

- 24 Higgins JP, Thompson SG, Deeks JJ, Altman DG. Measuring inconsistency in meta-analyses. *BMJ* 2003; **327**: 557–60.
- 25 Sterne JA, Egger M, Moher D. Addressing reporting biases. In *Cochrane Handbook for Systematic Reviews of Interventions* (eds JP Higgins, S Green). Cochrane Collaboration, 2008.
- 26 Akhondzadeh S, Milajerdi MR, Amini H, Tehrani-Doost M. Allopurinol as an adjunct to lithium and haloperidol for treatment of patients with acute mania: a double-blind, randomized, placebo-controlled trial. *Bipolar Disord* 2006; **8**: 485–9.
- 27 Fan A, Berg A, Bresee C, Glassman LH, Rapaport MH. Allopurinol augmentation in the outpatient treatment of bipolar mania: a pilot study. *Bipolar Disord* 2012; **14**: 206–10.
- 28 Machado-Vieira R, Soares JC, Lara DR, Luckenbaugh DA, Busnello JV, Marca G, et al. A double-blind, randomized, placebo-controlled 4-week study on the efficacy and safety of the purinergic agents allopurinol and dipyridamole adjunctive to lithium in acute bipolar mania. *J Clin Psychiatry* 2008; **69**: 1237–45.
- 29 Cohen J. *Statistical Power Analysis for the Behavioral Sciences* (2nd edn). Erlbaum, 1988.
- 30 Seth R, Kydd AS, Buchbinder R, Bombardier C, Edwards CJ. Allopurinol for chronic gout. *Cochrane Database Syst Rev* 2014; **10**: CD006077.
- 31 Ketter TA, Nasrallah HA, Fagiolini A. Mood stabilizers and atypical antipsychotics: bimodal treatments for bipolar disorder. *Psychopharmacol Bull* 2006; **39**: 120–46.
- 32 Bartoli F, Crocamo C, Gennaro GM, Castagna G, Trotta G, Clerici M, et al. Exploring the association between bipolar disorder and uric acid: a mediation analysis. *J Psychosom Res* 2016; **84**: 56–9.



psychiatry in literature

Sylvia Plath's bell jar of depression: descent and recovery

Hannah Marcarian, Paul O. Wilkinson

The Bell Jar is a 1963 novel by Sylvia Plath describing the decline of main character Esther into a depressive episode and her stay in a psychiatric ward. Plath herself had recurrent depression and was hospitalised for this. She completed suicide a month after the book's publication. Her own understanding-by-experience may have helped her to write about depression both accurately and powerfully.

There are hints of Esther's depressive symptoms starting while she interns at a New York magazine during her summer vacation. She is unmotivated to take part in events and does not feel enjoyment. Esther describes her low mood as feelings of sadness and tiredness and realises that she has not felt truly happy since the age of 9, before her father died. She portrays how lonely she feels in a busy place and frequently thinks of death. Esther has succeeded throughout her life academically, gaining a scholarship to college, but feels inadequate and struggles to choose a path for the future.

The night before Esther leaves New York, she is sexually assaulted at a party. On her return home, she finds out that she has been rejected from a summer writing course. With this plan no longer in place, Esther feels hopeless and her depression worsens. She does not make further arrangements for any summer school, instead planning to write a novel. However, she is unable to concentrate and soon gives up on the idea of writing. She lacks enjoyment in activities she previously enjoyed and lacks structure in her days, entering a cycle of sadness – no motivation – no enjoyable activities – sadness. Her self-esteem suffers. She stops taking care of her personal appearance, wearing the same clothes for weeks and not washing, as she cannot see the point. She has difficulty sleeping and is referred to a psychiatrist who she doesn't believe will be able to help, a further sign of her hopelessness.

Esther frequently contemplates suicide and describes her attempts in a methodical, matter-of-fact manner, almost as if she does not think they would bother the reader. This seems to reflect the lack of connectedness she has with her mother and other people, which has now been demonstrated as a potent risk factor for suicide attempts (Klonsky & May's 'ideation-to action' theory).

Esther takes a large overdose and is admitted to a psychiatric hospital. She takes time to trust doctors, but eventually improves following appropriate care and treatment. The 'bell jar' of the title is a beautiful metaphor, describing the heavy lid over Esther, filled with her own sour air, that eventually lifts slightly, allowing some fresh air into her life.

As well as describing depression vividly, we are told about multiple risk factors, making this case so realistic. Esther deteriorates from low-level sadness and anhedonia to a severe depressive episode following two adverse life events. However, she also has several predisposing factors: her father died when she was young and she has not grieved this, probably due to the attitudes of her mother. She is not close to her mother, and hardly sees her when in hospital, suggesting a poor attachment. She does not mention good long-term friends either before or during her time at college. She has high expectations of others, but disregards them when these are not met.

The Bell Jar is a very powerful and believable description of depression, which will be recognised by those who have been affected and enlighten those who have not. It also offers some hope that no matter how severe the depression is, people can recover.

The British Journal of Psychiatry (2017)
210, 15. doi: 10.1192/bjp.bp.116.189068