

# Medical Dehumanisation

in Sylvia Plath's Late Poems

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EDIT GÁLLA

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*Abstract: The denial of the humanness of certain individuals or groups has long been a source of violent conflicts, atrocities, and exploitation. It was only recently, however, that the more subtle and implicit forms of dehumanisation attracted critical attention. In certain social contexts, any individual can be subjected to treatment that negates his or her human qualities. The medical encounter can be identified as a situation in which the individual often feels deprived of human qualities. Medical dehumanisation is often alluded to in Sylvia Plath's late poems, but it is explicitly foregrounded in "Tulips" and "The Surgeon at 2 a.m." While the first poem depicts the process of dehumanisation from the perspective of the patient complicit in her objectification, the second conveys the dehumanising attitudes of the medical practitioner. Through the close reading of these poems, this paper argues that medical dehumanisation turns individuals, not into machines which can never completely lose their functionality, but into functionless, inert matter.*

The concept of dehumanisation is inextricably involved with notions of what constitutes humanness. However, there seems to be no critical consensus on these essentially human qualities mostly because the concept is heavily implicated in political and ideological views and interests. It was only with the rise of the study of dehumanisation that qualities constituting humanness were clarified in the light of what constitutes their denial. Despite the long history of denying the human qualities of certain groups or individuals with a view to harming or exploiting them, the close examination of dehumanisation began only in the 2000s, when attention was turned to how this phenomenon can occur not only in spectacularly obvious and violent ways, but also subtly and without drawing much attention. Significantly,

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the lack of awareness or intent in many cases of dehumanisation has also been pointed out (Bain et al 2).

Studies of dehumanisation were considerably reinvigorated with Haslam's categorisation of the human characteristics negated by the process of dehumanisation and the types thereof. He closely linked the human traits and the consequence of their negation, establishing two basic categories. According to Haslam, certain "core human characteristics" build up what he calls "'human nature' (or HN)." These include traits such as "emotionality, agency, warmth, and cognitive flexibility." Refusal to acknowledge these traits in individuals results in likening people to machinery or robots, and therefore it is termed "mechanistic" dehumanisation. In contrast, "'human uniqueness' (or HU)" is comprised of "complex emotions like embarrassment or optimism," which animals are devoid of. Thus, when these uniquely human feelings are denied to certain people, "'animalistic' dehumanization" occurs (Bain et al 3).

While Haslam's taxonomy is extremely useful in identifying the human traits being negated, the two types of dehumanisation determined by his theory are not applicable to all cases. Such an exceptional case is medical dehumanisation when patients are divested of a range of human characteristics, most importantly, their agency and volition, yet it cannot be stated with any certainty that they are subsequently considered as either animals or robots. This is because the main purpose of medical dehumanisation is to induce complete passivity and sometimes also immobility in patients. Animals, even though they may lack conscious volition, are still motivated by instinctive forces and a natural vitality to carry out certain necessary actions. These natural animalistic urges, many of which are present in humans, are efficiently suppressed either by the disease itself that the patients suffer from or by medical intervention, for example, in the form of drugs or other treatments, dietary restrictions, and constant monitoring by the medical staff. While the elimination of some primitive emotions such as sensual pleasures can be regarded as an obvious consequence of hospitalisation, simple negative affects like fear and pain are often associated with the condition of being a patient. Still, these negative emotions, though compatible with animalistic dehumanisation, and also, admittedly, part of people's experience in a medical context, are not the intended result of medical dehumanisation since both fear and pain can produce forms of behaviour that hinder the work of the hospital staff.

Literature on medical dehumanisation mostly argues for its “mechanistic” traits: “the process of medicalisation itself can be dehumanising, in its mechanistic view of the human body” (Newnham et al. 6). However, this type of dehumanisation cannot be classified unequivocally as “mechanistic” since this also implies a degree of motility, which, although it can be suspended by disconnecting the machine from the source of power, constitutes the purpose of the machine’s existence: a piece of machinery can necessarily be reduced to, and is often equated with its functionality and it can always be repaired—in the worst case, by replacing all its parts. The same cannot be said about the patients who, due to their illness, have lost their productive functions—their ability to work—at least temporarily, and whose complete recovery cannot be guaranteed.

Although it can be argued that medicine sets itself the task of restoring the productive capabilities of individuals, and in the sense that medical intervention is orientated towards future rehabilitation and recovery, medical dehumanisation can be called “mechanistic,” there is an important distinction to be made between the temporalities involved in the treatment process. The first temporality, the past, is largely neglected and relegated to oblivion in the medical context since physicians must make sense of the symptoms manifested at the present moment. While the medical intervention aims at restoring the patient to a future of health and normality, it is not concerned with this future mode of existence of patients when the procedures are being carried out. Ultimately, the only temporality that markedly determines medical practices is the present, the time when the medical encounter is taking place.

