

USING ILLNESS NARRATIVES AS AN EMPATHETIC CONNECTION TO REPRESENT FEMALES' SUBJECTIVE CONSCIOUSNESS: AN ANALYSIS OF "THE YELLOW WALLPAPER"

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Abstract: This study intended to use "The Yellow Wallpaper" as a case study to demonstrate how illness narratives can be used to form an empathetic connection with respect to patients' anxiety, predicaments, trauma, or other health problems and, further, to reach self-identification and justification. To achieve the research objectives, the study used Charon's illness narratives regarding attention → representation → affiliation and Engel, Zarconi, Pethel, et al.'s six narrative skills as a framework to examine how the nameless female narrator struggles to reach her own female identification and subjectivity in a gender-discriminated patriarchal hegemony, but gradually becomes hysterical, losing her mind, and finally, going insane.

Keywords: *illness narratives, narrative medicine, empathetic affiliation, female subjectivity, patriarchal hegemony*

Illness narratives, or narrative medicine, refer to autobiographical accounts of illness, disease, or medical treatments from the patients' point of view in order to form an empathetic connection to better understand their anxiety, predicaments, trauma, or other health problems (Charon, 2006). Illness narratives can help those suffering to make sense of their painful experience and hence reach self-identification (McDonald et al., 2015). Illness narratives can also be used as a tool to bridge the communication gap between physicians and patients and thus form a mutual understanding with each other via the stages of attention, representation, and affiliation (Charon, 2006). Those who effectively use illness narratives can develop a better understanding of others' suffering and predicaments and hence have a better empathetic association with others.

Research has shown that those suffering or ill may use narratives as a tool to represent their experiences of illness or suffering; they may reflect upon these experiences and further make sense of them, thereby defining their own subjectivity or self-identification (Charon, 2017; Frank, 2017; Jurecic, 2012). Those experiencing an identity crisis can use illness narratives to communicate with their inner self, hence reaching personal integration (Huang, Wang, & Ho, 2010). Those seeking to improve their inner life or life experiences may thus reach self-identification by constructing their subjective autobiographic selves, founded on the experiences they recall (Fivush, 2001). Those using illness narratives to relate to the life experiences of others may use others' life stories to form an empathetic connection with them. Overall, through illness narratives, patients, patient families, and health providers can reflect upon those suffering and recognize them as more than a diagnosis or health concern—they can see them as human beings with thoughts and concerns.

In order to further understand how illness narratives can be used to form an empathetic connection to resolve the anxiety or predicament of those suffering, either physically or from an identity crisis, this study intended to use "The Yellow Wallpaper" (Gilman, 1892) as a case study to examine how the nameless female narrator struggles to reach her own identity and subjectivity in a gender-discriminated patriarchal hegemony. Using illness narratives as an empathetic connection to justify her anxiety, predicaments, trauma, or other health problems, the female narrator could hence reach a self-identification and justification. However, she fails to successfully form an empathetic connection with the narratives; thus, she cannot find an outlet to release her anxiety and anger toward the unfair patriarchal hegemony surrounding her, resulting in her mental breakdown or self-destruction.

METHOD

To demonstrate how illness narratives can be used by people to form an empathetic connection, justify their feelings, and thus further construct their identity, the study used Gilman's (1892) "The Yellow

Wallpaper” as the case for a textual analysis and used Engel, Zarconi, Pethel, et al.’s (2008) six narrative skills as the framework for narrative medicine in order to examine how the female narrator and her physician husband, John, in “The Yellow Wallpaper” used or failed to use the narratives to form an empathic connection to herself and others. The six narrative skills used for the study are briefly provided as follows:

- ethical-moral imagination
- empathetic attendance and attentive listening
- close reading and interpretation to realize ethical-moral dilemmas
- reflective writing and narratives regarding illness
- ethical-moral reasoning regarding illness stories
- narrative engagement in ethical-moral dilemma, predicament, or ambivalence

In addition, the study used Charon’s (2001) illness narratives regarding attention → representation → affiliation to explore how the nameless female narrator struggles to find her own identity and subjectivity in a gender-discriminated patriarchal hegemony; gradually, she becomes hysterical, loses her mind, and finally, becomes insane.

