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## II

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Psychotherapy and  
Confessional Poetry

Confessional poets are crazy. Don't take my word for it; their biographers and critics are happy to provide supporting detail. Robert Lowell suffered severe manic episodes and deep depressions, was institutionalized on several occasions, and wrote with anguish of the ways his behavior harmed friends and loved ones (Mariani 1994, 341-7). Indeed, Lowell's mental illness is so defining an element of his image that Paul Mariani begins his biography of the poet with a picture from an institution (Lowell's 1954 hospitalization at the Payne Whitney Clinic in New York, his fourth serious episode of mania or depression in a five-year period). Anne Sexton and Sylvia Plath attempted suicide, spent time in institutions, endured electroconvulsive therapy, and ultimately ended their own lives (Alexander 1991, 221-5, 320-30; Middlebrook 1991, 345-93). As Dawn Skorczewski reminds readers, Sexton's first published poems were written while she was institutionalized at Westwood Lodge, in the Boston suburbs (Skorczewski 2012, xii). John Berryman's depression was exacerbated by severe alcoholism, and, after numerous hospitalizations, he finally took his own life as well (Mariani 1996, 343-6; 499-501). The illnesses, treatments, and institutionalizations of Allen Ginsberg are similarly familiar (Morgan 2006, 114-21). The very document that names and defines "confessional poetry" links this work to its authors' psychopathologies: In his 1959 review of Lowell's *Life Studies*, M. L. Rosenthal coined the term, writing that "because of the way Lowell brought his private humiliations, sufferings, and psychological problems into the poems ... the word 'confessional' seemed appropriate enough" (Rosenthal 1967, 26). And as early as 1973 - while Lowell and Sexton and Ginsberg were all still living and writing - Marjorie Perloff could deplore critical treatments that reduced the work of a poet like Lowell to a "portrait of the artist as a mental patient" (Perloff 1973, 174).

Recent scholarship has moved well beyond salacious or snooping detail about the poets' mental illnesses to examine the roles played in their work by discourses of treatment and cure, especially the Freudian psychoanalysis



with which the poets were familiar (whether they entered into such analysis as patients or not). This work effectively shifts attention from the biographical facts of mental illness to the ways poetic texts are formed by the conventions of talk therapy, the dynamics of transference, the Freudian family drama of Oedipal desires and conflicts, and the “dream work” of condensation and displacement.<sup>1</sup> While psychoanalysis – as treatment and as powerful cultural script – is clearly at work in the poetry of Lowell, Berryman, Plath, Sexton, Ginsberg, and others, it was not the only therapeutic practice experienced by these poets, and it is not the only practice that informs their poems. Coded references (and some not-so-coded references) to newly developed tranquilizers, to electroconvulsive therapy, to lobotomy, and to the routines and regimes of institutional treatment occur in the poems as well. Attention to these (attention that effects a shift of focus from “psychoanalysis” to “psychotherapy”) enables us to explore additional avenues by which the poems are in dialogue with the circumstances not only of their authors’ lives but also of the tumultuous American society in which they lived. These poetic explorations of drug and convulsive therapies and of the routines of institutional life reveal the poets’ understandings and performances of the construction of the subject in American society during the postwar decades.

Confessional poets were not crazy about the label “confessional.” As Miranda Sherwin writes, “Without exception, the confessional poets despised and resisted the label,” and all of the poets included under the rubric “argued that their work was only nominally autobiographical” (Sherwin 2011, 7). Many of these poets’ smartest readers have chafed at the label as well. Dissatisfaction with “confessional” has led some to offer new, more accurate characterizations of this poetry, and these often turn to psychoanalysis as a descriptive vocabulary superior to “confessional” (with all of that word’s implications). Helen Vendler, for example, writes that the “most inclusive rubric, perhaps, that can be proposed for the lyric poetry written in America immediately after World War II is ‘Freudian lyric’” (Vendler 1995, 31). The term suits, she argues, both because many poets (including those labeled confessional, among others) “found in the therapeutic hour (and its textual support in Freud’s writings) not only themes for their poetry but also new formal procedures shaping it.” For those poets who experienced one or another version of the talking cure, the specific practice of weekly hour-long sessions in which intimate episodes were not only narrated but also analyzed offered a means for bringing previously unavailable subject matter into verse. This subject matter would not serve simply as the expression of personal emotion, but would, instead, be set as a text for analysis within the poem, a provocation for the poet’s and the reader’s search for significance.