It is this “presentness” of the hospital stay that Sylvia Plath’s poems capture when they depict patients numbed by drugs or anaesthetised and acted upon as if they were not only inanimate but also functionless and malleable objects such as a piece of paper that is cut into shapes or a mound of clay that is pressed and fingered at will. In the two late poems by Plath to be discussed in this paper, “Tulips” and “The Surgeon at 2 a.m.,” both composed in 1961, what is foregrounded is the kind of medical dehumanisation that reduces individuals to a state of inert matter, without either volition or functionality. This paper argues that medical practices in the context of hospitalisation induce helplessness and overreliance in patients by means of medical procedures and treatments which are made to seem both miraculous and painless due to analgesic drugs and the unimpeachable authority of the medical staff.

In “Tulips,” the speaker is a patient recuperating from an operation in a hospital ward. Even though dehumanisation is represented from the perspective of its

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victim in this text, the patient-speaker collaborates willingly in her own depersonalisation and even seems to desire it throughout much of the poem. It opens with the image of whiteness enveloping the speaker's surroundings: the cold brilliancy of snow covering the grounds corresponds to the sterility of the whitewashed walls and the starched bedclothes in the ward. In the female patient's mind, whiteness is immediately associated with innocence and contrasted with the subversive presence of the tulips. She protests her meekness as opposed to the violent insubordination represented by the glaring red colour of the flowers: "I am nobody; I have nothing to do with explosions" (Plath 160). The qualities of innocuousness and peacefulness are closely connected to the forfeiture of personal identity: "I have given my name and day-clothes up to the nurses / And my history to the anaesthetist and my body to surgeons" (Plath 160). Thus, her sense of guiltlessness stems from her renunciation of all objects or knowledge that define her identity, including her physical self. By abandoning her sense of identity, she feels she is also relieved of responsibility for both her present and past.

This almost complete self-abandonment is made possible by the depersonalising practices of medical institutions where patients are expected to subject themselves to the decisions and authority of the medical staff. As Foucault argues, the importance of exercising control over subjects' bodies dates back to the eighteenth century, which was also the period when medical practices became unified and the rules and scientific principles of the medical profession were established. The medical profession—and the establishment of the clinic—obviously had a significant role in maintaining control over bodies. In practical terms, the process of medical discipline over the patient's body begins with the patient's confession of the history of his or her illness while the physician only listens. Then the patient has to allow a physical examination of his or her body. As Lupton states, "[f]or Foucault, the medical encounter is a supreme example of surveillance." These two initial steps of the treatment process were established in the eighteenth century and has been part of clinical practices ever since, allowing the physician to observe in silence while suspending his or her judgment and leaving the patient in ignorance as to the purpose or outcome of the examinations (Lupton 23–24). The same need for confession and surrendering the body is conveyed by the last two lines of the first stanza.

As the speaker is lying in her hospital bed after the operation, she is also becoming an observer, although a completely passive and helpless one:

They have propped my head between the pillow and the sheet-cuff  
 Like an eye between two white lids that will not shut.  
 Stupid pupil, it has to take everything in. (Plath 160)

She has assumed the passive role of a student who is “learning peacefulness,” obediently watching and listening, without questioning or evaluating her perceptions. She has subjected herself to the wisdom of the hospital staff, who, in turn, seem similarly unthinking as they carry out their tasks. The nurses are indistinguishable from each other due to the uniforms they wear and are also dehumanised as the speaker compares them first to seagulls “in their white caps,” then to the water of a rivulet: “My body is a pebble to them, they tend it as water / Tends to the pebbles it must run over, smoothing them gently” (Plath 160). Thus, the medical staff, just like the patient who has become unfeeling as a stone (Bassnett 126), seem faceless, impersonal, and devoid of distinguishing features as they complete their tasks without thinking or even without willing to do so, out of an impersonal but unavoidable necessity: such is the invisible power exercised by the clinical institution.

In addition to the sterility of the surroundings and the impersonal professional competence of the nurses, medication also plays an important role in dehumanising patients. Drugs, in the form of injections, help to lull the patient’s consciousness and allow her to let go of an often bothersome individual identity: “They bring me numbness in their bright needles, they bring me sleep” (Plath 160). Medication acts upon the patient, and, despite being inanimate, it contributes to maintaining the unequal relationship between the medical staff and the patient. In his actor-network theory, Latour calls all objects and substances that shape social relationships non-human actants: “*any thing* [sic] that does modify a state of affairs by making a difference is an actor—or, if it has no figuration yet, an actant.” He argues that “social action” is “delegated” to objects without their own volition which can nevertheless carry out some tasks and produce effects in a more efficient way than humans in some cases (70–71). The drugs, the syringes, even the clinically white bed linen can be regarded as non-human actants that contribute to a network of knowledge production and meaning making (Lupton 16–17) and serve to further enfeeble the patient’s resistance to the process of dehumanisation.

