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## Narratives of Healing: Post- Suicidal Psychological Resilience in Sylvia Plath's *The Bell Jar* and Susanna Kaysen's *Girl, Interrupted*

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### Abstract

This paper explores the post-suicidal discourses of resilience in Sylvia Plath's semi-autobiographical work, *The Bell Jar*, and *Girl, Interrupted* by Susanna Kaysen. It is based on the trauma theory (Caruth, Herman), narrative psychology (Bruner, McAdams), and resilience studies (Masten, Bonanno). The paper describes how the two writers challenge linear recovery paradigms using the ideas of fragmentation, temporal dislocation, and performativity of self-construction. The article postulates that these stories are reshaping the definition of resilience as one that is perpetually a pain and identity and memory negotiation, challenging psychiatric authority and furthering the feminist understanding of mental illness. Finally, it places both texts in the new genre of mental health writing, where narration itself represents a survival strategy and reclamation.

**Keywords:** Trauma, Memory, Resilience, Testimony, Identity.

### Introduction

The literary representation of psychological trauma and healing has been fundamentally changed in the last twenty years, no longer being clinical per se, but being rather eclectic and interdisciplinary, a combination of literary genre, cultural criticism, and survivor witness. Western literature in the extended family of mental health literature, such novels as *The Bell Jar* by Sylvia Plath and *Girl, Interrupted* by Susanna Kaysen, have both been free to retain cultural currency without necessarily having been autobiographical, and also because they have not adhered to the norms of a recovery narrative. Although *The Bell Jar* has been most often read as a feminist

criticism of psychiatric treatment practices in mid-twentieth century America, and *Girl, Interrupted* as a recalcitrant memoir to the gendered economy of diagnosis as practiced by Sonnac. There has been less research done on the two texts as parallel instances of trauma testimony and narrative resistance to the practice of post-suicidal survivorship. This gap takes on specific significance when comparing how both texts employ different narrative strategies, autobiographical forms, documentary styles, irony, and a fragmented voice to question psychiatric power and perform processes of recollecting, designating, and healing (Yoo ).

In both novels, the heroines receive psychiatric treatments that are typically intrusive or patronizing, as they struggle with the long-term effects of depression, loneliness, and institutionalization. Esther Greenwood of *The Bell Jar* thinks, "To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream" (Plath 302). The bell jar metaphor is a powerful description of a stifling inner life, a mental world that wards off intrusion from the exterior. The same can be said of *Girl, Interrupted*, where Kaysen questions the validity of her diagnosis, "what does *borderline personality* mean, anyhow?" and the arbitrariness and sometimes randomness of psychiatric categorization (Kaysen 183). These moments of self-questioning doubt are key to understanding how each text recasts resilience, not as a destination, but as a fluid capacity to shape oneself in opposition to medical power. This self-questioning of Kaysen's protagonist also emphasizes the Luo and Li's idea of Foucauldian examination, which uncovers the manner in which both texts highlight "distorted panopticism epitomized in suicidal tortures," showcasing institutional surveillance systems that govern and discipline individuals classified as mentally ill. Luo et al. argue in their essay how societal power structures try to keep women in control, which leads to psychological distress and suicidal tendencies.

Contemporary trauma theory identifies the willingness of trauma to evade coherent narrative resolution. Literary representations of trauma generally utilize fractured chronologies, strategic silences, and repetitive motifs to reflect the disorienting effects typical of trauma (Luckhurst and Craps). This is particularly the case for survivors of suicide attempts, whose lives are seldom well-represented by conventional linear narratives characterized by before illness, treatment, and after recovery. Both Plath and Kaysen subvert this model: Plath employs time shifts and tone breaks, while Kaysen employs non-linear, vignette chapters that deny complete

narrative closure. Although there has been extensive academic critique of each book in isolation, there appears to be limited literature that unites them within a shared context of autobiographical memory, trauma testimony, and resilience after suicidal ideation. Through comparative critique of the books, this research investigates each author's narrative techniques: fragmentation, interior monologue, and confessional mode, to represent resilience as a dynamic process rather than a static recovery from illness. This study situates these books within a feminist critique of psychiatric culture, where gender is prioritized both in the experienced reality of mental illness and in its literary representation.

