National Chiayi University

Department of Foreign Languages, Applied Foreign Languages

「我還能怎麼辦?」:
〈黃色壁紙〉中的醫學階級和誤診

“What is one to do?":
Medical Hierarchy and Misdiagnosis in "The Yellow Wallpaper"

Advisor: Dr. Bo-yuan Huang 黃柏源 教授

Author: Cheng-wei Chou 周承緯

Abstract

"The Yellow Wallpaper" was published in 1892 by Charlotte Perkins Gilman. Immediately controversial, the short story has received mixed responses: while some readers found it hard to relate to for its lack of a moral uplifting ending, some compared the short story to gothic horror story and enjoyed its emotional vulnerability. Over the years, it was established as a feminist classic for its condemnation of male dominance, particularly with its tight connection with the medical profession. Gilman's own defence, "Why I Wrote The Yellow Wallpaper?", published in 1913, describes the piece as "to save people from being driven crazy", a protest to the "rest cure" treatment often promoted by Dr. Silas Weir Mitchell. In other words, the short story is deemed "medical" when it was written.

This research project delves into the perspective of narrator-as-patient in "The Yellow Wallpaper", as the narrator's own voice is often neglected by her physician-husband, despite her repeated pleas. The "misdiagnosis" made by her physician-husband rejects the narrator's inputs in the process of treatment, and the "rest cure" treatment oppressed her into *not* writing. Apart from that, her sister-in-law's watching forms a sense of surveillance for the narrator. In this way, the story establishes itself with the medical hierarchy in the domestic sphere, making the narrator-as-patient even more susceptible to illusions, hysteria and madness. This article therefore aims to approach this classic short story from the perspective of medical humanities and re-examines the concepts of misdiagnosis and medical hierarchy.

Keywords: The Yellow Wallpaper, Narrative medicine, Medical hierarchy,

Misdiagnosis

摘　要

夏綠蒂・柏金斯・吉爾曼（Charlotte Perkins Gilman）於 1892 年出版〈黃色壁紙〉（"The Yellow Wallpaper"），隨即引發爭議。此部短篇故事所帶來的迴響大相逕庭，部分讀者因結尾缺乏道德寓意而無法取得共鳴；有些則將其視為哥德式驚悚故事，仔細玩味敘事者精神崩潰的過程。此部作品中對十九世紀父權主義所做的批判使其在日後被視作女性主義經典，其中醫學專業與父權主義的連結更是重中之重。吉爾曼於 1913 年發表的〈我為何創作黃色壁紙？〉（"Why I Wrote The Yellow Wallpaper?"）解釋：「此部作品的誕生是為了拯救被逼瘋的人們。」更是對米契（Silas Weir Mitchell）所提倡的休息治療提出強烈抗議。換言之，吉爾曼創作〈黃色壁紙〉的源由、過程乃至於作品解說至始至終圍繞著「醫學」二字。

本文聚焦於〈黃色壁紙〉中敘事者作為患者的自身陳述。敘事者反覆不斷地懇求丈夫放寬限制、移居他房等。然而，其丈夫仗著自身專業醫師及一家之主的權威而對此多次置若罔聞。醫學階級和權力架構不僅強化誤診，更隔絕敘事者參與醫療過程的權利，因此敘事者只能被迫接受休息治療並壓抑自身寫作渴望。此外，敘事者受到來自小姑如監視般的照護。由此可知，此部作品充斥著家庭所衍伸的醫學權力架構，種種限制及層層醫病溝通壁壘最終導致敘事者充滿錯覺、歇斯底里和瘋狂的心理狀態。因此，本文希望以醫學人文的角度分析此部經典之作，並且重新檢視文本中的誤診和醫學階級。

