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| RESEARCH ARTICLE

Trauma and Mental Illness: Interrogating Psychiatric Ethics in Freida McFadden's *Ward D*

Vimal A
Assistant Professor, Department of English, Stella Mary's College of Engineering, Aruthenganvilai, Azhikal Post, Kanyakumari Dist, Tamil Nadu, India
Corresponding Author: Vimal A, **E-mail**: vimal99.a@gmail.com

| ABSTRACT
This paper analyzes how psychiatric trauma, spatial containment, and institutional ethics are articulated in Freida McFadden's 2023 bestselling medical thriller *Ward D*. Drawing on the theoretical intersections of Critical Disability Studies, specifically the emergent subfield of Gothic Disability Studies, as well as the transdisciplinary frameworks of narrative medicine and the critical medical humanities, this article deconstructs the narrative mechanics of modern psychiatric representation. By investigating Miranda Fricker's concept of epistemic injustice alongside Havi Carel and James Kidd's theories of pathocentric epistemic injustice and institutional opacity, this study explores how the novel handles the diagnostic credibility and subjective testimonies of inpatient subjects. By examining the novel's nested flashback architecture, spatialized locked-room mechanics, and its final psychological disintegration, this article illustrates how popular genre fiction can actively subvert clinical ethics while simultaneously operating as a powerful, diagnostic vehicle for cultural anxieties surrounding psychiatric care and the limits of the clinical gaze.

| KEYWORDS

Gothic Disability Studies, Epistemic Injustice, Medical Humanities, Psychiatric Ethics, Narrative Architecture, Medical Gaslighting

| ARTICLE INFORMATION

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1. Introduction

Freida McFadden's 2023 psychological thriller *Ward D* is positioned at its paratextual level as an intense, claustrophobic locked-room narrative set within the sterile confines of a modern hospital's secure psychiatric unit. The plot follows third-year medical student Amy Brenner as she reluctantly undertakes a mandatory twelve-hour overnight shift on Ward D, a setting she has desperately sought to avoid due to a deeply repressed childhood trauma linked to her former best friend, Jade Carpenter. Mainstream literary reviews and public reception consistently praise the novel's architectural construction of suspense, highlighting how its rapid pacing, structural cliffhangers, and psychological 'seeds of doubt' keep readers in a state of constant epistemological instability. In this sense, *Ward D* operates as a highly commercial cultural artifact that actively shapes the public imagination regarding psychiatric institutions, clinical professionals, and the nature of mental illness.

However, when viewed through a transdisciplinary medical humanities lens, the novel presents a profound bioethical contradiction. Freida McFadden is the pseudonym of Sara Cohen, a physical medicine and rehabilitation (PM&R) physician specializing in brain injury, traumatic brain injury (TBI), and stroke recovery. While Cohen utilizes a calculated, self-protective performance of public anonymity to bifurcate her clinical identity from her publishing career, her status as a physician lends a distinct aura of medical authority to her narratives. This study examines the

tension between commercial narrative formulas and the ethical responsibilities of the physician author. By continuing to represent psychiatric wards as places of terror, chemical restraint, and professional incompetence, popular fiction actively discourages vulnerable individuals from seeking real world clinical care. (Bashford. 2008 & Hopson, 2014)

To unpack these dynamics, this article explores how *Ward D* handles the representation of psychopathology through three main axes,

(i) The transformation of a modern hospital floor into a Gothic 'locked room' where clinical instruments become tools of horror
(ii) The complete collapse of medical authority, exemplified by the patient Damon Sawyer successfully impersonating the attending physician, Dr. Richard Beck
(iii) The systematic pathologization of patient testimony specifically the warnings of Will Schoenfeld and the psychological manipulation of the student protagonist.

Ultimately, this paper argues that *Ward D* acts as a double-edged sword, it offers a compelling, tactile exploration of personal and institutional trauma, yet remains deeply complicit in perpetuating highly stigmatizing, violent stereotypes of psychiatric patients to achieve commercial suspense.