FINDINGS AND DISCUSSION

Patriarchal Hegemony in “The Yellow Wallpaper”

“The Yellow Wallpaper” (Gilman, 1892) is a story about female illness narratives; narrated in the first-person, it pertains to an anonymous woman who lives in a colonial mansion but is confined in a nursery room decorated with yellow wallpaper. “The Yellow Wallpaper” focuses on a female persona with no name, and her anonymity helps female readers to form an empathetic affiliation with the iconic female persona stuck in the American patriarchal society of the nineteenth century. The young woman’s physician husband, John, diagnoses her with a “temporary nervous breakdown,” some kind of hysterical tendency, as a result of the birth of their baby. To cure her illness, he insists that she adopt the “rest cure” treatment; as such, she is forbidden to work or to write and, instead, is encouraged to eat well and take much air to aid in her recovery. Although she totally disagrees with this diagnosis and prescription, the female narrator can do nothing but obey her husband’s commands.

In a patriarchal society of male domination, men are regarded as being superior and women, inferior. Hence, the nameless wife is a submissive figure under her husband, an authoritative patriarchal figure who is a combination of father, husband, and physician. Certain of his power over his wife, the physician husband (John) always decides what is best for her. For instance, after determining that his wife has had a “temporary nervous breakdown,” in order to cure her, John moves his wife to a rented colonial mansion for the summer—without asking her opinion. There, the wife is confined to an upstairs nursery and is prohibited from interacting with the outside world and any other people, including her own baby. She is not even allowed to use a pen to write something. The female narrator says,

He [John] said we came here solely on my account, that I was to have perfect rest and all the air I could get. “Your exercise depends on your strength, my dear,” said he, “and your food somewhat on your appetite; but air you can absorb all the time.” So we took the nursery at the top of the house.” (Perkins, 1892, p. 648)

The female narrator is confined in the colonial mansion, which symbolizes patriarchal hegemony; indeed, she lives in a prison-like space, enforced by barred windows, metal rings in the walls, and a bed bolted to the ground (Ghandeharion & Mazari, 2016). The room itself is a nursery, surrounded by horrid torn wallpaper with “a kind of sub-pattern in a different shade” (Perkins, 1892, p. 650), symbolizing her husband’s view of her as not an independent individual, but a baby who needs to be taken care of; he even uses diminutive nicknames for her, such as “blessed little goose” (p. 649). Moreover, John provides her with an activity for every hour of the day. At first, he used gentle words to inform her: “He [John] said we came here solely on my account, that I was to have perfect rest and all the air I could get” (p. 649). However, if the female narrator disobeys his rules, John becomes threatening: “John says if I don’t pick up faster he shall send me to Weir Mitchell in the fall. But I don’t want to go there at all” (p. 650). The yellow wallpaper surrounding the nursery symbolizes the hierarchical hegemony monitoring females all the time. As Bak (1994) noted, the imprisonment of this woman via the use of yellow wallpaper becomes a symbol of supervision. The nursery room turns into a prison cell, surrounded by barred windows and yellow wallpaper, and the female character, as a goose, is being constantly surveilled by her physician husband, a symbolic patriarch, who monitors whether her behavior is in line with that expected within the patriarchy system.

Illness Narratives as Empathetic Connection: Attention → Representation → Affiliation

The principles of narrative medicine involve attention, representation, and affiliation, which help physicians through the cognitive practice of listening, reading, and writing; with respect to these principles, illness narratives can be used to communicate and to form an empathetic connection with patients or relevant stakeholders. They also allow physicians to experience illness from the perspective of “people,” not disease, thereby creating subjectivity and an empathetic affiliation between doctors and patients (Charon, 2001).

Of the narrative competencies, “attention” refers to the narrative ability to be consciously present in clinical encounters; “representation” refers to the narrative ability to engage in clinical encounters in order to attain significance; and “affiliation” refers to the narrative capacity to create an emotional bond with patients, patient families, and other healthcare professionals (Charon, 2001). Through the personal narration of illness experiences, narrators may manage to bring a coherence to the suffering of these illness experiences and hence make sense of their suffering. Namely, illness narratives can be a useful tool to appreciate patients’ voices and form an empathetic connection with patients, hence reminding people that they are individuals, not merely a disease or an illness syndrome. As Arthur Kleinman (1988) mentioned, illness narratives are the stories patients tell or the stories told by patient families, healthcare professionals, or others; by that, narrators can think about the illness process and take meaning from the illness.

