

## Bipolarity of Sylvia Plath

**Frederick Feirstein\***

Department of psychoanalyst, USA

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### Corresponding author:

Frederick Feirstein  
Department of psychoanalyst,  
175 East 96th Street, New York, NY  
10128, USA,  
Email: Feirstein@aol.com

### INTRODUCTION

In the February 2016 issue The Psychoanalytic Review published my paper “A Psychoanalysis of Sylvia Plath” [1]. In it I talked a bit about her bipolar disorder but concentrated mainly on her schizoid personality, her seemingly unstoppable regressiveness that led to her suicide. Here I’d like to say more about her mania which in part led her to write her major work Ariel [2] in a white heat and strongly contributed to her death. In the essay I wrote that some of the poems I went into in depth (“Daddy,” “Edge,” “Lady Lazarus”) were not incoherent, distorted by her mania and/or her schizoid disorder but were brilliant works of art. I explored both their style and content to demonstrate how in these poems she was able to overcome her disabilities. However, too many of her poems (“Getting There,” “The Rabbit Catcher,” “Lesbos”) showed key symptoms of mania, unstructured by health, by intact ego functions even by the strengths of her schizoid personality (the imagery of her symbiosis with her mother, her hatred of her father).

In both style and content she often burned her internal bridges, her bridges to her readers, wildly free associated without necessary transitions, making sections of or whole poems seem like rhythmical pressured speech, her basic affect anger, her images so private that the poems were obscure to the uninitiated reader. Of course her life-long depression cast a shadow on Ariel, despite its upbeat title. Her rage, as I pointed out was often a displacement from her father onto her loving but intensely symbiotic mother. Being a poet, as well as a psychoanalyst, mentored by M.L. Rosenthal who coined the phrase The Confessional Poets [3], I often wondered why these Confessional Poets – all but Robert Lowell -- committed suicide: Plath, Anne Sexton, John Berryman, and Randall Jarrell. Lowell himself was hospitalized for mania twenty times in twenty years. Recently I read a new biography about Lowell by Kay Jamison [4] which went into detail about his bouts of mania and depression. Surprisingly I found the sections of his poems Jamison quoted boring. I asked my literary cohort Frederick Turner if he’d come to feel the same way about them and he said Yes. So why the fuss? I asked him. He attributed it to Lowell’s “exciting cynicism” in a conventional, optimistic time when America – and England – had conquered Hitler’s madness in World War II. As for Plath why specifically had she made her loving and father, dead when she was eleven, a Nazi in several poems and herself a Holocaust Jew? Why in the many years afterwards did her imagined and non-imagined victimization by men (her father along with her emotionally brutalizing husband) become a cult, a fashion in the arts, characteristic of Political Correctness?

In writing this paper a few things became clear to me. At the time Plath and the other suicidal poets were treated with a severe treatment for bipolarity – early electroshock, leaving them feeling victimized. Lithium seemingly didn't hold them enough. I came to feel that If current medications were available for Plath at least in conjunction with working with experts on schizoid regression and rage like Guntrip [5] and Fairbairn [6], then perhaps the considerable talent Plath's work showed would have made her a historically major poet. Indeed her work hints at great potential but also it is a striking illustration of how bipolarity combined with basically inexpressible early problems can undo a person.

Artistically Plath set out to be seen as a mythic heroine and there are many illusions to mythology (see "Edge," for instance). Sadly, though, the affective force of her bipolar disorder combined with her psychopathology overcame her both physically and artistically. After leaving bread and butter at the door of her sleeping children, she unheroically put her head in her oven and drowned in gas. The last two words of my essay were "truly tragic" --Tragedy defined by Aristotle as the loss of potential. Oh, that she had the advantages of current

meds and the right analysts or the current ones [7,8] who base their clinical work on the theories of Guntrip and Fairbairn.

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