanity in particular.

The mad genius is not a myth, as per science. In her article “Why creative people are more prone to depression (from the archives)” on the website *Arts hub* Deborah Stone asserts that artists and writers are up to 20 times more likely to suffer from bipolar disorder (also known as manic depressive disease) and 10 times more likely to suffer from depression,

according to studies published in Scientific American. Bipolar disorder affects 1% of the general population, but seven studies conducted over the last 30 years have found rates of bipolar disorder ranging from 5% to 40% in populations of artists and writers, with rates as high as 70% when cyclothymia, a milder syndrome characterized by cycles of elation and gloom, (Stone).

Nancy C. Anderson explains in her research paper “The relationship between creativity and mood disorders” that creativity and mood disorders appear to have a close relationship. She examines that the body of research supporting this link is, however, not very strong. Lack of control groups, reliance on anecdotal and autobiographical or biographical sources, and insufficient definitions of both creativity and mood disorders affect a large portion of the reported work (Anderson 251-54). However, only a limited number of different forms of creativity have been researched thus far and have mostly concentrated on writers (Anderson 254).

The scope of the present study is confined to selected texts from American Literature and the texts selected represent three different genres. The study focused on three primary texts *The Bell Jar*, *Darkness visible* and *The Hours* written between 1962-1998. One text represents fiction, another one a semi-autobiography and the third a non-fiction. The study is limited to only selected texts and all these three texts in contemporary American Literature. For further study, texts can be selected from other pieces of literature, regions, and genres too, and depression can be studied from different times, cultures, regions, and other perspectives accordingly. A case study or a comparative study can also be made to explore the differences or similarities in illness and its expression.

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