Serving as an additional useful medical tool to assist doctors and patients in working together to listen to each other’s voices, illness stories have the effect of alleviating pain and creating a healing effect (Kalitzkus & Matthiessen, 2009). It is assumed that, when a physician is making a diagnosis for his/her patient, the physician is familiar with the patient’s illness experiences; indeed, the experiences serve as effective interpretative clues in order to reach a better understanding of the patient’s feelings during the diagnosis and treatment process. However, in “The Yellow Wallpaper,” John, both a husband and a physician of the nameless female narrator, has no intention of listening to his patient/wife. After moving into the colonial mansion, his patient/wife feels uncomfortable with the room and suggests that she move downstairs or that they change the “sickly” yellow color, observing its “yellow” smell and its bizarre and disturbing pattern like “an interminable string of toadstools, budding and sprouting in endless convolutions” (Perkins, 1892, p. 653). However, her physician husband John, with no intention of communicating and forming an empathetic affiliation with his patient/wife, displays his power over her by directly rejecting her request:

...nothing was worse for a nervous patient than to give way to such fancies. He said that after the wall-paper was changed it would be the heavy bedstead, and then the barred windows, and then that gate at the head of the stairs, and so on (p. 649).

The patient/wife then asks her physician and husband to take her to another place. But John is once again unwilling to heed her request: “You really are better, dear, whether you can see it or not. I am a doctor, dear, and I know. You are gaining flesh and color, your appetite is better, I feel really much easier about you” (p. 652). When she attempts to further negotiate with him, he gives her a big hug and says, “she shall be as sick as she pleases! But now let’s improve the shining hours by going to sleep, and talk about it in the morning!” (p. 653). The narrator, however, fully intends to continue the discussion, until John “sat up straight and looked at me with such a stern, reproachful look that I could not say another word” (p. 652). Here, John is clearly heedless of his wife’s emotional needs, as he warns, “Can you not trust me as a physician when I tell you so?” (p. 652).

John’s Failure to Reach an Empathetic Connection

It is assumed that, by listening to their in-depth reflections upon their illness, patients will better understand their experience of illness and the distress that it causes them and their families, so as to make sense or redefine their meaning of life after illness. For their part, physicians can use illness narratives as a communication channel between them and their patients to alleviate their patients’ pain and to arouse their own empathy toward their patients’ suffering (Kalitzkus & Matthiessen, 2009). Namely, illness narratives can serve as a positive psychological intervention to improve doctor-patient relationships. Hence, it is necessary that physicians listen attentively to patients to understand them and form an empathetic connection with them, thereby helping patients to receive more appropriate care. However, John’s confident diagnosis of his wife is nothing more than temporary neurasthenia, which is not an accurate diagnosis. Nevertheless, his wife’s objections do not change John’s opinion of rest treatment; that is to say, John cannot form an empathetic affiliation with his wife’s suffering. His authority and dominance lead to her helplessness:

You see he does not believe I am sick!

And what can one do?

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do? (Gilman, 1989, p. 648)

With no interest in his wife's concerns, even though he is a doctor, John fails to form an empathetic affiliation with his patient; in fact, he exacerbates his wife's mental breakdown or madness. John does not take her illness seriously: "John does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him" (p. 649). Moreover, using his medical profession and general men's knowledge as the baseline, John ceaselessly represses the whimsical imagination of his wife, claiming that her fancy and imagination are the only source of her mental breakdown:

...but John has cautioned me not to give way to fancy in the least. He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency. So I try (p. 649).

Patients' illness narratives can provide patients with additional insight into their subjective experience of illness and allow physicians to gain access to the patients' subjective realm (Pluta et al., 2015; van der Riet, et al., 2011) and construct meaning from the illness based on the patients' social and cultural backgrounds (Hyden, 1997). Hence, illness narratives can be a means of communication between physicians and patients. Nonetheless, John, as a physician and a husband, fails to use it as a means to communicate with his wife/patient; consequently, his wife gradually loses her mind until she finally becomes insane.

