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“THE MIRROR CRACK’D”: A SUBJECTIVE STUDY OF WHITE AND BLACK WOMEN DEALING WITH DEPRESSION IN THE 20TH CENTURY

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Abstract

Negotiating self-identity as a woman, battling stereotypes associated with race and mental health, has been inordinately difficult in the 20th century. The coherence of writing and the viability of literature produced by a woman author undergoing depression have been brought repeatedly into question. This paper aims to explore the journey with depression as expressed by Sylvia Plath in her semi-autobiographical novel, *The Bell Jar* and Meri Ama-Nana Danquah in her memoir *Willow Weep for Me*. This paper critically reassesses the conventional categorizations of composite identity of the black woman and the inconsistencies of cultural expectations from women along racial lines. I analyse the societal assumption of superior strength of the black woman, which proves to be a major detriment in the open acceptance of depression. I further explore the politics of assuming depression to be an exclusive white disease and the loopholes in the clinical approach towards it, which directly stigmatizes the black woman from openly seeking treatment.

Keywords: depression; race; racism; mental health; feminism

Literature Review

Depression is a mental health disorder affecting people across all age groups. It can be caused by factors ranging from the genetic composition of individuals, biochemical processes of the brain, hormonal changes even seasonal patterns. While initially attributed to an imbalance of bodily fluids, the clinical treatment of depression has evolved over the ages from Electro-convulsive therapy administered without any anesthetic to prescription of antidepressants and psychotherapy.

Dana Givens in an article dated August, 2020, mentions her secret search for a therapist after she collapsed on the office floor due to severe stress and depression. Her testimony as a black woman elaborates her cultural induction into the discourse of strength, and her understanding that she lacked the privilege of being vulnerable. In addition lies the historical awareness that the

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medical field cannot be trusted with Black bodies.¹The contemporaneity of this article draws attention to the stasis in the conversation surrounding depression among black women. The recurrent concerns can be traced to the previous century. Looking closely at the body of literature which examines the vastly different life experiences of women in the 20th century, it is essential to note Patricia Hill Collins's *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. Collins explores the dual burden of gender and racial discrimination faced by the black woman. She points out the "Matrix of Domination"- organised structural disempowerment of women of colour -operative in society and advocates the development of Black Feminist Thought as a critical theory. Collins claims "The assumptions on which full group membership are based—Whiteness for Feminist thought, Maleness for Black social and political thought, and the combination for mainstream scholarship—all negate Black women's realities."² The black woman is systematically disempowered; her identity lying in the negation of a social position.

Bell Hooks in her seminal work *Ain't I a Woman* traces the Black Civil Rights Movement, Suffragette Movement and the Feminist movement till the 1970s. She points out the position of the black woman, who ranked lower than both the white woman and the black man in society. The societal perception of the white female shifted from women being inherently sinful to pure and virtuous, "a symbolic Virgin Mary, white men could see her as exempt from negative sexist stereotypes of the female."³ Conversely, black women were looked upon as embodying sexual lust and evil. They were categorized as Jezebels or female sexual temptresses, seducing the white man from purity to sin.

This categorization of black female identity was furthered by Patricia Morton in *Disfigured Images: The Historical Assault on Afro-American Women* into 'black matriarch'- responsible for emasculation of black men and collapse of black families, 'Jezebel'- the seductress, 'mammy'- the desexualized, female slave, caring for her master's children above her own, the 'inept domestic servant' who symbolized female failure and the "tragic mulatto"⁴, who failed in her repeated attempts to reject her racial heritage. The limitations of these

¹Dana Givens, "The Extra Stigma of Mental Illness for African-Americans." *The New York Times*. 25 August, 2020.

² Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. (New York: Routledge, 2000), 12.

³bell hooks, *Ain't I A Woman: Black Women and Feminism*. (New York: Routledge, 2015), 51.

⁴ Morton, Patricia, *Disfigured Images: The Historical Assault on Afro-American Women*. (New York: Praeger, 1991).

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identity categories structured popular perceptions and restricted the black woman from creating an identity of her own. bell hooks is not in agreement with Morton's classification of the 'black matriarch'. She brings to light the over-emphasis on the strength of the black woman, who tasked with harsh labour under the system of slavery, was regarded to possess almost masculine strength, the woman as the 'Amazon'.

However she essentially indicates that this perception of women as possessing some sub-human animalistic strength was a myth. Tamara Beauboeuf -Lafontant in her article "You Have to Show Strength': An Exploration of Gender, Race, and Depression" claims that strength had become a litmus test for black womanhood. She conducts a non-clinical survey of 44 black women undergoing depression and reveals that the discourse of strength normalizes powerlessness and selflessness of these women. Strength, as a result, had become a performance for the black woman, a façade to be kept up at all costs. Unfortunately, in the years to come, this myth of masculine, superhuman strength of the black woman shaped public perception largely, so much so that, any illness, especially one such as depression which often lacks any clear physical manifestation, was not accepted or even recognized as being debilitating to a black woman. This paper explores black women's struggle

against the radicalization of depression as a white illness⁵. The *Journal of Psychiatry and Neuroscience* states, "The prevalence of major depression is higher in women than in men; in 2010 its global annual prevalence was 5.5% and 3.2%, respectively, representing a 1.7-fold greater incidence in women."⁶ In this paper, I explore this higher incidence of depression in women as subject to social inequalities, differences of employment opportunities, lack of recognition in their own fields of expertise, responsibilities of child care, as opposed to dismissing women's narratives of depression under the assumption of biological predisposition. Further, the life stages of a woman-progressing from premenstrual, pregnancy, postpartum and menopause all factor in as potential causes of depression.⁷

What is common in the accounts of white women suffering from depression, is the ready availability of clinical treatment. Daphne Merkin in her article "A Journey

⁵ Tamara Beauboeuf-Lafontant, "You Have to Show Strength': An Exploration of Gender, Race, and Depression." *Gender and Society* 21, no. 1 (2007): 28-51.