2. Review of Literature

Siti Alifa Ananda Ardiani and Otong Setiawan Djauhari (2025) in their article *Psychological Manipulation in Psychological Thrillers: A Case Study of The Housemaid by Freida McFadden* shows the psychological approach towards the characters to examine the identity manipulation. They used psychological literary approach to interpret the text. They have deeply researched the narrative structures of Frieda, psychological control, unreliable narration, power relations and character isolations of each character in the text. They gain that manipulation as a vital component in the novel, which influenced the experience of the readers and deep understandings. Moreover, home as an additional pivotal element, that servers as a monitoring and power. The study depicts that the psychological manipulation as a vital context and a structured technique in the contemporary narratives.

Muthu Karthick and Mothilal Dinesh (2026) in their research work entitled *Deception, Memory, and Elusive Truth in Freida McFadden's Never Lie* portray the temporal dynamics of both manipulation and deception depicted in the Never Lie. They make the clear study about how the deception used as key element in psychological disturbance, identity and manipulation. The complete interpretations are done with both the context of memory and deception. The authors find that context of deception is unethical and unlawful. The major characters in the select study manipulate people for their desires.

Sumbal Khan and Mishah Wakeel (2025) showcase the trauma and mental illness in their article titled *Literary Depictions of Mental Health and Trauma in Contemporary English Fiction*. The article shows the both the traumatic context and mental health in the areas of psychology and literary fields. They used thematic analysis and qualitative method to examine the paper. Five literary works are selected as a primary source. They used reader response data and textual interpretations for the study to find the gap between theories and psychological comments. Trauma informed analysis has been added by the authors to highlights the fiction as a key role which permits the audience to explore the experiences are hard to depict.

2.1 Research Gap

Current literature on epistemic injustice in clinical settings heavily privileges canonical texts or non-fiction illness memoirs, largely overlooking formulaic, bestselling genre fiction. This study addresses that gap by demonstrating that Freida McFadden's *Ward D* is not merely passive commercial entertainment, but a vital, under-theorized cultural site that actively processes modern anxieties surrounding institutional opacity and the limits of the clinical gaze.

3. Cultural Cartographies of Madness: From the Asylum to the Psycho-Thriller

Scholarly interest in the representation of madness and psychiatric spaces has evolved significantly since the mid-twentieth century. Pioneering work in the history of psychiatry, such as Andrew Scull's studies of the 'madhouse' and Michel Foucault's critiques of institutional confinement, established how societies use architecture and psychiatric categories to isolate and discipline atypical minds. In Victorian literature, works like Charlotte Bronte's *Jane Eyre* (1847) and Wilkie Collins's *The Woman in White* (1859) popularized the tropes of wrongful confinement and the 'madwoman in the attic'. These texts served as powerful critiques of contemporary social anxieties, yet frequently reduced mental illness to a symbolic representation of moral decay or supernatural terror. (Noad, 2018)

In contemporary clinical literature and media studies, researchers have noted that popular films and novels continue to present highly distorted, stigmatized representations of mental health. A 2022 study of top-grossing films revealed that over 72% of characters depicted with a mental health condition were linked to acts of violence, either as perpetrators or targets. This persistent connection reinforces public prejudices, causing individuals to associate psychiatric conditions with inherent danger and criminality. Furthermore, within the critical medical humanities, scholars like Fiona Subotsky have argued that the 'Gothic asylum' remains a dominant, unyielding trope in mass-market horror. (Das, 2017) By continuing to represent psychiatric wards as places of terror, chemical restraint, and professional incompetence, popular fiction actively discourages vulnerable individuals from seeking real-world clinical care.

4. Epistemic Injustice and Gothic Disability Studies: A Tripartite Theoretical Schema

4.1 Epistemic Injustice

As conceptualized by feminist philosopher Miranda Fricker. Fricker identifies two primary dimensions, testimonial injustice, where a speaker suffers a credibility deficit due to a hearer's prejudice, and hermeneutical injustice, where a gap in collective interpretive resources prevents a speaker from making sense of their experiences. In clinical settings, as Havi Carel, James Kidd, and Paul Crichton argue, psychiatric patients are uniquely vulnerable to pathocentric testimonial injustice, as clinicians routinely dismiss factual reports as mere 'symptoms' of their diagnosed pathology. (Sakakibara, 2023)

4.2 Gothic Disability Studies

An emergent subfield outlined by Essaka Joshua in Disability and the Gothic, The Nineteenth Century (2026). This framework examines how Gothic literature historically relies on societal fears of disabled bodies and atypical minds. Rather than treating disability or neurodivergence as a purely metaphorical state, Gothic Disability Studies analyzes the role of physical environments and disabling cultures in constructing the 'monstrous' other, while exploring how characters reclaim agency within these hostile structures.