As a result, the speaker welcomes the relief the drug-induced sleep brings her, contrasting this sense of calm to the burdens of life she used to carry:

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Now I have lost myself I am sick of baggage—  
My patent leather overnight case like a black pillbox,  
My husband and child smiling out of the family photo;  
Their smiles catch onto my skin, little smiling hooks. (Plath 160)

All duties and responsibilities involved in caring for her family are referred to as “baggage” and are represented by her personal belongings such as the overnight case and the photo. Both of them are likened to objects that refer to her illness and operation, thus making her feel “sick.” There is a hint of resentment in her reaction to these objects, implying that she, to some extent, blames her family for her current illness: the physical and emotional exertion of looking after husband and child has led to her exhausted condition. She wants to rid herself of these conjugal and maternal obligations and seizes the opportunity provided by illness to escape from them.

Thus, she becomes complicit in the dehumanising practices of the medical institution since she not only allows but desires to be deprived of her personal history, memories, and emotional bonds: “I have let things slip, a thirty-year-old cargo boat” (Plath 161). The impersonal sterility of the hospital facilitates her desertion of her family and previous life and makes these attachments seem like impurities of which the patient should be cleansed: “They have swabbed me clear of my loving associations” (Plath 161). In accordance with the idea of cleanliness, the speaker imagines the process of losing her personal memories as being submerged in water. As a result, she experiences a sense of complete purity: “I am a nun now, I have never been so pure” (Plath 161). The image of the nun represents not only virginity, or purity in a sexual sense, but also a lack of social or emotional ties to other people. For Van Dyne, the red tulips signify, through the colour’s association with blood, female sexuality and its reproductive consequences: the tulips are “explicitly linked to the speaker’s fears of carnal and contaminating flesh” (64). This contention is confirmed by the earlier references to the speaker’s child and the painful “hooks” of motherhood she wants to evade as well as the yearning expressed for a nun-like, virginal state of purity.

What the speaker longs for is more radical than freedom from human relationships: she wants to rid herself of all thoughts and feelings. The complete renunciation of the self is represented as a simple transaction, a barter: “The peacefulness is so big it dazes you, / And it asks nothing, a name tag, a few trinkets” (Plath 161).

Thus, attributes of personhood such as her name and personal possessions are downplayed as insignificant and useless items that can be easily exchanged for a sense of serenity that derives from the complete freedom from responsibility. Significantly, this peacefulness is compared to the long final repose after the hardships of life: “It is what the dead close on, finally; I imagine them / Shutting their mouths on it, like a Communion tablet” (Plath 161). Whereas release from interpersonal relationships is symbolised by the image of the nun, the second religious metaphor, the last rites administered to the dying is symbolic of a release from life. So, the speaker does not want to relinquish her duties to her family because she wishes to lead a different kind of life but because she does not want to live at all—even though this is only implied by the image of the last rites, the speaker never makes this wish explicit. This desire for a complete dissociation from bodily existence is also interpreted by Kirsch as a death wish, which he sees as a logical consequence of the speaker’s self-deconstruction into a disembodied consciousness (259–260). Indeed, the entire first half of the poem that portrays the speaker’s catatonic state with frequent allusions to the sense of relief, purity, and peacefulness she experiences in this condition is indicative of a deep-seated longing for death. Accordingly, some critics were quick to point out that “[i]n the late poems, Plath enters the world of death” such as the hospital ward in this poem (Pollitt 71). Nevertheless, this implicit death wish is complicated by a pervasive irony and criticism with which the speaker contemplates herself in this inert state: she refers to herself as a “nobody,” a “nun”—a pun on “no one”—a “stupid pupil,” and declares that “I only wanted / To lie with my hands turned up and be utterly empty” (Plath 160–161). This last statement specifically alludes to reproaches or accusations women are particularly vulnerable to: idleness or laziness on the one hand, and intellectual or emotional vacuity on the other. Also, the photo of her husband and child which she associates with the idea of “baggage,” leads the reader to infer that the speaker’s yearning for release largely stems from a desire to escape from traditional feminine roles which she experiences as agonisingly constraining and wearisome.

While the tulips are cursorily mentioned in the first and fifth stanzas, it is only from the sixth stanza onwards that they emerge as the principal symbols of the poem. Although the tulips are also inanimate, they cannot be called non-human actants in the Latourian sense since their impact is diametrically opposed to the dehumanising social forces at work in the hospital. Their glaring red colour stands out disturbingly amongst the whitewashed surroundings, reminding the speaker of a newborn

baby that symbolises life but is also evocative of the pain of giving birth: “Even through the gift paper I could hear them breathe, like an awful baby. / Their redness talks to my wound, it corresponds” (Plath 161). By reminding the speaker of her surgical wound from her recent operation and thus inducing pain, the baby-like red bunch of flowers becomes the sign of a new life for the speaker since birth, as well as healing, involves pain. Awareness of bodily injury and physical pain makes her mindful of her body which is an important part of regaining a sense of identity. Contrary to the earlier pleasant sensation of emptiness, associated with airy lightness, now the tulips “weigh [her] down” (Plath 161), making her feel heavy.