For women being oppressed by patriarchal dominance, illness narratives allow female narrators to write about their innermost feelings when encountering ailments, predicaments, and suffering, which would reduce the unbearable pressure they are under. Moreover, these females' illness narratives can be a self-assertive process, helping them reflect upon their position in patriarchal society and, in turn, recognize their unique identity, which many women have searched for in a quest to discover their subjectivity (Ghandeharion & Mazari, 2016). In this way, female illness narratives are somewhat like *écriture féminine* (Cixous, 1976), women's writing, which is used to break the rules of traditional masculine conversation and dialogical interactions in patriarchal systems (Showalter, 1977 & 1981). While using illness narratives as *écriture féminine*, women, by examining the relationship between the cultural and psychological prescription for the female body in language and writing, may hence reflect upon the gender roles imposed by the patriarchal system, affording them the opportunity to construct their female subjectivity as identification.

Obviously, the female narrator in "The Yellow Wallpaper" is trapped, physically and mentally, in a nursery room, a symbolic prison cell within the patriarchy. Moreover, her husband's tyrannical diagnosis of her health condition and uncompromising prescription for her medical treatment reveal an imbalance in the power structure of the husband-and-wife relationship. The patient's/wife's views continually contradict those of her physician husband. For instance, she is forbidden to do any kind of labor, including her favorite work, namely, writing, which deprives her of creativity. She believes that pleasant work, along with excitement and change, will improve her health. However, she is forbidden to write by her physician husband. Hence, she faces a dilemma: to be an obedient woman, an angel, or to listen to her own voice, urging her to write and attain self-identification and freedom (Gilbert & Gubar 2000). Her physician husband insists that writing will deteriorate her health, although the narrator expresses that writing is good for her health. Nonetheless, based on conjugal obedience, the female narrator must follow her physician husband's medical advice despite the surety that, in doing so, she will not recover:

So I take phosphates or phosphites--whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to "work" until I am well again. Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good. But what is one to do? (p. 648)

The female narrator decides to defy her husband by writing; however, she does so secretly, saying, "There comes John, and I must put this away—he hates to have me write a word" (p. 649). As a result, she grows exhausted with the undertaking and loses the will to write:

I don't know why I should write this.

I don't want to.

I don't feel able. And I know John would think it absurd. But I must say what I feel and think in some way--it is such a relief!

But the effort is getting to be greater than the relief (p. 651).

Illness Narratives: Anxiety Provoking versus Anxiety Negotiation about the Dilemma

While the narrator's physician husband represents a patriarchal man in the American patriarchal society of the nineteenth century, the narrator's sister-in-law, Jane, represents as an idealized woman, an angel, who epitomizes the stereotypical characteristics of patriarchal Victorian society and tends to the household tasks (Tyson, 2006). Totally disciplined by the patriarchal norms and conventions, Jane shares the feminine characteristics of a caring woman, willing to stay home to take care of household and children, as the female narrator observes:

Such a dear girl as she is, and so careful of me! I must not let her find me writing. She is a perfect and enthusiastic housekeeper, and hopes for no better profession. I verily believe she thinks it is the writing which made me sick! But I can write when she is out, and see her a long way off from these windows (Perkins, 1892, 650).

As an obedient woman, Jane also opposes writing. According to Showalter (1977), any type of work involving self-development would be in an opposition to the feminine characteristics of the time, suggesting submissiveness and suppression. Those women fond of writing would enhance their individual self-development and ego, hence being considered counter to feminine characteristics (Showalter, 1977). Hence, writing was considered inappropriate for women, which is why the narrator's physician husband and sister-in-law are opposed to it. Indeed, women who did not conform to the feminine characteristics of patriarchal society, who were unwilling to subordinate their individual needs for those of their families, were regarded as transgressive women or patriarchal monsters (Auerbach, 1982).

Aware of female subjectivity, the female narrator is conflicted between her desire to liberate herself from the dominant patriarchal imprisonment and the pressure to surrender her subjectivity and obey the patriarchal norms imposed upon women—to be a patriarchal angel. Moreover, if she chooses to seek her independence and subjectivity, she must defy her husband's wishes and reject the gender norms in order to can attain self-identification.

In short, the female narrator is debating between being a patriarchal angel and being true to herself. As regards physical or mental concerns, a woman would typically seek medical advice from a physician. If she is unsatisfied with her doctor's advice, she might seek her husband's counsel. However, when the narrator turns to her physician and her husband, he fails to empathize with her suffering. As a result, he incorrectly diagnoses his wife's health condition and her treatment, without listening to her suggestions or feelings about the treatment she would prefer.

