The Yellow Wallpaper

5.

a. ancestor
b. declaration
c. queerness
d. letting
e. superstitious
f. assurance

17.

1. From
2. way
3. as
4. if
5. when / whenever / if
6. than

23.

1. A — shake
2. A — attributes
3. C — at odds
4. B — take
5. A — gave
6. C — better
7. A — indulge
8. B — present

35.

1. make me positively angry
2. could possibly be misconstrued
3. moment it was moonlight and
4. as if he were / as though he were
5. used not to be nearly
6. am finding it hard to think

36.

1. B (*"Of course something is happening. Perhaps the house is alive. Perhaps the wallpaper is."*)
2. B (*"And I believe her."*)
3. C (*"Almost every decision is being made by someone else."*)
4. C (*"I am already bored by the question of whether the house is haunted."*)
5. A (*"She … allows an ugly pattern to occupy far too much of her attention."*)
6. C (*"benevolence and control are perfectly capable of occupying the same body.")*
7. B (*"Sometimes imagination notices things before reason does."*)
8. D (*"No, actually, I don't remember that part."*)

37.

1. country
2. nervous disorder
3. worse
4. nursery
5. absorbed
6. woman
7. daily routine
8. got out

Transcript

When people first hear about *The Yellow Wallpaper*, they often think it's simply a story about a woman who gradually loses her mind. But I think that description is far too simple.

The narrator and her husband, John, spend the summer in a large rented house in the country. John is both her husband and her doctor, which already creates a strange situation because he has authority over her in two different ways. He believes that what she is suffering from is basically a nervous disorder and that the best treatment is complete rest.

The problem is that the narrator herself does not agree. She feels that writing, working and having more company might actually help her. John thinks the opposite. He believes that intellectual activity could make her condition worse, so she writes secretly whenever she can.

They sleep in a large room at the top of the house. It seems to have been a nursery at some point, although there are several odd details about it: the windows are barred, there are marks on the walls and the bed seems almost fixed to the floor.

What really bothers her, though, is the wallpaper. At first, she simply finds it unpleasant: the colour is ugly and the pattern seems badly designed. But as the days pass, she becomes completely absorbed by it. She studies it for hours and begins to think that the pattern changes depending on the light.

Eventually, she becomes convinced that there is a woman behind the wallpaper, moving around and trying to escape. At night, she thinks she can see this figure shaking the pattern as if she were trapped inside it.

What makes the story especially disturbing is that John controls far more than her medical treatment. He also controls her daily routine: where she sleeps, whether she writes, who she sees and what she is allowed to do. He believes he is helping her, but from her point of view his care increasingly feels like confinement.

By the final part of the story, the narrator tears the wallpaper from the walls in order to free the woman she believes is trapped behind it. But at that point the distinction between the woman in the wallpaper and the narrator herself has almost disappeared.

When John finally enters the room, he faints. The narrator continues creeping around the room and says that she has got out at last. Whether we understand that as liberation, madness, rebellion—or all three at once—is really the question the story leaves us with.

The Facts in the Case of M. Valdemar

3.

1. from
2. as
3. what
4. than
5. by
6. beyond

8.

1. postponement
2. condensation
3. ossification
4. apprehensive
5. adhesive
6. proposal

25. C, A, B, C, D

26.

1. A (“His will was at no period positively, or thoroughly, under my control.”)
2. C (“In such experiments with this patient, I had never perfectly succeeded before.”)
3. E (“an interval of nearly seven months”)
4. B (“it is from his memoranda that what I now have to relate is, for the most part, either condensed or copied verbatim.”)
5. C (“exchanging, however, the lateral passes for downward ones”)
6. A (“about twenty-four hours before the period announced by his physicians as that of his decease”)
7. D (“whenever I addressed M. Valdemar a question” / “To queries put to him by any other person than myself he seemed utterly insensible.”)
8. B (“I did not feel myself altogether at liberty to engage in a task of this character with no more reliable witnesses than these people.”)

27.

1. F

2. B

3. E

4. D

5. G

Extra paragraphs: A, C

28.

1. B — “she began breathing without it”

2. C — Quinlan “was not brain-dead” and that she remained “legally and biologically alive,” despite showing no clear signs of consciousness.

3. B — Coma dépassé is described as a state in which brain function had irreversibly stopped while machines could still maintain “breathing and circulation.”

4. B — Agamben’s central point is that declaring a person dead changes “what may or may not be done to a body”; an action that would count as killing before the declaration may become legally permitted afterwards.

5. C — The neomort is defined directly as “a body that has been legally declared dead although some of its biological functions can still be maintained by machines.”

6. D — The conclusion states that Agamben is interested in the authority to determine “what counts as life and what counts as death,” where medicine, law and political authority meet.