The intense vividness of the colour of the flowers invests them with a life of their own: the speaker perceives them as watchful eyes turning towards her, and in the direction of the window. In Plath’s poetry, “red is the colour of the empowered self” (Nervaux-Gavoty 122), and therefore stands in stark contrast with the washed-out whiteness of the speaker’s lethargy. Hence, she finds herself caught “[b]etween the eye of the sun and the eyes of the tulips” (Plath 161), and the sense of being watched forces her to see herself with the eyes of an onlooker. From this external perspective, she seems pathetic and insignificant due to her efforts to divest herself of her own human characteristics: “And I see myself, flat, ridiculous, a cut-paper shadow / . . . / And I have no face, I have wanted to efface myself” (Plath 161). Flatness, in Plath’s poems, often denote a lack of vital energies and creativity (Kendall 16). The persona realises that, by abandoning herself to the dehumanising effects of hospitalisation, she has not become cleansed or spiritually refined, quite the contrary: she has emptied herself of human values and has turned vacuous, inauthentic, and even comical, like the shadow of a paper figure, manipulated in whatever way it pleases the puppet master. Having forfeited her “face,” her personality, she is now aware that she cannot gain another kind of worth or significance to replace it.

Nevertheless, the persona still regards the tulips as a threat of which she must be wary: “The vivid tulips eat my oxygen” (Plath 161). She feels she must strive against their encroaching presence that deprives her of the sense of peace she enjoyed before. As the speaker focuses on the way the tulips disturb the previously smooth flow of air, she is, though unwillingly, emerging from her stupor and is becoming alert and conscious: “They concentrate my attention, that was happy / Playing and resting without committing itself” (Plath 161). So, an impulse of self-preservation is generated by the presence of the tulips, and this jolts her out of her state of torpidity.

Simultaneously with the revitalisation of her cognitive processes, the ability to feel emotions is also resuscitated. Even though the first affect she experiences is a primitive one, fear, it still allows her to feel a sensation of warmth, emanating from the intensified beating of her heart that seemed to be dormant before: “And I am aware of my heart: it opens and closes / Its bowl of red blooms out of sheer love of me” (Plath 162). Now the heart, the source of vital forces as well as the seat of emotions, is transmuting into the red flowers that were first disliked and then feared. Perloff calls attention to “the process whereby the ‘I’ finally *becomes* the hated tulip.” She argues that the tulips do not operate as traditional symbols but rather function as conduits for absorbing and then infusing selfhood into the speaker (119). The discernment of her heartbeat infuses a sense of self-love into the persona, who feels a vague gratitude to her body that has kept her alive and thus made a full return to the world of the living possible, even while she was longing to sink into a death-like state. Increased awareness of and identification with her body induces empathy and affection towards herself, and this self-love is indispensable to the ability to feel love for others. Ultimately, it is the ability to love with which the tulips present the persona, who now welcomes the approach of health and the prospect of a return to everyday life: “The water I taste is warm and salt, like the sea, / And comes from a country far away as health” (Plath 162). The heart is associated with warmth and blood in this image of rebirth at the end of the poem, and it also refers back to love, a crucial human emotion that this organ symbolises. In the last analysis, it is love for the self and others that allows the subject to prevail over the debilitating powers of institutionalised dehumanisation.

Whereas “Tulips” conveys the process of medical dehumanisation from the viewpoint of the patient, who is initially a willing victim, “The Surgeon at 2 a.m.” represents dehumanising medical practices and discourse from the perspective of the perpetrator, the operating surgeon. As opposed to Rose’s view that the poet identifies with the surgeon in a “loving” and sympathetic manner (134), this poem is more appropriately seen as a trenchant critique of the desensitised but also self-glorifying attitudes of the medical profession.

“The Surgeon at 2 a.m.” also opens with an emphasis on the hygienic cleanliness of the hospital environment—the setting, this time, is the operating theatre. The patient has already been anaesthetised and prepared for the ensuing surgical procedure. Before the medical intervention can start, germs as well as the consciousness of the patient have to be removed:

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The white light is artificial, and hygienic as heaven.  
The microbes cannot survive it.  
They are departing in their transparent garments . . .  
. . .  
. . . The soul is another light.  
I have not seen it; it does not fly up.  
Tonight it has receded like a ship's light. (Plath 170)

Bacteria are eliminated in the same way as the soul is made to leave—even though this “scalded” but also “frozen and peaceful” state of cleanliness is temporary, it succeeds in creating a brief suspension of life, preserving the patient in an artificial limbo between life and death during the operation. The surgeon-speaker’s attitude to the soul or transcendental beliefs is ambivalent as he partly acknowledges the existence of the spirit, but he also feels able to suspend its existence at will. Moreover, he invests the sterility of the operating theatre with transcendental meaning: it is “hygienic as heaven.” This suggests that he endows medical practices with divine power: if the disinfected room is heaven, then the operating surgeon who reigns supreme in it must be God.