While the wife is willing to share her innermost feelings with her husband, ironically, he has no inclination to consider these illness narratives. He is unaware that these illness narratives allow patients to express their feelings about their suffering and have the potential to bring about positive impacts by increasing the empathetic connection between the physician and patient, thereby helping to heal or soothe patients. Although the female narrator knows that illness narratives can help alleviate her suffering by allowing her to release her anxiety and anger under such oppression, her physician husband forbids her to write. Surrendering to her husband's patriarchal power, the female narrator fails to use illness narratives to make an empathetic connection to her suffering. As a result, with no outlet, she is not only physically trapped in the colonial mansion, a symbol of the patriarchal system, but also mentally confined in the nursery room, surrounded by the yellow wallpaper, also a symbol of the patriarchal system.

Totally isolated from outside social interactions, the female narrator has no way to escape the harsh realities that her physician husband and patriarchal society impose on her since she is forbidden to write. In order to strike a balance between her subjectivity and her husband's unfavorable and even derogatory comments, she turns to a fantasy world in which she can justify her dilemma and find identification. Instead of using illness narratives to represent her suffering, form an affiliation with her illness experience, and make sense of her experience, the female narrator totally relies on her imaginative power to create an empathetic connection to those women creeping behind the yellow wallpaper (Johnson, 1989).

Though illness narratives may be anxiety-provoking, they can also help patients reflect upon their illness experience and reconstruct themselves in the context of illness (Frank, 1995). According to Frank (1995), illness narratives can help patients to accept their illness and seek meaning from their current condition. Hence, with the assistance of illness narratives, patients can reflect upon their illness

experience, make sense of it, and return to good health. However, those who fail to pay attention, reflect upon, and form an affiliation with their illness experience may completely lose control and hope (Frank, 1995).

It is clear that the female narrator recognizes the importance of using illness narratives to express her feelings so as to form a balance between her inner self and patriarchal society. By writing illness narratives, she had become aware of her inner chaos, represented by patriarchal society, and is able to reach a better understanding of what she fears and what she desires. Moreover, by expressing her suffering and realizing her fears and anxieties, she could reflect upon the unfair gender discrimination embedded within patriarchal domination and hence, form an affiliation with her thoughts and concerns, seek meaning from her condition, and achieve self-identification. However, having been disciplined as an obedient housewife, the narrator also experiences a sense of guilt while writing. For instance, as her physician husband has banned her from writing, she was cautious not let him or her sister-in-law find out about her actions: "There comes John, and I must put this away—he hates to have me write a word" (p. 649); "There comes John's sister. Such a dear girl as she is, and so careful of me! I must not let her find me writing" (p. 650).

Inner Struggle for Subjectivity and Social Expectation

Although the narrator thinks that writing can relieve her psychological affliction, she bears her husband's words in mind. In particular, he admonished her "not to give way to fancy in the least. He says that with my imaginative power and habit of story-making, a nervous weakness like mine is sure to lead to all manner of excited fancies, and that I ought to use my will and good sense to check the tendency" (p. 649). Therefore, being constrained to being an obedient wife, she tries not to let others find out that she is, in fact, writing. As a result, she becomes exhausted, saying, "I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me. But I find I get pretty tired when I try" (p. 649). Finally, being isolated from the outside world, with no advice and companionship, she turns her focus to the barred patterns of the wallpaper and the women creeping behind it. Further, she forms an empathetic affiliation with them, remarking that "there are things in that paper that nobody knows but me, or even will. Behind that outside pattern the dim shapes get clearer every day" (p. 652). While identifying with other oppressive women creeping behind the wallpaper, the narrator slowly goes insane.

Ironically, her physician husband John confines her in the nursery room upstairs in order to isolate her. Nevertheless, the nursery room gives the narrator a chance to step into a space, a transitional space, that cannot be controlled and interfered with by John. This space allows her to reflect upon her illness and the subjectivity of her identity. When she sees the women creeping behind the wallpaper, the narrator begins to realize that her true self is being marginalized by masculine hegemony (Haney-Peritz, 2010). Without doubt, her commentary about the wallpaper and the creeping women behind it helps her reach a temporary escape from the confinement of patriarchal domination:

Sometimes I think there are a great many women behind, and sometimes only one, and she crawls around fast, and her crawling shakes it all over.