關鍵字：《黃色壁紙》、敘事醫學、誤診、醫學階級

I. Introduction

1.1 General Background Information

Charlotte Perkins Gilman, as one of the pioneering American feminists and activists in the late nineteenth century, had brought significant influence with her writings. However, Gilman suffered severely from the agony of constant headaches, depression, and psychical degeneration. The exhausting symptoms were so unbearable that she often cried about it. Gilman paid a visit to the then-important figure of psychiatry, Dr. Silas Weir Mitchell, in the hope of receiving proper treatment for her chronic pains. To her great disappointment, Gilman was diagnosed with a mild case of hysteria, a common "women's disease" in the nineteenth century. Dr. Mitchell sent Gilman home with a medical order of implementing a succession of domestic treatment called "rest cure", including forceful physical and mental restriction. This "rest cure" treatment, nevertheless, accelerated the conspicuousness of her emotional instability, and her mental condition soon deteriorated. In the course of the treatment, Gilman put down the disquiets, afflictions and the torments which she had experienced. As she attempted to prevent any similar cases hereafter, the highly autobiographical short story, "The Yellow Wallpaper" was then written and published in 1892. Although "The Yellow Wallpaper" is now widely considered as one of the feminism classics, its literary significance had not been established until the late twentieth century, when feminism gained more popularity and recognition.

According to Roy Porter, the first female physician in history was not qualified and certified until 1849 (84), even though the occupation of physician dated back to earlier

times. Medicine has long been dominated by men, and medicine, as a branch of science, is often attached to masculinity, while the diagnosis and treatment are often active, aggressive, and invasive. On the contrary, patients are often placed at a relatively weak and subordinate status. Disappointingly, the medical system has erected layers of walls sturdy enough to resist external demands and further examination, let alone the requests from patients. Therefore, this article aims to further explore the power hierarchy and medical-patient relationship in diagnosis and treatment behind gender differences, Gilman's depiction about the medical hierarchy, and the possibility to re-build the bridge of doctor-patient communication in "The Yellow Wallpaper".

1.2 Research Motive

Among all science practices, medicine is the most familiar and the most regularly accessible to our daily life. Medicine was inducted into the field of science in eighteenth century, especially after the foundation of The University of Edinburgh Medical School in 1726. Public confidence in medicine was gradually established due to the foundation of "The Royal Society of Medicine" in 1805, the practice of clinical medicine and anatomy since the early nineteenth century, and the broad-ranging application of antibiotics in the early twentieth century. The climbing curative success rate not only attained public belief, but ensured the immutable importance and profession of medicine in the modern society. Accordingly, the status difference in a doctor-patient relationship expanded concurrently with the rising social regard of medicine. However, the professionalization, scientification, proficiency of medicine completely established since the early twentieth century are imperceptibly depriving patients of mental and

physical liberty and their rights to speak. Therefore, it becomes urgent for medicine to acknowledge the importance of narrative and to learn to listen to the patients' pleas, and the condemnation that Gilman made in "The Yellow Wallpaper" is undoubtedly a paradigm to be reckoned with.

1.3 Literature Review

According to medical historian Wayne Wild, in the early eighteenth century, Francis Bacon, Robert Boyle, and the Royal Society recognized "the plain rhetoric style" in introducing the medicine to the general public. Around the same time, the natural philosophy advocated by Sir Isaac Newton was applied in the field of medical physiology, which declared that medicine followed closely the footsteps of science and was undoubtedly becoming a branch of the empirical tradition (11-2). The aforementioned factors have contributed to the wide prevalence of medical treatment and growing public concern relating the importance of doctors and medicine. However, as Roy Porter argues in *Blood and Guts: A Short History of Medicine*, since the eighteenth century, due to the advancement of certain surgical techniques, it has led to a slow yet continuous rise in status for surgical medicine (184). Moreover, by the mid-nineteenth century, European laboratories were developed rapidly, leading to the general prosperity of experimental medicine and scientific medicine, pathology, microscopy, and scientific materialism and physiology were highly valued. Paris, France and some Germanic regions, as medical centers at the time, attracted students from all over Europe and North America (Porter 185-6). These scientific-medical theories and techniques have had a considerable impact on the development of the

medical system in North America and Britain, and consolidated modern and contemporary physiology medical diagnosis, treatment and development.

Psychiatry have had distinct progression since the nineteenth century, when the Association of Medical Officers of Asylums and Hospitals for the Insane was found in the United Kingdom in 1841, which was the predecessor of Royal College of Psychiatrists now. The professional status of psychiatry was established by composing professional guilds. In the early twentieth century, influential psychiatrists and scholars such as Sigmund Freud, Carl Jung, and Alfred Adler emerged in the field of psychiatry and psychoanalysis. More novel research and theories have consolidated their influence and promoted the status of psychiatry, and raised public attention about psychiatry.