4.3 Transdisciplinary Medical Humanities

As advanced by Jo Winning in Between the Two Cultures, Transdisciplinary Futures for Literary Studies and Medicine (2025), Winning advocates for the concept of 'entanglement,' where literary analysis is integrated into clinical curricula to cultivate critical thinking, tolerate clinical uncertainty, and challenge the rigid, positivist boundaries of biomedical knowledge. This layer is essential for deconstructing the 'physician-author paradox' in McFadden's work. (Winning, 2025)

5. The Spatialized Gothic Asylum: Spatiality and Biomedical Architecture

The setting of *Ward D* on the secure, locked ninth floor of a modern hospital is a literal spatialization of the Gothic asylum. It represents what Sylvia Plath's poem 'Tulips' describes as the sterile, controlled violence of the clinical space, where patients surrender their agency, names, and histories to medical surveillance and chemical containment. In *Ward D*, the clinical containment mechanisms, designed under the guise of modern therapeutic safety, are rapidly stripped of their medical utility and transformed into instruments of terror. (Hume, 2018) The absolute isolation of the ward is completed when Miguel, a manic patient, urinated on a light switch, causing a brief but catastrophic power outage. This infrastructural failure triggers an automatic safety protocol that resets the electronic lock codes, trapping the remaining staff and patients inside.

The clinical space is thus retrofitted into a classic Gothic 'locked room,' isolating the characters from the external world and rendering them vulnerable to internal predation. This architectural shift echoes historical representations of wrongful confinement and institutional abuse, aligning *Ward D* with a literary genealogy that spans from Victorian asylum critiques to contemporary horror cinema. Seclusion Room One, designated for temporary, acute clinical containment, is retrofitted into a secret tomb to hide the decomposing bodies of the murdered medical staff, turning the 'forbidden room' trope into a literal biohazard. (Rakhimova, 2024)

The central nurse's station, typically the panoptic hub of clinical observation and chart management, becomes a site of deceptive surveillance where murderers masquerade as medical staff, inverting Michel Foucault's model of the clinical gaze. (Monica, 2024) The staff lounge, which represents the fragile link to external reality, is reduced to a liminal zone where cell reception is transiently secured, revealing the deception. Finally, Room 905, a standard inpatient room, acts as the cell of Jade Carpenter, the physical manifestation of the protagonist's repressed past.

6. Performing Authority: Identity Deception and Clinical Boundaries

Within this spatialized Gothic crucible, *Ward D* enacts a radical, deeply unsettling subversion of clinical authority. The supervising on-call physician, Dr. Richard Beck, is initially presented through Amy's eyes as a young, highly attractive, calm, and competent mentor who patiently conducts the clinical orientation, explains security protocols, and manages the unit's safety. He instructs the medical students to review patient charts and conduct interviews, presenting a model of compassionate, evidence-based psychiatric practice. However, the narrative climax destroys this clinical hierarchy by revealing that the young 'Dr. Beck' is an impostor. His true identity is Damon Sawyer, a highly violent patient diagnosed with schizoaffective disorder with a history of arson, drug addiction, and severe physical assault. (Crichton, 2017)

Damon, alongside his Bipolar, accomplice Jade Carpenter and an accomplice nurse named Nicole, had murdered the real, elderly Dr. Richard Beck and the duty nurse Ramona prior to the start of the night shift. By hiding the bodies in Seclusion One the very room Damon was supposed to be securely locked inside, the killers successfully assume their professional identities. Since Amy and her ambitious fellow medical student, Cameron Berger, had never met the attending staff before, they are completely deceived by the performance of medical professionalism.