The suspension or temporary removal of the patient’s soul, or humanity, is indispensable to the surgical intervention, which, fundamentally, treats the body as an object. Ignoring the patient’s personhood allows medical professionals to carry out their work efficiently, as Lupton argues. In order to maintain matter-of-fact and socially acceptable conduct on both the doctor’s and the patient’s part and forestall accusations of sexual impropriety or cruelty, “the patient must be viewed as a technical object rather than an individual” (Lupton 121). As a result, the body on the operating table becomes an inert mass, deprived of all human dignity or volition, and completely at the mercy of the surgeon and his team:

The body under it is in my hands.  
As usual there is no face. A lump of Chinese white  
With seven holes thumbbed in . . . (Plath 170)

The alien quality of the body deserted by the spirit is further emphasised by the adjective “Chinese” and the callous description of the surgical incisions

as “holes thumbed in,” which reinforces the image of the body as a malleable substance that the surgeon’s skilful hands can shape.

The operation is first described in terms of a process of colonisation, where the surgeon envisions himself as the pioneer venturing into an untamed and teeming wilderness. The interior of the body is represented as a luxuriant rainforest, crammed with roots, fruits, trees, and flowers. While the surgeon is impressed with the variety and richness of nature’s creation, he also considers these organic tissues dangerous and a potential hazard to the human body that is in sore need of the surgeon’s civilising efforts:

It is a garden I have to do with—tubers and fruits  
 Oozing their jammy substances,  
 A mat of roots. My assistants hook them back.  
 Stenches and colors assail me.  
 This is the lung-tree.  
 These orchids are splendid. They spot and coil like snakes.  
 The heart is a red-bell-bloom, in distress.  
 I am so small  
 In comparison to these organs!  
 I worm and hack in a purple wilderness. (Plath 171)

As in the depiction of the exterior of the inert human body, the foreignness of which is indicated by the attribute “Chinese,” the representation of the inside as a tropical forest also conveys a sense of the exotic, foreign, and strange. Moreover, the interior of the body is chaotic and excessive: overflowing with viscous liquids, exuding unpleasant smells, displaying glaring colours, thronged with squirming intestines and pulsating organs that seem to lead a life of their own, it defies the sterile orderliness of medical practices. The surgeon is intent on reducing this organic chaos to an artificial order so that he can save the body from the threat that its own organs pose to itself: the snake-like bowel and the distressed heart indicate that the messiness of the internal anatomy carries within itself the danger of self-destruction. This conveys the idea originating in the eighteenth century that nature, if unsupervised and unregulated by man, will turn against its own creations and destroy them. The principal objective of the “physicotheology of the eighteenth century,” claims Geyer-Kordesch, “was to reinstate order of a kind which was predictable.”

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Nature was reconfigured as a set of laws from the knowledge of which objective authority can be derived, and which allows for the complete elimination of passion, unpredictability, and the volatility of inexplicable feelings or other subjective occurrences (Geyer-Kordesch 151). The juxtaposition of a reasonable nature as opposed to a monstrous one was especially salient in the newly emerging discipline of obstetrics, a field of medical practice where male physicians took over female midwives in the eighteenth century (Youngquist 132). In contemporary studies of gestation and birth, heavily pregnant female flesh, contends Youngquist, was regarded as abject matter, food but also waste, embodying death and putrefaction, as opposed to the tender youth and clean vitality of the foetus: “Life is all the child’s, while its mother’s flesh incorporates death” (136–137). In the image of the jungle teeming with abject forms of life, it is clearly the monstrous aspect of nature that is captured.

Such alien, inexplicable, and uncharted territories must be assimilated into the order of reason. The historical process of colonisation coincided with, and, also, reflected late seventeenth- and early eighteenth-century ideas of the rule of reason that must be forced upon deviant manifestations of nature. Although there exists a multiplicity of divergent definitions of colonialism, what is perhaps a common element in most is that the colonisers “sought to impose their own culture on a quite different culture so that it would mime or imitate that of the imperial centre” (Ryan 217). The ideology of colonialism implicitly relied on the subjective notion that the coloniser’s culture is the norm against which other cultures must be measured: “the kinds of ‘normative’ claims made by the settler-state are not simply distinct from indigenous ones but are . . . themselves predicated on the (thread)bare insistence that the state maintains an ‘overriding sovereignty’” (Rifkin 96). Therefore, values and practices in the colonised territories that differed from those of the colonisers were deemed as deviations from the norm, which justified or even called for intervention which aimed at normalising the deviant subjects. A similar logic was employed in the eighteenth century with regards to the human body.