With the advancement of science and medicine and the deepening specialization, the social status of scientists, physicians and surgeons has also been significantly improved. However, it is worth noting that the escalation in status has caused an unequal and imbalanced medical power hierarchy between the medicine and the general public. As the relationship between doctors and patients grows gradually unequal and imbalanced, the status of patients is rendered relatively inferior, causing many patients' right to speak often ignored or even deprived, and the needs—both physical and psychological—of patients are therefore much neglected. Among all patients, those with mental illness are even less likely to be heard and believed than other patients. Especially in institutions, the unequal relationship between medical staff and patients with mental illness has also further expanded with the specialization of psychiatry.

Medical historian Roy Porter mentions that under the influence of the scientific revolution, the human body is considered as a machine. Therefore, in the institutional environment, the patients' seemingly nonsense is regarded as a pathological performance (*Madness*, 68-9). As a result of the secondary symptoms, the status of patients with mental illness has not been improved with the development of science and psychiatry, but their voice has been further neglected.

Therefore, "articulation" and "narrative" occupy the central stage when it comes to the discussion on the power hierarchy between medical practitioners and patients within the realm of diagnosis and treatment. For instance, "to look, to listen to, to ask, and to feel the pulse" (望聞問切) are the four poles of the Chinese medicine, with which doctors inquiring patients about symptoms regarded as an important step in the diagnosis and treatment. Ronald Schleifer and Jerry B. Vannatta also point out in *Literature and Medicine: A Practical and Pedagogical Guide* that one of the prime characteristics of the modern-day clinical medicine lies in the use of literature and narrative medicine to further clarify the complexity of the disease. Through clinical medicine, the doctor must "translate" the description of the specific symptoms and conditions from the patient's narratives. The physician then must re-interpret the physiological terms into a plain and understandable explanations. However, if the patient's right to speak is ignored or even deprived, "speaking" and "narrative" become inexpressible, the diagnosis and the treatment could have been conducted in a less humane manner, and could have led to the maltreatment of the patients (xxxiii). In such an imbalanced medical power hierarchy, how medical humanities deploy literature and

dialogue to re-examine the possibility of restoring the equal relationship between health care workers and patients is worthy of further discussion.

After her short story published in 1892, in 1913, Gilman published another piece, "Why I Wrote The Yellow Wallpaper?", in order to further elaborate the reasons for her creation of “The Yellow Wallpaper". Gilman suffered from severe mental weakness around 1887, and the condition was almost equal to—or even stronger than—depression. The rest cure, widely prescribed and proposed by Dr. Silas Weir Mitchell, brought Gilman to the threshold of mental breakdown. With her friends’ assistance, Gilman fortunately returned to a comparatively normal life; however, the disquiets and sufferings that she had been through during the rest cure motivated her to create “The Yellow Wallpaper", and later sent “The Yellow Wallpaper” to the physician who should be responsible for her agonizing pains. A few years after the publication of “The Yellow Wallpaper”, Gilman learned that Dr. Mitchell adjusted his diagnosis and treatment methods after reading Gilman’s piece, narrative and condemnation contented between the lines in “The Yellow Wallpaper” ("Why I Wrote The Yellow Wallpaper?" 271).

In "The Yellow Wallpaper by Charlotte Perkins Gilman: A Gothic Story of Postnatal Psychosis”, Dosani points out that in Dr. Mitchell’s rest cure treatment, the most suitable sanatorium for women was "home", which undoubtedly confined women's freedom to merely a domestic life. In Dosani’s words, “The Yellow Wallpaper" adopted a diaristic writing technique to fully present the narrators’ inner feelings and insights, allowing readers to explore the wallpaper-thin boundary between rationality and madness. Dosani also argues that the narrator was surrounded by men with medical

expertise, including her husband and her brother (411). However, the narrator refuses to confide in them and considers the diary as a relief to avoid her husband's medical gaze and censure. Gilman's explanation of "The Yellow Wallpaper", therefore, presents the complexity and ambiguity of the mental condition. Dr. Michel believed that Gilman was no different from ordinary people in appearance, but in fact Gilman was in an extremely serious depression. Eventually, Dr. Michel's medical order aggravated the narrator's symptoms.

