

## GENDER DIFFERENCES IN THE PORTRAYALS OF DEPRESSIVE ILLNESS IN POPULAR CULTURE: A COMPARISON OF LITERARY TEXTS

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### SUMMARY

Gender differences in the prevalence, experiences and presentations of mental illnesses are well-known and are reflected in research findings, clinical practice, society and popular culture. This paper will compare and contrast the role that gender and other factors play in the portrayals of depressive illness in two acclaimed texts, 'The Bell Jar' by Sylvia Plath and, 'Darkness Visible' by William Styron.

**Key words:** depression - memoir - literature - gender differences

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### Introduction

A plethora of historical texts such as the Psalms of King David and the biography of the prophet Mohammed (PBUH) contain poignant descriptions of pathos, melancholia and despair. Indeed, descriptions of melancholia can be traced as far back as ancient Greece in the teachings of Hippocrates.

More recently, 'mental illness memoirs' have become increasingly popular both as a means of escapism and as a tool for self-help. Take, for example, the excerpt below about British novelist Matthew Haig's Sunday-Times best-selling book, 'Reasons to Stay Alive' that eloquently describes Haig's valiant battle with depressive illness and how his struggles informed his prose:

*"Like nearly one in five people, Matt Haig suffers from depression. Reasons to Stay Alive is Matt's inspiring account of how, minute by minute and day by day, he overcame the disease with the help of reading, writing, and the love of his parents and his girlfriend (and now-wife), Andrea. And eventually, he learned to appreciate life all the more for it..."*

(<https://www.goodreads.com/book/show/25733573-reasons-to-stay-alive>)

*...Matt's frankness about his experiences is both inspiring to those who feel daunted by depression and illuminating to those who are mystified by it. Above all, his humour and encouragement never let us lose sight of hope. Speaking as his present self to his former self in the depths of depression, Matt is adamant that the oldest cliché is the truest - there is light at the end of the tunnel. He teaches us to celebrate the small joys and moments of peace that life brings, and reminds us that there are always reasons to stay alive..."*

(<https://www.goodreads.com/book/show/25733573-reasons-to-stay-alive>)

Indeed, it is with the immediacy and authenticity of the first-person narrative that the mental illness memoir creates a vivid picture of human existence in the "kingdom of the sick" (Sontag 1978). Moreover, autobiographical narratives of mental illness have an established tradition of lending themselves to the psychiatric field. For example, Jaspers, in his *General Psychopathology* (Jaspers 1913), based his constructs of delusions and other mental illness phenomena on *Schreber's Memoirs of My Nervous Illness* (Scherber 1903).

In this paper, we compare the portrayal of depressive illness in two acclaimed literary works, 'The Bell Jar' written in 1961 by Sylvia Plath and, 'Darkness Visible' composed by William Styron in 1989. Through critical analysis of the aforementioned texts, and with reference to other supporting material, we will be looking more specifically at some of the differences and similarities that manifest in a male's experience of depression, compared to that of a female.

It is important to note that at first glance, 'The Bell Jar' and 'Darkness Visible' appear similar in many aspects - both seem to chronicle an experience of clinical unipolar depression. Both authors struggled with depression and these experiences informed their writing. Both books also document breakdowns and recoveries. However, throughout this paper it is essential to bear in mind that, 'The Bell Jar' was 'mostly' fictional (we say mostly because it is widely considered to be partly autobiographical) and was intended to be a potboiler, whereas 'Darkness Visible' is autobiographical, and was intended to be educational since it was first given, in abbreviated form, as a lecture addressed to a medical audience. The two texts hence differ in their purpose and tone.

Additionally, the lessons gleaned from the two should not be taken as representative of an entire gender's

experience of depression. Moreover, a limitation of the two texts is that they were both composed before the recognition that there are people in society who now identify themselves as non-binary in terms of their gender.