The main aims of the current research are threefold:

1. In order to analyze how *The Bell Jar* and *Girl, Interrupted* construct post-suicidal subjectivity through narrative.
2. The aim is to examine the impact of autobiographical memory and testimonies upon the cultural reception of these works.
3. To challenge the medicalised definitions of recovery by foregrounding resilience as a dynamic and non-linear process.

The research is based on qualitative methods of research that rely on the trauma theory, narrative psychology, and the study of resilience, and it claims that both Plath and Kaysen enact their life histories as meaning-making. These acts, as well as asserting their right to narrate their own stories of life, also become part of the wider discourse within mental health in that they rebel against the limitations of the survivor story by the discourse of clinical or diagnostic mental health..

### **Literature Review**

The orthodox approach in understanding *The Bell Jar* by Sylvia Plath has been the feminist and psychoanalytic approach. Even early attempts, like Showalter's *The Female Malady*, have traced the novel as a critique of the psychiatric treatment of the time in mid-twentieth century America and the gendering of the Cold War culture. In more recent publications, this field of focus has been elaborated on using trauma and memory theory as well as intersectional approaches. It is noted how Plath has used the tool of temporal dislocation, in order as a destructive force of trauma (Mezzalana, S. et al). This is especially a fitting theme to the story of suicide attempts, where plasticity of time and self-concept is an aspect of recovery.

Susanna Kaysen, on the other hand, *Girl, Interrupted*, has equally been widely read in opposition to the conditions of life-writing and memoir, with its critical

focus on psychiatric authority and diagnosis being largely subject to criticism. In a more recent argument, it is stated that the memoir effects a feminist denial of narrative containment, especially in the representation of female patients as human beings and not pathological stereotypes. The fractured structure of the book, brief chapters, and the non-linear structure are usually referred to as narrative tactics that reflect the discontinuity and instability of psychiatric life.

Comparative studies of Plath's and Kaysen's texts remain relatively rare despite the inclusion of both authors within an increasingly large corpus of texts on women's mental health narratives. Fewer studies, like Peterson, have undertaken a comparative study of these authors, focusing on how each novel reworks themes of recovery and institutionalization through a survivor's narrative. These comparative studies do not usually involve exploring resilience theory or narrative psychology within their studies. As such, there is a lack of knowledge about how autobiographical memory and trauma testimony engage in the development of post-suicidal identity.

Furthermore, much of the trauma studies research on *The Bell Jar* and *Girl, Interrupted* still draws upon the earlier models of theory (Herman, Caruth), with scant reference to the newer developments in resilience theory (Masten, Bonanno) and interdisciplinary approaches to trauma studies (Luckhurst, Craps). Such dependency limits the analytic scope to the pathological dimensions of trauma, without reference to the adaptive and identity-reconstitutive dimensions of recovery as they are worked out in survivor discourse.

More recent cultural developments, i.e., the greater visibility of suicide awareness activities and the destigmatization of popular discourse about mental health, raise the question of how these books might be reconsidered in terms of what more recent knowledge about survival has to offer. Critics have remarked that literary fiction of mental illness currently enjoys a more visible, yet equally de-stigmatized, platform on which survivor accounts are not only welcomed but also commodified (Lysaker, et al.). Such tension offers the opportunity of exploring the cultural work of such books as *The Bell Jar* and *Girl, Interrupted*, a question that the research aims to pursue by highlighting their value as performative statements and additions to the cultural archive on mental health problems. This essay locates the two works within the transpositional areas of trauma studies, narrative psychology, and resiliency

theory, and thereby bridges the comparative study gap that acknowledges the two memoir-narratives as literary texts and heuristic elements in the production of cultural knowledge of survival after suicide. Concentrating on autobiographical memory and recuperative in-betweenness, the idea is to get out of pathologizing readings, instead emphasizing how the literary form is an arena of strength.