⁶ Paul R. Albert, "Why is depression more prevalent in women?" *Journal of Psychiatry and Neuroscience* 40, no.4 (July 2015): 219-221.

⁷ Gu, Lian & Xie, Juanjuan & Jianxiong, Long & Chen, Qing & Chen, Qiang & Pan, Runde & Yan, Yan & Wu, Guangliang & Liang, Baoyun & Tan, Jinjing & Xie, Xinfeng & Wei, Bo & Li, Su. *Epidemiology of Major Depressive Disorder in Mainland China: A Systematic Review* 8, no.6 (2013), 10.

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Though Darkness” in *The New York Times Magazine* recounts her own experience of depression, electro convulsive therapy and medication. As a white woman, the difficulty she faces is of the ailment itself, and not the additional assumptions of available identity categories attached to the colour of her skin; which leads to the marginalization of the black woman suffering the same, in comparison.

Part I of this paper deals with the gendered assumptions associated with depression. Part II focuses on Sylvia Plath’s semiautobiographical novel, *The Bell Jar* (1963). Esther Greenwood’s experience as a young white woman in the 1950s America, battling depression, points to the flagrant disregard for evident symptoms of depression from those around her. This discussion of depression being perceived as a predominant feminine malaise gives way to part III of this paper, which critiques the assumption of depression being an exclusive white illness, through Meri Danquah’s memoir *Willow Weep for Me* (1998). This part further explores the fallibility of the assumption of strength for the black woman which directly affects her acceptance of depression. While fully acknowledging that every individual has their own trajectories with depression, in part IV, I depict the situational similarities of the lives of Esther Greenwood and Meri Danquah, which led them both to depression, their use of literature as a mode of therapy and self-

expression, while also pointing out the niche which is available to Danquah to negotiate self-identity as a black woman openly seeking treatment, the differences in their treatments and the results of it. I further highlight the loopholes of the clinical discourse towards depression, which in its objectivity tends to obliterate the subjective experiences of those undergoing depression.

I

According to the *Official Journal of the World Psychiatric Association*, “Mental health is a condition subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in his social and physical environment.”⁸ As a concept, mental health gained popularity and became known widespread only in the 20th century. It was in 1902 that the term “mental hygiene” was coined by Alfred Meyer, Director of New York Psychiatric Institute. Prior to this, any individual suffering from any disease relating to their mental health, was perceived as aberrant. Diagnosis ranged from hysteria to dementia and madness. Asylums were constructed and people were locked in poor sanitary conditions, shunned from society and their own families. Lack of regularised care led to

⁸ Jose Bertolote, “The Roots of the Concept of Mental Health.” *Official Journal of the World Psychiatric Association* 7 (June 2008): 113-116.

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total isolation of these people who were labelled off as ‘lunatics.’

Offering a critique of 19th century England, Elaine Showalter elaborates on the relation between madness and femininity. Madness was perceived as feminine nature revealing itself under the scientific glare of masculine rationality—a specifically “female malady.”⁹ Even psychiatry, she mentions, claimed— in spite of the essential similarity of symptoms of mental disorder in men and women— men experienced madness as a result of economic and intellectual pressures, while women experienced madness on a sexual spectrum, as a rebellion or a part of their essential natures. This is reflected in the attitude of Esther’s mother and Justin, when Esther’s depression is discarded as being non-existent by the former and Meri’s depression is disregarded as a mark of her laziness by the latter.

The statistics of the asylums also prove the incidence of female inmates was higher as compared to males. In opposition to this claim of Showalter, Joan Busfield claims that the discrepancy in the male-female ratio in asylums in the 19th century was due to the difference in mortality rates of men and women, i.e. the difference in the number of patients being discharged from the asylums, and their acceptance back into

⁹ Elaine Showalter, *The Female Malady-Women, Madness and English Culture(1830-1980)*(New York: Penguin group, 1985),4.

society. While women were not as easily welcomed back as men into their families after having spent a period of time in the ‘lunatic’ asylums, it is not entirely correct to claim that the incidence of female patients were remarkably higher in comparison to male ones. In contrast to Showalter’s categorisation of cultural representation and romanticization of madness into categories of “suicidal Ophelia”, “crazy Jane” and “violent Lucia”¹⁰ , Busfield presents the three categories of male cultural representation of madness—into “mad genius”, “criminal lunatic” and “masturbatory insanity”¹¹. It is with the turn of the century, that the strict categorization of the “mad genius” as male, gives way to include women like, Sylvia Plath, whose apparent madness could be taken to be a proof of her genius¹².

II

“Intoxicated with madness, I’m in love with my sadness.”-Sylvia Plath. Sylvia Plath, who eventually came to be one of the most well-known transatlantic poets of the 20th century, took her life at the age of thirty after battling severe clinical depression for almost her entire adult life. Plath lost her father at the age of eight. This loss in her childhood and the subsequent

¹⁰ Elaine Showalter, *The Female Malady-Women, Madness and English Culture (1830-1980)* (New York: Penguin group, 1985), 10.

¹¹ Joan Busfield, “The Female Malady? Men, Women and Madness in Nineteenth Century Britain,” *Sociology* 28, no. 1(1994): 269.

¹² Ibid.

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absence of the ‘father’ while growing up, affected her deeply. In 1952, she won a contest for the *Mademoiselle* magazine and was invited to New York over the summer to be the guest editor. Her experiences of New York and her subsequent suicide attempt in the summer of 1953, form the content of her semi-autobiographical novel *The Bell Jar*. She met the young poet Ted Hughes in England in 1956 and they were married within four months of meeting each other. Plath and Hughes shared a tumultuous and passionate relationship. With Hughes being the more successful poet of the two, Plath found herself encumbered with the responsibilities of being a wife and a mother first. Overshadowed by the accomplishments of an over-achieving husband, the poet in Plath took a backseat. Hughes left Plath and their two children for Assia Wevill.

