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Postpartum Mental Distress, Medical Paternalism, and Female Agency in Charlotte Perkins Gilman's "The Yellow Wallpaper": A Medical Humanities Analysis

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Abstract

The aim of this study is to analyze "The Yellow Wallpaper", by Charlotte Perkins Gilman, in a Medical Humanities perspective, with an in-depth examination on the themes of postpartum mental distress, medical paternalism, patient voice and female agency. To this end, the study employs a qualitative close reading, semi-structured interviews and focus-group discussions with participants in medical and English literature, to show how these themes are interconnected with regard to issues of affective disturbance, altered perception, therapeutic confinement, diagnostic authority, narrative expression and autonomy. Against this analytical backdrop, results indicate that in medical participants the emphasis is on symptom progression, functional deterioration, perceptual disturbance and clinical reassessment; while literature participants focus on symbolism, narrative consciousness, gendered discourse and ambiguity. Of particular significance, in all disciplines, the authority of John and that of the narrator's personal experience are major issues. In this context, the secret journal is a different type of illness narrative, and a kind of agency. Taken together, the research suggests that Medical Humanities is a dialogue that unites biomedical interpretation and lived experience, ethics, gender, communication and care without resorting to a retrospective psychiatric diagnosis of the fictional narrator in this piece of literature, according to clinical criteria.

Keywords: Postpartum Mental Distress; Medical Paternalism; Narrative Medicine; Female Agency; Medical Humanities

1. Introduction

To start off, in "The Yellow Wallpaper" (1892), Charlotte Perkins Gilman depicts the psychological anguish of an unnamed woman after giving birth in an overly confining domestic and clinical setting. The narrator's narrative is entitled 'The Temporary Nervous Depression of a Woman' (Gilman, 1892), and her husband, physician John, reads, understands, and regulates her sickness through his medical power. Following that, he has prescribed a course of rest, isolation, a restriction of intellectual activity, and not writing. Nonetheless, these restrictions do not help her; they only make her lonelier, more wracked with emotions, and her perception more skewed.

From a critical standpoint, the story is important from the Medical Humanities point of view insofar as it links mental suffering to gender, the role of the medical professional, the role of the patient, and the first-person narrative. More specifically, the way in which the experience of the narrator is negated, and how the physician's professional knowledge comes into conflict with the patient's experience. In addition, her secret journal is an important means of self-expression, for she documents her symptoms, her feelings, and her opposition. In the same vein, the concept of narrative medicine by Charon (2006) is of special significance given its focus on listening to patients' stories and their experiences with illness.

It is pertinent to observe that the obsession of the narrator with the yellow wallpaper and the woman behind it might be understood using the themes of mental stress in early motherhood, anxiety, isolation, perceptual confusion, and psychological disintegration. To clarify, the research does not make an actual psychiatric diagnosis of the fictional character. In light of this, instead, it looks at the effects of medical paternalism and the house on her psychological suffering. What is more, her final breaking down of the wallpaper is not only a sign of her psychological fragility but also a complex form of female resistance.

Therefore, this study will look at "The Yellow Wallpaper" from the lens of the interrelated issues of postpartum mental anguish, medical paternalism, and female autonomy. On that account, it suggests that Gilman also allows illness to be seen as an individual psychological experience as well as a condition that is shaped by social relationships, medical practices, gendered authority, and a lack of respect for the patient's autonomy.

1.1 Statement of the Problem

First and foremost, the main issue is the tension between the narrator's personal experiences of psychological suffering and the medical paternalism of John. It is worth noting that John is also her husband, which only strengthens the power and authority that his physician role carries. In addition, he prescribes rest, isolation, reduction of intellectual activity, and forbids her to write again, and he keeps downplaying her subjective narrative. As a consequence, this forms a state of epistemic inequality: the physician is the legitimate knower, and the patient's testimony is deemed untrustworthy. To shed light on this issue, the issues of patient autonomy, therapeutic decision-making, communication, as well as the implications of the silence of an upset patient are therefore medical and ethical questions that arise from the story.

1.2 Rationale of the Study

From a critical standpoint, a Medical Humanities approach is appropriate because "The Yellow Wallpaper" relates psychological symptoms to social context, gender relations, medical practice, domestic space, and patient identity. In addition, there is a growing emphasis on patients' narratives and lived experiences, as well as interdisciplinary studies of illness, embodiment, ethics, and care, which is called the Medical Humanities (Charon, 2006). Furthermore, the story is also historically associated with Gilman's use of the nineteenth-century "rest cure" for women diagnosed with nervous disorders, which involved rest and seclusion. In light of this, the study of the narrator's confinement can, therefore, shed light on how treatment can be detrimental when it neglects the idea of individuality, agency, meaningful activity, and patients' voices.

