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Ableism and Psychic Distress: Rethinking Neurodiversity and Disability in *The Bell Jar*

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Abstract: *The Bell Jar* by Sylvia Plath has traditionally been read through feminist, autobiographical, and psychiatric frameworks. However, this paper examines the novel through the perspectives of neurodiversity, crip theory, and ableism, focusing on their role in shaping Esther Greenwood's psychic distress. The study critiques an ableist social order and draws on disability studies to argue that Esther's mental suffering is not a personal weakness but a neurodivergent response to a society structured around narrow expectations of normality. Esther Greenwood suppresses her desires and gradually becomes trapped within rigid social expectations. Society plays a crucial role in disabling individuals by denying space for difference. Such socially produced disability marks individuals as deviant, treating difference as a problem rather than as a natural variation of human experience. As Judy Singer argues in "*Why Can't You Be Normal for Once in Your Life?*" (1998), the idea of "normal brains" is socially constructed and exclusionary. When social pressures intensify around Esther, she is labeled "ill" and subjected to psychiatric intervention that ultimately deepens rather than alleviates her distress.

Robert McRuer's concept of "compulsory able-bodiedness" is central to understanding Esther Greenwood's condition. Esther is not biologically defective; rather, the demand to remain emotionally stable, productive, and socially feminine intensifies her anxiety and alienation. Her difference emerges from pressure to conform to ideals of perfection rather than from inherent pathology.

By reframing Esther Greenwood's distress through neurodivergence and crip theory, this study contributes to contemporary debates in disability humanities and mental health narratives. It ultimately advocates greater recognition of neurodivergence as a natural form of human variation comparable to differences in gender, temperament, or cognition. In contemporary society, individuals who think, learn, or behave differently are often misunderstood and pathologized; this paper argues that such individuals should instead be recognized as representing diverse modes of being human.

Keywords: *Neurodiversity, Ableism, Disability Studies, Crip Theory, Medical Gaze*

Introduction

“Wherever I sat ... I would be sitting under the same glass bell jar” (*The Bell Jar* 148). This powerful line from *The Bell Jar* expresses a deep sense of suffocation and isolation. The bell jar becomes a symbol of invisible pressure surrounding Esther Greenwood wherever she goes. It suggests that escape is difficult because the problem is not only personal but also social. Society often creates invisible boundaries and expects individuals—especially women—to remain within them. Like a jar made of glass, these limits may not always be visible, but they are strongly felt.

In contemporary society, we frequently encounter individuals who think differently, take longer to understand certain things, or behave differently from others. Instead of attempting to understand these differences, society often labels such individuals as “ill,” “abnormal,” or “disordered.” But is difference always a sign of illness? Or can it sometimes be understood as a natural variation of the human mind? This question lies at the centre of the present study.

Sylvia Plath, in *The Bell Jar*, presents through Esther Greenwood’s character how society expects a woman to be perfect in every respect—academically successful, socially attractive, emotionally stable, and prepared for marriage. Esther struggles under these expectations. Drawing on Robert McRuer’s concept of “compulsory able-bodiedness,” this paper argues that Esther’s suffering is not simply biological or personal. McRuer explains that society assumes individuals must remain healthy, productive, and mentally stable at all times; anyone who cannot meet this standard is treated as weak or defective. Esther is not biologically flawed; rather, she is pressured to conform to an impossible model of perfection. This pressure produces anxiety and emotional distress.

During her time in New York City, Esther feels disconnected from the other girls around her. While they are excited about fashion, parties, and career opportunities, Esther experiences discomfort and detachment. Instead, she feels closer to Betsy, who appears calm and traditional. Esther’s inability to adapt to prevailing social expectations increases her self-doubt and uncertainty about her identity and future. Her discomfort is not a sign of personal failure but an indication that she does not easily fit into the narrow roles available to women.