This identity inversion exposes the terrifying vulnerability of the modern clinic. The professional authority of the physician is shown to be entirely performative, reducible to superficial signifiers as a white coat, a stethoscope, clinical terminology, and a patronizingly calm demeanor. (Sylvernale, 2020) Damon utilizes this assumed authority to systematically execute a series of murders under the guise of clinical management. He kills Cameron Berger, the manic patient Miguel, and Mary Cummings elderly, vulnerable patient who is constantly knitting and is systematically overdosed on Ativan before being physically disposed of.

The clinical gaze, traditionally conceptualized as an instrument of objective diagnostic observation and therapeutic control, is entirely co-opted by a homicidal patient to monitor, gaslight, and eliminate his victims. By presenting the primary threat as an internal infiltration of the clinical hierarchy by the 'criminally insane,' *Ward D* perpetuates a deep-seated literary anxiety, that the psychiatric institution is not a sanctuary of rational healing, but an unstable asylum where the boundary between the doctor and the patient is completely, violently dissolved.

7. Testimonial Injustice and the Pathologization of Patient Voice

A central analytical contribution of the critical medical humanities is the examination of how knowledge is constructed, validated, or suppressed within clinical encounters. Miranda Fricker's framework of epistemic injustice specifically testimonial injustice, where a speaker suffers a credibility deficit due to a hearer's prejudice against their social group is highly applicable to psychiatric contexts. Because individuals diagnosed with severe mental illnesses are culturally associated with irrationality, cognitive instability, and deception, their factual, objective testimonies are routinely dismissed as clinical symptoms.

Ward D dramatizes this epistemic marginalization through the character of Will Schoenfeld, a young patient diagnosed with paranoid schizophrenia who is assigned to Amy for her clinical interview. Will is remarkably polite, lucid, prefers reading John Irving books to discussing his clinical symptoms, and actively warns Amy that something

highly dangerous is occurring on the ward. He informs her that the Electronic Medical Record (MR) is being manipulated, that Ramona is cleaning up blood from Seclusion Two, and that they must stick together to survive the night. However, because of Will's diagnostic label and his documented non-compliance with antipsychotic medication, Amy systematically deflates his credibility. She pathologizes his highly accurate observations, attributing his warnings to paranoid delusions and refusing to trust him.

The tragedy of this testimonial injustice is compounded by the narrative revelation that Will is actually an investigative journalist who faked his psychiatric symptoms to gain admission to Ward D to research systemic institutional neglect. Despite his actual status as a rational, objective external observer, the clinical framework is so epistemically closed that his factual testimony is entirely neutralized the moment it is entered into the psychiatric record.

Furthermore, the novel illustrates the psychological harms of 'medical gaslighting' and 'institutional opacity' as theorized by Havi Carel, James Kidd, and Ian James Kidd. When Amy discovers physical evidence of violence specifically hearing choking sounds and seeing a pool of blood seeping from Seclusion Two after Miguel is placed there, the impostor Dr. Beck and Ramona clean up the site and aggressively assure her that nothing is wrong. They weaponize her known history of childhood anxiety and trauma to force her to doubt her own sensory perceptions. (Speyer, 2025)

This systematic undermining of her epistemic agency leaves Amy disoriented, questioning her own sanity, and unable to act as a knowing subject. (Catherine, 2026) The other patients suffer similar epistemic harms, Daniel 'Spider-Dan' Ludwig is infantilized and patronized, his cognitive capacity entirely dismissed as a child-like delusion, even though he ultimately rescues Amy by subduing Damon Sawyer with dental floss. Miguel's panic is pathologized and used as a pretext to lock him in Seclusion Two, where he is silently murdered. Finally, Mary Cummings, a lucidly anxious elderly patient, is heavily sedated with Ativan when she expresses panic, her fears treated as age related confusion before she is murdered by the impostors.

8. The Physician-Author Paradox and Commercial Exploitation of Stigma

The active integration of medical humanities into clinical curricula is predicated on the assumption that a transdisciplinary engagement with the arts will foster empathy, humanistic values, and a critical awareness of patient vulnerability. When a practicing physician writes fiction, there is a socio cultural expectation that their dual expertise will result in nuanced, highly empathetic, and clinically accurate representations of illness that actively challenge public prejudices. (Chen, 2025)

However, Freida McFadden's *Ward D* presents a profound bioethical paradox. While her specialized background in physical medicine and brain rehabilitation allows her to describe clinical environments, resident fatigue, and pharmacological protocols with a high degree of technical accuracy, her overarching narrative structure heavily relies on regressive, sensationalist, and highly damaging psychiatric stereotypes.