### **Textual Analysis - Representing Post-Suicidal Experience**

#### **3.1 Temporal Disjunction and Fragmented Memory.**

The most obvious technique of post-suicidal fiction of a formal tactic is that of subversion of a linear chronological form. Non-linear flow of time is not only a stylistic choice but an act of cognitive and emotional disorientation of the mental illness and its healing in *The Bell Jar* and *Girl, Interrupted*. Trauma theory, according to which trauma is experienced too early, too unpredictably, and not yet known, stays in mind, provides a paradigm of the way in which these texts are misleading the time of narrative (Caruth).

In Sylvia Plath's *The Bell Jar*, the protagonist Esther Greenwood outlines her path to breakdown and final recovery in an unsystematic, non-linear retrospective account. The action shifts between different places, e.g., Boston, New York, and the psychiatric ward, often without transition markers and hence inducing a sense of temporal dislocation. For instance, immediately after describing her inability to read and write, Esther suddenly remembers her past experience in New York, where she experiences an intense feeling of loneliness in the middle of the busy backdrop of magazine work (Plath 37). The suddenness of these shifts violates the reader's expectation of chronological order, replicating the fractured thought process of a disturbed mind. Plath's temporal dislocations refuse the arc of descent-and-recovery, substituting instead a recursive pattern that replays moments of despair. The bell jar metaphor itself brims with temporal symbolism, trapping Esther inside a stifling glass dome where the air of the dead stillness lingers forever. This trap of time, where every moment seems to be suspended, is a metaphor for the disruption of temporal flow caused by trauma. Furthermore, even Esther's recovery process is interrupted by flashbacks, illustrating that psychological recovery cannot erase past experiences. This is reinforced by the open-ended nature of the novel's ending, Esther enters the room for the last time for her last interview with the hospital board, and the novel finishes before the outcome is revealed. The denial of a definitive timeline is the

rejection of the conventional illness narratives, which usually involve a “teleology of cure”.

Susanna Kaysen adopts a vignette style in *Girl, Interrupted*, and this contributes to the time-shattered impression. The memoir consists of brief and non-linear chapters that alternate between the account of life in a psychiatric ward and philosophical speculation on normality and sanity. Most of these sections are not even dated, and where they are, they are not given in chronology. This type of narration is fitting for the way the mental hospitals obliterate and make the time meaningless, practically turning days and months into identical units. It is also the highly fractured form of the undercutting that would otherwise pathologize her experience, as it is based on the use of cause and effect thinking. Instead of developing her institutionalization as a linear history of illness into health, Kaysen often fails to focus, sometimes in the midst of a thought process, to discuss another patient or some other memory. This literary technique is similar to the one Esther goes through in *The Bell Jar*, except that Kaysen is more self-aware, it directly confers less authority to the diagnostic discourse. The past's comparative importance in these intrusions is one of denial of closure. In these stories, the past inevitably breaks into the present, threatening the protagonists' illusion of having completely "moved on." In *The Bell Jar*, the recollections of Esther's breakdown continue unresolved within her own mind. In *Girl, Interrupted*, Kaysen looks back on her time in the hospital decades after it happened; however, within the narrative of her own life, there are moments of uncertainty and doubt, indicating the past is still present. Plath and Kaysen create a formal parallelism between textual organization and lived reality by using disjointed chronology and temporal disjunction in their narratives. Such interruption is employed to mark the internal disorganization of trauma and to break cultural and medical discourse, anticipating recovery as sequential, linear, and definite. The texts challenge what can be termed as "assumptive world", a disruption by presenting recovery not as a return to previous functioning but as an ongoing process of meaning-making (Tedeschi and Calhoun). This is in line with the narrative identity theory fronted by McAdams, which puts the construction of life stories at the core of psychological health and identity integrity. Both novels, therefore, attest to the post-suicide life not being constituted of the deletion of experience but, instead, a continuation of negotiation of the experience, which seems to be more evident when we consider the role of silence and confession in structuring survivor stories.