1.3 Research Questions

1. How does "The Yellow Wallpaper" depict postpartum mental anguish in terms of its symptoms, narrative representation, and physical experience?

2. How does John's medical power create paternalistic authority and limit the narrator's freedom?

3. How does the narrator articulate and assert female agency in the context of medical and domestic confinement?

4. What can Medical Humanities offer to the understanding of the relationship between illness, narrative, gender, power, and care?

1.4 Limitations of the Study

To clarify the scope of the study, the main limitation of this study is based upon the process of textual analysis in "The Yellow Wallpaper" and selected Medical Humanities, literary, and historical scholarship. It is significant to mention that because the story is much older than current psychiatric diagnosis, it does not make a diagnosis of the fictional narrator. Accordingly, the terms "postpartum depression," "postpartum psychosis," "anxiety," "dissociation," and "altered perception" are thus used in an analytical and cautious way and not as final diagnoses. Moreover, the author does not claim to generalize the narrator's experience to all postpartum women or to all women in the nineteenth century. In this respect, the findings focus on the psychological distress, medical paternalism, and female agency represented in Gilman's text. To wrap up, it views the narrator's sickness as one that is relational, medical, linguistic, environmental, and caring in nature.

2. Literature Review

First and foremost, there have been a variety of developments in scholarship on "The Yellow Wallpaper" in feminist literary criticism, Medical History, psychology, psychiatry and Medical Humanities. From a critical standpoint, interdisciplinary perspectives have developed these concerns further, including an interest in mental distress, medical paternalism, patient narrative and the ethics of care. In light of this, it is in this literature that a foundation is established that becomes relevant to the examination of the postpartum experiences of mental distress, medical paternalism and female agency together.

The first point to consider is one of the most influential interpretations of "The Yellow Wallpaper" by Treichler in "Escaping the Sentence: Diagnosis and Discourse in 'The Yellow Wallpaper.'" She is keen on medical diagnosis/discourse, claiming that John's medical diagnosis is not just a clinical description but also operates as a social and linguistic authority. More specifically, the narrator retells her own story of sickness to question the language of diagnosis that is imposed on her. Treichler, therefore, reads the wallpaper as related to women's discourse and as a reflection of the narrator's efforts of producing meanings other than those of the patriarchy. It is pertinent to observe that her analysis is especially relevant to the current research project as it shows how medical discourse can influence women's identities and experiences. To shed light on this issue, the significance of considering the narrator's language, instead of just viewing her deterioration as a clinical concern, is set up in the article.

Building upon this perspective, Treichler began the discussion of female language, and Ford elaborates on this theme in "'The Yellow Wallpaper' and Women's Discourse." Ford discusses the narrator's search for alternate space for women's expression and focuses on the interplay between writing, Patriarchy, and the expression of female identity. By the same token, the more the narrator is drawn to the wallpaper, the more he is repelled and psychologically ill. Ford's argument is important in grasping the dynamics of female agency as one that is not a seamless transit from oppression to freedom. In the same vein, this line reinforces the ambiguity of the narrator's final escape, which is emphasized in this present study.

Another significant dimension to consider is the framework provided by Medical Humanities scholarship. Charon (2006), in Narrative Medicine: Honoring the Stories of Illness, notes the importance of paying attention to patients' narratives, including their metaphors, silences, perceptions and descriptions of embodied experience. More importantly, narrative competence allows the healthcare worker to listen attentively to the patients' lived experience and not just their symptomology. In this respect, this idea is very relevant to Gilman's story because the speaker of the story keeps trying to convey her anxiety, but John either doesn't hear or overrules her. What is more, her secret journal then becomes an alternative narrative space, where she can narrate her emotional suffering, anxiety, social isolation and changing perception. To elucidate this further,

this lens focuses on John's "interpersonal" failure, as well as the breakdown in the patient's "narrative" and "communication".