It was in this period of losing the man she loved (again)-the only father figure she had found-battling with tremendous loss and clinical depression, that Plath composed some of her most well-known poems, all of which were deeply expressive of her mental condition. She wrote at four in the morning, “In those dead hours between night and day, she was able to gather herself into silence and isolation, almost as though she were reclaiming some past innocence and

freedom before life got a grip on her”.¹³In January 1963 *The Bell Jar* was published under the pseudonym Victoria Lucas and received favourable reviews. At dawn on February 11, Sylvia Plath killed herself by putting her head in the oven, nearly around the same time in which she would compose her poems.

A. Alvarez writes of Sylvia Plath:

“God knows what wound the death of her father had inflicted on her childhood, but over the years this had been transformed into the conviction that to be an adult meant to be a survivor. So, for her, death was a debt to be met once every decade: in order to stay alive as a grown woman, a mother, and a poet she had to pay-in some partial, magical way with her life”.¹⁴

The author of *The Bell Jar* designed a protagonist in keeping with herself. Early into the novel, a deep sense of foreboding is allowed to develop. The New York world Esther Greenwood has stepped into, for her summer as the guest editor of *Mademoiselle*, is steeped in images of cadavers, mirage-grey surroundings, and cindery dust. Immediate attention is drawn to the execution of the Rosenbergs-convicted of espionage-by electrocution. Esther wonders “what it would be like, being burned alive

¹³ Al Alvarez, *The Savage God: A Study of Suicide*. (London: Bloomsbury, 1971), 19.

¹⁴ Ibid. 17.

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all along your nerves”¹⁵. The unsettling feeling that a similar experience awaits her in the near future is unavoidable.

Esther Greenwood had lost her father at a very young age and had been brought up by an authoritarian mother, who had wished for her to learn typing. In a world, prior to the Feminist movement of the 1960s, the ‘good’ woman was a wife, the ‘bad’ woman was sexual and the ‘ignored’ women were teachers, and spinsters. Pushed by her mother to learn a skill which could cater to the professional opportunities available for women, Esther becomes resentful. She finds herself repulsed by the idea of having to lead a preordained life and this in turn increases her alienation from her mother. She is rather drawn to the kindly editor of the magazine, Jay Cee. Despite this affinity, when posed with a question about her future, Esther is uncertain. An image of a fig tree offering endless possibilities looms in her mind. Every branch of the tree seems to promise an alternative to her- marriage, and domestic life; the life of a poet; editor of a large magazine; traveller to far-off places; one with all the men she has met, and life of an Olympic athlete. Esther intrinsically wants to live a life, where she can fulfil all these roles yet her final reply is that she wants to be a poet. It is imperative to understand that despite her innate desire to

embrace all the potentialities of life and lead multiple lives simultaneously, she is satisfied with simply being a poet. It is when she meets with obstruction in her journey of writing-in the form of rejection from the writing course- that her thoughts of self-destruction get triggered.

Acutely aware that the last time she had been happy was in the company of her father, Esther establishes relationships with several men in her attempts to fill the void left by his absence. Adrienne Rich claims that heterosexuality is “the beach head of male dominance”¹⁶. She says that the assumption of heterosexuality being the sexual preference of ‘most women’ leads to an increase in power of men in heterosexual relationships and “male interests in controlling women-particularly in realms of sexuality and motherhood”¹⁷ violates physical and psychic boundaries of women. This is clearly evident in Esther’s relationships- Constantin leads her to realize the dreariness of the conjured ideal of married life, Buddy emphasizes how once married she would discard her writings and Marco attempts to sexually abuse her-all of which challenge her personal boundaries.

As a white girl in the 1950s America, Esther is subject to the “cultural

¹⁵Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966), 1.

¹⁶Adrienne Rich. "Compulsory Heterosexuality and Lesbian Existence." *Signs* 5, no. 4 (1980): 633.

¹⁷*ibid.* 634.

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goal of assimilation and homogenization”¹⁸ which left little space for difference and dissent, thereby causing percolation of discontent. She has to negotiate the “post-war girls’ sexual conundrum”¹⁹ between established sexual values and modern sexual liberation. bell hooks mentions about the white woman being categorized as a “symbolic Virgin Mary”²⁰; in the post Salem trials age, which was done particularly to strip her of her sexual desires. Esther’s relationships with men, while fuelled with the desire to locate a father figure, also include the anxiousness of a girl trying to understand her own sexuality. Yet behind it all, looms the shadow of not fitting into a society that deems marriage as the highest achievement for a woman. When she indulges in a sexual relationship with Irwin, she finds herself bleeding profusely, and has to be hospitalised. The excessive loss of blood indicates not simply the loss of virginity for a young girl, but also a tarnishing of the ideal of virginity which is constructed by society. The essentially personal decision of indulging in a sexual relation prior to marriage becomes a matter of social unacceptability.

The rejection from the writing course is a rejection from the only possible future Esther had envisioned for herself.

“I saw the years of my life spaced along the road in the form of telephone poles, threaded together by wires. I counted one, two, three...nineteen telephone poles, and the wires dangled into space, and tried (*sic*) as I would, I couldn’t see a single pole beyond the nineteenth.”²¹

Sylvia Plath had suffered from clinical depression from the age of nineteen. The haunting biographical implication of this image signifies the breakdown of all possible channels of communication with those around her. Her experience of chronic insomnia, inability to maintain her daily personal hygiene, constant failures in her attempts to write a book, and her effort to introduce herself as Elly instead of Esther, have been interpreted as the split of the inner and outer self²² and “a heightened version of the American girl’s quest to forge her own identity, to be herself rather than what others expect her to be.”²³ J. Kaufman conducted a historiometric survey of poets and came to the conclusion that women poets are subject more frequently to

¹⁸Wini Brienes. *Young, White and Miserable: Growing up Female in the Fifties*. (Boston: Beacon Press, 1992), 2.

¹⁹ Ibid. 88.

²⁰ bell hooks, *Ain't I A Woman: Black Women and Feminism*. (New York: Routledge, 2015), 51.

²¹Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966), 118.