This paper proposes a new reading of *The Bell Jar* through the frameworks of neurodiversity, ableism, and disability studies. Neurodiversity suggests that mental differences should be understood as natural variations rather than defects. Ableism, by contrast, refers to society’s preference for individuals who appear efficient, stable, and productive. Esther’s mental breakdown can therefore be interpreted as a response to rigid social expectations that privilege only one type of mind. The novel demonstrates how ableist attitudes—especially when combined with restrictive expectations regarding women’s roles, career success, and emotional control—marginalize those whose experiences do not conform to

dominant standards of normality. Through this perspective, Esther's suffering emerges not merely as a personal tragedy but as a reflection of a society that values conformity over individuality.

Theoretical Framework: Neurodiversity, Ableism, and Crip Theory

Australian sociologist Judy Singer introduced the term *neurodiversity* in the 1990s to challenge the assumption that conditions such as autism, ADHD, dyslexia, anxiety, or depression should be understood only as disorders or deficiencies. Instead, neurodiversity frames these conditions as natural variations of the human mind. While individuals may experience certain difficulties, they may also possess distinctive strengths such as creativity, deep concentration, visual thinking, or strong memory. Neurodiversity further emphasizes that many challenges arise not from neurological difference itself but from social environments structured for only one type of cognitive functioning. Educational systems, workplaces, and social expectations frequently privilege standardized behaviour and learning patterns; as a result, individuals who think or act differently are often labeled "abnormal" or "disordered." Such labeling produces exclusion, stigma, and emotional distress. Rather than rejecting medical care entirely, neurodiversity calls for recognition, accommodation, and respect for cognitive difference, emphasizing acceptance rather than cure.

A useful literary parallel appears in "The Yellow Wallpaper," where the unnamed narrator experiences anxiety, emotional distress, and creative impulses that conflict with the expectations of her husband and physician, John. Instead of acknowledging her needs, he diagnoses her condition as "temporary nervous depression" and prescribes the rest cure. This treatment reflects an attempt to enforce conformity to a narrow definition of mental normalcy rather than to understand her psychological experience. Neurodiversity theory helps explain how her distress intensifies when she is denied opportunities for expression. She is forbidden to write, socialize, or make decisions independently—restrictions that remove the very practices that help regulate her emotions. Rather than facilitating recovery, enforced rest increases her isolation and deepens her suffering. Her condition worsens not because her mind is defective but because her environment refuses accommodation. As Michel Foucault observes in *The Birth of the Clinic*, modern medicine often separates the patient's lived experience from clinical observation (89).

Another important example appears in *Thinking in Pictures* by Temple Grandin, which provides a first-person account of living with autism. From the perspective of neurodiversity, the text challenges the assumption that autism is merely a disorder. Instead, Grandin presents autism as a distinctive cognitive style shaped by visual thinking. She explains that her ability to think primarily through images enables her to notice details that others often overlook. This cognitive difference allows her to design humane animal-handling systems by understanding spatial movement and sensory perception in unique ways.

Neurodiversity theory therefore encourages readers to recognize such abilities not as accidental exceptions but as integral to neurological diversity.

Ableism refers to the belief that some lives are more valuable than others based on physical or mental “normality” and productivity. A powerful literary illustration appears in *The Sound and the Fury* by William Faulkner through the character of Benjy Compson, who has an intellectual disability. Because he does not communicate through conventional language and experiences time nonlinearly, he is treated as an inconvenience rather than as a person requiring care. He is frequently restrained, monitored, or silenced, reflecting an ableist social structure that values control over empathy. His emotional expression is dismissed as meaningless noise, revealing how ableist attitudes privilege social appearance over human understanding.

A related critique of ableist thinking appears in *Never Let Me Go* by Kazuo Ishiguro. Although the novel does not explicitly discuss disability, it depicts a society that assigns value to human life based on bodily usefulness. Kathy, Tommy, and Ruth are clones raised for organ donation, and their worth depends entirely on how well their bodies function for others. Once their bodies begin to deteriorate, their lives lose social value. This reflects an ableist ideology that equates worth with productivity and health. The clones are denied freedom, family life, and emotional autonomy despite their capacity for thought and feeling. Their deaths are described through euphemistic language such as “completion,” which conceals the violence of the system and normalizes structural exploitation.

