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Patienthood and the Female Body in US Cold War Literature

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Abstract:

This thesis examines portrayals of the female body in texts by Sylvia Plath, Erica Jong, Richard Yates, Toni Morrison, Ira Levin, Jack Finney and Thomas Pynchon. It approaches these depictions from both a literary studies and medical humanities perspective, exploring what they tell us about Cold War culture during the 1950s and 1960s in the United States. It argues that these writers present female characters that occupy positions of *patienthood*. Through drawing on work across the medical humanities, literary studies, history and cultural studies, this thesis extends the use of the term patienthood to include medical and non-medical experience, drawing a connection between the treatment of the female body under a medical gaze and Cold War culture in the United States. It approaches the female body as a site upon which the ideological conflict of the Cold War was written, and, as such, argues that presentations of the female body in literature of the Cold War period are important in broadening understanding of Cold War culture in the United States.

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Introduction

In 2007, Steve Jobs announced the release of the first iPhone and Barack Obama announced his candidacy for president of the United States. In retrospect, these events are recognizable as moments that mark the start of historical and cultural change. On July 19th of the same year, Matthew Wiener's *Mad Men* aired for the first time on cable network channel AMC. As the United States stood on the brink of a new period of change, Wiener's *Mad Men* looked back to the 1960s and 1970s. Wiener's creation detailed life in a New York advertising agency, spanning a fictional timeframe of ten years from March 1960 to November 1970. The show ran for seven seasons from 2007 to 2015, garnering significant popularity and critical success, winning many prestigious awards including the Primetime Emmy Award for Outstanding Drama Series four times. There are many reasons why *Mad Men* was so successful; the writing, set design, cinematography and acting all contributed to a polished portrayal of life during the 1960s in the United States. It is also possible that the time had come, towards the end of the first decade of the twenty-first century, to re-examine this formative and turbulent moment in United States history. *Mad Men* offered audiences, many of whom had living memory of the 1960s, an opportunity to view the period with twenty-first-century eyes. But what did *Mad Men* tell us about 1960s America? In the next few paragraphs, I will provide a brief close reading of the first episode of *Mad Men*, drawing connections between Cold War culture and the female body that form the crux of this thesis.

Despite the creative, accounts and art departments of the fictional advertisement agency, Stirling Cooper, being exclusively comprised of male employees, the experience of women is ever-present in *Mad Men*. In the first episode, Peggy Olson rides the elevator to begin her first day at Stirling Cooper, where four male employees leer over her. When she arrives at the office, Peggy is told by numerous women, including her boss, Joan Holloway, that she should show her legs off more at work. During her lunch break, Peggy visits a doctor, recommended to her by Joan, to acquire the contraceptive pill. The scene begins with Peggy sitting on the edge of a medical bed, reading a pamphlet titled 'It's your wedding night' ("Smoke Gets in Your Eyes" 20:06). The doctor examines Peggy and tells her that he

can tell by her chart and her finger that she is not married (see fig. 1). He assures her that he is not there to judge, whilst also warning her that he will take her 'off this medicine if you abuse it' ("Smoke Gets in Your Eyes" 21:29), telling her that she should not become the 'town pump' (22:07) just to get her money's worth of the pills.



Fig. 1. Still from "Smoke Gets in Your Eyes." *Mad Men* (21:22).

Perhaps a part of *Mad Men's* allure to twenty-first century audiences was its abundance of recognizable character types, or caricatures, that have become icons of Cold War United States culture. There's Don Draper, the successful and wealthy – yet existentially lost – creative director, the titular (m)ad man. Betty Draper, Don's wife, serves as the unfulfilled and lonely suburban housewife, straight from the pages of Betty Friedan's *The Feminine Mystique*. Joan Holloway is the sexualized head-secretary, the leader of a group of equally objectified and beautified secretaries that comprise a female presence in the office. When Peggy Olson enters this environment as Don's new secretary in the first episode, she is distinctly different from her co-workers. Both Pete Campbell and Joan Holloway draw attention to the dowdiness of her clothes. Whilst Pete makes fun of Peggy to his male colleagues, Joan tells Peggy to 'go home, take a paper bag and cut some eyeholes out of it. Put it over your head, get undressed and look at yourself in the mirror, really evaluate where your strengths and weaknesses are, and be honest' ("Smoke Gets in Your Eyes" 9:22), to which Peggy replies 'I always try to be honest' (9:33). However, as the episode continues, the audience begins to learn, as Peggy does, that honesty does not hold currency on Madison Avenue. While Peggy does not enter the office as one of Weiner's

stereotypical secretaries, she quickly becomes embroiled in trying to become one. At the end of her first day, she clumsily makes a sexual advance towards Don, placing her hand suggestively on his. This move appears to be motivated not by desire, but off the back of an earlier conversation with Joan, during which she implied that sexual relations between a boss and his secretary were a part of the job. The audience follows Peggy's first day at Stirling Cooper, from her admission to Joan that she always tries to be honest, her lunchtime trip to the doctor's office to acquire the pill to her awkward flirtations with Don. During the space of a day at the agency, Peggy is overcome by the pressure to conform to the stereotype of the office secretary.

At home, during the evening of her first day, Peggy is visited by a drunk Pete Campbell, who has come from his own bachelor party. Standing at the doorway of the apartment Peggy shares with her sister and mother, he tells her, seductively, 'I wanted to see you tonight,' to which Peggy responds with a hint of surprise in her voice, 'me?' ("Smoke Gets in Your Eyes" 44:15). Although this scene may read like a climactic moment in a popular romance film, it doesn't play that way. There is lack of authenticity in Pete's proclamations and the audience remains sceptical of his intentions, especially given that he had openly mocked Peggy only hours earlier. Peggy's one-word retort, 'me?' also hangs awkwardly in the air, prompting the audience to wonder whether she is pleased to be noticed by Pete, or just thankful to be seen at all. In this scene, Wiener brings to the surface tensions that have been latent – and in some cases blatant – throughout the first episode. When Peggy asks Pete, 'me?,' she is giving voice to the conflict she has felt all day, between being honest to her own sense of self and to conforming to who she is expected to be. The same sense of conflict can be identified in Pete, too. Is his authentic character the person we meet in the office, who laughs at Peggy's appearance, or the man in the doorway, who professes his desire for her? Does Pete even know who he is?

These questions of authenticity and conformity are strikingly pertinent to the Cold War moment that Wiener is portraying and are indicative of the type of questions being asked, both culturally and personally, in the 1950s and 1960s. In *The Lonely Crowd*, first published in 1950, David Riesman outlines the emergence during the 1950s of an 'other-directed' (Riesman 21) character type, that 'permits a close behavioural conformity . . . through an exceptional sensitivity to the actions and wishes of others' (Riesman 21-22). In another formative text of the decade, *The Organization Man* (1956), William H Whyte'

argues for a move away from individualism towards a 'Social Ethic' (6), an alternative to the Protestant Ethic that celebrated the hard-work of the individual. Pete and Peggy's identity crises can be contextualized within these discourses, that chart a shift away from individualism towards an understanding of the individual as part of a wider collective or group.

Whether authentic or not, Pete's advances lead to the pair having sex, which in turn results in Peggy becoming pregnant. The audience remains unaware of this until the final episode of the season, as does Peggy, who visits the hospital believing that she has food poisoning. Peggy gives birth to the baby, without Pete's knowledge, and decides to give it up for adoption, refusing to look at or hold her child. Peggy's pregnant body remains hidden throughout the first season, from Pete, the audience and from herself. This twist in Peggy's storyline adds another dimension to the conflict she experiences between individualism and conformity. Is it her commitment to her career at Stirling Cooper (she is promoted to a creative role during the course of the season) that prevents her from keeping the child? Would the role of motherhood derail her plans to progress at Stirling Cooper, where she no longer aspires to conform to the role of secretary but to compete with the men for creative roles? Or is it the fear of becoming a single mother, of breaking from conformity in another guise, that influences her decision to give her child up for adoption? Weiner provides no answers to these questions, and Peggy's pregnancy is rarely spoken of again. Yet, by ending the first season with this moment, Weiner sets up a relationship between the female body and conformity that this thesis will argue is pertinent to the Cold War period he is portraying.

As Peggy's pursuit of birth control and her childbirth suggests, female body experience was markedly medicalized during the 1960s. By medicalization, I refer to the figuring of healthy functions of the female reproductive body, for example menstruation, birth control, pregnancy and menopause, as medical events. In the texts studied in this thesis, as in *Mad Men*, female medical encounters are embedded within narratives that explore Cold War culture. I first became interested in the relationship between the medicalization of female experience and Cold War culture whilst studying for my MA. During the spring term, I took two modules, one on Cold War American Literature and the other titled 'Illness and Disability in American Culture.' Studying these two modules alongside one another introduced me to two strands of theory that will become key to this

study; theories on Cold War containment culture and the critical medical humanities. I began to draw connections between the often-oppressive nature of the medical encounter – particularly during the 1950s and 1960s – that tended to render patients (often female) voiceless under the medical stewardship of the expert, and the foreign and domestic policy of containment that characterized the US’ response to the threat posed by the Soviet Union during the 1950s. It became clear to me that women entered these unequal doctor/patient encounters much more frequently than their male counterparts, because menstruation, contraception, pregnancy and menopause were figured as medical events. The medicalization of women’s lives increased during the 1950s and 1960s, encouraged by the introduction of new medical technology, such as the contraceptive pill and the growing popularity of fields such as a psychology and psychiatry. This coincided in the 1950s with containment culture and McCarthyism, which encouraged conformity to traditional gender roles that, for men, meant going to work and earning a wage, and for women entailed becoming a housewife and a mother. This thesis will identify connections between these two strands of Cold War culture, examining how patienthood was constructed, culturally and medically, during the Cold War decades of the 1950s and 1960s and showing how this construction of patienthood was related to containment culture.

I will explore the relationship between Cold War culture, the medical encounter and the female body by examining works of literature and film from the 1950s, 1960s and 1970s.¹ Nearly all of the texts I study were published in the 1960s and 1970s and look back towards the 1950s and 1960s. I have chosen to ground my exploration of the female body and the medical encounter in Cold War literary texts because they are both a cultural product of the Cold War period and the result of writers’ active engagement with Cold War anxieties and concerns. In its most basic definition, the Cold War refers to the period of hostility between the United States and the Soviet Union in the latter half of the twentieth-century. Like all attempts at periodization, there is no stable start date to the Cold War period. The end of the Second World War in 1945, and the subsequent division of Germany, offers one possible starting point. George Kennan’s Long Telegram in 1946, in which he sets

¹ Throughout this thesis I will frequently refer to ‘the female body’ or ‘female body experience’ to describe the embodied experience of women during the period. I use this phrase, as opposed to the experience of womanhood, because it is the embodied experience of being female during the Cold War period that is explored.

out his recommendations for the policy of containment, the same year that Stalin gives his hostile speech could mark a possible beginning date, whilst Walter Lippmann's use of the term 'The Cold War' in his 1947 text *The Cold War: A Study in US Foreign Policy* offers another. The end date of the Cold War period is often cited as being the dissolution of the Soviet Union in 1991, but the ramifications of the Cold War did not dissipate overnight. Although some scholars would argue that the Cold War thawed in the 1960s, a period of détente, and began again in the 1980s during Ronald Reagan's presidency, Anders Stephanson writes that historians 'accept, in short, the notion that the cold war never went away and that it came to last as long as the Soviet Union lasted, as Reagan himself has indeed always insisted it would' (19).

One of the reasons for this is that the Cold War came to be defined in the United States less by historical moments of overt hostility from either the United States or the Soviet Union, and more by the shifts in domestic life and culture it created, which continued throughout the 1960s. As Joel Isaac and Duncan Bell write, 'The term "Cold War" has been transfigured from a noun into an adjective: we are today urged to examine "Cold War science," "Cold War civil rights," and, indeed, "Cold War America" itself' (3). Given the proposed time frame of the Cold War period, it is possible to use other chronological markers to refer to the second half of the twentieth century, such as 'post-war.' However, as Isaac and Bell acknowledge, "'the Cold War" was an actors' category, and is thereby entangled in the very history that the term is designed to identify' (6). Unlike the Industrial Revolution (Isaac and Bell 6), a period defined after the fact, the Cold War entered cultural and academic parlance in 1947, and was thus being debated, discussed and defined during the era it referred to. For this reason, it encouraged academics, artists and writers to consider how their work reacted with this historicizing period marker during their present moment. The Cold War, as an 'actors' category,' becomes defined by both the domestic and international policies that affected life in the United States during the period, but also by the efforts of academics, writers, artists and philosophers to make sense of this new period in United States history. The Cold War, as a periodizing marker, is rich ground for exploring United States culture during the 1950s and 1960s, because it serves not only as an historical periodization of the years between 1945-1991, but as a cultural product of the years it seeks to define.

Acknowledging the Cold War as an 'actors' category' means that Cold War literature can be identified as such not only because it was written and published during the Cold War period, but because its authors are engaged in exploring this new 'war' that they find themselves in. During the 1950s, the United States' approach to the Cold War focused largely on containment policies. Militarily, this played out through the United States' involvement in the Korean War (1950-1953), whilst, domestically, containment led to the McCarthyism of the early 1950s. Throughout the 1950s, containment culture encouraged conformity to traditional gender roles, commitment to family values and a celebration of affordable consumer goods, such as automobiles and home appliances, as a means to prove the United States' capitalist superiority over the communist Soviet Union. In *The Bell Jar* (1963), *Revolutionary Road* (1961) and *V.* (1963), Sylvia Plath, Richard Yates and Thomas Pynchon look back on the first decade of the Cold War from the perspective of the early 1960s. Their texts explore the limitations of conformity, the lack of choices it offers (especially for women) and question how individualism figures into this new conformity focused landscape. Jack Finney takes a similar approach in his popular science-fiction thriller, *The Body Snatchers* (1955), which looks back to the peak years of the Red Scare in the early 1950s, and Toni Morrison, too, looks back in time to the 1940s, writing from the perspective of the 1960s in *The Bluest Eye* (1970). This backward-looking lens that each author applies speaks to their awareness that the moments they have lived through will become relevant to historical understandings of the period, a consequence of 'The Cold War' as a term entering academic and cultural conversations during the period. As Gary Gerstle notes, the hostility between the United States and the Soviet Union following the Second World War put the US on 'a wartime or near-wartime footing for nearly half a century' (252). This 'wartime or near-wartime footing' can be seen as shaping the literature and texts studied in this thesis. The authors exercise an awareness of the historical weight of the time they are writing in, giving their work a feel of conscious, yet critical, historical documentation. The critical and sceptical lens that writers such as Plath, Yates and Pynchon apply to the 1950s mirror the concerns and disenchantment that sparked the counter-culture of the 1960s. Even texts that may be considered counter-cultural, such as Erica Jong's *Fear of Flying* (1973), explore themes that abounded in literary reactions to the 1950s, such as the relationship between psychoanalysis and female empowerment and the existential pressures of choice-making. There is no détente period in cultural reactions to

The Cold War, because the questions and themes raised by early reflections on the 1950s continue to be revisited by authors writing in the late 1960s and early 1970s. Writers, artists, filmmakers and scholars continued to grapple with the significance of their historical Cold War moment, whether that be reflections on 1950s containment culture, or ruminations on 1960s counter-culture. It is because of literature's dual role as being both an artistic expression of the Cold War period, whilst also being a historical product from the time, that I have chosen to embed my study of the female body within literary work from the era. Recognizing the Cold War as an 'actors' category' allows writers' depictions of the female body, and of the medical encounter, to be considered as part of their explorations into the Cold War period. Female body experience in Cold War texts can provide insights into how writers perceived the Cold War moment they were writing in and thus provide a rich ground to explore the relationship between the female body and Cold War culture.

The texts explored in this thesis span from work considered to be canonical, such as *The Bell Jar*, *The Bluest Eye*, *Revolutionary Road* and *V.*, to work of popular fiction like *Rosemary's Baby*, *The Body Snatchers* and *Fear of Flying*. Although all of these texts engage with the ramifications of containment culture, they all portray characters that either engage with Cold War stereotypes, or who are caricatures of Cold War culture. Rather than provide us with characters that seek to resist containment culture and conformity, the authors of these texts recreate cultural stereotypes or caricatures in their work. Given that the Cold War was an 'actors' category' defined by the 'actors' (in this case the writers) that worked to define the term, it is possible to understand these caricatures as serving some type of historicizing purpose, of encapsulating within certain characters the problems of containment culture. The iconography of the dissatisfied 1950s housewife is perhaps the most overt example of this, a visual representation of female malaise expressed by Betty Friedan in *The Feminine Mystique* (1963). It is also possible that the authors that were writing during this period were themselves so swept up by containment culture that they were unable to recognize the stereotypical nature of their own characters, although the critical stance levelled at containment culture in texts like *The Bell Jar*, *Revolutionary Road*, *The Bluest Eye* and *V.* would refute this idea. The recurring nature of caricatures, such as the dissatisfied housewife or the psychoanalysed young woman, suggest that they are key to understanding Cold War culture. So key, in fact, that Weiner returns to them in *Mad Men* (2007). Like the authors studied in this thesis, Weiner employs caricatures in order to incite

his viewers to cast a critical eye on the time period he represents. To explore containment culture, these authors implore us to look directly at these caricatures as the product of conformity. But what links can be made between these caricatures? What connects the young woman with a difficult relationship with her analyst (*The Bell Jar* and *Fear of Flying*, chapter 1), the dissatisfied housewife (*Revolutionary Road* and *The Bluest Eye*, chapter 2), the trope of the corrupt womb (*Rosemary's Baby* and *Invasion of the Bodysnatchers*, chapter 3) and the Jewish woman's nose job (V. and Plath's poetry, chapter 4)? This thesis will argue that the stereotypical Cold War characters provided in these examples all exist within a position of patienthood, a state that was created and enabled by the containment culture each author explores.

Cold War Containment Culture

When the United States dropped two atomic bombs on the Japanese cities of Hiroshima and Nagasaki in August 1945, it started a chain of events that ultimately led to Japan's surrender and the end of World War Two. The war caused destruction all over the world, sparking a long period of rebuilding and reshaping. Nowhere was this felt more than in the city of Berlin, which in 1945 was divided into four zones, controlled by the four allied superpowers, France, Britain, the United States and the Soviet Union. By 1949, these four zones were consolidated into two, West Germany and East Germany. This division not only changed the face of Germany for the next forty-two years but encapsulated within one city the ideological and political conflict between communism and capitalism that would come to define the Cold War from 1945 to 1991. Odd Arne Westad expands this time frame, placing the Cold War 'within a hundred year perspective' from the 1890s to the 1990s in order 'to understand how the conflict between socialism and capitalism influenced and were influenced by global developments' (5). This polarization was felt particularly acutely in the United States and the Soviet Union, especially during years of peak hostility in the 1950s and 1980s, as both states viewed themselves as centers for capitalism and communism respectively.

The seriousness with which the United States approached the simmering conflict between communism and capitalism is evidenced by George Kennan's now famous Long Telegram, sent in 1946. In it, Kennan puts forward his observations on the ideology and

politics of the Soviet Union and his suggestions on how the US could best respond to them.

He writes:

Much depends on the health and vigor of our own society. World communism is like a malignant parasite which feeds only on diseased tissue. This is point [sic] at which domestic and foreign policies meet. Every courageous and incisive measure to solve internal problems of our own society, to improve self-confidence, discipline, morale and community spirit of our own people, is a diplomatic victory over Moscow . . . (Kennan, "Long Telegram")

In this extract, Kennan outlines what would become a key characteristic of the Cold War between the Soviet Union and the United States, the merger between domestic and foreign policy. He suggests that the best mode of defence against the Soviet Union is to focus upon 'the health and vigor of our own society.' In 1947, Kennan, for the first time, applies the word containment to his suggested policy of dealing with the Soviet Union, writing 'it is clear that the main element of any United States policy toward the Soviet Union must be that of a long-term, patient but firm and vigilant containment of Russian expansive tendencies' (Kennan, "The Sources of Soviet Conduct" 575). Later in the essay Kennan is keen to note that:

. . . the possibilities for American policy are by no means limited to holding the line and hoping for the best . . . It is rather a question of the degree to which the United States can create among the peoples of the world generally the impression of a country which knows what it wants, which is coping successfully with the problems of its internal life and with the responsibilities of a World Power, and which has a spiritual vitality capable of holding its own among the major ideological currents of the time. (581)

He suggests that containment can be applied in both foreign and domestic policy, by both containing the threat of communist expansion on the global stage and by cultivating the 'health' (Kennan, "Long Telegram") and 'vitality' (Kennan, "The Sources of Soviet Conduct" 575) of life within the United States. As Kennan's terminology in both his telegram and essay shows, the Cold War was being communicated and described in terms of health and disease as early as 1946.

This use of the language of health and disease to metaphorize the state of the nation continued throughout the Cold War, during which communism was presented as a parasitic disease that required the United States to respond by fostering a concept of social and cultural health. In her book, *Contagious: Cultures, Carriers and the Outbreak Narrative*, Priscilla Wald suggests that there was 'a conceptual exchange between virology and Cold War politics' (159). She argues that 'by the mid-50s, with the Cold War and the HUAC in full

swing, the conceptions of both social and medical threats had shifted in conformity with Cold War politics and virology' (172). Wald draws from Daryl Ogden's work on virology, immunology and Cold War discourse, in which he observes the difference between metaphors of virology and metaphors of immunology. Ogden contends that 'virology [has] long employed tropes of *hot* warfare to describe how enemy viruses invade or infiltrate the human host' (247), whereas 'immunology contended that sickness was primarily the fault of an individual's own failed immune system' (248).² He argues that:

. . . the American body politic, particularly in the McCarthy era, operated as a kind of large-scale human immune system, placing under surveillance and effectively eliminating citizens suspected of foreign sympathies that might weaken internal American resolve to fend off the debilitating disease of communism. (Ogden 246)

Not only did the 'large-scale human immune system' eliminate 'citizens suspected of foreign sympathies,' it also encouraged individual Americans to internalize the act of surveillance, cultivating a constant awareness of what the "'self" character' of the American body politic looks like, ensuring that they will be identified as 'self' cells by their peers. Politicians and public figures utilized metaphors of immunology and virology when relaying the communist threat to the public. For example, J Edgar Hoover described communism as 'an indoctrinal spray seeking to control every part of the member's heart, mind, and soul' (168). By figuring the tension between the Soviet Union and the United States in terminology of health and disease, the responsibility for civil defence fell not only to politicians and military strategists, but to ordinary US citizens. If the United States needed to be healthy, so as not to succumb to the communist disease, then each person had a part to play in fostering the 'spiritual vitality' of the country. Defining health relies upon both the individual and the collective. An individual's body is deemed healthy based on its similarity to the norm, and the norm is decided based on a study of the collective. If the United States needed to present themselves as a society of 'health and vigor,' it would require individuals to conform to a collectively defined norm, one that fitted with the values and merits of United States capitalism. Some liberal thinkers of the period, however, such as Arthur M. Schlesinger Jr,

² Ogden refers to Burnet and Fenner's study of immunology, *The Production of Antibodies*, which finds that 'body cells carry "self-marker" components which allow "recognition" of their "self" character. ' (Burnet and Fenner 126).

argued that conformity, born from industrialism, posed a threat to free society. For Schlesinger, conformity was not a sign of 'health and vigor,' but a step closer to the totalitarianism that containment policies were trying to defend the US against. Whilst the use of health and disease metaphors were used to encourage conformity to culturally defined norms, Schlesinger was voicing his concerns about the dangers of conformity as early as 1949, the year his book *The Vital Center* was published.

In *Containment Culture: American Narratives, Postmodernism and the Atomic Age*, Alan Nadel notes that 'The American cold war is a particularly useful example of the power of large cultural narratives to unify, codify and contain, perhaps intimidate is the best word, the personal narratives of its population' (4). Nadel observes that it was not just Soviet expansion that was contained under the policy of containment, but so too were the personal narratives of individuals intimidated by the 'large cultural' narrative of containment. Nadel writes:

What differentiates peak cold war America (1946-1964) from contemporary America . . . was the general acceptance during the cold war of a relatively small set of narratives by a relatively large portion of the population. It was a period, as many prominent studies indicated, when "conformity" became a positive value in and of itself. The virtue of conformity - to some idea of religion, to "middle-class" values, to distinct gender roles and rigid courtship rituals - became a form of public knowledge through the pervasive performances of and allusions to containment narratives. (4)

There is an identifiable parallel between Nadel's description of containment culture and Burnet and Fenner's study of immunology, wherein conformity to a characteristic of 'self,' whether that be on a cellular or cultural level, was 'a positive value.' As Kennan puts forward in "The Sources of Soviet Conduct," US policy for combatting the threat of communism was based on two key principles, containment of communist expansion and successfully coping 'with the problems of its [the United States] internal life.' Both Nadel's description of containment culture and Burnet and Fenner's language of immunology highlight the power of cultural narratives to speak to and affect both the national American body politic and individual experience during the first two decades of the Cold War, a dialogue that frequently caused distress for individuals caught between the imperative to conform or to pursue different life choices outside of what constitutes the norm.

During the 1950s, the American family unit was placed at the centre of containment culture. The end of the Second World War meant a return home for American soldiers, and a return to the home for American women, many of whom had spent the early 1940s

contributing to the war effort in a variety of roles otherwise carried out by men. This return to the home in the Cold War years of the 1950s was also reflected in the political rhetoric of the decade. Although the United States were hopeful after the Second World War that they would be able to establish themselves as a dominant and prosperous world power, this optimism was matched with anxiety about 'the very developments that promised to free them from the constraints of the past: consumerism, women's emancipation and technological advances' (Tyler May 208). These advancements could enable the United States to become the prosperous nation they aspired to be after years of hardship during the depression, yet they were also deemed as being 'potentially dangerous' (Tyler May 208). The key to mitigating this perceived danger was to contain them within the home, where they 'could contribute to happiness' (Tyler May 208) without becoming dangerous. As Elaine Tyler May writes, 'containment seemed to offer the key to security' (208).

As the post-war years progressed, consumerism and technological advancements were considered key factors to the United States' prosperity after the war, a celebration of capitalism in the face of the communist Soviet Union, figuring the family unit as a symbol of United States superiority over the communist state. Conforming to the traditional gender roles that comprised the idealized post-war family – which for women, meant being a stay-at-home housewife and mother, whilst men were expected to go out to work as the main income earner – came to be encouraged as a matter of national security, representing a person's commitment to the United States objective to defend itself against communism. In her seminal book, *Homeward Bound: American Families in the Cold War Era*, Tyler May argued that the Cold War had a great impact on shaping the family unit in the 1950s, noting that the decade marked a moment in which 'public policy and political ideology are brought to bear on the study of private life, locating the family within the larger political culture, not outside it' (10). Women were encouraged to fulfil the traditional gender role of housewife and mother, dedicating their lives to creating, nurturing and protecting their families as a matter of national security. This became particularly important during the era of McCarthyism, during which individuals were encouraged to be suspicious of their fellow citizens, constantly on the look-out for the enemy within. Fulfilling traditional gender roles, getting married and having children was a way of proving one's loyalty to the United States Cold War against communism, and those who did not pursue such a lifestyle were often considered suspicious. The pervasiveness of the Cold War impulse to conform to traditional

family roles meant that 'to not be a parent meant enduring a sense of not quite being a 'mature' adult or even a full member of society' (Vandenberg-Daves 176). When Julius and Ethel Rosenberg were convicted of espionage in 1951, Ethel was presented by the media as being more interested in politics than she was 'committed to her family and children' (Olmsted 88), making her particularly dangerous and monstrous in the eyes of the public, providing them with even more reason to subscribe to the 'familial-cold war consensus' (Tyler May 219). By beginning *The Bell Jar* with reference to the Rosenbergs, Sylvia Plath contextualizes Esther Greenwood's confliction between getting married or pursuing other life choices firmly within this Cold War context. The conviction and execution of the Rosenbergs, as well as other notable examples of communist spies, such as Elizabeth Bentley and Alger and Priscilla Hiss, provided evidence to the suspicious American public that there *were* communist spies living within American society, encouraging people to take sanctuary within the container of family life. Indeed, as Mary C Brennan explores, some groups of women saw their role as housewives as actively defending their family and the nation from the communist threat, 'since they were supposed to worry about threats to the home and family, women assumed they should be involved in the hunt for spies' (Brennan 88).

However, it was not only the fear of communist spies that prompted American women to conform to traditional and idealized versions of housewifery and mothering during the 1950s. The increasing popularity of psychiatry and psychology throughout the twentieth century led to the psychologization of parenthood (Weinstein 18). There was a 'deepening association between family structure and democracy during the twentieth century' (Weinstein 18), and much importance was attached to mothers' ability to raise children who would become healthy American citizens capable of defending the nation against communism. Phillip Wylie's diatribe against mothers, *Generation of Vipers* (1942), set the groundwork for associating bad mothering with unhealthy children. His theory of 'momism' (88), his pejorative term for mothers, suggested that American mothers were overbearing, and stifled the growth and development of their children. Whilst, in the 1950s, motherhood was situated as the ideal and rightful role for women, linked to 'female normalcy, as well as to psychological, physical and sexual health' (Vandenberg-Daves 176), women were not fully trusted to carry out their role as mothers without help from various experts. Jodi Vandenberg-Daves suggests that one of the reasons for the great increase in

baby raising and childcare literature at mid-century was that the suburban landscape, which was promoted as the ideal home for the post-war family, left young mothers 'cut off from extended kin networks,' making them more reliant 'on medical experts from their prenatal care to the end of their child rearing years' (176).

The rise of the expert led to a model of mothering that was much more medicalized than the early years of the twentieth century. In her study of family therapy, Deborah Weinstein observes that the 1950s marked a change in psychological understandings of the family whereby mothers were no longer solely responsible for their child's mental disorders or atypicality, but rather 'family therapists produced a new definition of what a family could be – namely, a unit of disease, which had previously been contained in individual bodies' (Weinstein 15). Understanding the post-war family as something that can become ill, a possible 'unit of disease,' highlights how the psychologizing of motherhood and family life brought cultural concepts of health to bear on the family unit – concepts that were already bubbling behind the surface in the virology metaphors used by politicians to describe the communist threat. McCarthyism and the rise of the psychological expert created an environment in which the family was positioned as playing a vital role in ensuring the health of the nation in both cultural and medical terms. As a result of this, the family unit became subject to new forms of ideological surveillance, because it was understood to contribute to the health of the nation as a whole. Women's lives were particularly affected by this tight interweave between medical and cultural definitions of health, as it encouraged them to conform to traditional gender roles within the home as a matter of protecting both their families and the nation's health and robustness.

In the 1960s, 'the familial-cold war consensus was beginning to lose its grip' (Tyler May 219) as the children of the baby boom grew to adulthood and began to look upon the domestic ideology of their childhoods with critical eyes. The 1960s was a decade of growing momentum for a number of important social movements, including the civil rights movement, the anti-war movement, feminism and the women's healthcare movement, to name but a few. As feminism and the women's health movement grew more popular during the decade, women became more critical of the traditional gender roles encouraged during the 1950s, including psychologized motherhood and medicalized childbirth. The first thread to unravel from the post-war family ideal happened early on in the decade, with the publication of Betty Friedan's *The Feminine Mystique* in 1963. Friedan's study explored the

lives of women who were unfulfilled by their domestic roles, identifying what she terms ‘the problem that has no name’ (Friedan 11). Many women responded to Friedan’s text with adoration, thanking her for putting into terms the feeling that they could not express for many years. However, others felt that *The Feminine Mystique* undermined the domestic role that had not only fulfilled them but had also provided them with a great sense of pride. One of the biggest criticisms of Friedan’s work is that she speaks predominantly to a white, middle-class, suburban audience, and, as such, partially reinforces the caricature of the post-war housewife that was portrayed on film and television – a portrayal that Friedan herself is critical of (Meyerowitz 3). Although the 1950s housewife has become a symbol of post-war American life, the housewife role celebrated in popular culture at the time was notably white, affluent and middle-class. There exists a chasm between the stereotype, or caricature, of the post-war housewife that is remembered as part of the dominant cultural narrative of the 1950s and 60s, and the actual experience of individuals living through it, a divide that often disregards the experience of those who were not white, middle-class or living in suburban America. As Stephanie Coontz writes, ‘The happy, homogenous families that we “remember” from the 1950s were . . . partly a result of the media’s denial of diversity’ (Coontz 31).

Many of the authors studied in this thesis use caricatures – what we might consider to be the stock characters of Cold War cultural iconography – to cast a critical eye on the containment culture that created them. Whilst the use of such character types may have contributed to their iconic, or nostalgic, status (it is claimed that *Revolutionary Road* was an influence for *Mad Men* (Siska 203)), they acted as figurative reminders of the effects of containment culture and exposed its problematic nature. In *The Bluest Eye*, Morrison explores the destruction caused to African American communities by the idealizing of white, suburban-dwelling, middle-class versions of motherhood by Cold War culture. She presents her readers with the character of Pauline Breedlove, an African American mother who appears to garner more fulfilment from her work caring for a white, middle-class family than she does looking after her own family. Morrison highlights the power of a conformity focused culture to disrupt a person’s sense of self (Pauline’s name is even changed to Polly by her employers) by invoking the use of caricature with a critical lens. *The Bluest Eye* is set in the early 1940s, outside of what many scholars consider the Cold War period. However, the themes Morrison explores are presentist, pertinent to the 1960s moment she is writing

in. Morrison takes her readers back to 1941, a time when the United States propaganda machine was in full use, fostering patriotic support for the Second World War, and a time considered to be the beginning of the television era. In this respect, 1941 marks an early year in a decade that provides the tools for containment culture to take hold in the 1950s. This is particularly relevant to the 1960s moment Morrison is writing in, a time when the problematic nature of conformity and racialized beauty standards were being voiced by the growing momentum of the Black Power movement, a movement that reacted to the perpetuation of racist definitions of beauty by 1950s containment culture.³

Other writers studied in this thesis also refer to stereotypes drawn along racial and ethnic lines, for example, in *V.*, Pynchon presents his readers with Esther, a young Jewish woman who has a nose job. The practice of Jewish women having rhinoplasties is an often-revisited trope in American culture. It spans from characters like Esther in *V.* (1963) to David Crane and Marta Kauffman's character, Rachel Green, in their sitcom, *Friends* (1994-2004).⁴ Although the rhinoplasty procedure has become a Jewish stereotype in and of itself, it is also a practice that has a history of engaging directly with cultural stereotypes that are ethnically charged. Pynchon draws attention to this in *V.*, when Esther's plastic surgeon, Dr Schoenmaker, tells the reader that Esther wanted an Irish nose. Esther's friend, Rachel Owlglass, is disgusted that 'these girls' were operated on 'not for cosmetic reasons . . . so much as that the hook nose is traditionally the sign of the Jew, and the retrouse nose the sign of the WASP or White Anglo-Saxon Protestant in the movies and advertisements' (Pynchon 45). In his presentation of Esther's nose job, Pynchon highlights the role of containment culture in disseminating an ideal of American beauty that is predominantly defined by the WASP. He shows how the medical landscape of the 1950s capitalized on this bi-product of containment culture, selling noses that allowed individuals, like Esther, to change that which marked them as 'other' according to Cold War norms.

Containment culture was encouraged through the use of language that evoked virology to explain the perceived threat of communism, which, in turn, created a link between conceptions of health and conformity. Those who did not conform to Cold War

³ In the foreword of the 2019 Vintage edition of *The Bluest Eye*, Morrison notes that she began the story in 1962, and it started to take shape as a book in 1965 (Morrison XI).

⁴ Kauffman and Crane evoke the stereotype of the Long Island 'Jewish Princess' in the character of Rachel Green, who has a rhinoplasty procedure to change the appearance of her nose.

ideals were seen as being less healthy than those who did, and were perceived to pose a threat to the collective immune system of the country. However, as Pynchon's portrayal of Esther's rhinoplasty shows, the cultural stereotypes that were disseminated through containment culture had an effect on the medical care received by women during the period. By working with certain caricatures of Cold War culture, the authors studied in this thesis are able to highlight and explore the relationship between conformity, stereotype and the medical encounter, a relationship that this thesis will argue is key to understanding Cold War culture in the United States.

What is Patienthood?

This thesis will draw from a wide range of scholarship from various schools and disciplines. It will draw on foundational arguments by Cold War scholars such as Alan Nadel and Elaine Tyler May, whose work makes valuable contributions to the study of Cold War containment culture. As part of this exploration into containment culture, it will also explore mid-century thinking on liberalism, referring to writers such as Erich Fromm, Arthur Schlesinger and William Whyte, as well as nineteenth century thinker John Stuart Mill. This thesis is, at its core, a study of Cold War culture, yet it will contribute to the existing scholarship on Cold War containment culture by drawing on work from the critical medical humanities and medical history. There are notable points of crossover between these two fields of thought that I want to highlight. These include questions of bodily autonomy and liberalism, the extent to which health is defined in both medical and cultural terms and the effect of containment culture on female experiences of the medical encounter. By focusing on the connections between containment culture and the female medical experience during the Cold War years, it is possible to examine the extent to which the medical encounter acted as a tool of containment culture, encouraging women to conform to the roles society expected of them, or, conversely, how containment culture influenced women's experience with medicine and healthcare.

Throughout this study, I will identify a connection between the medicalization of women's lives at mid-century and Cold War containment culture by working with the term *patienthood*, exploring how the conflict between liberalism and totalitarianism impacted female body experience during the Cold War. The Oxford English Dictionary defines

patienthood as 'A body of patients; the state or condition of being a patient' (OED), a state of being that most commonly occurs during a medical encounter, in which a person is figured as a patient under the gaze of a medical professional. In *The Birth of the Clinic*, Michel Foucault examined the nature of the medical gaze, a phrase he uses to explore the medical encounter between a medical practitioner and a patient. He noted that the medical gaze encouraged medical professionals to view a patient not as an individual, but as an amalgamation of object parts, creating a dynamic that is 'common but non-reciprocal' (Foucault, *Birth of the Clinic* xvi). In accounting his own experience of ill-health and medical treatment, Arthur Frank, a sociologist interested in the relationship between illness and narrative, speaks to Foucault's observation that the medical encounter is 'non-reciprocal.' He describes how he felt his body had been colonized by the medical establishment, his diagnosis 'a medical flag, planted as a claim on the territory of my body' (Frank, *At the Will of the Body* 52). This sentiment is also expressed by Audre Lorde in *The Cancer Journals*, wherein Lorde describes how becoming a patient left her unable 'to define and to claim' (Lorde 60) her own body. In both Frank and Lorde's experience of illness and medicine, they find themselves in a position where they no longer have full agency over their bodies. In 1951, American sociologist Talcott Parsons published *The Social System*, in which he defined what he termed the 'the sick role' (211). According to Talcott Parsons, 'the sick role' was carried out by ill individuals, who, driven by their desire to get better, willingly surrendered 'to the care of a physician and the institutional structure of medicine' (Diedrich 3). There are similarities to be drawn between the surrender of sick individuals to 'the institutional structure of medicine' as part of 'the sick role' and the surrender of individuals to the norms and ideals of Cold War containment culture, especially given that Talcott Parson's work was published during the decade of McCarthyism in 1951. Parsons' theory showed how the rights enjoyed by citizens under liberalism, such as exercising agency over the body, freedom of movement and the ability for a person to make their own decisions, are reduced within the sick role. I will borrow from both Foucault's theory of the medical gaze and Parsons' theory of the sick role to define patienthood as a state of being wherein a person is unable to be fully autonomous over their body and where the body is judged based on a definition of healthiness defined by an external person or source.

By extending the use of the term *patienthood* and using it as a lens with which to explore literary texts of the Cold War period, this thesis will contribute to the field of the

critical medical humanities. In their introduction to *The Edinburgh Companion to the Critical Medical Humanities*, Anne Whitehead and Angela Woods begin by examining what they term the 'primal scene' (1) that has 'dominated the first wave of the medical humanities' (1). The primal scene, Whitehead and Woods contend, is the 'imaginary' (2) of the medical humanities, structured around 'the clinical encounter between the doctor and the patient: more specifically, the scene that unfolds the diagnosis of cancer' (2). Explorations of this scene 'have placed a humanist emphasis on individual protagonists and the role of narratives, metaphor and gaps in communications within the dynamic of the clinical interaction' (Whitehead and Woods 2). Although Whitehead and Woods do not dismiss the primal scene as an 'unimportant topic' (2), they note that 'the staging of scholarly authority within the scene entails that the humanities act, or are positioned, as a kind of third party to it: the humanities are looking at medicine looking at the patient' (2). In response to this, Whitehead and Woods call for a critical medical humanities that operates in 'radically different arenas of critical consideration, to address difficult, more theoretically charged questions, and to claim a role much less benign than that of the supportive friend' (2). They write:

As well as interrogating the primal scene, the critical medical humanities goes further to explore new scenes and sites that may be equally important to our understandings of health and illness - the laboratory, the school policy, the literary text. We thereby aim to understand how concepts, frameworks and data operate in more public spheres. This widening of focus is also a call to reflect on the ways in which the humanities and social sciences are themselves taking up medical concepts. How do they align themselves with medical ideas in their theorisations and operations? What aspects of biomedicine have become prominent in these disciplines, and which are under-represented? How might we productively rethink the notions of collaboration and interdisciplinarity that are integral to our project of expanding the frame of inquiry. (2-3)

This thesis can be situated within the discourse of the critical medical humanities, a field which is 'based in mobility, fluidity, movement: a creative boundary-crossing' (Whitehead and Woods 8). It explores literary texts from the Cold War period as sites of critical exploration of the 'primal scene,' that, crucially, examine its relevance to and relationship with wider historical, social and political discourses. The texts studied in this thesis are not approached as 'third party' to the primal scene, but rather as critical responses to the medical encounter and the culture within which it sits. The texts I study, and the 'literary, philosophical and historical' (Whitehead and Woods 19) approaches I employ, demonstrate how the humanities are – and have been – 'taking up medical concepts' (Whitehead and

Woods 2) in order to explore bodily experience within cultural, social and political contexts. In this thesis, I will contribute to the critical medical humanities by exploring how experiences of patienthood portrayed in my chosen texts relate and respond to the cultural, social and political contexts of the Cold War in the United States.

I will examine how patienthood, particularly that experienced by women during the Cold War era in the United States, contextualizes women's experience within a wider conversation about liberalism. Writing in the mid-nineteenth century, John Stuart Mill contended that 'in the part which merely concerns himself, his independence is, of right, absolute. Over his own body and mind, the individual is sovereign' (22). Despite writing one hundred years prior to the period studied in this thesis, Mill's claim that an individual is sovereign over their body still informs our understanding of liberalism today. To be in a position of patienthood, however, is to no longer have full agency or sovereignty over one's body and to be unable to enjoy the liberties that apply outside of the hospital walls. Throughout the twentieth century, women's lives became increasingly medicalized, and by the 1950s, menstruation, contraception, pregnancy and menopause were all considered medical events. As a result, women frequently entered positions of patienthood despite being, medically speaking, healthy and well. This can be taken as a continuation of the nineteenth century understanding 'that female functions were inherently pathological' (Ehrenreich and English, *For Her Own Good* loc. 2118) 'women's *normal* state was to be sick' (Ehrenreich and English, *For Her Own Good* loc. 2116). The medicalization of the healthy female body meant that women were more frequently placed in a position of patienthood, whereby they lacked agency over their own bodies. This thesis will argue that the writers studied present female characters that occupy positions of patienthood, both *within* and *outside of* the medical encounter, as part of their exploration into Cold War containment culture in the 1950s and the counter-cultural reactions to it in the 1960s. It will show how the relationship between the female body, the medical encounter and containment culture that each text presents can be articulated through applying the concept of patienthood. By extending the term *patienthood* to new contexts, and by utilizing its potential as a critical term, I will open up a new lens with which to approach the Cold War period in the United States, highlighting the value in exploring the medical encounter alongside Cold War culture.

As Parsons asserted, many patients submit to the sick role because they want to return to health. During the Cold War era, many women wanted to ensure the health of the

nation and were told through political rhetoric and cultural discourse that conformity to traditional gender roles within the family unit was the way to achieve it. The rise of the expert and the medicalization of female reproductive experience contributed to a culture whereby women no longer felt able to make decisions that pertained to their own bodies and experience, and instead looked towards an external source to carry out the doctor-like role. Female body experience during the period was thus characterized by an inability to exercise full sovereignty over the body and the experiences associated with it, leaving women unable to enjoy the liberalism that they were trying to defend. It is in the distinction between liberalism and authoritarianism – that defines the Cold War in its most basic terms – that the glaring contradictions and hypocrisies of the Cold War years can be identified. The United States wanted to prove the superiority of liberalism and capitalism through a culture of containment that strongly encouraged Americans to live their lives according to national ideals, and those who did not adhere to such modes of living were treated with suspicion. Patienthood, as an experience and as a term, enables us to contextualize the medicalization of female experience within this larger debate between liberalism and authoritarianism that abounded in academic, cultural and political discourse in the Cold War years. It draws together key historical and cultural characteristics of the period that had a notable impact on female experience, namely the medicalization of women's lives, the cultural imperative to conform to traditional gender roles and the lack of autonomy women had over their own bodies. It allows us to look at these features of Cold War culture not as separate entities, but as factors that were informed by the same imperative to encourage the unofficial domestic policy of containment in the Cold War years.

Thesis Outline

In chapter one, I will explore Sylvia Plath's *The Bell Jar* (1963) and *Fear of Flying* (1973) by Erica Jong. Despite the ten-year difference between the two texts, Plath and Jong both present female protagonists, Esther Greenwood and Isadora Wing, who are torn between pursuing their own aspirations and expressions of sexuality and adhering to the cultural standards set in place for them. By drawing upon scholarship from the medical humanities, including Arthur Kleinman's work on healthcare systems, David Morris' biocultural model of health and Mildred Blaxter's social model, this chapter will argue that

Plath and Jong's texts show two definitions of health at play in the 1950s and 1960s, one that describes health in terms of medical normalcy, and one that suggests that health can be defined by conformity to cultural standards and ideals. These two definitions of health help to navigate the connection between Esther and Isadora's conflict between conformity or individuality and their experience of psychiatry and psychoanalysis. If health is informed by both medical and cultural definitions, then a person's mental state can also be judged on these two types of health. This becomes particularly important to the Cold War context of this thesis, as these two definitions of health – one defined medically and one defined culturally – is a key characteristic of 1950s containment culture, and of the subsequent reactions to it in the 1960s. These two definitions of health meant that the female characters in the texts studied occupy positions of patienthood not only when they are physically sick, but also when they show themselves not to be conforming to the cultural norm.