It is noteworthy that Gilman does not characterize Mitchell as the main narrative object. Instead of identifying the image of the physician in her own experience, Gilman further intensifies the image of the narrator's "husband", and creates a brother who is also a physician to place emphasis on her burdensome "domestic" life caused by medical professions and supervision. Gilman echoes the relevance of the three medical professionals through the narrator's similar comments, and condemns the limitations and compulsion enforced by the medical power hierarchy. By examining the strength of the binding force, it can be seen that the narrator's brother has relatively smaller influence on her, while the narrator's husband not only demonstrates the superiority in terms of his status in the family, but also has the advantage of claiming his higher medical professional status. The restraint and fear that Dr. Mitchell caused to the narrator is greater than that of her husband and brother, so he is regarded as the "last resort" by the narrator's husband.

The "temporary depression" or "mental weakness" was a common "womanly disease" in nineteenth century. The recommended treatment for mental weakness is the

popular "rest cure" which restricts the narrator's physical and mental freedom on the grounds of listing overthinking as one of the etiologies which could aggravate the condition. The narrator's husband John orders his sister Jennie to take care of the narrator in his absence. John not only imposes systematization of medical knowledge on the narrator but also incorporates Jennie into the familial medical system, thereby forming a surveillance network surrounding the narrator. However, the ineffective communication between doctors and patients, as well as various restrictions and intensive medical gaze, eventually contributes to the narrator's deteriorating mental instability and eccentric behavior.

Critics have long argued about the pros and cons of the rest cure. Many women had benefited from this therapy. Catherine Gordon, for example, argues that rest cure had its advantages and was better than other cheaper treatments for neurasthenia, such as leeches and medicines (qtd. in Su 121). Mitchell's rest cure could relieve the patient in the same way as the hydrotherapy popular in Europe and the United States in the nineteenth century which provided patients with a place to relax. However, Gordon also criticizes Mitchell's arrogant "patronizing attitude." Su believes that the inflexibility of rest cure was not enough to make it notorious; instead, it was the moral concept behind the rest cure and its determination to manipulate and monitor the patient's gender ideology that sparked off the hatred (Su 122). Most women who benefited from this treatment accepted their return to traditional gender role. In contrast, women who sought independence were deeply disturbed and suffered.

Furthermore, the narrator's husband disregards the dynamics of the diagnosis, ignoring the development of the syndrome and the impact of various examination results on the diagnosis. It is permissible to notice the necessity that the diagnosis should be periodically reviewed or revised along with the development of patients' mentality and physicality (Liang 24-7). Even though it was only a mild depression or hysteria at the beginning, as time went by, the prescriptions about temporary depression and mild hysteria may no longer be applicable. The narrator has repeatedly expressed to John about the severity of her symptoms and the agony caused by the treatment, but John has constantly denied the patient's statement of her own condition. John claims that her condition has improved, insisting on the continuance of the rest cure, and even intends to transfer the narrator to Dr. Mitchell for higher-intensity rest cure. This shows that the medical system often ignores the patient's voice in a diagnosis, and believes that patients who lack medical knowledge always make imaginary fantasies, unnecessary complaints, and inaccurate self-assessment.

Even though the positive value of rest cure did exist; however, as Su expounds, imposing a long-term domestic imprisonment on patients with hysteria and forcing them to retreat to the family have caused women to be greatly hindered in their pursuit of freedom. Eventually, the female patients who made endeavor to pursue unfettered lives could dramatically deviate from the norm, as the narrator in "The Yellow Wallpaper" demonstrates after receiving rest cure. Moreover, the syndromes of many psychosomatic and psychological disorders were considerably overlapped and the treatments were bizarre in the nineteenth century. Therefore, the under-diagnosis, over-diagnosis or misdiagnosis could be further discovered in "The Yellow Wallpaper"

through close reading and text analysis. In addition to John's abuse of the medical hierarchy, he unfortunately ignores the narrator-as-patient's own narratives of medical conditions which could provide useful information. As Brian Hurwitz and Rita Charon emphasize, narrative medicine enables physicians to increase their sensitivity to narratives, to apply the power of story-based telling and the capability of story appreciation to scientific clinical work (1886).

II. Method

The research method not only adopts text analysis, but also supplements the background knowledge of history of medicine so that this paper is able to provide the historical perspective and to connect the seemingly distant and non-intersecting disciplines of literature and medicine. By reading the text and applying history of medicine as the research basis, readers would be able to understand and clarify the background, to place emphasis on medicine in literature, to empathize with the narrator, and to re-examine the medical hierarchy in the nineteenth century.