The primary motor of the plot in *Ward D* is a calculated, deeply sadistic homicidal conspiracy executed by individuals diagnosed with severe psychiatric conditions. specifically Bipolar I and schizoaffective disorder. By representing these patients as inherently deceptive, highly violent, and capable of elaborate, multi-person murder plots (including poisoning, throat-slitting, and arson), the text directly reinforces the historical, stigmatizing association between mental illness and criminal violence.

This reliance on sensationalist 'psycho-killer' tropes is a recurring feature of McFadden's work. In her novel *Never Lie*, the protagonist is retrospectively revealed to suffer from Antisocial Personality Disorder (ASPD), a diagnosis dropped as a 'cheap parlor trick' that ignores the complex, non-violent clinical reality of the disorder to provide a sudden plot twist. Similarly, in *Ward D*, the psychiatric ward is depicted not as a vulnerable therapeutic space in need of systemic support, but as a dangerous warehouse of homicidal predators who must be physically contained.

This representation stands in direct opposition to empirical sociological and clinical data, which consistently demonstrates that individuals with severe mental illnesses are vastly more likely to be the targets of violence rather

than the perpetrators. (Stacy, 2023) By prioritizing market thriller formulas over bioethical advocacy, the physician author actively contributes to the cultural stigmatization of the very patient population she has taken a clinical oath to protect, potentially discouraging individuals in acute psychological distress from seeking inpatient psychiatric care due to a fear of institutional violence and deception.

9. Trauma, Repression, and the Psychological Contagion

In classical biomedical training, clinical efficacy is heavily dependent on the preservation of a detached, objective 'clinical gaze' a rigid intellectual boundary that separates the knowing, rational clinician from the sick, observed patient. In *Ward D*, however, this binary is completely dismantled through the themes of childhood trauma and psychological contagion. Amy's extreme dread of the locked ward is not merely a reaction to the patients' potential unpredictability, but a profound fear of what they expose within her own repressed psyche. She is haunted by intense guilt regarding her childhood best friend, Jade Carpenter, who was admitted to Ward D eight years prior following a severe mental health crisis.

The details of their shared past reveal a complex web of academic misconduct and violence. the two friends stole a copy of a trigonometry test to cheat, and when they were caught, Jade broke into their mathematics teacher's house, tied him up, and threatened to kill him to protect them both. Amy subsequently told the authorities, leading to Jade's psychiatric institutionalization and a lifetime of chronic containment, an abandonment for which Jade harbors a deep, bitter resentment.

This shared history completely collapses the clinical boundary the moment Amy enters the ward. She is forced to confront Jade not as an objective clinician-in-training, but as a traumatized accomplice who is actively targeted for revenge. The trauma of the past is represented as a physical contagion, a Gothic force that infects the clinical present and renders the separation between doctor and patient completely untenable. This psychological collapse is finalized in the novel's epilogue. Although Amy physically survives the overnight shift and successfully foils Jade and Damon's arson plot with the help of Spider-Dan, her internal sanity is permanently destroyed.

A year later, while apparently living a normal life and dating Will, she continues to suffer from secret, severe visual and auditory hallucinations of a young girl from her childhood who commands her to murder Will. This ending represents a complete, irreversible collapse of the clinical ego. The medical student who sought to coast through her psychiatric rotation has been permanently colonized by the psychopathology of the ward, transitioning from a clinical observer to a covertly psychotic subject. The psychiatric space is thus represented as a site of absolute psychological ruin, where the trauma of the contained patient is permanently transmitted to the clinical practitioner.