²²Marjorie G. Perloff, "A Ritual for Being Born Twice": Sylvia Plath's 'The Bell Jar'." *Contemporary Literature* 13, no. 4 (1972): 507-22.

²³Ibid.

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depression than their counterparts in other fields, and he termed this the “Sylvia Plath effect.”²⁴In a later essay, he clarified that his initial works insisting on the frequent occurrence of depression among women poets was a result of merging disparate results and had made claims which lacked nuance.²⁵Instead he went on to emphasize the role of creativity in adding nuance to understand the works of female poets and their politics of personal expression, which can eventually lead to social justice. Kaufman’s emphasis on creativity as a medium of social justice is essential to understanding Esther’s experience with depression. The rejection from the writing course had placed a bell jar over her, and limited her creative air flow. With her only source of self-expression cut-off, an awareness of her inability to negotiate an identity within the spaces offered by American society of the 1950’s, and the only recourse to social justice being adherence to norms of conformity, she experiences depression.

The approach of Esther’s psychiatrist to her illness reveals the ignorance of the clinical discourse in understanding the reality of depression. His office lacks

windows and becomes the symbolic stifling bell jar. The language adopted by the clinician to diagnose her as ‘upset’ instead of ‘depressed’ is largely reductive in terms of her ailment. The windowless office then, in turn, resembles the trained clinical practitioner’s finite understanding of the medical condition. He insists on knowing what she ‘thinks’ is wrong, denying the recognition of an actual ailment. His recommendation for her treatment is electro-convulsive therapy.

Electro-convulsive therapy (ECT) was initially an “unmodified technique”²⁶ which was administered without any muscle relaxant, which eventually led to musculoskeletal complications. It was only in the 1950s and 1960s that several modifications, including anaesthetic medications, and muscle relaxants were introduced to increase the safety of the procedure for patients.²⁷

Esther undergoes ECT without any sedative, with a wire to bite down on, accompanied by a nurse who jokes, “Their first time everybody’s scared to death”²⁸With electricity running through her body, she is made to wonder “what terrible thing it was

²⁴J.C Kaufman, “The Sylvia Plath effect: Mental illness in eminent creative writers”, *The Journal of Creative Behavior* 35 (2001): 37–50.

²⁵J.C. Kaufman, “From the Sylvia Plath Effect to Social Justice: Moving Forward With Creativity.” *Europe’s journal of psychology* 13, no.2 (May 2017),173-177.

²⁶P.K. Kadiyala, L.D.Kadiyala, “Anaesthesia for electroconvulsive therapy: An overview with an update on its role in potentiating electroconvulsive therapy”. *Indian Journal of Anaesthesia* 61, no.5 (2017),373–380.

²⁷ Ibid.

²⁸Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966), 138.

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that I had done.”²⁹This treatment of Esther is reminiscent of the Rosenbergs who were electrocuted for being spies. The underlying implication of depression being a crime is unmistakable considering the brutality of the treatment meted out.

The ignorance of the doctor, the attitude of the nurse and the method with which ECT is administered, proves the lack of awareness among medical professionals in the clinical treatment of this disease. When she refuses to return to Dr. Gordon’s clinic, her mother lightly says “I knew you’d decide to be alright again.”³⁰The frivolity of her mother’s comment, the alienation from her sole surviving parent and the dismissive belief that Esther had conjured up the entire illness in her mind, leads to her further isolation.

With all possibility of solace eluding her, Esther rationalizes ways to self-annihilate until she climbs down into the cellar and overdoses on sleeping pills. The instinct to inflict destruction on the self can be understood in terms of Freud’s “death drive”³¹, Baumeister’s views of self-destruction being a means of protecting the

self from further psychological distress³², Beck’s discovery of a depressed person’s thoughts being stimulated by internal communication of negative self-evaluation³³ and Blatt’s position that self-destruction is a personality trait.³⁴ In the course of this paper, in order to understand Esther and Meri’s attempts to self-annihilate, I will be elaborating the theories forwarded by Baumeister and Beck.

Baumeister proposes the paradoxical assumption-that at the core of all self-destructive behaviour lies the instinct to protect oneself, and the self-protective behaviour lends its way into self-destruction because of threatened egotism, failed self-regulation and emotional distress.³⁵ Esther’s egotism is threatened when she is rejected by the writing program. Claiming herself to be a straight A’s student, who had never spent a summer at home, the rejection from the program strikes at the conception of herself being sufficiently equipped to be

²⁹ Ibid.138.

³⁰Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966), 140.

³¹S. Freud, *Mourning and melancholia*. (London: Hogarth, 1947), 237.

³² R.F. Baumeister, “Suicide as escape from self”. *Psychology Review* 97(1990): 90–113.

³³A.T. Beck, *Cognitive therapy and the emotional disorder*. (New York: International Universities, 1976), 368.

³⁴ S. Blatt, “Interpersonal relatedness and self-definition: Two personality configurations and their implications for psychopathology and psychotherapy”. *Repression and dissociation*. (Chicago: University of Chicago, 1990): 299–335.

³⁵R.F. Baumeister, “Esteem threat, self-regulatory breakdown, and emotional distress as factors in self-defeating behaviour”. *Rev General Psychology* 1(1997): 145-174.

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enrolled in the program. This in turn leads to her inability to regulate herself and partake in daily activities, all of which eventually cause immense emotional distress. In keeping with Baumeister's views, it can be understood that Esther's attempt of suicide is built on the premise of protecting herself from a world in which she finds no solace. Beck's observations of maladaptive cognitions include negative views of the self, others and the future.³⁶ Negative self-evaluation for Esther stems from the estranged relationship with her mother, absence of her father and the lack of support from her boyfriend, Buddy Willard. She searches for fulfillment in external relationships with men, but even they seem futile. The realization that she will have to choose one socially acceptable future, and therefore forego the only professional goal she desires for herself, leads Esther to seek the drastic solution of suicide.