### 3.2 Silence, Voice, and Confession.

As long as there is the disseminated temporality in *The Bell Jar* and *Girl, Interrupted*, trauma is the moment of reversed order. Silence and confession address the manner in which the trauma is a resistant force that must be put into expression. The silence in both works is not an absence, but a meaning-making process, and can be sometimes defensive, sometimes resistant, and confession is a process of catharsis and a location of conflicting authority.

The writer of the novel uses silence to demonstrate the estrangement of the character, that is, Esther Greenwood, to herself and the world around her. A good illustration is when she is doing her psychological assessment, she answers routine questions either in a sudden manner or not at all. Not only it is the inability to speak, but it is also the rejection of the psychiatric examination that tries to place her in an enclosing diagnostic category. Kendall is referring to the fact that Esther cannot speak, and this is a criticism of a medical institution, which puts its voice above the voice of the patient in matters of importance. Furthermore, this rejection complicates the concept of recuperation since language is the most important cultural asset to define the process of curing, since the silence of Esther questions the need to cure through verbal communications. However, such silences are balanced by Plath in an ironic observational narrative voice that delegitimizes the power of medicine. Describing electroshock therapy, Esther writes, "I wondered what terrible thing it was that I had done" is quite susceptible and sarcastic (Plath 182). By holding back and biting commentary simultaneously, Plath can find the voice suppressed in the fictional therapy room and the voice free and assertive in the narrative frame.

The text of Kaysen describes an extremely definite but complicated expressive/non-expressive relationship. The selective revelation is one of the characteristics of her memoir; some facts are described with the greatest level of specificity, and others, such as the very specifics of her suicide attempt, are not. This is a prime example of what I term the crisis of witnessing, whereby the speaking is bound to be partial and directed by that which is and is not permissible to say (Felman and Laub). Sensitive to this incompleteness is, perhaps, a brief remark in the direction of forgetting. It can be defined as the concept that confession does not always mean the question of full disclosure, but the highly constructed performance of oneself. The tone of Kaysen is vehemently critical. In the chapter *My Diagnosis*, she copies the



official psychiatric report according to which she has been diagnosed with Borderline Personality Disorder, and then she breaks it down logically. Kaysen is able to develop a dialogic opposition between patient and doctor by encircling the institutional narrative within her memoir and critical engagement with this institution. Ahmed interprets them as a moment of speaking back to power, in which the survivors take back narrative control by retelling the institutional discourse as they make it mean something new.

The difference between Plath and Kaysen is quite striking. Silences in Esther's instance are primarily confined to the fictional "present" of her hospitalization as moments of resistance in the text. At the same time, her retrospective narration sharpens her voice and makes it ironic. On the other hand, Kaysen's memoir is a retrospective one to start with, allowing her to make silence an editorial choice. Instead, however, in both cases, silence is not recognized as vulnerability but reinterpreted as a strategy, sometimes a refusal to fall into the externally dictated narratives.

These texts have confessional elements that challenge conventional ideas of recovery. Confession in *The Bell Jar* is an inner thought and a symbolic metaphor. Esther's "bell jar" recognises her state of mind, equivalent to any dialogue in the novel. The bell jar metaphor in Plath's novel serves as both a symbol of enclosure and an analytical framework for understanding psychological distress. Retviandra's analysis reveals how "Esther Greenwood's alienation" manifests through specific narrative techniques like focalization, temporal disruption, and metaphorical representation. The lines about the world being a bad dream for a person trapped in a bell jar demonstrate how metaphorical language conveys the experiential truth of depression while resisting clinical categorisation.

Confession in *Girl, Interrupted* is often explicit and devoid of emotional elaboration; Kaysen needs not sympathy, but recognition of her perspective. In both cases, confession is a matter of self-authorship and not following an externally prescribed course of recovery. Confession and silence are not presented as mutually exclusive forces; instead, they are complementary tactics. Both Kaysen and Plath depict how a survivor's interaction with voice is multifaceted: sometimes expression heals, and sometimes silence preserves one's independence. Both novels undercut the



cultural presumption that recovery can be spoken entirely, offering instead a model in which the unspoken is equal to the spoken.