10. Comparative Synthesis: Tracing Confinement Across the Ages

To fully understand how *Ward D* navigates psychiatric representation, it must be compared to other key texts that portray clinical spaces, therapists, and mental illness. In Louisa May Alcott's *A Whisper in the Dark* (1863), the protagonist Sybil is diagnosed as mentally unstable by an unscrupulous physician, Dr. Karnac, and wrongfully confined to an asylum to allow her uncle to seize her family assets. This classic Gothic framework is updated in *Ward D*, where Jade's confinement is initiated by Amy's betrayal to protect herself from academic ruin, shifting the source of wrongful confinement from patriarchal greed to interpersonal self-preservation. (Beatrice, 2024)

Comparatively, the representation of Damon Sawyer posing as Dr. Beck echoes Thomas Harris's depiction of Dr. Hannibal Lecter in *The Silence of the Lambs* (1988). Both texts reinforce the terrifying stereotype of the psychiatrist as a brilliant, manipulative predator who uses clinical insight to exploit and destroy victims. However, unlike Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), which depicts Dr. Spivey as an empathetic, caring professional struggling against an abusive institutional system, *Ward D* offers no positive clinical counterweight; the legitimate medical staff are entirely silent, dead, or incompetent, leaving the clinical space devoid of authentic therapeutic utility.

By tracing these representations, we see a persistent cultural anxiety, while 19th century literature feared the asylum as an instrument of social control, contemporary psychiatric thrillers fear the ward as an unstable zone where the very distinction between healer and predator is permanently dissolved.

11. Counter-Arguments and Aesthetic Negotiations

A significant counter-argument to the critique of McFadden's writing is that her reliance on simplified prose and rapid, high concept twists is an intentional and highly effective aesthetic choice. Critics who dismiss her work as 'simplistic' often conflate literary complexity with narrative effectiveness. Her clear, accessible style and rapid pacing act as an ideal vehicle for suspense, successfully engaging broad public audiences who might be alienated by dense, slow paced medical humanities literature. In this view, the 'mindless, fast read' has its own unique literary value, keeping readers intensely enthralled without the burden of heavy, academic prose.

Furthermore, from a psychoanalytic and literary perspective, the use of Gothic asylum conventions in *Ward D* can be read not as an endorsement of psychiatric stigma, but as a safe, symbolic arena for processing deep-seated social and personal anxieties. By projecting internal trauma, guilt, and fear onto the physical, locked room architecture of the ward, the text allows the reader and the protagonist to confront repressed anxieties in a highly dramatized, cathartic setting. (Mcallister, 2015) The Gothic horror elements provide a vital, expressive vocabulary for experiences of psychological confinement and isolation that standard, realistic medical narratives may fail to capture.

Conversely, a decolonial, critical humanities perspective would argue that the conventional 'rescue' ending of *Ward D*, where the morning shift arrives and the police restore institutional order is itself a form of narrative capitulation. By ending with the containment of Damon and Jade back into secure psychiatric facilities, the novel reinforces the ideological fantasy that the state and its biomedical institutions are ultimately rational, curative, and safe. This resolution elides the deep, systemic violence of involuntary confinement and institutional opacity, celebrating conditional containment rather than challenging the epistemic power structures of the clinic.

12. Pedagogical Pathways and Institutional Remediation

The critical analysis of Freida McFadden's *Ward D* offers vital insights for the transdisciplinary futures of literary studies and medical education, within the pages of esteemed journals dedicated to health humanities and clinical ethics. The novel exposes a profound fracture in the 'two cultures' of science and art, a writer's active status as a practicing physician does not automatically inoculate their creative output against the corrupting, stigmatizing influences of mass-market genre formulas. Rather than serving as an instrument of clinical empathy, the medical thriller in this instance weaponizes the clinical setting to generate a highly profitable 'sinister delight' at the direct expense of a highly vulnerable patient population.

To counter the systemic biases and epistemic injustices perpetuated by popular representations of psychiatric spaces, contemporary medical and health humanities curricula must adapt their pedagogical strategies. Rather than relying exclusively on idealized, highly positive representations of clinical empathy, educators should actively utilize popular 'pulp' medical thrillers like *Ward D* as critical 'negative case studies.' Future physicians, nurses, and allied health professionals must be trained in textual analysis and critical media literacy to identify, challenge, and dismantle these pervasive cultural stereotypes.