Turning to the historical and psychiatric dimension, this narrative has also been read in historical and psychiatric contexts, and the story of the patient has been interpreted as a case of women's "nervous disorder" in the nineteenth century. In this regard, such scholarship highlights the rest cure, the confinement at home, enforced idleness, and intellectual restrictions. It is significant to mention that the practices are important because the narrator is treated by John, who is the one with the power, both in interpreting the medical treatment and in everyday life. Consequently, this is a psychologically closed therapeutic context where the narrator's psychological state evolves. At the same time, the use of contemporary terms like postpartum mental distress, affective disturbance, anxiety, dissociation, perceptual disturbance, and psychotic symptoms can help to describe parts of the narrative, but should be used with caution. In light of this, it is important to note that Gilman was writing before the advent of modern psychiatric diagnostic systems, and the narrator should not be given a specific contemporary psychiatric diagnosis. Alternatively, the Medical Humanities, however, examines the experience, interpretation, communication and social context of symptoms.

Beyond these historical and psychiatric considerations, Medical Humanities examines the connections between disease, body, gender, place, story and authority of institutions. It is worth noting that this focus is significant as it is important to remember that the story does not distinguish between psychological symptoms and the conditions in which they occur. Medical language, marital authority and space mediate the narrator's body and feelings. In the same breath, the concept of illness representation is inextricable from the issues of care, consent, dignity and self-determination. “The Yellow Wallpaper” is particularly appropriate for this method, as the story's protagonist's psyche changes as she withdraws, is locked up, lacks any activity of interest, and is denied creative expression. Accordingly, the yellow wallpaper, therefore, works on many levels – it becomes an obsession, a metaphor for imprisonment, and a symbol of the narrator's quest for selfhood. To unpack this symbolism further, the woman in front of the wallpaper can also be interpreted as an externalised version of the repressive identity of females and their agency.

Despite the breadth of existing scholarship, although there is much that has been written and other scholarships are available, there is one significant gap that needs to be addressed. More specifically, these topics are the focus of the work of Treichler and Ford, namely discourse, diagnosis, and women's language, and narrative medicine can be used to understand patient voice and listening to the patient. Furthermore, the historical and psychiatric explanations shed light on the psychiatric aspect of the story and the treatment of women's nervous conditions. Nonetheless, such approaches, however, are not always combined within one Medical Humanities analysis that is systematic, and that promotes a link between postpartum mental distress and medical paternalism, and female agency. On that account, in the present study, these aspects are combined. It looks into the narrator's psychological torment by medicalization, domestication, lack of communication and self-determination, as well as her secret writing, identification with the woman behind the wallpaper and last fight. To wrap up, the study, then, builds upon existing research and reads the story as a much more nuanced narrative of illness, power, patient voice, and competing female agency.

3. Research Methodology

The study is a qualitative, interpretivist, and interdisciplinary approach that uses Medical Humanities perspectives, through literary criticism and informed readings of women's mental anguish and medical treatment, in examining the story “The Yellow Wallpaper” by Charlotte Perkins Gilman (1892). The methodology is a mixture of close textual analysis, Focus Group Discussions (FGDs), and semi-structured interviews to engage together the perspectives of medical and English literature participants in literary interpretation. The study does not attempt to clinically diagnose the unnamed narrator as a patient; instead it draws on textual evidence, perspectives of the participants, and pertinent scholarly frameworks to interpret the experiences of the unnamed narrator.

3.1 Research Design

The study adopted a qualitative research design that uses close reading, FGDs and semi-structured interviews as methods of conducting the research. Close reading is employed because the story, as a psychological symptom, is heard from the first person's perspective, through "observations," in moments of repetition, in feelings, and in shifts of perception. Special consideration is paid to confinement, his medicines, secret communications, refusal to be treated, the woman behind the wallpaper, and the end scene. The text elements are analysed against the research questions and are enriched by the interpretation of the participants.

3.2 Participants and Sampling

The study uses purposive sampling to get medical and English literature perspectives. There is a total of 32 participants. A total of 16 participants (4 medical teachers, 4 medical students, 4 English literature teachers, and 4 English literature students) participate in semi-structured interviews. Four separate FGDs are also held, each with 4 participants from the respective group of participants: medical teachers, medical students, English literature teachers, and English literature students. This building accommodates 16 more FGD participants. The inclusion of teachers and students in the study enables both academic and emerging disciplinary perspectives to be taken into account.

3.3 Data Collection

The main literary text is read, and selections made according to psychological distress, medical paternalism, patient voice, confinement, communication and female agency. In addition to the written text, semi-structured interviews take place with questions that are open-ended and invite participants to engage with their own interpretations of the psychological miseries of the narrator, the medical expertise of John, the role of patient autonomy, the rest cure, expression through narration and the symbolic meaning of the wallpaper. The FGDs are held separately to allow for a more focused discussion and interaction within the discipline amongst participants. Medical participants are asked to discuss the representation of symptoms, medical authority, patient communication, and ethical care, while English literature participants are asked to discuss the narrative voice, the presence of symbolism, gender, patriarchy, and female agency.