Crip theory further challenges the assumption that disability represents individual deficiency rather than a socially constructed condition. Developed primarily by Robert McRuer, crip theory draws on insights from queer theory to question dominant assumptions about normality, productivity, and independence. Just as heteronormativity assumes fixed gender structures, ableism assumes that being human requires physical and mental perfection. Crip theory therefore critiques cultural expectations of cure, stability, and usefulness.

A compelling illustration of these ideas appears in *Frankenstein* by Mary Shelley. Victor Frankenstein initially celebrates his scientific achievement but rejects the creature once it fails to match his idealized expectations of appearance. The creature is not inherently violent; rather, it becomes socially excluded because of its physical difference. Before encountering hostility, the creature secretly observes and assists the De Lacey family, demonstrating kindness and empathy. However, when the family sees its appearance, they respond with fear and violence. This moment illustrates how social prejudice constructs disability by denying belonging to those who appear different. From the perspective of crip theory, the tragedy of the creature lies not in its body but in the ableist society that refuses recognition and compassion.

Together, these theoretical perspectives provide a framework for understanding how disability and difference are produced not solely through biology but through social expectations, institutional practices, and cultural definitions of normality. This framework is essential for reconsidering Esther Greenwood's psychological distress in *The Bell Jar* as a response to ableist structures rather than as an instance of individual pathology.

Pathologization of Female Desire in *The Bell Jar*

Pathologization refers to the process of defining normal human behaviours, emotions, or conditions as abnormal, diseased, or disordered, often without sufficient justification. In the United States, particularly in the 1950s setting of *The Bell Jar*, society expected women to conform rigidly to prescribed social norms. A woman was expected to adapt to domestic life, perform household duties, prepare for marriage, and assume responsibility for motherhood. Her success was measured largely by how well she fulfilled these expectations. Esther Greenwood, however, thinks beyond these fixed roles. What society considers natural and obvious, Esther quietly questions and resists. She wishes to live according to her own intellectual and emotional aspirations. In this way, *The Bell Jar* becomes a powerful representation of the pathologization of female desire. Whenever a woman expresses desires that do not align with rigid social expectations, those desires are often labeled abnormal or unhealthy.

Esther does not dream of a simple, marriage-centred life. At times, she imagines an independent existence in which she can write and think freely without being confined by domestic responsibilities. For a woman of her historical moment, however, such aspirations appeared inappropriate and even threatening. Society assumed that a woman who did not prioritize marriage must be confused or unstable. Esther's hesitation toward marriage is therefore interpreted not as a thoughtful personal choice but as evidence of psychological imbalance.

Before travelling to New York City, Esther defines herself primarily through academic achievement. She studies seriously, earns excellent grades, and builds her identity around intellectual success. When she receives the opportunity to participate in an internship programme in New York, she enters a wider social world that challenges her earlier assumptions about identity and future possibilities. There she encounters individuals with different lifestyles and expectations, which intensifies her internal conflict about who she wishes to become.

Among the girls she meets is Doreen, who appears bold, confident, and openly critical of social hypocrisy. Esther is fascinated by Doreen's independence and at times wishes to emulate her freedom from social judgment. At the same time, Betsy represents an opposite model of femininity: calm, traditional, polite, and socially approved. Esther feels a certain affinity with Betsy as well. These contrasting figures symbolize two competing models of womanhood, leaving Esther divided between social conformity and personal autonomy.

The novel clearly demonstrates that women in mid-twentieth-century American society were expected to follow a narrowly defined life trajectory. They were required to appear attractive but modest, educated but not overly ambitious, intelligent but not threatening to men, and ultimately committed to marriage and motherhood. Female desire was permitted only within carefully regulated limits. While a woman could legitimately desire marriage and children, aspirations toward sexual autonomy, professional ambition, or independence from domestic roles were discouraged. When women moved beyond these expectations, their behaviour was often interpreted as morally questionable or psychologically unstable.