Even for poets who had never set foot in a therapist’s office (but also for those who had spent many hours weekly in such places), the broader cultural presence of Freudian topoi made Freud’s ways of framing profound emotional difficulty available as a readily comprehensible code.<sup>2</sup>

More recently, Sherwin has argued that Vendler’s “Freudian lyric” is too narrow a label. She offers, instead, “psychoanalytic poetics” as a term that more flexibly captures the ways psychoanalytic tropes influenced the work of the confessional poets. One way to understand the distinction is to compare Vendler’s focus on Freudian analysis as formal model to Sherwin’s emphasis on psychoanalysis as master narrative. For Vendler, the strict formal limits of Berryman’s *Dream Songs* (eighteen lines in three six-line stanzas) mimic the strict temporal limits of the therapeutic (fifty-minute) hour, and the sequence of poems mimics the recursively anecdotal character of analysis. While Berryman deploys a division of the subject into characters that can be mapped onto the Freudian Id (the part of the psyche characterized by untrammelled desire) and Superego (the part that demands self-denial and compliance with law), and while the sequence dramatizes the slow emergence of an Ego that might enable the performance of an integrated “self,” Vendler argues, the real value of the Freudian model for the poet is its structure, which allows Berryman implicitly to invoke, comment on, and revise other, older narrative and thematic structures. Sherwin emphasizes, instead, the way Berryman stages, through the conflict between the Id and the Superego and through the balance of specific biographical resonance and more general references to familial dynamics, a straightforward and recognizable Oedipal conflict (in which the child unconsciously desires his mother and wishes the death, or even symbolically kills, his father).

Both of these critics focus part of their discussion on “Dream Song #29,” and we can see how “Freudian lyric” and “psychoanalytic poetics” differ by comparing their readings of this often anthologized poem. The poem announces its theme, guilt, as a palpable and almost overwhelming presence:

There sat down, once, a thing on Henry’s heart  
so heavy, if he had a hundred years  
& more, & weeping, sleepless, in all them time  
Henry could not make good.

(Berryman 1969, 33)

Famously, it concludes with Henry’s inability to find the foundation for his guilt; while he might think he has committed murder, he can find no one missing when he “reckons them up.” Vendler reads this “cognitive dissonance” as a kind of traumatic repetition that is amenable not to “confession”



(because Henry has “no sin to confess”) but, instead, to the analysis conducted during the “therapeutic hour” (Vendler 1995, 49). Through that analysis, Berryman arrives at an emblem of the psychic material rendered unavailable to Henry’s conscious mind by the process of repression. The poem, read in Vendler’s Freudian terms, illustrates at once the illusory foundation of the analysand’s free-floating guilt (no murder) and the actual foundation of his anxiety (“pathological scrupulosity”).

Where Vendler keeps her focus on the contents of Henry’s (and Berryman’s) psyche, Sherwin reads the poem precisely for the way it denies readers access to individual guilt and, instead, participates in a “universalizing trend” (Sherwin 2011, 74). From the first stanza’s insistent location within Henry (on his heart, in his ears), the second shifts to an image outside Henry. The “chime” in Henry’s head in the first stanza becomes, in the second, actual “bells” that speak to him: “too late.” It is, Sherwin argues, this newly dawning “awareness of the outer world” that enables, in the final stanza, a “psychological movement” toward “health and recovery.” This movement is not the Freudian uncovering of repression; it is, instead, a broader integration of inner and outer worlds that disproves the first stanza’s “thing on Henry’s heart.” While Sherwin does not mention it, the diction in the third stanza seems to bear her out on this integration. Where the first stanza focuses inward and the second outward, the third brings the two together. Henry “thought” and “reckons,” but he also twice acknowledges the external fact that “Nobody is ever missing.”