### **Factors that contribute to gender differences in depressive illness**

The male to female ratio of depressive illness has consistently been reported as 2:1 (Nolen-Hoeksema 1987). A large amount of evidence exists which documents differences and similarities between men and women diagnosed with unipolar depression. By examining the language and style in the two texts, we aim to identify the factors that trigger the onset of depressive illness, how it manifests (including suicidal and self-harm behaviours) and how it is managed.

Rates of depressive illness vary across racial and ethnic groups and how depression is experienced (and indeed how it is expressed i.e. the so-called 'idioms of distress') can differ considerably between and within groups. Multiple hypotheses have been postulated to account for the differential rate of depressive illness in men and women and studies have looked specifically at hormonal differences and genetic variations. Below, we have selected factors that contribute to gender differences in depressive illness that are most relevant for the aims of this paper.

### **The Sex Role Theory**

The sex-role theory states that the elevated levels of stress and reduced sense of fulfilment in the female role compared to the male role leads to the former being predisposed to depressive disorder (Barnett et al. 1987). This is certainly evident in 'The Bell Jar'. Esther, the protagonist, feels pressurized by 1950's societal expectations to be a domestic woman while simultaneously exploring options beyond the sphere of the home. Smith suggests that this ties in strongly with Esther's sense of self, and so when her options start narrowing down, her sense of self also begins to disintegrate (Smith 2010). Esther "saw her life branching out" with wonderful options for her future "beckon(ing)... like a fat purple fig". She "wanted each and every one", but was "unable to decide", and ultimately all "the figs began to wrinkle and go bad". Plath uses the sensuous fig, a symbol of female fecundity, as a metaphor for Esther's options, which suggests that all of her options have to relate back to her sense of womanhood and are also defined and limited by her gender. Jack proposes that the internalized societal expectations of feminine goodness shape women's behaviour in relationships and therefore precipitate depression (Jack 1991).

### **The Rumination Theory**

The rumination theory suggests that women tend to dwell, brood and ruminate (more than men) over their

depression, thinking about its causes and consequences, resulting in a lengthier depressive episode (Nolen-Hoeksema 1990). Several studies suggest the rumination theory can account for some of the gender difference. Furthermore, rumination may not only directly lead to depression, but may also contribute by preventing women from actively trying to conquer stressors in their lives (Nolen-Hoeksema 2001).

### **Alcohol and depressive illness**

Conversely, it is known that a risk factor that affects men more than women is alcoholism. Rates of alcohol abuse are higher amongst men than women (Fowler et al. 1986). Alcoholism has a significantly higher prevalence rate for comorbidity with depression in men than women (Brady & Randall 1999). Interestingly, Styron says that alcohol, "a known depressant", had instead "shield(ed) against anxiety". Styron describes how he lost "the great ally which for so long had kept (his) demons at bay" leaving him "emotionally naked".

The signs and symptoms of depression appear more similar in both genders. Depression can come on gradually and insidiously, and it is difficult to say just when Esther and Styron's depressive mood disorders became apparent. What is evident is that it starts off with a persistently low mood, which can slowly lead to a loss of identity and isolation.

### **The portrayal of depressive illness in, 'The Bell Jar' and, 'Darkness Visible': A comparison**

Esther's sense of self begins to fragment as the metaphorical figs fall away. She ascribes responsibility of decisions (that only isolate her further) to a "zombie voice", and the use of "listened" suggests an almost physical detachment from herself. She feels like someone else is speaking for her, unable to relate how she truly feels, as connoted by her "hollow voice". Indeed, it is not uncommon for people with depressive illness to experience depersonalization, derealization and dissociation and the passivity phenomenon that Esther experiences would be in keeping with a depressive disorder with psychotic symptoms.

Similarly, Styron had a "faint, wheezy" voice. Their voices also represent their ability to communicate with the world and the gradual weakening reveals their increasing isolation. Esther is also no longer able to write, and as a writer this ability is integral to her identity and sense of self-worth. Styron, who is also a fervent writer, feverishly journals but decides to discard his precious notebook before attempting suicide – showing that the core of his identity is most shaken at the very depths of depression.