As Foucault explains, the idea of the norm of the body originates in the eighteenth century when there was a major shift in the objectives of medicine from a merely negative, restitutive purpose of curing diseases to a positive, active role in promoting the happiness of nations. The ingenious device to achieve this end was the idea that, rather than studying the diseased body, physicians should examine the healthy body and pay careful attention to its workings so that the processes and appearance of the “normal” body could be properly described and then set up as a standard:

Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*. In the ordering of human existence it assumes a normative posture, which authorises it not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives. (Foucault 34)

This paradigm shift in medicine formed part of a larger project of imposing order on a shapeless, intractable mass of people and thereby shaping it into a manageable population. This was mostly accomplished by means of surveillance: the constant and widespread monitoring of subjects in diverse areas of social life. The idea was that subjects should be compliant to the rules and regulations of social life without being directly supervised by religious or secular authorities (Youngquist xv). Due to the dispersion of invisible disciplining strategies in society, docile bodies can be created whose strength and mobility are bridled (Youngquist xxv) so that they can be more easily made to obey social norms. Thus, subjects conduct themselves in a way that is useful to society. As a means of achieving such indirect control, medicine and the medical profession were properly reorganised, unified, and regulated so that they could take over the task of disciplining subjects through intervening on their bodies.

Despite his purpose of colonising and normalising the aberrant body, the surgeon's procedure seems somewhat directionless and haphazard: "I worm and hack in a purple wilderness" (Plath 171). As Brain points out, the doctor is losing control of the body's excessive and intractable physiological processes: "The blood is a sunset. I admire it. / I am up to my elbows in it, red and squeaking. / Still it seeps up, it is not exhausted." It is due to this loss of mastery, Brain argues, that the surgeon suddenly switches from the metaphor of the jungle to that of Roman architecture, comparing the circulatory system to aqueducts and thermal baths, since an artificial edifice is more amenable to human intervention than an untamed wilderness (123–124). The speaker's adulation of Roman civilisation confirms his allegiance to the ideology of colonisation and empire-building:

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So magical! A hot spring  
I must seal off and let fill  
The intricate, blue piping under this pale marble.  
How I admire the Romans—  
Aqueducts, the baths of Caracalla, the eagle nose! (Plath 171)

This extolment of the Roman cities of antiquity places special emphasis on the unique sanitation systems that were invented and built and pays respect to the Roman culture of personal cleanliness. By imagining the interior of the human body as a well-planned city with a highly developed system of “piping,” the surgeon denies the excessive and intractable nature of the body he previously experienced and reconfigures it as an artificial construct that can be easily repaired by human skill. He turns the body into a miniaturised model of the Roman city, as if nature imitated human architecture. However, this antique civilisation is also, and emphatically, dead: “The body is a Roman thing. / It has shut its mouth on the stone pill of repose” (Plath 171). The conception of the body as an artificial structure inevitably involves its radical objectification and treatment as an inanimate artefact, a result of medical intervention. That is why the doctor can declare complacently: “It is a statue the orderlies are wheeling off. / I have perfected it” (Plath 171). Thus, normalising medical procedures, and especially surgical interventions, turn the body from a natural organism into an artificial construct, a chiselled artefact, a product of medical discourse.

The body that fits the norm—the proper body, as Youngquist calls it—is the only kind of body that is able, in a physiological sense, to participate in the life of civil society. Hence, the proper body must be reducible to its functionality. Bodies that cannot be equated with such useful functions have no social value. According to Locke’s theory of civil society, all individuals are, at the same time, owners of property. The individual’s first possession is his body and he subsequently acquires other possessions through the labour of his body. Ultimately, the individual can be equated with the actions carried out by his body, and the proper body accumulates property. Through labour, the individual transforms a property belonging to all into his own personal possession (Youngquist 20); therefore, the proper body’s main purpose is to produce property. In the last analysis, Youngquist contends, the body is fundamentally prosthetic since it increases its social power and significance through the property it acquires. Because the body is a property, it is also

a commodity and as such, can be exchanged—or more precisely, its labour power can be transmuted—for other items. As a consequence, bodies whose actions cannot be exchanged for other articles cannot become individuals and thus, are unfit to participate in civil society (Youngquist 21). Therefore, the social utility of the medical profession consists in normalising aberrant bodies and turning them into proper, productive bodies.