III. Text Analysis

"The Yellow Wallpaper" opens with this sentence: "It is very seldom that mere ordinary people like John and myself secure ancestral halls for the summer" (316). This can be assumed that sojourning in a mansion is originally a rare and precious opportunity for the narrator; however, the halls is described as "haunted" and "queer" foreshadowing the grotesque atmosphere of the house. Moreover, the narrator hints the emergence of unusualness in the ancestral halls and the phantom woman behind the

wallpaper. It is worth noting that the narrator's husband laughs at the narrator's "imagination". Therefore, we can assume that the narrator's husband has high self-esteem, and the narrator has long been accustomed to her subordinate status as a married woman in her marriage life. Such imbalance in power relation only further strengthens the similar power-imbalance medical hierarchy later in the narrative.

The narrator describes the surroundings of the halls in more detail: "It is quite alone, standing well back from the road, quite three miles from the village. It makes me think of English places that you read about, for there are hedges and wall and gates that lock, and lots of separate little houses for the gardeners and people" (317). This can be assumed that the narrator emphasizes on the isolation and helplessness of the surroundings and her inner feelings, and the hedges, walls and locked gates could be considered as a metaphor of domestic restraint on women, the little houses where gardeners and servants live, show that the upper class abused the medical hierarchy to confine the inferior to a limited space. In contrast, the "delicious" garden projects the narrator's desire for freedom. The narrator also has quite a bit of opinions about the bedroom in the attic. In her words, she thinks the color of the wallpaper not only is revolting and strange, but contains a lot of stains. The pattern is boring and annoying at the same time. In addition, she says: "I should hate it myself if I had to live in this room long" (318), laying the buds for her upcoming discomfort. Initially, the narrator wants to live in a bedroom facing the atrium with roses planted by the window, but her husband quickly denies her requests, and even criticizes the narrator's favorite room viciously. The narrator elaborates her husband's unreasonableness and dominance over the narrator which eventually causes the narrator's counteraction.

The narrator's description about John's personality and perspective in faith elaborates how valuable her narrative can be to John. "John is practical in the extreme. He has no patience with faith, an intense horror of superstition, and he scoffs openly at any talk of things not to be felt and seen and put down in figures" (317). However, the agony that the patient-narrator feels regarding this illness is also imperceptible. Therefore, Gilman hints that John neglects the narrator's statements and requests on purpose, and even treats it as a superstition and ridicules it. Here, John abuses not only the patriarchal dominance, but also the medical hierarchy to assert—and somewhat ironically—the accuracy of his misdiagnosis. Women's subordinate status, however, is again suppressed by the medical hierarchy and appears to be more vulnerable.

The narrator goes further to reveal her inner secret, "John is a physician, and perhaps— (I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind—) perhaps that is one reason I do not get well faster" (317). On the one hand, it elaborates that writing is the only channel for her to express and relieve her thoughts. On the other hand, it hints the negative impact of male dominance which had been stretched and strengthened because of the medical profession and its hierarchy. Generally speaking, if one's husband is a physician, then one should be able to receive the best and complete care; on the contrary, the narrator not only makes no positive comment on her husband's medical profession, but also believes that it is why she could never restore her health. Therefore, this can be assumed that the main reason is because that her husband does not have the willingness to understand and listen to her narrative as a patient. John only believes in the diagnosis made based on his own professional medical knowledge: "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?" (317). Gilman constantly emphasizes that patients who lack medical knowledge are blocked from layers of medical hierarchy and suffer from information inequality. In such a brief narrative, readers quickly empathize with the narrator's dilemma and helplessness when the narrator is forced to face with the medical power hierarchy as well as patriarchy. Moreover, since patients have less medical knowledge, serious deprivation and neglection of patient's right to speak could be identified in "The Yellow Wallpaper". By repeatedly emphasizing "what can one do?" and "what is one to do?", Gilman suggests that the narrator is in deep solitude and helplessness and has not been permitted to speak for herself. The narrator's husband John abuses his elevated status and mastery of medical knowledge to re-interpret the patient's condition as merely a temporary depression with no seriousness at all, and even convinces the narrator's friends and family with indubitable medical order. With medical orders and restriction, the narrator is put under house arrest in the name of "rest" by John, which leads to cutting off communication with the outer world. The diagnosis made by the narrator's brother (also a physician) functions exactly the same as that of her husband, which further strengthens the irreversibility of the diagnosis and the legitimacy of the treatment. Without medical knowledge, the patient has little possibility to convince and raise objections base on medical theories, which showed the impact of the medical hierarchy on patients. It is my argument that with the assistance of narrative medicine, the information inequality caused by the gap of medical knowledge could be diminished.