### 3.3 Narrative as Identity Reconstruction

In memoir and literary fiction after suicide, narrative fulfills a purpose beyond mere documentation of events; it is an instrument of reconstruction of a fragmented identity. The act of narration itself becomes a therapeutic and political act of reclaiming by the survivors of experience previously controlled by institutional narratives, stigma, or silence. Both texts demonstrate identity after trauma, not so much "restored" to its preexisting state but remade through the articulation of one's own story.

In Sylvia Plath's work, the life of the protagonist Esther Greenwood is marked by a constant battle between her own self-identity and the socially constructed role that is assigned to her, either as a forward-looking young woman in the profession of fashion reporting or as a "mental patient" in a psychiatric hospital. Esther asserts at the novel's start, "I couldn't see the point of getting up. I had nothing to look forward to" (Plath 147). This realism interferes with the character that the society has created and which she has to play. Plath does not restore her heroine into her social space by getting married and becoming a professional; instead, she provides a transitional self. The fact that *The Bell Jar* is written in the retrospective narrative voice is what enables Esther to frame her breakdown with her own words of symbolic meanings. The symbolism of the bell jar is transformed into something that can be temporarily dispelled from the figure of immobilising stagnation, "How did I know that someday, the bell jar, with its stifling distortions, wouldn't descend again?" (Plath 307). The perception of the fact that the process of healing is antipodal is a self-made identity that cannot be ascertained by a third-party organisation. This is the non-linear and multidimensional sense of herself that Esther is able to expound on in the novel.

Another situation where Kaysen uses writing in *Girl, Interrupted* involves a self-building process, which is very hostile. She is actively rewriting the story that psychiatry created about her in a compilation of her own story, along with the passages of her medical history. In the chapter on my diagnosis, she does not simply put the diagnostic criteria, but adds her sarcastic remark, "by Freud's definition, I have achieved mental health. And my discharge sheet, line 41, Outcome with Regard to Mental Disorder, reads "Recovered". Recovered. Had my personality crossed over

that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between the sane and the insane?" (Kaysen 186). It is a recontextualization that makes clinical diagnosis a satirical remark and points to the fact that narrative may break down the constructed self. Other surfaces that Kaysen uses to make herself self-identified are other representations of patients. Her depictions of Lisa, Georgina, and Daisy are not sketches of character, but references in relation, which allow her to define the personal experience on a mental health misfortune scale. The memoir's relational structure undermines the isolating logic of diagnosis, placing the self within a community of disrupted narratives (Muldoon, O. T. et al.). This mode opposes the psychiatric individualism and pathology to redefine identity as the one created by collective spaces of power.

A conflict between the private and the public selves is one of the most important issues that are brought out in the two books. Plath attributes most of the suffering that Esther underwent to the figurative speech and the fact that she was not telling, thus, there was a protective barrier between the reader and the narrator. Instead, Kaysen chooses the option of sudden revelations, but her deliberate unspokenness, including the fact that she does not tell how she attempted suicide, is a betrayal that part of the self has not been said. In both of them, the narrator has not lost the authority of the elements of her being that have been disclosed and the manner in which they have been disclosed.

The function of temporality in identity construction is also crucial. Though the two accounts are retrospective, they are not necessarily chronologically linear; this makes it possible for narrators to splice past and present selves into one identity. Narrative identity, as argued by Bruner, is not a static fact but a negotiable "life story" that synthesizes disparate events into a coherent or intentionally fractured, unified whole. Plath and Kaysen capitalize on such malleability, offering fragmented identities that embrace such fragmentation but are not necessarily held captive by it. Lastly, both *The Bell Jar* and *Girl, Interrupted* show how, for survivors of suicide attempts, narrative is not just a documentation of what has occurred, but an active process of self-creation. By recounting their narratives, Esther and Kaysen eschew the passive positions of patient or victim and instead adopt the position of storyteller. *Girl, Interrupted* functions as a "depathologizing memoir" that reframes institutional

labeling and foregrounds the lived experience of trauma and survival rather than clinical containment (Yoo). By doing so, recovery of personal control occurs not in the psychiatrist's suite or in proclamations of recovery, but in the textual confines of their own narratives.