A good deal of recent scholarship on confessional poets has worked through the psychoanalytic to the ideological in ways that capitalize on the implicit invitation to read the psychoanalytic work of confessional verse in and against its historical moment. Paul Breslin’s perceptive readings of Ginsberg, Lowell, and Plath in *The Psycho-Political Muse*, for example, set these poets against the horizon of psychoanalysis’s cultural popularity in the 1950s and its absorption into the radical political thought of Herbert Marcuse and Norman O. Brown in the 1960s in order to delineate the cultural work of confessionalism’s “representative victim.” In *Pursuing Privacy in Cold War America*, Deborah Nelson juxtaposes shifting legal definitions and delineations of privacy during the postwar decades with the poetry of Lowell, Plath, and Sexton, showing how the poems’ psychoanalytical explorations of inner tension register the cultural tensions around and arising from privacy concerns. Noting (along with other critics) the “preponderance of anxious and hostile poems about fathers in the confessional corpus,” Nelson deftly maps the psychoanalytic onto the political: “This anxiety about the hostility to fathers then reveals the special relationship that the patriarch enjoyed with respect to privacy” (Nelson 2002, 60). Where Nelson

adumbrates the discourse of psychoanalysis with the evolution of privacy through legal opinions, Adam Beardsworth reads Lowell for the present absence of the bomb. The emptiness of the severe depressive’s psyche, Beardsworth argues, stands in Lowell’s work as a figure for the nothingness that would follow nuclear annihilation (Beardsworth 2010, 97). Negating his culture’s norms through his encounter with (and acceptance of) nothingness, Lowell emerges as the atomic poet par excellence.

For Sylvia Plath and Anne Sexton, most critics find the psychoanalytic opening onto the politics of gender and domesticity. The range of devices each of these poets brings to her lyric practice helps to link those political anxieties to vocational questions; language and poetry are perhaps more explicitly at stake in the work of Plath and Sexton than in the work of other poets labeled confessional. Jo Gill illuminates the links between gender, the domestic, and the poetic vocation in early poems by Anne Sexton by focusing on the multivalent significance of narcissism in the work (Gill 2004, 62). In her book on Sexton’s confessional poetics, Gill goes further, situating Sexton’s work in the specific matrix of 1950s and 1960s suburbia to show how the poet depicts “the self in the modern suburban home as dislocated and fragmented” (Gill 2007, 58).

Freud offered Sylvia Plath a key to her own emotional experience (and that of others) from early on; while a student at Smith College, she diagnosed her anxiety as arising from penis envy and an inferiority complex and she readily explained the infidelities of her boyfriend, Dick Norton, in terms of “a mother complex” (Alexander 1991, 89). Michael Davidson draws on the significance of Freud to the poet in his rereading of Plath’s performance of gender. Tracing a profound gender ambivalence from Plath’s early journals and letters through her late poems, Davidson argues that the mythic vocabulary she drew (at least in part) from the psychoanalytical work of Freud and Jung masks a repeated “presumption of speech ... whereby the male being addressed ... becomes identified with the female subject speaking” (Davidson 2004, 182).

In a variety of ways, then, psychoanalysis enlivens the confessional poem and reveals links between the poem and its moment. While Berryman, Ginsberg, Lowell, Plath, and Sexton all were at once interested in Freudian psychoanalysis as a cultural discourse and engaged, at one time or another, in a version of the psychoanalytic talking cure, all of these poets also endured other therapeutic interventions. As Elliot Valenstein notes, convulsive therapies were deployed in the majority of American mental institutions between the mid-1930s and mid-1950s (Valenstein 1986, 52), and, as Andrea Tone shows, new tranquilizers were widely used and celebrated in the 1950s and 1960s (Tone 2009, 27). These, too, find their ways into the



work of confessional poets. Tranquilizers, electroconvulsive therapy, and the routines of institutionalization address the body as a site for the exercise of power more directly than do the rhetorical and narrative devices of psychoanalysis. In their explorations of the full range of treatments for mental illness in mid-century America, the confessional poets perform the drama, still familiar to readers, of the subject produced by disciplinary practices and their underlying discursive formations.