In chapter two, I will compare a text published in the early 1960s, Richard Yates' *Revolutionary Road* (1961) with a novel published in 1970s, *The Bluest Eye* (1970) by Toni Morrison. Yates and Morrison both explore concepts of liberalism and conformity through the reproductive female bodies of their characters. This chapter will take a closer look at mid-century definitions of liberalism, provided by thinkers such as Arthur Schlesinger, William Whyte and Erich Fromm, as well as looking at older definitions of liberalism – provided by John Stuart Mill – and the theory of existentialism put forward by Jean-Paul Sartre. Conversations around liberalism abounded during mid-century in the United States, influenced by the ongoing debate between authoritarianism and liberalism on the international political stage. Liberalism was posited as the heroic antipode of totalitarianism, but what did liberalism mean for the US citizens who were leading increasingly homogenized lives in the post-war era? This chapter will explore this apparent irony in Cold War culture, a culture that encouraged conformity in order to protect liberalism. It will show how the bodily experiences of Yates and Morrison's female characters are negatively affected by Cold War definitions of normality and beauty, preventing them from being liberal citizens and instead positioning them into states of patienthood.

In chapter three, I will turn to two popular narratives from the 1950s and 1960s respectively, Jack Finney's *The Body Snatchers* (1955) and Ira Levin's *Rosemary's Baby*

(1967). Both novels were made into films within a year of their publication; Don Siegel's *Invasion of the Body Snatchers* was released in 1956, and Roman Polanski's *Rosemary's Baby* in 1968. In both *Rosemary's Baby* and *The Body Snatchers*, Levin and Finney explore Cold War anxieties surrounding coercion and conspiracy through the female reproductive body, presenting the female body as a site of risk. This chapter will argue that Levin and Finney's portrayal of the female body as a site of risk reflects cultural perceptions of the female body in the United States during 1950s and 1960s. It will demonstrate how this estimation of the female reproductive body informed the medical encounter between a female patient and, an often male, doctor in the Cold War years, which was based upon a dynamic that figured the female body as a site of threat and the male doctor as a mitigator of such perceptions of risk.

In the final chapter, I will look at texts from the 1960s; Thomas Pynchon's *V.* (1963), and two poems by Sylvia Plath, 'The Surgeon at 2.a.m' (1961) and 'Face Lift' (1961). Despite working in different forms, both Plath and Pynchon demonstrate an interest in the relationship between the 'animate' (Pynchon 100) and 'inanimate' (Pynchon 32), or the object and the subject, in their work. This chapter will examine how Plath and Pynchon depict the effects of this dichotomy on female body experience, paying close attention to how it informs both authors' portrayals of cosmetic surgery. In their presentations of cosmetic surgery, Pynchon and Plath depict female characters that occupy a state of patienthood, a position between an object and subject state, whilst being physically healthy. This chapter will examine how consumerism encouraged women to view their body as an object that requires constant management and self-improvement, an endeavour that culminates in the women of Plath's poetry and Pynchon's *V.* seeking out cosmetic medical procedures. It will draw connections between the consumerism presented in Plath and Pynchon's work, and their portrayal of the medical encounter, arguing that the women in Plath's poetry and *V.* occupy positions of patienthood *before* going under the knife, and that it is this state of patienthood that influence them to undergo the procedure in the first place.

As I write, the world is gripped by the COVID-19 pandemic, and the day-to-day lives of millions of people across the world have been changed in previously unimaginable ways. The lockdowns that have been implemented in many countries have shown us that the individual liberties enjoyed by societies can be, and have been, removed when public health

is at risk. In some ways, it is the understanding that individual liberties, such as freedom of movement, should be removed in order to protect public health, that was central to Cold War containment. When the health of the nation was presented as being at risk from the threat of communism, women were encouraged to conform to traditional gender roles in order to ensure its safety, encouraged by a discourse that described the Cold War in terms of health and disease. By drawing together two strands of theoretical theory – scholarship on Cold War containment culture and the critical medical humanities – this thesis will identify a connection between the illiberal nature of female experience at mid-century, and the lack of autonomy experienced by women during the Cold War medical encounter. I will work with a definition of patienthood that defines female experience during the medical encounter as a period of relinquished autonomy, during which women are unable to exercise sovereignty over their own body. Through using the concept of patienthood to identify the relationship between the female body and the medical encounter during the Cold War years, this thesis aims to offer a new lens with which to explore the connection between female bodily experience and containment culture during the Cold War decades of the 1950s and 1960s.

Chapter One: Definitions of Health in Sylvia Plath's *The Bell Jar* and Erica Jong's *Fear of Flying*

In its constitution, the World Health Organization defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization). Comparatively, the Oxford English Dictionary defines health as 'soundness of body; that condition in which its functions are duly and efficiently discharged' (OED). The WHO establishes a definition of health that is based not on efficiency or functionality, but on the concept of 'well-being.' Rather than defining health as the absence of disease, the WHO defines health as a positive state of being physically, mentally and socially *well*. In contemporary US culture, the concept of well-being has morphed into its commercialized variant, 'the more nebulous and elastic concept of "wellness"' (Ehrenreich, *Natural Causes* 109). Whilst the WHO's concept of well-being refers to a holistic state of health, wellness can be understood as the pursuit of this state of 'well-being' within the consumer marketplace, that sells wellness as a symbol of social status 'displayed by carrying a yoga tote bag and a bottle of green vegetable-based juice' (Ehrenreich, *Natural Causes* 109-110). The transfiguring of 'well-being' into 'wellness' highlights the power of cultural forces to shape definitions of health. The OED defines 'healthiness' as a 'healthy quality or condition, salubrity' (OED) yet this 'quality or condition' is determined by how health is defined. Our conception of what is, and is not, considered healthy is influenced by cultural stimuli, science and political discourse, informing the ways we interpret and define our bodies. This chapter will explore how Sylvia Plath and Erica Jong present definitions of health in their novels, *The Bell Jar* and *Fear of Flying*. It will show how Plath and Jong present definitions of health that are informed by Cold War culture during the 1950s and 1960s.

In western cultures, healthcare systems are predominantly formulated around a biomedical model of health. A biomedical approach 'accepts the model of all ill health as *deviation from the normal*, especially the normal range of measurable biological variables' (Blaxter 13). Under the biomedical model, a person would enter a state of ill-health if their body deviates from an established biological 'norm.' For example, if a person developed a tumour, became injured or contracted an illness, their bodies would exist outside 'the normal range of measurable biological variables.' In her book, *Health (Key Concepts)*,

Mildred Blaxter highlights the limitations of a 'strictly biomedical model' (39). She notes that 'people defined as deviant - different from the norm . . . are labelled, stigmatised and segregated, and the behaviour which is a response to being treated this way only feeds back to reinforce the label' (41). Rather than a strictly biomedical model, Blaxter advocates for a social model of health whereby 'health is a positive state of wholeness and well-being, associated with, but not entirely explained by, the absence of disease, illness of physical and mental impairment' (Blaxter 19). Blaxter highlights how concepts of health and disease are defined not only by biomedicine, but also exist as social constructs 'which have been named, defined and codified by human beings' (Blaxter 30). She writes

. . . disease or health, normality or abnormality, are *also* socially constructed categories which give meaning to classes of states and events . . . What counts as disease or abnormality is not 'given' in the same sense as biological fact is given. It depends on cultural norms and culturally shared rules of interpretation. (Blaxter 30)

As Blaxter explains, health is not only defined by a biomedical model, but is also a socially constructed entity. As a result of this, 'it can easily be demonstrated that what have been, and is, defined as health and illness has differed from era to era, and continues to differ from culture to culture' (Blaxter 31).

In his book *Illness and Culture in the Postmodern Age*, David B. Morris questions 'what is distinctive about postmodern illness' (29). Temporally, Morris defines the postmodern as 'the era following World War II' (3). He argues that '*Postmodern illness is fundamentally biocultural – always biological and always cultural – situated at the crossroads of biology and culture*' (71). Morris' 'biocultural model' (76) contends that illness is always affected by culture. In the biocultural model, 'the sick person is not a mere subjective monad locked within an individual ego, an untrustworthy prisoner of consciousness, but, like physicians, an actor within a widely shared, intersubjective culture' (Morris 41). Both the social model and the biocultural model acknowledge that illness is defined not only by biological deviation from the norm, but is also informed by social and cultural factors. In his work on healthcare models in the 1980s, Arthur Kleinman argues that healthcare is comprised of three sectors, the professional, the popular and the folk. He notes, as Blaxter and Morris do, that 'health care systems are composed of generic as well as particular, "culture-laden" components' (49). He writes:

Although the popular sphere of health care is the largest part of any system, it is the least studied and most poorly understood. It can be thought of as a matrix containing

several levels: individual, family, social network, and community beliefs and activities. It is the lay, non-professional, non-specialist, popular culture arena in which illness is first defined and healthcare activities initiated. (50)

It is the 'popular sphere of health care' that Blaxter and Morris bring to the forefront in their models of healthcare, approaching illness as both a biological *and* cultural experience or event. By approaching illness from a social or biocultural perspective, illness and health can be approached as texts that are indicative of the cultural moment they exist in. As Morris writes, 'Illness always seems to tell us more about a person or an era than health does, although it is not clear why' (52).

This chapter will explore how Plath and Jong present definitions of health in their novels by taking a social and biocultural approach. It will argue that these definitions of health were informed by the Cold War culture both authors were writing in. *The Bell Jar* and *Fear of Flying* were written during different decades of the Cold War. *The Bell Jar* was first published, in the UK, under the pseudonym Victoria Lucas, in 1963 and is set during the 1950s. The novel begins with the execution of the Rosenbergs in 1953, situating it within the context of McCarthyism in the early 1950s. In comparison, Erica Jong's *Fear of Flying* was published in 1973. Jong's frank discussion of female sexuality in the novel reflects the counter-cultural impulse of the second-wave feminist movement that garnered considerable momentum during the late 1960s and early 1970s. Despite writing during different Cold War moments, Plath and Jong's novels share a number of thematic, and stylistic, similarities. Both writers explore the role of psychiatry and psychology in the lives of their female protagonists and both interrogate the effect of traditional gender roles on their characters' experience. Crucially, both Plath and Jong present definitions of health that are informed not only by biological, but by cultural and social norms. These cultural and social norms were figured as expressions of healthiness, informed by the containment culture of the 1950s, and consumerism in the 1960s.

The 1950s in the United States was a time of containment culture, during which conformity 'became a positive value in and of itself' (Nadel 4). The policy of containment that formed the United States' international response to the Cold War with the Soviet Union also had a great effect on domestic life in the US. The Cold War was being waged through policies of containment on the international stage, used to justify the United States' military involvement in Korea and Vietnam, whilst being figured as a war of ideology, culture and

lifestyle at home. The threat of communism was communicated to the American public through the language of health and disease, exemplified by J. Edgar Hoover's description of communism as 'an indoctrinal spray' (168). By figuring communism as a biological threat, the US government invoked the body politic to protect the United States from contagions from within, to act as an immune system that offered protection from infiltrating communist pathogens. As Priscilla Wald writes, 'the germs of communism constitute a threat to the national body conceived as an individual. With a strong immune system – a well-managed society – the germs cannot take hold, and the body will remain healthy' (172). In the 1950s, health was already being defined in cultural terms by government officials and policy makers, who utilized the concept of the nation's health to encourage individuals to conform to cultural norms that were felt to signal the United States' superiority over the Soviet Union. These cultural norms had a significant impact on the lives of women during the Cold War era, as the family was figured as the ultimate expression of American values in the face of the communist threat. As Elaine Tyler May argues, 'public policy and political ideology are brought to bear on the study of private life, locating the family within the larger political culture, not outside it' (10). Traditional gender roles, such as women undertaking the role of wife and mother, and men going out to work, were encouraged as a matter of national importance. Those who did not fulfil these roles were not only seen to be diverging from what was considered socially and culturally healthy, but were also seen to be putting the health of the nation at risk.

Cold War politics utilized the concept of health as a vehicle to encourage individuals to conform to cultural norms, a key component to the domestic containment policy. In turn, a new cultural definition of health was formulated that, like the biomedical model, saw ill-health as deviation from the norm. Unlike the biomedical model, these deviations were not biological in nature, but social. Individuals who did not conform to idealized traditional gender roles were deemed to be diverting from what was considered healthy. In *The Bell Jar*, Plath presents her readers with the character of Esther Greenwood, a young woman who, this chapter will argue, is caught between pursuing two conflicting definitions of health, one that defines health according to Cold War culture as conformity to traditional gender roles and another that defines health as an individual state of 'well-being.' In practice, these two definitions of health do not exist in complete isolation from one another, but are entangled. This chapter will explore how Plath attempts to unravel these definitions of health in *The Bell*

Jar through Esther's experience. By focusing on definitions of health, this chapter will interrogate one of the most striking ironies in Cold War domestic and foreign policy, which intended to protect liberalism through policies that encouraged conformity at home and military intervention abroad. In a culture partially formed by the imperative to protect and celebrate American liberalism, Esther Greenwood is stifled by the conflict between individualism and conformity, a tension that became emblematic of the Cold War decade of the 1950s.

Both Plath and Jong explore the relationship their female protagonists have with psychiatry and psychotherapy in their novels. This interest reflects the growing popularity, within both medicine and popular culture, of psychology during the 1950s and 1960s. Whilst Esther experiences a mental breakdown in *The Bell Jar*, and is treated within a mental institution, Isadora Wing in *Fear of Flying* finds psychotherapy in many aspects of her everyday life. She is married to a psychotherapist, Bennet, and finds herself sharing a plane to Vienna with many of her previous analysts at the beginning of the novel. Unlike Esther, who receives psychiatric treatment as a result of mental illness, Isadora purchases psychoanalyst sessions by choice. Jong highlights how psychology has become a consumer product, something to be bought within the marketplace. Reading *Fear of Flying* alongside *The Bell Jar* highlights how concepts of health are influenced by containment culture and consumerism during the Cold War period. If the concept of health is used as a vehicle to encourage conformity to traditional gender roles, it is also utilized by consumer culture to encourage women, in particular, to buy items and services that will contribute to a nebulous, cultural definition of health. In both novels, Esther Greenwood and Isadora Wing enter states of patienthood as a result of the cultural definitions of health created by containment and consumer culture.

Conflicting Definitions of Health in Sylvia Plath's *The Bell Jar*

In *The Bell Jar*, Plath presents her readers with the character of Esther Greenwood, a nineteen-year-old woman, who, in the first section of the novel, undertakes a prestigious internship at the fictional women's magazine, *Ladies Day*. Plath begins *The Bell Jar* with the line 'It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York' (1). As this opening demonstrates, Plath locates

Esther's insecurities and uncertainties about her life choices firmly within a Cold War context. From the outset of the novel, Plath gives voice to Esther's discontent by highlighting the space between the life Esther wants to have and the lifestyle she is encouraged to lead by the containment culture of the 1950s. Throughout *The Bell Jar*, Esther grapples with the prospect of having to choose between conforming to traditional gender roles, or pursuing a career. Esther is disdainful about the prospect of getting married and having children. She tells the reader:

That's one of the reasons I never wanted to get married. The last thing I wanted was infinite security and to be the place an arrow shoots off from. I wanted change and excitement and to shoot off in all directions myself, like the coloured arrows from a Fourth of July rocket. (79)

To Esther, the role of the housewife is a secure yet sedentary position, providing a base from which a woman's children and husband 'shoots off from.' This description of the housewife role fits with conceptions of the American housewife that abounded during the containment culture of the 1950s. As Elaine Tyler May writes:

The ideological connections among early marriage, sexual containment, and traditional gender roles merged in the context of the cold war. Experts called upon women to embrace domesticity in service to the nation, in the same spirit that they had come to the country's aid by taking wartime jobs. (102)

Esther's reference to the 'fourth of July rocket' draws attention to the patriotic impulse behind containment culture, which Tyler May highlights in this passage. Women were encouraged to provide the stable base from which their husband and children could shoot from, the 'Fourth of July rocket' that provides the perfect conditions for 'the coloured arrows' to 'shoot off in all directions.'

Plath emphasizes Esther's conflict between becoming a housewife and mother and pursuing other life choices through the fig tree metaphor. She writes:

I saw my life branching out before me like the green fig-tree in the story. From the tip of every branch, like a fat purple fig, a wonderful future beckoned and winked. One fig was a husband and a happy home and children, another fig was a brilliant professor, and another fig was Ee Gee, the amazing editor, and another fig was Europe and Africa and South America, and another fig was Constantin and Socrates and Attila and a pack of other lovers with queer names and off-beat professions, and another fig was an Olympic lady crew champion, and beyond and above these figs were many more figs I couldn't quite make out.' (73)

In this passage, each fig that Esther describes represents a life choice available to her. The figs appear to contribute to two differing definitions of health. The fig representing 'a husband

and a happy home and children' would grant Esther a type of cultural health; she would be acting within the norm and thus would be deemed healthy by her peers. In comparison, choices such as becoming 'a brilliant professor' or travelling 'Europe and Africa and South America' would not afford Esther this cultural health, but could contribute to her personal well-being. Whilst the quantity of options available may at first appear to promise 'a wonderful future,' the enormity of the pressure to choose just one fig quickly becomes overwhelming. Plath writes:

I saw myself sitting at the crotch of this fig-tree . . . I wanted each and every one of them [the figs], but choosing one meant losing all the rest, and, as I sat there, unable to decide, the figs began to wrinkle and go black, and, one by one, they plopped to the ground at my feet. (73)

Despite the seemingly liberating prospect of being in a position to choose one of the figs, Esther is ultimately trapped by the nature of her decision, that meant by 'choosing one' she would lose 'all the rest.'

The fig that appears to hold an authoritative presence throughout the novel is that of 'a husband and a happy home and children.' Writing in their book, *The Fifties: The Way We Really Were*, Douglas T Miller and Marion Nowak account that:

Everybody got married in the fifties, or at least it was a supreme sign of personal health and well-being to be engaged in the social act of marriage and family-raising . . . It seemed so sane, healthy, *natural* for people to do that it became an absolute, unbending tenet of life. (147-148)

Miller and Nowak corroborate the idea that 'marriage and family-raising' were viewed as a healthy endeavour in the fifties. Whilst marriage did not always lead to 'personal health and well-being,' it did act as a symbol of cultural healthiness. Plath highlights this within the novel through Esther's relationship with Buddy Willard:

All I'd heard about, really was how fine and clean Buddy was and how he was the kind of person a girl should stay fine and clean for. So I didn't really see the harm in anything buddy would think up to do. (64)

For Esther, marriage to Buddy represents a culturally healthy choice, fitting with containment culture, exemplified by her description of him as 'fine and clean.'

The image of the fig tree is not produced directly from Esther's imagination, but rather features in *The Thirty Best Stories of the Year*, a book gifted to Esther from *Ladies Day* after she was poisoned by crab meat at a banquet. In the story:

[A] fig tree grew on a green lawn between the house of a Jewish man and a convent, and the Jewish man and a beautiful dark nun kept meeting at the tree to pick the ripe figs,

until one day they saw an egg hatching in a bird's nest on a branch of the tree, and as they watched the little bird peck its way out of the egg, they touched the back of their hands together, and then the nun didn't come out to pick figs with the Jewish man any more but a mean-faced Catholic kitchen-maid came to pick them instead and counted up the figs the man picked after they were both through to be sure he hadn't picked any more than she had, and the man was furious. (Plath 51-52)

The scene in which 'the Jewish man' and the 'beautiful dark nun' 'touched the back of their hands together' is a pivotal moment in the fig tree story. Before this, the Jewish man and the nun are able to pick, and subsequently consume, the figs without constraint. Although no explicit mention is made in the story as to why the nun 'didn't come out to pick figs with the Jewish man' after their hands touched, it can be assumed that the nun was punished for accidentally breaking from her religious code. The Jewish man is also indirectly punished for the encounter, having to pick figs with the 'mean-faced Catholic kitchen-maid.' Both the Jewish man and the nun are able to live happily until the moment in which they deviate from what is deemed appropriate according to their religions. There is a parallel that can be made between the fig tree story and the fig tree that Esther imagines later on in the novel. If Esther chooses to pursue a life choice that would provide her with a sense of 'wholeness and well-being' (Blaxter 19), such as travelling to Europe or becoming a professor, she would be breaking from a cultural norm and would thus be deviating from what is deemed culturally healthy by Cold War standards. The kitchen maid, who 'counted up the figs the man picked after they were both through to be sure he hadn't picked any more than she had' can be understood as an allegory for communism, where wealth is shared equally. If Esther were to make any choice other than to get married and have children, a lifestyle that during the Cold War period was seen as a way to upkeep the moral health of the nation from the threat of communism, then she is burdened with the responsibility of making a choice that is deemed a deviation from the national cause.

The image of the fig tree is rich in religious connotation, most notably bearing a similarity to the book of Genesis, where Eve is persuaded by the serpent to eat an apple from the tree of Knowledge of Good and Evil. The metaphor of the fig tree suggests that in order to make a choice, Esther must consume a fig, or else it will fall to the ground and rot. In other words, Esther must consume and absorb the chosen fig into her body, physically embodying the choice that she makes. The act of consumption serves as both an opportunity for bodily nourishment but is also a moment of risk; the fig can both contribute

positively to her health or cause it to decline, like when Esther is poisoned by the crab meat at the *Ladies Day* banquet. By employing the fig tree metaphor, Plath is comparing the pressure to conform to cultural norms in Cold War society to the codes of conduct that exist within organized religion, epitomized when the Jewish man and the nun are punished for letting their hands touch. Moreover, Plath's decision to embed this pressure to conform within a narrative of consumption suggests that if Esther makes the wrong life choice, she may be putting her health at risk. However, Esther finds herself in an impossible position. If she chooses to consume a fig that would improve her sense of 'wholeness and well-being' (Blaxter 19), such as becoming an 'amazing editor,' she risks deviating from the cultural norm of getting married and having children, thus jeopardizing her culturally healthy status.

Despite Esther noting that she 'didn't really see the harm in anything Buddy would think up to do,' her relationship with Buddy Willard during the novel is permeated with medical encounters and experiences of ill-health. This is exemplified when Esther first visits Buddy during his time at medical school and, later, at the sanatorium, where Buddy is treated for Tuberculosis. Upon encountering Buddy's Tuberculosis diagnosis, Esther notes, 'I had never heard Buddy so upset. He was very proud of his perfect health' (Plath 68). Whilst Buddy represents a culturally healthy choice for Esther, her time with him is fraught with injury and ill-health. This is shown by the moment in which Esther breaks her leg in a skiing accident, noting "'Buddy Willard made me break that leg.'" Then I thought, "No, I broke it myself. I broke it on purpose to pay myself back for being such a heel'" (Plath 82). In this short passage, Plath illustrates the indecision and contradiction that plagues Esther throughout the novel. In this moment, Plath highlights the crippling nature of Esther's confliction between individual well-being and the pursuit of cultural healthiness. By first blaming Buddy for breaking 'that leg,' Esther not only attributes the injury to Buddy, but is also blaming him for pressuring her to choose the life of marriage and domesticity. Plath illustrates this lack of 'wholeness and well-being' through Esther's broken leg, which is physically broken in two. By subsequently stating 'no, I broke it myself,' Esther then blames herself for 'being such a heel.' She blames herself for being unable to take responsibility for her own health, caught between the impossible choice of choosing either a definition of healthiness based on cultural norms, or one that prioritizes personal well-being.

Plath presents Esther and Buddy's relationship within the context of the Cold War, using it as a motif that questions the relationship between liberalism and totalitarianism.

Esther tells the reader:

I also remembered Buddy Willard saying in a sinister, knowing way that after I had children I would feel differently, I wouldn't want to write poems any more. So I began to think maybe it was true that when you were married and had children it was like being brainwashed, and afterwards you went about numb as a slave in some private, totalitarian state. (Plath 81)

Despite marriage and motherhood being figured by containment culture as vital to the protection of American liberalism, Esther ponders whether marriage and motherhood cause women to become 'brainwashed,' living like 'a slave in some private, totalitarian state.' Esther gives voice to one of the great ironies of containment culture, that encouraged conformity to social norms in order to protect liberalism, a political philosophy associated with freedom, democracy and equality. Plath again situates the prospect of motherhood within the context of containment culture when Esther describes waiting to see Buddy in the sanatorium:

On a low coffee-table, with circular and semi-circular stains bitten into the dark veneer, lay a few wilted numbers of *Time* and *Life*. I flipped to the middle of the nearest magazine. The face of Eisenhower beamed up at me, bald and blank as the face of a foetus in a bottle. (Plath 85)

Esther projects her fears that motherhood will entrap her by comparing Eisenhower's face to 'the face of a foetus in a bottle,' attributing her anxieties to the culture of containment that the president's image represents. By situating this moment within the medical environment of the sanatorium, Plath draws attention to the relationship between containment culture, motherhood and the medical encounter. The presence of popular magazines within the medical waiting room marks a notable crossover between medical and cultural definitions of health, as Esther's interpretation of the Eisenhower image shows. Esther is encouraged, through the environment of the medical waiting room, to consider her own future prospects, particularly the possibility of getting married and having children, within the parameters of cultural definitions of health.

Towards the end of the novel, Esther appears to choose one of the figs from the metaphorical fig tree by deciding to lose her virginity to Irwin. Before doing so, Esther is assisted by Doctor Nolan, who advises her where she can acquire contraception, an act that was illegal in Massachusetts in the fifties. Esther's experience of sexuality, therefore, is

somewhat medicalized from the outset. Indeed, Esther even describes her virginity as something that she was 'sick of' (Plath 218). However, whilst this sickness was metaphorical, and spoke largely of the cultural and personal significance of being a virgin, the moment in which Esther loses her virginity leads to physical injury and hospitalization. Plath writes:

'I'm haemorrhaging.'

Joan half-led, half-dragged me on to the sofa and made me lie down . . . I remembered a worrisome course in the Victorian novel where woman after woman died, palely and nobly, in torrents of blood, after a difficult childbirth. Perhaps Irwin had injured me in some awful, obscure way, and all the while I lay there on Joan's sofa, I was really dying. (221)

Despite Esther's reluctance to lose her virginity because of a 'baby hanging over my head like a big stick, to keep me in line' (Plath 212), her first sexual encounter ultimately places her in a life-threatening situation, like women giving birth 'in the Victorian novel.' Ultimately, Esther's injury requires her to seek medical attention. Describing the scene at the hospital, Plath writes:

'I can see,' the doctor bent down, 'exactly where the trouble is from.'

'But can you fix it?'

The doctor laughed. 'Oh, I can fix it all right.' (223)

In this passage, Plath demonstrates the inequalities that exist within the doctor/patient relationship. Esther is forced to place herself under the medical gaze of the doctor, adopting a state of patienthood that grants the doctor authority over her body. When Esther asks, 'can you fix it,' the doctor laughs, highlighting the position of power that the doctor holds over her, belittling her inability to understand or 'fix' her own body in that moment. Despite Esther rebelling against cultural notions of health, and indeed Buddy Willard, by choosing to lose her virginity, this action places her in the situation she hopes to avoid; namely being at the mercy of a male doctor during a medical encounter. Esther's fear of the medical encounter is expressed earlier in the novel, when she describes the horror she felt when observing a woman giving birth:

I was so struck by the sight of the table where they were lifting the woman I didn't say a word. It looked like some awful torture table, with these metal stirrups sticking up in mid-air at one end and all sorts of instruments and wires and tubes I couldn't make out properly at the other.' (Plath 61)

Even though Esther had acquired the contraception to protect against pregnancy, her sexual encounter with Irwin results in her occupying an examination table much like the one she describes during the childbirth scene. Esther's decision to dissent against notions of cultural

health results in her encountering physical injury. Her experience of losing her virginity begins and ends with a medical encounter, situating her in a position of patienthood with relinquished autonomy. This can be seen as a metaphor for the relinquished autonomy Esther experiences by conforming to a culturally defined notion of health. By positioning presentations of cultural health so close to experiences of injury and hospitalization, Plath draws attention to the physical and psychological destruction caused by the existence of two conflicting definitions of health, suggesting that, for Esther, it is never possible to achieve both states of healthiness.

One of the ways in which Plath highlights the complex relationship between cultural definitions of health and individual well-being is through the way she presents Esther's experience of Electro Compulsive Therapy. She writes:

Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant . . . I wondered what terrible thing it was that I had done. (138)

In this passage, Plath highlights the electronic nature of Esther's treatment through the use of phrases such as 'crackling with blue light' and 'a great jolt drubbed me.' This is pertinent, as it creates a parallel between Esther's experience of ECT and the execution of the Rosenbergs. As Plath writes in the first paragraph of the novel:

The idea of being electrocuted makes me sick, and that's all there was to read about in the papers – goggle-eyed headlines staring up at me on every street corner and at the fusty, peanut-smelling mouth of every subway. It had nothing to do with me, but I couldn't help wondering what it would be like, being burned alive all along your nerves. (1)

By beginning *The Bell Jar* in this way, Plath firmly places the novel within the political landscape of the Cold War. As Sally Bayley argues, 'the rhetoric of the Cold War serves the experience of Plath's narrator fittingly, and so she aptly marries the language of disease and ill-health to the language of nuclear destruction' (158). Whilst, as critics such as Alexander Dunst have argued, the language of ill-health and madness is often applied to the rhetoric of politics and international affairs, the relationship between Cold War politics and Esther's experience of ECT goes beyond just a correspondence of language. By drawing a parallel between the execution of the Rosenbergs and Esther's ECT treatment, Plath is presenting Esther's treatment as a consequence for not fully maintaining a level of cultural health, or indeed maintaining a level of personal well-being. As Pat Macpherson argues, Esther

'suspects she is being punished by shock treatments' (6). Like the Rosenbergs, who were 'scapegoated as spies, communists, traitors in our midst, with their Jewishness and Ethel Rosenberg's strong womanhood seen as part of the Alien nature of this Enemy Within' (Macpherson 2), Esther believes that she is being punished for deviating from the cultural norm by not marrying Buddy Willard.

Writing in their book *Pushbutton Psychiatry*, Timothy Kneeland and Carole Warren note that 'roughly two thirds of mid-century electroshock patients were women' (61). As they argue:

Electroshock was, as are perhaps all psychiatric treatments, deeply implicated in the gender and family role relations of the world of 1950's America . . . Indeed, EST machines, in their own way - much as other domestic appliances - sought to make a woman more efficient in her home, and any protestations about a woman's traditional role might be silenced at the push of a button on an EST machine. (59)

If women were deemed mentally unwell because of their failure to subscribe to traditional gender roles, then ECT machines were used, as Kneeland and Warren illustrate, as a quick fix to cure women of cultural dissidence. By highlighting a parallel between Esther's experience of ECT and the Rosenbergs, Plath draws attention to how Esther's psychiatric treatment is framed by the Cold War imperative to contain cultural narratives within a culturally defined concept of health.

In *The Bell Jar*, Esther is prescribed Electric Convulsive Therapy by two doctors, Dr Gordon and Dr Nolan, and her relationship with each doctor is markedly different. For example, during her first meeting with Dr Gordon, Plath writes:

I hated him the minute I walked in the door . . . Doctor Gordon had a photograph on his desk, in a silver frame, that half faced him and half faced my leather chair . . . I thought, how could this Doctor Gordon help me anyway, with a beautiful wife and beautiful children and a beautiful dog haloing him like the angels on a Christmas card. (123-124)

Upon entering Dr Gordon's office, Esther is faced immediately with one of the 'figs' from the metaphorical fig tree; the prospect of being 'a beautiful wife' and having 'beautiful children.' Whilst Esther wonders whether 'Dr Gordon was trying to show me right away that he was married to some glamorous woman and I'd better not get any funny ideas' (Plath 124), I argue that the presence of the family photograph on Doctor Gordon's desk exemplifies how the American nuclear family was not only seen as a cultural ideal, but was also seen as a sign of psychological health and prosperity. By displaying the photograph on his desk, Doctor Gordon distinguishes himself from his patients by presenting himself as

living according to the American ideal of the nuclear family, embodying traditional gender roles. This leads Esther to question, 'how could this Doctor Gordon help me anyway.' By displaying the photograph on his desk, Dr Gordon is showing himself as subscribing to a definition of health that is judged on conformity to social norms. As Kleinman outlines in his model of healthcare, there is a crossover between the popular, professional and folk sectors. Whilst Doctor Gordon is operating within the professional sector in his capacity as a Doctor, when he leaves the office, he returns to the popular sector, and is thus influenced by the imperative to judge ill-health by dissidence from the social norm.

Writing in his book, *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985*, Nathan Hale notes that the American interpretation of psychoanalysis was gendered. He writes:

The American version [of psychoanalysis] not only confined sexual intercourse within monogamous marriage, but sought to assure purity of thought as well as behaviour, partly through reticence about all sexuality, partly through a relatively asexual stereotype of woman. (4)

Whilst Doctor Gordon does not offer Esther psychoanalysis as a course of treatment, Hale's observation that Freudian psychoanalysis was interpreted in the Cold War period to confine 'sexual intercourse within monogamous marriage' illustrates the way in which culturally prescribed norms influenced clinical practitioners, especially within the field of psychiatry. Ultimately, therefore, Doctor Gordon can never help Esther reach a state of well-being, as he appears to subscribe to a definition of health that is influenced by culturally ascribed ideals. This is exemplified when Esther's mother asks her "' . . . what did he say?'" (Plath 126) to which Esther replies:

'He said he'll see me next week.'
My mother sighed.
Doctor Gordon cost twenty-five dollars an hour. (Plath 126)

By noting that Doctor Gordon charges 'twenty-five dollars an hour,' Plath further highlights the distance between the doctor and his patients. As a male psychiatrist, charging a considerable amount of money to cure his patients, Doctor Gordon is in a position of power over individuals that visit his office. Esther's mother's sigh, therefore, appears to vocalize the frustration of being a woman in Cold War America, whereby the medical professionals, the majority male, are not only influenced by cultural bias, but are in a position to charge 'twenty-five dollars an hour' despite not always being able to help and cure their patients.

Despite her bad experience with Doctor Gordon, Esther is able to build a good relationship with Doctor Nolan, a female practitioner. Plath writes:

I was surprised to have a woman. I didn't think they had woman psychiatrists. This woman was a cross between Myrna Loy and my mother . . . I liked Doctor Nolan, I loved her, I had given her my trust on a platter and told her everything, and she had promised, faithfully, to warn me ahead of time if ever I had to have another shock treatment. (179-203)

As this passage demonstrates, Plath is able to trust Doctor Nolan, something she is unable to do with the male psychiatrists. Unlike Doctor Gordon, Doctor Nolan presents herself as somebody who has had to make the decision that Esther now faces; whether to get married or pursue a career. Whilst Esther questions whether Doctor Gordon could actually help her, Doctor Nolan is able to provide Esther with practical help. This is exemplified when, upon Esther informing Doctor Nolan of her fear that she has 'a baby hanging over my head like a big stick, to keep me in line' (Plath 212), Doctor Nolan 'scribbled the name and address of this doctor' (Plath 212) who could provide Esther with contraception. In contrast to Doctor Gordon, Doctor Nolan has an awareness of the conflict between pursuing a type of cultural healthiness or focusing upon personal 'wholeness and well-being' (Blaxter 19) in Cold War America. By providing Esther with the details to acquire contraception, Doctor Nolan is allowing Esther to achieve a state of psychological and physical well-being by allowing her to make the decisions that pertain to her own body. Rather than being kept 'in line' by the thought of having a baby, Doctor Nolan allows Esther to dismiss this 'propaganda' (Plath 212) and take charge of her own female body.

In *The Bell Jar*, Plath frequently uses sartorial images, particularly when describing Esther's time at the psychiatric hospital. For example, during her last night in New York City, Esther throws her clothes from a rooftop, a moment that marks a significant deterioration in her mental health. This is shown when Plath writes:

Piece by piece, I fed my wardrobe to the night wind, and flutteringly, like a loved one's ashes, the great scraps were ferried off, to settle here, there, exactly where I would never know, in the dark heart of New York. (107)

In this passage, the clothing that had once carried great significance and importance in New York society has been reduced to 'scraps.' Whilst Esther had previously purchased 'all those uncomfortable, expensive clothes' (Plath 2) in order to subscribe to cultural norms and trends, she describes such an endeavour as 'stupid' (Plath 2) noting, 'the reason I hadn't

washed my clothes or my hair was because it seemed too silly' (Plath 123). Here, Esther realizes that pursuing a type of cultural healthiness by conforming to cultural norms does not contribute positively to her overall well-being. Macpherson acknowledges this when she writes 'Esther's deepening disillusionment and dissent are never spoken, except as her nervous breakdown itself' (38).

At the end of the novel, when Esther is preparing for her exit interview at the psychiatric hospital, Plath returns to using sartorial imagery. She writes:

My stocking seams were straight, my black shoes cracked, but polished, and my red wool suit flamboyant as my plans. Something old, something new. . . (233)

It would seem that in order to leave the psychiatric hospital and return to the outside world, Esther has to metaphorically retrieve the clothes she dropped from the rooftop in New York City. This is further shown at the beginning of the novel, when Esther informs the reader:

I realized we kept piling up these presents because it was as good as free advertising for the firms involved, but I couldn't be cynical . . . for a long time afterwards I hid them away, but later, when I was all right again, I bought them out, and I still have them around the house. I use the lipsticks now and then, and last week I cut the plastic starfish off the sunglasses case for the baby to play with. (Plath 3)

Appearing at the beginning of *The Bell Jar*, this passage shows Esther dwelling retrospectively on the experiences that the novel will go on to present. Esther not only returns to the gifts she received during her time in New York City, but also goes on to have a baby. Ultimately, it would seem, Esther makes a choice to embody a type of cultural healthiness, becoming a mother and occasionally uses 'the lipsticks now and then.' If the moment in New York City when Esther throws her clothes from the rooftop represents a significant decline in her mental health, her return to caring about her appearance when she leaves the psychiatric hospital suggests that she can no longer resist the pressure to conform to cultural norms.

As I have illustrated throughout this section, Esther is continuously conflicted between pursuing a life deemed culturally healthy, or seeking individual well-being by pursuing aspirations that may dissent from the social norm. In this sense, the seemingly unlimited number of choices that exist on the metaphorical fig tree is illusionary. The fig tree does not offer Esther a wealth of choices, but rather a choice between two definitions of health. Whichever fig Esther chooses, she will always be left with a health deficiency of one type or another. By eating a fig, Esther is taking a biological risk. The fig will either benefit

her well-being, by offering nourishment, or be detrimental to it by making her sick. When making a life choice, however, it is possible – indeed likely – for Esther to be both nourished and sick at the same time. For example, if she chooses to become a professor, her well-being and fulfilment will be nourished, yet she will be deemed to be in a state of ill-health for dissenting from cultural norms. The fig tree does not offer a bounty of life choices, but rather acts as a symbol of oppression. It stands as a reminder that all of Esther’s life options are seemingly in reach, however, in actuality, none of the figs, or choices, can offer the nourishment and fulfilment she requires. As David Morris writes:

While popular imagery based on modernist biomedicine viewed the body as a machinelike carapace or well-fortified castle, fending off external threats from hostile bacteria and viruses, post-modern culture shows us something quite different with its vision of selves and bodies newly vulnerable to the workings of our own immune systems . . . It is questioning the nature of the self that falls ill, the self that is now increasingly fragile and incohesive, the site of contradictory social discourses, like a radio program overlaid with sound from other stations. It is altering the characters of illness as chronic ailments and ambiguous syndromes confront patients with radical doubt about their health. (77)

It is the ‘popular imagery’ that views the body – or the body politic – as ‘a machinelike carapace or well-fortified castle’ that is evoked in containment culture, encouraging individuals to conform to idealized norms in order to protect the country from ‘hostile bacteria and viruses.’ Morris observes that post-modern culture marks a time whereby bodies become ‘vulnerable to the workings of our own immune systems.’ Indeed, this is the case for Esther in *The Bell Jar*, whose health deteriorates as a result of her internal conflict between conforming to definitions of health perpetuated by containment culture, or pursuing life choices outside of such parameters. Esther is a ‘self that is now increasingly fragile and incohesive, the site of contradictory social discourses, like a radio program overlaid with sound from other stations.’ Whilst Morris explores the postmodern as being post-World War Two, Esther’s fragile and incohesive sense of self, and her subsequent ill-health, can be situated within a Cold War context, born from the conflicting definitions of health perpetuated through containment and consumer culture.

Health and Consumerism in *Fear of Flying* by Erica Jong

Published in 1973, *Fear of Flying* depicts the 1960s, a decade that saw Americans, particularly young Americans, grow disillusioned with the containment culture of their

childhood. In *Fear of Flying*, Jong reflects the counter-cultural fervour of the 1960s through her frank discussion of female sexuality and her frequent use of expletive language. Whilst some saw the late 1960s as a moment of détente in the Cold War, Isadora, like Esther, expresses a keen awareness of how the Cold War has affected her throughout her life.

Isadora tells the reader:

Given the perspective of history, it's clear that Bennet and I owed our being in Heidelberg (and in fact our marriage) to the hoodwinking of the American public by the government which was later revealed in the Pentagon Papers. In other words, we got married as a direct result of Bennet's being drafted – and he was drafted as a direct result of the Vietnam troop build up of 1965-66, which was a direct result of the hoodwinking of the American public by the government. (Jong 61-62)

Like Esther in *The Bell Jar*, Isadora attributes her marriage to the Cold War. Unlike Esther, Isadora's marriage is not a direct result of containment culture, but rather a response to the United States' involvement in Vietnam, which was an outcome of US foreign containment policy. The repetition of the word 'hoodwinking' in the above passage highlights Jong's distrust of the United States government. Throughout the novel, Jong situates this distrust within a wider debate between liberalism and totalitarianism. For example, when Isadora and Bennet arrive in Heidelberg as part of Bennet's military service, Isadora describes the American military base as 'a vast American concentration camp' (Jong 64). To Isadora, the Cold War is connected to the Second World War and the atrocities committed by the Nazis during the Holocaust. The United States' involvement in Vietnam, justified by the US government by the need to protect nations against the tyranny of communism, leads Isadora, who is herself Jewish, back to Germany, with its history of Nazism and Jewish persecution. Throughout the novel, like Esther in *The Bell Jar*, Isadora highlights the irony that in attempting to protect liberalism, US containment policies bring her closer to totalitarianism.

Whilst Plath's *The Bell Jar* describes the experience of a nineteen-year-old woman in 1950s America, *Fear of Flying* by Erica Jong – although published in the United States just two years after *The Bell Jar* – details the experience of a married woman during the 1960s. The temporal space between the two novels is of particular relevance, as the ten years that span the original publication of each text marks the growth in popularity and influence of the women's health movement, culminating in the publication of the Boston Women's Health Book Collective's *Our Bodies, Ourselves* in 1971. As written in the preface of the 1973

edition of *Our Bodies, Ourselves*, The Boston Women's Health Book Collective initially 'wanted to do something about those doctors who were condescending, paternalistic, judgmental and non-informative' (Boston Women's Health Book Collective). By teaching women about their bodies, *Our Bodies, Ourselves* would equip readers with the knowledge and understanding to communicate confidently with doctors, giving them the ability to refute or contest any aspect of their medical care. In essence, the women's health movement sought to resist against the prominence of the scientifically informed, and often male, expert that had in part defined women's healthcare in the previous decades.

However, Jong's protagonist, Isadora Wing, consistently seeks reassurance and diagnoses from an expert in *Fear of Flying* in the form of her psychoanalyst. Isadora not only visits psychoanalysts in their professional capacity, but also encounters them in her personal life. For example, she is married to her former analyst, Bennet. Jong writes 'There were 117 psychoanalysts on the Pan Am flight to Vienna and I'd been treated by at least six of them. And married a seventh' (3). For Isadora, the prominence of the expert is apparent at many stages of her life. Jong writes:

And here I was back in my own past, or in a bad dream or a bad movie: *Analyst and Son of Analyst*. A planeload of shrinks and my adolescence all around me. Stranded in midair over the Atlantic with 117 analysts many of whom had heard my long, sad story and none of whom remembered it. (5)

When Isadora jokes that the plane was like 'a bad movie,' it is notable that she names her fictional movie '*Analyst and Son of Analyst*,' because, as becomes apparent when Isadora lists the analysts on board the plane, the majority of them are men. As Isadora goes on to explain, 'every decision was referred to the shrink, or the shrinking process' (Jong 8). The 'shrinking process,' as Isadora refers to it, can be understood as the procedure by which individual feelings, thoughts and life events are reduced into a Freudian narrative. As Isadora exemplifies:

(I saw Dr Schrift for one memorable year when I was fourteen and starving myself to death in penance for having finger-fucked on my parents' living room couch. He kept insisting that the horse I was dreaming about was my father and that my periods would return if only I would 'ackzept being a vohman.') (Jong 4)

As illustrated in this passage, Dr Schrift envelopes Isadora's experience of having an eating disorder into a Freudian narrative, interpreting Isadora's eating disorder in terms of an Oedipal complex, in which Isadora experiences penis envy and is unable to 'ackzept being a

vohman.’ By speaking candidly, using terms such as ‘finger-fucked’ and mimicking Dr Schrift’s accent, Isadora mocks the Freudian narratives that he applies to her experience. Despite her frequent encounters with psychoanalysts in both a clinical and personal environment, Isadora appears to hold an acute scepticism for psychoanalysis, illustrated when Jong writes:

That was, when I thought about it, what I had against most analysts. They were such unquestioning acceptors of the social order . . . When it came to the *crucial* issues: the family, the position of women, the flow of cash from patient to doctor, they were reactionaries. As rigidly self-serving as Social Darwinists of the Victorian Era. (Jong 19-20)

As Isadora notes, analysts were ‘acceptors of the social order,’ serving the status quo by reinforcing traditional gender roles through Freudian analysis. Similar to Esther Greenwood’s encounter with Dr Gordon in Plath’s *The Bell Jar*, the psychoanalysts do not help Isadora because they do not address the ‘crucial’ issues that matter to her; ‘the family, the position of women, the flow of cash from patient to doctor.’

Although Isadora appears to be sceptical of Freudianism, she continues to visit psychoanalysts. Isadora’s marriage to her former analyst illustrates the corrosion of the lines between the personal and medical encounter that exist within Isadora’s life. In terms of Kleinman’s model of healthcare, Bennet and Isadora’s relationship exists at the crossover between the professional and popular sector. This is shown when Jong describes a dream Isadora has about Bennet and Adrian. She writes:

‘Maybe she ought to be analyzed in England,’ Bennet was saying as his end of the seesaw swung up in the air. I’ll turn her passport and shot record over to you.’ (41)

In this passage, Bennet and Adrian are no longer Isadora’s love interests, but her doctors. Despite being involved romantically with both men, Isadora dreams that she is, in fact, a patient. As a result, she has lost her autonomy and is unable to voice an opinion on her proposed move to England. As Jong writes, ‘my words became garbled’ (41).

Despite being a dream, the patienthood that Isadora experiences in this moment can be seen as indicative of the patienthood she experiences throughout the novel. Although Isadora is never diagnosed with a medical sickness or psychiatric illness, she consistently places herself into the position of patient through her visits to psychoanalysts. Tasha Dubriwny acknowledges that:

Feminist women’s health activists . . . problematised the medicalization of women’s lives and critiqued the passive role women were often expected to play in relation to more active, expert physicians. (15)

Indeed, Isadora's encounters with psychoanalysts exemplifies the 'medicalization of women's lives' that the women's health movement sought to combat. However, Isadora chooses to place herself in the position of a patient despite being, according to the biomedical model, healthy. Isadora appears to define health according to the social model, that understands health to be a state in which an individual experiences 'wholeness and well-being' (Blaxter 19). However, as Isadora acknowledges, the relationship between analyst and patient is, by nature, financial. Isadora is both a patient and a consumer; at once subordinated by the expertise of the analyst and yet empowered as the consumer paying for a service. The empowerment and entrapment Isadora experiences through consumerism is highlighted when she chooses to stop visiting Dr Kolner, informing the reader that 'I wasn't really liberated (I still had to comfort myself with shopping)' (Jong 22). Isadora experiences a tension between being both empowered and entrapped in her role as a patient and in her role as a consumer. As a patient, Isadora is empowered because she can acquire the analyst's services however is entrapped by their patriarchal interpretation of Freudian analysis. As a consumer, Isadora is empowered by the comfort shopping offers her, however she is entrapped because she cannot avoid partaking in financial transactions.