Then in the very bright spots she keeps still, and in the very shady spots she just takes hold of the bars and shakes them hard.

And she is all the time trying to climb through. But nobody could climb through that pattern—it strangles so; I think that is why it has so many heads.

They get through, and then the pattern strangles them off and turns them upside down, and makes their eyes white! (p. 654)

Initially, the female narrator forms an empathetic connection with these creeping women; she feels pity for their struggles in the patriarchal system. Gradually, however, with nothing to do, she begins to over-identify with these creeping women behind the yellow wallpaper. Thinking that they are confined by the patriarchal system, in order to release them, as well as herself, from oppression, she decides to take action, saying, "I must get to work" (p. 655). She begins to tear up all of the wallpaper to free these women. After that, she says, "'I've got out at last,' said I, 'in spite of you and Jane. And I've pulled off most of the paper, so you can't put me back!'" (p. 656). Eventually, she falls into self-disintegration and becomes insane.

The female narrator may have used these illness narratives to represent women repressed in patriarchal society and to form an empathetic affiliation with them in order to find her own temporary relief and outlet from the pressure of patriarchal society. However, unable to resolve her dilemma and discover subjectivity, which would release her from the oppression of patriarchal hegemony (Johnson, 1989), she instead overidentifies with those who were creeping behind the yellow wallpaper, a symbolic patriarchal

wall. Ironically, her total surrender to the patriarchal system, her willingness to creep under the male hegemony, horrifies her physician husband:

“What is the matter?” he cried. “For God’s sake, what are you doing!” I kept on creeping just the same, but I looked at him over my shoulder. “I’ve got out at last,” said I, “in spite of you and Jane [Jennie]! And I’ve pulled off most of the paper, so you can’t put me back!” Now why should that man have fainted? But he did, and right across my path by the wall, so that I had to creep over him every time! (Gilman, 1892, p. 656)

At the sight of his patient wife crawling around the room, the physician husband faints, which implies that he, though a patriarchal authority, can do nothing to cure his wife’s illness (Shumaker 1985). Unable to resolve her dilemma and achieve self-identification and subjectivity, the narrator instead seeks to fully identify with those creeping women behind the barred patterns of the yellow wallpaper—finally, she becomes the creeping women, willing to kneel down under the patriarchal wall.

If the female narrator could have used illness narratives to form an empathetic affiliation with and make sense of her illness, instead of overidentifying with or transposing into the creeping women behind the yellow wallpaper, she may have made sense of her suffering and somehow released herself from the oppression of patriarchal hegemony (Johnson, 1989). As Charon (2001) said, illness narratives are the medicine “practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness” (p. 3), with the purpose being to use self-reflection to examine those suffering and, further, make sense of those suffering so as to relieve their pain and suffering. The use of illness narratives facilitates empathy and reflection to the extent that people may learn life lessons from those suffering while, fortunately, not personally experiencing it (Nussbaum, 2001).

CONCLUSION AND RECOMMENDATION

Using writing as illness narratives, the female narrator consciously struggles to attain self-identification. Although aware that she is imprisoned by her physician husband, she dares not assert her right to rebel against his male hegemony. Moreover, due to the rooted patriarchal ideology, she is torn between being a good angel who meets social expectations and being herself and becoming the so-called monster. Failing to use illness narratives as an empathetic affiliation to resolve her dilemma, the female narrator unconsciously crosses over the border of sanity and fully identifies with the creeping women behind the yellow wallpaper, hence losing the chance to achieve self-identification. With no outlet for her suffering, anxiety, or anger, she finally breaks down and becomes hysterical and insane.

Using Gilman’s “The Yellow Wallpaper” as a case study, this study intended to demonstrate the perils of ignoring patients’ narratives. The study may afford those torn between being true to themselves and meeting social expectations the fortitude to tend to their dilemmas or inner conflicts and hence form an affiliation with them. Moreover, by reflecting upon these dilemmas and conflicts, they may attempt to make sense of those suffering and struggling, so as to find their own subjectivity and self-identification.

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