This is perhaps most vividly apparent in Allen Ginsberg's *Howl*. The poem is famously addressed to Carl Solomon, whom Ginsberg had met when both men were patients in the Columbia Presbyterian Psychiatric Institute in 1949, and the entirety of its third section is an apostrophe to Solomon organized around the refrain "I'm with you in Rockland," a New York mental hospital in which Solomon had been committed. Near the end of the long first section, Ginsberg finds the best minds invoked in the poem's famous opening line, the "angel-headed hipsters" (including himself) in the same "total animal soup of time" in which he locates Solomon (Ginsberg 1984, 126; 130). Having "presented themselves on the granite steps of the madhouse," they are subjected to the range of treatments available in the 1950s and are given "the concrete void of insulin Metrazol electricity hydrotherapy psychotherapy occupational therapy pingpong & amnesia" (Ginsberg 1984, 130). This catalog is worth hovering over for a moment, for its constituents illustrate the strong connection between manipulation of the body and an ideal of mental health during this historical moment. The first three items here are forms of convulsive therapies; they all derive from an understanding that unhealthy psychological cycles must be interrupted, that the brain and nervous system must be directly addressed in order to "normalize" or regulate the patient's mind (Valenstein 1986, 45-6; 50-2). All were intended to "jolt" the patient's system (usually diagnosed as abnormal, depressed, or schizophrenic) into "normal" functioning. Insulin shock therapy, introduced in the 1920s, used heavy doses of insulin to induce daily comas (Valenstein 1986, 46-8). "Metrazol" was a brand name for the stimulant, pentylenetrazol, which, in sufficiently high doses, induced convulsions in the patient (Valenstein 1986, 50). Electroconvulsive therapy brought about brief seizures through the application of electricity in order to alter "abnormal" functions in the brains of depressives and schizophrenics (Valenstein 1986, 50-2). All of these therapies tended to produce "successful" outcomes when success was defined as docility and compliance; power applied to the body could indeed bring the mind into a socially acceptable orderliness (or at least the appearance of it).<sup>3</sup>

Ginsberg marks one end of a continuum of critical attitudes toward somatic therapies, institutional regimes, and prescription drugs. The work

of Lowell, Sexton, and Plath offers a range of responses to and interpretations of the production of the subject by these practices. While Lowell, for example, does not suggest revolution against it, he does sadly limn the disciplining of the subject by the routines of treatment. Taken together, the late poems of *Life Studies* survey a good deal of the landscape of mental illness and its treatment from the late 1940s to the end of the 1950s. The poems of the volume's last section shift attention from the routines and therapies of institutional life to the medications that enable a life outside in the world. Both "Memories of West Street" and "Man and Wife" prominently mention one of the chief new technologies for the maintenance of "mental health," the pharmacological tranquilizer: "These are the tranquilized *Fifties*," he writes in the first line of the second stanza of "Memories of West Street," and in the first line of "Man and Wife" he describes himself as "Tamed by *Miltown*" (Lowell 1959, 87). The italicized noun here names the Wallace Laboratories brand name for the tranquilizer, meprobamate (Tone 2009, 50). Released for prescription use in 1955, the drug quickly became enormously popular for its combination of sedative properties and fairly low toxicity. By the time it appeared by name in Lowell's poem, Miltown had developed the reputation of a wonder drug (Tone 2009, 27-8). What is clear in Lowell's poems, however, is the drug's inadequacy. In "Man and Wife," though the couple is "tamed" by the tranquilizer, they are caught in an emotional struggle so powerful that it expands to infect every aspect of the world around them. The Marlborough Street Lowell describes in "Memories of West Street" as "hardly passionate" is on fire in "Man and Wife," flamed and fueled by the mania of which the speaker has supposedly been cured and left, as "Home After Three Months Away" has it, "frizzled, stale and small."