Listening transcript

In 1975, Karen Ann Quinlan was twenty-one years old when she lost consciousness after suffering severe brain damage. She was taken to hospital and placed on a ventilator, a machine that helped her breathe. Doctors eventually concluded that she was in what was then called a persistent vegetative state. She showed no clear signs of conscious awareness, and they believed that the possibility of meaningful recovery was extremely small.

Her parents asked the hospital to remove the ventilator. They argued that Karen should be allowed to die naturally rather than remain dependent on a machine. The doctors refused. They were concerned that disconnecting the ventilator might be considered an act of killing.

The case went to court and became one of the most important legal debates about life support in the United States. Eventually, the court allowed Karen’s family to have the ventilator removed.

What happened next was unexpected.

Karen did not die.

After the machine was disconnected, she began breathing without it. She remained unconscious and required constant care, but she survived for almost another decade, dying in 1985.

There is an important fact to understand here. Karen Quinlan was not brain-dead. She was legally and biologically alive. Her case concerned whether doctors could withdraw medical treatment from a living patient who had almost no possibility of recovering consciousness.

Yet the philosopher Giorgio Agamben finds the case important because it reveals how unclear the boundary between life and death had become in modern medicine.

Before machines could maintain breathing and circulation, death appeared easier to identify. A person stopped breathing, the heart stopped beating, and death was declared. But new medical technologies created bodies that did not fit easily into these traditional categories.

Already in 1959, two French neurologists had described a condition they called *coma dépassé*, or "overcoma". In such cases, brain function had been irreversibly lost, but machines could continue to maintain breathing and circulation.

This created a new problem. If the brain had completely stopped functioning but the heart was still beating because of medical technology, was the patient alive or dead?

The question became even more important during the 1960s, when organ transplantation was developing rapidly. In 1968, a Harvard medical committee proposed irreversible coma as a new criterion for death. This helped establish what we now call brain death.

Agamben is interested in the fact that this new definition did not remain only a medical matter. It had immediate legal consequences.

If a person is alive, removing a vital organ such as the heart would cause their death. But if that same person has already been legally declared dead, removing the organ may become a legitimate medical procedure.

The physical body may appear almost unchanged before and after the declaration. The heart may still beat. Blood may still circulate. The organs may still function. What changes is the body's status.

This is the central philosophical problem for Agamben.

We usually imagine death as something that simply happens to a body. Medicine then observes the body and recognises that death has taken place. Agamben asks whether things are really so simple.

Modern medicine requires criteria for deciding when death has occurred. Those criteria are created by medical institutions, accepted by law and used to determine what may or may not be done to a body.

For Agamben, then, the definition of death does more than describe a biological condition. It also produces legal consequences.

This is why he is interested in the strange figure sometimes called the neomort: a body that has been legally declared dead although some of its biological functions can still be maintained by machines.

The neomort is difficult to classify. It is no longer treated as a living legal person, but it does not resemble an ordinary corpse either. Its heart may continue beating and its organs may remain usable.

Agamben sees something politically important in this situation. Someone must decide when the body crosses the boundary from one category to another.

Before that decision, certain actions would count as harming or killing a living person. After it, the same kinds of actions may become legally permitted.

Karen Quinlan's case was different because she was never declared brain-dead. But Agamben uses cases like hers to show how technology can create uncertain states in which the meaning of "alive" is no longer obvious.

Her body continued to live even after the machine that seemed necessary for her survival was removed. The case exposed the danger of assuming that medical technology merely reveals a clear natural boundary between life and death.

For Agamben, the deeper issue is not whether one particular medical definition is correct. He does not offer a new scientific test for death.

Instead, he asks us to notice the power involved in defining the boundary.

Once institutions decide that a particular condition counts as death, that decision changes the legal position of the body. It changes what doctors may do, what protections remain, and how the person is recognised by the law.

This is why Agamben calls the problem political.

Modern political power, in his view, does not operate only by deciding who may live and who may be killed. It can also operate at a more basic level: by helping determine what counts as life and what counts as death in the first place.

The hospital therefore becomes more than a place where doctors discover biological facts. It can also become a place where medicine, law and political authority meet—and where the status of a human body is decided.

Appendix

Yellow Wallpaper

1.

1. mansion
2. physician
3. recurrent
4. inexplicable
5. inanimate
6. peel off
7. gnaw
8. peculiarity
9. ancestor
10. wharf

2.

1. intact
2. fretful
3. conspicuous
4. querulous
5. sly
6. ravages
7. recurrent
8. fungus
9. inanimate
10. horrid

3.

1. b
2. a
3. b
4. a
5. a

6. b
7. a
8. c
9. a
10. b
11. a

The Facts in the Case of M. Valdemar

1.

1. garbled
2. in attendance
3. comprehend
4. verbatim
5. scruples
6. tranquil
7. osseous
8. pungent
9. perceptible
10. wig

4.

1. A moment later, some of them swooned.
2. Later, he became convinced of its feasibility.
3. Later, he spoke (more) vigorously.
4. Then, they were appalled by what they heard.
5. Later, his susceptibility (to the procedure) increased.