Another symptom of depression is the loss of appetite, which is extremely marked in Esther, who goes from excessive, decadent eating "I covered the chicken slices with caviar thickly as if I were spreading peanut-

butter on a slice of bread” to covertly “bury(ing) (my hotdog) in the sand”. While Styron’s appetite remained “relatively normal”, he found it “utterly without savour”. These two examples also illustrate how symptoms of depression are inextricably linked – the overall anhedonia could be the cause of withdrawing from society, or perhaps the withdrawing from society could be causing the loss of pleasure. Whichever it is, it is certain that depression causes isolation in its victims, and the stigma of depression causes society to isolate them further. Indeed, there are many narratives from people with lived and living experience of depressive illness who report that debilitating though the symptoms of depressive illness are, the stigma of depression is far worse.

They also both experience insomnia, a hallmark symptom of depression (nhs.uk 2019), with Esther being unable to sleep soundly “for a solid month”. Styron’s sleep disturbance goes beyond that, waking up “at three or four in the morning... wondering and writhing at the devastation taking place in (his) mind”. Early morning waking is also a biological feature of depressive illness that is well documented in the literature.

The two texts comment on the nihilistic thoughts and feelings of depressive illness, namely the hopelessness and helplessness that permeates the minds of those who suffer from this mood disorder. As Styron puts it, “in depression this faith in deliverance, in ultimate restoration, is absent. The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no remedy will come”. This is startlingly similar to Plath’s writing: “I could see day after day glaring ahead of me like a white, broad, infinitely desolate avenue.” When conducting a mental state examination, mental health professionals often ask patients how they feel about the future; the above extracts typify the responses that are often provided namely a sense of pessimism and a lack of hope.

In their encounters with the disease, Esther and Styron use similar language, particularly that pertaining to the weather, to describe their sufferings. Styron criticizes the word “depression”, preferring instead (the already taken) “brainstorm”, which would more accurately express the “veritable howling tempest” inside his mind. This internal storm also leads to a negative perception of the surroundings and the weather – as shown by the “fading evening light” lacking “its familiar autumnal loveliness”, but instead “ensnar(ing) (him) in a suffocating gloom”. Styron is no longer able to enjoy what he once did. The pathetic fallacy employed by Styron illustrates the very physical manifestation of the malady; much like the weather, depression cannot be controlled by its sufferer.

William Styron eloquently describes the perils of reductionism in, ‘Darkness Visible’, by elaborating on the usage of the term depression and how it came to replace the more apt term melancholia. Styron’s account

commands the attention of all those who stake a claim in wanting to better understand the subjective experience of a psychiatric illness:

*“When I was first aware that I had been laid low by the disease, I felt the need, among other things, to register a strong protest against the word “depression”. Depression, most people know, used to be termed “melancholia,” a word which... crops up more than once in Chaucer, who in his usage seemed to be aware of its pathological nuances. “Melancholia” would still appear to be a far more apt and evocative word for the blacker forms of the disorder, but it was usurped by a noun with blank tonality and lacking any magisterial presence, used indifferently to describe an economic decline or a rut in the ground, a true wimp of a word for such a major illness. It may be that the scientist generally held responsible for its currency in modern times, a John Hopkins Medical School faculty member justly venerated - the Swiss born psychiatrist Adolf Meyer - had a tin ear for the finer rhythms of English...As one who has suffered from the malady in extremis yet returned to tell the tale, I would lobby for a truly arresting designation... Told that someone has evolved a storm - a veritable howling tempest in the brain, which is indeed what clinical depression resembles like nothing else - even the uniformed layman might display sympathy rather than the standard reaction that “depression” evokes something akin to “So what” or “You’ll pull out of it” or “We all have had bad days””*

When Esther visits her father’s graveyard, “a fine drizzle” appeared from “a grey sky”, and “(she) grew very depressed”. Plath intentionally links the point about the rain to the fact that Esther grew depressed to create an atmosphere of hopelessness and despair. She does this again when Joan, another character in ‘The Bell Jar’, hangs herself; Joan is discovered “in the woods, by the frozen pond.” The image of the frozen pond suggests stasis and death – the once life-giving substance now harsh, cold and solid.