After her failed suicide attempt, Esther is admitted into a private hospital. The sterile atmosphere of this hospital consisting of multiple women, who have undergone lobotomy,³⁷ indicates that these women are products of the clinical

experiment with mental illness. Her new psychiatrist assures her that she will not have to undergo ECT without prior intimation. Yet when Esther realizes that she will be administered shock-therapy without a warning, to her it is a "bare-faced treachery."³⁸ The blind-siding of patients, and a play on the faith of a person undergoing depression and dealing with issues of abandonment and trust, cannot be the correct clinical approach to their healing.

As a result of her stay at the hospital, Esther is ruthlessly reminded that she may no longer be eligible for marriage- a reinforcement of the ideal equating the worth of a woman to her marital status. It shows how easily society refuses to reintegrate women who have sought treatment for depression.

Within the stifling bell jar of depression, any sense of freedom she gets, lacks a defining quality of selfhood and identity. She is reduced to feeling like a compound being experimented on. The symbolic bell jar covering her head also reflects the popular shared notion- everything is 'in your head'. It is essential to note that the treatment she has received has been for the symptoms she had displayed, and not for her depression. The general ignorance of the medical community

³⁶A.T. Beck, *Cognitive therapy and the emotional disorder*. (New York: International Universities, 1976),368.

³⁷ Lobotomy- neurosurgical treatment of mental illness, involving severing nerve connections with the prefrontal cortex. This is done based on the premise that it will reduce excess emotions of an individual and stabilise the person.

³⁸Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966),203.

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regarding depression in the early 20th century is evident. Instead of providing her effective methods of recovery, she is left convinced -“people like me, had to live in hell before they died, to make up for missing it after death”³⁹. The element of guilt which is added to her depression is a result of the attitude of those around, both common people and trained medical professionals. Their restrictive bell jars of ignorance prevent people from realizing the real implications of Esther’s ailment.

The novel posits a constant juxtaposition of images of death and babies. Babies to Esther are links to the life of domesticity she wishes to avoid-“children make me sick”⁴⁰. She wants to break free from the conventions of ‘successful’ womanhood, which are attached to husband and child. As a semi-autobiographical work, the context for the composition of the novel is essential to its understanding. The repeated assertions of “If I had to wait on a baby all day, I would go mad”⁴¹ highlights the underlying strain of resentment in her writing. This novel was composed after her separation from Ted Hughes, when she was caring for her infant children, alone. The antidepressants which the doctor had prescribed to her, in 1962, had failed to affect her. This might be because everyone

had failed to recognize her condition, acknowledge her feeling of intense lack, her need for becoming a poet even before becoming a mother and a wife; and also that she had already experienced the failure of the clinical approach while attempting to ‘cure’ depression. Plath’s eventual suicide shows that she had never escaped from the clutches of the ‘bell jar’.

III

“I have been addicted to despair.” – Meri Danquah, *Willow Weep for Me*.

Born Mildred Mary Nana-Ama Boakyewaa Brobby, in Accra, Ghana, in 1967, Meri Danquah shed “names and skins”⁴² to negotiate her identity. Moving to America, at six, she found herself facing a new country with a new name. Introduced as Mildred, and possessing an appearance unlike any other white child, she found her name being twisted into Mildew, Millicent, Mil the Dreadful, along with taunts pointed at her accent. The Brown vs. Board of Education judgment of the Supreme Court, brought a legal end to racial segregation in public schools, yet this could not dismantle the white supremacy that ensured its continuance via destructive stereotypes of black intellectual inferiority.⁴³The prevalent

³⁹Ibid. 186.

⁴⁰ Ibid. 113.

⁴¹ Sylvia Plath, *The Bell jar*. (London: Faber and Faber, 1966), 213.

⁴² Mary Nana-Ama Danquah, *Willow Weep for Me*. (New York:W.W.Norton & Company, 1998), 103.

⁴³ Sonya Ramsey, “The Troubled History of American Education after the Brown Decision,” *The American Historian*, (February 2017), 1.

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conviction of black inferiority, even among students at school, can be easily understood by the nickname which was assigned to Meri- “African Monkey.”⁴⁴ Anderson points out that the western model of the divided self had furnished a narrative infrastructure of racialized distinctions and statuses, which formed biases in 19th and 20th century.⁴⁵ The “Negro-Ape metaphor”⁴⁶ was a product of the speculation regarding the evolutionary spectrum of primates- with monkeys and apes at the least evolved end, continuing through savage anthropoids, and culminating with Whites at the other. People of African descent were theorized to reside somewhere between the deformed and the simian.⁴⁷ Scientific grounding of such biases bolstered stereotypes of animal-like qualities of black people. The repeated associations with a simian led to the cultivation of an acute sense of inferiority in Meri.

With her childhood shaped by her parents’ marriage disintegrating into violence and consequent divorce, she was

left with a broken mother, an infant sister, and an absent father. Craving company and affection, she waited for her father to return- “This is the first clear memory I have of feeling overwhelmingly sad for a lengthy period of time, of hating myself so much that I wanted to die.”⁴⁸ She attempted to fill the space left by his absence with a search of father substitutes in inter-personal relationships.

In seventh grade, she was raped by a boy from school. Meri “felt violated but I told myself I had no right to.”⁴⁹ In deep guilt over what she had undergone, she decided to confide in the potential father substitute, her mother’s boyfriend Jonathan. In turn, Jonathan shattered Meri’s trust and raped her. A recent report filed by Institute for Women’s Policy Research states that more than 20% of black women experience some form of sexual abuse, which is a higher share than among women overall. This ubiquity of sexual abuse can be traced to controlling tropes of hypersexuality and superior strength of black women, which create the perception that she is unvictimizable.⁵⁰ This is further augmented with bell hooks tracing the legacy of slavery in the racial and patriarchal categorizing of black women as temptresses and “sexual

⁴⁴ Mary Nana-Ama Danquah, *Willow Weep for Me*. (New York:W.W.Norton & Company, 1998), 104.

⁴⁵ K. Anderson, “The Beast Within: Race, Humanity, and Animality”. *Environment and Planning D: Society and Space*, 18(2000): 301-320.