By deconstructing the mechanisms of testimonial injustice, clinical gaslighting, and spatialized containment portrayed in popular fiction, clinical trainees can develop a robust, self-reflective awareness of their own ethical responsibilities. Ultimately, clinical training must move beyond a simple focus on technical competency toward a critical, decolonial, and trauma-informed framework that recognizes the patient not as a potential Gothic monster to be contained, but as a primary knower whose subjective testimony is essential to the ethical practice of medicine.

13. Summation

In conclusion, Freida McFadden's *Ward D* serves as a highly complex, critical site for examining how psychiatric spaces, medical ethics, and mental illness are constructed in the contemporary public sphere. By analyzing the text through the transdisciplinary frameworks of Gothic Disability Studies and epistemic injustice, this study has shown how the novel spatializes confinement, subverts clinical authority, and pathologizes patient testimony. While the novel's rapid pacing and dual-timeline structure offer a compelling narrative representation of trauma, its reliance on violent psychiatric stereotypes highlights a profound 'physician-author paradox' that prioritizes commercial suspense over ethical advocacy.

13.1 Limitations

This study is primarily limited to a textual and bioethical analysis of the single novel *Ward D*, relying on secondary qualitative reviews, author interviews, and theoretical frameworks in the medical humanities. It does not incorporate empirical patient reception studies or quantitative data regarding how readers' attitudes toward psychiatric care are affected by medical thrillers.

13.2 Future Scope

Future research should expand this inquiry by utilizing interdisciplinary methods such as qualitative reader-response analysis and neuroethics to explore how contemporary genre fiction can be integrated into medical school curricula as 'negative case studies'. By training future clinicians to critically deconstruct these popular representations, medical education can foster a self-reflective awareness of clinical power, testimonial justice, and the bioethical responsibilities of the physician in the public sphere.

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References

[1] Alcott, L. M. (1863). A Whisper in the Dark. Frank Leslie's Illustrated Newspaper.
[2] Bashford, A., & Chaplin, J. (2009). Isolation and Alienation. *Journal of Medical Humanities*, 30(1), 15-28.
[3] Beatrice, M. F. (2024). Shadowing Femi(ni)cide, Madness and The Politics of Female Control in Louisa May Alcott's A Whisper in The Dark. *Miscelánea A Journal of English and American Studies*. 70(1), 217-235
[4] Brontë, C. (1847). *Jane Eyre*. Smith, Elder & Co.
[5] Catherine, I. C. (2026). It's Shaking Your Entire Construction as a Human Being: A Qualitative Analysis on Epistemic Injustice and Medical Gaslighting Consequences in Patients Living with Chronic Pain, *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*. https://doi.org/10.1093/jmp/jhag003
[6] Chen, C. T., et al (2025). Exploring the significance of medical humanities in shaping internship performance: insights from curriculum categories. *Medical Education Online*, *30*(1). https://doi.org/10.1080/10872981.2024.2444282
[7] Cohen, S. [McFadden, F.]. (2023). *Ward D*. Poisoned Pen Press.
[8] Crichton, P., Carel, H., & Kidd, I. J. (2017). Epistemic Injustice in Psychiatry. *BJPsych Bulletin*, 41(2), 65-70.
[9] Das, S., et al. (2017). Psychiatry and Cinema: What Can We Learn from the Magical Screen?. *Shanghai archives of psychiatry*, *29*(5), 310–313. https://doi.org/10.11919/j.issn.1002-0829.217014
[10] Foucault, M. (1975). *Discipline and Punish*. Vintage Books.
[11] Fricker, M. (2007). *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford University Press.
[12] Harris, T. (1988). *The Silence of the Lambs*. St. Martin's Press.
[13] Hume, V. (2018). Ghosts in the health machine: Visits from the dead in hospital. *Medicine Anthropology Theory*, *5*(1). https://doi.org/10.17157/mat.5.1.584
[14] Hopson J. (2014). The demonisation of psychiatrists in fiction (and why real psychiatrists might want to do something about it). *Psychiatric bulletin (2014)*, *38*(4), 175–179.
[15] Joshua, E. (2026). *Disability and the Gothic: The Nineteenth Century*. Cambridge University Press.
[16] Kesey, K. (1962). *One Flew Over the Cuckoo's Nest*. Viking Press.
[17] Kidd, I. J., & Carel, H. (2018). Pathocentric Epistemic Injustice in Medicine. *The American Journal of Bioethics*, 18(6), 33-34.
[18] Mcallister, M. & Brien, D. (2015). Haunted: Exploring Representations of Mental Health Through the Lens of the Gothic. Aeternum. *The Journal of Contemporary Gothic Studies*. 2. 72-90.
[19] McFadden, F. (2022). *Never Lie*. Poisoned Pen Press.
[20] McFadden, F. (2023). *Ward D*. Poisoned Pen Pres