One of the '*crucial*' issues for Isadora is the 'flow of cash from patient to doctor.' Although Isadora takes the decision to stop visiting Dr Kolner, she still has to 'comfort' herself 'with shopping.' This is evocative of how shopping and consumerism are seen as indicators that individuals are operating efficiently, indeed healthily, in a consumer society. Isadora undergoes psychoanalysis in order to achieve a state of 'well-being.' However, this sense of 'well-being' is packaged as a commercial entity, achievable either by visiting the psychoanalyst or by going shopping. As a result, 'well-being' becomes defined within Kleinman's popular sector by a set of cultural norms. It no longer refers to individual 'wholeness,' but becomes a state achievable by being an effective consumer, for example, by paying to visit a psychoanalyst or purchasing the latest self-help book. Ehrenreich takes this a step further, and argues that wellness in the twenty-first century has become a 'status symbol' (*Natural Causes* 110), displayed by 'carrying a yoga tote bag and a bottle of green vegetable-based juice' (Ehrenreich, *Natural Causes* 109-110). For Ehrenreich, wellness is not only something that is purchased, but is performed as a marker of a person's socioeconomic status. Although the women's health movement sought to educate women about their own bodies, Jong suggests that women are still oppressed by the commercially packaged concept

of 'well-being' that dictates the products and services consumers require to live a healthy life. Ultimately, success at being able to achieve this state of 'well-being' depends as much on your prowess as a consumer as it does your ability to monitor and examine your own body.

In *Fear of Flying*, Isadora appears to demonstrate an acute awareness of the detrimental nature of consumer culture. Jong writes:

Growing up female in America. What a liability! You grew up with your ears full of cosmetic ads, love songs, advice columns, whoreoscopes, Hollywood gossip, and moral dilemmas on the level of TV soap operas . . . What all the ads and all the whoreoscopes seemed to imply was that if only you were narcissistic *enough*, if only you took proper care of your smells, your hair, your boobs, your eyelashes, your armpits, your crotch, your stars, your scars, and your choice of scotch in bars – you would meet a beautiful, powerful, potent, rich man who would satisfy every longing, fill every hole . . . you would live totally satisfied forever. (9-10)

As implied by the term 'proper care,' Jong observes that advertising and consumer culture encourage women to care for, or monitor, their bodies by keeping them in line with cultural standards of beauty and health. By being 'narcissistic enough,' women are able to 'live totally satisfied forever,' a phrase that suggests an element of 'wholeness and well-being.' Of course, there is no medical benefit when a woman shaves her armpits with the latest razor or applies a layer of fashionable mascara to her eyelashes. However, advertisements for women exploit the cultural imperative to seek 'well-being' and self-improvement, framing advertisements within the nebulous context of health.

This is exemplified in a page taken from *Ladies' Home Journal* in April 1969. On the right-hand side of the page, there is a piece by Sybil Leek, entitled 'Your Medical Horoscopes,' that goes on to list the 'medical horoscopes' for each star sign. These 'medical horoscopes' contain forecasts such as:

Taureans must always be careful when viruses are around, particularly when they may affect your throat – if you can get through the year without a series of throat infections, you will be most fortunate. (Leek)

Of course, to a twenty-first century reader, the notion that being prone to catching throat affecting viruses is a uniquely Taurean concern is comical in its absurdity, as is the concept of a 'medical horoscope.' What is most poignant about these 'medical horoscopes' is that they are positioned directly next to two adverts (see fig. 2). One is for wrinkle cream, that promises its users will 'see wrinkles actually reduced, with medically proven hormone application.' The other is for a 'Demure Liquid Douche,' that promises to let 'you discover

how completely feminine you can be.’ The heading of this advert asks, ‘What does douching with Demure have to do with your husband?’ The word ‘husband,’ however, is presented in

The image shows two pages from a magazine. The left page is an advertisement for 'Demure' douches. At the top, it asks 'What does douching with DEMURE have to do with your HUSBAND?' in a large, bold, black font. Below this, there is a small image of a bottle of Demure. The text describes the product as a 'delicately scented Demure' that is 'perfectly' for a husband's pleasure. It also mentions that it is 'medicinal' and 'gentle'. At the bottom of the ad, it says 'See Wrinkles* Actually Reduced With Medically Proven Hormone Application' and 'Best Recipes from a Cookbook Masterpiece, "The Wonderful Food of Provence" (published at \$10). See page 110.'

The right page is titled 'YOUR MEDICAL HOROSCOPES' and features a woman's face at the top. Below the title, there are several horoscope entries for different zodiac signs, each with a date range and a short paragraph of text. The signs listed are Aries, Taurus, Gemini, Cancer, and Leo. The text is in a smaller font and is arranged in a columnar format.

Fig 2. “Your Medical Horoscopes”

a black, bold typeface, taking up a great proportion of the advertising space. This page in *Ladies’ Home Journal* encapsulates the way in which language relating to health is used to position the female body into a state of vulnerability and insecurity. The ‘medical horoscopes’ do not contain medical advice, but rather invoke the language of medicine to serve a consumer-focused culture. The ‘medical horoscopes’ instil women with the idea that their bodies are vulnerable, and thus need to be taken ‘proper care of’ (Jong 10) by buying vaginal douches and wrinkle cream. Tasha Dubriwny argues that:

Post-feminist sensibility governs discourse about women’s health through a larger rhetoric of risk in which women are represented as part of an inherently at-risk group that must engage in a constant monitoring and management of risk. (13)

Advertising culture, therefore, appears to take advantage of the view that women are ‘an inherently at-risk group that must engage in a constant monitoring and management of risk.’ The female body, with its capability for pregnancy and childbirth, is deemed more at risk than its male counterpart, and thus there is a strong imperative for women to survey and monitor their own health. By placing adverts for cosmetic products within the

framework or 'well-being,' advertisers are tapping into the responsibility women have to self-monitor their own health. As Jong has illustrated through Isadora's experience, women are empowered through their ability to make choices as a consumer, however the products that they are encouraged to purchase will ultimately have little effect on their individual 'wholeness and well-being.'

Throughout *Fear of Flying*, Jong makes numerous references to Sylvia Plath, naming one of her chapters 'Every Woman Adores a Fascist,' an extract from Plath's 1962 poem, 'Daddy.' Whilst *The Bell Jar* was published only two years prior to *Fear of Flying* in the United States, there are moments in the text that suggest Jong was familiar with *The Bell Jar* and she references it within the novel. This is shown when Jong writes:

But I was disappointed. Like when my analyst had never heard of Sylvia Plath. There I was talking for days about her suicide and how I wanted to write great poetry and put my head in the oven . . . Believe it or not, Adrian's girlfriend was Esther Bloom – not Molly Bloom. She was dark and buxom, and suffered, he said, 'from all the Jewish worries. Very sensual and neurotic.' (92)

By informing her readers that Adrian's girlfriend is called 'Esther Bloom' in the paragraph directly after Isadora's discussion of Plath's suicide, Jong draws a connection in her readers' mind between Esther Bloom and Esther Greenwood, the protagonist of *The Bell Jar*. Both Isadora and Esther grapple with similar issues in each text, namely the difficulty in leading a fulfilling life as a woman within a society that promotes conformity to social norms through discourses of health. This is exemplified when Jong writes:

All I could see was the swindle of being a woman . . . If you were female and talented, life was a trap no matter which way you turned. Either you drowned in domesticity (and had Walter Mittyish fantasies of escape) or you longed for domesticity in all your art. You could never escape your femaleness. You had conflict written in your very blood. (172)

Like Esther Greenwood, Isadora is distressed by the 'swindle of being a woman,' that involves making a limited choice between 'domesticity' and 'art'; as Isadora notes, 'you had conflict written in your very blood.' As Jong describes, you either drown 'in domesticity,' or 'you longed for domesticity in all your art.' Isadora is concerned by the idea that writing 'domesticity in all your art' would render it frivolous. This is a concern shared by Esther in *The Bell Jar* when she asks, 'How could I write about life when I'd never had a love affair or a baby or seen anybody die?' (Plath 117).

Isadora and Esther are both concerned about creating art that is authentic, but that is also taken seriously within the literary marketplace. Despite their criticism of consumer culture, both protagonists know that they must write work that is commercially viable. The same, of course, is true of Plath and Jong's own writing experience; both *Fear of Flying* and *The Bell Jar* are novels that critique the consumer culture that they rely upon to achieve commercial success. Linda Wagner-Martin acknowledges this, noting that Plath initially intended *The Bell Jar* 'to be a "pot-boiler"' (49). Whilst Plath set out to write a 'pot-boiler,' Jong appears to exercise a resistance against the commercial literary market by creating a novel that straddles both highbrow and middlebrow culture. Jong alludes to this in *Fear of Flying* when she writes:

I regarded anything printed as a holy relic and authors as creatures of superhuman knowledge and wit. Pearl Buck, Tolstoy, or Carolyn Keene, the author of *Nancy Drew*. I made none of the snotty divisions you learn to make later. I could happily go from *Through the Looking Glass* to a horror comic, from *Great Expectations* or *The Street Garden* to *Mad Magazine*. (125)

In this passage, Jong highlights the power of the publishing industry to categorize authors and their work into 'snotty divisions' of high and low culture. As stated at the beginning of the 1998 edition of the novel, *Fear of Flying* 'became one of the bestselling novels of the 1970s,' an achievement that demonstrates the novel's commercial success. However, critics continue to speculate where *Fear of Flying* belongs on the cultural spectrum. As Timothy Aubry asked 'What kind of novel is this? Is it a book for the beach or the coffee house?' (420) He argues:

Fear of Flying combines formulaic sexual fantasies with obscure literary references, clichés with witticisms, yoking together the conventions of romance fiction and serious literature. (420)

Indeed, as Aubry observes, Jong presents 'the conventions of romance fiction' alongside 'literary references,' epitomized by the way in which she starts each chapter with a quotation from a well-known writer, for example Shakespeare, W H Auden and Sylvia Plath. By 'yoking together the conventions of romance fiction and serious literature,' Jong is able to achieve commercial success, writing a bestselling novel, whilst also resisting against the idea that romance novels, a genre with a predominately female readership, contain no literary merit. Jong utilizes conventions of the romance novel, for example, Isadora Wing has 'an extraordinary fiery disposition' (Radway 123) a trait Janice Radway argues is

associated with the 'ideal heroine' (Radway 123) in romantic novels. However, Jong also distorts the expectations of romance readers. Radway explains how the Smithton readers, a group of romance readers she studies in her work on the genre, view 'female sexual response' (126) as 'something to be exchanged for love and used only in its service' (126). In *Fear of Flying*, 'female sexual response' is portrayed not as 'something to be exchanged for love' but as an experience of sexual pleasure that can be enjoyed for what it is, exemplified by Isadora's fantasy of the 'Zipless Fuck' (Jong 12). Jong is able to use the conventions of the romance novel to highlight the suffocating nature of female experience as a result of patriarchal consumer culture, writing a novel that would go on to garner commercial success whilst simultaneously criticising the market it exists within.

In *Fear of Flying*, Isadora introduces the reader to her concept of the 'Zipless Fuck' (Jong 12), a theory she develops to overcome her feeling that a woman lives her life 'as if she were constantly on the brink of some great fulfilment' (Jong 11). Jong writes:

My response to all this was not (not yet) to have an affair and not (not yet) to hit the open road, but to evolve my fantasy of the Zipless Fuck. The zipless fuck was more than a fuck. It was a platonic ideal. Zipless because when you came together zippers fell away like rose petals, underwear blew off in one breath like dandelion fluff . . . For the true, ultimate zipless A-1 fuck, it was necessary that you never get to know the man very well. (11-12)

The 'zipless fuck,' as Isadora outlines, is an experience of complete escapism. For Isadora, the 'zipless fuck' is important because it completely removes social influence from sexual experience, manifesting as an almost dreamlike encounter. Notably, the 'zipless fuck' is an action without consequence, as 'for the true, ultimate zipless A-1 fuck, it was necessary that you never got to know the man very well.' The 'zipless fuck' can also be interpreted as a rebellion against the analysts, whose strict adherence to Freudianism encourages individuals to ascribe great meaning onto every sexual encounter. By imagining an anonymous sexual experience in which 'underwear blew off in one breath like dandelion fluff,' Isadora is creating a moment in which her responsibilities as a woman and as a consumer to monitor her own health according to social norms no longer exist. An experience that can't be purchased, the 'zipless fuck' is Isadora's fantasy of an ideal sexual experience that allows her body to act without consideration of cultural norms and without psychoanalytic interpretation.

Isadora also uses sex to rebel against psychoanalysis by pursuing an affair with Adrian. For Isadora, her marriage to Bennet existed on a line dividing the clinical from the personal. This is illustrated when Jong writes:

I was . . . hating Bennet for not being a stranger on a train, for not smiling, for being such a good lay but never kissing me, for getting me shrink appointments and Pap smears and IBM electrics, but never buying me flowers. (26)

Isadora's hatred for Bennet 'for being such a good lay but never kissing me' suggests that Bennet is able to tend to Isadora's physical needs without expressing any passion or emotion, approaching sex in a clinical and distant manner. Moreover, the way in which Bennet organizes Isadora's 'shrink appointments and Pap smears' is reminiscent of how a doctor would organize care for their patients. This is further exemplified when Jong writes 'and silent Bennett was my healer. A physician for my head and a psychoanalyst for my cunt. He fucked and fucked in ear splitting silence. He listened. He was a good analyst' (36). Whilst Bennet 'was a good analyst,' Isadora resents him for being unable to fully fulfil his role as a husband, 'for not smiling' or 'never buying me flowers.' By having an affair with Adrian, Isadora is rebelling against both her role as a wife, and also her role as a patient. When Isadora and Adrian have sex, Isadora imagines telling Bennet 'and don't throw me any psychiatric interpretations, Bennet, because I'll throw them right back' (Jong 85). Isadora revels in her success at becoming un-analysable by Bennet, shown when she imagines asking him, 'how are you going to analyze that?' (Jong 85). Her affair with Adrian grants her near access to the 'platonic ideal' of the 'zipless fuck,' and thus removes her from her roles as consumer and patient that govern her everyday life.

Isadora's adultery can be understood not only as a rebellion against her role as a patient, but also as a rebellion against her role as a wife. Despite having been married twice, Isadora remains pessimistic about marriage. Jong writes:

Would most women get married if they knew what it meant? . . . I think of them making babies out of their loneliness and boredom and not knowing why . . . The baby gets sick and she makes it with the paediatrician. He is fucking his masochistic little secretary who reads *Cosmopolitan* and thinks herself a swinger. Not: when did it all go wrong? But: when was it ever right? (87)

Interestingly, in her imagined scenario of an unhappy marriage, the wife 'makes it with the paediatrician,' again blurring the lines between medical and sexual encounter. As the above passage shows, Isadora is disdainful about marriage, yet she notes 'I simply couldn't

imagine myself without a man' (Jong 86). For Isadora, the impulse for women to get married comes from American values and society. This is shown when Jong writes:

I knew my itches were un-American – and that made things *still* worse. It is heresy in America to embrace any way of life except as half of a couple. Solitude is un-American . . . a woman is always presumed to be alone as a result of abandonment, not choice. And she is treated that way: as a pariah. There is simply no dignified way for a woman to live alone . . . Her friends, her family, her fellow workers never let her forget that her husbandlessness, her childlessness – her *selfishness*, in short – is a reproach to the American way of life. (11)

Isadora's rebellion against her marriage through her affair with Adrian is also, therefore, 'a reproach to the American way of life.' In her quest for the 'zipless fuck,' Isadora is looking not only for sexual gratification, but for an outlet to contest the pedestalled place of marriage within American society. Moreover, as I've shown in this section, Isadora observes that being a woman in American society is a 'swindle.' For Isadora, the 'American way of life' is defined by a capitalist imperative to package every aspect of life into consumable products. The 'platonic ideal' of the 'zipless fuck' gives Isadora the opportunity to refute this culture. However, the 'zipless fuck' appears to be unattainable, as does her escape from American society. Isadora ultimately ends her affair with Adrian and returns to Bennet, taking a bath in his hotel room at the end of the novel, just like Esther ultimately becomes a housewife and a mother in *The Bell Jar*.

Chapter One Conclusion

As this chapter has illustrated, pressure to conform to social norms in Cold War America was framed within the context of health. In *The Bell Jar*, Plath shows how the use of health-related metaphor in political rhetoric and cultural discourse created an environment in which health became culturally defined by a person's conformity to social norms, which in turn was considered a matter of national defence against the Soviet Union. In Jong's depiction of the 1960s in *Fear of Flying*, cultural definitions of health were used to encourage people, particularly women, to be active consumers, prompting women to self-survey their bodies according to how they match up to beautified norms. In both these instances, health became defined by the extent to which an individual conformed to social and cultural norms. This chapter has argued that both Plath and Jong's portrayals of health are reflective of the Cold War moments they were each writing in. *The Bell Jar* depicts the

cultural landscape of the 1950s, a decade dominated, in its early years, by McCarthyism and marked throughout by a culture of containment. The counter-culture of the 1960s and early 1970s, the time period explored by Jong in *Fear of Flying*, reflected a growing disillusionment with the United States' policy of containment, both in a domestic context, represented by the growing rejection of traditional gender roles, and in a foreign policy context, exemplified by the growing opposition to US involvement in the Vietnam War. In *The Bell Jar*, Esther Greenwood is conflicted between striving for a notion of health that is formulated by containment culture, that defines health as conformity to social norms and ideals, and by pursuing life choices that exist outside of this cultural definition of healthiness. In *Fear of Flying*, Isadora Wing finds herself compelled to embody a state of health that is defined by consumer culture, which encouraged women to conform to the norms and ideals established by consumerism. By studying a novel of the 1950s with one of the late 1960s/early 1970s, it is possible to identify a link between cultural definitions of health that are born from containment culture and the usage of health definitions within the consumer marketplace in the 1960s.

Plath and Jong's explorations into cultural definitions of health highlight a prominent contradiction in Cold War containment policy, which, in its efforts to defend liberalism fostered a culture of conformity. In its attempt to protect the freedom of the individual, Cold War containment policy created a culture whereby individuals were encouraged to conform to idealized norms. This contradiction is also evident in the Cold War decade of the 1960s, during which consumerism utilized the concept of health to encourage women to buy products and services in the consumer marketplace. Consumerism, which was posited in the 1950s and 1960s as an expression of American superiority over the Soviet Union, becomes a source of oppression to Isadora, who is compelled to maintain her body according to the cultural norms pedalled by Madison Avenue ad men. Plath situates *The Bell Jar* within the context of McCarthyism, a choice she makes clear by beginning the novel with the execution of the Rosenbergs. McCarthyism and containment culture established a cultural definition of health that defines health as conformity to a norm, a definition that appears to be internalized by Isadora in *Fear of Flying*. Despite her awareness of second-wave feminism, and her frank discussion and expression of female sexuality, Isadora still internalizes a concept of health that is defined by conformity to norms established both within the consumer marketplace, and by her own mother, who got married and had

children in the 1950s. Of course, as the readings in this chapter show, containment culture and consumer culture were not restricted to the decades of the 1950s and 1960s respectively, but exist alongside one another, impacting the lives of Esther and Isadora in both novels. Morris notes that 'Illness always seems to tell us more about a person or an era than health does, although it is not clear why' (52). In *The Bell Jar* and *Fear of Flying*, Plath and Jong suggest that definitions of health, rather than illness, can inform our understanding of the Cold War decades of the 1950s and 1960s.

If, as Plath and Jong suggest, health is defined according to cultural, as well as medical, criteria, then what is the consequence of cultural ill-health or deficiency? In the biomedical model, ill-health often leads to medical intervention which positions the ill individual in a state of patienthood. The role of patienthood is one whereby a sick individual abides by the rules of the medical space and relinquishes autonomy over their body to a medical professional. In *The Bell Jar* and *Fear of Flying*, the fear of diverting from a culturally defined version of health leads Esther and Isadora to enter states of patienthood both inside and outside of medical environments. In *The Bell Jar*, Plath plays with the concept of cultural and medical definitions of health by frequently depicting Esther requiring medical intervention as a result of diverting from what was deemed healthy according to Cold War norms. For example, when she requires treatment from a medical doctor after having sex for the first time. In *Fear of Flying*, Isadora places *herself* in a position of patienthood through her frequent visits to psychoanalysts. Jong presents consumerism as profiting from culturally defined notions of health by providing the products and services to be purchased in order for women to be healthy. In this example, Jong's female characters are encouraged to place themselves in a position of patienthood within the consumer marketplace, taking advice about the health of their bodies from advertising and marketing campaigns. To a certain extent, this can be read as a precursor to the commercialization of wellness, which assumes the body to be in a state of deficiency that can be overcome by the purchasing of services and products.

This chapter has approached themes often explored in studies of Cold War culture, such as conformity and the idealization of social norms, through the concept of health. It has done so because Plath and Jong present a relationship between the two in each of their texts. Not only does Cold War culture influence definitions of health, but there are notable similarities in critiques levelled at Cold War culture and the medical encounter. Both

encourage debate on the nature of individualism and conformity, and both work on a model of health that is defined by the concept of a norm. By bringing these similarities to the forefront, and by viewing health as something that is influenced by culture as well as biomedicine, it becomes possible to identify a new lens with which to view female experience in literature of the Cold War period, a lens I term *patienthood*. If the female characters in Plath and Jong's novels enter moments of patienthood as a result of cultural definitions of health, then they are entering states of relinquished individual autonomy as a result of Cold War culture. They become victim to the great irony of Cold War US policy, that, in seeking to defend liberalism, curtailed the liberal experience of United States citizens.

Chapter Two: Containment Culture and the Female Body in Toni Morrison's *The Bluest Eye* and *Revolutionary Road* by Richard Yates

Revolutionary Road (1961) by Richard Yates and *The Bluest Eye* (1970) by Toni Morrison are novels that, on the face of it, appear to have little in common. Yates tells the story of April and Frank Wheeler, a young married couple with two children, who resent the suburban community within which they live. Set on the East Coast in the 1950s, *Revolutionary Road* explores the relationship between individualism and conformity, a dualism that was widely discussed in academic circles during the post-war period, exemplified by work such as William Whyte's *The Organization Man* (1956) and David Riesman's *The Lonely Crowd* (1950). *The Bluest Eye*, on the other hand, is a novel that tells the story of Pecola Breedlove, a young Black girl living in Lorain, Ohio in the early 1940s who dreams of having blue eyes like the white movie stars she idolizes. Despite being set approximately ten years prior to *Revolutionary Road*, Morrison also engages in an exploration of individualism and conformity, a dichotomy she situates within the context of beauty being defined as whiteness in the post-war period. Although *The Bluest Eye* is set in 1941, outside of what is often considered the Cold War period, the novel was published in 1970 and reacts to the growing momentum of the Black Power movement during the 1960s. This chapter will examine how both *Revolutionary Road* and *The Bluest Eye* explore the effects of Cold War containment culture on female body experience, examining the extent to which the female characters in Yates and Morrison's novels are able to live according to definitions of American liberalism.

In *Revolutionary Road* and *The Bluest Eye*, both Yates and Morrison explore female experience by focusing on the female reproductive body. In *Revolutionary Road*, Yates presents us with the story of April and Frank Wheeler, a young couple who move from New York City to a New England suburb on account of the birth of their first daughter, Jennifer. The novel prompts discussion and rumination on the relationship between individualism and conformity, but these conversations are often centred around the apparent conflict Frank and April experience between pursuing their own individual aspirations and conforming to the homogeneity of the suburbs. As Joanna Wilson writes, 'by utilizing the American suburbs as his setting Yates deftly reveals the mechanisms of social control that

drive these conformist environments and thereby exposes the illusory nature of freedom and autonomy existing therein' (14). This chapter will argue that Yates' portrayal of April's reproductive body in the novel can also provide insight into the limitations of political, cultural and sociological definitions of liberalism in its Cold War formations, definitions that are, as this chapter will show, gendered. In the novel, it is April's unplanned pregnancy that derails the Wheeler's plan to move to Paris and her attempt at self-terminating the pregnancy at the end of the novel ultimately kills her. For April, pregnancy marks a moment in which she is denied the liberty and autonomy to make decisions that pertain to her body. In *Revolutionary Road*, female body experience appears to be excluded from mid-century definitions of liberalism, which are built on the fundamental notion that an individual can exercise sovereignty over their body.

In *The Bluest Eye*, Morrison presents her readers with the character of Pecola Breedlove, a young girl who becomes pregnant as a result of sexual abuse inflicted by her father. Throughout the novel, Morrison focuses on her female characters' embodied experience of being Black and female in the United States. Like Yates, Morrison highlights how the female reproductive body is not something that an individual can exercise sovereignty over. Whilst April is prevented from terminating her pregnancy by Frank, Pecola has any bodily agency taken from her when her father, Cholly, rapes her. Morrison's focus on embodied experience is not limited to an exploration of the female reproductive body, but also on definitions of beauty. Morrison highlights how destructive definitions of beauty that are based on whiteness are to the Black female characters in her novel. Pecola dreams of having blue eyes so that she can be considered beautiful, a desire that ultimately leads to her entering a schizophrenic state at the end of the novel. Similarly, Pecola's mother, Pauline, spends her time in the movie theatre, escaping from her life with her husband, Cholly, by watching white families 'all dressed up in big clean houses' (Morrison, *The Bluest Eye*, Kindle Edition 65), styling her hair like Hollywood actress Jean Harlow. Morrison highlights how Black women are prevented from living according to definitions of liberalism on account of their Black female bodies. Pecola is unable to be 'sovereign' (Mill 22) over her body when she is raped and made pregnant by Cholly, and her mother, Pauline, is prevented from having 'freedom to' (Fromm 67) access safe health care. Crucially, although being set in the 1940s, Morrison is critical of Cold War containment culture that promotes the white, suburban dwelling, heteronormative family – much like the Wheelers in

Revolutionary Road – as the American ideal. Throughout *The Bluest Eye*, Morrison shows how her female characters not only exist outside of definitions of American liberalism as a result of their female reproductive bodies, but are also excluded from idealized versions of womanhood and motherhood that were disseminated through popular culture, and that purported to be indicative of American patriotism during the Cold War period. In this sense, the women in Morrison's novel are not only excluded from definitions of liberalism, but also from cultural definitions of what it means to be a United States citizen in the post-war era.

Revolutionary Road: Individualism and Conformity in Post-War Suburbia

Many Yates scholars, including Kate Charlton-Jones and Chris Richardson, have explored the concept of performance in *Revolutionary Road*. Yates invites his readers to consider the practice of performance and acting from the outset of the novel, which begins with an amateur theatre production of *The Petrified Forest*. The performance 'seemed to go on for hours, a cruel and protracted endurance test in which April Wheeler's performance was as bad as the others, if not worse' (Yates 10). The underwhelming reception that the play received is particularly demoralising for April, who aspired to become an actress before having children and moving to the suburbs. By beginning the novel with a performance, Yates immediately presents his readers with the binary of reality and pretence, a dualism that can be traced throughout the novel. As Richardson notes, 'Yates introduces a theme running throughout the book, the theme of performances without audiences and actors unsure how to act without a script' (6). Richardson acknowledges that the theme of acting and performance is not contained to the stage of *The Petrified Forest*, but rather is identifiable in the day-to-day lives of the characters Yates creates. For example, despite April being unable to pursue her aspiration of becoming an actress, on account of becoming pregnant, she is instead encouraged to perform the role of a suburban mother. Similarly, Frank regards his job in New York City as a type of performance, distancing his sense of self from the monotony of his work. This is shown when Frank says 'Look, you can have my body and my nice college-boy smile for so many hours a day, and beyond that we'll leave each other strictly alone' (Yates 75). Frank appears to use the alienating nature of his work to his advantage. His time at work is not an expression of self-identity, but rather an exchange of his 'labour power' (Marx 80) 'for so many dollars' (Yates 75). However, as the novel

progresses, the line between Frank's performative and authentic self becomes ever more blurred and indistinct. In both Frank and April, Yates presents characters who are continuously performing, questioning the extent to which each character is free to make their own life decisions. To phrase it another way, if the Wheelers are in a constant state of performance 'without audiences,' who is sitting in the director's chair?

One way to address this question is to turn to Jean-Paul Sartre's theory of existentialism. At mid-century in America, 'existentialism, while being dismissed by the popular press, became part of the conversation of culture. It proved especially appealing to the young and to those outside the consensus' (Cotkin 104). Existentialism's concern with 'freedom, choice, dread and death' (Adamowski 916) appeared to strike a chord with young Americans, who were already contemplating their own relationship with 'freedom, choice, dread and death' during the McCarthyism and Cold War containment culture of the 1950s. In *Existentialism and Humanism*, Sartre states that 'existence precedes essence' (30). That is to say, humans arrive on the earth without a pre-existing definition of what they are, the antithesis of the biblical conviction that we are made in God's image. Sartre contends:

Man simply is. Not that he is simply what he conceives himself to be but he is what he wills, and as he conceives himself after already existing – as he wills to be after that leap towards existence. Man is nothing else but that which he makes of himself. That is the first rule of existentialism. (*Existentialism and Humanism* 30)

According to Sartre, therefore, Frank and April are free to become what they will themselves to be. As Sartre writes 'there is no determinism – man is free, man *is* freedom' (*Existentialism and Humanism* 38). This is because, if existence precedes essence, there is no 'human nature' (Sartre, *Existentialism and Humanism* 30) that a person can refer to when acting in the world. Rather, 'man is condemned to be free' (Sartre, *Existentialism and Humanism* 38), responsible not only for transcending their own being, but also for being 'a legislator deciding for the whole of mankind' (Sartre, *Existentialism and Humanism* 33). If, as Sartre contends, human nature does not exist, then humankind's 'essence' is created by the sum of the actions carried out by humans. Man is thus not only responsible for determining his own essence, but also the essence of mankind.

By presenting April and Frank's actions as a type of performance, Yates suggests that the Wheelers are actively trying to distance their sense of self from the suburban environment in which they live. Brian Rajski alludes to this when he writes, 'they [April and Frank] find themselves resigned to producing and maintaining a fragile distinction between

their selves and their mainstream American environment' (550). The Wheelers think that they are able to subvert the existential notion that they are what they will themselves to be, because they are only *pretending* to be part of the suburban community they despise. Sartre refers to this act of 'playing at being' (*Being and Nothingness* 82) in *Being and Nothingness*. He gives the example of a waiter in a café, who is 'playing at being a waiter in a café' (82). Sartre explains that the waiter is acting in 'bad faith,' (*Being and Nothingness* 71) a state in which a person lies to themselves about the true nature of their freedom. In playing the part of the waiter, the waiter tells himself that he has no option but to wake up at five o'clock each morning because to not do so would risk him losing his job, however, according to Sartre, the waiter has 'free choice' (*Being and Nothingness* 83) 'to get up each morning at five o'clock or to remain in bed, even though it meant getting fired' (*Being and Nothingness* 83). The waiter is acting in 'bad faith,' deceiving himself on the extent of his freedom. In acting as a waiter, 'there is no doubt that I *am* in a sense a café waiter . . . I am a waiter in the mode of *being what I am not*' (Sartre, *Being and Nothingness* 83).

A Sartrean reading of April and Frank Wheeler may conclude that they, like Sartre's waiter in *Being and Nothingness*, are acting in 'bad faith.' Through acting the roles that comprise the suburban family, Frank and April have become the very suburbanites they view with disdain. They are 'in the mode of being *what I am not*.' April acknowledges the performative nature of their life in the suburbs when she tells Frank:

That's how we both got committed to this enormous, obscene delusion – this idea that people have to resign from real life and 'settle down' when they have families. It's the great sentimental lie of the suburbs, and I've been making you *live* by it! My God, I've even gone as far as to work up this completely corny, soap opera picture of myself.
(Yates 112)

In this passage, April refers to the suburbs as an alternative to 'real life.' This is echoed by the idea that she has become a 'corny, soap opera picture' of herself. By understanding the suburbs to be a place of pretence, April is able to view their life there as a performance. If the Wheelers' move to the suburbs was inspired by an 'obscene delusion,' a type of societal deception, then their plan to move to Paris can be understood as an assertion of self-agency. Having identified the vapid nature of the suburbs, April decides to define herself by what she wills herself to be, inciting their proposed move to Paris. The planned move to Paris can be seen as a reclamation of self-identity, away from the 'soap opera' performance that both April and Frank subscribe themselves to in the suburbs. This is shown when Yates ends the

chapter with the line 'And they fell asleep like children' (116). From an existential perspective, this line can be understood as a type of rebirth; allowing the Wheelers to start afresh and define their identity by their own actions. Perhaps, therefore, it is no coincidence that the city they choose to move to is Paris, the birthplace of existentialism. Indeed, Frank describes himself as 'an intense, nicotine-stained, Jean-Paul-Sartre sort of man' (Yates 23).

Whilst Frank and April do appear to grapple with existential concerns in the novel, Yates' presentation of French existentialism also reflects the cultural reception of the philosophy in the United States that saw existentialism positioned as a fashionable French import. Although existentialism did provide young Americans with a lens with which to question the authenticity of their lives, it also showed them a glimpse into the French café lifestyle of existentialist thinkers such as Simone de Beauvoir, Albert Camus and Jean-Paul Sartre. In the cultural sphere, existentialism was depicted as a lifestyle choice that involved smoking cigarettes, wearing black polo-neck jumpers and engaging in intellectual conversation. As George Cotkin writes, 'the continuing allure of France, of things French, in American culture must not be underestimated as a factor in the popularity of French existentialism' (92). When thinking about an existential reading of the novel, there is both a philosophical and a cultural exploration to be made. Whilst Frank's desire to be a 'Jean-Paul-Sartre sort of man' can be attributed to his admiration for existential philosophy, it can also be seen as an attempt to rebel against the homogeneous suburban lifestyle that he finds abhorrent, instead aspiring to the fashionable lifestyle promoted by French existentialism.

According to Sartre, humans are thrown into existence without essence, and it is their choice-making and actions that make them who they are. However, in practical terms, humans are not thrown into existence, they are, of course, gestated and birthed by the female reproductive body. When a woman becomes pregnant her body becomes 'both unified and separate all at once' (Arnold 155). Her body is her own and yet it also gestates the foetus, a part of her body and also an 'other.' In her work on the gynaeorrific, a subject I will explore in chapter three, Erin Harrington writes:

Western philosophical models of the self, although allegedly gender-neutral, are inherently androcentric: they treat a body that does not have the potential to become pregnant as the neutral body-self. Consider the term 'individual', which implies one that may not be divided, but the pregnant body starts as one, becomes more-than-one, then becomes one again. (90)

In his work, despite using the male pronoun, Sartre does refer explicitly to women. In *Being and Nothingness*, he provides the story of a woman who acts in bad faith when dating a man. However, in *Revolutionary Road*, Yates complicates Sartre's premise that man is what he wills himself to be by drawing attention to April's female reproductive body through his portrayal of her unplanned pregnancy. Yates presents April's pregnancy as limiting her ability to be what she wills herself to be. This has particular pertinence in part two of the novel, as it is April's unplanned pregnancy that stops the Wheelers from making the move to Paris, a plan that was primarily April's idea.

Yates portrays performance and illusion in post-war America alongside the depiction of female body experience. Whilst a great portion of the novel details Frank's experience in New York City, April's female body pulsates under the surface of the novel. Her bodily experience is the force that drives the narrative forward, exemplified by April's first unplanned pregnancy, which instigates the Wheelers' move to Revolutionary Road, and the self-administered termination that leads to her death at the end of the novel. Earlier in the text, Yates evokes the disruptive nature of female body experience when he describes the moment in which 'a menstrual flow of unusual suddenness and volume had taken her [April] by surprise in the middle of a class' (18):

He thought of how she must have lurched from her desk and run from the room with a red stain the size of a maple leaf on the seat of her white linen skirt while thirty boys and girls looked up in dumb surprise, how she must have fled down the corridor in a nightmarish silence past the doors of other murmuring classrooms, spilling books and picking them up and running again, leaving a tidy, well-spaced trail of blood drops on the floor, how she had run to the first-aid room and been afraid to go inside, how instead she had run all the way down another corridor to a fire-exit door, where she pulled off her cardigan and tied it around her waist and hips. (18-19)

The 'suddenness' of April's 'menstrual flow' instigates this frantic and chaotic scene, in which April desperately tries to escape from the school. The panic that Yates creates, exemplified by April 'spilling books' along the corridor, can be likened to the sense of disruption her pregnancies instigate later on in the novel. The use of terms, such as 'lurched' and 'surprise' suggest that the smooth surface of the all-American classroom scene, a frequently depicted space in American literature, television and film, has been fractured by the onset of April's period. In the above passage, the mundane school corridors are lined with 'blood drops,' the first-aid room warrants fear and the only way to escape is through a 'fire-exit door.'

In his book, *No-Accident, Comrade*, Stephen Belletto explores the concept of chance in Cold War American literature, a term he defines as being 'that which is unplanned and unintended' (13). He writes:

In the Cold War frame, chance became a complex, elastic concept whose self-reflexive use by fiction writers and other cultural producers generated questions about freedom, control and narrative's fundamental ability to represent or otherwise engage objective reality. (5)

He argues that chance plays a particularly important role in narrative during the Cold War period, as it exposes the limits of the totalitarian imperative to control every factor of life. As Belletto notes, there exists 'chance and freedom, on the one hand, and determinism and subservience, on the other' (18). Of course, it must be acknowledged, as Belletto does, that "narrative chance" must be fundamentally (and ontologically) different from absolute chance because a narrative work is designed' (23). Through his depiction of April's menstruation, and indeed her unplanned pregnancies, we see Yates explore what Belletto terms 'narrative chance.' Yates refigures the classroom space by introducing the chance occurrence of April's period. The female body, as presented through the character of April, pulsates under the surface of *Revolutionary Road*, embodying the constant threat of chance, an occurrence that can, and does, disrupt the otherwise homogenous and familiar veneer of the American suburban landscape. Belletto notes that 'chance is a symptom of democratic freedom' (20), however, the chance biological occurrence of April's unplanned pregnancy instigates April's diminished ability to define herself, in existential terms, by what she wills herself to be. Whilst Yates uses his depictions of the female body to give form to chance in an otherwise controlled narrative structure, creating a novel that is more politically aligned, in narrative terms, to liberalism than it is totalitarianism, April's experience of biological chance marks a diminishment in the number of life choices available to her. Without access to a termination, her pregnancy will likely lead to motherhood, a role that Cold War society expects to be undertaken according to a set of social ideals and norms. April is able to live according to an existential philosophy, defining her essence by what she wills herself to be, until her body disrupts and disorientates the decisions she wants to make.

The existence of chance prompts thinkers of both existentialism and Cold War liberalism to question whether freedom is an expression of individual control and agency, or rather a submission to the random and uncontrollable nature of living. No one is able to be free from the existence of chance or contingency, yet neither do they submit fully to chance

to direct the course of their life. April's reproductive body encapsulates the tension between freedom and chance. She is able to define herself, in existential terms, by the actions she undertakes, until the chance encounter of her unplanned pregnancy throws her life into a different direction. April's decision at the end of the novel to terminate her pregnancy can, like her plan to move to Paris, be seen as an attempt to reclaim a type of existential liberalism that she has never been able to fully grasp on account of her female body. Yates returns again to the image of childhood when describing the weather on the day April carried out her abortion:

It was an autumnal day, warm but with a light sharp breeze that scudded stray leaves over the grass and reminded her of all the brave beginnings of childhood, of the apples and pencils and new woollen clothes of the last few days before school. (Yates 306)

The phrase 'brave beginnings of childhood' resonates with the line 'they fell asleep like children' that Yates uses earlier in the novel. It suggests that, by terminating her pregnancy, April will be given another chance to redefine herself by making her own choices and not those prescribed by her body. The scene that Yates depicts in this passage, with 'the apples and pencils and new woollen clothes of the last few days before school' is markedly distinct from the passage of school described above, where April's menstruation instigates a scene of chaotic disorder. Again, this suggests that April sees her termination as a chance to reclaim a sense of agency over her body that in the past has disrupted her ability to define her sense of self by the actions and decisions she makes. Whilst April describes her life on Revolutionary Road as an 'obscene delusion,' a performance in which she becomes 'a corny, soap opera picture' of herself, she describes her termination as 'something absolutely honest, something true' (Yates 312). Of course, April is never able to redefine herself in existential terms, as her attempt to terminate her pregnancy kills her. Whilst I, and many scholars, have referred to Frank and April's experience in the collective as 'the Wheelers,' Yates is presenting his readers with depictions of existentialism that are innately gendered. April's multiple unplanned pregnancies are more than just occasions of inconvenience, but rather illustrate the ways in which men are able to define themselves, in existential terms, in a way that women are not. Simone de Beauvoir provides a gendered reading of existentialism in her 1949 text, *The Second Sex*. In it, de Beauvoir plays on Sartre's assertion that existence precedes essence, writing instead, 'one is not born, but rather becomes, a woman' (295). Here, de Beauvoir partly foreshadows Judith Butler's claim that gender is a

culturally influenced performance (Butler 190). In existential terms, womanhood, like essence, is not something we are born with, but rather is something that we are responsible to define. However, as I have shown, this notion of responsibility is complicated by the relationship between the female reproductive body and biological chance. Whilst, as de Beauvoir asserts, 'one is not born, but rather becomes, a woman,' the female body brings with it physical experiences that do not always allow a woman to define her essence by what she wills herself to be.

Despite asking questions similar to those posited by liberal thinkers in the mid-century, French existentialism was met with scepticism in the United States, partly due to the avant-garde lifestyle associated with the philosophy and partly because Sartre's Marxism jarred with US anti-communism. George Cotkin ruminates on the similarity between the reception of liberalism and existentialism. He compares the cultural reaction to French existentialists to that of liberal thinkers, such as David Riesman. He writes:

The depiction of Riesman in a sense represented the coming of age of the existentialist, his growing up into a responsible citizen. Issues of alienation and autonomy in an age of increasing conformity concerned both Riesman and the existentialists, but Riesman addressed these concerns without any angst. (100)

As Cotkin acknowledges, both existentialists and liberal thinkers confronted issues of 'alienation and autonomy in an age of conformity,' an issue that both Yates and Morrison explore in their novels. For this reason, both texts can be explored not only through the lens of existentialism, but also in relation to liberalism. Edmund Fawcett has argued that 'Sartre was more liberal than he cared to admit' (333). He writes 'for Sartre, the central fact of human life was a conflict between that conviction of freedom and the experience of constraint' (333). Liberal thinkers, such as John Stuart Mill, were interested in the conflict between freedom and constraint, yet rather than locate this dichotomy within the individual psyche, liberal thinkers explored how this dualism played out between an individual and society. In his essay *On Liberty*, Mill focused upon Social Liberty, which he defined as 'the nature and limits of the power which can be legitimately exercised by society over the individual' (7). Sartre contended that man *is* free, despite sometimes denying the extent of this freedom by acting in bad faith, whereas Mill acknowledged that individuals could be constrained by the external mechanisms of society. Reflecting on Camus' *The Rebel*, Fawcett writes that 'after the enormities of 1914-45 liberals were reminding themselves that concern for what state and society could do *for* people ought

not to blind them to what state and society could do *to people*' (332). This view of liberalism centred around a perception of freedom and constraint that figured the state and society as mechanisms that could threaten as well as enable individual freedom. However, Fawcett reminds us that liberalism took various forms. Whilst "Republican Liberalism" defined liberty negatively as freedom *from* interference from another power, Lyndon B Johnson's Great Society programme of liberalism during the 1960s used the mechanism of the state to pass legislature that ensured freedom *to* exercise liberty. It aimed to do this by a range of measures, including, for example, strengthening freedoms of press and speech and forbidding legal restrictions on the sale of contraceptives (Fawcett 362). Despite being interested in 'alienation and autonomy in an age of increasing conformity,' existentialism, broadly speaking, saw the conflict between freedom and constraint as existing within an individual, whereas liberalism, in its myriad of forms, explored the conflict between freedom and constraint as a dualism that existed between an individual and external mechanisms of power. Some liberals sought to overcome this dichotomy by determining freedom *from* the state, whereas others saw the state as a means to further establish an individual's liberty *to* act.

Although writing in 1859, over one hundred years before the publication of *Revolutionary Road* or *The Bluest Eye*, John Stuart Mill provides a definition of liberalism in his seminal work, *On Liberty*:

That principle is, that the sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number, is self-protection. That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others . . . In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.' (21-22)

In *Revolutionary Road*, April is not able to attain the liberty that Mill describes, she is not 'sovereign' over her 'own body and mind.' It is Frank's refusal to allow April an abortion that leads her to attempt a self-termination, an act that ultimately kills her. She holds no sovereignty over her female body and her attempt to gain agency ends her life. However, Mill's claim specifically refers to male experience, 'In the part which merely concerns himself, his independence is, of right, absolute.' Whilst some might read Mill's use of the male pronoun as nothing more than a stylistic choice, the 'he' referring to humanity in the collective, I understand the use of the male pronoun to highlight the absence of female body

experience in conceptions of liberalism. This is exemplified by April's experience in *Revolutionary Road*. Mill's definition of liberalism, where a person – a male – is sovereign over his own body, cannot be applied to female body experience, as the male also exercises sovereignty and agency over the body of his wife. This is shown when Frank tells April about his affair with Maureen Grube:

“And I think the main thing was simply a case of feeling that my – well, that my masculinity'd been threatened somehow by all that abortion business; wanting to prove something, I don't know.” (Yates 279)

The 'abortion business' refers to the moment Frank refuses to allow April to have a termination. Frank feels emasculated by April's desire to terminate the pregnancy, which can be understood as a refusal of Frank's sovereignty over her body. Frank attempts to overcome this emasculation by exercising sovereignty over his own body and having an affair with Maureen Grube. April, too, has an extramarital affair in the novel, shown when she asks Shep Campbell to have sex with her ““Here. Now. In the back seat”” (Yates 263). This can be seen, like the abortion episode, as an attempt for April to deny Frank sovereignty over her body. The notion that a husband exercised agency over their wife's body in post-war United States culture is reflected by the fact that marital rape was not made a crime in all fifty states until 1993. Women, therefore, were unable to be 'sovereign' over their bodies, as their husband had a claim to their body, legitimized by law.