⁴⁶T.L. Lott, *The invention of race: Black culture and the politics of representation*. (Malden, MA: Blackwell Publishers, 1999), 135.

⁴⁷ Goff P, M. Williams, Jennifer Eberhardt, Matthew Jackson, “Not Yet Human: Implicit Knowledge, Historical Dehumanization, and Contemporary Consequences”. *Journal of Personality and Social Psychology* 94, No. 2, (1998): 292–306.

⁴⁸ Mary Nana-Ama Danquah, *Willow Weep for Me*. (New York:W.W.Norton & Company, 1998), 106.

⁴⁹Ibid, 120.

⁵⁰Patricia Hill Collins, *On Intellectual Activism*. (Philadelphia: Temple University Press, 2012), 78.

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savage.”⁵¹ Meri’s experience of sexual abuse in an inter-personal relationship, and her later experience of intimate partner violence, deeply impacted her psyche and can be looked upon as triggers for her depressive episodes.

The retelling of the experience of sexual assault is “the narrative of belated experience.”⁵² Cathy Caruth insists that the impact of a traumatic event lies in its belatedness, in its location outside specific boundaries of time and place.⁵³ A traumatic event is not assimilated in literature as it is experienced, it returns to haunt instead. The repeated assaults on Meri, and the resultant silence she is pushed into, attests to the endless impact of this incident on her life. This can be understood by her inclination for intense cleaning and her recurrent addiction to alcohol, in adulthood, as potential means to escape her trauma.

At thirteen she tried to overdose on sleeping pills. In keeping with Baumeister’s theorization of self-annihilation, Meri’s egotism is challenged by her repeated sexual assaults and violation of trust by the individual she had attempted to fit into the available space for the ‘father’. This betrayal

leads to loss of self-regulation and tremendous emotional distress for a child, who has no other adult she can rely upon. The loss of self-regulation can even be traced in her development of alcohol addiction at a later age, which directly impacts her regular functioning as a single black mother. The instinct of self-preservation from further instances of betrayal causes her to overdose. Beck’s views of internalized negative self-evaluation is channelled by Meri when her self-worth is repeatedly brought into question with her being made aware of her racial inferiority, her lack of a secure family space and the deep need for affection. Her negative conception of others stems from her experience of sexual assaults, lack of support from her mother and the verbal assaults by her peer group owing to her racial identity. The future appears to be a bleak repetition of her childhood experience, leading her to seek means to annihilate herself.

Meri’s retreat within the space of the house, her longer periods of sleep, lethargy, lack of participation in church and school, dropping grades, are all symptoms of her depression which were ignored by surrounding adults. Negotiating a life within spaces of absence, Meri’s relationship with Justin echoed the need for a ‘father’ figure. Sixteen years her senior, Justin was ambitious, active in the literary community, well-versed with his Ghanaian roots. A

⁵¹ bell hook, *Ain’t I a Woman: Black Women and Feminism*. (New York: Routledge, 2015), 53.

⁵² Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History*. (USA: John Hopkins University Press, 1996), 16.

⁵³ Cathy Caruth, *Trauma: Explorations in Memory*. (USA: John Hopkins University Press, 1995), 9.

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college drop-out just beginning her writing career, Meri was often subjected to ridicule by Justin, with her writing rejected as an “unproductive hobby.”⁵⁴ Meri’s parents and Justin shared a camaraderie, from which she was excluded. They all were well-versed in Twi, while Meri was not. Estranged from those who were closest to her, she realized was too Americanized for them all. Yet she did not feel accepted as an American, owing to her racial identity and the deep sense of racial inferiority which permeated her daily lived experience. She attempted to negotiate this conundrum of locating a self-identity through her writing. What she had not anticipated was the rejection she would face in her writing career.

In her finishing school in Virginia, Meri realized that writing could open for her a world that she never before knew existed.

“I gave birth to myself. Each consonant was a bone, solid as rock. Each vowel was tissue. Each line a vein. Meter and rhyme were rivulets of blood thrashing and throbbing. The spaces between the stanzas were breaths suspended, released.”⁵⁵

Yet, her desire for writing does not reach fruition. Every assignment she takes up is interrupted by the recurrence of her clinical

depression, the expense and time required for her therapy and the side-effects of her anti-depressants. It eventually leads to her unemployment, ushering in bouts of alcohol addiction as well.

This cycle in which Meri finds herself trapped in adulthood is initiated by her pregnancy. With her partner refusing to share responsibility, she was rendered homeless with an infant daughter, while undergoing postpartum depression. Kleiman and Raskin claim that the factors which lead to Postpartum Depression include genetic composition, fatigue, sleep deprivation, predisposition to self-criticism, lack of support from family and/or friends, colicky babies and/or isolation.⁵⁶ It is undeniable that she lacked a supportive environment, and had a predisposition to critique herself, which has already been established in keeping with Beck’s theory of negative self-evaluation. Accepting the fact that as a black woman she was experiencing depression, was not even a remote possibility for Meri to consider.

In 2011, in a study conducted by Dr. Hankerson and others, it was found that the rate of treatment for depression among Blacks is at 33% in contrast to 50% of whites receiving the same treatment.

⁵⁴ Mary Nana-Ama Danquah, *Willow Weep for Me*. (New York: W.W. Norton & Company, 1998), 30.

⁵⁵ Mary Nana-Ama Danquah, *Willow Weep for Me*. (New York: W.W. Norton & Company, 1998), 129.

⁵⁶ Karen.R.Kleiman, Valerie.D.Raskin, *This isn’t what I expected: Recognising and Recovering from Depression and Anxiety After childbirth*. (New York: Bantam, 1994), 38.

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Furthermore, blacks are less likely than whites to receive outpatient services for depression, such as, talk with a therapist, counsellor, or doctor.⁵⁷Dr.Bradford, an African-American psychologist, claimed in 2014, that while other communities have a longer history of openly seeking help, “for us it is a foreign concept”.⁵⁸It is not difficult to comprehend that if such a disparity continued well into the 21st century, in the last few decades of the 20th century, the stigma would have been greater, making the open acceptance of depression for a black woman nearly unthinkable.