In other depictions of their illness, Esther and Styron both describe depression as a constant presence. The eponymous bell jar in Plath’s novel would follow her wherever she went: “wherever (she) sat”, she “would be sitting under the same glass bell jar, stewing in (her) own sour air.” Even when she improves after electro convulsive therapy, the bell jar still “hung, suspended”, suggesting that the relief was only temporary. Styron says, “one does not abandon, even briefly, one’s bed of nails”. This hopelessness “crushes the soul” “even more than pain”. The harsh image of a bed of nails conveys the crude brutality of depression, and the subversion of the comforting bed to a metal one emphasises how debilitating and without respite a disease depression can be. All these may eventually be too much for its victim, and depression “kills in many instances because its anguish can no longer be borne”.

Plath's 1961 poem "I am Vertical" – written when she was battling depression - opens with "But I would rather be horizontal", concisely conveying to the reader the speaker's wishes. Sadly, an estimated 5,821 people died by intentional self-harm in the United Kingdom in 2017 (Office for National Statistics 2017). The poem describes dying as an ideal, with much reference to beautiful nature and becoming a part of the earth. "Dying/Is an art, like everything else. /I do it exceptionally well." This excerpt from Plath's poem *Lady Lazarus* could as easily have been something written by Esther. The isolation of "dying" draws the readers' eye to it; elevating it to a position of reverence.

### Factors that contribute to the differential rates of self-harm and suicide in men and women

For many years, the suicide rate has been approximately four times higher among men than among women. In 2017, adult females in the United States reported a suicide attempt 1.4 times more often than male counterparts (AFSP 2019). Lastly, the highest suicide rate in the UK for 2017 was among men aged 40 to 44, at 24.8 deaths for every 100,000 people (Ons.gov.uk 2019).

Why do more women than men attempt suicide? Why are men more successful? The overrepresentation of women in suicidal behaviour and the larger number of men in completed suicide is known as the gender paradox of suicidal behaviour. A common theory explaining the gender paradox proposes that females are more likely to have internalising disorders, while males are more likely to have externalising behaviour such as violence, behavioural problems and substance abuse. Hence, women are more likely to attempt suicide, while men have a higher rate of completed suicides due to their more determined and impulsive behaviour (Beautrais 2002). This theory is supported by the texts. Esther extensively planned her suicide, from testing out her ability to cut herself, to attempting suicide multiple times via different methods. On the other hand, Styron makes the decision more impulsively, beginning with "stuffing" his notebook "deep down within the garbage can".

Looking at the methods of suicide may enlighten us further on the higher rates of completed suicide by men - hanging (accounting for 58% of male suicides and 42% of female suicides) and poisoning (accounting for 38% of female suicides and 18% of male suicides) are named as the most common methods of suicide (Ons.gov.uk 2019). Males are more likely to attempt to end their life using a high mortality method, while females are more likely to overdose on drugs (Schrijvers et al. 2012). Plath writes "it was just like a man to do it (suicide) with a gun". In 'Darkness Visible', Styron mentions Jean Seberg, who died by suicide by taking "an overdose of pills". Additionally, Romain Gary "put a bullet through his brain". Poiso-

ning or drug overdoses are less immediate in their effects, and hence medical attention is more likely to be given before it is too late. Esther's first suicide attempt was by overdosing on pills, and then lying in a crawl space for a few days – strikingly similar to Plath's own (Brown & Taylor 2004).