In "Memories of West Street," the decade has been "tranquilized" and the speaker is sedately "book-worming," but the poem's structural logic seems to confirm the meekly negative judgment on "cure" delivered at the end of "Home After Three Months Away." The poem's four stanzas divide so that two internal stanzas emphasizing violence are framed by two in which the central figure is artificially calm. The framing stanzas offer the speaker himself, quietly reading in his house on "hardly passionate Marlborough Street" (and tranquilized, as we can infer from the poems that surround this one in *Life Studies*) and, at the other end of the poem, the crime boss Lepke, awaiting execution. On the surface, little seems to connect these two figures, the poet and intellectual on the one hand and the murderer and extortionist on the other. Both, though, occupy spaces set apart, the poet in his house and the prisoner in his "little segregated cell." Each of these is a space of privilege: The poet reads and studies because he teaches only one day a week and the criminal enjoys "things forbidden the common man."



Finally, each is artificially maintained in his calm. Lepke moves in "a sheepish calm" as a consequence of his lobotomy, and the violence with which he is at once prevented from the poet's "agonizing reappraisal" and left to focus without interruption on his execution is, in an attenuated way, generalized to the speaker and his society by the crucial "tranquillized" in the second stanza. Objectors to the state, whether conscientious or criminal, must be controlled, whether by institutionalization, drugs, surgery or "the electric chair" (Lowell 1959, 86).

The catalog of therapies sketched in these poems helps us to see beyond psychoanalysis to the broader range of treatments narrated or examined in the work of Lowell's fellow confessional poets. While psychoanalysis is important in both the biography and the work of Anne Sexton, for example, some of her most powerful poems focus on the mechanics of institutionalization rather than the dynamics of Freudian analysis. From such early poems as "You, Doctor Martin" (published in 1960 in Sexton's first book, *To Bedlam and Part Way Back*) to "Angel of the Love Affair" in the 1972 volume, *The Book of Folly*, the mental hospital and its regimes and accoutrements recur in her work. "The Double Image" encapsulates these with haunting economy:

I pretended I was dead  
until the white men pumped the poison out,  
putting me armless and washed through the rigmarole  
of talking boxes and the electric bed

(Sexton 1988, 28).

The institution responds to the emotional and spiritual pain that drives the speaker's suicide attempt (not her first) by addressing her body, first emptying her of the drugs she has taken and then subjecting her to electric shock. Later in the poem, Sexton touches on the occupational therapy that figures often in her narratives of "recovery": "I made moccasins that I would never use" (Sexton 1988, 29). The body is kept busy, set to hollow labor, in order to still the mind and render the subject productive (as the term is defined by the society's dominant voices). Sexton examines the routinized surveillance and physical control with which the "mad" are "treated" in more detail in "You, Doctor Martin," and here, perhaps more than in any other confessional poem, the bio-political significance of mutually reinforcing regimes of psychotherapy is acutely registered. Sexton keeps an intense focus not on Doctor Martin and his talk but, instead, on the ways the patients' bodies are controlled and monitored. Standing in lines, eating on cue and in unison, watched even when they are alone, the patients are infantilized by their treatment. Unmade by the institution, the speaker is, like the moccasins she

stitches, remade in a shape more useful than that of a "mad" queen: "Now I am myself / counting this row and that row of moccasins / waiting on the silent shelf" (Sexton 1988, 10).

Sylvia Plath endured institutionalization, electroconvulsive therapy, and insulin shock therapy, as well as rigorous psychoanalysis, after periods of depression and a suicide attempt at age twenty. I want to conclude with a discussion of Plath's work because, more than that of any of the other confessional poets, Plath's poetry shows how an awareness of the broad landscape of psychotherapies in the 1950s can illuminate the poems' figurative language. More than this, Plath's work also evinces an ambivalence toward these therapies and their effects that complicates our sense of the subject produced by them. It is tempting to read Plath's figurations of treatments for mental illness as critiques of the institutions of mental health analogous to the critiques of American gynecological and psychiatric medicine that Luke Ferretter reads in *The Bell Jar* (Ferretter 2008, 127). The complexity of Plath's poetic handling of this imagery, however, renders her critical position more ambivalent.

Anne Stevenson, among others, has written of the possible long-term effects Plath suffered from the treatment she endured first as an outpatient during the summer of 1953 and then, after her suicide attempt, at McLean Hospital. While many might not agree with Stevenson that Plath's "ECT may have substantially contributed to her cool, logically-arrived-at decision to do away with herself" (Stevenson 1989, 44), it is more difficult to dispute her claim that the "psychiatric treatment Sylvia Plath received in the 1950s now seems almost as barbaric as the rituals of eighteenth-century Bedlam" (Stevenson 1989, 47). It is clear that the interacting set of therapies Plath experienced had powerful effects that reverberate throughout her career. Among those effects is an emphasis on the subject as constructed by forces and powers beyond her control.