As Robert McRuer observes, “society assumes a compulsory form of normal body and mind” (*Crip Theory: Cultural Signs of Queerness and Disability* 2). Esther initially attempts to conform to this model of perfection. She imagines a romantic future with Buddy Willard, excels academically, consistently achieves high grades, and preserves her virginity for him in accordance with prevailing expectations of feminine purity. She prepares herself to become the ideal woman defined by her society. However, when she discovers Buddy’s sexual hypocrisy, she experiences deep disillusionment. Society accepts male sexual experience as natural but demands purity from women. This double standard profoundly unsettles Esther.

In response, Esther becomes determined to lose her virginity and challenge this unequal moral code. Her decision is not motivated by romance but by a desire for equality and control over her own body. She seeks freedom from the burden of purity imposed upon women. Here the pathologization of female desire becomes especially visible. Esther’s wish for sexual autonomy and independence is not recognized as a legitimate assertion of agency but instead becomes associated with instability in the eyes of society. Her desire to exercise control over her own life is interpreted as rebellion rather than self-determination.

Through Esther’s experiences, Sylvia Plath demonstrates how women’s aspirations—for intellectual fulfilment, sexual agency, independence, and personal choice—are frequently interpreted as symptoms of disorder rather than expressions of autonomy. The novel suggests that the central problem lies not within Esther’s mind but within a society that refuses to accept women as fully self-determining individuals. Female desire, when it challenges established norms, becomes pathologized, and this process emerges as one of the central causes of Esther’s psychological suffering in *The Bell Jar*.

Rethinking Esther Greenwood: Neurodivergence and the Medical Gaze in *The Bell Jar*

In *The Birth of the Clinic*, Michel Foucault introduces the concept of the “medical gaze,” which explains how modern medicine observes and interprets the human body primarily as a biological object. Within this framework, physicians focus on symptoms, behaviour, and measurable neurological responses rather than on the patient’s lived experience. As a result, the individual’s personal conflicts

and emotional realities are often overlooked. As Foucault observes, modern clinical practice frequently privileges observable symptoms over subjective experience (102).

The medical gaze therefore treats psychological distress as a technical condition requiring diagnosis and correction. When individuals experience confusion or emotional conflict, medical authority often interprets these experiences only through visible behavioural signs rather than through personal meaning or social context. Treatment is then prescribed according to observable symptoms rather than the patient's own narrative. In this process, the individual becomes an object of examination rather than a voice to be understood.

In *The Bell Jar*, Dr. Gordon exemplifies this clinical detachment. He fails to recognize Esther Greenwood's emotional confusion and inner conflict, approaching her condition in a distant and mechanical manner. Rather than attempting to understand her fears, ambitions, or the pressures surrounding her, he quickly reduces her distress to a medical disorder and prescribes electroconvulsive therapy without adequate psychological preparation. His response reflects the broader tendency of institutional authority to interpret female distress as pathology rather than as a reaction to social constraints. Esther consequently experiences fear and alienation under his care, and the treatment intensifies rather than alleviates her suffering.

Esther attempts to communicate her inner turmoil during one of her meetings with Dr. Gordon by presenting him with the torn fragments of a letter she had written to Doreen. The letter represents her confusion, her desire for escape, and her struggle to articulate her emotional condition. By placing the fragments before him, she silently invites him to recognize her psychological distress. However, Dr. Gordon does not attempt to interpret the meaning of the letter and instead responds by suggesting that he speak with her mother:

“I thought Doctor Gordon must immediately see how bad the handwriting was, but he only said, ‘I think I would like to speak to your mother. Do you mind?’” (*The Bell Jar* 108).

This response reinforces Esther's sense of dismissal and humiliation. Rather than acknowledging her perspective, Dr. Gordon shifts authority away from her and toward familial supervision. Esther seeks understanding, but she receives control instead. The absence of meaningful dialogue deepens her isolation and strengthens her perception that institutional authority cannot comprehend her experience.

The narrative further demonstrates that no sustained conversational therapy occurs between Esther and Dr. Gordon. Instead of interpreting her emotional condition through discussion, he quickly recommends shock treatment after consulting her mother. This decision reflects the operation of the medical gaze as described by Foucault: the physician relies on observable behaviour rather than the

patient's own narrative. Treatment therefore appears less as care than as an attempt to normalize Esther's behaviour according to institutional expectations.