In *Revolutionary Road*, Yates explores the tension that exists between individualism and collectivism in post-war suburbia. This is exemplified when Frank declares:

It's as if everybody'd made this tacit agreement to live in a state of total self-deception. The hell with reality! Let's have a whole bunch of cute little winding roads and cute little houses painted white and pink and baby blue; let's all be good consumers and have a lot of Togetherness and bring our children up in a bath of sentimentality. (Yates 65)

Through Frank's speech, Yates identifies a hypocrisy in Cold War culture. Despite the United States positing liberalism as the moral antithesis to totalitarianism, US culture during the Cold War period appeared to be increasingly homogenous, exemplified by the uniformity of 'cute little houses painted white and pink and baby blue.' In *On Liberty*, Mill offers an explanation for this tension between individualism and collectivism through a concept he terms 'social tyranny' (13). He writes:

Society can and does execute its own mandates: and if it issues wrong mandates instead of right, or any mandates at all in things with which it ought not to meddle, it practises a social tyranny more formidable than many kinds of political oppression, since, though

not usually upheld by such extreme penalties, it leaves fewer means of escape, penetrating much more deeply into the details of life, and enslaving the soul itself. (13)

This 'social tyranny' that Mill describes is particularly identifiable in the suburban landscape of *Revolutionary Road*, where nearly all of the characters, with the exception of John Givings, perform or identify with traditional gender roles. These gender roles include the assumption that women would have children and become mothers and that men would be the breadwinner, roles that both April and Frank Wheeler adopt. Elaine Tyler May observes:

For Nixon, American superiority rested on the ideal of the suburban home, complete with modern appliances and distinct gender roles for family members. He proclaimed that the "model" home, with a male breadwinner and a full time female homemaker, adorned with a wide array of consumer goods, represented the essence of American freedom. (16)

Like Yates, Tyler May points to an identifiable hypocrisy in Nixon's proclamation that 'distinct gender roles . . . represented the essence of American freedom.' Nixon, who was then vice president, equates 'the "model" home' with 'American superiority,' implying that individuals should subscribe to 'distinct gender roles' as a matter of national concern. By doing so, Nixon does not actively employ methods of political oppression. However, he does heavily infer a sense of national and moral duty, influencing society to 'execute its own mandates' (Mill 13) by monitoring the moral fibre of neighbours and friends according to their commitment to keep a "'model" home.' Yates alludes to the subtle difference between convention and morality when April asks Frank "'Don't 'moral' and 'conventional' really mean the same thing?'" (224). In this line, April appears to vocalize what she understands to be a blending of socially prescribed ideals with concepts of morality. Frank describes April's observation as 'treacherous' (Yates 224), as she has dared to vocalize the notion that they have both been influenced by 'social tyranny.'

'Social tyranny' and the 'tacit agreement' (Yates 65) to subscribe to traditional gender roles during the Cold War period has particular influence over conceptions of motherhood. Women had a responsibility during the Cold War period not only to keep a home that 'represented the essence of American freedom' but also to raise the next generation of American citizens that would embody American values of freedom and liberalism, robust enough to continue the fight against the tyranny of totalitarianism and communism. As Tyler May writes, it was commonly thought that 'mothers who neglected their children bred criminals; mothers who overindulged their sons turned them into passive, weak and

effeminate “perverts” (96). Motherhood, therefore, can be understood more as a national service than a self-conceived identity associated with child-raising. During the Cold War period, the child was an individual, but was also integral to defining the future of the collective, national identity of the United States. Yates subtly alludes to this when he writes:

But by then he was in little need of such minor indications. Almost from the start he had seized the initiative, and he was reasonably confident of victory. The idea he had to sell, after all, was clearly on the side of the angels. It was unselfish, mature, and (though he tried to avoid moralizing) morally unassailable. The other idea, however she might try to romanticize its bravery, was repugnant. (219)

In this passage, Frank refers to his ‘campaign’ (Yates 219) to stop April from having an abortion in terminology evocative of war or a political campaign, shown when Yates writes ‘he was reasonably confident of victory.’ More than being on ‘the side of the angels,’ the ‘idea he had to sell’ was on the side of social and national ideals. ‘It was unselfish,’ because it would prioritize the unborn child, and thus the collective identity of the nation, over April’s liberal right to reign sovereign over her own body.

Arthur Schlesinger explores the relationship between individualism and collectivism in *The Vital Center*, a text described as ‘a defence of liberalism that threw out ideas about optimism and progress’ (Mattson 105). In *The Vital Center*, Schlesinger posits that liberalism has the potential to calm the anxieties associated with freedom. He writes:

Freedom in industrial society . . . has a negative rather than positive connotation. It means a release from external restraints rather than a deep and abiding sense of self control and purpose. Man is not free: he is out on parole . . . Man longs to escape the pressures beating down on his frail individuality; and more and more, the surest means of escape seems to be to surrender that individuality to some massive, external authority. (51-53)

Schlesinger goes on to observe that ‘the vogue of existentialism is due in part to the fact that the existentialists have made perhaps the most radical attempt to grapple with the implications of this anxiety’ (52), yet he believes liberalism has the potential to overcome this disquiet. In *Revolutionary Road*, Frank appears to embody this notion of being ‘out on parole.’ He does not exercise ‘a deep and abiding sense of self control and purpose,’ but he is free to make his own choices, despite the idea that these may be influenced by societal factors. Schlesinger describes this openness to being influenced by society, or ‘social tyranny,’ as an act of ‘surrender,’ inspired by man’s longing ‘to escape the pressures beating down on his frail individuality.’ Frank does seem to ‘surrender that individuality’ increasingly

throughout the novel. In part one, he sees himself as distinct from ‘all the idiots I ride with on the train every day. It’s a disease. Nobody thinks or feels or cares any more’ (Yates 60). Instead, Frank wants to ‘retain [his] own identity’ (Yates 75). However, as the novel progresses, Frank’s desire to distinguish himself from his suburban environment appears to lessen, exemplified when he views April’s pregnancy as an excuse not to go to Paris, despite not being ‘at all sure’ (Yates 244) that he wanted another child. Frank sees April’s pregnancy as the perfect excuse for him to ‘surrender that individuality’ that appears to burden him throughout the novel. He succumbs to the ‘disease’ that has plagued his fellow train passengers, preferring to give himself over to the ‘external authority,’ accepting the new job at Knox machines and continuing his mediocre life in the suburbs.

However, this act of surrender is a type of choice. Schlesinger, like Mill, employs the male pronoun in his discussion of liberalism; ‘man longs to escape the pressures beating down on his frail individuality.’ As in Mill, Schlesinger’s use of the male pronoun is often read as referring not to a human male, but to humankind. Mark Greif notes that when used in this way, the masculine pronoun becomes “‘unmarked’ or ‘neutral’” (268). Yet, if we take the male pronoun as being neutral, then we equate the ‘unmarked’ or ‘neutral’ human as having a male body. As Harrington argues, ‘western philosophical models of the self, although allegedly gender-neutral, are inherently androcentric: they treat a body that does not have the potential to become pregnant as the neutral body-self’ (90). The use of the male pronoun as a marker for humankind thus becomes problematic when the ‘neutral’ human it purports to represent does not have ‘the potential to become pregnant.’ Whilst Frank chooses to ‘surrender’ to an ‘external authority,’ April is not granted the freedom to make such a choice; rather than surrender to ‘external authority’ or ‘social tyranny’ (Mill 13) April is forced into a position more akin to a prisoner. Yates alludes to this in his presentation of the suburban picture window, describing the moment that Frank and April first see the house on Revolutionary Road:

“Yes, I think it’s sort of - nice, don’t you, darling? Of course it does have the picture window; I guess there’s no escaping that”
“I guess not,” Frank said. “Still, I don’t suppose one picture window is necessarily going to destroy our personalities.” (30)

Frank and April express concerns over the picture window not only because it is associated with the suburban home but also because it represents a permeable barrier between individual, interior experience and collective, external experience. As Rory McGinley writes:

Yates's use of the window sets up a fluid interplay of observer and observant, a site of contemplation and an interstice through which the Wheeler's living room becomes a platform of display and performance. (47)

Whilst Frank's 'surrender' to 'external authority' takes him into New York City for work, a space where he is able to exercise sovereignty over his body by having an affair with Maureen Grube, his refusal to allow April to have an abortion confines her within the space of the home. The reader never encounters April outside of the suburbs, despite her fervent desire to leave and move to Paris. As a result of the picture window, the suburban home is not a fully interior space, as it 'sets up a fluid interplay of observer and observant.' The 'social tyranny' or 'external authority' seeps into the interior space of the home through the picture window, allowing the home to be policed and surveyed according to the inhabitant's commitment to social morals and ideals. Whilst 'out on parole,' Frank is able to leave the stifling gaze of his fellow suburbanites, whereas April is trapped within the home, unable to escape the 'external authority' that Frank surrenders himself to. April does not have the freedom or agency to surrender, nor to escape. She is not 'out on parole,' but rather under house arrest.

The Bluest Eye: Citizenship and The Black Female Body

Toni Morrison's debut novel, *The Bluest Eye*, was published in the United States in 1970. The novel tells the story of Pecola Breedlove, a young Black girl living in Lorain, Ohio, who longs to have blue eyes. Pecola is sexually, physically and emotionally abused by her parents, Pauline and Cholly Breedlove, and becomes pregnant as a result of Cholly's sexual abuse. The story is told through an omniscient narrator and Claudia MacTeer, whose family takes Pecola in when Cholly burns their house down. Claudia narrates the novel as both a child and an adult and is the only character not to idealize white child movie stars, such as Shirley Temple, instead recognizing that defining beauty as whiteness is damaging to her and the Black women around her. Despite being published in 1970, *The Bluest Eye* is set in 1941, the year that the United States entered World War Two. The fictional timeframe of *The Bluest Eye* differs from *Revolutionary Road*, which is set in the Cold War decade of the 1950s. However, despite being set prior to the Cold War, *The Bluest Eye* engages with a number of concerns that are distinctive of the Cold War moment of the 1960s. As Agnes Suranyi notes, the novel is "'presentist" in concept, ideologically grounded in the 1960s

when “Black is Beautiful” entered into the popular, if more militant, discourse’ (11). Whilst Morrison certainly engages with the emergence of the Black is Beautiful movement in the 1960s, she also explores how Cold War containment culture affects the characters in her novel.⁵ She highlights how the positioning of middle-class suburbia as the ideal home for the American nuclear family during the Cold War period excluded many non-white Americans from accessing this purportedly patriotic expression of Americanness. Morrison also draws attention to the role of Hollywood in perpetuating a version of beauty that is notably white, leading to Pecola’s desire for blue eyes in the novel. Morrison takes two archetypal landscapes of Americana – the post-war suburbs and Hollywood – and exposes how they exclude or deny the citizenship of African American women. Notably, like Yates, Morrison uses the female reproductive body as a vehicle to lay bare this denial of citizenship. In her 1992 text, *Playing in the Dark: Whiteness and the Literary Imagination*, Morrison writes that ‘for the most part, the literature of the United States has taken as its concern the architecture of a *new white man*’ (14-15). She argues that an ‘Africanist presence’ (17) in such literature was used allegorically as ‘an extraordinary meditation on the self; a powerful exploration of the fears and desires that reside in the writerly conscious’ (17). Morrison writes:

Black slavery enriched the country’s creative possibilities. For in that construction of blackness *and* enslavement could be found not only the not-free but also, with the dramatic polarity created by skin colour, the projection of the not-me. (38)

If, as Morrison contends, there is a history in American literature of defining whiteness against a ‘choked representation’ (17) of Black experience, then *The Bluest Eye* is a novel that shows how cultural representations of Americanness during the first phases of the Cold War period (1946-1969) are defined *against* the Black female reproductive body.

In *The Bluest Eye*, Morrison depicts her protagonist, Pecola Breedlove, being taken by surprise by the onset of her first period in a manner that bears comparison with Yates’ portrayal of April’s menses in *Revolutionary Road*. In both novels, the presentation of periods draws the readers’ focus to the female reproductive body at the beginning of each narrative. When Frieda and Claudia MacTeer notice blood running down Pecola’s legs, Frieda tells the other girls ““Oh. Lordy! I know. I know what that is!” . . . “That’s ministratin.””

⁵ Morrison also contributed to the Black arts movement in her role as a literary editor, where ‘she helped to define two decades of African American literary history’ (Wall 139).

(Morrison, *The Bluest Eye*, Kindle Edition 20). Frieda takes charge of the situation, instructing Claudia to fetch water to clean the steps, whilst Pecola 'kept whinnying, standing with her legs far apart' (Morrison 20). Much like Yates' portrayal of how April's period instigates a chaotic scene in the school corridor, Morrison presents Pecola's period as causing a scene of disorder, one that Frieda and Claudia are keen to clean up before their mother finds out about it. Frieda instructs Claudia to bury Pecola's stained underwear in an effort to conceal the evidence of Pecola's period. However, despite their attempts to hide Pecola's situation from their mother, Mrs MacTeer's attention is drawn to the girls after Rosemary wrongly accuses them of 'playing nasty' (Morrison 22), prompting Mrs MacTeer to whip Frieda as a form of punishment, before the girls are able to explain what has happened. Like April's attempt to hide the maple leaf stain on her skirt with her sweater, Frieda and Claudia desperately try to hide the evidence of Pecola's period, attempting to bury her underwear and hurriedly scrubbing the steps, treating Pecola's period as mystical yet something to be kept secret. The onset of Pecola's menses foreshadows her pregnancy, which Claudia alludes to at the beginning of the novel, a pregnancy that is the result of sexual abuse inflicted by her father. For Pecola, like April, her reproductive body is something that she cannot control, that leaves her unable to exercise autonomy over her body or to define herself – in existential terms – by what she wills herself to be. However, unlike April, her reproductive female body is by no means the only reason she is unable to reign sovereign over her body. Pecola is not safeguarded from the abuse and neglect at the hands of her parents that lead to her becoming pregnant by her father. Whilst Pecola's female body, like April's, prevents her from exercising autonomy over her body, this is only exacerbated by Pecola's situation, being a Black child from an underprivileged and abusive home, in a culture where systematic racism and white supremacy is the norm. In this regard, April's position of privilege as a white, middle-class woman cannot be overstated.

Despite being set in the 1940s, outside of what is normally regarded as the Cold War period, Morrison draws on motifs that are critical of the suburban family ideal perpetuated in Cold War containment culture in *The Bluest Eye*. This is evident in her reference to Dick and Jane books in the foreword of the novel and in the chapter titles. Dick and Jane books were used to teach children to read in the US between 1930 and 1965, and featured the titular characters Dick, Jane and their sister, Sally. They detailed the escapades of Dick and

Jane, who were children within a white, middle-class, heteronormative family. As Debra T Werrlein writes:

In books such as the pre- primer, *Dick and Jane* (1930), the authors characterize safe American childhoods that thrive in families that defy depression-era hardships with economic and social stability. After World War II, Cold War politicians assigned such families both a practical and a symbolic role in combating the threat of communist takeover in the United States. (56-57)

In the foreword of *The Bluest Eye*, Morrison replicates a Dick and Jane story. She writes:

Here is the house. It is green and white. It has a red door. It is very pretty. Here is the family. Mother, Father, Dick, and Jane live in the green-and-white house. They are very happy. (10)

Throughout the foreword, Morrison repeats the same story three times. In the first story she replicates a Dick and Jane book, as shown above. In the second telling of the story, she removes all punctuation, and in the second, removes spaces between each of the words.

The final version of the story reads:

Hereisthehouseitisgreenandwhiteithasareddooritisveryprettyhereisthefamilymotherfath
erdickandjaneliveinthegreenandwhitehousetheyareveryhappyseejaneshshehasareddress
hewantstoplaywhowillplaywithjaneseethecatitgoesmeowmeowcomeandplaycomeplayw
ithjanethekittenwillnotplayseemothermotherisverynicemotherwillyouplaywithjanemoth
erlaughslaughmotherlaughseefatherheisbigandstrongfatherwillyouplaywithjanefatheriss
milingsmilefathersmileseethedogbowwowgoesthedogdoyouwanttoplaydoyouwanttopla
ywithjaneseethedogrunrundogrunlooklookherecomesafriendthefriendwillplaywithjanet
heywillplayagoodgameplayjaneplay (10)

Without punctuation or spaces between words, the romanticized version of family life presented in the Dick and Jane books becomes meaningless and unfathomable. The illegibility of the third Dick and Jane story is reflective of the unattainability of the version of family life presented in the Dick and Jane books for the characters in Morrison's novel. During the 1950s and 1960s, Cold War containment culture meant that family life became celebrated in mainstream media as evidence for American superiority over the Soviet Union. Specifically, it was a white, suburban dwelling, middle-class version of family life that was idealized in American culture, a representation of family life depicted in the Dick and Jane books. The suburban environment that the Wheelers resent in *Revolutionary Road* was posited as a success story for American capitalism, where wives did not have to work, housework was made easier through affordable electronic labour-saving devices and consumer goods were available in abundance. However, the suburbs were not open to all, but to those who could afford to live there, and for those who were not racially discriminated against by suburban

developers. When Levittown, one of the early post-war suburban developments, was built in Long Island between 1947-1951, the financial backers of the development, the FHA, imposed a covenant that prevented African Americans from purchasing or leasing a home in the town (Ruff 47). Although this covenant was deemed unconstitutional in the US Supreme Court ruling of *Shelley v. Kraemer* in 1948, the practice of discriminating against African American prospective homeowners continued to be commonplace.

The version of family life idealized and perpetuated in mainstream media, such as the Dick and Jane books, excluded many Americans who were not white, heteronormative and middle-class. As Werrlein writes:

. . . by associating white suburban families with prosperity, morality, and patriotism, Americans painted black urban working-class families as un-American. Eventually, the Moynihan Report of 1965 outwardly dissociated black families, and especially black women, from the national ideal by characterizing black family life and its matriarchal aspects as "a tangle of pathology" that deviated sharply from the American standard. (57-58)

As Werrlein argues, Black American families were viewed as being 'un-American' because they were unable to fulfil the suburban ideal of family that they were excluded from. More than being seen as 'un-American,' the Moynihan Report characterized 'black family life' as 'a tangle of pathology.' The Moynihan Report, or 'The Negro Family: The Case for National Action,' as the official document was named, was a report compiled by Lyndon B Johnson's Assistant Secretary for Labor, Daniel Patrick Moynihan, in 1965. Moynihan set out to 'write a persuasive memorandum to inspire the president to create jobs and programs to improve social and economic opportunities for African Americans' (Ledger 49-50). However, when Moynihan's report, which was originally intended to be an internal memo, was leaked to the press, its claims were met with considerable backlash. As Daniel Geary notes in his annotated version of the report, it 'became one of the most controversial documents of the twentieth century' ("The Moynihan Report"). In the report, Moynihan contends that the 'rise in single female-headed black households' (Lenhardt 348-349) were creating 'a tangle of pathology' ("The Moynihan Report"). He states:

In essence, the Negro community has been forced into a matriarchal structure which, because it is too out of line with the rest of the American society, seriously retards the progress of the group as a whole, and imposes a crushing burden on the Negro male and, in consequence, on a great many Negro women as well. ("The Moynihan Report")

Rather than explore the detrimental impact that the legacy of slavery, Jim Crow laws and ‘the racist virus in the American blood stream’ (“The Moynihan Report”) had on African American families, Moynihan blamed single Black women for creating ‘a tangle of pathology.’ Black families, particularly Black mothers, were pathologized for being excluded from Cold War definitions of Americanness and from cultural definitions on what it means to be an American citizen. In their reflection on the Moynihan report, R.A. Lenhardt observes that ‘the story conveyed’ in the Moynihan report ‘is one of failed citizenship through nonmarriage’ (350). The Moynihan Report portrayed Black women who did not conform to a version of family life based on traditional gender roles and marriage as being a key factor in what he deemed the pathologizing of Black family life in post-war America.

In *The Bluest Eye*, Morrison explores how the idealization of white, suburban, middle-class family life impacted on her Black female characters with her portrayal of Pauline Breedlove, an African American woman who works as a nanny for a white suburban family. Morrison writes:

It was her good fortune to find a permanent job in the home of a well-to-do family whose members were affectionate, appreciative, and generous. She looked at their houses, smelled their linen, touched their silk draperies, and loved all of it . . . More and more she neglected her house, her children, her man — they were like the afterthoughts one has just before sleep, the early-morning and late-evening edges of her day, the dark edges that made the daily life with the Fishers’ lighter, more delicate, more lovely . . . Power, praise, and luxury were hers in this household. They even gave her what she had never had — a nickname — Polly. (67-68)

If Frank and April Wheeler are performing their roles as suburbanites in *Revolutionary Road* because they view the suburbs with contempt, Pauline in *The Bluest Eye* performs the role of Polly in the Fishers’ home because it is the only way she can access middle-class suburbia. In this passage, Morrison presents Pauline’s role in the Fisher household as echoing the ‘Mammy’ stereotype that comes from a history of slaves providing childcare for white children in the south, perpetuated in Hollywood films such as *Gone with the Wind* (1939). Dorothy Roberts writes that ‘the ideology of Mammy placed no value on Black women as the mothers of their own children’ (13). Jennifer Gillan argues that Pauline exists ‘outside the boundaries of full citizenship, because the attention paid to the various markings of gender or race on their [African American female] bodies precludes them from being categorized as the unmarked, representative norm’ (283). She notes:

When Pauline Breedlove realizes that she cannot achieve full citizenship in her own domestic space, she contents herself with occupying the space of her employers . . . If to

name is to “arrest, and fix, the image of that other,” then the Fishers’ renaming of Pauline as Polly is an act of containment (Phelan 2). As a representative ideal servant, Polly becomes safely part of the everpresent but overlooked background of their household. (289)

If Cold War containment culture encourages April Wheeler, a white, middle-class woman, to be a mother, it contains Pauline within the role of Polly, who exists in the ‘background of their household.’ For Pauline, motherhood becomes a point at which her citizenship is further tested and denied. She is unable to live up to a version of motherhood that is posited as being an American ideal because of her Black female body, and is only able to be a part of the white, middle-class suburban ideal through her role as Polly.

Unlike in *Revolutionary Road*, Morrison doesn’t portray abortion in *The Bluest Eye*. However, she does depict pregnancy and childbirth through the characters of Pauline and Pecola Breedlove. In *Revolutionary Road* April does not have access to a legal and safe abortion. Access to a legal and safe abortion is absolutely necessary in order for women to exercise autonomy over their bodies and to prevent them from undergoing dangerous backstreet or home administered procedures. As such, the politics and debates that surround abortion are highly invested in definitions of liberty and liberalism. The fight for reproductive liberty has been shaped by a definition of liberalism that is based on freedom *from* government intervention, exemplified by the slogan used by feminists advocating for reproductive rights, ‘my body, my choice.’ However, in order for a woman to exercise sovereignty over her reproductive body, contraceptive and abortion services must be safely and readily available for all women. Freedom *from* government intervention does not guarantee this. In her seminal book, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*, Dorothy Roberts argues that:

The negative view of reproductive liberty . . . recognizes the violation in a stature that bans a white, middle-class woman from taking the procreative option she wishes (a law that absolutely prohibits abortion or a method of birth control, for example). But it disregards how poverty, racism, sexism, and other systems of power – often facilitated by government action – also impair many people’s decisions about procreation. Liberals cannot tell us why their theory of reproductive liberty, which invalidates virtually every hindrance to affluent people’s procreative options, should so easily permit much more coercive government programs targeting poor people. Far from being impartial, this view of reproductive liberty privileges the choices of the wealthiest and most powerful members of society (297)

Roberts asserts that, for many women, it is more than just a stature that bans abortion that prevents them from acquiring proper contraceptive and abortion care. As Roberts writes,

‘poverty, racism, sexism and other systems of power – often facilitated by government action – also impair many people’s decisions about procreation.’ In *The Bluest Eye*, Pecola’s reproductive liberty would not be guaranteed by abortion services alone, but rather she requires a social care infrastructure that would safeguard her against sexual abuse. Crucially, Roberts’ work explores how African American women are negatively affected from the view of reproductive liberty that sees it as freedom from government intervention. She argues that:

Race completely changes the significance of birth control to the story of women’s reproductive freedom. For privileged white women in America, birth control has been an emblem of reproductive liberty. Organizations such as Planned Parenthood have long championed birth control as the key to women’s liberation from compulsory motherhood and gender stereotypes. But the movement to expand women’s reproductive options was marked by racism from its inception in the early part of this century (56).

In her seminal work of history, *Women, Race and Class*, Angela Davis illustrates how the birth control movement was marred by racism almost from the outset. Davis explains that ‘by 1919 the eugenic influence on the birth control movement was unmistakably clear’ (192). She notes that ‘within the American Birth Control League, the call for birth control among Black people acquired the same racist edge as the call for compulsory sterilization’ (193). The association of the birth control movement with eugenics meant that the movement ‘had been robbed of its progressive potential, advocating for people of color not the individual right to *birth control*, but rather the racist strategy of *population control*’ (Davis 194). Jennifer Nelson writes that ‘initially, many white middle-class feminists viewed the campaign for legal abortion as the most important goal in a struggle for women’s reproductive autonomy’ (3), whilst women of colour not only ‘lacked access to abortion and contraception, they also encountered reproductive abuses such as forced or coerced sterilization’ (Nelson 4). For white middle-class feminists, the reproductive rights movement centred around a negative definition of liberalism that understood the absence of government interference in decisions that pertained to a woman’s body as the crux of achieving reproductive autonomy. However, for women of colour, a positive definition of liberalism was required to underpin the reproductive rights movement in order to ensure women had the freedom to decide when to have children and had access to safe and good quality healthcare.

Throughout history gynaecological and contraceptive healthcare has oppressed and exploited Black American women. In their book, *An American Health Dilemma: Race,*

Medicine and Healthcare in the United States 1900-2000, Michael Byrd and Linda Clayton compile a list of ways scientific racism has impacted healthcare systems in the US. Although the list is too extensive to reproduce in full – a telling indication of the magnitude of the problem – I have listed some examples below:

- Unethical experimentation on African Americans;
- Racial bias in clinical decision making;
- Disproportionate levels of forced eugenic sterilization on Blacks;
- The perpetuation of the overutilization and exploitation of the Black population for medical teaching and demonstration purposes until recently (some recent reactions have been to exclude Blacks to avoid controversy, for researchers convenience, and purportedly to decrease costs.);
- A tradition of eugenic sterilization and unethical hysterectomies being performed on Black women (laughingly referred to by White male physicians as Mississippi appendectomies);
- A US medical establishment that sees the Nuremberg medical principles as having no relevance to its operations;
- And the evidence of Black scientific exploitation present every day in research laboratories throughout the world exemplified by the unauthorized use of Henrietta Lacks living cervical cancer tissue (HeLa cells) for research. (23)

Unethical experimentation on African American women has its history in slavery, with medical fields such as obstetrics and gynaecology being established through experimentation on Black women. As Deirdre Cooper Owens and Sharla Fett writes:

The impact of racialized science on the field of medicine today is painfully illustrated by the deep linkages that American gynecology has with slavery. Many of the field's most pioneering surgical techniques were developed on the sick bodies of enslaved women who were experimented on until they either were cured or died. (1343)

After the abolition of slavery, gynaecological practice continued to oppress Black women in the United States. During the 1960s and 1970s 'Mississippi Appendectomies' saw African American women disproportionately sterilized for no good medical reason. Roberts writes that 'teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for their medical residents' (90). In comparison, medics were reluctant to sterilize white women during the same period and 'white middle-class women found it nearly impossible to find a doctor who would sterilize them . . . and having no children would absolutely bar a woman from being sterilized' (Roberts 95). The practice of sterilizing Black women is explored by Alice Walker in her novel, *Meridian*, published in 1976, six years after *The Bluest Eye*. In *Meridian*, Walker describes the moment that her central character, Meridian, visits her doctor for an abortion, after her partner leaves her for another woman:

Later, as the doctor tore into her body without giving her anaesthesia (and while he lectured her on her morals) and she saw stars because of the pain, she was still seeing them laughing, carefree, together . . . Her doctor was the one from Saxon College, only now in private practice. "I could tie your tubes," he chopped out angrily, "if you'll let me in on some of all this extracurricular activity." (Walker 118-119)

In this passage, Walker presents the white doctor as showing an abject disregard for Meridian's health, comfort and welfare. The casualness with which he offers to 'tie' Meridian's 'tubes' in exchange for sexual remuneration speaks to a medical culture of sterilizing Black women more frequently than white women and for no good medical reason. The sterilization of African American women during the 1960s and 1970s not only highlights the extent to which medical racism violated women's liberal right to exercise autonomy over their body, but also shows how motherhood was idealized as being white and middle-class. White middle-class women were strongly discouraged from being sterilized because medics understood their role in life to be a mother, whilst African American women had their right to choose whether or not to have children cruelly taken from them for no medical reason, other than for medics to have a chance to practice the procedure.

Racial bias in clinical decision making also reared its ugly head in the field of obstetrics. Morrison draws attention to this when she describes Pauline Breedlove giving birth to Pecola. She writes:

When he left off, some more doctors come. One old one and some young ones. The old one was learning the young ones about babies. Showing them how to do. When he got to me he said now these here women you don't have any trouble with. They deliver right away and with no pain. Just like horses. The young ones smiled a little. They looked at my stomach and between my legs. They never said nothing to me. Only one looked at me. Looked at my face, I mean. I looked right back at him . . . I seed them talking to them white women: 'How you feel? Gonna have twins?' Just shucking them, of course, but nice talk. Nice friendly talk. (66)

In this extract, Pauline is subjected to medical racism as the doctor assumes that she will not require any pain relief because 'these here women . . . deliver right away and with no pain.' This untrue racial stereotype voiced by the doctor, and taught to the medical students, results in Pauline receiving sub-par care during her birth, whilst the white women on her ward are treated with empathy and compassion.

Given the history of racial oppression in the fields of gynaecology and obstetrics, it is unsurprising that African American women felt untrusting of the medical establishments

that would offer abortions and contraceptives if they were to become legalized. Like many areas of American life in the Cold War period, access to proper medical care was by no means available to all and was particularly hard to come by if you were not white and middle-class. As Byrd and Clayton observe, containment policy 'dominated and shaped virtually everything in post-World War II America, including sociopolitical, economic, health care and racial issues' (196). They argue that 'the "mainstream" health care system was . . . a major beneficiary' (197) of 'sustained affluence, largely confined to the White population, from the late 1940s into the 1960s' (197). During this time, there was 'A 47 percent expansion of the suburbs – which, due to financial, social and real estate practices fostering racial segregation, were almost exclusively White' (Byrd and Clayton 197). These developments 'perpetuated traditional race and class segregation, thus accentuating quality-tiering of the US health system and created a unique set of health problems' (Byrd and Clayton 197). Not only were African American women subjected to medical racism within the medical establishment, but they were also less likely to receive care from a quality medical facility that was built to care for white middle-class families in the suburbs.

In *The Bluest Eye*, female characters frequently equate whiteness with cleanliness, and view cleanliness as a key component of idealized womanhood. Morrison shows how this association with cleanliness and whiteness is forged during childhood when describing the Mary Jane sweets that Pecola buys. She writes:

Each pale yellow wrapper has a picture on it. A picture of little Mary Jane, for whom the candy is named. Smiling white face. Blond hair in gentle disarray, blue eyes looking at her out of a world of clean comfort. (31)

Just as Pecola dreams of having blue eyes, like Mary Jane, the older women in the novel aspire to a 'world of clean comfort.' Morrison alludes to this when describing 'thin brown girls' who 'come from Mobile. Aiken. From Newport News. From Marietta. From Meridian' (46). These women:

. . . wash themselves with orange-coloured lifebuoy soap, dust themselves with Cashmere Bouquet talc, clean their teeth with salt on a piece of rag, soften their skin with Jergens lotion. They smell like wood, newspapers, and vanilla (46).

Morrison goes on to reveal that the character, Geraldine, is one of these women. Geraldine tells her son, Junior, that 'colored people were neat and quiet; niggers were dirty and loud' (48). In winter, she puts 'Jergens Lotion' on her son's face 'to keep the skin from becoming ashen. Even though he was light-skinned, it was possible to ash. The line between colored and

nigger not always clear; subtle and telltale signs threatened to erode it, and the watch had to be constant' (48). In this passage, Geraldine uses cosmetic products as a means to ensure Junior's skin does not ashen and thus erode 'the line between colored and nigger.' This is similar to the way Plath and Jong present cosmetic products in *The Bell Jar* and *Fear of Flying* as being tools with which women can maintain their bodies according to cultural ideas of womanhood. Geraldine's assertion that 'colored people were neat and quiet; niggers were dirty and loud' shows how cleanliness serves as a way for Morrison's Black characters to move towards a version of Black family life that is deemed acceptable in a country where whiteness is idealized.

It is perhaps unsurprising, therefore, that the charlatan Pecola seeks out in an attempt to acquire the blue eyes she longs for is named Soaphead Church. Claudia, the narrator of a large portion of the novel, is the only character who sees through the constant aspiration for cleanliness. She describes taking a bath in the family's zinc bath tub:

[There was] no time to enjoy one's nakedness . . . Then the scratchy towels and the dreadful and humiliating absence of dirt. The irritable, unimaginative cleanliness. Gone the ink marks from legs and face, all my creations and accumulations of the day gone, and replaced by goose pimples. (18)

To Claudia, cleanliness is 'irritable' and 'unimaginative.' It signals a loss of what has been achieved in her day, her 'creations' and 'accumulations.' It means to lessen herself, to wipe away all that makes her individual, to rid herself of anything that could threaten or displease those around her. Despite being disgusted at the idea of cleanliness as a child, the adult narrative voice of Claudia concedes that 'It was a small step to Shirley Temple. I learned much later to worship her, just as I learned to delight in cleanliness, knowing, even as I learned, that the change was adjustment without improvement' (Morrison 18).

Claudia's observation that this shift was 'adjustment without improvement' suggests that worshipping Shirley Temple and delighting in cleanliness was not an improvement on her character or way of life, but rather an adjustment to the unwritten lines, drawn by a society that idealizes whiteness and that distinguishes between acceptable and unacceptable ways of being Black in the United States. In the afterword of the 2019 edition of the novel, Morrison writes that:

The assertion of racial beauty was not a reaction to the self-mocking, humorous critique of cultural/racial foibles common in all groups, but against the damaging internalization of assumptions of immutable inferiority originating in an outside gaze' (206)

In this extract, Morrison considers the damage caused by the internalization of an outside gaze in relation to beauty. This can also be applied to her presentation of cleanliness in the novel, where it serves almost as an allegory for whiteness. *Soaphead Church* promises to give Pecola blues eyes, Lake Shore Park is 'sweetly expectant of clean, white, well-behaved children and parents' (Morrison 56) and Pauline neglects her own house and children in favour for the home of her white employer, where she finds 'beauty, order, cleanliness, and praise' (Morrison 67). The female characters in Morrison's novel, with the exception of Claudia as a child, internalize an outside gaze that idealizes whiteness, and see cleanliness as a way to get closer to this ideal. As Claudia astutely tells the reader:

We were lesser. Nicer, brighter, but still lesser. Dolls we could destroy, but we could not destroy the honey voices of parents and aunts, the obedience in the eyes of our peers, the slippery light in the eyes of our teachers when they encountered the Maureen Peals of the world. What was the secret? What did we lack? Why was it important? And so what? Guileless and without vanity, we were still in love with ourselves then. We felt comfortable in our skins, enjoyed the news that our senses released to us, admired our dirt, cultivated scars and could not comprehend this unworthiness. (Morrison 43).

In childhood, Claudia and her peers are able to admire their dirt. They 'felt comfortable' in their 'skins' and 'could not comprehend the unworthiness' they detected in the eyes of adults. By repeating the term 'eyes' in this passage, Morrison emphasizes the point that she makes in the afterward of the novel, that it is the internalization of an outside gaze, a gaze that idealizes and celebrates whiteness, that proves detrimental to the characters in *The Bluest Eye*.

Concepts of 'good' and 'bad' mothering were racially charged during the Cold War era, and mothering that did not fit the idealized version perpetuated through mainstream media was often pathologized. This was the case in the Moynihan report, which 'argued that black women who worked for wages and reared children could not succeed in either enterprise and thereby hurt their families' (Feldstein 143). This was particularly harmful, as motherhood was taken to play a key role in the United States' defence against communism. Mothers were figured as being responsible for raising the next generation of United States citizens, and as such, motherhood became a matter of public interest, subjected to a set of ideals that were often rooted in racist and classist stereotypes. This idealized version of motherhood and femininity perpetuated through mainstream Cold War culture proves detrimental to the female characters in *The Bluest Eye*. As the Moynihan report shows,

African American motherhood was often pathologized and blamed for societal problems, placing many women outside of the idealized version of motherhood that was heralded as a key component to the United States' fight against communism.

Healthy Citizens? Patienthood and the Female Body

Both *Revolutionary Road* and *The Bluest Eye* are novels that pay much attention to the embodied experience of their characters. Yates and Morrison engage not only with the female reproductive body in their novels, but also explore concepts of health and ill-health, of what it means to be deemed healthy and unhealthy in Cold War culture. If the female characters in *Revolutionary Road* and *The Bluest Eye* are excluded from definitions of American liberalism as a result of their female reproductive bodies, how does this relate to Yates and Morrison's interest in concepts of health in these novels? The answer to this question speaks to the Cold War moment that both authors were writing in. The 1950s and 1960s in the United States were marked by a culture of containment, where health was defined not only on a person's medical fitness but also by their prescription to cultural norms and ideals. In *Revolutionary Road* and *The Bluest Eye*, Yates and Morrison create characters that aspire to break free from the contained roles they find themselves in. However, their attempts to do this lead them to states of physical ill-health. In this sense, they are living not as liberal American citizens, but in a state of patienthood, where health and ill-health are defined not only by medical professionals, but by cultural definitions of what it means to be normal, and, more widely, what it means to be American.

In *Revolutionary Road*, this state of patienthood can be identified before April is admitted to hospital after her attempt to self-terminate her pregnancy. This is shown when Frank characterizes April's desire not to have any more children as a psychological illness.

Yates writes:

"Oh, baby," he said. "It's so simple. I mean assuming you *are* in some kind of emotional difficulty, assuming there *is* a problem of this sort, don't you see there *is* something we can do about it?' . . . "We ought to have you see a psychoanalyst." (228)

The italicisation of words such as 'is' and 'are' reinforces Frank's belief that there 'is a problem' in April's decision to have a termination. His suggestion that April should 'see a psychoanalyst' contextualizes April's decision within a medicalized framework, wherein April's choice not to have another baby is pathologized. In doing so, Frank places April in a

position of patienthood by suggesting that her wish to terminate her pregnancy is a symptom of ill-health. Frank puts himself in a position of authority over April's body by suggesting that she is in no state to make decisions for herself. April attempts to resist this lack of autonomy by administering a self-induced termination. Yates writes:

By the time she'd made the other preparations, putting a supply of fresh towels in the bathroom, writing down the number of the hospital and propping it by the telephone, the water was boiling nicely. (312)

April is able to control every element of the abortion, shown when she prepares a 'supply of fresh towels' and props 'the number of the hospital' by the telephone. Despite taking all of these precautions, April is ultimately unable to regain agency over her body, exemplified when the self-inflicted termination leads to her death.

Yates explores two moments in which April experiences patienthood in *Revolutionary Road*. On the one hand, April's self-administered termination causes her to be admitted to hospital, becoming a patient under the doctor's gaze. However, April is also placed into a position of patienthood before her hospital admission, shown by the way Frank tells her that she is mentally ill. In his book, *Escape to Freedom*, Erich Fromm writes:

The term *normal* or *healthy* can be defined in two ways. Firstly, from the standpoint of a functioning society, one can call a person normal or healthy if he is able to fulfil the social role he is to take in that given society. More concretely, this means that he is able to work in the fashion which is required in that particular society, and furthermore that he is able to participate in the reproduction of that society, that is he can raise a family. Secondly, from the standpoint of the individual, we look upon health or normalcy as the optimum of growth and happiness of the individual. (214)

According to Fromm, Frank deems April to be unhealthy based on her refusal to 'fulfil the social role [s]he is to take' and to 'participate in the reproduction' of her society, a society that reveres the white, middle-class family unit whilst pathologizing Black families and mothers. April realizes, however, that to embody a state of health 'from the standpoint of a functioning society,' and to carry on performing the social role of motherhood, would ultimately lead to her being unhappy and unhealthy from 'the standpoint of the individual.' It is impossible for April to embody both states of health. As a result, she will always occupy a position of ill-health, whether that be from the individual or societal standpoint. Much like Esther in *The Bell Jar*, she is always vulnerable to the position of patienthood.

Fromm's *Escape to Freedom* was published in the United States in 1941, the same year that *The Bluest Eye* is set. In it, Fromm sets out his definitions of positive and negative

freedom, a distinction that would later be explored by Isaiah Berlin in *Two Concepts of Freedom* (1958). Positive freedom can be understood as ‘freedom to’ do something, whereas negative freedom is ‘freedom from’ (Fromm 67) outside intervention. Dorothy Roberts uses these definitions to draw attention to the inadequacies of the reproductive rights movement. Whilst the reproductive rights movement of the 1960s campaigned for women to have ‘freedom from’ government legislation that prohibited abortion, Roberts asserts that women’s reproductive rights campaigners should focus on a positive definition of freedom, which would centre the movement around ‘freedom to’ access high quality women’s health care, regardless of a woman’s socioeconomic position or race. This concept of positive freedom can also be extended to include the freedom to define one’s health not from the standpoint of society, a definition of health defined by cultural norms that reinforce racist stereotypes, that in turn lead to mistreatment of Black women in medical and healthcare settings, but from the standpoint of the individual, where health is defined by a person’s ‘growth and happiness.’

In *The Bluest Eye*, Morrison draws on concepts of health and ill-health to highlight the destructive nature of beauty standards, disseminated by post-war popular culture, that are defined by whiteness. When Pauline is pregnant with Pecola, she spends a lot of time at the movie theatre. Morrison writes:

The onliest time I be happy seem like was when I was in the picture show. Every time I got, I went. I’d go early, before the show started. They’d cut off the lights, and everything be black. Then the screen would light up, and I’d move right on in them pictures. White men taking such good care of they women, and they all dressed up in big clean houses with the bathtubs right in the same room with the toilet. Them pictures gave me a lot of pleasure, but it made coming home hard, and looking at Cholly hard. I don’t know. I ’member one time I went to see Clark Gable and Jean Harlow. I fixed my hair up like I’d seen hers on a magazine. A part on the side, with one little curl on my forehead. It looked just like her. Well, almost just like. Anyway, I sat in that show with my hair done up that way and had a good time. I thought I’d see it through to the end again, and I got up to get me some candy. I was sitting back in my seat, and I taken a big bite of that candy, and it pulled a tooth right out of my mouth. I could of cried. I had good teeth, not a rotten one in my head. I don’t believe I ever did get over that. (65-66)

At the movie theatre, Pauline escapes from her life with Cholly by watching Hollywood films that define beauty as whiteness. Pauline associates the white families she sees on screen with beauty and cleanliness, aspiring towards a definition of beauty that the films project by styling her hair like Jean Harlow. However, Pauline’s financial situation and the systematic racism that prevents Black families from living in idealized suburban communities means

that the closest she can get to the lifestyles presented on screen is by going to the movie theatre and working as a nanny for a white family. Ironically, Pauline's habit of visiting the movie theatre in a bid to get closer to the 'beauty' being shown results in her tooth being pulled 'right out of my mouth' after taking 'a big bite of candy.' After her tooth falls out, Pauline feels unable to attain the definition of beauty she aspires to. She tells the reader 'Look like I just didn't care no more after that. I let my hair go back, plaited it up, and settled down to just being ugly' (66). Pauline's inability to attain the definition of beauty perpetuated by Hollywood leads her physical health, and her own perceived beauty, to further deteriorate. This cycle is replicated through the experience of Pauline's daughter, Pecola. Throughout the novel, Pecola wishes that she had blue eyes, a desire that is impossible for her to obtain. Pecola is only able to believe she has blue eyes when her mental health deteriorates, and she enters a schizophrenic state. Like Pauline, Pecola's desire to obtain a definition of beauty that is based on whiteness leads her to enter a state of ill-health.

In interweaving definitions of health and beauty in this way, Morrison evokes the Cold War containment culture of the 1950s that presented health as being reflective of both bodily normalcy, but also an indication of a person's commitment to an idealized norm. However, for Black families, it was extremely difficult to attain the way of life that was idealized as an expression of Americanness in the face of the Cold War threat; the nuclear family unit that was suburban-dwelling, comprised of a stay-at-home housewife and breadwinning father. As Fromm writes, 'from the standpoint of a functioning society, one can call a person normal or healthy if he is able to fulfil the social role he is to take in that given society,' however, 'from the standpoint of the individual, we look upon health or normalcy as the optimum of growth and happiness of the individual' (214). Pauline is unable to achieve growth and happiness as an individual, because she is limited by the social role that she is given by a society governed by misogyny and racism. In this sense, she is destined to occupy a position of patienthood, a state wherein she is not able to access a definition of healthiness – that also becomes synonymous with a definition of Americanness – that is socially defined by Cold War culture because these definitions exclude the Black female body.

At the end of *The Bluest Eye*, Claudia MacTeer tells the reader:

I even think now that the land of the entire country was hostile to marigolds that year. This soil is bad for certain kinds of flowers. Certain seeds it will not nurture, certain fruit it will not bear, and when the land kills of its own volition, we acquiesce and say the victim had no right to live. (Morrison 105)

This metaphor highlights how American popular culture, which perpetuated a version of health and beauty based on whiteness, created a 'soil' that was 'bad for certain kinds of flowers,' 'flowers' like Pecola Breedlove. If Sylvia Plath draws upon pastoral metaphor in *The Bell Jar*, describing Esther's life choices as figs on a fig tree, Morrison uses it to highlight how the 'land of the entire country' does not nurture the fruit of choice for Black women in the way it does for white women. Elisabeth Mermann-Jozwiak writes:

For many women, ambivalence about the body turns into an anxiety about not measuring up to the ideal . . . But for African-American women, another cultural narrative of the body is superimposed onto the previous one. Pecola's body is also the text upon which a racist society has written the story of *black* womanhood. (191)

On account of their female bodies, both April and Pecola live outside of definitions of American liberalism. However, whilst it is April's biological reproductive body that prevents her from making her own choices in life, it is Pecola and Pauline's female reproductive bodies as texts 'upon which a racist society has written the story of *black* womanhood' that exclude them from definitions of American liberalism.

Chapter Two Conclusion

The female reproductive body holds the propensity to completely change a woman's role in life. When women are unable to exercise agency over their reproductive bodies, either through contraception, abortion, or freedom from unsolicited sterilization, they are unable to be liberal citizens within a supposedly liberal society. Not only do the female characters studied in this chapter have reduced agency over their reproductive bodies, they also have no control over the idealized versions of motherhood that are perpetuated through mass media in Cold War containment culture. The pervasiveness of language that pertained to health and disease in the Cold War era, epitomized in its more basic iteration by the figuring of communism as a type of disease, meant that versions of motherhood that fell short of the white, suburban, middle-class ideal were often pathologized. The female characters studied in this chapter thus enter a state of patienthood, outside of the clinical

encounter, as a result of being unable to emulate the arbitrary ideals of womanhood and motherhood disseminated through popular culture and mass media.