The array of therapies aimed at "curing" the mind by controlling the body are most obviously in play in a poem like "The Hanging Man" (a poem not among those Plath clearly intended to publish but which Ted Hughes included in the 1965 *Ariel*), whose speaker "sizzle[s] in blue volts" and awakens in a "world of bald white days" (Plath 1966, 77). Here, Plath absorbs the experience of electroconvulsive therapy into a mythic system of reference, alluding obliquely to *The Waste Land* (where Madame Sosostris does not see this card as she performs a Tarot divination) and to the figure of Christ ("pinned ... in this tree").

In the later poems Plath wrote for *Ariel*, a less explicit and less tightly formal dramatization of bio-political therapies yields a more powerfully complex exploration. "Tulips" is among the earliest of the poems written



for the volume; Plath composed it in March, 1961, only a month after suffering a miscarriage (and less than a year after the birth of her first child, Frieda) and shortly after a long hospital stay for appendix surgery. The hospital imagery in "Tulips" can therefore obviously be read as referring to these experiences. Against the horizon of her treatments for depression, though (which included anti-depressant drugs, electroconvulsive therapy, and insulin-shock therapy), it is difficult not to see the poem as a comment on these therapies as well. However, unlike the responses to therapy in the work of Ginsberg or Sexton, "Tulips" is ambivalent. Lying quietly in a bed surrounded by "white walls," propped up on a pillow and passively taking in all that happens around her, the speaker is at once powerless, forced to take in her surroundings like an eye held open, and "a pebble" tended by the nurses as "water / Tends to the pebbles it must run over" (Plath 2004, 18). What is striking in this poem, especially when read alongside Sexton's poems on institutionalization, is the speaker's generally positive affect regarding her treatment, even (perhaps especially) the treatments that empty her of memory, attachment, and personality. It is the reminders of her life outside the white walls – the titular tulips, which are "too excitable," and the photograph of her husband and child – that cause the trouble. On the one hand, this diction recalls Plath's youthful jealousy at the hospitalization of her college boyfriend, Dick Norton; "Sick with envy," she had written in her journal when Dick entered a sanitarium in upstate New York. While she was suffering one of her overwhelming depressions and wanted to "crawl back abjectly into the womb," Dick was "lying up there, rested, fed, taken care of, free to explore books and thoughts at any whim." On the other hand, the featureless setting, the speaker's passivity and powerlessness, and the imagery of drowning ("I watched my teaset, my bureaus of linen, my books / Sink out of sight, and the water went over my head") recalls the poet's descriptions, throughout her journals and letters, of the oblivion offered by suicide. Holding these two poems together, however, we see Plath exploring the comforts of momentary amnesia and disconnection (effects of convulsive therapies), even as she resists the "hooks" of those practices and institutions that would bring her back to the "self" she wished to escape. If the "blue volts" that shock the hanging man into prophetic vision are the currents of electroconvulsive therapy, they are at once torture and power. If the "Communion tablet" figuring the peace on which the dead close is a pill, it is at once the relinquishing of connection and the promise of reemergence from figurative death into dangerous life. In Plath's complex confessional work, the disciplinary apparatus of mid-century psychotherapy appears in all its multivalent and contradictory richness. Much madness, here as in the work

of her afflicted contemporaries, leads readers to divine a richer sense of mid-century American subjectivity.

## NOTES

- 1 On these well-known concepts, see Sigmund Freud (2010).
- 2 Regarding "code" here we might usefully recall Roman Jakobson's definition of the term as a mode of signification commonly held by both addresser and addressee in a communicative situation (Jakobson 1971, 570–1).
- 3 As Valenstein writes, although convulsive treatments were not (at least until the late 1950s) "subjected to rigorous or effective criticism within psychiatry" (1986, 53), their "successes" were widely proclaimed and celebrated in the popular press.

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