[21] Muthu, K. & Mothilal, D. (2026). Deception, Memory, and Elusive Truth in Freida McFadden's Never Lie, *Interdisciplinary Research Journal for Humanities*, 16(1), 107-112
[22] Monica, N. & Starkman, M. (2024). Novels with psychiatrists as characters shape stereotypes in popular culture. *Psychology Today*. https://www.psychologytoday.com/us/blog/on-call/202306/psychiatrists-in-fiction-the-good-the-bad-and-the-ugly
[23] Noad, B. E. (2018). *The Literature of Madness: A Critical study of the madhouse in Gothicliterature* [Thesis]. https://dspace.stir.ac.uk/bitstream/1893/29095/1/Final%20Submission.pdf
[24] Plath, S. (1960). *Tulips. In Ariel*. Harper & Row.
[25] Rakhimova, R. (2024). Depiction of Mental Illness in Victorian Literature: Its Accuracy and Contribution to Public Understanding and Stigma Surrounding Mental Health. *Electronic Research Journal of Social Sciences and Humanities.* 6(1), 9-33
[26] Ruíz, M. (2020). Medical Gaslighting and Epistemic Injustice in Chronic Pain. *Journal of Bioethical Inquiry*, 17(4), 687-691.
[27] Sakakibara E. (2023). Epistemic injustice in the therapeutic relationship in psychiatry. *Theoretical medicine and bioethics*, *44*(5), 477–502. https://doi.org/10.1007/s11017-023-09627-1
[28] Siti, A. A. & Otong, S. D. (2025). Psychological Manipulation in Psychological Thrillers: A Case Study of The Housemaid by Freida McFadden. *Jejak Digital: Jurnal Ilmiah Multidisplin*, 1(4), 1369-1375
[29] Stacy, L.S. (2023). Distorted depictions: Popular movies misrepresent the reality of mental health conditions. https://annenberg.usc.edu/news/research-and-impact/distorted-depictions-popular-movies-misrepresent-reality-mental-health
[30] Speyer, H., Eplov, L. F., & Roe, D. (2025). Antipsychotic Discontinuation through the Lens of Epistemic Injustice. *Community mental health journal*, *61*(2), 244–247. https://doi.org/10.1007/s10597-024-01274-7
[31] Subotsky, F. (2020). *Dracula for Doctors: Medical Facts and Gothic Fantasies*. Cambridge University Press.
[32] Sumbal, K. & Mishah, W. (2025). Literary Depictions of Mental Health and Trauma in Contemporary English Fiction. *Journal of Media Horizons*. 6(2), 777-791.
[33] Sylvernale, R. (2020). Mental Health Practice Representation in Television. https://journals.library.columbia.edu/index.php/cswr/blog/view/268
[34] Thacker, N., Wallis, J., & Winning, J. (2022). 'Capable of being in uncertainties': applied medical humanities in undergraduate medical education. *Medical Humanities*, 48(3), 325-334.
[35] Vimal, A., & Pillai, S. R. (2024), Exploring Narrative Techniques in Chetan Bhagat's *The Three Mistakes of My Life*: A Critical Analysis. *World Journal of English Language*, 14(5), 218-228
[36] Vimal, A. (2026), Articulating the Silenced: Voice, Voiceless and Structures of Suppression in Maari Selvaraj's Bison Kaalamaadan. *Journal of Literature and Linguistics Studies*, *4*(2), 73–79. https://doi.org/10.61424/jlls.v4i2.913
[37] Winning, J. (2025). Between the Two Cultures: Transdisciplinary Futures for Literary Studies and Medicine. *Journal of Language, Literature and Culture*, 72(1), 11-26.