Taiwanese scholar Ling-fang Cheng proposes the concept of "professional-user relationship" in "Knowledge and Power of Professional-User Relationship". The difference between the "professional-user relationship" and the traditional medical-patient relationship is that the professional-user relationship emphasizes that the power hierarchy between medical users and medical professionals comes from the ambiguity and uncertainty in the medical procedure; therefore, the professional-user relationship considered patients, professional-users in this case, as the core, opposing the concept that treats all professional-users as patients with diseases, abandoning the medical hierarchical disparity, and believes that doctors and professional-users should exchange knowledge more comprehensively in multiple aspects and depth, including in physiology and medicine, daily routine, social discourse and so on. Although the patients were the observational core in the antiquated clinical medicine, doctors nowadays tend to emphasize more on the disease *per se*. The doctor's ignorance and indifference to the patient's personal factors resulted in the inequity of information between the doctor and the professional-users; therefore, the ambiguity and complexity of the medical procedure deepen (Cheng 11-2). Narrative medicine, as a result, focuses on listening to the patients' narrative and discourse and connecting with the patients, so that the patients would not need to have a medical background in order to be able to exchange comparatively complete information with little hierarchical interference. As long as the medicine strives for cultivating appreciation and respect to the patients' narratives and medical humanity, physicians would be more likely to make appropriate diagnosis and treatment for patients who actually suffer from complicated condition.

The narrator holds a negative attitude towards rest cure, thinking that isolating all external stimuli could not relieve her emotions or alleviate any of her agony. This can be assumed that the narrator thinks a moderate relaxation of the restrictions on rest cure would ameliorate her syndromes: "Personally, I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good" (317). Excessive mental and physical restrictions fail to control or assuage her symptoms; instead, it stimulates the desire to break free. Since creative thinking and writing are all forbidden by her husband, the narrator can only secretly write and use writing as a relief. Therefore, she needs to intensively beware of not letting her husband discover it, causing the narrator to suffer more. The foresaid situation reflects that the patient's aspiration and the doctor's orders are often different, or even opposite, but the doctor abuses the medical hierarchy to force the patients to compromise. The patients have to deliberately hide certain personal information in order to avoid mental oppression, leading to the gradual collapse of the foundation of mutual trust and the inability to communicate effectively.

"John is away all day, and even some nights when his cases are serious. I am glad my case is not serious!" (319). Gilman insinuates that John considers the narrator's hysteria only as "mild" based on his professional biomedical knowledge. Nonetheless, the explicit knowledge that John has always relied on is invisible and intangible, but through a long period of specialization and scientization, medicine has formed systematic and learnable theories which help medical professionals make comparatively reasonable diagnosis; however, narrative and sensibility are dismissed as superstitious and does not receive enough attention within this medical hierarchy. Narrative medicine,

therefore, can function as an effective way to bridge the gaps constructed by medical hierarchy. Instead of constructing multi-layered medical hierarchy with restrictions and orders, physicians are encouraged to maintain a reciprocal doctor-patient relationship; therefore, narrative medicine is able to effectively improve the equivalence of medical knowledge by means of appreciation of narrative and bilateral interpretation between non-professionals and professionals. Moreover, the increasing personal information attached in the narratives due to the effective doctor-patient communication is able to further improve the dilemma of misdiagnosis. Therefore, if narrative medicine is given enough attention and systematic categorization, the medical value of narrative and story-telling would be able to emerge and exert impact on the medical procedure. Narrative medicine emphasizes more on listening to the patients and professionals' compassion, which improves the dilemma of generalized interpretation of the patient's symptoms, so as to help professionals make a more comprehensive diagnosis.