Following this failed treatment, Esther's suicidal thoughts intensify. She begins to imagine multiple methods of death, revealing a gradual progression from emotional confusion to psychological collapse. At one point she cuts herself: "Then I lifted my right hand with the razor and let it drop of its own weight, like a guillotine, on to the calf of my leg" (*The Bell Jar* 118). Later she waits passively near the sea, hoping that external forces might determine her fate: "I waited, as if the sea could make my decision for me" (122). Death increasingly becomes a matter of calculation rather than fear: "I thought drowning must be the kindest way to die, and burning the worst" (126). The impulse eventually culminates in her suicide attempt through an overdose of sleeping pills: "I unscrewed the bottle of pills ... in one sweeping tide, rushed me to sleep" (135). These moments reveal not sudden madness but a progressive deterioration intensified by institutional misunderstanding and failed medical intervention.

Reconsidering Esther Greenwood's experience through the frameworks of neurodivergence and the medical gaze offers an alternative interpretation of her breakdown. Her suffering cannot be explained solely as individual illness; rather, it emerges from restrictive gender expectations, limited professional opportunities, and institutional forms of control. The medical gaze labels her difference without investigating its social origins. When viewed through the lens of neurodiversity, Esther's emotional sensitivity and intellectual intensity appear not as defects but as variations of human experience. *The Bell Jar* therefore critiques a society that demands conformity while pathologizing difference, leaving readers to question whether the bell jar ever fully disappears.

Ableist Confinement and Resistance through Esther Greenwood's Character

Individuals who perceive the world differently and do not conform to dominant social expectations are often labeled abnormal or ill. In *The Bell Jar*, Esther Greenwood is similarly positioned within an ableist framework that interprets difference as deficiency. Esther experiences confinement long before her hospitalization. During her time in New York City, she finds herself unable to enjoy fashion, parties, or romantic relationships in the manner expected of young women around her. Rather than questioning the limitations of these expectations, society assumes that something is wrong with her.

Esther's anxiety about marriage reflects this tension between personal aspiration and social conformity. After observing her neighbour's exhausting domestic routine caring for children, she begins to imagine marriage not as companionship but as restriction. Her reflections during her time with Constantin illustrate this fear:

It would mean getting up at seven and cooking him eggs and bacon and toast and coffee ... and then when he came home after a lively, fascinating day he'd expect a big dinner, and I'd spend the evening washing up even more dirty plates till I fell into bed, utterly exhausted (*The Bell Jar* 69).

Rather than representing intimacy or partnership, marriage appears to Esther as an endless cycle of domestic labour. She interprets it as a structure that threatens to erase her intellectual ambitions and personal independence. Her hesitation toward marriage therefore reflects not psychological instability but a critical awareness of the restrictive gender roles imposed upon women.

Esther is an academically accomplished student with strong intellectual aspirations, particularly in writing. For her, writing represents not merely a career goal but a central component of identity and autonomy. When she learns that her application to a writing course has been rejected, she experiences profound disappointment. This rejection destabilizes her sense of self and causes her to question her future. For a young woman whose confidence has been shaped by academic success, the loss of this opportunity appears as a personal collapse rather than a temporary setback.

At the same time, Esther becomes aware of how easily she can be replaced in professional spaces. When she inquires about opportunities associated with Cambridge, she realizes that such positions can quickly be offered to someone else. This realization intensifies her insecurity and reinforces her sense of disposability within a competitive social environment. What she once imagined as a future of possibility begins to appear increasingly limited and unstable.

For men of Esther's generation, professional opportunities remain comparatively expansive. Women, however, are expected to accept marriage and motherhood as their primary futures if alternative ambitions fail. These expectations appear to Esther not as security but as confinement. Throughout the novel, she observes how married women frequently sacrifice intellectual aspirations for domestic responsibilities. She therefore interprets marriage as a structure that threatens to dissolve individual identity within routine obligations.