Paradoxically, the process of perfecting bodies involves their mutilation: the removal of faulty parts. The surgeon carefully preserves the deviant tissues excised from the perfected body as proof of his efficiency at extirpating abnormality:

I am left with an arm or a leg,  
A set of teeth, or stones  
To rattle in a bottle and take home,  
And tissue in slices—a pathological salami. (Plath 171)

The body parts that have been hacked off are presented as abject and repulsive, rejected from the order of useful things and symbolising aberration from the healthy norm. They incorporate abjection in a very obvious way since they are parts that have been cut out of a living organism and have thus become waste. This “falling” away of matter that is no longer useful is an important aspect of Julia Kristeva’s definition of the abject: “Such wastes drop so that I might live, until, from loss to loss, nothing remains in me and my entire body falls beyond the limit—*cadere*, cadaver” (3). These deviant tissues may also represent, in a more abstract sense, the characteristics of the individual that are considered deviant or abnormal, and therefore, they have to be eliminated in order for the individual to successfully conform to social expectations. This process of relegating body parts to the domain of abjection clearly deprives patients of their human dignity: it has been reported that the removal and preservation of human organs is considered dehumanising by patients and their relatives (Cheung 115). Such “pathological” traits belong expressly to the past, an irrelevant and dead temporality which can serve only as a negative counterpoint to a “clean” and bright future:

Tonight the parts are entombed in an icebox.  
Tomorrow they will swim

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In vinegar like saints' relics.

Tomorrow the patient will have a clean, pink plastic limb. (Plath 171)

Besides the abjection of the removed tissues and their association with a tainted past, they also symbolise sacrifice and imply a certain “martyrdom” of the individual suffered at the hands of the medical profession as they are likened to “saints’ relics.”

Due to the concept of the body as essentially prosthetic in liberal society since it amasses “bulk and stature with every acquisition” (Youngquist 20), the fact of wearing prosthetics becomes a sign of compliance with rules and conformity to the social order; it also indicates that the body has been appropriately normalised. The origins of the necessity of bodily sacrifice for society dates back to Britain’s wars against Napoleon, Youngquist contends, and more specifically, to the battle of Waterloo. Although it resulted in the spectacular victory of the English, they suffered enormous losses on the battlefield. Besides the large number of the fallen, the casualties included a crowd of seriously wounded and mutilated war veterans, who had to be rehabilitated. Injured limbs were usually amputated to prevent further gangrenous infections, then the patient was fitted with a prosthetic limb. First, these artificial limbs were very rudimentary, only a thick wooden stick attached to the stump, but they soon evolved into more sophisticated, almost lifelike sculptures of legs and arms. The process of the rehabilitation of the body with the help of prosthetics carried out on a large number of veterans amounted to the reconstruction of Britain’s national identity, one in which patriotism gained considerable importance. As war injuries were a source of pride and proof of the subject’s devotion to his country, the almost ritual mutilation and reconstitution of bodies served to rebuild and strengthen Britain’s national identity. So, wounds of war became visible evidence of belonging to the nation that demanded physical alterations on the subject’s body: only in case of such bodily mutilations could the subject exist as a truly political being and a full-fledged individual (Youngquist 176–184).

While the crippled and prosthetic body was turned into a symbol of national identity in Britain as a result of the Napoleonic wars in the early nineteenth century, this equation of mutilation with belonging to the nation took place in America in the second half of the century in the era of advanced industrialisation when the machinery of mass-manufacturing resulted in such casualties. Therefore, in America, prosthetics symbolised the “values of industrial capitalism—precision, uniformity, mechanical production, the transformative force of work” (Youngquist 184). This necessity

of personal sacrifice, however, has survived into late modern American society, too. Some of Plath's late poems, most notably, "The Applicant," deals with the issue of the crippling effect of conformity to a corporatist consumer society:

First, are you our sort of person?  
 Do you wear  
 A glass eye, false teeth or a crutch,  
 A brace or a hook,  
 Rubber breasts or a rubber crotch  
 Stitches to show something's missing? (Plath 221)

In this poem, images of prosthetics convey the idea of psychological mutilation. The subject has to forfeit parts of his psyche and sacrifice the wholeness of his personhood in order to become a full member of society.

Whereas the norm of the proper body extends to the psychological characteristics of the subject in late modern society, with a special emphasis on cognitive, emotional, and behavioural normality, in the early stages of the introduction of this regulatory concept in the eighteenth century, medicine was only concerned with the somatic aspect of health. Deformity was measured against the standard regularity of physical health—or the average body—and all deviant manifestations were labelled pathological, and therefore, requiring medical intervention (Youngquist 9).

With the pathological tissues removed, the patient is now deemed ready to start a "new life." The surgical procedure that frees the subject from both his or her aberrant parts and entire past history gains a transcendental dimension in retrospect: "Over one bed in the ward, a small blue light / Announces a new soul" (Plath 171). Therefore, the soul that departed at the start of the operation is gone forever and is now being replaced with a new one, implying that the surgeon has the divine capacity to create new souls, new human beings, due to the quasi-magical powers of medical intervention on the body. By insinuating that the soul, the essence of personality, can be effectively replaced or completely transformed by medical procedures implemented on the body, the speaker grossly overestimates the powers of medicine and, at the same time, betrays his disparagement of the value of or permanence of selfhood.