### **Discussion**

The narratives of *The Bell Jar* and *Girl, Interrupted* both highlight how post-suicidal narratives subvert hegemonic models of mental health and recovery, particularly those operating under psychiatric discourse. The narratives are not merely autobiographical narratives of breakdown and survival; they are literary narratives that subvert the authority of clinical narratives and offer alternative paradigms for comprehending resilience, identity, and healing.

One of the most significant conclusions of the textual analysis is that both novels subvert the notion that recovery must be linear and progressive with a clear conclusion. In *The Bell Jar*, the constant reference to the bell jar imagery, even on the final pages, suggests that recovery is untrustworthy and prone to relapse. This untrustworthiness grounds Judith Herman's contention that trauma recovery involves cyclical remission and recurrence cycles. Similarly, Kaysen ends her memoir without declaring a clear conclusion, leaving readers in a state of unresolved continuity. This stylistic choice eschews the "before and after" dichotomy so frequently demanded by clinical recovery narratives in favor of proclaiming the possibility of living in the presence of an ongoing, controlled vulnerability.

The texts also describe the boundaries of psychiatric expertise in comprehensively grasping the experience of trauma. Kaysen's placement of her medical record within *Girl, Interrupted*, and her ironic comment, is an instance of narrative resistance to reductionism through diagnosis. In relocating clinical language within a personal account, she resists the blatancy of labels like "Borderline Personality Disorder" and lays open the cultural and gendered assumptions behind psychiatric labels. Kendall reads this as a gendered resistance to psychiatry, observing that female patients in mid-20th century periods were always pathologized for stepping outside proscribed social roles. Similarly, it is argued that psychiatry functions as an instrument of social control that marginalizes the "other," and invites readings that pair feminist critique with anti-psychiatric perspectives (Delbandi and Atashi). Plath's Esther also resists psychiatric authority by describing her treatment

in tones that range from detachment to irony, unmistakably in describing electroshock therapy. Both narratives thus concur with feminist analyses, such as those expressed by Elaine Showalter, which situate women's mental illnesses within oppressive cultural settings rather than attributing them to individual pathology. Gender-oriented interpellation by Moon shows that feminine social roles and expectations, especially the ideal of a lady, are involved in the breakages of the main characters and limited ways out of it. As he notes, "The gender-oriented interpellation creates a dilemma for women's growth, as seen through Esther Greenwood's struggle against societal expectations" (Moon).

The second characteristic of synthesis is the role of narrative structure as a resilience process. The distortion that occurs in both memoirs, which is represented by the interrupted nature of the chapters in *Girl, Interrupted* and by the time-barrenness of *The Bell Jar*, is not simply a stylistic simulation of the disorientation caused by trauma. It is rather a process of re-creating identity in a manner that is not easily simplified. The narrative identity theory by Bruner also emphasizes the role of the self in the process of a selective sorting and interpretation of life events in constructing the self. The concealment of the narrators in these memoirs is made possible through fragmentation, in which the narrators censor the unspeakable and would find their way in favor of complexity rather than coherence. Intersectional issues are also reflected in how every text contextualizes trauma in terms of its placement in wider social contexts. The breakdown of Esther is closely connected with the gender roles and professional demands of the 1950s and the suffocating contradictions of femininity of the middle classes. Not only is the institutionalization of Kaysen an indication of her mental illness, but it is also an indication of the 1950s approach of psychiatry to label deviance in women as nonconformity. Kaysen's distrust of the psychiatric model is consonant with feminist criticisms of mental health systems. What we accept as 'healthy' and 'normal' in the matter of mental health in society is a level of double standard, whose ethics is masculine and follows the masculine standard of mental health, that requires women to "adjust" (Chesler 144). Thus, what we call 'craziness' in women can sometimes be acceptable in men

The processes of silence and confession then make the models of recovery more complicated. Silence is invoked, not as the absence of agency, but as self-disclosure management in both narrations. *The Crisis of Witnessing* by Felman and

Laub explains this narrative selectivity; testimony to trauma has to pass the test of the tension between the necessity to say and the problem of complete articulation. As a result, a recovery narrative in both narratives does not come out as completely open, as it is the general expectation in society that a survivor would be in complete disclosure.