In 'The Bell Jar' Plath writes that Esther thought slitting her wrists "would be easy, lying in the tub and watching redness flower from (her) wrists." The use of "flower" lends this romantic, poetic sense to what is in actual fact a violent act. This supports the theory that ideation of suicide is more likely to occur in women. Styron describes in great detail, his decision to end his life, and the "sense of melodrama" as he went about preparing for his "departure", which was "as inescapable as nightfall". However, he ultimately does not attempt suicide, and fortunately, approaches his wife for help.

Esther and Styron get help for their depression in entirely different ways. Esther gets referred to a psychiatrist after telling her doctor that she needed more sleeping tablets. After her suicide attempt, she is hospitalized. While less information is given in the timeline of Styron's clinical presentation, he does inform readers that he "began to visit (Dr. Gold) immediately after (his) return from Paris". He did not think it probable that "conversation with another mortal, even one with professional expertise in mood disorders, could alleviate (his) distress." As aforementioned, women present with depression at a rate of about two times the number of men. A study by Williams et al. found that women are also more likely than men to take antidepressant medication at each and every severity stage of depression (Williams et al. 1995). 'The Bell Jar' does not reveal very much on medication, instead exploring Esther's treatment of electro convulsive therapy and insulin shock therapy. Being written at a very different time, where electric shock and insulin shock therapy were considered less effective than medication, 'Darkness Visible' understandably focuses a lot more on medication. Murphy suggests that men place a higher emphasis on independence and decisiveness, and they regard asking for help as weakness and will try to avoid it (Murphy 1998).

"Depression is much too complex in its cause, its symptoms and its treatment for unqualified conclusions to be drawn from the experience of a single individual." This quote from 'Darkness Visible'. Indeed, there are many possible reasons people develop depression. As stated above, beyond biological gender differences, societal and environmental factors play a large role.

It is evident that Styron and Esther are both creative people; could that be a reason why they both suffered from depression? Not all novelists have experienced psychopathology. Conversely, not all those who have experienced psychopathology become novelists. The notion, nonetheless, of there being an association between 'craziness' and creativity, contentious though it may be, remains a seductive one. A study found that writers were more likely to suffer from unipolar

depression, anxiety disorders, substance abuse and suicide, amongst other mental disorders (Kyaga et al. 2013). Might it be that creative people, especially writers, are more likely to ruminate?

## Conclusion

Autobiographical narratives of mental illness are precious sources of information. They provide a 'window' into the nature of psychiatric disorders in a way that is not possible from standard psychiatric texts. They allow psychiatrists, other mental health service providers, relatives of people with mental illness and the general public a rare qualitative insight into the richness of psychopathology as experienced first-hand rather than as drawn out and described by psychiatrists (Hankir et al. 2013).

'The Bell Jar' and 'Darkness Visible' are two different texts which both shed light on how dangerous a disease depression is. As Styron writes, "the pain of severe depression is quite unimaginable to those who have not suffered it... the prevention of many suicides will continue to be hindered until there is general awareness of the nature of this pain." Given the intense stigma that comes with severe depression, we believe these two texts are important as they bring depression out into the open, making it less of a taboo subject, whilst also providing a first-hand account of this mood disorder. Additionally, studies have shown that reading fiction can foster greater empathy (Bal & Veltkamp 2013). For a reader who feels depressed, there is great power in the sense of being known as they identify with characters in books. 'As a species, we derive solace from shared experience...'

This paper has explored some of the gender differences of depression. Whilst these differences are well known, gender-specific treatment and policies incorporating the putative risk factors for gender-specific assessment are lacking. Further exploration is needed, including empirical studies, to try and identify the reasons behind these differences. Only this way, can we help more people, as Styron evocatively wrote, emerge out of "depression's dark wood", to "return from the abyss", to be "restored to the capacity for serenity and joy", and to once again behold the stars in the canopy of the night sky...

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### Contribution of individual authors:

Rui-Ern Natassia Chin conceived the idea for the paper, contributed to the literature review and completed the comparative analysis between the two texts.

Ahmed Hankir & Rashid Zaman contributed to the literature review and revised the manuscript.

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