Rather than surrendering entirely to these pressures, Esther gradually begins to reclaim control over her life. Her recovery does not emerge through disciplinary correction but through the supportive environment created by Dr. Nolan. Unlike earlier medical interventions, which attempt to silence her confusion, Dr. Nolan's approach allows Esther to reflect on her fears and desires more freely. The psychiatric institution therefore becomes not only a space of confinement but also a site where she begins to reconstruct her sense of agency.

Esther further asserts bodily autonomy by choosing to lose her virginity on her own terms. This decision is significant because it is motivated not by romantic attachment or social approval but by a desire to challenge the moral double standard governing female sexuality. By making this decision independently, she resists the cultural expectation that a woman's value depends upon sexual purity.

She also rejects Buddy Willard's proposal of marriage, thereby refusing to accept marriage as the only legitimate future available to her. Instead of defining herself through romantic attachment, she begins to define herself through choice and intellectual aspiration.

Finally, Esther looks toward the future by deciding to continue her education and pursue her ambitions. Her decision marks a transition from passive conformity toward self-determination. Rather than returning to conventional expectations of normalcy, she redefines normality according to her own values. Through these acts of resistance, Esther emerges not as a passive patient but as an individual negotiating agency within an ableist social structure portrayed in *The Bell Jar*.

Conclusion

The Bell Jar can be productively reread through the frameworks of neurodiversity, ableism, and disability studies. Esther Greenwood's mental breakdown is not caused solely by her relationship with Buddy Willard or by the rejection of her writing ambitions. Rather, it emerges from a social environment that treats difference as disorder, neurodivergence as illness, and isolation as pathology. Her crisis therefore reflects not only individual suffering but also the effects of a society that refuses to accommodate alternative ways of thinking and living.

This condition is reinforced through the operation of the medical gaze, which interprets distress primarily through observable symptoms while overlooking subjective experience. Medical treatment in the novel aims to correct and normalize Esther's behaviour rather than to understand her emotional conflicts. Instead of receiving meaningful support, she encounters institutional responses that intensify her alienation by denying recognition to her individuality.

Despite these pressures, Esther resists the rigid expectations imposed upon her. Society demands that women remain cheerful, obedient, emotionally stable, and oriented toward marriage as their primary goal. Esther questions this predetermined life path and challenges ableist assumptions that define worth through conformity to normative standards of behaviour. Her reluctance to accept marriage is interpreted as illness, yet it represents a conscious refusal to submit to restrictive gender roles. By rejecting Buddy Willard and resisting the expectation of compulsory marriage, she challenges the assumption that stability and normality must follow a single prescribed model.

Although Esther's recovery does not represent complete liberation, it suggests a temporary lifting of the symbolic "bell jar." The social structures that confined her continue to exist both around her and around others who experience similar pressures. The novel therefore suggests that the central problem lies not in individual difference but in social attitudes that pathologize it. Neurodivergent individuals continue to be misunderstood because societies frequently privilege normality over diversity. This study ultimately argues for a shift in perspective: instead of emphasizing cure and correction, social institutions must move toward acceptance, understanding, and respect for diverse forms of cognition and experience as represented in *The Bell Jar*.

Works Cited

Lennard J. Davis, editor. *The Disability Studies Reader*. 5th ed., Routledge, 2017.

Michel Foucault. *The Birth of the Clinic: An Archaeology of Medical Perception*. Translated by A. M. Sheridan Smith, Vintage Books, 1994.

Temple Grandin. *Thinking in Pictures: My Life with Autism*. Vintage Books, 2006.

Charlotte Perkins Gilman. "The Yellow Wallpaper." *The Yellow Wallpaper and Other Stories*, Dover Publications, 1997.

Kazuo Ishiguro. *Never Let Me Go*. Faber and Faber, 2005.

Robert McRuer. *Crip Theory: Cultural Signs of Queerness and Disability*. New York University Press, 2006.

Sylvia Plath. *The Bell Jar*. Arushi Book Enterprises, 2024.

Mary Shelley. *Frankenstein*. Penguin Classics, 2003.

William Faulkner. *The Sound and the Fury*. Vintage International, 1990.

Judy Singer. "Why Can't You Be Normal for Once in Your Life?" 1998.