"At first he meant to repaper the room, but afterwards he said that I was letting it get the better of me, and that nothing was worse for a nervous patient than to give way to such fancies. He said that after the wallpaper 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." (319). John tries his utmost to persuade the narrator to accommodate the *status quo*. His exaggerated assertion reflects how men responded to women's requirement of equality and independence in the nineteenth century. Gilman hinted that men not only provided no assistance to women's independence from traditional gender role, but supported the continuance of traditional practice and gender ideology. Women who sought independence could be labeled as "insane" or "mental disorder", and their

requests are even regarded as unreasonable demands which can never be satisfied. Therefore, men further consolidate their dominance, and its expansionary influence over the husband-led family and medical procedures in "The Yellow Wallpaper" makes John even more unscrupulously practice rest cure. Unfortunately, the narrator is forced to endure the ignorance and oppression from John's superiority in the medical hierarchy and patriarchy.

"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!" (321). At the narrator's first sight of John's sister, Jennie, she calls her a perfect and enthusiastic housekeeper who is similar to the typical "the angel in the house" and has no desire to learn other professions. Jennie accepts her role as a housekeeper without any resistance, hinting that Jennie is willing to unquestioningly obey John's instructions due to the influence and penetration of patriarchy (Chen 74). In particular, Jennie, in sharp contrast to the narrator, represents the image of women who received traditional gender ideology. The narrator "firmly believes" that Jennie must agree that writing is the cause of her hysteria, showing that feminists believe that women who accept traditional gender ideology will certainly be subject to patriarchy. This can be assumed that through the narrator's suspicion against Jennie, Gilman hints that Jennie and John belong to the same system. Therefore, John practices systematization on Jennie by fortifying the aforementioned domestic dominance with medical hierarchy and professional knowledge so as to accomplish comprehensive supervision.

The first section concludes with John's imminence, the narrator hurriedly hinds the diary in order not to be discovered by John: "There comes John, and I must put this away,—he hates to have me write a word" (319). Likewise, the second section ends with Jennie's approach: "There's sister on the stairs!" (321). The endings of the two sections are similar, with both scenarios emphasizing that John and Jennie prohibit the narrator from writing on the grounds of treatment, while the narrator needs to spend much more energy avoiding the medical surveillance, an implication and accusation to the connection between John and Jennie.

"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 " (322). This can be assumed that John's distrust and ignorance about the narrator's self-statement from a perspective of a professional-user has consequently resulted in the enhancement of a sense of isolation to the narrator. Therefore, the diary is the only comfort to discharge her emotion, imagination, and the unheard. Moreover, the obverse of "I don't want to" and "I don't feel able" is the narrator's desire to be listened to so that she would not need to devote so much effort and energy to write secretly. Ironically, John is unwilling to further examine the information the narrator is trying to provide. John believes that meaningless superstitions and fantasies have no medical value. "He says no one but myself can help me out of it, that I must use my will and self-control and not let any silly fancies run away with me" (323). At the same time, the narrator has long been enfeebled, and the exhaustion from writing mainly derives from the comprehensive medical gaze of John's and Jennie's. "I did write for a while in spite of them; but it *does*

exhaust me a good deal–having to be so sly about it, or else meet with heavy opposition" (317), as the narrator confesses.

"By moonlight—the moon shines in all night when there is a moon—I wouldn't know it was the same paper. At night in any kind of light, in twilight, candlelight, lamplight, and worst of all by moonlight, it becomes bars! The outside pattern I mean, and the woman behind it is as plain as can be" (325). This can be assumed that the narrator is more affected by the wallpaper at night than in the day time; moreover, the syndromes has been gradually deteriorating. Through careful examination of this text, the hardly perceptible deterioration can be better identified and understood, which shows that narratives are able to provide abundant clinical value to diagnosis and treatment. The narratives contain subjective yet indispensable personal information. The influence of the wallpaper has magnified again, and the original vague figure has turned into a woman who is now clearly visible behind the prison constructed with the wallpaper pattern, once again suggesting to readers that contemporary women are imprisoned by the gender roles.