3.4 Analytical Framework

The study is a critical study that uses the close reading and thematic analysis approach. The approach used by Braun and Clarke (2006) offers a methodological framework for the identification, organisation and interpretation of recurring patterns in the textual, interview and FGD data. Analysis starts with familiarizing with the material and then goes into coding the responses from the texts and participants. These are then grouped into wider themes that are related. The themes are: postpartum mental agony, anxiety and changed perception, medical paternalism, patient voice, domestic and therapeutic confinement, narrative expression, communication and women's agency. This is an analysis of views from medical teachers, medical students, English literature teachers, and English literature students; one from each discipline is not automatically deemed to be the authoritative one.

3.5 Medical Humanities Perspective

The Medical Humanities is the core interdisciplinary perspective. Charon's (2006) definition of narrative medicine is used to explore the difference between what the narrator experienced and what John diagnosed. The study examines the challenges to medical discourse that minimizes subjective experience in the use of metaphors, silences, emotional expressions and secret writing. The book also explores gender, patriarchy, domestic authority, and female self-expression through feminist literary criticism, and the historical medical scholarship sheds light on the rest cure of the nineteenth century. The perspectives of the participants illuminate another layer of interpretation that introduces the medical and literary readers' understanding of illness, care, authority, narrative, and agency.

The importance of ethics and interpretation in the creation of media products.

Notably, the study doesn't label the fictional narrator as postpartum depressed, postpartum psychotic, an anxious, dissociative or other modern psychiatric ailment. These are used as analytical descriptions, not as

clinical diagnoses and are used with caution. The participants are told about the purpose of the research in school and their participation is voluntary. Their names and reactions are anonymous and their views are utilized for research purposes. The study also refrains from making generalizations about the narrator's experience to all women giving birth or to all women during the 1800s.

3.7 Methodological Scope

Finally, the methodology used is literary close reading, thematic analysis, FGDs, semi-structured interviews, Medical Humanities, feminist criticism and historical medical context. Opinions on symptoms and care for the patient, on communication and medical paternalism, are given by the medical students and teachers, and opinions on narrative, symbolism, gender, discourse and female agency are given by the English literature students and teachers. This places these perspectives into conversation, and the study is a study of "The Yellow Wallpaper" that goes beyond an isolated story of psychological distress to become a multifaceted story of medicine, gender, domestic realm, communication, patient voice and the fight for self-determination.

4. Findings and Discussion

To start off, The data from the interviews and focus-group discussions were thematically analysed as per the four research questions. In light of this, The five main themes that arose were: postpartum mental distress and altered perception; medical paternalism and epistemic inequality; patient voice and narrative medicine; confinement, gender, and female agency; and Medical Humanities with patient-centred care. It is pertinent to observe that The analysis draws attention to the meaning of the participants and not to the number of times it occurs.

4.1 Theme One: Postpartum Mental Distress and Altered Perception

First and foremost, The first theme is related to Research Question 1, which is about the narrator's psychological state. To shed light on this issue, Medical participants read the story and drew inferences based on the symptoms of affect, cognition, behaviour and perception. More specifically, MS-01 described "sadness, nervousness, withdrawal and decreased interest in usual activities" and MS-02 identified "postpartum mood disturbance" and "later psychotic-like experiences" but was hesitant to make a retrospective diagnosis. Furthermore, MT-01 stressed progressive changes in 'affect, cognition and perception' and MT-02 pointed out functional deterioration and altered perception as a clue to clinical reassessment.

In light of these observations, These responses reflect a biopsychosocial or multiple diagnosis approach and not one single diagnosis. To clarify, They recognise feelings of distress, anxiety symptoms, social withdrawal, impairment in functioning and perceptual disturbance. What is more, The wallpaper obsession is greater due to the increased focus on the figure behind the pattern. From a critical standpoint, MS-02 was thus "fearfully" referring to it as a "perceptual or psychotic-like phenomenon." In the same vein, Watson and Moreton (2021) also explore the story from the perspective of depression, psychosis and puerperal illness and Tucker et al. (2004) illustrate its pedagogical application in the teaching of medical students about postpartum psychosis.

By contrast, Literature participants dealt with the phenomenon in a different way. More specifically, ELS-01 was about 'wallpaper consciousness' and ELT-01 was about 'ambiguous first person'. Whereas for medical participants, symptomatology and clinical risk are emphasized while for literature participants consciousness and interpretation are emphasized. Therefore, This difference further substantiates the interdisciplinary reading.