This chapter has provided a reading of *Revolutionary Road* and *The Bluest Eye* that goes some way in explaining the relationship between Cold War containment culture and female reproductive healthcare. The pathologizing of types of motherhood and womanhood that did not fit with the white, middle-class, suburban ideal perpetuated by Cold War containment culture had an impact on the reproductive healthcare women received during the period. April does not receive a safe abortion because she was expected to embrace her role as a housewife and mother, whilst Meridian is crudely sterilized because her lifestyle and version of womanhood is deemed to be incongruent to motherhood. Pauline Breedlove receives sub-par care whilst giving birth to Pecola as a result of her physician's racist belief that Black women give birth easier and with less pain than white women. Whilst the white women on the same hospital ward as Pauline are treated with empathy and care, their situation granted with the attentiveness required for a moment of such profundity – the birth of new life and a woman's journey into a motherhood – Pauline is referred to as a foaling horse, left to cope with her birth without pain relief or compassion.

As is true of nearly all aspects of American life at mid-century, the experiences of women's healthcare that Yates, Morrison and Walker portray are heavily influenced by racist ideology. In *The Feminine Mystique*, Betty Friedan explored how Cold War containment culture created a society whereby women were trapped within the suburban home, unfulfilled by the role of housewife that, throughout the 1950s and into the 1960s, was coveted as the American woman's rightful role in life. However, containment culture not only proved detrimental to women like April Wheeler, who felt trapped within their domestic and suburban lives, but was notably harmful for those women who were denied entry into this supposed ideal of womanhood and motherhood because of their race. As Morrison and Walker portray in their work, this consequence of containment culture impacts upon the reproductive healthcare of the Black female characters in their novels. By describing Black family life as 'a tangle of pathology,' the Moynihan Report evoked the racist ramifications of defining the white, middle-class family as the benchmark of successful family life in America. In pathologizing Black family life in this way, the Moynihan Report appeared to legitimize the practice, which had long existed in American life, of treating Black families as inferior to their white counterparts, and of providing Black women

and mothers with inferior and exploitative reproductive healthcare. If white, suburban, middle-class family life and motherhood was perpetually offered as the healthy, American ideal, then versions of motherhood and family life that did not fit this mould were pathologized and excluded from this articulation of 'Americanness.'

Chapter Three: Horrifying Female Bodies in *Rosemary's Baby* and *The Body Snatchers*

So far, this thesis has explored how American writers present the relationship between the female body and the medical encounter during the Cold War era. This relationship can be identified not only in texts deemed to be literary in approach, but also in popular or genre literature of the period.⁶ This chapter will explore two genre texts (one science fiction and one horror) written during the Cold War era, Jack Finney's *The Body Snatchers* (1955) and Ira Levin's *Rosemary's Baby* (1967). Both of these narratives have become well-known in the United States as notable examples of horror and science fiction from the 1950s and 1960s, partly because both texts inspired multiple film adaptations that garnered blockbuster success. Don Siegel directed the first film adaptation of *The Body Snatchers* – titled *Invasion of the Body Snatchers* – in 1956, and Roman Polanski directed his version of *Rosemary's Baby* in 1968. The longevity of Finney and Levin's narratives can also be attributed to the astuteness with which both writers responded to their cultural moments in the 1950s and 1960s. Despite being written and filmed in different decades, and making use of different genres, both narratives draw upon cultural anxieties that understand the female reproductive body as a site of risk, a similarity that this chapter will contextualize within the Cold War moments both authors were writing.

I have chosen to study *The Body Snatchers* and *Rosemary's Baby* because of Finney and Levin's treatment of the female reproductive body, concepts of invasion and the medical encounter. I am primarily interested in the narratives that originate from Finney and Levin's fiction, however, given the commercial success and popularity of Siegel and Polanski's films, and the relevance of audience to the study of genre, it would be cursory not to include these films in this chapter. I am aware of the uncomfortable irony in studying a film directed by Polanski in a chapter that explores female body experience and healthcare⁷ and I am conscious of the many ethical and moral questions that arise from giving academic

⁶For example, in *The Bell Jar* and *Fear of Flying*, Sylvia Plath and Erica Jong both depict a woman's experience with psychiatry and psychoanalysis, despite *The Bell Jar* being considered a work of literary fiction and *Fear of Flying* garnering commercial, rather than critical, success.

⁷ Given Polanski's arrest in 1977 for having unlawful sexual intercourse with a minor, a charge he pleaded guilty to.

attention to work created by a sex offender. As such my study of Polanski's *Rosemary's Baby* will focus predominantly on the narrative derived from Levin's novel.

This chapter will be organized into two sections. The first will explore the presentation of the female body in *The Body Snatchers* and *Rosemary's Baby*, examining how genre is used in both narratives to communicate cultural anxieties about the female reproductive body and threats of invasion. The second section will look specifically at the portrayal of medicine and healthcare in both narratives, paying particular attention to the male doctor/female patient relationship. In *Rosemary's Baby* and *The Body Snatchers*, Levin and Finney use the horror and science fiction genres to articulate anxieties about the female body that are relevant to the Cold War moment in which they were written, anxieties that were also communicated through Siegel and Polanski's films. Whilst there are numerous horror and science fiction genre texts that present the female body as monstrous, I have chosen to explore these texts specifically because of the way both Levin and Finney use the monstrous female body trope to draw attention to cultural Cold War anxieties about the reproductive female body. This chapter will situate these genre narratives within the historical context of 1950s and 1960s Cold War culture, examining how their portrayals of the female body reflect the cultural landscape of women's healthcare and female body experience. It will argue that the female reproductive body was figured as being both a point of defence *and* weakness against the perceived threat of communism and was thus seen as riskier than its male counterpart, a risk that was seen to be mitigated by the medical profession.

In *The Body Snatchers*, Finney's narrator – Dr Miles Bennell – tells the story of an alien invasion that happens in Santa Mira, a fictional town where Miles is the family doctor. Vegetal, alien pods are found to be producing body doubles that resemble people living in the town. These body doubles subsequently go on to replace the person whose body they have replicated, creating a town filled with pod-people who are unable to have individual thoughts or feel any emotion. Miles and Becky (an old acquaintance of Miles) attempt to defeat the invasion of the pods, an endeavor that proves successful in Finney's novel, but less so in Siegel's 1956 film, in which Becky gets transformed into a pod-person. Katrina Mann observes that Siegel's film 'was relatively unpopular in its first run' (49). However, when comparing Siegel's *Invasion of the Body Snatchers* to its science fiction contemporaries, Robert Cashill notes that 'none of them burrowed under the skin quite like

Invasion of the Body Snatchers. Like pimples, the pods erupted across the fresh, clean face of Eisenhower-era America, disturbing its well-ordered façade' (3). Indeed, Finney's body snatcher narrative proved to hold cultural longevity, ultimately being retold in four film remakes spanning six decades.⁸ The endurance of the body snatcher narrative, and of invasion narratives more generally, speaks to a perennial fear that American values may come under threat from a hostile enemy. As David Seed writes, 'the USA could not conceive of its own nationhood without imagining an enemy' (65).

Published twelve years after *The Body Snatchers*, Ira Levin's *Rosemary's Baby* tells the story of a young woman who becomes impregnated by a satanic being. The novel begins with Rosemary and Guy Woodhouse, a married couple, viewing an apartment in The Bramford building in New York City. Despite being warned of The Bramford's reputation for housing satanists, Rosemary and Guy purchase the apartment, and soon become acquainted with their new neighbours, Roman and Minnie Castevet. Unbeknownst to Rosemary, Guy agrees to help the Castevets – who are members of a satanic coven – to impregnate Rosemary with a satanic foetus, in exchange for success in his acting career. Rosemary's pregnancy is marked by ill-health and frailty, and she is unaware that the people she believes are trying to help – the Castevets, Guy and her doctor, Dr Sapirstein – are in fact conspiring against her. When the satanic child is born, Rosemary is first told that the child has died during the birth. However, upon hearing a baby cry in the Castevets' apartment, Rosemary discovers that the child is alive. The novel ends with Rosemary discovering the satanic nature of her baby, yet, despite this, she still agrees to be a mother to the child. Upon its release *Rosemary's Baby* became a bestseller, a status that was 'crucial to the box-office success of Paramount's film, and vice versa' (Heffernan 197).

Unlike previous texts studied in this thesis, *The Body Snatchers* and *Rosemary's Baby* are notably works of mass-genre fiction, and need to be approached accordingly. One way to understand genre is to view it as a taxonomical type, a category within which a work may or may not fit, based on the criteria upon which each genre is defined. For example, using this definition of genre, *The Body Snatchers* is a science fiction narrative, because it depicts an interaction with an un-earthly 'other' through a discourse of fictional science, much like

⁸ *Invasion of the Body Snatchers* (1956), *Invasion of the Body Snatchers* (1978), *Body Snatchers* (1993) and *The Invasion* (2007).

other films of the genre (*The Day the Earth Stood Still* (1951), *The War of the Worlds* (1953), *Forbidden Planet* (1956)). The tradition of understanding genre as taxonomy comes from Aristotle, who opens *Poetics* with the statement ‘I propose to treat poetry in itself and of its various kinds, noting the essential qualities of each’ (Section 1). Aristotle’s approach was to identify the essential quality of poetry, and of each *type* of poetry. However, approaching genre as a body of work that share similarities raises questions on how we treat individual texts that belong to a genre. If genre is understood as a collection of work that share formulaic and structural similarities, can we examine individual texts from a genre, or should the genre, as a framework for a type of text, be studied instead? In response to this question, this chapter will work with John Frow’s definition of genre as ‘a form of symbolic action’ (Frow 2). Frow argues that texts ‘do not “belong” to genres but are, rather, uses of them’ (2). According to Frow’s understanding of genre, readers and audience members will approach *Rosemary’s Baby* and *The Body Snatchers* with an existing understanding of how horror and science fiction genres work, and thus their interpretation of the text will be framed by their pre-existing expectations of the genre at hand. For example, in *Rosemary’s Baby*, the audience largely accept that Rosemary has been impregnated by a satanic being, because fiction, as a genre, and the horror fiction genre in particular, allows for this to be taken as truth. If the same narrative were to be told in a documentary genre, the audience would rightfully question the validity of the story told. By working with Frow’s definition of genre as a ‘form of symbolic action’ (2), this chapter will show how Finney and Levin use genre to reflect real-life experiences of the female body and healthcare during the Cold War decades of the 1950s and 1960s in the United States.

Despite being works of different genres, *Rosemary’s Baby* and *The Body Snatchers* share thematic similarities. The most notable of these similarities – especially pertinent to this thesis – is that both texts embed narratives of invasion within the female reproductive body. In *Rosemary’s Baby*, this is made explicit through the depiction of Rosemary’s satanic pregnancy, which becomes a source of horror throughout the novel and film. The female body is physically infiltrated by an un-Godly other, figuring Rosemary as both the victim and the monster in the narrative. In *The Body Snatchers*, the alien invasion of Santa Mira is facilitated by giant, vegetal pods. In Finney’s novel, these pods are circular – or womblike – in shape, whilst in Siegel’s film, they are vulvic in appearance (see fig. 2). The invasion of the town is carried out through pods that resemble the female reproductive system yet exist

apart from the female body. These similarities can partly be ascribed to that which connects the horror and the science fiction genre – the gothic. As Fred Botting acknowledges, ‘Gothic texts [are] open to a play of ambivalence, a dynamic of limit and transgression that both restores and contests boundaries’ (6). The gothic, as it resonates in both the horror and the science fiction genres, allow Finney and Levin to explore cultural anxieties that exist around boundaries. One of the key sites of transgression and boundary-crossing in *Rosemary’s Baby* and *Invasion of the Body Snatchers* is the female reproductive body. This in itself can be understood as a gothic trope. As Ellen Moers recounts in her seminal work on the female gothic, ‘Mary Shelley . . . brought birth to fiction not as realism but as gothic fantasy’ (93). Writing on Frankenstein, Moers highlights how the female gothic (a term she credits to female writers of the genre) explores birth and female reproductivity through the mode of ‘gothic fantasy.’ Although Levin and Finney are not female writers, their portrayals of monstrous reproductive bodies can both be figured within the literary history and tradition of the gothic, as well as horror and science fiction.



Fig. 3. Still from *Invasion of the Body Snatchers* (40:37)

The Gothic affinity for transgression, or boundary-crossing, has a distinct relevance to the Cold War decades of the 1950s and 1960s, during which fear of communist invasion and espionage permeated through every strand of American life. Whilst anyone could be suspected of being a communist spy and hauled in front of the House Un-American

Activities Committee, McCarthyism had a real effect on cultural perceptions of femininity and gender roles during the period. When Ethel Rosenberg was sentenced to death for espionage, alongside her husband, in 1951, her role in the conspiracy was seen to be more monstrous on account of her gender. As Kathryn Olmsted accounts, the media portrayed communist wives – such as Ethel Rosenberg and Priscilla Hiss – as domineering women who were out of their husband’s control. Women were ‘supposed to be more emotional, more committed to her family and children, less interested in politics’ (Olmsted 88), and yet, in the eyes of the American public, Ethel Rosenberg did not adhere to any of these feminine values. The execution of the Rosenbergs in 1953 figured into a cultural image of the *femme fatale* that was ‘especially prevalent in the United States after World War II’ (Olmsted 80). Whilst Ethel Rosenberg, Priscilla Hiss and communist spy Elizabeth Bentley did not match the physical description of stereotypical female communist spies perpetuated in Hollywood, they provided the American public with evidence that women held a monstrous propensity to conspire and deceive. Given this cultural context, it is perhaps unsurprising that both Finney and Levin draw on cultural fears of invasion and figure the female body as a site of potential infiltration.

There were many ways, and many contexts, within which the female reproductive body was deemed to constitute a threat to ‘normality.’ This anxiety resonated in different contexts across American society. The female body held particular importance to the United States’ policy of containment in the ideological fight against communism. As Vice-President Nixon illustrated in the 1959 Kitchen Debate, the white, middle-class, suburban-dwelling family, consisting of a housewife mother and breadwinning father, was posited as an image of American superiority against the perceived tyranny of communism. Racial segregation in the 1950s and early 1960s meant that inter-racial relationships were strongly discouraged and, as such, the reproductive female body became a site where these inter-racial relationships were suspected or exposed. For Jewish Americans, like Levin, the female reproductive body played a key role in continuing Jewish culture – due to the matrilineal nature of Jewishness – which became particularly important in light of the atrocities committed during the Holocaust. In short, the female reproductive body was key to realizing the future of the United States, a future that, in the 1950s and 1960s, was continually being reshaped by the Cold War, the civil rights movement and second wave feminism. Female bodies that were untrustworthy and corruptible posed a threat to the ‘familial-cold war

consensus' (Tyler May 219) during the 1950s, whilst the counter-culture of the 1960s would establish the female body as contested ground between differing visions for the future of the United States. Throughout these two Cold War decades, the female body remained central to Cold War cultural anxieties, a relationship both Levin and Finney draw upon to elicit fear in their readers.

Not only do both authors present invasion narratives through depictions of the reproductive female body, they also pay particular attention to the relationship between female patient and male doctor. This chapter will examine how the relationship between Cold War anxieties and the female body, as presented in *The Body Snatchers* and *Rosemary's Baby*, affected women's experience of the medical encounter and healthcare during the 1950s and 1960s. Finney's *The Body Snatchers* is narrated by Santa Mira's family doctor, Miles Bennell, who takes it upon himself to protect Becky, an old acquaintance and new love interest, from the pod invasion. Whilst Miles succeeds in protecting Becky in Finney's novel, Siegel's film ends with Becky being turned into a pod-person as soon as Miles leaves her side. In both versions of the narrative, the female body is depicted as requiring constant management and monitoring from a male, medical professional, in order for the reproductive female body to not become a threat to society. In *Rosemary's Baby*, Levin depicts the consequences of a medical doctor that is colluding against his patient. Rosemary trusts her doctor, Dr Sapirstein, unaware that he is conspiring with the Castelevets. Finney presents a relationship between male doctor and female patient in which the doctor is figured as a savior and the female patient is seen as source of potential risk. Levin's presentation of the doctor/patient relationship is less contained by the savior/threat dualism, however, this is reflective of the changing face of Cold War threat in the 1960s compared to the 1950s, when containment culture began to be challenged by feminism and the women's health movement.

Despite their contextual differences, *The Body Snatchers* and *Rosemary's Baby* present the female reproductive body as a site upon which Cold War cultural anxieties resonate. In both narratives, the female reproductive body holds the propensity to turn monstrous, and thus is treated as a site of risk that must be mitigated and monitored by a medical professional. As a result, the female characters in Finney and Levin's narratives are placed within a position of patienthood because their female reproductive bodies are considered a risk or threat to the norms established by Cold War culture. This chapter will

show how Finney and Levin's presentation of the female body as a site of risk articulates the relationship between Cold War culture and female healthcare during the 1950s and 1960s, a relationship that was informed not only by medical knowledge but by cultural anxieties, prejudices and fears.

Monstrous Female Bodies

In the horror genre, in both work of film and literature, it is not only the destruction of the female body that is horrific, but the female body in its whole and alive state that is frequently figured as a source of horror. In the latter half of the twentieth century, academics and critics were quick to notice the misogynist representation of women in horror films as often being depicted as the damsel in distress. In the slasher films of the late twentieth century, horror film fans were accustomed to female bodies being violently destroyed by male killers (*The Texas Chainsaw Massacre* (1974), *A Nightmare on Elm Street* (1984), *I Know What You Did Last Summer* (1997)). These films often followed the same formula. A group of teenagers would fall victim to a psychopathic killer, who pursued and violently killed all but one member of the group. Whilst the killer was likely to harm both male and female characters 'the lingering images' (Clover 35) are of the murders of females. However, in her seminal book, *The Monstrous-Feminine*, Barbara Creed takes a closer look at how gender influences character types in the horror film genre. According to Creed, not only do female monsters exist in horror films, but they fall into distinct categories and types:

The female monster, or monstrous-feminine, wears many faces: the amoral primeval mother (*Aliens*, 1986); vampire (*The Hunger*, 1983); witch (*Carrie*, 1976); woman as monstrous womb (*The Brood*, 1979); woman as bleeding wound (*Dressed to Kill*, 1980); woman as possessed body (*The Exorcist*, 1973); the castrating mother (*Psycho*, 1960); woman as beautiful but deadly killer (*Basic Instinct*, 1992); aged psychopath (*Whatever Happened to Baby Jane?*, 1962); the monstrous girl-boy (*A Reflection of Fear*, 1973); woman as non-human animal (*Cat People*, 1942); woman as life-in-death (*Lifeforce*, 1985); woman as the deadly femme castratrice (*I Spit On Your Grave*, 1978). (1)

With arguably the exception of 'the deadly femme castratrice' each of the examples of the monstrous-feminine outlined by Creed are notably embodied visions of feminine monstrosity, and many can be linked specifically to the reproductive female body.⁹ 'The amoral primeval mother,' 'woman as monstrous womb,' 'woman as bleeding wound' and

⁹ Although the vagina dentata myth, often depicted in horror films (for example, *Teeth*, 2007), does create an embodied version of the femme castratrice.

'women as possessed body' can all be identified as horrific imaginings of pregnancy, childbirth and motherhood, whereas the 'aged psychopath' and 'woman as life-in-death' make horrific the menopausal cessation of reproductive abilities. Aviva Briefel argues that male monsters often express their monstrosity through masochism and self-mutilation, whilst 'the female counterpart to the act of self-mutilation is menstruation' (16). The female monster does not need to commit acts of masochism to evoke the monstrous, because she is already equipped with a reproductive body that is, of itself, capable of causing pain and abjection. In *Rosemary's Baby* and *The Body Snatchers*, readers are confronted with female characters that are both monster and victim. Rosemary's pregnant body, which unbeknownst to her carries a satanic fetus, is figured as monstrous, falling into Creed's female monster types of 'woman as monstrous womb' or 'woman as possessed body.' Whilst the female body becomes a source of horror in these two types of the monstrous-feminine, the woman who has the 'monstrous womb,' or who is possessed, is ultimately a victim of the horror inflicted by her own body. For example, Rosemary's body is monstrous to audiences and readers, who are aware of the nature of her unborn child, however, she is also a victim of the horrific conspiracy against her. In Don Siegel's *Invasion of the Body Snatchers*, Becky also falls victim to invasion, becoming a pod-person at the end of the film. The transformation of Becky from person to pod-person mirrors her transformation from damsel in distress to the monstrous-feminine, becoming a 'woman as possessed body' that attempts to lure Miles into becoming a pod-person too.

These presentations of monstrous female bodies reflect cultural anxieties surrounding the female reproductive body, which, historically, has been both feared and revered. Writing on the late-seventeenth and early-eighteenth century, Rebecca Kukla notes that the womb was considered both a site of awe and danger, 'easily permeated and corrupted, and capable, once corrupted, of creating monsters and deformation' (6). It is the fear of a corrupt womb that Levin revisits in *Rosemary's Baby*. He alludes to this at the very beginning of the novel, before Rosemary becomes pregnant, by providing his readers with the claustrophobic and 'intra-uterine' (Creed 53) setting of The Bramford building. In his description of The Bramford, Levin partially foretells the horror that will ensue in the novel and film by setting the narrative 'in a location which resembles the womb' (Creed 53). When visiting The Bramford for the first time, Guy and Rosemary are led 'to the right, and then to the left, through short branches of dark green hallway' (Levin 6) towards the apartment,

which is filled with 'hundreds of small plants, dying and dead' (7). This description of winding, narrow corridors leading to a central space – the apartment – full of 'dying and dead' plants is evocative of the female reproductive system, a setting device frequently used by horror writers and filmmakers (Creed 53). That the womb-like space in this metaphor houses 'dying and dead' plants, as opposed to living matter, foreshadows Rosemary's own corrupted womb later in the novel, further emphasized when Rosemary's friend, Hutch, tells her that 'a dead infant was found wrapped in newspaper' (Levin 15) in the basement of the building. Despite Hutch's warnings, Rosemary and Guy purchase the apartment, becoming neighbours to long-term residents, Minnie and Roman Castevet. When the couple move in, Levin continues to evoke the gothic by describing The Bramford as space of boundary-crossing and transgression. He writes 'They heard Minnie Castevet before they met her; heard her through their bedroom wall, shouting in a hoarse mid-western bray' (Levin 23). Rosemary and Guy later realize that the Castevet's apartment 'had originally been the bigger front part of their own' (Levin 24), creating a greater sense of confusion around the boundary lines of the two homes. The Bramford – which takes its name from *Dracula* author, Bram Stoker – serves as a gothic anachronism in the novel, 'with all those weird gargoyles and creatures climbing up and down between the windows!' (Levin 12). Yet, Levin's most pertinent use of the gothic is not his description of 'weird gargoyles,' but his portrayal of the building as a space of transgression and boundary-crossing, prefiguring Rosemary's transgressed and monstrous womb later in the narrative.

Rosemary's satanic pregnancy is a key source of horror and abjection throughout the narrative, serving as a figure of split meanings, of ulterior motives and division. For Rosemary, her swelling stomach is a visual indication of her growing child, whilst, to the Castevets, it represents the development of their satanic creature. In her work on the maternal horror film, Sarah Arnold acknowledges that 'the pregnant body . . . is both unified and separate all at once. The woman's body is split, and woman is alienated from her own body' (155). The lining of the womb represents a separate space that is at once part of a woman's body, but also belongs to the growing foetus, much like Rosemary and Guy's apartment belongs to them, but also exists within the greater structure of The Bramford building. The split nature of the pregnant body throws into uncertainty the identity of the monster in *Rosemary's Baby*. In his work on the horror film genre, Robin Wood outlines a basic rubric for the role of the monster in the horror film. He writes that the 'simple and

obvious basic formula for the horror film' is that 'normality is threatened by the monster' (Wood 83). In his definition of normality, Wood states that he refers to the "conformity of dominant social norms" (Wood 83), and that 'the definition of normality in horror films is in general boringly constant: the heterosexual monogamous couple, the family, and the social institutions (police, church, armed forces) that support and defend them' (84). He is also clear that 'one must firmly resist the common tendency to treat the word as if it were more or less synonymous with "health"' (Wood 83). Whilst 'normality' might not be completely synonymous for health across the horror genre, there is certainly a relationship, especially within a Cold War context, between concepts of health and normality in *Rosemary's Baby*. If we understand health to be a state in which the body is free of ailment or disease, then the destruction of normality in *Rosemary's Baby* is accompanied by Rosemary's increasingly sick body. Contrary to what may be considered a 'normal' pregnancy, Rosemary experiences abdominal pains and weight loss. Normality – 'the heterosexual monogamous couple' and 'the family' – is threatened by Rosemary's monstrous womb and her unhealthy pregnancy. If the satanic pregnancy causes Rosemary bodily ill-health, and also threatens normality, then the monster is figured as a threat to health and normality. Whilst concepts of health are not necessarily synonymous, or exchangeable like-for-like with definitions of normality, there is a notable entanglement between definitions of health and normality in *Rosemary's Baby* that amplify the horror of Rosemary's monstrous pregnancy. There are two monsters, and two versions of normality, that are threatened in the narrative. First, there is the devil-monster that rapes Rosemary, threatening her mental and bodily health. Secondly, there is the threat that the pregnancy poses to institutional normality – the family unit, the heterosexual monogamous couple – a threat caused by Rosemary's satanic pregnancy and ill-health. It is the second narrative, that focuses on Rosemary's monstrous womb, that figures as a threat to wider society. Whilst readers and audiences are encouraged to empathize with Rosemary's struggle, it is principally Rosemary's pregnant body that is the focus of monstrosity in the novel and film.

But, as these two narratives of monstrosity acknowledge, Rosemary is figured as both the 'monstrous-feminine' and a victim. Her satanic pregnancy poses as much a threat to her own health and well-being as it does to the 'normality' that Wood cites in his basic formula for the horror film. Erin Harrington offers an alternative definition of female monstrosity by referring to a sub-genre of horror films that she terms 'gynaehorror' (2).

In her definition of the gynaehorrific, Harrington acknowledges that the female reproductive body exists as a site of contradiction within the horror genre. The vagina is 'vulnerable,' but also 'a site of terror' (Harrington 7). The mother is presumed to be a care giver, but can 'also place their children in danger' (Harrington 7). Rosemary is a victim of the Castevets' plot, but is also the embodied host of an evil, satanic threat. When pregnant, Rosemary's body is split into being a physical embodiment of herself and of the growing satanic foetus, figuring Rosemary at once a victim and a monster. The contradictory nature of the gynaehorrific resembles the contradictions rife in 'cultural prescriptions for motherhood' (Vandenberg-Daves 174) in the 1950s and 1960s. After the Second World War, women who had undertaken jobs outside of the home as part of the national war effort were encouraged to return back to their domestic roles, handing back their wartime jobs to returning GIs. This marked the return of traditional gender roles, encouraged by the United States policy of containment in the face of the Cold War threat. However, whilst there were 'powerful messages to women that motherhood and marriage should be the focus of their lives' (Vandenberg-Daves 180), there was also an undercurrent of skepticism that women could not fully be trusted with raising the next generation of American citizens. Philip Wylie's 1942 book *Generations of Vipers*, villainized motherhood, placing the blame for society's ills at the door of his so-called 'Moms' (xxiv). As Vandenberg-Daves accounts, Wylie attributed American mothers 'with a sinister mission: depriving sons of their rightful masculinity through controlling and even monstrous mother-love' (177). Vandenberg-Daves notes that Wylie's Momism, although an extreme example of anti-maternalism, can be traced throughout the 1950s and 1960s through the rise of the psychological expert, who frequently linked juvenile mental illness or neuroatypicality with inadequate or improper mothering, and through medicalized birthing practices. Whilst motherhood and housewifery were frequently touted as women's rightful roles during midcentury, the importance placed on the child as a future adult citizen of the United States meant that women were not fully trusted to properly undertake their role as mothers without the guidance of the experts. The gynaehorrific portrayal of Rosemary's pregnant body as a site of vulnerability but also of terror can be contextualized within this discourse, where monstrous-mothering was perceived to pose a real threat in post-war United States culture.

The split nature of Rosemary's pregnant body also plays into cultural Cold War concerns of invasion or infiltration. As Carol Clover explains, the occult genre is 'remarkably

interested in female insides . . . in whether and how those functions can be tampered with' (109). In *Rosemary's Baby*, it is Rosemary's 'tampered with' womb that is figured as horrific, not necessarily the satanic foetus itself. It is Rosemary's ailing and changing body that evokes unease in readers and audience members; her craving for raw meat, abdominal pains, aching joints and gaunt appearance all signal that her body has been 'tampered with.' The fear is not of the devil foetus, or even the Casteverts, but rather of a female body that has been infiltrated by an 'other' that threatens normality. This is emphasized at the end of both the novel and the film, when Rosemary appears to accept the role of mothering the satanic child. In the novel, the coven celebrates Rosemary's acceptance of the child, exclaiming "'Hail Andrew'" and "'Hail Rosemary, mother of Andrew'" and "'Hail Satan'" (Levin 228). Polanski's film ends in a similar way, suggesting that Rosemary has accepted the child by ending on a shot of Rosemary's face, smiling slightly towards the crib. The coven's infiltration of Rosemary's reproductive body ultimately succeeds in producing a satanic heir and enlisting Rosemary into their community to care for the child. By ending the novel in this way, Levin suggests that the female reproductive body is something to be feared. It is the female reproductive body's propensity to be infiltrated by a threatening 'other' that forms the basis of the monstrosity in *Rosemary's Baby*, threatening the 'normality' (Wood 83) of the family unity.

The 1960s saw a cultural readjustment from the containment culture that had defined the 1950s. As this thesis has already explored, under containment culture, the family unit was considered a line of defence against the threat of communism. The threat of harming the family unit through an infiltrated female body played into Cold War anxieties that were undergoing a shift as the Cold War moved from the 1950s to 1960s. During the 1960s, the baby-boomers who grew up during decades of containment 'challenged both the imperatives of the Cold War and the domestic ideology that came with it' (Tyler May 209). As women became disillusioned with the role of housewife (many inspired by feminist texts, such as Betty Friedan's *The Feminine Mystique* (1963)), the contained family unit became threatened from the inside, as women sought to redefine their role in society outside of the traditional gender roles perpetuated during the 1950s. In '1961, 50,000 American housewives walked out of their homes and jobs in a massive protest, "Women Strike for peace"' (Tyler May 218). This action was viewed with suspicion by anticommunists and the

FBI, resulting in 'the leaders of Women Strike for Peace' being called 'before the House Un-American Activities Committee' (Tyler May 219). Elaine Tyler May writes:

These women carried the banner of motherhood into politics, much like their reformist Victorian sisters in the last century. But their ability to attack the cold war with domesticity as their tool and make a mockery of the congressional hearings indicates that the familial-cold war consensus was beginning to lose its grip. (219)

By engaging in such activities, women signaled that deference towards Cold War family values, that had been a cornerstone of Cold War United States policy in the 1940s and 1950s, had begun 'to lose its grip.' Whilst, in the late 1960s, 'hundreds of thousands of young activists mobilized against the gender assumptions as well as the cold war policies that had prevailed since World War II' (Tyler May 219), 'public opinion remained resistant to change' and 'mainstream Americans continued to uphold the political consensus forged during the forties and fifties' (Tyler May 220). Read in this context, Levin's portrayal of Rosemary's monstrous womb can be seen as reflecting the anxieties felt by 'mainstream Americans' who were concerned about the apparent dissolution of the 'familial-cold war consensus' that had, during the previous decade, defined the American way of life. Despite Guy conspiring with the Casteverts, it is Rosemary's reproductive female body that poses the biggest threat to the family unit, emulating Cold War beliefs that women's conformity to traditional gender roles was a matter of civic duty that contributed to the security of the nation as a whole.

Narratives of invasion, or possession, were not unique to work using the horror genre, but were also embraced by writers of science fiction. Carol Clover draws a brief comparison between the occult sub-genre of horror, that explores experiences of possession, with invasion narratives commonly portrayed in science fiction. She writes:

. . . there are science fiction films, like *Alien*/*Aliens*, in which penetration per se is a minor matter next to what another era called "consequences": finding oneself corporeal host to things growing inside and bursting forth (the fact that the colonized body is in these cases typically male may point up one of the distinguishing features of science fiction.) And of course the governing imagery of both these films, but particularly the latter, is notoriously maternal and uterine. (81-82)

Unlike *Alien* or *Aliens*, Jack Finney's *The Body Snatchers*, and Don Siegel's 1956 film do not depict 'things growing inside and bursting forth,' but rather bring uterine imagery outside of the female body through their description of the duplication process. In Finney's novel, the pods are described as being 'round in shape, maybe three feet in diameter' (Finney 96),

resembling 'giant seed pods' (Finney 96). The roundness of the pods gives them a uterine quality, a characteristic Finney emphasizes when Miles exclaims, "'That's where they come from – they grow!'" (98). Jack notices that the pods 'had burst open in places, and from the inside of the great pods, a greyish substance, a heavy fluff in appearance, had partly spilled out onto the floor' (96). Miles accounts that 'it was hard to say how long we squatted there' (Finney 97), watching the pods:

. . . but it was long enough to see the grey substance continue to exude, slowly, as moving lava, from the great pods onto the concrete floor. It was long enough to see the grey substance lighten and whiten after it reached the air. And it was long enough to see the crude head-and limb-shaped masses grow in size as the grey spilled out – and to become less crude. (Finney 97-98)

If the *Alien* films depict an alien bursting from a male body without a womb, then Finney's *The Body Snatchers* portrays the horror of a womb-like entity giving birth to a human form, *without* a human body. The pods are described as mysterious and their reproductive capabilities are presented as horrific and abject, causing Miles to pronounce 'we could no longer watch it' (Finney 98). The oozing grey matter resembles substances of abjection, such as blood and amniotic fluid, that are associated with human childbirth. It is the humanness of this inhuman reproduction that causes Jack and Miles to be horrified. Whilst the human reproductive system, including pregnancy and childbirth, goes largely unseen, Finney brings this process, with its unidentifiable substances, out into the open, placing it on the concrete floor for all to see.

In Don Siegel's *Invasion of the Body Snatchers*, the pods are not uterine in appearance, but vaginal. Whilst the body doubles in *The Body Snatchers* spill out onto 'the concrete floor,' the duplication scene in Siegel's adaptation more closely resembles human childbirth. Instead of bursting 'open in places,' as Finney describes in the novel, Siegel's pods slowly split open, reminiscent of human cervical dilation, allowing the 'blank' (Siegel 41:49) to emerge from its vegetal shell. Upon watching this happen, Miles, Jack, Becky and Theodora recoil in horror. Whilst, in his novel, Finney is much more focused on relaying the 'science' behind the duplicating pods, informing his readers that 'They absorb water from the air. The human body is eighty per cent water. They absorb it; that's how it works' (Finney 99), Siegel spends much less time accounting the science behind the fiction. Instead, he leaves the duplication process largely unexplained. Susan Sontag acknowledges that in the science fiction genre 'the movies are, naturally, weak just where the science fiction

novels (some of them) are strong – on science. But in place of an intellectual work-out, they can supply something the novels can never provide – sensuous elaboration’ (212). Indeed, in the ‘sensuous elaboration’ of the duplication scene, Siegel is able to create a sense of horror by visually depicting the pods’ alien qualities, whilst also drawing a similarity with human childbirth and procreation. They are decidedly alien, but also closely resemble functions of the female reproductive body, prompting the audience to question whether it is the alien, otherness of the pods that incites fear, or whether it is their similarity with the female reproductive body that causes anxiety and panic.

Writing on the relationship between the female body and the body snatcher narrative, IIs Huygens observes that:

Hysteria is traditionally associated with the female body and more specifically with problems of the womb. Anxieties about the female body are expressed in the body snatcher narrative in two ways: first by turning an innocent woman into either an alluring femme fatale or monstrous mother figure, and secondly by linking the female reproductive system to monstrous births and abominable fetuses. (54)

In both Finney’s novel and Siegel’s film, the duplication process and the bodies they create can be seen as examples of ‘monstrous births’ and ‘abominable fetuses.’ The narrative can be seen as articulating the same fear of the reproductive female body that is explored in gynaehorror films. That is not to say that *The Body Snatchers* falls into the gynaehorror sub genre, as the pods represent an abstract version of childbirth and not an embodied experience of the female reproductive body. However, those characteristics that figure Rosemary’s pregnant body as horrific in *Rosemary’s Baby* – the possession of the womb by an ‘other,’ the growth of an ungodly or unearthly being and the invasion of the female reproductive system – are also explored in *The Body Snatchers*. In *Rosemary’s Baby*, the horror derives from the satanic possession of the female body, in *The Body Snatchers*, it is the idea that the reproductive female body can be replicated by an invading, unearthly being that incites fear. When Becky, Theodora, Miles and Jack happen upon the duplicating pods in Siegel’s film, Becky asks Miles ‘but when they’re finished, what happens to our bodies?’ (Siegel 41:34). In this moment, Becky is asking about the status of the groups own bodies once a duplication, or ‘blank’ version, of their bodies has been created and birthed by the pods. However, there is also an existential inflection to Becky’s question – if these pods can give birth, what is the role of the female reproductive body, and, more generally, human procreation?

As Huygens argues, the pod duplication scenes are not the only moments in the body snatcher narrative where anxiety about the female body is expressed. These anxieties are also evident in scenes that turn 'an innocent woman into either an alluring femme fatale or monstrous mother figure' (Huygens 54). Some of the most horrifying and disturbing moments in Finney's novel and Siegel's film are those that depict a possessed or invaded mother. The femme fatale or the 'monstrous mother figure' would have particularly resonated with readers and audience members in the early 1950s, who would have likely followed the trial and execution of Ethel Rosenberg, a wife and mother convicted of espionage, only a few years prior to the novel's release. In Siegel's film, one of the earliest indicators that something is wrong in the town is shown in the scene in which Jimmy Grimaldi runs away from his mother and into the path of Miles' oncoming car. When Miles stops to ask Mrs. Grimaldi what is wrong, she informs him that Jimmy does not want to go to school. However, later, when Jimmy's grandmother takes him to Miles' office, we learn that it isn't school that is bothering Jimmy Grimaldi, but rather that he believes his mother not to be his mother. As a nurse attempts to calm Jimmy down, he cries out through tearful sobs 'don't let her get me!' (Siegel 09:13). This scene in the doctor's office is accompanied by eerie, suspenseful music, giving gravitas to the child's fears that might otherwise seem silly and unbelievable. Jimmy Grimaldi's fear that his mother was out to 'get me' creates a link between fear of the 'blanks', or pod-people, and the female reproductive body. It is his meeting with Jimmy Grimaldi, and the child's description of his 'monstrous mother' (Huygens 54), that convinces Miles to take seriously Wilma's suspicions about Becky's Uncle Ira. It is only when the maternal relationship between mother and child is threatened that the strange condition becomes more fearful, both to Miles and to the audience. Mrs. Grimaldi is not the only character to become a 'monstrous mother.' Later on in the film, after the discovery of the pods, Miles decides to drive himself and Becky to the home of his nurse, Sally. Whilst Becky, acting on Miles' instruction, waits in the car, Miles subtly watches Sally from outside her living room window. Inside the house, a man can be seen carrying a pod into the room where Sally is sitting. He asks Sally whether the baby is asleep yet, to which Sally replies 'not yet, but she will be soon, and there'll be no more tears' (Siegel 50:12). The man asks Sally whether he should put the pod in the child's room, to which Sally responds 'yes, in her play pen. No, wait. Maybe I better take it' (Siegel 50:17). This scene is arguably one of the most disturbing in the film. Sally, the nurse who was seen comforting

Jimmy Grimaldi at the beginning of the film, has turned into a 'monstrous mother,' actively putting her child in danger by placing a pod in her room. Much like Siegel and Finney's portrayal of the pods, it is not the alien, otherness of the pod people that incites fear, but rather their distorted human attributes that cause a disturbing sense of unease. The infiltration of the role of motherhood is figured as particularly horrific, as it marks the invasion of a social role that is usually associated with nurturing and caregiving. Like *Rosemary's Baby*, it also signals the dissolution of the Cold War family unit, and thus becomes a threat not only to the children in the mother's care, but also to society as a whole.

Throughout the novel and film, Becky serves as the antithesis to these examples of monstrous procreation and mothering, and, as a result, Miles attempts to protect her at all costs. After returning to Santa Mira from Reno, Miles and Becky begin to rekindle a romantic relationship. In Siegel's film, Miles and Becky's relationship serves as a counter narrative to the town's invasion of emotionless pod people. As the townspeople become stony-eyed and indifferent, Miles and Becky appear to fall more in love with one another. When the couple learn that they will no longer feel any emotion when they turn into pod-people, Becky tells Miles 'I want to love and be loved. I want your children' (Siegel 1:01:19). Miles and Becky's relationship comes to represent what is deemed to be threatened by the invasion of the pod-people – monogamous, heterosexual relationships and the family unit – a definition of normality offered by Wood in relation to the horror film. Miles and Becky's fervent attempt to defeat the pods also ties in to what Fred Botting understands as a gothic trope of the science fiction genre, that 'ideas of human individuality and community . . . are sacralised in horrified reactions to science' (102). The starkest difference between Finney's novel and Siegel's film is the fate of Miles and Becky's relationship. In Finney's novel, the 'great pods' (Finney 98) ultimately leave earth, 'a fierce and inhospitable planet' (Finney 223), 'climbing steadily higher and higher into the sky and the spaces beyond it' (Finney 222). Although it remains unclear exactly what caused the pods to leave, Miles takes credit for their departure, telling the reader:

I knew it, utterly and instantaneously, and a wave of terrible exultation, so violent it left me trembling, swept through my body; because I knew Becky and I had played our part in what was now happening. (Finney 223)

This victorious rhetoric continues, as Miles goes on to recount lines from Winston Churchill's 'We Shall Fight on the Beaches' address to the House of Commons. He writes ' . . . *we shall never surrender*. True then for one people, it was true always for the whole human race, and I understood that nothing in the vast universe could ever defeat us' (223-224). As these passages show, Finney presents the departure of the pod-people as a victory for humanity, the triumph of good over evil, whilst also suggesting that Becky and Miles' heterosexual, monogamous relationship played a part in their defeat. The pod-people threatened to disrupt normality, but were unable to break the resolve of Becky and Miles, who were upholding the values of the idealized Cold War family (characterized by traditional gender roles and a desire to have children) that appeared to be threatened. This is emphasized at the end of the novel, when Finney describes the state of Santa Mira after the invasion:

But all in all, there's nothing much to see in, or say about, Santa Mira. The empty houses are filling quickly – it's a crowded county and state – and there are new people, most of them young and with children, in town. There's a young couple from Nevada living next door to Becky and me, and another – we don't know their name yet – just across the street in the old Greeson place . . . we're together Becky and I, for better or worse.' (Finney 225-256)

After the pod-people's departure, Santa Mira experiences an invasion of a different type – the influx of new families, 'most of them young with children.' Instead of threatening normality, these newcomers, like Miles and Becky, conform to the social norms of marriage and having children. It is not only humanity that has come out of the invasion of the pods as victorious, but so too has the 'familial-cold war consensus' (Tyler May 219) that is threatened and destroyed in *Rosemary's Baby*.

In Siegel's film, Becky and Miles are not granted the 'happily ever after' that Finney provides in his novel. Rather, in a climactic scene towards the end of the film, Becky turns into a pod-person. Becky's transformation, or invasion, happens when she is left in a cave alone, whilst Miles looks for help. Upon his return, Miles kisses Becky and becomes aware that she has transformed into a pod-person. As he runs away from Becky, he tells the audience 'I didn't know the real meaning of fear until I kissed Becky' (Siegel 1:16:04). Becky transforms from being a figure that represents the potential for normality to triumph over the pod invasion, to being the ultimate infiltrator, a femme fatale. Writing on four film adaptations of Finney's novel, Erika Nelson argues that:

Each film reveals profound anxiety about women's social and familial roles. The female presence vis-à-vis the pods in each adaptation demonstrates American fears about male-female relations in the particular era in which the film was produced. (51)

In the 1956 adaptation, Siegel presents the female body as something that can turn horrific if not properly policed and monitored. Like in *Rosemary's Baby*, it is the propensity of the female body to be infiltrated that incites fear in audience members; there is no question that Becky is the most terrifying of all the pod-people Siegel presents, both to Miles and filmgoers. As Miles runs away from Becky, he shouts in distress 'they're after all of us! Our wives, our children . . . you're next!' (Siegel 1:18:02). Nelson suggests that this line 'foregrounds male unease about losing control of reproduction, heterosexual relationships and the family' (51). Indeed, it is the uncontrollability of the reproductive female body – its hiddenness and association with the abject – that causes it to be figured as monstrous in *Rosemary's Baby* and *Invasion of the Body Snatchers*, yet this monstrosity is magnified when we consider the vital role the female reproductive body plays in Wood's definition of normality in the horror film. Female social roles, such as being a mother or wife, are the lynchpins of the family unit in Cold War United States culture, and they are roles that are partly built upon the experience of the female reproductive body. When these bodies become monstrous, the family unit is threatened from the inside, infiltrated by the very biological systems that it requires to exist. Wood argues that we should resist the urge to conflate definitions of normality with health. However, when it comes to the gynaehorrific, the monstrousness that threatens normality – such as Rosemary's monstrous womb – also threatens the health of the woman who is figured as monstrous. The embodied nature of the gynaehorrific, or the monstrous-feminine, means there is always a relationship between ill-health, bodily experience and monstrosity in the gynaehorror film. This is highlighted in *Rosemary's Baby* and *The Body Snatchers* through the role medical professionals play in trying to monitor and control the female body in both narratives, as this chapter will go on to explore.

Medicine and the Female Body

In *Rosemary's Baby*, *The Body Snatchers* and *Invasion of the Body Snatchers*, the female reproductive body is figured as horrific. It is deceptive, boundaryless and easily infiltrated by a threatening 'other,' an invasion that ultimately threatens to disrupt

normality. In both narratives, Levin and Finney suggest that these potentially monstrous female bodies can be monitored, or controlled, by a medical professional. Finney's *The Body Snatchers*, and Siegel's *Invasion of the Body Snatchers*, are narrated by Dr Miles Bennell, a local family doctor in the town of Santa Mira. It is through Dr Bennell's general practice that the pod-invasion is discovered and, as such, the invasion is framed as a fight between the rational man of medical science and the emotionless alien invaders. In *Rosemary's Baby*, Rosemary is told not to undertake any research into her pregnancy. Instead, she relies on information provided by Minnie Castevet, her neighbour, and Dr Sapirstein, a doctor recommended by the Castevets. Both of these sources of knowledge prove to be corrupt, leaving Rosemary unable to access any accurate information about her own body.