Jennie is highly subordinate to John, as the narrator comments, "The fact is I am getting a little afraid of John. He seems very queer sometimes, and even Jennie has an inexplicable look" (325). This can be assumed that John implements the systemization of the medical power hierarchy and incorporates Jennie into the medical system. Therefore, rather than regarding Jennie as merely a housekeeper, her role as a caregiver in extension of medical system would be more explicit in this sense. In addition to daily housework, Jennie's most important duties are keeping a close watch on the narrator,

ensuring the treatment is completely executed and reporting information back to the doctor. “And I heard him ask Jennie a lot of professional questions about me. She had a very good report to give" (328). It is worth noting that John is willing to believe Jennie’s report, while ignoring the narrator’s own narratives and description of her own agony and anxiety about the wallpaper or the mental torment concerning the rest cure. John over-simplifies the narrator’s narrative, believing her agony comes from her fantasies and imagination; nonetheless, Jennie who is incorporated into the medical system has his full trust, once again presenting a clear barrier between the inside and outside of the medical system. In addition, such a close and comprehensive surveillance network puts great pressure on the narrator, and the narrator’s constant precaution causes serious and exhausting delusions in her and her reluctance to trust others. The verbal report which Jennie provides to John is only superficial and trivial information: "She said I slept a good deal in the daytime" (328). Jennie has only obtained such superficial conclusions through long-term surveillance. Therefore, even with such a close medical gaze, the patient’s affliction cannot be truly observed, let alone with the additional interference of a faulty doctor-patient relationship.

The narrator hopes that John can relax the restrictions, move to other available room, or move out of the halls that makes her inexplicably anxious. Nonetheless, John coaxes and guides the narrator to settle for the *status quo*, ignore her demands as a patient, and insists on continuing with rest cure. Besides, John even instructs Jennie to take surveillance-like care to increase the breadth and intensity of the medical gaze, causing the narrator to have even more severe delusions, concealing most of her personal information, and even deliberately revealing false information: "And that

cultivates deceit, for I don't tell them I'm awake—O no!" (325). Furthermore, the narrator reveals her distrust on everybody: "But I shan't tell it this time! It does not do to trust people too much" (327). Ronald Schleifer and Jerry B. Vannatta argue that physicians should listening to the information provided by the patients in the book *Literature and Medicine: A Practical and Pedagogical Guide*. By studying many patients' narratives and statements of their own conditions, many unsaid situations can be observed. In addition, patients often rely on subjective memory when describing symptoms, so chronology is prone to mix with some memorial mistakes and the loss of some details which may lead to misjudgments in clinical medicine. Therefore, physicians, as listeners, must maintain a certain degree of suspicion for reminiscence interpretations, and use multiple questions to clarify the context of events and ensure that the information can be used. Is communicated completely and correctly (81). As the two scholars mention, the exchange of information between patients and physicians is very important, and once again bring up the importance of narrative medicine. If patients are mentally oppressed and are unwilling to tell the truth about their personal information, it will have a significant impact on the diagnosis.

The narrator continues with the remark: "I pulled and she shook, I shook and she pulled, and before morning we had peeled off yards of that paper" (328). The overlap between the narrator and the woman behind the wallpaper has gradually increased. In particular, the narrator even uses "we" to describe her own actions, showing the possibility that the narrator identifies herself even more with the woman behind the wallpaper. There is even no difference between the two at the end of the story: "'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!'" (330). This can be assumed that the mad woman behind the wallpaper is actually the narrator's projection derived from the oppression of medical surveillance and medical hierarchy.

IV. Conclusion

In conclusion, the "rest cure" has no curative effect but only imprisonment for the narrator. The treatment not only restricts the narrator's physical freedom, but also narrows her freedom of conscience. The oppression and mental torment caused by the treatment gradually wear the narrator down. Nonetheless, John, as a physician and a husband, once again neglects the importance of the narrative which attaches with innumerous vital personal information. The origin of the medical hierarchy is knowledge inequivalence and medical authority; therefore, patients are limited by subordination, for they know little about medicine. John, as aforementioned, abuses his authority as well as male dominance, but fails to see the potential threat of the wallpaper and the improper treatment so that he could not give timely care and guidance in time. Instead, the narrator is prohibited from expressing her feelings in writing, and is scolded or cut off when making pleas to her husband; therefore, the narrator was driven into madness in the end of the story. From the perspective of medical humanity, "The Yellow Wallpaper" reiterates the considerable importance of narrative given from narrator-as-patient and the powerful condemnation for the rest cure and the compound of medical hierarchy and patriarchy. Through the practice of narrative medicine, physicians are more likely to develop empathize with the patients and mine deeper in order to better discern the imperceptible personal information. The declination of misdiagnosis and the

abuse of medical are also anticipated with the assistant with narrative medicine and medical humanity. Moreover, the demolishment of sturdy medical hierarchy is able to contribute to the restoration of patient's right to speak and a not only fair, but accessible doctor-patient relationship.

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