With loneliness, poverty and the lack of a healthy environment, Meri’s period of depression extended even longer, and led her to alcohol addiction. While the immediate effect of alcohol was gratifying, eventually it is a depressant that exacerbated her illness. She was faced with the suggestion that she might be experiencing clinical depression, by Eugene, whose mother, a black woman senator, suffered from Seasonal Affective Disorder (SAD). However, Meri brushes this comment off,

since depression was popularly equated with weakness and all her life she had been acquainted with the myth of superhuman strength of the black woman.

“Black women are *supposed* to be strong-caregivers, nurturers, healers of other people- any of the twelve variations of Mammy. Emotional hardship is *supposed* to be built into the structure of our lives”⁵⁹

The black woman is imagined to possess inordinate strength, with a very high threshold for tolerating misery and hard, distressing work. “This woman does not have the same fears, weaknesses and insecurities as other women, but believes herself to be and is, in fact, stronger emotionally than most men.”⁶⁰This valorization of strength is a continuation of the legacy of slavery, when black women were subject to harsh, daily labour on the fields. The discourse of strength negates the subjectivity of the black woman. In upholding this rhetoric of assumed strength, black women are stripped off their human attributes and made to fit into assumed identity categories. Failing to conform to accepted stereotypes, leads to them being labelled off as ‘weak’. The social unacceptability of a ‘weak black woman

⁵⁷ Dr. Sidney Hankerson, Ms. Miriam C. Fenton, Mr. Timothy J. Geier, Dr. Katherine M. Keyes, Dr. Myrna M. Weissman and Dr. Deborah S. Hasin, “Racial Differences in Symptoms, Comorbidity, and Treatment for Major Depressive Disorder Among Black and White Adults,” *Journal of National Medical Association* 103, no 7 (July 2011): 576-584.

⁵⁸ Dana Givens, “The Extra Stigma of Mental Illness for African-Americans.” *The New York Times*. 25 August, 2020.

⁵⁹ Mary Nana-Ama Danquah, *Willow weep for Me*. (New York:W.W.Norton & Company, 1998), 18.

⁶⁰ Michele Wallace, *Black Macho and the myth of the superwoman*. (New York: Verso, 1990),107.

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'leads to statements like, "Black women and depression...Isn't that kind of redundant?"⁶¹

This conflation of depression with weakness among black women strips away the possibility of legitimately recognizing the disease's impact on them and leads to the reluctance of those undergoing depression to come to terms with the reality of their illness. This is evident in Meri's sister Paula's consumption of unprescribed antidepressants and her friend Joan's attempts at suicide, for "weakness in black women is intolerable."⁶²

Battling the perception that depression is "simply not looked upon as a legitimate illness,"⁶³ Meri's decision to go for therapy, led to her being diagnosed with clinical depression. With the additional expense of therapy and prescribed antidepressants, she realized depression was a 'luxury' she could not afford. The high price of therapy and prescription drugs has been explored by multiple studies, and they focus on the acquisitive trends of the drug industry. This calls into question the clinical treatment of depression. The expense of therapy is more than the average individual can afford. Additionally, the prescribed drugs have side-effects. Her consumption of Zoloft led to the dulling of her emotions.

Unable to generate immediate response to situations, she informed her employer about her illness. This led to her unemployment, for no one wanted to employ a depressed writer. As a single unemployed black mother dealing with the additional recurrent expense of therapy, Meri was caught in the quagmire of being a woman and black, openly identifying with an illness which was not considered valid for her.

While in therapy, Meri's white, male psychiatrist was unable to grasp the daily experience of racial discrimination she faced. His comment "It must be so hard to be black"⁶⁴ revealed to her the privilege white people have of choosing whether or not to bear witness to the rampant racism that occurs around them every day. Sympathy, does not provide for a shared sense of distress or a shared perspective. Janine Kim forcefully advocates for a "feeling of equality" whereby all members of a polity share "anger and grief [about racial inequality and violence], not from sympathy for the other but in sympathy with the other" as a precondition for changing the racial order.⁶⁵ It is sympathy with the other, rather empathy-involving an understanding of the vicarious experience of thoughts and feelings of the other-which is a primary

⁶¹ Mary Nana-Ama Danquah, *Willow weep for Me*. (New York:W.W.Norton & Company, 1998),19.

⁶² Ibid. 20.

⁶³ Ibid.144.

⁶⁴ Mary Nana-Ama Danquah, *Willow weep for Me*. (New York:W.W.Norton & Company, 1998), 224.

⁶⁵ Janine Kim Young, "Racial Emotions and the feeling of Equality". *University of Colorado Law Review* 87 no.2 (2016):437-500.

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emotion required for therapy. Display of sympathy has the potential to alienate the patient. The therapist's inability to understand Meri's response to racial discrimination which she had to deal with daily, is indicative of his difficulty in gauging her subtler emotions of depression.

This led to Meri's decision to consult a black female therapist, who might have a working understanding of what it meant to lead the life of an African-American immigrant woman in a country that looks down on both black skin and women. A study conducted in 2018 states only 4% therapists are African-American.⁶⁶ It can then be concluded that in the 1980s, this number had been significantly less, and the chances of finding an African-American female therapist were indeed meagre. Negotiating with such unfavourable circumstances, Meri located Dr. Myrtle Summit, with whom she shared a doctor-patient relationship for six years.

It was during this time that she wrote an article on the widespread occurrence of depression among black women to challenge the predominant belief of it as a white illness. The publishing of her article initiated the recognition of her self-expression through words. It altered her relationship with her mother. With acceptance at home,

⁶⁶ Luona Lin, Karen Stamm, Peggy Christidis, "How diverse is the psychology workforce?" *American Psychological Association* 49 no.2 (2018): 19.

she realized she finally wanted a cure for her illness. Her recovery would not come in the form of a pill, but rather in the form of writing and mending relationships.