Rosemary's Baby was published in 1967, twelve years after the publication of *The Body Snatchers* in 1955. This twelve-year gap between the publication of the texts goes some way to explain the contrasting depictions of medicine in each narrative. In *The Body Snatchers*, Dr Bennell's presence as a medical professional is seen as the ultimate line of defence against the pod-invasion, echoing the esteemed position of medical doctors in 1950s society. Comparatively, in *Rosemary's Baby*, Dr Sapirstein deceives Rosemary about the true nature of her pregnancy, causing her physical and psychological health to deteriorate. The presentation of Dr Sapirstein as an untrustworthy and corrupt medical practitioner speaks to concerns about the doctor/patient relationship that were voiced by the women's health movement throughout the 1960s. Although Dr Bennell seems to be a reassuring figure in *(Invasion of) The Body Snatchers*, and Dr Sapirstein contributes to the horror in *Rosemary's Baby*, both Finney and Levin choose to embed their stories of monstrous reproduction within a medical narrative. By doing so, they hold a mirror up to the relationship between female body experience, healthcare and medicine identifiable in the United States during the 1950s and 1960s respectively.

In *The Body Snatchers* and *Invasion of the Body Snatchers*, Finney and Siegel's presentation of the medical profession is gendered, highlighted by Dr Bennell's relationship with Becky. Dr Bennell is depicted as a figure of authority – by virtue of his profession as a doctor – and Becky as being his 'passive' (Rich, "The Theft of Childbirth" 154) female patient and love interest. During their meeting in his office, Dr Bennell exercises a level of authority that allows him to instruct and advise Becky. He tells Becky to "work on that drink" (Finney 5), instructing her to drink the 'medicinal brandy' (Finney 1) he poured for her. Although this

power dynamic is perhaps expected in a medical environment, especially during the 1950s, Becky's role as a patient and Dr Bennell's position as an authority figure continues outside of the medical setting. This can in part be attributed to Dr Bennell's conflation of the medical and male gaze. He describes Becky as a collection of anatomical parts, objectifying her through his medical gaze, whilst also comparing her to cultural standards of beauty. This dynamic is set up at the beginning of the novel when Dr Bennell describes Becky's appearance. Finney writes 'Becky has a fine, beautifully fleshed skeleton . . . it was the same nice face, the bones prominent and well-shaped under the skin; the same kind and intelligent eyes . . . the same full, good-looking mouth' (Finney 3-4). Dr Bennell demonstrates an appreciation for Becky's body as both his patient and love interest. As the pod-invasion intensifies, Becky is presented as being physically weak and in need of Dr Bennell's supervision and care. When Dr Bennell discovers a pod taking the shape of Becky in her basement, he quickly runs upstairs to where Becky is sleeping. Finney writes:

I threw back the light blanket, got my other arm under her knees, and lifted. Then, staggering a step, I heaved Becky up over on shoulder in a fireman's carry . . . For a moment, as I walked, looking down at her face, she stared at me, eyes drugged; then she blinked several times and her eyes cleared somewhat. Sleepily, like a child, she said 'What? What, Miles? What is it?' (60-61)

In this passage, Becky is described as child-like, physically dependent on Dr Bennell to remove her from the danger of the pods. Perhaps surprisingly, Becky is not alarmed by Dr Bennell removing her from her bed in the middle of the night, but is excited by it. She murmurs under her breath "'The biggest adventure of my life: kidnapped from my bed, by a good-looking man in pyjamas. Carried through the streets, like a captive cavewoman'" (Finney 61). Becky's reaction reinforces traditional gender expectations that figure women as passive and weak and men as assertive and strong. These gender roles influenced both romantic relationships, in which female passivity and male assertiveness were viewed as attractive traits, as well as the relationship between a male doctor and his female patient. By conflating the roles of romantic interest and medical patient, Finney reinforces these traditional gender roles in both contexts. As a result, his position of power over Becky does not only exist in his doctor's office, but continues throughout the narrative.

Becky is not the only woman Dr Bennell attempts to save in the novel. When the Belicecs arrive at Dr Bennell's home late at night, after discovering the first pod person, Finney describes Theodora as being in a state of hysteria. Finney writes:

Theodora [was] wild-eyed, her face dough-white, incapable of speech; Jack with furious, dead-calm eyes. We said only the bare words necessary to get Theodora, half carrying her, up the stairs, and onto a guest room bed, a blanket over her, and some sodium amytal in a vein. (46)

Whilst Jack's eyes remain calm, Theodora's are described as being 'wild.' She is 'incapable of speech' and nearly incapable of walking up the stairs. The portrayal of women as being weak, hysterical and incapable of dealing with the threat of invasion is reminiscent of the relationship between male doctor and female patient during the late-nineteenth century. Writing on that period, Ehrenreich and English note that:

The general theory which guided the doctors' practice as well as their public pronouncements was that women were, by nature, weak, dependent, and diseased. Thus would the doctors attempt to secure their victory over the female healer: with the "scientific" evidence that woman's essential nature was not to be a strong, competent help-giver, but to be a patient. (*For Their Own Good* loc. 1976)

Although Finney is writing during the 1950s, the relationship between Dr Bennell and his female patients appears to follow the theory outlined above. Dr Bennell, a male, scientific doctor, is presented as being 'a strong, competent help-giver,' whilst women in the novel are shown to be 'weak, dependent, and diseased.' This is emphasized when Dr Bennell injects 'some sodium amytal' into Theodora's vein, without consulting her. Dr Bennell assumes her consent off the basis that he is a medical doctor, and she is a weak hysterical woman whose 'essential nature was . . . to be a patient.' As Finney's description of Theodora highlights, it was not only women's perceived physical weakness that led them to be considered patients, but also their perceived propensity to become hysterical and 'wild-eyed.' Through his portrayal of Dr Bennell, Becky and Theodora, Finney suggests that a medical doctor was required not only to tend to the physical shortcomings of the female body, but also to prevent the female body from entering a state of monstrous hysteria. This monstrous hysteria is reflected by Finney's portrayal of the alien pods, which are physical representations of monstrous or hysterical wombs – the body part from which hysteria takes its name.

Dr Bennell's first person narration in Finney's novel and Siegel's film contextualizes the narratives within a medical discourse. Finney's novel begins with Dr Bennell telling the reader:

For me it began around six o'clock, a Thursday evening, August 13, 1953, when I let my last patient – a sprained thumb – out of the side door of my office, with the feeling that

the day wasn't over for me. And I wished I weren't a doctor, because with me that kind of hunch is often right. (Finney 1)

By telling the reader that he 'wished I weren't a doctor' because 'with me that kind of hunch is often right,' Dr Bennell suggests that his profession as a doctor provides him with an almost magical quality of being able to rely on his intuition. Robert Eberwein acknowledges the heroic depiction of Dr Bennell in Siegel's film. He argues that this is perhaps unsurprising, given the respected position of physicians during the 1950s. He points in particular to two well-known doctors who had notable success in the run up to Siegel's film being released: Dr Jonas Salk, who developed a vaccine for Polio in 1955 and Paul Dudley White, President Dwight Eisenhower's personal physician, who, in 1956, made the decision that Eisenhower was healthy enough to run for re-election (22). As Eberwein's examples show, doctors were commonly seen as carrying out a saviour-like role during the 1950s. Having a doctor narrate the *The Body Snatchers* feeds into an already established dynamic between the role of the doctor and the threat of biological invasion. As Kelly Hurley argues, the *Body Snatchers* films are 'shot through with anxieties about pathogens, diseases, biological containments, toxic chemicals and so forth as these might be threatening the public health' (196). The doctor is therefore deemed the best fitting defender against threats of invasion, whether they be pathogenic, biological, political or alien.

If the doctor is deemed to be a defender against threats of invasion, then the unequal power dynamics between a male doctor and a female patient can also be read through this threat/defender lens. The prominence placed on the role of the mother in the Cold War family unit meant that the bodily health of women, and their conformity to traditional gender norms, had a bearing on the health of their families and on the metaphorical 'health' of the nation in the face of the perceived communist threat. The family doctor stood as the gatekeeper to family life through their interactions with the nation's mothers. Menstruation, pregnancy and menopause were all considered medical events, and all are heavily interrelated with family planning and family life. Doctors were in the unique position to maintain women's physical health, whilst also in the position to comment on their family and personal life, making sure that they were raising their family in accordance with the idealized cultural norms of Cold War America. Through these consultations, doctors were able to monitor the health of their patients, ensuring the United States would not succumb to threats of either a pathogenic or communist nature. For some

doctors, their role went beyond administering medical and health care, but also included providing a service in civil defence. Caroline Herbst Lewis argues that doctors 'situated themselves as the guardians of the sexual well-being of Americans in the early decades of the Cold War' (2). She writes:

As the field of family medicine emerged to stake its professional territory, family practitioners both paralleled and overlapped discussions of civil defense in their insistence that the overall well-being of the individual was essential to the stability of the family unit, the larger community, and even the nation. (14)

Physicians were not only seen as responsible for maintaining the physical health of the nation but also for upholding standards according to Cold War ideals. Their key role in managing the reproductive female body during menstruation, pregnancy and childbirth meant that these Cold War morals and ideals could also be encouraged at the point of family planning, figuring the female body as a site where both medical and cultural definitions of health can be maintained.

The medicalization of female experience at mid-century coincided with the rise of the experts, often psychologists, who instructed women how best to raise their children through popular media such as self-help books or ladies' magazines. Deborah Weinstein explains that the therapeutic ethos of the 1950s emerged in 'the context of Cold War anxieties about family life, mass society, and the stability of democracy in the face of fascism and communism' (Weinstein 4). In the post-war period, psychologists and physicians were well situated to provide help for families who sought reassurance on whether they were parenting correctly. The increased cultural presence of the expert offering parenting advice coincided with Cold War political rhetoric that placed families 'particularly mothers . . . as positive guardians of democracy, domestic security, and citizenship and as a bulwark against the dangers of the Cold War' (Weinstein 4). The rise of the experts and the use of the family unit as a defensive symbol against the communist threat created a moralistic edge to parenting, especially for mothers, centred around the idea that good mothers make 'good citizens' (Weiss 138).

As shown in chapter two, the image of the "good mother" (Litt 2) employed by political rhetoric, exemplified by the Moynihan Report, was notably white, middle-class, heteronormative and fulfilled by their traditional female role of being a wife and mother. This image of the "good mother" had an impact on the relationship between African American women and the medical establishment. As Jacquelyn Litt observes, African

American women's relationship to medical discourse 'differed from those of Protestant, white, middle-class women for whom inclusion in the category of "good mother" was not contested along ethnoracial or class lines' (2). In *The Body Snatchers*, Dr Bennell becomes responsible for defending Santa Mira against the threat of the pod-people. Although some of the townspeople's surnames, such as Grimaldi, suggest that they are second generation immigrants, there are no African American families in the town and all of the main characters present as being, or are in the process of becoming, white. In this respect, Dr Bennell, who is himself white and middle-class and represents a predominantly white, male and middle-class medical institution, is defending a version of the American family, idealized by Cold War culture, that is figured as white, heteronormative and based upon traditional gender roles.

In *Rosemary's Baby*, Rosemary is cared for by a medical doctor (Dr Sapirstein) and Minnie Castevet, her elderly neighbour, who, unbeknownst to Rosemary, is a member of a satanic coven. Although Roman Castevet is the head of the coven, being the son of a former satanist resident of The Bramford, it is Minnie Castevet that has the skills to put the coven's plot against Rosemary into action. Minnie supplies the "chocolate mouse" (Levin 76) that causes Rosemary to pass out, allowing the satanic creature to rape and impregnate her with a monstrous foetus. Minnie continues to care for Rosemary, or, rather, care for the foetus inside Rosemary, by encouraging her to wear a tannis root necklace and supplying her with herbal drinks. When Rosemary's friend, Hutch, comes to visit, Rosemary tells him "I like the *idea* of having everything fresh and natural. I'll bet expectant mothers chewed bits of tannis root hundreds and hundreds of years ago when nobody'd even heard of vitamins" (Levin 117). Rosemary appears to show romanticized adoration for Minnie Castevet's herbal remedies, however, Roman Castevet assures Hutch that the herbs come recommended from Dr Sapirstein, who is 'inclined to be suspicious of commercially prepared vitamin pills' (Levin 117). Of course, as Rosemary will later discover, Dr Sapirstein is a member of the coven that is conspiring against her. Although Minnie Castevet has the knowledge needed to care for the needs of the satanic foetus, she requires Dr Sapirstein to provide a veneer of medical professionalism. As Lucy Fischer writes:

. . . when Rosemary becomes pregnant it is Minnie who administers homeopathic potions (filled with "snails and puppy dog tails"). Like the ancient midwife, she must transfer her power to a male physician (Abe Sapirstein), who, nonetheless, relies on her expertise. (80)

The Castevets realize that Rosemary will seek out the expertise of a medical doctor, and so Dr Sapirstein's involvement becomes vital to their plan. Through enlisting the help of Dr Sapirstein, the Castevets are able to infiltrate and corrupt the medical institution that would ordinarily tend to the medical needs of pregnant women, using them for their own gain.

Levin's portrayal of Minnie Castevet draws upon the folkloric belief that witches had 'magical powers affecting health – of harming, but also of healing' (Ehrenreich and English, *Witches, Midwives and Nurses* 10). In their 1973 pamphlet, *Witches, Midwives and Nurses*, Barbara Ehrenreich and Deirdre English highlight the connection between the witch hunts of the seventeenth century and the medical profession of the mid-twentieth century, which was largely dominated by men. They note that:

Witches lived and were burned long before the development of modern medical technology. The great majority of them were lay healers serving the peasant populations, and their suppression marks one of the opening struggles in the history of man's suppression of women as healers. (6)

Before the establishment of a formal medical profession, healthcare – or healing – was primarily carried out by female 'witches,' lay healers who served 'the peasant populations.' The emergence of the pejorative term 'witch,' and the subsequent witch hunts and trials, marked an attempt by the authorities to stop women carrying out the role of 'healer.' During the witch trials, as Ehrenreich and English note, a distinction was made between 'female "superstition"' and "'male" medicine' (*Witches, Midwives, and Nurses* 19). The church concluded that female healers were heretic. They were empiricists, relying on 'senses rather than faith or doctrine' (Ehrenreich and English, *Witches, Midwives and Nurses* 14). In comparison, the male physician was placed by the church 'on the side of God and law, a professional on par with lawyers and theologians' (Ehrenreich and English, *Witches, Midwives and Nurses* 19). This distinction between female healers and male physicians caused the ascendancy of university trained, professional physicians and the destruction of female 'healers.' Ehrenreich and English note that 'in the US, the male takeover of healing roles started later in England or France, but ultimately went much further' (*Witches, Midwives and Nurses* 21). In 1973, when Ehrenreich and English were writing, only 7 per cent of doctors in the US were female and midwifery had been 'virtually outlawed . . . since the early twentieth century' (Ehrenreich and English, *Witches, Midwives and Nurses* 21). It is by virtue of this history of women healers and male physicians that Ehrenreich and English

state 'The women's health movement of today has ancient roots in the medieval covens, and its opponents have as their ancestors those who ruthlessly forced the elimination of witches' (*Witches, Midwives and Nurses* 6).

The women's health movement sought to level the gendered and unequal power dynamics between male doctor and female patient, that had come to define the medical encounter in the United States during the mid-twentieth century. Toward the end of the decade 'feminists became more assertive and self-sufficient, they rejected the stereotypical passive feminine role supporting the traditional authoritarian medical-professional model, particularly in obstetrics and gynecology' (Bert Ruzek 9). Women were beginning to understand the injustices they experienced in healthcare settings as feminist issues. One of the key contributors of the women's health movement was the Boston Women's Health Book Collective. The collective sought to educate women about their bodies, a decision made after a questionnaire revealed that women felt 'there were no "good" doctors' (Boston Women's Health Collective, "Women and Their Bodies" 3), producing a pamphlet that later became the well-known healthcare book, *Our Bodies, Ourselves*. They identified eleven topics to cover in the pamphlet, namely 'patient as victim; sexuality; anatomy; birth control; abortion; pregnancy; prepared childbirth; postpartum and childcare; medical institutions; medical laws and organizing for change' (Boston Women's Health Collective, "Women and Their Bodies" 3). The aim of the collective was to inform women about their bodies, to break down the 'mystification' (Boston Women's Health Collective, "Women and Their Bodies" 6) of the medical encounter and, as a result, readjust the power dynamic between the male doctor and the female patient.

In *Rosemary's Baby*, Levin provides a snapshot of the uneven power dynamics between female patient and male doctor that the women's health movement were trying to change. This dynamic is established during Rosemary's first meeting with Dr Sapirstein, when he tells Rosemary:

'Please don't read books' . . . 'Every pregnancy is different, and a book that tells you what you're going to feel in the third week of the third month is only going to make you worry. No pregnancy was ever exactly like the ones described in the books. And don't listen to your friends either. They'll have had experiences very different from yours and they'll be absolutely certain that their pregnancies were the normal ones and that yours is abnormal.' (Levin 107)

Dr Sapirstein's position as Rosemary's doctor gives him a great amount of influence over the decisions she makes. He uses this influence to his advantage by advising Rosemary not to 'read books' or 'listen to your friends,' furthering her reliance on him for information about her body. He tells her 'any questions you have, call me night or day. Call *me*, not your mother or your Aunt Fanny' (Levin 108). Dr Sapirstein persuades Rosemary to discount any advice given to her by female relatives and friends in favour of his own doctor's orders. When Rosemary realizes, after reading a book left to her by Hutch, the nature of her pregnancy and the involvement of Guy and the Castevets, she seeks the help of another doctor, Dr Hill. At Dr Hill's office, Rosemary explains her suspicions that there is a plot against her, giving details about the Castevets, the herbal drinks and Dr Sapirstein. Rosemary is relieved when she thinks Dr Hill believes her story. He asks her whether she would like to go into Mount Sinai, a New York City hospital, to which Rosemary replies "I would *love* to" (Levin 194). Rosemary longs for the clean, sterile environment of the medical hospital, a place she can seek refuge from the Castevets' witchcraft. However, Rosemary's relief is short lived, as Dr Sapirstein and Guy walk into Dr Hill's office. Not only does Dr Hill not believe Rosemary, he goes against her specific request not to contact Guy. Rosemary's account of her experience is dismissed as the musings of a hysterical pregnant woman. She is passed from the stewardship of one doctor to another, without any consideration for her wishes. This is shown as they leave Dr Hill's office, 'Dr Sapirstein holding her arm, Guy touching her other elbow' (Levin 196). Rosemary finds herself trapped within a medical institution in which she is alienated from her peers, unable to learn about her own condition and not listened to by her doctors. In presenting Rosemary's experience in this way, Levin points to a gendered 'collective' (Wood 83) nightmare that may resonate with female readers or audience members, who can likely account a similar dynamic with their own doctors.

Like many pregnancies in the United States during the 1960s, Rosemary's pregnancy is treated as a medical event. This begins when Rosemary makes 'an appointment with her obstetrician' (Levin 96) when she suspects she may be pregnant. As Lucy Fischer writes, 'Though the film is certainly an odious fable of parturition, it is also a skewed "documentary" of the societal and personal turmoil that has regularly attended female reproduction' (75). Fischer acknowledges that, despite *Rosemary's Baby* being an 'odious fable of parturition,' there is also a degree of realism in Levin's portrayal of pregnancy, a

realism that makes the horror of the narrative that much greater. Fischer goes on to observe that 'Along with a case of the "nerves," Rosemary suffers illness, a fact that surfaces cultural confusion about the state of pregnancy' (83). This 'cultural confusion' whether pregnancy should be treated as a state of illness contributes to the medicalization of pregnancy and childbirth during the 1950s and 1960s in the United States. In *Rosemary's Baby*, Rosemary's wishes to be admitted to Mount Sinai hospital are denied, and she instead gives birth in her apartment in The Bramford. In Polanski's birth scene, Rosemary attempts to lock Guy, Dr Sapirstein and the Castevets out of her apartment, however they are able to gain access via a hole in the wall separating the Woodhouses' apartment from the Castevets', which is covered by a closet. Dr Sapirstein approaches Rosemary, holding a syringe purporting to be filled with a 'mild sedative to calm you down' (Polanski 1:56:53). Upon seeing the syringe, Rosemary screams and tries to move away from the doctor, however multiple people hold her down as she struggles, a moment reminiscent of the rape scene earlier on in the film. Rosemary screams, 'help me, somebody help me!' (Polanski 1:57:03), before Minnie Castevet gags her with a handkerchief and the sedative is administered. As Rosemary is held down by Guy and the Castevets, her limbs pinned down to the bed so she cannot move, Dr Sapirstein places his hands on Rosemary's pregnant stomach and tells the room that 'we happen to be in labor here' (Polanski 1:57:27). The use of the pronoun 'we' in this moment figures Rosemary's labour as a collective event. Rosemary is rendered an object, a vessel from which the child must be removed. The scene ends with a shot of Rosemary's face as she writhes in pain and distress, asking her unborn child to 'forgive me' (Polanski 1:58:00), before the shot fades to black. When Rosemary wakes, she is informed that the child has died.

The scene of Rosemary's childbirth is arguably one of the most horrific in the film, however it still bears some alarming similarities with experiences of childbirth in the 1960s. In her essay, 'The Theft of Childbirth' Adrienne Rich discusses her own experience of childbirth in the 1950s. She contextualizes her experience within the debate being had at the time amongst women and medical professionals, over whether a woman should be an active participant in the birthing process, or whether it was preferable for a woman to be rendered partially unconscious through anaesthetics. Rich herself was put under general anaesthetic for all three of her births, however she had friends who gave birth without it. She laments this in her essay:

I think now that my refusal of consciousness (approved and implemented by my physician) and my friends' exhilaration at having experiences and surmounted pain (approved and implemented by their physicians) had a common source: we were trying in our several ways to contain the expected female fate of passive suffering. None of us, I think, had much sense of being in any real command of the experience . . . We were above all in the hands of male medical technology. The hierarchal structure of the hospital, the definition of childbirth as medical emergency, the fragmentation of body from mind were the environment in which we gave birth, with or without analgesia. (154)

When we compare Rich's experience of giving birth in the 1950s to Rosemary's fictional birth in the 1960s, it becomes apparent that some of the more horrifying moments of Rosemary's birth scene – Rosemary's lack of consciousness, her lack of command over her situation and 'the fragmentation of body from mind' – are realistic depictions of medicalized childbirth in the United States at mid-century. Levin is able to draw upon the 'fear and powerlessness' (Rich, *Of Woman Born* 182) felt by women during childbirth to create a horrifying childbirth scene, without straying too far from the reality women faced. Rich argued in 1976 that 'the medical establishment continues to claim pregnancy and parturition to be a form of disease' (Rich, *Of Woman Born* 182). Indeed, in *Rosemary's Baby*, Levin and Polanski embed Rosemary's pregnancy fully within the medical establishment that the women's health movement protested against in the 1960s and 1970s. In doing this, they are able to play upon the anxieties of female readers or audience members who can relate to Rosemary's experience of the medical encounter. When approached from this perspective, Levin's portrayal of normality – as opposed to a threat to it – can be understood as a source of anxiety and fear.

Robin Wood argues that the horror genre holds the 'potential for the subversion of bourgeois patriarchal norms' but acknowledges that 'this potential is never free from ambiguity' (102). The concept of subverting patriarchal norms also ties into the female gothic; as Diana Wallace and Andrew Smith acknowledge, there is 'debate over whether the female gothic could be seen as subversive or conservative' (4). In *Rosemary's Baby*, Levin's realistic depiction of the male doctor/female patient relationship can be seen as a subversion of patriarchal norms, as it highlights the distress these 'normal' dynamics can cause female patients. However, for those who fear the dissolution of the 'cold war-familial consensus' (Tyler May 219), it reads as a warning, suggesting that the female body is liable to turn monstrous if not monitored by a medical professional. This ambiguity is reflective of

the 1960s Cold War moment Levin was writing. In the 1950s, communism was figured as a threat to the American way of life, however, in the 1960s, the lines between threat and defender, or monster and victim, became less clearly defined. Of course, the Cold War continued throughout the decade (defined by key moments such as the Bay of Pigs Invasion (1961), the Cuban Missile Crisis (1962) increased American involvement in Vietnam and the moon landings (1969)). However its cultural ramifications were less contained in the 1960s by the danger/defence dualism that was rife during the 1950s. Whilst many Americans still feared the threat of communism, some were beginning to question who the monsters really were, and who were their victims. From the mid-1960s, opposition to the Vietnam War continued to garner momentum at college campuses across the country. These young protesters did not see the war as the gallant defence of American values against the threat of communism, as perhaps their parents did, but rather saw the United States' involvement in the conflict as unjust. The civil rights movement, which became more and more active throughout the decade, focused people's attention on the institutional and cultural injustices inflicted by the United States on its own citizens. So too did the feminist and women's health movements, which both highlighted the negative effects of 1950s containment on women's experience. In *Rosemary's Baby*, Rosemary's pregnant body marks her as both monster and victim, depending on the perspective of the reader or audience member approaching the text. Whilst some see Levin's narrative as supporting patriarchal norms, and others as a subversion of them, Rosemary's female reproductive body remains central to both readings. This highlights the significance of the female body to Cold War anxieties and debates, that either figure the female body as a threat to normality, or a victim of it.

In both *Invasion of the Body Snatchers* and *Rosemary's Baby*, Levin and Finney's female bodies are presented as sites of risk that require frequent monitoring from male, medical professionals. In *Rosemary's Baby*, Levin heightens the horror of the narrative by presenting a medical profession that is easily infiltrated by the satan worshipping coven. Rosemary's good faith is betrayed by Dr Sapirstein, a man she trusted by virtue of his position as a medical professional. The horror of this betrayal is made greater by the realism of Rosemary's experience as a patient. Her concerns are not listened to, she is encouraged not to educate herself about her condition, and she is reliant completely on the medical professionals that are conspiring against her. These experiences of the medical encounter

bear a marked similarity with the concerns raised by the women's health movement in the 1960s and 1970s. However, despite these similarities, *Rosemary's Baby* is not a narrative that seeks to raise awareness of the unequal dynamic between male doctor and female patient. Rather, it serves as a warning of what goes wrong if the female body is not properly managed by uncorrupted medical professionals. The invasion narrative of *Rosemary's Baby* is twofold. Not only is Rosemary's body infiltrated (by an un-Godly foetus), but so too is the medical profession that takes stewardship over female body experience, including menstruation, menopause and pregnancy. As the first section of this chapter has shown, the female body is portrayed as being inherently risky and a source of fear in the horror genre. That horror is only exacerbated when the profession that is expected to monitor the female body is also corrupted and untrustworthy. Like Levin, Finney also presents the unequal dynamic between a male doctor and a female patient. Dr Bennell is figured not only as being responsible for defending the town against the invasion of the pod-people, but also for taking care of female characters, who are portrayed as being hysterical and physically weaker than their male counterparts. In Finney's novel, this monitoring of the female body leads to success. The invading pods leave earth and Dr Bennell and Becky are able to live a happy, suburban life. However, in Siegel's film adaptation, Dr Bennell and Becky are not granted such a happy ending. As soon as Dr Bennell leaves Becky's side, Becky transforms into a pod-person, causing Dr Bennell to run, somewhat hysterically, away from her. Siegel's film, much like *Rosemary's Baby*, portrays a horrifying tale of what happens if a female body is not properly monitored by medical professionals. As soon as Dr Bennell leaves Becky, she is transformed into a pod-person and embodies the trope of the femme fatale.

Although (*Invasion of*) *The Body Snatchers* was written and filmed in the 1950s, and *Rosemary's Baby* in the 1960s, both narratives present the female body as being in an unequal yet continual dialogue with the medical profession, and both present the female body as posing some kind of threat. The association between doctors and threat is longstanding, but usually refers to a threat of a pathogenic nature. During the Cold War period, however, this threat was also considered political. Doctors were not only responsible for keeping their patients medically well, but also played a role in ensuring their patients acted according to idealized cultural norms, such as getting married before having intercourse and raising children. This advice was given to female patients, who, by virtue of the female reproductive bodies visited the doctor more often than their male counterparts,

and who undertook traditional gender roles, such as motherhood and housewifery, that were deemed essential to the nation's fight against communism. Through portraying narratives of invasion through female bodies that are in frequent communication with medical professionals, Levin and Finney's narratives highlight how political and cultural Cold War anxieties came to influence female bodily experience during the 1950s and 60s in the United States, a time in which narratives of invasion, of infiltration and threat loomed large in the national consciousness.

Chapter Three Conclusion

In *The Body Snatchers* and *Rosemary's Baby*, Finney and Levin present the female body as holding the propensity to turn monstrous if it is not properly monitored by a medical professional. Whilst the alien and satanic monsters that Finney and Levin portray are, of course, fictional, their depiction of the relationship between the female body and the medical profession speaks to the Cold War decades of the 1950s and 1960s that each author was writing in. By the 1950s, women's lives were notably more medicalized than their mothers' before them, particularly in areas such as childbirth and contraception, with the rise of the psychological expert folding the social construct of motherhood within a medical discourse. In the 1960s, the women's health movement began to question the medicalized practices that had left them unable to voice opinions about their own healthcare, a cultural moment reflected by Levin's portrayal of Dr Sapirstein in *Rosemary's Baby*. Through their use of genre, Levin and Finney show women being placed in positions of patienthood as a means to mitigate the association of the female reproductive body with Cold War anxiety and risk. They play upon their audiences' collective fears that without proper medical intervention, the female reproductive body is liable to turn monstrous and pose a threat to the American way of life.

This conflation of the female body as a site of risk had ramifications for female experience during the Cold War period, because it marked their bodies as riskier, more vulnerable and requiring a greater level of supervision from the medical establishment compared to their male counterparts. This cultural understanding of the female body as a site of risk meant that the imperative to conform to social norms was enveloped within a medicalized narrative, conflating medical definitions of health with those defined in political

or cultural terms. The relationship between the medical profession and female body experience that Levin and Finney present in their narratives highlights the centrality and importance placed on the female body as a symbol of Cold War containment policy, or a site of resistance against the 'familial-cold war consensus' (Tyler May 219). This centrality encouraged women to internalize a medicalized gaze, monitoring their bodies in terms of conformity to both medical and cultural norms. This gaze can be seen as the basis of a type of patienthood that extends outside of the medical encounter, encouraging women to define their health not only on medical definitions, but also on their ability to conform to cultural norms, that were defined both by political rhetoric and the consumer marketplace during the Cold War period.

Chapter Four: Cosmetic Surgery and Patienthood in Thomas Pynchon's *V.* and the Poetry of Sylvia Plath

Despite both authors publishing in the 1960s, the work of Thomas Pynchon and Sylvia Plath is rarely studied together. Perhaps this is because Plath's poetry is often considered to be confessional, whilst Pynchon's novels are considered to be 'world-historical' (Hite 4) in scope. However, as Deborah Nelson writes, 'Plath was a remarkably astute cultural critic' ("Plath, History and Politics" 21) and her poetry 'reveals aspects of the period in which she wrote that have been overlooked and misunderstood' ("Plath, History and Politics" 21). If we locate Plath and Pynchon's work within the context of the Cold War decades of the 1950s and 1960s, it becomes clear that both writers seek to articulate and present similar concerns and observations that relate specifically to the Cold War moment they were writing in. In both Plath and Pynchon's work, these concerns are teased out through the dualism of, what Pynchon terms, the 'animate' (100) and the 'inanimate' (32). This dichotomy can be applied to Cold War culture in a number of ways. For example, it speaks to the inanimacy of the hydrogen bomb that threatened to cause unimaginable destruction, and, on a more fundamental level, the inanimacy – or coldness – of the Cold War itself. The animate/inanimate dualism can also be applied to areas of 1950s and 1960s American culture that do not explicitly refer to the Cold War between the United States and the Soviet Union, but do illustrate how Cold War containment culture influenced people's lives during the period: for example the inanimacy of print advertising campaigns that encouraged people to buy inanimate objects for sale in the consumer market. For both Plath and Pynchon, the binary between the animate and inanimate opens up broader explorations into the distinction between the human and the nonhuman, or the object and the subject, in Cold War culture. In exploring these themes, both writers choose to depict cosmetic surgery, presenting it as an experience that blurs and challenges the distinction between the animate and inanimate, the human and the nonhuman, the object and the subject. This chapter will examine Plath and Pynchon's depiction of the animate and inanimate, specifically in relation to their portrayal of cosmetic surgery. It will show how Plath and Pynchon's exploration of the animate and inanimate, particularly in their portrayal of cosmetic surgery, exemplify a state of patienthood that I have identified throughout this thesis.

Across her writing career, Plath frequently explored the medical encounter in both her poetry and *The Bell Jar* (1963). In 'The Surgeon at 2.a.m' (1961) and 'Face Lift' (1961), she presents the experience of two patients who are undergoing ('The Surgeon'), or who have undergone ('Face Lift'), a surgical procedure. 'The Surgeon at 2.a.m' is written in the voice of the surgeon, who is operating on 'the body' (Plath 170) with 'no face' (170). The patient's body remains in an object state throughout the poem, described by the surgeon as 'a statue' (Plath 171) that they 'have perfected' (171). Although, in comparison, 'Face Lift' is voiced by the patient, the body is still described as an object. The patient's skin 'peels away easy as paper' (Plath 156) and they are reduced to a state in which 'I don't know a thing' (156). In both poems, Plath presents patienthood as an experience that places the body into an object-state of relinquished autonomy. Ralph Didlake suggests that we might consider Plath's 'disease-associated imagery to be less about life and death than it is the *boundary* between life and death, or the boundary between existence and non-existence' (Didlake 140). It is this 'boundary between existence and non-existence,' or between an object and subject state, that appears to define the patient experience in 'The Surgeon at 2.a.m' and 'Face Lift.'

For those familiar with Thomas Pynchon's *V.*, the binaries of 'existence and non-existence' or object and subject, will likely call to mind the dualism of the animate and the inanimate that Pynchon refers to frequently in the novel. Pynchon first mentions the latter term when describing Benny Profane's descent below the deck of a ship, writing 'he was in the guts of something inanimate' (32). The corporeal nature of the term 'guts' is contrasted against the inanimate structure of the ship; how can one object be both inanimate and yet corporeal? Indeed, this is the question that Pynchon poses throughout *V.*, and what Plath explores through her depiction of patienthood in 'The Surgeon at 2.a.m' and 'Face Lift.' This is shown during the episode in the Sailor's Grave, in which the barmaid, Beatrice, 'had custom beer taps installed, made of foam rubber, in the shape of large breasts' (Pynchon 12-13). Here, Pynchon again plays with the distinction between the animate, corporeal body and the inanimate state of material objects, recreating the image of a human breast in 'foam rubber.' In this example, it is the female body that becomes the subject of Pynchon's exploration into the animate and the inanimate, much like his presentation of cosmetic surgery, in which it is a female character, Esther, who undergoes a rhinoplasty procedure.

This chapter will draw a link between the definition of patienthood presented in Plath's poetry and Pynchon's exploration of the animate and inanimate in *V*. I will begin with an enquiry into Plath and Pynchon's presentation of the object and subject, before suggesting that women are more readily described as occupying a space between an object and subject position, a state that Plath associates with patienthood in her poetry. I will refer to Foucault's concepts of the medical gaze and docile bodies in order to identify how the female body is described as being more transformable than the male body, examining how this state of transformability, whilst at first seemingly fitting to liberal ideology, can in fact heighten the imperative for women to conform to a set of beautified and standardized 'norms.' In the final section of this chapter, I will focus specifically on Plath and Pynchon's depiction of cosmetic surgery. Cosmetic surgery becomes important to understanding female body experience in the United States during the 1950s and 1960s, because it is a practice that draws together consumerism, medicine and concepts of beauty. After World War Two, surgeons began to market cosmetic surgery as a beauty procedure, choosing 'middle-aged, middle-class' (Haiken 134) women as their first targetable audience. Whilst cosmetic surgery can be seen as the point at which beauty becomes medicalized, I will suggest that one of the reasons the female characters in Plath and Pynchon's work choose to undergo cosmetic surgery procedures is because they already view their body as an object to be transformed. By contextualizing Plath's poetry and Pynchon's *V*. within their Cold War moment, the dichotomy between object and subject, or the animate and the inanimate, that Plath and Pynchon explore in their presentation of cosmetic surgery can be situated within wider Cold War conversations on liberalism, containment culture and autonomy. If Plath's poetry presents patienthood as an experience that objectifies the body in a state of relinquished autonomy, then this state of patienthood can be identified in both clinical and non-clinical environments in Cold War United States culture.

The Animate and Inanimate

In *V*., Pynchon makes frequent mention of what he terms the 'animate' and, by converse, the 'inanimate.' We see these terms explored frequently throughout the novel, often in moments when a human character interacts with a technological other, such as the interchange between Rachel and her car, or Benny Profane's discovery of SHOCK and

SHROUD. The term 'animate' is defined in the Oxford English Dictionary as a state of being 'alive or having life' (OED). Whilst this feels like a straightforward definition of the word, Pynchon dedicates much of *V.* to exploring what it means to be 'alive' or to have life. Pynchon points to this at the very beginning of the novel, during the episode in the Sailor's Grave, in which the barmaid, Beatrice, 'had custom beer taps installed, made of foam rubber, in the shape of large breasts' (Pynchon 12-13). Upon hearing the 'boatswain's pipe . . . everyone would dive for and if they were lucky enough to reach one be given suck by a beer tap' (Pynchon 13). Through recreating inanimate breasts from 'foam rubber,' Pynchon distorts the image of a mother breastfeeding her child, a motif that embodies the nurturing of new life. However, in Pynchon's 'Suck Hour' (13), the scramble for the inanimate, foam breasts causes a chaotic scene in which Mrs Buffo 'took the full impact of the onslaught, toppling over backwards into an ice-tub as the first wave came hurtling over the bar' (16). In their bid to drink beer from the foam breasts, the punters in the Sailor's Grave injure Mrs Buffo, the animate human whose capacity to empathize and nurture far surpasses the capability of the foam breasts. In this episode, Pynchon sets up a dichotomy between the animate, human body and the inanimate, inhuman 'other,' a dualism that is traceable throughout the novel.

In 'Face Lift' and 'The Surgeon at 2.a.m.,' Plath questions the space that exists between the lived, embodied experience of human existence and the inhuman and artificial 'other' in the context of the medical encounter. As Tracy Brain notes, 'a fascination with medicine developed over Plath's entire writing life' (9). Brain's observation is evidenced by the frequent use of medical imagery across Plath's oeuvre, most notably, perhaps, in her only novel, *The Bell Jar*. Whilst Brain explores Plath's interest in the medical from a biographical perspective, charting Plath's use of medical imagery alongside moments from her personal life, including the death of her father, I am interested in exploring the metaphoric, poetic and literary effect of Plath's portrayal of medicine. Whilst Pynchon creates a number of characters and episodes to explore the dichotomy between the animate and inanimate, both of Plath's poems studied in this chapter explore the animate and inanimate through the medical encounter. Plath begins 'The Surgeon at 2.a.m.' with the lines:

The white light is artificial, and hygienic as heaven.
The microbes cannot survive it. (170)

In these opening lines, Plath presents the medical environment as being an 'artificial' space, where no life, not even 'microbes,' can exist. The microbes depart 'in their transparent garments' (Plath 170), 'turned aside from the scalpels and the rubber hands' (170). The 'rubber hands' that Plath describes, presumably those of the surgeon, encapsulate the same dualism between the animate and inanimate that Pynchon evokes through his depiction of the foam breasts. Like Pynchon, Plath draws her readers' focus to the similarities and differences between the animate and the inanimate, or the human and the nonhuman.

It is clear that both Pynchon and Plath are interested in the distinction between the animate and the inanimate, but what is at stake when the nature of 'having life' is interrogated in this way? In one respect, through testing and exploring the dichotomy between the animate and inanimate, Plath and Pynchon are exploring the boundaries between the human and the nonhuman. One way they do this is through their narrative and poetic styles. In *V.*, Pynchon explores the human and nonhuman through the 'metaphysical quest' (Cornis-Pope 112) of Herbert Stencil and Benny Profane's 'existential drifting' (Cornis-Pope 112). Through Stencil's 'metaphysical quest,' the reader is taken through a multitude of historical moments and places, including nineteenth century Italy, the Second World War and the Suez Crisis (to name only a few). In these sections of the novel, Pynchon explores the human experiences that make up the great world narratives of history. His quest for *V.*, a subject who takes a multitude of forms in the novel, can be understood as a quest for the individual, subjective experience within the great imperial histories of the world. Describing Stencil's quest for *V.*, Pynchon writes:

Florence only a few summers ago had seemed crowded with the same tourists as at the turn of the century. But *V.*, whoever she was, might have been swallowed in the airy Renaissance spaces of that city, assumed into the fabric of any of a thousand Great Paintings, for all Stencil was able to determine. (155)

V. is not human, but her shapeshifting form allows Stencil and the reader to explore artefacts of human history, such as Renaissance Italian architecture and 'the fabric of any of a thousand Great Paintings.' Eigenvalue, the dentist, wonders whether the history of the twentieth century 'is rippled with gathers in its fabric such that if we are situated, as Stencil seemed to be, at the bottom of a fold, it is impossible to determine warp, woof or pattern anywhere else' (Pynchon 155). Unlike the human forms of Stencil and Eigenvalue, *V.* is able to shift into the folds of history. In his quest for *V.*, Stencil seeks to traverse the fabric ripples of history, going beyond the 'false memory' (Pynchon 156) and 'phony nostalgia' (Pynchon

156) regurgitated through historical narratives, searching instead for the human experience of the past. He is attempting to access the folds of history that are concerted out of his view. Ironically, it is his search for V., the nonhuman, that enables Stencil to access human experience within great historical narratives. Writing on Stencil's search for V., Mark Greif writes:

[Stencil] has vowed to trace the pattern in history of the mysterious woman V. - a human being, or force of nature in the shape of a woman, who seems to have willingly given herself over to the inanimate. (And Stencil's search is the only way to "sustain" for himself his own "acquired sense of animateness" [V., 55]). (234)

As Greif observes, Stencil relies upon his search for V., who 'seems to have willingly given herself over to the inanimate' in order to sustain his own sense of 'animateness' (Pynchon 55).

Pynchon's exploration of the animate and inanimate can also be understood as an examination of the subject and the object. Christopher Breu notes that 'Pynchon's novel charts the increasingly evident dissymmetry between subject and object in the history of the twentieth century' (61). In his essay, Breu writes:

Written during the postwar period that is often defined as a period in which a late modernism and early postmodernism overlap, Pynchon uses this moment of transition to reflect on the split between subject and object as it is shaped by the growth in industries such as robotics, plastics, biomedical industries such as plastic surgery, the auto industry, cybernetics, and the televisual industries. These are all industries, in other words, that function by seemingly mixing or fusing subject and object in ways that promise more subjective control of the material world. (62)

Breu is right to acknowledge Pynchon's interest in industries that 'function by seemingly missing or fusing subject and object.' We see this particularly in the Benny Profane sections of the novel, most explicitly when Profane discovers 'SHROUD: Synthetic human, radiation output determined' (Pynchon 284). Although SHROUD has the appearance of a human, its 'lungs, sex organs, kidneys, thyroid, liver, spleen and other internal organs were hollow and made of the same clear plastic as the body shell' (Pynchon 284). Pynchon writes:

In the nineteenth century, with Newtonian physics pretty well assimilated and a lot of work in thermodynamics going on, man was looked on more as a heat engine, about 40 per cent efficient. Now in the twentieth century, with nuclear and subatomic physics a going thing, man had become something which absorbs X-rays, gamma rays and neutrons.' (284).

In the twentieth century, therefore, man has become *something* 'which absorbs X-rays, gamma rays and neutrons,' an object that is subject to man-made technologies. It is the human subject that is subordinated to the 'object' of technological advancement.

Throughout the novel, Profane struggles to find his place in a world in which the boundaries between object and subject are increasingly blurred, as exemplified by his weariness of SHOCK and SHROUD. In contrast, The Herbert Stencil sections of the novel approach the dichotomy between object and subject from a different perspective. Whilst Pynchon shows Profane questioning his own subjectivity in the face of synthetic objects, Stencil spends the entirety of the novel undertaking the search for the nebulous and ever-changing V. As a character, V. is 'ontologically inexhaustible (a human being, an android, a rat, a place), but also ageless spanning the entire history of the twentieth century' (Cornis-Pope 116). In his creation of V., and in Stencil's search for her, Pynchon dissolves the strict distinctions between object and subject. From Stencil's perspective, V. always remains a subject, in spite of her shifting form from human, android, rat and place. It is his search for V. that gives Stencil his 'animateness':

Finding her: what then? Only that what love there was to Stencil had become directed entirely inward, toward this acquired sense of animateness. Having found this he could hardly release it, it was too dear. To sustain it, he had to hunt V.; but if he should find her, where else would there be to go but back into half-consciousness? He tried not to think, therefore, about any end to the search. Approach and avoid. (Pynchon 55)

The search for V. gives Stencil a feeling of full consciousness, or 'animateness.' Through his quest for V., a character that materializes in both object and subject form, Stencil is able to achieve a sense of subjectivity that he has before been lacking. Cornis-Pope writes that 'V. does not grant Stencil's metaphysical quest more credence than to Profane's existential drifting' (112). A possible reason for this is that both Profane's 'existential drifting' and Stencil's 'metaphysical quest' centre around the search for subjectivity in an increasingly objectified world. Profane's 'drifting' takes him underground, deeper into the earth, exemplified by his job as an alligator hunter in the New York subway, whilst Stencil's 'quest' takes him above the confines of earthly existence, allowing him to travel both geographically and temporally. However, both journeys can be classified as a mode of hunting; the search for subjective experience in an object-focused environment.

In his 'existential drifting,' Profane frequently finds himself in the company of the object, the nonhuman. One such example of this occurs early in the novel, when Profane wanders 'up by Rachel's cabin' (Pynchon 28) and hears her talking to her car, "'you beautiful stud,'" he heard her say, "I love to touch you'" (Pynchon 29). Rachel's sexualized relationship with her car, like the foam breast pumps in the Sailor's Grave, entangle the human with the nonhuman. In both Stencil's 'metaphysical quest' and Profane's 'existential drifting,' Pynchon questions whether the human can be defined against the nonhuman. However, through his depiction of V., a nonhuman who helps Stencil access human histories, and Profane's stumbling upon Rachel's relationship with her car, Pynchon suggests that the human and the nonhuman are less decipherable from one another than one might assume. Greif notes that Pynchon draws attention to this blurred distinction between the animate and inanimate through Eigenvalue, the dentist, and his interest in teeth as 'dead objects in the head that outlast the living being even when buried in the ground' (Greif 236). It is not so much the distinction between the human and the nonhuman, the animate and the inanimate that concerns Pynchon, but the points at which these distinctions blur. As Greif writes, "'Man" as a being and a concept is put into jeopardy . . . by the use of ordinary materials and the creation of mundane objects – the changing status of the *parts* of men, and the insertion of inanimate *things* into their bodies and daily habits' (Greif 229-230).