The creation of the new soul is accompanied by the conventional iconography of Christianity, especially by pictorial elements related to the Virgin Mary.

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The colour blue refers to the Blessed Virgin since she is traditionally represented wearing blue garments. Then the word “announces” alludes to the Annunciation she received from Archangel Gabriel that she would conceive and give birth to Jesus. Finally, the angels that “have borne him up,” are a reference to Mary’s ascension to heaven after her death:

Over one bed in the ward, a small blue light  
Announces a new soul. The bed is blue.  
Tonight, for this person, blue is a beautiful color.  
The angels of morphia have borne him up.  
He floats an inch from the ceiling,  
Smelling the dawn drafts.

Here, the male patient, as he is undergoing the process of transformation, is clearly represented as the Virgin Mary.

The angels assisting in his apotheosis are opium-based drugs. Opioids were very commonly applied in medicine due to their analgesic effect and while they were ousted from their role as the only means of pain-relief after the invention of synthetic pain-killers, opioids are still widely used as a basis for various types of medication in the United States, causing severe addiction in patients to the extent that it has now led to an opioid crisis there: “Over the past 25 years, the United States has experienced a dramatic increase in deaths from opioid overdose, opioid use disorder (OUD), and other harms in parallel with increases in the prescribing of opioid medications for pain management.” Since morphia, a potent opiate analgesic drug “can produce feelings of pleasure, relaxation, and contentment” (National Academies 2), the patient is not only relieved of his pain but experiences a delightful sense of satisfaction, which is compared to religious ecstasy.

As the doctor is walking through the ward among the sleeping patients, he envisions them as dead people, waiting for their resurrection by the medical staff: “I walk among the sleepers in gauze sarcophagi” (Plath 171). As some of the half-awake patients turn their gaze on him, he feels fully confirmed in his belief that he is master of life and death, thoroughly controlling the destiny of all the patients in the ward: “The red night lights are flat moons. They are dull with blood. / I am the sun, in my white coat, / Gray faces, shuttered by drugs, follow me like flowers” (Plath 171). Thus, the apotheosis of the patient recently operated on is translated into an almost

divine aura of respect surrounding the surgeon who carried out the successful procedure. His presence inspires hope and fear in equal measure since he has the power to heal as well as to destroy: the “red night lights” which are “dull with blood” evoke the bloodshed and butchery carried out on the operating table. Furthermore, the reverence of the patients towards the doctor originates, to a great extent, in the numbing and disorientating effects of the drugs. The word “shattered” powerfully evokes another word, “shattered,” which suggests that the faces, and by implication, the consciousness, of the patients are severely affected, almost destroyed by the medications. These non-human actants facilitate the subjection of the patients’ will to that of the doctor by largely eliminating their volition and making them acquiesce in their objectification as an inert mass on the operating table to be subsequently butchered, “wormed,” and “hacked” through, until they can be “perfected” and reduced to the status of an artefact, the final product of medical dehumanisation.

In both poems, the erasure of individual self-consciousness and a sense of identity plays a pivotal role in dehumanising patients. While the lifeworld, “the conglomeration of discourses and beliefs that people accumulate through everyday experiences and activities” (Lupton 86) of subjects is completely denied in the medical institution and their personal history is made to seem redundant or even pathological, patients are absorbed into the depersonalised atmosphere of the hospital. In the enclosed and seemingly self-sufficient world of the medical institution, patients are compensated for their loss of selfhood with an illusory sense of serenity and contentment, largely deriving from the soothing effects of drugs as well as the mystification of the aims of medical procedures. Whereas the prophane apotheosis of the surgeon and his artefact, the “rehabilitated” but still unconscious patient, represents the outcome of complete medical dehumanisation, the patient-speaker in “Tulips” manages to salvage a remnant of her humanness by transposing her selfhood onto the blood-red flowers, which, in turn, allows her to be awakened from the complete objectification produced by medical practices. Moreover, a note of irony—subtle in “Tulips” but quite apparent in “The Surgeon”—allows the poems to transcend their literal subjects, the hospital, and the medical encounter. Indeed, they can be read as allegories of the subject’s vulnerability and eventual mutilation or castration by wider society. It is the lure of “purity” and even “saintliness” by means of sacrificing individual traits and eliminating the personal that seduces people into utter compliance with dehumanising practices. In the final analysis, the idea of spiritual cleansing as a result of docility that features prominently in both poems, is offered as an illusory reward

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for being an obedient subject—and as such, turns out to be a travesty of authentic spiritual transformation.

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## CONTRIBUTOR DETAILS

Edit Gállá is an external lecturer at Károli Gáspár University of the Reformed Church in Hungary and also at Semmelweis University. She obtained her PhD at Eötvös Loránd University in 2018 and has published several articles on Sylvia Plath's poetry. Her research interests include twentieth-century American poetry, feminism and gender studies, and consumerism as cultural ideology. Her own volume of poetry was published in 2016.