4.2 Theme Two: Medical Paternalism and Epistemic Inequality

Following that, The second theme is for research question 2. It is significant to mention that John's medical authority was a key mechanism of control that consistently featured among participants' answers. For instance, MS-03 says that John is blocking the narrator from being an active participant in her treatment since he thinks he knows her better than she knows herself. In addition, The image of John being both a husband and a doctor is another reminder of the power differential, MT-03 added. Similarly, For ELS-02, this is a way of silencing,

and for ELT-02, medical discourse is a form of social power that allows John to establish his understanding of illness.

To unpack this further, In the responses, epistemic inequality is evident, in that the professional knowledge is given priority over the experiential knowledge. In the same vein, This is in line with Treichler (1984) who argues that diagnosis is an authoritative discourse. What is more, Marital intimacy and medical expertise are happening concurrently, and that's how John's paternalism is exacerbated. Consequently, Her disagreement is not taken into account when making therapeutic decisions.

From an ethical standpoint, The main ethical issue for medical participants was the lack of patient participation. In particular, MT-04 claimed that treatment takes place in a paternalistic manner because there is no therapeutic conversation between the doctor and patient. To elucidate this point, Paternalism is not just the domain of the doctor's expert knowledge: It is the result of replacing patient engagement and subjective knowledge with doctor's knowledge. By the same token, Patient-centered care is a modern approach that involves communicating with the patient, understanding their preferences, values and their own report of symptoms. On that account, The participants therefore make the story an ethical one of autonomy, therapeutic alliance, and shared decisions making.

4.3 Theme Three: Patient Voice and Narrative Medicine

Moving forward, The third theme responds to Research Question 4 and/or strengthens Research Question 2. It is worth noting that The four disciplinary groups all saw the significance of the secret writing of the narrator. For example, MS-01 said that writing helps her communicate without expressing it, and helps her keep track of her mental health. Similarly, MT-01 used the journal as a record of the patient's disease story, which John did not consider as part of his story. From a literary perspective, ELS-04: Writing was defined as a form of resistance, while ELT-04 argued that the journal has a disruptive impact on the hierarchical organization of knowledge, because it confers an experiential authority to the patient.

To elucidate this further, These responses reflect Charon's (2006) framework for narrative medicine that focuses on patients' stories and suffering that is place-bound. In this regard, The journal can be read as a parallel illness story: John is an author of an authoritative medical story; the narrator is an embodied, affective author. At the same time, The conflict they have is an example of the risks of a symptom-biomedicalization paradigm.

Equally important, Failure of communication is also significant. More specifically, MS-01 believes that a doctor is not only obligated to listen to the symptoms, but that he should also listen to "how the symptoms are felt by the patient. When people don't listen to the patient's story, they don't fully understand what has happened. In the same vein, Literary participants agree: ELS-04 says that the narrator speaks throughout the story, but John doesn't actually hear her. Furthermore, Frye (1998) also believes literature can be used to gain insight into patients' physical and emotional reaction to treatment.

4.4 Theme Four: Confinement, Gender, and Female Agency

Turning now to the fourth theme, Theme 4 is related to Research Question 3. At the outset, For the participants, the three aspects of being confined, isolated socially, prevented from being very active, and banned from writing were linked together as a chain of control. In particular, MS-04 noted that isolation can also deprive an individual of social and emotional support, and can exacerbate feelings of loneliness and helplessness, which can be a source of psychological sufferings. In the same breath, MT-04 highlighted the need to take into account the social environment of the patient in today's clinical practice instead of seeing symptoms in isolation. From a literary standpoint, ELS-03 called the room a 'prison' and ELT-03 noted that home space becomes a 'space of oppression'.

To unpack the dimension of agency, Agency is produced by storytelling and bodily resistance. More specifically, Writing is a private resistance (ELS-04), and agency is found in the movement of writing to tearing the wallpaper (ELS-02). Importantly, MS-03 and MT-03 are two important qualifications introduced: agency builds up as psychological deterioration happens. Consequently, Thus the last scene is neither just a recovery

scene nor just a ‘madness’ scene. Rather, Includes resistance, changed perception and disturbance of normal behaviour control.

From a broader critical perspective, In order to discuss women's discourse, Ford (1985) relates it to the narrator's quest for expression, while Treichler (1984) focuses on discourse, diagnosis and authority. Similarly, Villar (2024) explores the notion of individual needs and identities being missed in treatment. In light of these perspectives, As a result, female agency is co-produced in the form of a retrieval not a mere recovery, but rather as a retrieval of voice, interpretation, of body space, of definition.