Plath explores the relationship between human experience, history and time in her poem, 'Face Lift.' In the first stanza, the speaker informs the reader 'When I was nine, a lime-green anaesthetist / Fed me banana gas through a frog-mask' (Plath 155). In these lines, the speaker accesses her own personal history through recounting a memory. Unlike Stencil in *V.*, who travels through world histories in order to find V., Plath's speaker travels through the history of her embodied experience, informing the reader of her medical history. However, Plath's portrayal of memory, history and time becomes more distorted as the poem progresses. A pivotal moment appears in the final line of stanza two, in which Plath writes 'Darkness wipes me out like chalk off a blackboard... / I don't know a thing' (Plath 156). These lines mark the end of the speaker's ability to recall her own memories, on account of the anaesthetic she receives ahead of her face lift. From this line onward, the speaker's personal history and memories are no longer recalled, but revisited and reversed, exemplified in the lines 'I grow backward. I'm twenty, / Broody and in long skirts on my first husband's sofa, my fingers / Buried in the lambswool of the dead poodle; / I hadn't a cat

yet' (Plath 156). Plath's speaker does not recall a memory in these lines, but, in a way comparable to Stencil's metaphysical travelling in *V.*, revisits the past. The speaker of the poem not only revisits the past, she *embodies* it, exemplified by the phrase 'I grow backward.' In the final stanza, the speaker appears to separate her historical self, 'the dewlapped lady' (Plath 156), from the new version of herself, 'pink and smooth as a baby' (Plath 156).

Like Stencil in *V.*, the speaker in 'Face Lift' embarks on an imaginative time-travel endeavour that goes beyond what is humanly possible. The face lift procedure that the speaker undergoes not only reverses the physical signs of aging, it also reverses time, taking the speaker back through the years until she becomes 'a baby' again. Plath distorts time so that the historical narrative that makes up the speaker's life, the 'long skirts' of her twenties and 'her first husband's sofa,' is rewound and undone. In doing so, Plath questions what it means to be human if the physical signs of aging and time on the material body can be erased through a cosmetic procedure. She draws attention to the blurring of the object and the subject that is innate to human bodily experience. The human body is an object of history, a material entity shaped by a person's life, but is also the material form that allows for human subjectivity, for personal histories to be created and for a human subject to exist in the world. In 'Face Lift,' Plath explores these two ways of understanding the body by conflating them. She presents cosmetic surgery as erasing the material marks of time on the speaker's face *and* undoing and unwriting the speaker's personal history. In this way, the speaker shares *V.*'s shapeshifting and time-travelling qualities, putting into question the extent to which the speaker's face lift marks her as human or nonhuman.

Plath undertakes a similar exploration of the object and the subject in 'The Surgeon at 2.a.m.,' in which she describes an operation from the perspective of the surgeon. In the opening stanza, the speaker describes the operating theatre:

The white light is artificial, and hygienic as heaven.
The microbes cannot survive it.
They are departing in their transparent garments, turned aside
From the scalpels and the rubber hands.
The scalded sheet is a snowfield, frozen and peaceful.
The body under it is in my hands.
As usual there is no face. (Plath 170)

In this stanza, Plath presents the operating theatre as a sterile, lifeless environment. The white light is 'artificial' and the 'microbes cannot survive it.' The 'scalded sheet' that covers

the patient, who is under general anaesthetic, is described as ‘a snowfield’ that is ‘peaceful’ and ‘frozen,’ void of any lifeforms. The people in the operating theatre are not identified by their name but rather by the objects they use, ‘the scalpels and the rubber hands.’ The patient is described by their relation to the surgeon, a ‘body’ that ‘is in my hands.’ The contrast between the term ‘the’ used to describe the patient, and ‘my’ that describes the surgeon’s hands indicates the position of the patient as an object, whilst the surgeon is the subject. This is further exemplified when the surgeon explains that ‘there is no face.’

Although the surgeon knows that the patient’s face is hidden under the sheet, they choose to describe the body in objective terms. In describing the patient in this way, Plath is evoking what Foucault terms the medical gaze, a perspective that encourages doctors to view their patients through an objective lens in order to identify potential disease. He writes:

The gaze is no longer reductive, it is, rather, that which establishes the individual in his irreducible quality . . . one could at last hold a scientifically structured discourse about an individual. (Foucault, *The Birth of the Clinic* xv)

Foucault describes the medical gaze as a mode of seeing that establishes ‘the individual in his irreducible quality’ by focusing on the patient as a constellation of objects, for example, organs, muscle and tissue. The patient is ‘a body’ to the surgeon because the medical gaze encourages them to view the patient as such. Plath’s portrayal of the operating room as being void of life reflects the medical gaze that encourages surgeons to view their patients as objects under their hands.

By placing the patient in the position of an object, the surgeon can exercise authority over the patient; the subject is superior to the object and the latter becomes malleable by the former. This is shown in the second stanza of the poem, in which the speaker describes the body during the operation:

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 170-171)

In this stanza, Plath continues to play with what it means to be an object or subject; to be animate or inanimate. By describing the patient's body as 'a garden,' Plath acknowledges that the body is a living, 'animate' thing, 'tubers and fruits / Oozing their jammy substances,' yet these living plants still occupy the space of the object under the subjective gaze of the surgeon. The speaker describes the body as 'a garden I have to do with.' Although a living environment, it is a space that the surgeon needs to control, to 'do with.' Plath emphasizes the division between the subject and the object in lines 15-20. Lines 15-17 all begin with 'this,' 'these' or 'the,' whilst lines 18-20 begin with 'I,' 'in' and 'I.' The first words of lines 15-17 all suggest that the 'thing' being described is an object, 'this, these and the,' but also that these objects are so because they are labelled by a subject, the surgeon. By using the terms 'this, these and the' the surgeon is exercising their subjective position to point out the 'lung-tree,' the 'orchids' and the 'red-bell-bloom.' After identifying the objects that are 'other' to themselves in lines 15-17, the last three lines of the stanza – with the exception of line 19 – see the speaker return to the pronoun 'I,' creating further distance between the surgeon and the 'objects' in the garden.

Whilst the surgeon hacks 'in the purple wilderness,' they also view the body with a reverence that is reminiscent of a sense of wonderment incited by the natural world. The surgeon tells the reader 'I am so small / In comparison to these organs!,' as if they were standing at the foot of a mountain. In this stanza, Plath uses the relationship that humans have formed with the natural world to explore the relationship between the surgeon and the patient. The plants that the surgeon encounters in the 'garden' are identified as objects by the surgeon, yet they are living objects. The surgeon views the garden, a metaphor for the body, with awe, however it is something they 'have to do with,' something they have to tame and control. By employing this metaphor, Plath gives voice to the nuances in the doctor/patient relationship, that, partly as a result of the medical gaze, is structured by the distinction between object and subject, the animate and inanimate. However, by showing the surgeon's awe and wonderment at the body, Plath highlights the surgeon's own vulnerability, briefly reminding the reader that the surgeon, too, exists within a human body that cannot always be controlled.

In the fourth stanza of the poem, Plath moves away from the natural imagery she evokes in the second stanza and instead compares surgery to art. She writes:

It is a statue the orderlies are wheeling off.

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

In this stanza, Plath suggests that the surgeon's expedition in the body 'garden' has been a success. She tells the reader that the body has been turned from an untamed, natural landscape – the garden – to a piece of manmade art, 'a statue.' The body has been 'perfected' by the surgeon's scalpel. Whilst the garden metaphor in the second stanza presents the body as being a living object, such as a plant, the fourth stanza presents the body as occupying an object position. This is emphasized when the surgeon tells the reader that they are left with 'a set of teeth, or stones / to rattle in a bottle and take home.' The surgeon is in a position not only to 'perfect' the body, or 'statue,' but is also able to take a piece of the body home as an object to own.

In the final lines of the poem, Plath returns to the natural imagery she uses during the second stanza. The surgeon describes themselves to the reader:

I am the sun, in my white coat,
Grey faces, shuttered by drugs, follow me like flowers. (Plath 171)

By describing the doctor as 'the sun' and their patients as 'flowers,' Plath uses natural imagery to show that the relationship between the doctor and patient is 'non-reciprocal' (Foucault, *The Birth of the Clinic* xvi), despite both being parts of the same ecosystem. The surgeon's proclamation that 'I am the sun' affirms his subject position, a point emphasized by the fact that the sun is the centre of the solar system. In comparison, his patients are described as 'flowers' that occupy the position of being a living object. Throughout the poem, Plath shows how the relationship between the patient and the surgeon is built upon the dichotomy between the object and the subject, or, as Pynchon terms it, the animate and inanimate. Through using different metaphors, such as likening the body to a garden and a statue, Plath shows that this relationship is nuanced and mutable. She shows that the surgeon is sometimes intimidated by the body, that both the surgeon and the patient are living beings, despite the patient's objectified state. Yet ultimately Plath highlights how the relationship between the surgeon and the patient relies on the distinction between the subject and the object, in order for the surgeon to 'hold a scientifically structured discourse about an individual' (Foucault, *The Birth of the Clinic* xv). In writing the poem in the first

person, Plath explores the object/subject dualism identifiable in the relationship between patient and doctor from the perspective of the surgeon. By adopting the voice of the surgeon, Plath is able to use the poem to give voice to an *unscientifically* structured discourse on the relationship between the doctor and the patient, using metaphor to explore the dualism between object and subject that underpins the nonreciprocal relationship.

V. and Plath's poetry can be understood as texts that were not just published during the Cold War, but are the product of Plath and Pynchon's attempt to make sense of Cold War culture. In his exploration of Cold War culture, Pynchon takes his readers on a journey through world histories. His readers, like Stencil, follow the nonhuman character of V., a journey that gives Stencil his 'sense of animateness.' This complex relationship between the animate and inanimate, the human and the nonhuman, is also reflected in the Benny Profane sections of the novel, set in the 1950s. Profane questions his own humanness when introduced to SHOCK and SHROUD, Rachel pursues a sexualized relationship with her car and Eigenvalue the dentist attempts to carry out psychoanalysis by reading teeth, 'dead objects in the head' (Greif 236). In both Stencil and Profane's narratives, Pynchon suggests that the blurred distinction between the animate and inanimate is relevant to understanding the Cold War moment he is writing in. He shows his readers how the blurred distinction between the animate and inanimate can be identified in narratives of world history and prompts his readers to consider how the animate and inanimate are influencing the Cold War moment of the 1950s that Profane's narrative presents.

Plath, too, highlights the significance of the animate and inanimate in her portrayal of surgery in 'The Surgeon at 2.a.m.' She presents the encounter between a surgeon and a patient as being structured around the distinction between the animate and inanimate. Yet, like Pynchon, Plath draws attention to the ways in which the lines between the animate and inanimate blur during the medical encounter through her use of metaphors that figure the patient as being both a living garden and an inanimate sculpture. Plath's poetry shows how the blurring between the animate and inanimate is central to the relationship between a doctor and patient, underpinning cultural and medical understandings of the role of patienthood as being formed around unequal power dynamics that figure the doctor as animate and the patient as inanimate. Invoking *patienthood* as a critical lens allows for an exploration of Plath and Pynchon's work that responds to Pynchon's intimation in V., that

suggests a study of the animate and inanimate is necessary to understanding Cold War culture. The importance of the animate and inanimate in understanding Cold War culture, and its relevance to the experience of patienthood, becomes particularly crucial to examining the relationship between Cold War culture, the female body and cosmetic surgery, as this chapter will go on to explore.

Deconstructing the Female Body

Although Plath's poetry and Pynchon's *V.* were written during a similar time period, their readership demographics have been different. The popularity of Plath's poetry, and the U.S publication of *The Bell Jar* in 1971, coincided with the growing momentum of the second wave feminist movement. The subjects explored by Plath in both her poetry and *The Bell Jar* speak to a number of feminist concerns at mid-century, such as motherhood, marriage, mental health and the medical encounter. When approached from this context, it is perhaps unsurprising that Plath developed a strong female readership throughout the latter half of the twentieth century. As Janet Badia notes, in 'the early 1970s Plath was perhaps as well known for her readership as she was for her writing' (129). Reflecting on her experience of teaching and studying Pynchon in the 1980s, Molly Hite writes:

Pynchon was widely conceded to be a 'guys' writer,' first because he used scientific metaphors, and science was widely understood to be a "guy thing"; second because his scope was world-historical rather than romantic and/or domestic, which is what most twentieth-century scholars at that point saw as the concerns of the 'women's novel'; third because there was a lot of increasingly kinky sex in Pynchon's novels, and it as considered inappropriate for female critics to write or, worse, talk about such matters. (4)

When we consider Hite's reasons why Pynchon was 'considered to be a "guys" writer,' there are notable comparisons to be made with Plath's poetry. Plath also used scientific metaphors in her work, most prominently metaphors of a medical nature. Whilst there may be less 'kinky sex' in Plath's poetry, compared to Pynchon's novels, Plath did not shy away from writing about topics that may shock her readers, exemplified by her description of a 'Nazi lampshade' (Plath 244) in 'Lady Lazarus.'

It is true that Plath's poetry is largely domestic in scope, but this does not make Plath's work less politically, historically or culturally engaged than Pynchon's writing. As this thesis has already explored, the domestic space of the suburban home was central to Cold

War containment culture and was celebrated in US Cold War discourse as evidence of the United States' perceived superiority over the Soviet Union. However, ironically, the suburban home, posited as the success story of American capitalism, was an increasingly surveilled space. This irony was problematic, as 'respect of privacy was often used to draw a contrast between the US and its enemy, the Soviet Union' (Nelson, "Plath, History and Politics" 23). Nelson writes that 'Sylvia Plath, a poet who is rarely considered political, registers the pervasiveness of surveillance in ordinary life and links it to a transformation of confession' (*Pursuing Privacy* 80). She notes that 'women confessional poets wrote at the crossroads of the politicization, silencing, and surveillance of domestic life . . . Confessional poetry's contribution to public discourse was dismantling domestic ideology through the act of exposure itself, through the self-disclosure of that which should have been the subject of surveillance' (77). Reading Plath's portrayal of the domestic through this lens situates her poetry within the political and cultural conversations on privacy and individual autonomy that were pertinent to the Cold War moment in which she was writing. As Robin Peel observes, 'The extent to which Plath's work drew on Cold War anxieties becomes clearer when the crystallization of Plath's writing is situated among the debates, rhetoric and issues appearing in the world around her' (41). In her essay, 'Beyond Privacy: Confessions Between a Woman and her Doctor,' Nelson writes:

. . . we should take note of the number of times Sexton, Lowell, Snodgrass, and Plath make use of a medical context to reveal the deep and pervasive intrusion of medical science into the "private" space of the body. (283)

Nelson argues that by exploring 'the deep and pervasive intrusion of medical science into the "private" space of the body,' as Plath does in 'The Surgeon at 2.a.m,' Plath places 'confession within the context of external pressures on individual privacy' (Nelson, "Beyond Privacy" 284). In this way, Plath's portrayal of intimate or private moments are contextualized within the wider cultural and political discourse on privacy and autonomy during the Cold War moment of the early 1960s, and as such her poetry can be read as being critically engaged with Cold War culture.

To see Plath's scope as only personal is as reductive as understanding Pynchon's work as only 'world historical.' Hite draws attention to this when she recalls a panel at a Pynchon conference, designed to question and explore the role of gender and sexuality in *V*. Despite the intent of the panel:

. . . the logic of the science guys as usual prevailed. Every one of the (exclusively male) questioners ignored all our points about gender and sexuality and instead asked Kate Hayles about a passage in the novel distinguishing between analogue and digital technologies. (4-5)

The anecdote that Hite provides here is important, because it highlights a major flaw in categorizing authors into being interested only in the domestic, or only in the 'world historical.' In this section, I will look specifically at Plath and Pynchon's treatment and presentation of gender in their work. I will examine how Pynchon's 'scientific metaphors,' so often explored apart from concerns of gender and sexuality actually speak explicitly to female body experience in the United States during the Cold War period. Equally, I will examine how Plath's interest in science, predominantly in the form of the medical encounter, has significance outside of the domestic, providing instead a metaphor that allows us to explore questions of autonomy and agency in Cold War culture.

In *V.*, Pynchon frequently describes the female body as an amalgamation of deconstructed parts. As I have previously explored, the novel begins with the episode in the Sailor's Grave, in which 'Suck Hour' (Pynchon 16) sees off-duty sailors scramble towards beer pumps adorned with 'foam breasts,' an imitation that dislocates the image of the breast from its association with breastfeeding and instead connects it with alcohol consumption and drunkenness. Later in the novel, the reader is presented with the characters of Rooney Winsome, 'an executive for Outlandish Records' (Pynchon 124) and his wife, Mafia, an 'authoress' (Pynchon 125). In her writing, Mafia develops a theory she terms 'Heroic Love' (Pynchon 125) which, according to Winsome, involves 'screwing five or six times a night, every night, with a great many athletic, half-sadistic wrestling holds thrown in' (Pynchon 125). The reader subsequently bears witness to one such example of 'Heroic Love.' Pynchon writes:

One hand at her crotch, one twisted in her hair, he lifted her like the victim she wasn't, half-carried, half-tossed her to the bed where she lay in a sprawl of white skin, pubic hair and socks, all confused. He unzipped his fly. "Aren't you forgetting something," she said, coy and half-scared, flipping her hair toward the dresser drawer. "No," said Winsome, "not that I can think of." (222)

In this passage, Mafia is not mentioned by name but rather is described as a body made up of parts; 'white skin, black pubic hair and socks.' The female body is presented in parts, as being un-whole, and so too are Winsome's actions, shown in the terms 'half-carried,' 'half-tossed,' and Mafia's feeling of being 'half-scared.' The repeated iteration of the term 'half'

instills a feeling of unease in the reader, who cannot be sure whether the sexual encounter is consensual. Winsome ‘half-carried’ yet ‘half-tossed’ Mafia onto the bed, an action that suggests both attentiveness and disregard for Mafia, who is described as ‘the victim she wasn’t.’ Although Pynchon refers to Mafia’s theory of ‘Heroic Love’ earlier in the novel, a theory described in practice as partaking in ‘half-sadistic’ sexual experiences, the sexual encounter described above objectifies Mafia’s body and renders her unable to exercise autonomy during the situation. This is exemplified when Mafia asks Winsome if he is ‘forgetting something,’ presumably referring to contraception, to which Winsome replies “No . . . Not that I can think of.” In this sexual encounter, Pynchon blurs the lines between consent and assault, presenting Mafia as being both animate and inanimate, as both a subject and an object. He assures the reader that Mafia is not a victim, shown in the phrase ‘the victim she wasn’t,’ presumably owing to her commitment to ‘Heroic Love,’ yet still the term ‘victim’ looms large, prompting the reader to question Mafia’s autonomy in this moment.

Plath evokes a comparable feeling of unease in her reader in ‘The Surgeon at 2.a.m’ through her descriptions of ‘teeth, or stones’ that the surgeon can ‘rattle in a bottle and take home’ (171). Plath distorts the image of a doctor trying to help their patient, and instead suggests that the surgeon has somehow taken advantage of the patient’s inanimate body by taking the ‘teeth, or stones’ as objects to own. Like Pynchon, Plath appears to deliberately create a sense of unease in her reader by emphasizing the absence of individual autonomy when the body enters an inanimate or object state. Whilst Plath’s poem engages explicitly with the medical encounter, and the ‘Heroic Love’ episode in *V.* describes a sexual experience, both moments highlight the loss of autonomy experienced when an individual is described in inanimate or object terms. In both moments, consent is given for the body to become inanimate – the patient has, presumably, agreed to undergo surgery and Mafia has developed her theory of ‘Heroic Love’ – yet still Plath and Pynchon create a sense of unease in their readers by suggesting that Winsome and the doctor are overstepping this consent. In both examples, it is the object, inanimate condition of the body that allows Winsome and the surgeon to take advantage of Mafia and the patient. Winsome views Mafia’s body as inanimate, and as such ignores her request to use contraception. Similarly, Plath’s speaker presumably gave consent to have surgery, yet not for the surgeon to take a piece of their body to own. In ‘The Surgeon at 2.a.m’ patienthood is presented as an object state that an

individual encounters under the medical gaze, within which the patient has little autonomy over their body. This definition of patienthood can also be applied to episodes in *V.* that are not medical in nature, such as the sexual encounter between Mafia and Winsome. In both of these examples, consent can only be given when an individual is in an animate, subjective state. Once the body becomes, or is perceived to be, inanimate it becomes silent and increasingly vulnerable to assault or abuse.

In *V.*, the female body appears to be placed into this state of objectification more readily than the male body. This is shown by the narrative structure of the novel, which follows the subjective narrative voices of Herbert Stencil and Benny Profane. The reader only encounters female characters through Stencil and Profane's experience, and it is often up to the men in the novel to decide whether to treat a woman as a subject or object. This is evidenced through Stencil's treatment of *V.*, who he chooses to identify as a subject, despite the fact that she takes the form of a rat, place, human and robot in the novel. Other female characters in the novel also appear to occupy the limbo-like space between object and subject; Beatrice, the barmaid at the Sailor's Grave, becomes objectified through her foam beer pump; Esther becomes the object of Schoenmaker's subjective attention when he undertakes her nose job and Mafia is objectified by Winsome. In comparison, despite being seemingly uncomfortable with the increasingly object driven environment in which they live, the male characters in the novel are described as being firmly within a subjective position, hunting, searching, hurting or describing the objects they discover. For example, Stencil is defined by his quest to find *V.*, whilst Benny Profane spends his time hunting for alligators in the New York sewer system, endeavours that place both characters in an active, animate and subjective position. The same can be said for Schoenmaker, the plastic surgeon, and Eigenvalue, the dentist, whose jobs require them to take subjective control over their patients, the 'object.'

Given the difference between the portrayal of female and male characters in the novel, it is perhaps unsurprising that Hite's female students 'seemed to hate' (3) Pynchon's *V.* Hite goes on to argue:

What is most interesting to me about the conventions for thinking about and representing women during this period is that women are so negligible - and/or so powerful - that they don't and can't exist as human beings. By this I mean that the misogynist discourse on them gives them no interiority, no real point of view, and thus no motivations that make sense. Readers (female as well as male) - and I suspect the male author as well - do not imagine *being* any of the female characters. (14)

I would take Hite's observation that Pynchon's discourse gives female characters 'no interiority' and 'no real point of view' one step further and suggest that Pynchon creates female characters that more closely identify as being both an object and a subject. As Hite writes, 'they don't and can't exist as human beings.' Whilst Pynchon's male characters appear to grapple head on with the complexities of a more technologized world, exemplified by Profane's discovery of SHOCK and SHROUD, Pynchon's female characters appear to embody the object and subject dichotomy. Benny Profane may fear becoming a 'human object' (Pynchon 285) like SHOCK or SHROUD, however, the female characters in the novel are already living in this 'human object' state, a position that bears similarities with Plath's description of patienthood in her poetry.

The question therefore remains, why are the female characters so readily assigned to this 'human object' position in the novel? Luc Herman suggests that 'Henry Adams . . . seems to have been a crucial inspiration for *V.*, especially through his association of the life-affirming sublimity of woman with the comparable but life denying sublimity of technology' (24). What is notable about Herman's observation is that the women in the novel only appear to serve as life-affirming to the male characters. Schoenmaker is able to affirm his 'animate' and subject position by operating on Esther, who had never before 'been so passive with any male' (Pynchon 108), whilst Winsome is able to affirm his own authority and subjectivity by exercising control over Mafia. In *Discipline and Punish*, Foucault explores the relationship between discipline and the body. He writes:

The historical moment of the disciplines was the moment when an art of the human body was born, which was directed not only at the growth of its skills, nor at the intensification of its subjection, but at the formation of a relation that in the mechanism itself makes it more obedient as it becomes more useful, and conversely. What was then being formed was a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour. The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A 'political anatomy,' which was also a 'mechanics of power,' was being born. . . (137)

According to Foucault, discipline creates a 'political anatomy,' or 'mechanics of power' that ultimately impacts on the bodily autonomy of an individual. He notes that 'discipline produces subjected and practised bodies, "'docile" bodies' (Foucault, *Discipline and Punish* 138). The production of these "'docile" bodies' allows for a 'mechanics of power' to be instilled within the lived, embodied experience of individuals. This 'political anatomy' means

that an individual may not explicitly identify a loss of bodily autonomy, yet their embodied experience is governed by the 'mechanics of power' that act upon the human body.

Foucault's notion of 'docile bodies' and a 'political anatomy' bears a striking resemblance to the containment culture that partly defined the Cold War period in the United States during the 1950s. Containment culture, a moment during which 'large cultural narratives' were used to 'intimidate . . . the personal narratives of its population' (Nadel 4), encouraged traditional gender roles and enforced 'coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour' (Foucault, *Discipline and Punish* 137). This is shown in Elaine Tyler May's comparison of how the United States saw American and Soviet women:

American women, unlike their "purposeful" and unfeminine Russian counterparts, did not have to be "hard working," thanks to the wonders of household appliances. Nor did they busy themselves with the affairs of men, such as politics. Rather, they cultivated their looks and their physical charms, to become sexually attractive housewives and consumers under the capitalist system. (19)

The large cultural narrative of the 'sexually attractive' housewife created a mechanism of power which informed women's embodied experience. Whilst the Soviet woman was characterized as "'purposeful'" and "'hardworking,'" the American woman was figured as an object of beauty, a body to be perfected 'under the capitalist system.' Foucault writes that 'docile bodies' can be maintained through the concept of Bentham's Panopticon:

All that is needed, then, is to place a supervisor in a central tower and to shut up in each cell a madman, a patient, a condemned man, a worker or a schoolboy . . . Visibility is a trap . . . Hence the major effect of the Panopticon: to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power. (Foucault, *Discipline and Punish* 200-201)

Bentham's panopticon contends that an individual will exercise discipline over their bodies because they feel visible to 'a supervisor in a central tower.' This becomes even more prominent within the context of the Cold War, where conformity to social norms, especially for women, was encouraged through the narrative of national security. The Cold War context of Plath and Pynchon's work helps to explain why the women they present are so readily assigned to the 'human object' position. Through the mechanics of power, or political anatomy, that produces 'docile bodies,' containment culture encourages women to view their bodily experience as part of a national discourse. As David Serlin writes, 'In an era of geopolitical insecurity, what could represent a nation better than boasting about the normal,

healthy bodies of its citizens?' (5). Not only did the United States boast about the 'normal, healthy bodies of its citizens,' but also of the perceived beauty of their female citizens. As a result, the female body becomes not only the physical embodiment of individual subjectivity, but also an object of political and national importance.

Whilst Foucault's concept of discipline is not explicitly gendered, Jana Sawicki has considered why Foucault's work is often drawn upon by feminist scholars. She writes:

His analytic of power/knowledge could be used to further feminist explorations into the dynamics of patriarchal power at the most intimate levels of experience in the institutions of marriage, motherhood, and compulsory heterosexuality and in the everyday rituals and regimens that govern women's relationships to themselves and their bodies. (160)

By applying Foucault's concept of docile bodies to *V.*, it becomes clear how Pynchon's portrayal of the animate and inanimate can be applied to female bodily experience during the Cold War period, drawing a connection between a world-historical narrative and 'the most intimate levels of [individual] experience.' Whilst Pynchon's male characters are positioned as subjects in conflict with the object world, the female characters embody a conflict between subject and object experience. This 'human object' position is encouraged through the Cold War culture of containment, identifiable 'in the everyday rituals and regimens that govern women's relationships to themselves and their bodies.' The Cold War period marks an intersection between private and public experience, where political and national ideology influence the day-to-day lives of United States citizens. To understand Pynchon's *V.* as only a world-historical novel, therefore, is to underestimate the impact of the Cold War on the bodily experience of women, whose bodies are both an object of national interest and the physical embodiment of subjectivity.

In *Age of the Crisis of Man*, Mark Greif argues that:

Inanimate material, *not* high technology; the insertion of material into men, *not* a threat to man from outside bombs and devices; persistence, *not* ephemerality; recycling, *not* production; a levelling commensurability denuded of values, *not* power hierarchies – these are the concerns one has to draw out in Pynchon, to see, I think, his true position, and his important innovations and completions of a part of the crisis of man. (230)

Greif is right to acknowledge that it is the underside of these post-war concerns that interests Pynchon in *V.*, however, when we take gender into consideration, it is women that are most affected by them in the novel. It is Pynchon's female characters that *become* inanimate material in *V.*, predominantly under the gaze of male characters, such as Stencil,

Schoenmaker and Eigenvalue. It is female characters who find themselves victim to non-consensual sexual encounters, having unwelcome material inserted into them. It is female characters in Pynchon and, indeed, Plath's work, that feel the need to recycle their own image, to reform their faces and bodies through cosmetic surgery to fit in with social expectations and norms. Benny Profane may fear becoming a 'human object' like SHOCK or SHROUD, however, the female characters in the novel are already living in this 'human object' state, a state of being that defines patienthood in Plath's 'The Surgeon at 2.a.m' and 'Face lift.'

Cosmetic Surgery

In their work, both Pynchon and Plath pursue their exploration of the animate and inanimate through their depiction of cosmetic surgery. Plath explicitly examines cosmetic surgery in her poem, 'Face Lift,' whilst Pynchon undertakes a similar exploration in the episodes that depict Schoenmaker, the plastic surgeon, operating on Esther, his patient. Plath and Pynchon's portrayals of cosmetic surgery raise important questions about female autonomy, choice and conformity during the Cold War period in the United States, placing increasing pressure on the seemingly concrete distinctions between the animate and inanimate; the object and the subject. As Samuel Thomas writes, the history of cosmetic surgery 'runs all the way from the battlefield to air-conditioned clinics in the Hollywood hills' (76). Thomas acknowledges that Pynchon's interest in 'the pathological interplay between the "animate" and "inanimate"' (76) is embodied in the face of Godolphin, a World War Two pilot who undergoes facial reconstructive surgery after an accident, leaving him with a face 'built from ivory, silver, paraffin and celluloid' (Thomas 68). However, somewhere in the narrative of cosmetic surgery, a shift occurs. Whilst Godolphin's procedure is reconstructive, his face destroyed in a military accident, those opting to 'buy one liposuction, get a nose job free' (Thomas 76) are choosing to undergo surgery for purely cosmetic reasons. Elizabeth Haiken explains this shift in her book, *Venus Envy: A History of Cosmetic Surgery*. After the Second World War, cosmetic surgeons began to worry that the steady flow of patients they had been seeing for reconstructive surgery during the wartime years would cease during peacetime. Haiken notes that 'Plastic surgeons resolved this dilemma' (134) by 'marketing medical techniques and technologies to particular groups. The

first problem they targeted was aging, and the first audience they targeted was female – specifically, middle-aged, middle-class women’ (134). What links the history of cosmetic surgery from the battlefield to the Hollywood hills is a concerted effort by cosmetic surgeons to make cosmetic surgery a marketable consumer good, marking middle-aged women as both the consumer and the object to change.

For this reason, Esther’s face, and not only Godolphin’s, must be explored in order to further understand Pynchon’s consistent reference to the ‘animate’ and ‘inanimate’ and to emphasize how Pynchon presents cosmetic surgery as a gendered activity. Esther chooses to undergo a rhinoplasty, placing herself in the position of an object under the surgeon’s control. Whilst Godolphin’s face is made up object parts, such as ‘ivory, silver, paraffin and celluloid,’ Esther positions herself as an ‘inanimate’ object by choice, existing within the limbo-like space between object and subject that Pynchon illuminates throughout the novel. This is shown when Esther recalls:

It was almost a mystic experience. What religion is it – one of the Eastern ones – where the highest condition we can attain is that of an object – a rock. It was like that; I felt myself drifting down, this delicious loss of Estherhood, becoming more and more a blob, with no worries, traumas, nothing: only Being . . . (106)

In this passage, Esther appears to relish her loss of selfhood, almost fetishizing the ‘delicious loss of Estherhood’ that the surgery causes. The negative elements of subjective experience, ‘worries’ and ‘traumas’ are replaced with a calming sense of ‘nothing: only Being.’ However, this objectification also brings with it a loss of autonomy and control, shown when Pynchon writes ‘never had she felt so helpless’ (106). Esther appears to both take solace from her objectified state, yet is, at the same time, left feeling ‘helpless’ (Pynchon, 106) and ‘passive’ (Pynchon 104).

Pynchon presents Esther’s sense of passivity during her surgery and through her sexuality. Noting that ‘passivity’ has ‘only one meaning’ (108) for Esther, Pynchon describes her roaming ‘the East Side in fugue’ (108) for sex, like ‘Schoenmaker had located and flipped a secret switch or clitoris somewhere inside her nasal cavity’ (109). In this line, Pynchon merges Esther’s sexuality with her recent operation, suggesting that her desire for sex is partly due to the surgery Schoenmaker carried out. This conflation between Esther’s rhinoplasty and her sexuality culminates when she revisits the clinic to have her stitches removed. Esther attempts to seduce Schoenmaker, crossing and uncrossing her legs, batting her eyelashes and talking softly, ‘everything crude she knew’ (Pynchon 109). However, when

Esther and Schoenmaker have sex, it is Schoenmaker who appears to be in a position of control. Pynchon writes:

“Come. We’ll make believe it’s your operation. You enjoyed your operation didn’t you.”
Through a crack in the curtains opposite Trench looked on.
“Lie on the bed. That will be our operating table. You are to get an intermuscular injection.”
“No,” She cried.
“You have worked on many ways of saying no. No meaning yes. That no I don’t like. Say it differently.” (109)

During sex, Schoenmaker treats Esther like a medical patient. Although Esther instigates the encounter, she remains in a state of patienthood that renders her unable to exercise autonomy over her body, shown by the phrase ‘you are to get an intermuscular injection.’ Whilst Esther is able to tell Schoenmaker “No,” he distorts the meaning of her cries, telling the reader that no means yes. Schoenmaker takes pleasure in interpreting Esther’s no as yes, telling her to say ‘it differently.’ To Schoenmaker, Esther’s body during the sexual encounter is as passive and inanimate as during her operation. Mark Greif observes that ‘rather than trace the century’s impetus like Stencil, Schoenmaker represents the century by participating in it, cutting and grafting and filling human bodies with surgical changes’ (235). This filling of ‘human bodies’ extends past his role as a surgeon, evident in his behaviour towards Esther during their sexual encounter. Esther is placed in this position of patienthood, her body rendered an object under Schoenmaker’s gaze, both during and outside of her medical procedure. She is inanimate in both her capacity as his patient and his sexual partner.

In ‘Face Lift,’ Plath, like Pynchon, presents cosmetic surgery as something the speaker consents to, despite it causing her to enter an inanimate state. The speaker in Plath’s poem recalls a memory:

You bring me good news from the clinic,
Whipping off your silk scarf, exhibiting the tight white
Mummy-cloths, smiling: I’m all right. (Plath 155)

Although it is not made explicit, we can surmise that the ‘you’ the speaker is referring to is her mother, subtly alluded to by the phrase ‘mummy-cloths.’ By beginning the poem with this memory, Plath creates a narrative whereby cosmetic surgery is presented as a female rite of passage, a procedure that both mother and daughter are likely to experience. Like Esther in *V.*, the speaker in ‘Face Lift’ elects to have the cosmetic procedure, shown when

the speaker describes herself as being a 'mother to myself' (Plath 156). Esther also sees cosmetic surgery as a tool with which to recreate oneself, shown when Pynchon writes 'Esther was thrilled. It was like waiting to be born, and talking over with God, calm and businesslike, exactly how you wanted to enter the world' (104). The analogy that Pynchon creates here describes the cosmetic surgeon as being God-like, whilst also acknowledging that the interchange between surgeon and patient is also 'businesslike' in nature. It is these two dynamics that often confuse the power relations between the cosmetic surgeon and their client. On the one hand, it is the surgeon who has the autonomy, who is God-like in their ability to alter their patient's body, however, in terms of American consumerism, the client is exercising freedom of choice in the marketplace by electing to pay for the service.

Plath and Pynchon's portrayal of cosmetic surgery and the female body expose the contradictions inherent in Cold War definitions of American liberalism. In one respect, cosmetic surgery can be seen as the ultimate expression of American capitalism and liberalism; a person is free to purchase, within the marketplace, a service that allows them to alter, and arguably improve, their body. As John Stuart Mill asserts in *On Liberty*, 'In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign' (22). Of course, writing in the mid-nineteenth century, Mill would have unlikely been able to conceive of a time, one-hundred years in the future, when one could 'buy one liposuction, get a nose job free' (Thomas 76). However, his assertion that 'over his own body and mind, the individual is sovereign' forms the building blocks from which the cosmetic surgery industry in the United States has been able to grow; a person can do what they like to their own body.

This thesis has shown how liberalism was conceived, by thinkers like Fromm, Berlin and Schlesinger, as being defined either as positive or negative, as "'freedom to'" or "'freedom from'" (Fromm 67). In *The Vital Center*, Schlesinger notes that negative freedom 'means a release from external restraints rather than a deep and abiding sense of self control and purpose. Man is not free: he is out on parole' (51). In Chapter two, I explored how Richard Yates presents freedom as being gendered. In *Revolutionary Road*, Frank Wheeler experiences 'freedom from' 'external restraints,' and is 'out on parole,' while his wife, April, is granted a lesser degree of freedom from external restraints on account of her female body, a state of being that is closer to house arrest. Parole, in the context of the prison system, means to be granted freedom on the condition that one adheres to a set of

rules. In Plath and Pynchon's work, Esther and the speaker in 'Face Lift' appear to succumb to the position of patienthood as part an unwritten condition of their freedom. When a person enters a state of patienthood, in a medical setting, they unofficially agree to a set of conditions of the role. They adopt, what Talcott Parsons terms, 'the sick role' (211). They allow a medical professional to carry out procedures or prescribe medicines to cure the body; they trust the diagnoses and prognoses the doctor provides and they conduct themselves within the clinical environment according to the rules deemed appropriate for the space. In the case of cosmetic surgery, this state of patienthood prevails, although the end goal is not to cure the body, but to manipulate it to conform to a definition of beauty. Whether cosmetic surgery is an exercise in liberalism depends on how we define freedom. Does the practice of undergoing cosmetic procedures represent a 'freedom to' change and alter the body as one chooses, or is it an attempt to gain 'freedom from' the pressures of being individual in a culture that celebrates conformity? In both Pynchon and Plath's work, it is presented as the latter.

In *V.*, Pynchon highlights this notion of negative freedom by emphasizing the link between cosmetic surgery, consumerism and conformity. This is exemplified when Rachel and Slab discuss a photograph of Esther leaning against the wall:

And there, that look in the eyes – half victim, half in control.
"Look at it, the nose," he said. "Why does she want to get that changed. With the nose she is a human being."
"Is it only an artist's concern," Rachel said. "You object on pictorial, or social grounds. But what else."
"Rachel," he yelled, "she takes home 50 a week, 25 comes out for analysis, 12 for rent, leaving 13. What for, for high heels she breaks on subway gratings, for lipstick, earrings, clothes. Food, occasionally. So now, 800 for a nose job. What will it be next. Mercedes Benz 300 SL? Picasso original, abortion, wha." (Pynchon 50)

Like Mafia, who is 'half scared,' Esther is 'half victim, half in control.' As this passage shows, Esther is able to purchase her rhinoplasty, just as she is able to pay for 'analysis' and buy 'lipstick, earrings' and 'clothes.' Plath, too, highlights the connection between consumerism and cosmetic surgery in 'Face Lift' in the lines 'You bring me good news from the clinic, / Whipping off your silk scarf' (Plath 155). The person described in these lines, arguably the speaker's mother, covers their 'tight white' (Plath 155) surgical bandages with a 'silk scarf,' a high priced and sought-after consumer product. In some respects, the consumer marketplace in the 1950s allowed women to take control over their bodies, unleashing a

quantity of choices that, during the Second World War, would have seemed unimaginable. In this environment, the opportunity to reign sovereign over the body takes on a new meaning. All one needs is money and a shopping mall, and the body can be curated, dressed and painted in whatever way an individual chooses. Laurie Essig acknowledges that 'women shifting their roles from producer to consumer and moving from the domestic realm into the newly invented public spaces of shopping is extremely important to the history of cosmetic surgery' (8-9). She notes that there was 'a democratic spirit' (Essig 9) to the beauty industry, as 'beauty wasn't something one was born with . . . but something one worked at with the aid of a variety of products' (8-9).

Judith Ruderman highlights the connection between cosmetic surgery and shopping in her book *Passing Fancies in Jewish American Literature and Culture*. She acknowledges how fitting it was that Andy Warhol's 1961 artwork, *Before and After*, a piece that depicts the before and after photos of a woman who has undergone a rhinoplasty, was displayed in an 'upscale Manhattan department store' (43). She writes:

Warhol's canvas in that window advertised that plastic surgery, along with Bonwit Teller merchandise, was an avenue to becoming stylish and beautiful and, hence, marriageable. The doctor's office and the department store were thus twin meccas for a woman's success in being fitted out and fitting in. Making this marriage of convenience even more overt, in 1972 Gimbels department store began to sponsor well-attended public lectures by cosmetic surgeons, thereby starting a trend. (43)

As Ruderman observes, the department store and the doctor's office became 'twin meccas for a woman's success' in conforming to the beautified norms of the post-war years. The presence of Andy Warhol's *Before and After* in Bonwit Teller reminds the women shopping that their face is an object to be beautified and improved by purchasing items in the store and by visiting a cosmetic surgeon. In this context, cosmetic surgery and consumerism is presented within the 'democratic spirit' that Essig describes, 'an avenue' for women to steer the direction of their lives by 'becoming stylish and beautiful and, hence, marriageable.' It offers women the 'freedom to' change their appearance, however, somewhat contradictory, this freedom is leveraged as a means to conform to the norm, to seek 'freedom from' the pressure of individuality.

Pynchon does not present Esther's purchasing of beauty products and services to be a fully liberating experience, and neither does Plath. This is shown by Slab's observation that Esther is 'half victim, half in control,' (Pynchon 50) encapsulating how Esther is both

liberated by her ability to buy 'lipstick, earrings, clothes' and 'a nose job,' yet she is also a victim to this compulsion to maintain a standard of beauty. She is caught somewhere between positive and negative definitions of freedom, desiring both the freedom to purchase items and services to alter her body, yet also pursuing freedom from the pressure of not belonging or conforming to the group. The phrase 'half victim, half in control' summarizes not only Esther's experience in the novel, but also draws attention to the contradiction in the relationship between consumerism and liberalism. Esther is free to spend her money how she chooses, but there is an underlying compulsion to buy cosmetic items, such as clothes and make up, that will help her to conform to the 'norm'. This is also shown by the speaker in 'Face lift,' who prefers to be 'a fixed image within a set of cultural norms' (Wolosky 495) than a physical embodiment of her selfhood and experience. Essig undercuts the idea that shopping for beauty products and services is a liberal endeavour by drawing attention to the notion that 'beauty becomes something we must all do' (25). Whilst the beauty industry offers consumers a variety of choice in the range of products offered, it ultimately promotes the narrative that conforming to a standardized idea of beauty is a 'personal responsibility' (Essig 25). Elizabeth Haiken writes:

For prospective patients, and for surgeons, the therapeutic ethos that came to dominate postwar American culture had significant implications. This ethos, which historian Elaine Tyler May describes as 'geared toward helping people feel better about their place in the world rather than changing it,' encouraged Americans to find private, personal solutions to social problems. (135)

The 'therapeutic ethos' that Haiken and Tyler May describe told women that it was 'easier to change themselves than to change the world around them' (135). It was not a woman's responsibility to change what was deemed beautiful, but rather to change their individual situation by doing the best they could to conform to the beautified norm. Haiken goes on to quote from a 1961 *Vogue* article that asserts the cost of a face lift is 'no more than, if as much as, the standard American luxury-necessities – a car, a boat, a European jaunt' (153). The oxymoronic phrase, 'American luxury-necessities,' goes some way in explaining the responsibility women felt to beautify their bodies. It was a responsibility to show commitment to, and participation in, the American ideals of consumerism and self-improvement, as much as it was about improving their individual appearance. This concept of 'personal responsibility' takes on a new dimension during the Cold War period, when conformity to the norm was encouraged as a matter of national security in the face of the

communist threat. Esther is 'half victim, half in control' because the decisions she makes in regard to her body are influenced by the cultural norms that define beauty standards, driven by the ideology that 'we are responsible for ourselves, and that we all have a chance to make it if we just work hard enough' (Essig 25).

As Essig observes, women 'moving from the domestic realm into the newly invented public spaces of shopping is extremely important to the history of cosmetic surgery' (8). At mid-century, these public spaces of shopping, particularly out of city shopping malls, were 'dedicated primarily to female orchestrated consumption' (Cohen 278), an attempt to secure the custom of the female demographic in the expanding marketplace. In her book, *Shopping with Freud*, Rachel Bowlby writes that 'throughout the history of modern advertising (that is, for well over a hundred years), parental desires and anxieties have been used as a regular form of appeal to further the sales of almost anything' (91). During the Cold War period, advertising campaigns were able to capitalize on the existing pressure women felt to conform to traditional gender roles, using the association between family life and national security to encourage women to buy products that would further allow them to conform to the norm. Bowlby outlines two types of consumer, the romantic and the classical. The romantic 'is the consumer as dupe or victim or hedonist or any combination of these, infinitely manipulable and manipulated by the onslaughts of advertising' (98-99), whilst the classical consumer is a 'rational subject, calculating and efficient and aware of his aims and wants' (99). Bowlby goes on to observe that romantic consumers are often 'seen as having undergone a process of what is called feminization: they are 'like women' in their capriciousness and hedonism' (99). These two types of consumer are:

. . . complementary insofar as they turn upon a fixed opposition between control and its absence between behaviour that is knowing and conscious of its aims and behaviour that is imposed on a mind incapable of, or uninterested in, resistance. A perfect accord, which is also a ready-made, and a custom-built, tension, exists between the passive and the active, the victim and the agent, the impressionable and the rational, the feminine and the masculine, the infantile and the adult, the impulsive and the restrained. The list could be continued through many familiar polarities, all of them easily taken up under the aegis, or rather the label, of the two modes for that modern identities, the consumer. (Bowlby 99)

In describing the differences between the two types of consumers, Bowlby refers to the dichotomy between 'the passive and the active,' 'the victim and the agent.' In these examples, the romantic, feminized consumer is the passive victim, whilst the classical

consumer is the active agent. These two types of consumer in 'fixed opposition' with one another resemble the 'human object' position occupied by female characters in Plath's poetry and Pynchon's *V.* during the medical encounter. The romantic consumer is a malleable object under the 'onslaughts of advertising' whilst the classical consumer is an active agent capable of rational thought. The former is categorized as feminine, whilst the latter is figured as masculine. The speaker in Plath's poem and Esther in *V.* are 'half victim, half in control' because they are romantic consumers, free to make choices in the market place, yet are also victim to the powers of advertising and the medical encounter they purchase, which places them in an inanimate and object position.