Willow Weep for Me, her memoir is the resultant product of years of negotiating a self-identity while battling with depression, and discrimination faced on account of being a black woman. Meri's realization "all clinical depressions are a mixture of emotional and biochemical; the illness exists somewhere in the ghost space between consciousness and chemistry,"⁶⁷ points to the space of liminality in which she has identified with her illness and has accepted it.

IV

"White people take prescription drugs with gentle, melodic names; they go to therapy once or twice a week in nice, panelled offices. Black people take illicit drugs with names as harsh as the streets on which they are bought... We are the walking wounded. And we suffer alone because we don't know there are others like us."⁶⁸ Differences perpetuated along racial lines creates a strong sense of the 'Self' and the 'Other'⁶⁹ even in the 20th century. This

⁶⁷ Mary Nana-Ama Danquah, *Willow weep for Me*. (New York: W.W. Norton & Company, 1998), 258.

⁶⁸ Ibid. 184.

⁶⁹ Reductive labelling of a person or a race as being socially subservient, commonly used in Post Colonial discourse.

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othering is based primarily on aspects of external appearance and the belief of racial superiority. With 'black' being dominated by connotations of darkness, unknown and dangerous, the notion of impurity is attached to the skin of people of color. "I used to think if you touched the skin of a white person it would make you lighter."⁷⁰Such misconceptions are forwarded due to assumed racial superiority on the basis of whiteness.

The potential of race for securing a white self's cultural hegemony⁷¹ has led to the normalization of depression as an exclusively white disease. This myopic vision disregards the psychological needs of all non-whites. The assumption of race to be the primary parameter for judging the legitimacy of a woman's depression, naturally leads to the cultural associations with the colour of the skin playing a predominant role in the acceptance and consequent treatment of the disease. As a result, the stereotype that the black woman is in possession of enormous strength and capacity to deal with emotional turbulence, largely determines the public expression of the illness, and in turn stultifies the open expression of their emotions.

Esther and Meri attempt to cope with the loss of father at a young age, lack of supportive figures in formative years, experience of sexual abuse, rejection in the passion of writing and attempts at suicide. There are situational similarities which can be noted in both the cases. Yet, it is essential to recognise the ready availability of clinical treatment for Esther. While negotiating an individual identity carved along her ambition of becoming a poet, beyond the prescribed social boundaries for women, Esther can afford to spend time at a private hospital and is accompanied by a white, female psychiatrist. She also receives regularized treatment, even though it is safe to assume that it does not have a long-term impact on her.

However, that is where the loophole of the clinical approach towards depression lies, and is not caused due her racial identity. Meri, on the other hand, must negotiate her self-identity as an immigrant single mother, who cannot afford the cost of treatment for her depression. Furthermore, locating a psychiatrist who can understand the daily realities of a black immigrant woman proves difficult. She is met with open condescension and offers of sympathy-even from medical professionals-in her journey to seek treatment. The valorization of strength of the black woman makes it difficult for her to openly accept her vulnerability. In addition, lies the assumption of her racial inferiority, which

⁷⁰ Mary Nana-Ama Danquah, *Willow weep for Me*. (New York:W.W.Norton & Company, 1998), 90.

⁷¹ K. Anderson, "The Beast Within: Race, Humanity, and Animality".*Environment and Planning D: Society and Space*18 (2000): 301-320.

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leads to the discourse of a black woman being less of a woman and thereby lacking the emotional range of a white woman.

“It’s just when *black* women start going on Prozac, you know the whole world is falling apart.”⁷²

The ‘world’ has a tendency to fall apart every time a woman decides to step over her boundaries and reclaim herself. Her dying might be an art, but her acceptance of agency over her life, body and illness threaten the world. Comfortable with locking women up for their depression and labeling them off as ‘lunatics’, when women across racial lines, choose to accept their depression, the world does not know how to deal with them. By openly accepting depression and choosing to voice their experience through writing, both women, claim their individuality. It may appear that as a white woman, Esther fails to meet the ideal of purity, and as a black woman, Meri fails to meet the ideal of strength. However, these assumptions do not stop them from bringing to light the redundancy of such attributes in evaluating a woman’s identity and reclaiming the space of silence to generate open conversation about negotiating depression through gender and race, in the 20th century. Meri may appear to be an anomaly as a depressed black woman, yet the number of black women actually

suffering from depression and choosing to suppress it, or resorting to addiction, or un-prescribed medication, is staggering.⁷³

The clinical discourse surrounding depression fails in its inability of allowing subjective experience of the disease to govern the recovery process. In the cases of both Esther Greenwood, and Meri Danquah, there is a generalized treatment which is meted out to them-ECT without muscle-relaxant does not help Esther, and prescription of Zoloft does not help Meri. Such objective modes of treatment cannot be expected to benefit all. Case-specific remedy has to be prescribed in its place, taking into account the individual’s experience with depression.

20th century has been an age of tremendous changes, with the emergence of the concept of mental health, being a significant progression. With an expansion in the understanding of depression, and the development of the theory of “Intersectionality”⁷⁴ there is the possibility

⁷³Kisha Holden, Kisha B, “Prevalence and correlates of depressive symptoms and resiliency among African American women in a community-based primary health care centre.” *Journal of health care for the poor and underserved* 24 no.4 (2013): 79-93.

⁷⁴ Term coined by Kimberley Crenshaw in 1989. Intersectional Feminism takes into account the overlapping layers of discrimination which women have to face, on the basis of their race along with their gender.

⁷² Mary Nana-Ama Danquah, *Willow weep for Me*. (New York:W.W.Norton & Company, 1998),20.

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that women in the coming time will not have to face unrealistic expectations and discrimination by society. Theoretical understanding of Intersectionality destabilizes the fixed notions of identity and questions the hegemony of the Feminist movement as being largely white Western middle class. Negotiating self-identity through overlapping layers of racial and gender discrimination provides the need for a non-linear, heterogeneous, intersectional praxis of Feminism to be universalized.

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