4.5 Theme Five: Medical Humanities, Patient-Centred Care, and Interdisciplinary Interpretation

Last but not the least, The fifth theme is a collective of the research questions. It is significant to note that However, literature was perceived by participants as a way of relating clinical symptoms with subjective experience, gender, ethics and social context. For instance, MS-02 said that literature can assist medical students to gain knowledge on the emotional and subjective aspect of illness. Furthermore, Lived experience, autonomy, communication and empathy were key themes of MT-02. From a literary-humanistic perspective, Literature in ELS-01 was used as a vehicle to make inner experiences visible, which a clinical case summary might not, and ELT-01 was an explicit link between Medical Humanities and healthcare ethics.

To further substantiate these observations, This convergence is confirmed by data from the FGD. More specifically, Medical Students largely talked about symptom progression and warned against a retroactive diagnosis, medical teachers were interested in patient participation and shared decision making, literature students were interested in patriarchal symbolism, identity and resistance and literature teachers were interested in conflict between medical and experiential discourse. In this respect, The critical thing to keep in mind, then, is that it is not a consensus on one diagnosis, but an awareness of multiple interpretive dimensions.

A plethora of evidence from the participants' responses suggests that This convergence helps to support Charon's (2006) claim that narrative based methods can help to bridge gaps between clinicians and patients. In the same vein, It also aligns with both the subjective results of treatment that Frye (1998) noted in literature and Tucker et al.'s (2004) application of “The Yellow Wallpaper” in medical education. Taken together, The results situate the biomedical concepts, such as affective disturbance, functional impairment, perceptual alteration, psychotic-like experience and psychosocial stress, in addition to the concepts of narrative identity, gender, autonomy, and discourse.

To wrap up, In general, the data show a relational and embodied suffering of the narrator. More importantly, All of the above is inextricable from the context of postpartum, environmental restriction, medical rule, communication deprivation and female household power. In a nutshell, The results confirm the Medical Humanities approach in which clinical knowledge and patient stories are each other's complements. Ultimately, The ongoing interest in the story is to consider what symptoms might connote medically and also how illness is talked about, told, understood and regulated in relations of caring and control.

5. Conclusion

At the outset, after the study, it is concluded that “The Yellow Wallpaper” depicts Postpartum mental distress as a multidimensional phenomenon of affective disturbance, altered perception, confinement in the environment, authority of the opposite sex and failure in communication. Viewed through this lens, the qualitative responses reveal that the symptom clusters, functional deterioration, perceptual disturbances, and the need for clinical reevaluation are important themes in medical responses, whereas in the literature responses, the themes of narrative consciousness, symbolism, discourse, and ambiguity are more prominent. Taken collectively, they all relate well to each other in the context of a Medical Humanities framework.

Against this backdrop, the results show that the narrator's experiential knowledge is not valued by John and that he assumes an authoritative, paternalistic attitude when he offers his opinion without taking the narrator's into consideration, even if he is a professional. Of particular significance here is the fact that his being both husband and doctor accentuates this epistemic inequality. Seen from the perspective of patient experience, the secret journal of the narrator thus becomes essential: it captures the voice of the patient, embodies, and

documents, the experience of emotion and an alternative narrative to the medical interpretation given by John. This observation gains further significance when considered alongside the importance of narrative skills and listening to others in health services as highlighted by Charon (2006).

A closer examination further reveals that the study also uncovers that agency is not a simple but rather complex phenomenon. This complexity becomes particularly evident in the writing on the wall, the interpretation of the wall and the destruction of the wall could be seen as acts of resistance but they also accompany psychological breakdowns and changed perception. Such an interpretation, however, calls for caution, as the ending can thus not be neatly divided into recovery and pathology.

Extending this line of analysis, the study ultimately shows that the Medical Humanities can bring together biomedical concepts and narrative, gender, ethics, autonomy, and lived experience. This interdisciplinary perspective becomes especially relevant when considering the narrative of "The Yellow Wallpaper" is not valuable for its ability to make an actual psychiatric diagnosis, but because it shows the importance of patient narratives, therapeutic relationships, social environments and dignity within the context of understanding illness and care. Ultimately, what emerges from the analysis is that the literary narrative provides a meaningful interdisciplinary space for understanding illness and care through the interconnected dimensions of narrative, authority, gender, autonomy, and lived experience.

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