In 'Face Lift,' Plath puts less emphasis on the relationship between consumerism and containment culture, but highlights instead the connection between containment culture and the medical encounter. She does this by recounting her speaker's lifetime in the poem through various experiences with medicine and surgery. In the opening stanza of 'Face Lift,' the speaker remembers her mother returning home from her own cosmetic surgery, and recalls her mother being present after a surgery she had when she was nine. In doing this, Plath presents the medical encounter – specifically cosmetic surgery – as being associated with female experience, something shared by mother and daughter. Plath provides snippets of the speaker's entire life through the poem, from her childhood, through her twenties, up to her current age, which appears to be in her fifties (shown in the line, 'wither incessantly for the next fifty years' (Plath 156)). Yet, throughout her life, the speaker spends many moments in this state of patienthood through both elective and, presumably, non-elective medical procedures. She understands her body as being transformable through medicine, from the moment she sees her mother undergo a cosmetic procedure, to the time in which she has her own face lift. The speaker in 'Face Lift' chooses to undergo the cosmetic procedure to destroy her aged self, 'old sock-face' (Plath 156) who she wants to die 'in some laboratory jar' (Plath 156). The speaker's sense of self-worth is based upon her appearance, which, in order to conform to post-war beauty standards needs to remain youthful. Merce Cuenca argues that 'Plath sought to open . . . a debate on the female body as a site of social containment in "Face Lift" and "In Plaster"' (186). It is telling that Plath sought to open up a debate 'on the female body as a site of containment' through two poems that are overtly medical in nature. In 'Face Lift,' the medical encounter enables the speaker to transform their body in order to align with a culturally contained standard of beauty. If cosmetic

surgery represents an intersection between consumerism and the medical encounter, then containment culture can be understood as the umbrella under which this connection is able to be made.

Writing on cosmetic surgery in the 1990s, Kathryn Pauly Morgan observes that 'while the technology of cosmetic surgery could clearly be used to create and celebrate idiosyncrasy, eccentricity, and uniqueness, it is obvious that this is not how it is presently being used' (35). She writes:

Jewish women demand reductions of their noses so as to be able to "pass" as one of their Aryan sisters who form the dominant ethnic group (Lakoff and Scherr, 1984). Adolescent Asian girls who bring in pictures of Elizabeth Taylor and of Japanese movie actresses (whose faces have already been reconstructed) demand the "Westernizing" of their own eyes and the creation of higher noses in hopes of better job and marital prospects ("New Bodies for Sale" 1985). Black women buy toxic bleaching agents in hopes of attaining lighter skin. What is being created in all of these instances is not simply beautiful bodies and faces but white, Western, Anglo-Saxon bodies in a racist, anti-Semitic context. (36)

Although Pauly Morgan is writing in the 1990s, the beautiful bodies promised by cosmetic surgeons have, throughout the field's history, been defined along racialized lines. As Haiken notes, 'the first group of Americans to undertake surgical alteration of ethnic features in any numbers were . . . Jews who did not like their noses' (184). She writes:

The frequency with which early-twentieth-century surgeons performed the classic nose job simply confirmed what most Americans already knew: a nose that called attention to itself and marked its bearer as "different" or "foreign" was a distinct disadvantage. Yet in their readiness to label certain nose shapes and type as deformities, surgeons helped to cement not just standards of beauty but a standard of normality and acceptability in American minds. (177)

As Haiken explains, cosmetic surgery contributed to defining a standard of 'normality and acceptability' that did not include noses that 'marked its bearer as "different" or "foreign."' Cosmetic surgery not only offered to make people more beautiful, but also more American (however arbitrarily this was defined). It was, as Haiken writes, 'Americanization through surgery' (186).

In *V.*, Pynchon draws attention to the racialized standards of beauty that appear to influence Esther's decision to have a rhinoplasty, and also the type of nose she desires, writing 'What else: Irish, she wanted, turned up. Like they all wanted' (103). Esther desires a nose that would allow her to conform to the 'ideal of nasal' beauty' established by 'movies, advertisements' and 'magazine illustrations' (Pynchon 103). For Esther, the rhinoplasty

procedure offers her the chance to have a nose that aligns with standards of beauty perpetuated through mainstream mass media. The 'cultural harmony' (Pynchon 103) that Schoenmaker tries to achieve with Esther's procedure requires altering Esther's face to conform to a standard of beauty that is drawn along racial lines. In the context of Cold War containment culture, this is perhaps unsurprising, given that the idealized families shown in television, film and advertising during the 1950s and 1960s were predominantly white, middle-class and suburban dwelling. Karen Brodtkin alludes to this in her book, *How Jews Became White Folks*, when she describes her own experience of growing up during the 1950s in a Jewish suburban community:

I thought of storybook and magazine people as "the blond people," a species for whom life naturally came easily, who inherited happiness as a birthright, and I wanted my family to be like that, to be "normal." Maybe then I'd be normal too. My childhood divide was between everyone I knew and the blond people, between most of the real people I knew, whether in the suburbs or in the city, and the mythical, "norm" America of the then primitive but still quite effective mass media – radio magazines, and the new TV. (10-11)

If, as Alan Nadel argues, conformity 'to some idea of religion, to "middle-class" values, to distinct gender roles and rigid courtship rituals' became a 'positive value' (Nadel 4) during the Cold War period, then this impulse to conform can be extended to a definition of 'normal,' that was predominantly based on whiteness, perpetuated in visual media during the era. As Haiken acknowledges, cosmetic surgery offered individuals the chance to rid themselves of facial features that marked them as 'other' to the Americanized norm. Ironically, 'the nose that looked most American, they [Semitic and Mediterranean patients] believed, was the one that a few generations earlier had been widely caricatured as decidedly foreign. It was Irish' (Haiken 192). Cosmetic surgery allowed generations of immigrants to the United States to become American through their face. As Pauly Morgan writes, 'more often than not, what appear at first glance to be instances of choice turn out to be instances of conformity' (36).

This imperative to conform is further suggested by Esther's possible intentions for having the procedure. In her reading of Esther's nose job, Ruderman writes:

Although Rachel Owlglass [Esther's friend] recognizes that the need for this operation is the result of an age-old negative stereotype, she nonetheless capitulates to it in her desire to help out Esther Harvitz. She pays a (Jewish) plastic surgeon for her (Jewish) roommate's rhinoplasty because [and she quotes from V.] "four months from now would be June; this meant many pretty girls who felt they would be perfectly

marriageable were it not for their ugly nose could now go husband-hunting at the various resorts all with uniform septa.” (42)

Ruderman draws attention to the relationship between Esther’s nose-job and her chances of success in ‘husband-hunting.’ Rachel Owlglass sees Esther’s rhinoplasty not simply as a vanity project, but as a necessity in order for Esther to attract a husband and thus acquire financial security. Her nose job can be understood as a means for Esther to achieve success according to Cold War standards; getting married, having children and enjoying financial success. Rachel is not fazed that, in order to improve her chances of achieving this, Esther will need to undergo an invasive cosmetic procedure. Esther is prepared to put herself in the position of a being a patient, relinquishing autonomy over her body, in order to conform to cultural standards of beauty that she believes will increase her chances of getting married and having children, conforming to Cold War norms.

The Cold War decades of the 1950s and 1960s can be understood as a time of heightened Panopticism. The McCarthyism of the 1950s and the containment culture that continued into the 1960s created a culture whereby conformity was seen as a positive value, and was preferable to being identified as ‘other’ in a culture desperate to prize out the enemy from within. If, as Foucault asserts, surveillance increases in times of plague, then the plague was posited during the 1950s and 1960s as the Soviet communist threat. The “‘docile’ bodies’ (Foucault, *Discipline and Punish* 138) that this Cold War landscape created are identifiable in the female characters Pynchon and Plath present in their work. Esther and the speaker in ‘Face Lift’ occupy the ‘human object’ position that interests Benny Profane in *V*. They see themselves as being both a human and an object, animate and inanimate. They elect to undergo cosmetic surgery procedures, putting themselves in a position of patienthood, because they see their bodies as objects to improve. The cosmetic procedures that the characters undergo further enforce their ‘human object’ position that causes them to seek out the surgery in the first place. In this sense, they had already entered a state of patienthood – evaluating how to change and alter their bodies – before entering the cosmetic surgery clinic.

Chapter Four Conclusion

Today, on social media, it is considered high praise for another user to describe a selfie or photograph as looking 'unreal.' This compliment has entered our vocabulary alongside the continuing popularity of platforms, such as Instagram, that actively encourage its users to filter or doctor the images they share with one another. In the world of Instagram likes, filters and influencers, we see the mechanics of personal responsibility and docile bodies at work. Each Instagram user strives to look as 'unreal' as the next, to elicit more likes than their peers in order to reach an unspecified level of social acceptance. Each body, in the form of an image, is instantly transformable. In many ways, Pynchon's *V.* and Plath's poetry provide the prequel for our new social media age. Like Esther in *V.*, the users of social media are 'half victim, half in control,' able to curate and transform their own image, but unable to define the standardized norm they aspire to. Whilst Plath presents us with women who transform themselves under the surgeon's scalpel, social media allows users to transform their body with their own swiping finger, yearning for that 'human object' (Pynchon 285) status; to be 'unreal.' Of course, social media has not replaced cosmetic surgery, indeed, people still opt to go under the knife in order to achieve a greater level of 'unreal' on their chosen social media platform. However, just as the opening of out of city shopping malls increased the visibility of female shoppers in the United States at mid-century, so too does social media cast a panoptic flood-light on its users. Both cosmetic surgery and social media offer users the same ability to present a transformed and curatable version of oneself to the outside world. The imperative to transform the body appears to come from an impulse to exercise personal responsibility in an environment wherein social tyranny is rife and the individual feels permanently visible. Those seeking cosmetic surgery, or editing a selfie for Instagram, exercise an internalized medical gaze over themselves, scanning their bodies for any imperfections or deviations from a norm. In this way, people seeking cosmetic surgery, or users of social media, see themselves as both a subject and an object, a 'human object' that can be transformed.

In *V.*, Pynchon presents female characters as occupying a state of patienthood through his exploration of the 'animate' and 'inanimate.' From the very beginning of the novel, Pynchon describes the female body in terms of a series of inanimate, or object, parts. Whilst the narrative structure of the novel follows the quests and wanderings of Herbert

Stencil and Benny Profane, an expression of their subjective position, the women in the novel are described as occupying a 'human object' position. Whilst Stencil and Profane appear to be in direct conflict with the object world, from a subjective position, the female characters in the novel embody the object/subject conflict within their own lived experience. This reflects the position of women in United States culture during the Cold War period, whose bodies were not only a physical embodiment of their own subjectivity, but also object signifiers of American capitalist superiority over Soviet Union communism.

What becomes clear when studying *V.* alongside Plath's 'The Surgeon at 2.a.m' and 'Face Lift' is the extent to which conformity was figured as a positive value by containment and consumer culture during the Cold War decades of the 1950s and 1960s. It influenced the way people saw their own bodies as objects to improve and encouraged individuals to seek out cosmetic procedures in order to conform to beautified norms. In the decades of McCarthyism and containment culture, conformity to the norm, whether that be to traditional gender roles or to definitions of beauty, became a way to signal one's allegiance to the American way of life. It was an exercise in negative freedom, a pursuit in gaining 'freedom from' the pressures of being marked as 'other' or 'foreign.' The female characters in Pynchon and Plath's work are encouraged to view themselves as a consumer, an agent in the marketplace, yet also as an object to be improved. These two cultural currents, of conformity and consumerism, swirled together to make a climate in which the female body perpetually embodied this 'human object,' animate and inanimate state.

By studying Pynchon's depiction of the animate and inanimate alongside Plath's presentation of the medical encounter, the similarities between the 'human object' position and the state of patienthood become more apparent. Foucault's concept of the medical gaze describes how the patient is viewed by the medical practitioner as an amalgamation of object parts. In Plath and Pynchon's work, this medical gaze has been internalized by their female characters, who view their own bodies as objects to be improved. In this respect, the culture of consumerism and conformity, which is characteristic of the cultural Cold War moment both writers were working in, encourages women to view themselves both as a patient, an object to be improved, but also as having the tools available in the consumer marketplace to act on this pursuit of self-improvement. However, when this patient/practitioner dualism is applied to cosmetic surgery, the women in Plath and Pynchon's novels revert back to being an object under a surgeon's gaze. It is the faint line

between the human and the object that takes them to the surgeon's office, but it is a line that the surgeon scrubs out when they are on the operating table. In many ways, it is the allure of positive freedom, of 'freedom to' change their bodies that encourages Esther and Plath's speaker to undergo cosmetic surgery, but this 'freedom to' change their bodies is based primarily on the impulse to seek 'freedom from' individuality. Positive freedom, in this regard, is only possible because the female characters have already sought 'negative freedom' by seeing their body as an object to improve, to change according to the 'norm.'

Plath and Pynchon's portrayals of cosmetic surgery not only show how beauty was conceptualized during the 1950s and 60s in the United States, but also show how these Cold War decades reformulated a woman's relationship with her body. The animate and inanimate dualism that so interests Pynchon in *V.* is most palpable in his depiction of cosmetic surgery, and most telling in the extent it bears similarities with Plath's depiction of patienthood in her poetry. Cosmetic surgery sits at the fulcrum between consumerism, conformism (especially in the context of containment culture), and the medical domain. The stakes of this trifecta move beyond the consequences of the medical transaction (although, of course, these consequences are important), but are discernible in the way they encourage women to embody the 'human object' position, a state that, at its core, illuminates the contradictions in American conceptions of freedom during the Cold War decades of the 1950s and 1960s.

Thesis Conclusion

Why Patienthood?

Throughout this thesis, I have worked with the term *patienthood* to elucidate connections between female body experience, Cold War containment culture and the medical encounter that are apparent in each of the texts studied. Patienthood, a term denoting a state of being that is usually identified in a medical environment, is at the centre of debates about body autonomy, agency, individual expression and systems of power in the field of the medical humanities. These debates bear a striking similarity to the philosophical and ideological dichotomy between liberalism and authoritarianism, a discourse that defined the Cold War between the United States and the Soviet Union. By extending the usage of the term patienthood to apply to cultural representations of female body experience in Cold War literature and film, this dissertation has brought together work from the field of the medical humanities with scholarship on Cold War culture, particularly containment culture. By doing so, it has shown that representations of female body experience in Cold War texts are pertinent to understanding wider debates between individualism and conformity and between liberalism and authoritarianism. These are discourses that had a great impact on Cold War culture in the 1950s and 1960s.

This thesis has identified patienthood as a term that can help tease out the relationship between the female body, the medical encounter and Cold War culture, a connection that is depicted in all of the texts studied. In chapter one, I worked with Mildred Blaxter's social model of health, the biocultural approach to health put forward by David Morris and Arthur Kleinman's work on healthcare systems to explore how health is defined in Sylvia Plath's *The Bell Jar* and *Fear of Flying* by Erica Jong. Through applying Blaxter, Morris and Kleinman's work in this way, I have argued that the female protagonists in Plath and Jong's texts are conflicted between pursuing a definition of health defined by individual conceptions of well-being, and a version of health defined by ideals perpetuated by Cold War culture. In *The Bell Jar*, Esther Greenwood risks entering a state of cultural ill-health by pursuing her individual goals, or a state of diminished personal well-being by conforming to the norms deemed culturally healthy in the containment culture of the 1950s. In *Fear of*

Flying, Isadora Wing finds herself in a similar contradiction, yet it is consumer culture, rather than containment culture, that encourages her to pursue a type of healthiness defined by cultural norms. The ramifications of these contradictory definitions of health mean that Esther and Isadora find themselves unable to embody both definitions of health, causing them to always be health deficient, or in a position of patienthood. In this chapter, I extended the usage of the term patienthood to explore how it is identifiable in representations of containment *and* consumer culture of the 1950s and 1960s. If patienthood, in a medical context, is a state in which a person relinquishes bodily autonomy, entrusting their health to the medical establishment, then Plath and Jong present a culture in which women are encouraged to relinquish agency in determining their own health, and are instead prompted to look towards containment and consumer culture for ensuring their culturally healthy status. When read in this way, Plath and Jong's novels present a depiction of Cold War culture whereby women are positioned into a state of patienthood as a means to furthering conformity to idealized Cold War norms. This not only acted as a means to show United States superiority over the Soviet Union, but also proved beneficial to consumer-focused businesses that stood to profit from it.

In the second chapter of this thesis, I explored how this state of patienthood relates to concepts of liberalism that were being debated across academic and cultural spheres throughout the Cold War period. In Richard Yates' *Revolutionary Road*, Frank and April Wheeler appear to be critical of containment culture and are disparaging about their peers in the suburban New England community they live in. However, when the couples' plan to move to Paris is thrown off course by April's unplanned pregnancy, Frank does not allow her to have a termination and decides that the family should cancel their planned move to France. April attempts to regain agency over her body by attempting to conduct an at-home abortion herself, an act that results in her hospitalization and death. Like in *The Bell Jar* and *Fear of Flying*, April falls victim to a culture that figures healthiness as conformity to social norms, particularly idealized versions of motherhood. In *Revolutionary Road*, this concept of cultural healthiness causes April to enter a state of patienthood within a medical setting, leading to her death. This chapter read *Revolutionary Road* alongside Toni Morrison's *The Bluest Eye*. In *The Bluest Eye*, Morrison portrays the detrimental impact that the idealization of cultural norms, which are predominantly based on whiteness, have on Black girls and women. Morrison shows how the idealized version of motherhood perpetuated in Cold War

containment culture is white, wealthy and suburban dwelling. This means that Black women are unable to conform to the version of motherhood figured as the ideal in print and screen media, an ideal that becomes associated with American patriotism in the containment culture of the 1950s. Morrison highlights how this not only has a negative impact on the emotional well-being of her Black female characters, but also directly impacts their physical health and the healthcare they receive from medical institutions. She depicts the moment when Pauline Breedlove gives birth to the novel's central character Pecola. Pauline receives substandard care by the doctors treating her, who believe the racial stereotype that Black women give birth easier and with less pain than white women. Pauline's daughter, Pecola Breedlove, also experiences ill-health in the novel, as her desire to have blue eyes results in her entering a psychotic state. Both Yates and Morrison show how cultural definitions of health that are based on conformity to social norms can lead to women entering states of medical patienthood. As Morrison highlights in *The Bluest Eye*, these experiences of patienthood are also informed by the racism endemic in Cold War United States culture. The medical institution does not exist outside of cultural definitions of health and illness, but is also informed by them.

In chapter three, I explored how the pregnant female body is presented as posing both a point of strength and source of weakness against the perceived threat of communism, figured as riskier than the male body. I did this by focusing on two genre narratives from the Cold War period, Jack Finney's *The Body Snatchers* and Ira Levin's *Rosemary's Baby*, alongside their filmic adaptations, *Invasion of the Body Snatchers*, directed by Don Siegel, and *Rosemary's Baby*, directed by Roman Polanski. In these science fiction and horror narratives, the medical doctor is depicted as being necessary to mitigate the risk of the pregnant female body. As a result, the female characters in Finney and Levin's narratives are positioned in a state of patienthood despite being, medically speaking, healthy. The pregnant female body becomes a text upon which cultural Cold War anxieties are transcribed, and pregnant women enter a state of patienthood as a result.

In the final case study in this thesis, I explored two poems by Sylvia Plath, 'Face Lift' and 'The Surgeon at 2.a.m,' and *V.* by Thomas Pynchon. I argued that their depictions of cosmetic surgery show women opting to put themselves in a position of patienthood within the medical setting of the surgeon's operating room, in order to conform to cultural standards of beauty. This chapter showed how the female characters portrayed in Plath and

Pynchon's work embody a state of patienthood *before* they enter the cosmetic surgery clinic. This state of patienthood is formulated by elements of Cold War culture that have been traced throughout the previous chapters of this thesis; definitions of health influenced by consumer and containment culture, medical institutions being informed by cultural ideals of beauty and womanhood, and the pregnant female body posited as a site of risk. Women are encouraged to view conformity to norms as a positive value that constitutes their overall state of health within Cold War culture. It is this, coupled with perceptions of the female body as a site of risk, that prompts the characters in Plath and Pynchon's work to seek out cosmetic surgery procedures. It is their position of patienthood, in the cultural sense, that leads them to put themselves in a state of patienthood within a medical setting. The field of cosmetic surgery is itself influenced by cultural definitions of beauty, offering patients the ability to 'fix' imperfections that are deemed unattractive, or, to phrase it another way, to help patients, particularly women, to enter a state of culturally defined healthiness. Plath and Pynchon's portrayal of cosmetic surgery provides another example of cultural definitions of health affecting female characters' relationship with their bodies, and the relationship they have with medicine. There is, in all of the work studied in this thesis, a correlation between the state of patienthood experienced in non-medical environments and the state of patienthood experienced within medical settings.

In this thesis, I have not offered a new definition of patienthood within a medical context, but rather have extended the usage of the term to open up the ways we interpret the relationship between female body experience, medicine and Cold War culture that is expressed by the writers studied in all four chapters. By using patienthood as a means to make sense of this relationship, I have identified a theme across all twelve texts, that presents the female body as a site upon which larger Cold War anxieties are transcribed. Some of the concerns raised by scholars working within the medical humanities on the nature of patient experience in medical settings are shared by scholars exploring Cold War culture. These concerns circle around the debate between individualism and conformity and between individual agency and institutional power, two dualisms that feed into the overarching dichotomy between liberalism and authoritarianism that formed the foundations of the Cold War. For example, Talcott Parsons defined 'the sick role' in 1951 as the submission of the sick individual to the institution of medicine, and work by thinkers

such as Arthur Frank, Audre Lorde and Ann Jurecic attempted to centre the experience of the individual in medical discourse through the use of illness narratives.

The questions that scholars raise about patient experience within the medical humanities, such as probing how health and illness is defined, examining the dynamics of power evident in the doctor/patient relationship and questioning the level of agency patients have in making decisions that pertain to their healthcare, all have applications to a Cold War context. In their introduction to *Medicine, Health and the Arts: Approaches to the Medical Humanities*, Victoria Bates and Sam Goodman argue for ‘the value of situating the medical humanities in history and context’ (6). Such an approach allows for readings of ‘artistic representations of health and medicine’ (Bates and Goodman 12) that can be ‘political and challenging’ (Bates and Goodman 12). Situating readings of health within an historical context has been fundamental to this thesis and has allowed for a study of representations of health that expand our understanding of the political and cultural contexts in which they were written. If patienthood is a state internalized by women as a result of Cold War containment culture, as this thesis suggests, then the questions raised about patienthood within a medical context can also be posed to the state of patienthood experienced by the characters in Cold War texts in non-medical settings. How was health defined in Cold War culture? How was healthcare informed by these definitions? And how much self-agency did women have over their bodies in the Cold War period? By using the lens of patienthood to explore the depiction of female body experience in Cold War texts, these questions, that are often directed towards patienthood in a medical setting, can be asked in relation to Cold War culture.

How Does Patienthood Change the Way We Read Cold War Literature?

By posing these questions to the twelve texts considered in this thesis, it becomes clear that portrayals of female body experience are central to understanding Cold War culture in the 1950s and 1960s. As a result, our understandings of what constitutes a Cold War text is opened up to include work from the Cold War period that explores female body experience and the medical encounter. Just as mid-century spy novels and science fiction invasion narratives have long been taken to be expressive of the Cold War moment they were written in, so too can portrayals of female body experience and the medical

encounter be read as indicative of Cold War culture. This thesis has shown how authors explore key Cold War anxieties through their depiction of the female body. Individualism, conformity, autonomy and liberty are all themes examined through portrayals of the female body in the texts studied in this thesis, and each text provides insight into how each author perceived the Cold War moment they were writing in. In *The Bell Jar*, and *Fear of Flying* Esther Greenwood and Isadora Wing are encouraged to interpret their bodies according to definitions of health perpetuated and disseminated through containment and consumer culture. April Wheeler in *Revolutionary Road* is unable to exercise bodily agency and autonomy when she becomes pregnant. In Toni Morrison's *The Bluest Eye*, Black women are denied the same access to healthcare as white women and are oppressed by a culture that figures white, wealthy suburban motherhood as a national ideal. Jack Finney's *The Body Snatchers* and Ira Levin's *Rosemary's Baby* present the pregnant female body as a source of risk that requires mitigation from a medical professional. In *V.*, 'The Surgeon at 2.a.m.' and 'Face Lift,' Pynchon and Plath depict female characters that seek cosmetic surgical procedures because they already view themselves as an object to improve according to cultural beauty norms. In all of these portrayals, the female body is presented as the site upon which the ideological conflict of the Cold War is written, leading to female characters entering states of patienthood, despite being, medically speaking, well.

Throughout this thesis, I have approached the Cold War as, using Joel Isaac and Duncan Bell's term, an 'actor's category' (6). Unlike other periodizing descriptors, such as the industrial revolution, the Cold War, as a term, was being used during the time that it sought to describe. As a result of this, writers, scholars, philosophers and artists worked with an awareness of the periodizing term that may be applied to the moment they were living in. Recognizing the Cold War as an 'actors' category' changes the way we read literature from the Cold War period. Rather than approaching Cold War literature as artifacts of the Cold War period on account of the year texts were written or published, literature from the Cold War period can be read as an active attempt by writers to make sense of the Cold War. By acknowledging this, it becomes possible to open up our understanding on what constitutes a Cold War text. Authors do not necessarily need to make direct reference to the Cold War in order for us to consider their work relevant to understanding the Cold War period. This thesis has shown how the female body becomes a text upon which Cold War anxieties are written. That all of the authors studied in this thesis, in their attempts to make sense and to

document the Cold War moment they find themselves in, centralize female body experience demonstrates the importance of the female body in understanding the Cold War period.

Acknowledging the Cold War as an 'actors' category' can also open up the application of literary research to areas outside of the discipline. If the writers explored in this thesis depict female body experience in their attempt to make sense of the Cold War period, then these presentations can be read for what they say about the nature of female healthcare during the Cold War years. These literary depictions of female body experience can be read as both offering insight into Cold War culture and the affect this culture had on the experiences of women living through it. Of course, the texts studied in this thesis are fictional, yet they are fictions born of the culture that they seek to convey. Whilst the experiences depicted in these works should not be read as case studies of real-life experience – which of course they are not – they are fictional representations that are informed by a culture that did impact upon the healthcare and medical advice women received during the Cold War era. As a result, the study of literature becomes a rich ground for exploring the effects of Cold War culture on the bodily experience of women during the era.

How Does This Thesis Change the Way We Read the Cold War?

By expanding how we can use the term *patienthood*, this thesis places female body experience at the centre of debates that formed the crux of the Cold War, namely the conflict between liberalism and authoritarianism and capitalism and communism. The female body has frequently been considered in studies of Cold War culture, largely in the context of the second wave feminism and women's healthcare movements. However, this thesis shows how the authors studied considered female body experience as critical to understanding the larger ideological and cultural debates that shaped the Cold War. Patienthood, an experience identifiable in all of the texts studied in this work, describes a state of being whereby an individual lives outside of the parameters of liberal experience, a state an individual can occupy through being considered either bodily, or culturally, abnormal. The dual definition of health as being both a bodily and a cultural marker of conformity means the body, particularly the female body, becomes the site upon which the ideological debates that shaped the Cold War become written. As I have shown throughout

this thesis, the female body is particularly impacted by the ideological conflict of the Cold War because of the centrality of traditional female gender roles in domestic containment policy and narratives. The containment culture of the 1950s heralded the white, suburban dwelling, middle-class family as the ultimate expression of American values in the face of the perceived communist threat. This, in turn, placed the female reproductive body at the crux of Cold War politics and culture, affecting not only the relationship women forged with their own bodies, but also the healthcare and medical advice they received. Rather than view female body experience as tangential to Cold War culture, or approach it only in the context of second wave feminism, this thesis has shown how exploring textual representations of female body experience offers a new lens with which to explore Cold War culture in the United States during the 1950s and 1960s.

Throughout this thesis, I have used Alan Nadel's seminal work, *Containment Culture: American Narratives, Postmodernism and the Atomic Age* as a base upon which I build some of my key claims. Nadel's work on containment culture articulates the prevalence of 'large cultural narratives' to shape 'the personal narratives of its population' (4). It is these 'large cultural narratives,' I argue, that impact upon the bodily experience of female characters in the texts studied. The potency of the political and ideological narratives that shaped the Cold War, and subsequently informed Cold War culture, affected the lives of women on the most intimate level. As shown in Richard Yates' *Revolutionary Road*, the cells that form in April's uterus, signalling the start of her unwanted pregnancy, are as enveloped within a Cold War narrative as conversations about atomic weaponry or communist spies. Cold War containment culture percolated down into the cellular level of individual being, influencing the way women interpreted and conceived of their bodies. Containment culture was evident not only on the movies shown on the silver screen, or in the morning cartoons broadcast on the television, but was most intimately felt by women in the relationships they formed with their own bodies. Containment culture influenced women's decision making on marriage, intercourse, whether or not to have children (and with whom), when to have children, how to birth their children and how to raise them. The 'large cultural narratives' of the Cold War impacted women's decision making, literally, from the inside out. In doing so, the ideological conflict of the Cold War impacted on how women conceived of their bodies, and how they understood the physical processes that define human experience.

This impact of containment brings to light the apparent hypocrisy in a culture that seeks to champion liberalism by encouraging conformity. Women were encouraged to view their bodies through a lens formed by the ideological conflict of the Cold War, a conflict between liberalism and authoritarianism. Through containment narratives, women were encouraged to become mothers and homemakers, endeavours figured as healthy expressions of their female bodies. As a result of this, women's health was determined not only by biological factors, but also by conformity to certain roles that were deemed to be, culturally speaking, healthy. This had a knock-on effect on the healthcare and medical advice women received. For example, only married women were offered the contraceptive pill once it had been approved by the Food and Drug Administration, in line with what was culturally understood to be healthy expressions of female sexuality. In its attempt to bolster the immune system of the nation in the face of the Soviet threat, containment culture created an environment in which women were granted a lesser degree of freedom in making decisions that pertained to their bodies than their male counterparts. The biological female body became an entity to be contained within the rigid confines of social acceptability, or social healthiness. The effect of this containment was the state of patienthood that is identifiable in the texts explored in this thesis, a state of being that positions women on the periphery of liberal experience that containment culture so fervently tried to defend.

This thesis has also built upon important arguments made by Priscilla Wald in her book *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Wald convincingly outlines how the Cold War was conceptualized and articulated through the language of virology and disease. I have found this observation to be particularly important when read alongside Nadel's *Containment Culture*, and when applied to the literature of Cold War period. This is because it allows for containment culture to be read in relation to how it affects conceptions of health, both in a bodily and cultural context. If the Cold War was articulated, as Wald argues, through the language of virology, immunology and disease, and policies of containment created a culture wherein conformity was encouraged as a matter of national security, then it is perhaps unsurprising that the writers studied in this thesis present female characters for whom the concept of healthiness is heavily conflated with Cold War cultural ideals. In the texts I have examined throughout this work, the female body is presented as being a text upon which the ideological conflict of the Cold War has been written, inscribing the Cold War onto the, at times, cellular level of human experience. By reading Nadel and

Wald's work together, as I have in this thesis, it becomes possible to see how containment culture and metaphors of virology worked in tandem during the Cold War period, affecting an individual's understanding and conception of their own body.

Another key text that I refer to often in this thesis is Elaine Tyler May's *Homeward Bound: American Families in the Cold War Era*. Tyler May's work articulates the centrality of the family in Cold War policy and culture. She argues that, during the Cold War, 'public policy and political ideology are brought to bear on the study of private life, locating the family within the larger political culture, not outside it' (Tyler May 10). In this thesis, I draw upon Tyler May's argument that the family was central to Cold War public policy and political ideology to argue that *female* experience, specifically, is characterized as a state of patienthood in the works of Cold War literature I explore. The centrality of the family in Cold War politics placed the female body at the core of the ideological debates between liberalism and authoritarianism, between capitalism and communism. By reading Tyler May's work on family and the Cold War alongside Wald's observations on virology metaphor and Nadel's claims about the insidious nature of containment culture, this thesis broadens the application of Tyler May, Wald and Nadel's work by highlighting the effect that this trifecta has on the bodily experience of characters depicted in Cold War literature. All of the writers studied in this thesis show, through their literary exploration of female body experience, how Cold War containment culture formulated a narrative about female bodies that ultimately affected the way women conceived of their bodies and impacted on the healthcare and medical advice they received. Cold War containment culture went beyond influencing women to conform to traditional gender norms or how to look, but ultimately reshaped the way they understood their bodies. As a result of this, presentations of female body experience in literature can, and should, be read for what they tell us about the nature of Cold War culture during the 1950s and 1960s in the United States.

In this thesis, there are three elements that are continually at play: the literary study, the Cold War cultural context and the medical humanities dimension. When writing this thesis, it has been my aim to probe the connections between these three areas of my research background. It is in the fibres that connect the literary, the medical and cultural where a greater understanding of the effects of Cold War culture can be found. By understanding the Cold War as an 'actors' category' that is being explored and defined by writers during the era, their presentations of female bodies, and of the medical encounters

these characters find themselves in, tell readers a great deal about the impact of Cold War culture on individual lives. It allows us to read a version of the Cold War that is not played out in political statements, debates and negotiations, nor in the wars driven by containment policy in Korea and Vietnam, but rather in the most intimate moments of bodily experience. This thesis positions depictions of female body experience, be it mental health, pregnancy, abortion, birth or cosmetic surgery, as being central to understanding Cold War culture, because it understands the female body was a site upon which the Cold War was written.

What Are the Wider Implications of This Thesis?

This thesis has been completed during the COVID-19 pandemic, an event that has seen many lives turned upside down by one virus' blinkered quest to thrive and multiply. When I set out writing this thesis over three years ago, I never once thought that the themes of liberalism and healthcare that are central to this work would form the crux of pandemic responses across the world. Oxford Language's 'Words of an Unprecedented Year' report, the 2020 rebrand of the yearly 'Word of the Year' review, charts the language of COVID-19 across the world. In response to the pandemic, many governments across the globe implemented curbs on the day-to-day freedoms of its citizenry. As the Oxford report shows, the names applied to these restrictions varied from country to country. In the UK, Canada and Australia, these measures have been described with the somewhat daunting moniker, 'lockdown' (17). In Singapore, and the UK, the term 'circuit-breaker' has also been used (17). In the United States, the term used to describe similar restrictive measures has been 'Shelter-in-place' (17). It perhaps comes as no surprise that terms such as 'lockdown' that make explicit reference to restrictions on individual liberty were not implemented in the United States, a country that has built its national identity on the concepts of freedom and liberty. 'Shelter-in-Place' implies the urgency of the order by invoking a phrase that, for older Americans, is associated with nuclear attack drills during the Cold War. Whilst 'Shelter-in-place' has also been used since the Cold War by the emergency services, it is a term that is culturally and historically linked to the Cold War in the United States (King). The phrase 'Shelter-in-place' not only originates from the Cold War, but its preferred usage over terms like 'lockdown' can also be explained by looking to Cold War culture. As this thesis has shown, the Cold War period in the United States created a complicated relationship between

concepts of health and freedom. During the Cold War years, freedom became equated with health in the face of the perceived communist threat. American democracy and liberalism were deemed to be an expression of healthiness, an immune system that could withstand and overcome the viral invasion of communism. Rather than use a phrase like 'lockdown,' which makes clear reference to restrictions on individual freedom, the United States employ a phrase that speaks directly to a time where American liberalism and freedom were threatened. By doing so, the US attempts to centre liberalism and freedom as that which America, as a nation, stands to protect, rather than that which individuals, in the short term, stand to lose.

The great irony of Cold War policy is that in the United States' eagerness to champion liberalism and democracy above all else, Americans were encouraged to live ever more homogenous lives. As this thesis has shown, the perpetuation of idealized ways of living and looking during the Cold War period proliferated concepts of health that were defined by cultural, as well as medical, terms. Health was evoked as the vehicle to lead the cultural fight against the Soviet Union, figuring democracy and liberalism as an immune system that could guard against communist invasion. However, creating a cultural response to the Cold War that centred American democracy somewhat contradictorily required individuals to conform to certain behaviours and ways of life. The suburban dwelling, middle-class family became the archetypal symbol of American superiority in the 1950s, seemingly an expression of the success of American capitalism and liberalism. This motif of the nuclear family became figured as a demonstration of American patriotism in the face of the communist threat. Those who did not conform to such a way of life became ostracized and treated with suspicion by other Americans. In policy makers' attempt to protect American liberalism at all costs, life in the United States in the Cold War years became more homogenized. This double-bind speaks to a concept that has long been discussed in relation to the United States, exceptionalism. In its fervent desire to establish itself as exceptional, the United States required its citizens to be unexceptional, to conform to idealized cultural norms and to embody a state of health defined by this state of conformity.

The complicated relationship between liberalism and health, which was key to Cold War containment culture, becomes evident in the United States' response to the COVID-19 pandemic. In our current day lexicons, health is often applied to areas of life that do not directly reference the human body. Perhaps one of the most pervasive uses of the term

'health' in this way is in relation to the economy. When the COVID-19 pandemic hit, many countries across the world became engaged in a difficult, at times seemingly impossible, balancing act between protecting the health of its citizens and protecting the health of its economy, two different definitions of health that ultimately rely upon one another. Ill or deceased people cannot work, and failed economies cannot provide healthcare. Whilst all countries across the world found themselves trying to protect these two types of national health, the debate was perhaps most loudly waged in the United States, a country that, throughout the twentieth century built its national identity on the health of its economy and American liberalism.

Before we even consider the effect that Donald Trump's brand of divisive politics had on the devastation caused by COVID-19 in the United States, the formulation of the country's national identity, which centres on the concept of liberty, created a problematic ground for dealing with a pandemic. Rather than seeking to bring the country together, Donald Trump exacerbated these difficulties by creating a number of culture wars. Trump encouraged the discourse on mask-wearing to be considered along bipartisan lines, a point he made clear during the first presidential debate of the 2020 election when he told the American public 'I put a mask on when I think I need it . . . I don't wear masks like him [Joe Biden]. Every time you see him he's got a mask' (Guardian News 0:34). Trump differentiated between his own mask-wearing and Biden's. He suggested that his own mask-wearing was an expression of his individual will; he wears a mask when *he* thinks it's needed. In contrast, he presented Biden's decision to where a mask 'every time you see him' as a show of institutional intrusion on the rights of the individual, representing a move away from rugged individualism. Describing the culture war on mask-wearing in a piece for the *New York Times*, Lisa Lehrer writes 'you're either a liberal snowflake controlled by big government or a greedy conservative willing to sacrifice Grandma for the economy' (Lehrer). This culture war, Megan Garber contends, can be eroded 'down to the basics of "personal responsibility" versus "government intrusion"' (Garber). By figuring mask-wearing into this political and cultural divide, Trump politicized the face mask so that wearing one became a cultural symbol of left-leaning politics. This dangerous identity-politics of mask-wearing that Trump proliferated spoke to the ideological conflict between capitalism and communism; individualism and socialism, that, in its most basic terms, defined the Cold War.

In his handling of the pandemic, Donald Trump employed his particular brand of divisive politics to play different cultural narratives of health against each other. Whilst the health of the nation suffered at the hands of the COVID-19 virus, and hundreds of thousands of Americans died, Trump tried to turn his attention away from his government's catastrophic failings in protecting public health. Instead of attempting to overcome the conflict between protecting public health and protecting American ideals such as liberalism and capitalism, Donald Trump exacerbated this ideological discord for political gain. When the extent of his failure to protect public health became clear, he moved towards a rhetoric that placed the economy and American values, such as liberalism and individualism, as a type of health that needed protection. This was made apparent when, in April 2020, he encouraged protests against stay-at-home orders in Democrat-run states, tweeting 'LIBERATE MICHIGAN!' and 'LIBERATE MINNESOTA!' (Shear and Mevosh). As this thesis has shown, in Cold War America, healthiness became defined, culturally, as conformity to idealized American norms. In 2020 Trumpian America, these cultural definitions of healthiness seemed to be remobilized by Trump's divisive politics, putting the bodily health and lives of millions of Americans at risk.

Fundamentally, the way we conceive our health and understand our bodies relies on the telling of stories. In academia and education, the sciences and humanities have existed in different intellectual spheres, occupying separate University corridors and different psychological spaces in our minds. Yet our understanding of our own bodies, of the processes that makes up our physical being, are communicated to us through stories. Whether it be the tales of red blood cells racing around our bodies delivering vital oxygen, or the memoir of a person who has lived with illness, we rely on stories to understand the physical functions and experiences that make us human. Ultimately, stories guide us in making sense of all aspects of our lives, and all facets of our experiences. We encounter them when we watch the news, scroll through social media posts or chat with a neighbour across the garden wall. Without story, or narrative, our sensory experiences would not collect into an amalgamation that we understand to be our lives.

I have not broken any new ground with the observation that stories are important in understanding our bodies, and many scholars have dedicated much energy into bridging the gap between the study of sciences and the humanities. This is particularly true in the medical humanities. Scholars working within the medical humanities, such as Arthur Frank, have

highlighted the importance of narrative as a tool for individuals to explore and articulate their own experiences of illness. Other scholars have contributed to the *critical* medical humanities by expanding what we understand as illness narratives. Ann Jurecic includes ‘fiction and blogs, as well as academic and popular commentary’ (2) in her understanding of illness narratives, whilst Stella Bolaki has expanded the definition of illness narratives to include ‘photographic portraits, artists’ books, performance art, theatre, film, animation and online narratives’ (3). In a work considered influential to what Whitehead and Woods term ‘the first wave’ (1) of the medical humanities, Rita Charon advocates for what she calls ‘*narrative medicine*’ (4), an approach that sees medical practitioners employ narrative skills to better understand the needs of their patients. However, as Anne Whitehead acknowledges in her critique of Charon’s work, the *critical* medical humanities offer scope for narrative to be used not only for medical teaching and pedagogy, but as a means ‘to explore the multiple and complex ways in which medicine and the humanities might interact critically and analytically with one another’ (“The Medical Humanities: A Literary Perspective” 125).

This thesis offers a contribution to the broad and fluid field of the critical medical humanities. Through engaging critically with Cold War literature, it shines a light on how the stories that inform our understandings of our bodies are shaped, told and guided by doctors, advertisers and politicians, specifically within Cold War culture. The advice and care given to women, such as Esther’s experience with Dr Gordon in *The Bell Jar* or Pauline Breedlove’s subpar obstetric care in *The Bluest Eye* show how scientific and medical knowledge can become amalgamated with cultural or social biases. Dr Gordon displays a photograph of his family on his desk, perpetuating the idea that the nuclear family is a healthy expression of Americanness, whereas Pauline Breedlove receives a lesser quality of care than white patients on the maternity ward, because her doctor believes, and teaches, the racist and untrue stereotype that Black women give birth easier. By engaging critically with these literary texts, it becomes clear how stories that abounded in cultural and political spheres merged with scientific and medical knowledge and thought. The doctors that Esther and Pauline look to guide them in making sense of their bodily experience in times of medical need are providing them with advice and care that is influenced by cultural narratives.

In the work explored in this thesis, it is not only doctors who are responsible for disseminating stories that influence a person’s relationship with their body. During the Cold

War years of the 1950s, the white, suburban dwelling, middle-class, heteronormative family unit was figured as an expression of American superiority in the face of the communist threat. The containment culture of the 1950s had significant repercussions on how people, in particular women, understood their bodies. The stories women looked towards to make sense of their bodily experience were disseminated across a wide scope of visual and print media, and many were tinged with the percolation of containment culture. Magazines offered women advice on how best to visually present their bodies to secure a husband, in order to get married and fulfil their roles as a wife and a mother. Television, film and advertising perpetuated the image of the suburban housewife and mother as the American ideal, leaving those unable to fulfil such roles as existing on the periphery of what was deemed idealized womanhood. As this thesis has illustrated, these idealized versions of womanhood that dominated political and cultural conversation were disseminated using a language of health. The Cold War was frequently described in terms of virology, and the motif of the metaphorical immune system had a great impact on the proliferation of containment culture. During the Cold War, women's relationship with their bodies were affected twofold by the interplay between health and containment. Firstly, the stories that formed their understanding of their bodily experience, which were often found in popular print and visual media, were informed by containment culture that used concepts of health to foster a culture of conformity. Secondly, the medical professionals, the people that were most trusted to deliver advice and treatment in relation to the body, were themselves influenced by the narratives created and disseminated through containment culture.

Throughout this thesis, I have approached the Cold War period as an 'actor's category,' partially defined by work carried out by writers, artists and academics that sought to make sense of the temporal moment they found themselves working within. As such, the texts explored in this thesis can be read as examples of writers trying to make sense of the Cold War within their own work. When encountered from this perspective, the attention each writer pays to female body experience in each text can be read as important to understanding the Cold War period in the United States. In their attempt at understanding the Cold War period, the writers studied in this thesis not only chose to explore female body experience, but they pay particular attention to the stories that form their female characters' understanding of their bodies. By stories, I do not mean only literature, but any medium whereby the body is described through a narrative, whether that be through a

description of a diagnosis given from a doctor to a patient or a print advertisement for face cream in a magazine. The texts examined in this thesis are narratives that seek to make sense of the Cold War moment that the authors find themselves in, and they do this through exploring the stories that influence the relationship their female characters form with their bodies. The impact of containment culture on shaping a woman's understanding of her body is situated within these texts as being integral to understanding Cold War culture in the United States. These texts are narratives that illuminate the effect that storytelling has on our own conception of our bodies, particularly storytelling that is formed by great ideological mythology, as was seen during the Cold War.

If we rely upon stories and narratives to make sense of our own lived, bodily experience, then how do we know which stories we can trust? Science has long held the gold standard for reliability and truth telling, yet in our current post-truth age, stories told by a scientist may be no more convincing, to some, than those told by conspiracy theorists or pseudoscientists. In our post-truth moment, when the president of the United States can publicly ridicule the Director of the National Institute of Allergy and Infectious Diseases (“Fire Fauci”), having publicly postulated that COVID-19 could be treated by injecting bleach (“Trump Suggests Injecting Disinfectant”), the stories that we look towards to inform our understandings of our bodies have become ever more tangential and unreliable. The Trump administration's handling of the pandemic, and the divided reactions it provoked in Americans, highlights how different stories can incite a different relationship between a person and their body. Is the body an expression of individuality, or a small part of a greater biological ecosystem? Is it a site of potential viral infiltration, or a physical expression of American values? These questions are the building blocks that form the two strands of thought in American reactions to the pandemic, but they were also crucial to how a person conceived of their body during the Cold War period. Through the stories they were told, Americans were encouraged to see their body as a site of potential viral infiltration *and* a physical expression of American values; as an expression on individuality, *but also* a part in a greater American ecosystem. The body, particularly the female body, became a site upon which great ideological mythologies of capitalism versus communism, liberalism versus authoritarianism, were written.

In the time of post-truth Trumpism, the stories and narratives that inform our understanding of our lived experience often contradict one another, told not with the

intention of benefiting human experience and knowledge, but often with the objective of gaining political power and/or financial reward. The nature of these conflicting stories is not unique to our current moment, but can be identified throughout human history. As this thesis has shown, the Cold War period marked a time during which the stories and narratives that informed women's conceptions of their bodies, stories told in print and television advertisement, magazine publications and film, were influenced by the ideological conflict between capitalism and communism that shaped the Cold War. The texts studied in this thesis explore how women's experience was affected by the stories they were told about their bodies during the Cold War period. Each author seeks to understand the Cold War moment they are writing in by examining the role of narrative on the – fictional – bodily experience of their characters. These texts are, in essence, stories *about* the stories women were told. In the post-truth age we find ourselves in, perhaps it is literary and filmic narrative that holds the key to helping us understand how great political narratives shape the way we understand our own individual bodies.

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