**From what particular mental illness does Esther Greenwood seem to be suffering?**

As Frances McCullogh notes in her foreword to the novel, Esther’s illness has never been diagnosed, but many knowledgeable critics have determined that Plath is presenting an incredibly accurate picture of schizophrenia. Consider the following symptoms of the family of disorders we have come to refer to as *schizophrenia*:

**Paranoid delusions** (two types)

1. delusions of grandeur—The sufferer might fancy himself or herself to be Jesus Christ, Napoleon, the Virgin Mary, etc. Clearly this does not appear to be present in Esther’s case.
2. delusions of persecution— The sufferer might suspect that others are plotting against or planning to hurt him / her in some way. This *does* enter into this particular case; review these particular passages:

 page 187 (first three

lines)

 page 190 (lines 17-18)

 page 241 (lines 18-19)

**Hallucinations**

**Illusions**—The fact that Esther cannot read because the letters on the page start to jump and stretch and move is interesting. Psychologists would term this an *illusion*.

**(note: They would not call this a delusion because the letters actually do exist on the page. When a patient’s perception of an actual item (one that actually exists and is present) becomes distorted, this is an illusion on his / her part. When they see something that is not actually present, their perception of that item is a *delusion* (not based in reality). You should think of an *illusion* as a perceptual *distortion*.)**

 Another example would be hallways that suddenly become narrow tunnels or confining corridors**.**

**Ideas of reference**—This is the case when the patient perceives that innocuous situations, gestures, phenomena, etc. have direct reference to him / herself. (increased paranoia) Review page 133 (line 27) to page 134 (line 10).

**Insomnia**

**Degradation in hygiene** (refusal to bathe)

**Loose associations** (two types):

1. cognitive—*Cognition* refers to thought processes. Loose associations affecting cognition concern the random and often illogical flow of thoughts running through the mind of the patient. This confusing procession of thoughts and random connections make it impossible to follow the patient’s conversation.
2. affective—This is a similar type of conflict between subject and object, but the focus is not on cognition (thought) but instead on emotion.