Above all, both works put literature as an active healer and not a passive recorder of it. To Esther and Kaysen, literature is not a secondary healing factor, but is an essential process where healing takes place. This is consistent with the resilience model of ordinary magic developed by Masten, in which adaptive functioning is a product of daily mechanisms such as meaning-making, social connectedness, and creative activity. By narrating their lives, the protagonists become the owners of their identities, and the patient turns into the narrator. Together, they hint that post-attempt novels and memoirs are counter-narratives to mainstream conceptualizations of psychiatry, with a more subtle, intersectional, and process-oriented conceptualization of resilience. They oppose the cultural tendency of simple recovery stories and narrate survival as a negotiated act between vulnerability and agency instead. They insist in the research of mental health that the telling whether splintered, ironic, or self-consciously restrained, can be therapeutic. What they want literary critics and mental health practitioners to take into account is that resilience is, at least equally, about insisting on commanding the story of oneself as it is about having relief of symptoms.

### **Conclusion**

This paper has examined the literary construction of post-suicidal experience in the form of masterworks within *The Bell Jar* and *Girl, Interrupted*, and how narrative technique functions not only as accounts of trauma but as processes of identity rebuilding. Close reading has shown that the novels refuse the linear trajectory of the recovery genre in favor of models of ongoing vulnerability, spiraling improvement, and provisional stability.

The most important of these discoveries is that healing in these accounts is not so much a question of "returning" to some prior, pre-traumatic self as a question of "remaking" oneself. Plath and Kaysen's narratives of retrospective account, strategic fragmentation, and selective silences are not signals of incompleteness but are deliberate narrative strategies. These formal interventions permit the narrator to

refuse institutional and cultural definitions of healing and to recover the authority to define their own resilience.

In this research, the texts at issue subvert the limits of psychiatric speech, or how it was understood in the mid-20th century, when women's resistance to forced gender roles was often pathological. The fact that the clinical treatments are the only path to recovery is undermined by the ironic and somewhat dissociated explanation, by Esther Greenwood, of electroconvulsive therapy, and by the sardonic comment of Susanna Kaysen on her diagnosis. Rather, their narratives mention the social, gendered, and structural factors that play a role in the experienced condition as well as the creation of mental illness. It was also demonstrated by the analysis that it is crucial to consider these texts through an intersectional lens. Although the two female protagonists are portrayed as white, middle-class women, the texts can show the interaction between gendered norms and institutional power in order to perpetuate marginalization. The work of Ahmed on complaint cultures is another framework that can be used to explain the role of the resistance of institutional authority on the part of the protagonists as a feminist complaint to gendered psychiatric practices. It also means that further inclusion of voices should be incorporated in further studies to view how race, sexuality, and economic issues overlap with post-suicidal survival narratives and experiences.

Theoretically, the analysis is in favor of the idea that narrative can be used in order to promote resilience. Based on Bruner's narrative identity and Masten's adaptation of resilience as a process, it is clear that writing and the interpretive power that it affords are central to protagonists' ongoing struggle with their trauma. Writing the self is inextricably linked to staying alive in both texts. These discoveries hold implications that are broader than literary critique. For discourse about mental health, they imply the worth of narrative as a stand-alone component of recovery, one that is perhaps not captured by medical models. Encouraging survivors to narrate their own experiences can honor their agency while providing a greater understanding of mental illness as lived.

Finally, both *Girl, Interrupted* and *The Bell Jar* demonstrate that stories after a suicide attempt are not reflections of trauma but active engagements in the manner in which society constructs resilience. Both books recognize that survival is more

than the absence of crisis; it is the ongoing capacity to work with one's story, even in cases where those stories resist closure. These literary collections are needed in times when the verbalization of mental illness is becoming more and more visible yet stigmatized, resistant, and rebellious, at the same time commandeering itself and self-inventing.

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