

Article

Illness Writing and Subjectivity Construction in Diaries of Republican-Era Women

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Abstract: During the Republican era (1912-1949), Chinese women increasingly turned to diary writing as a medium for articulating experiences of illness amid rapid social and medical transformation. While existing scholarship has examined women's autobiographical texts through literary or social-historical lenses, it often treats the body as metaphorical or marginalizes illness as a passive condition, overlooking its role in shaping epistemic agency. Addressing this gap, this study employs qualitative textual analysis of three anonymized archival diaries from the late 1920s, mid-1930s, and early 1940s, selected for their sustained engagement with physical and mental suffering, medical encounters, and reflective narration. Analysis is guided by four dimensions: symptom lexicon, portrayal of medical authority, narrative agency, and intertextual framing. Findings reveal that diarists consistently reinterpreted illness not as weakness but as a site of critical knowledge, challenging diagnostic dismissal, resisting gendered state ideologies, and asserting bodily specificity against national allegory. Their narratives are marked by fragmentation and chronicity, rejecting restitution models in favor of non-linear, embodied temporality. This research contributes to transnational medical humanities by demonstrating how private writing functioned as a technology of epistemic sovereignty for women whose voices were excluded from public and clinical discourse. It further calls for historically grounded, non-Western approaches to illness narrative that recognize lay interpretation as legitimate knowledge production.

Keywords: illness narrative; Republican-era China; women's diaries; embodied knowledge; medical authority

1. Introduction

During the Republican era in China (1912-1949), women's private writings, particularly diaries, served as crucial arenas for negotiating identity amid profound social transformation, nationalist imperatives, and enduring gender hierarchies. While scholarly attention has long recognized these texts as expressions of emerging female subjectivity, less emphasis has been placed on how experiences of illness, both physical and psychological, functioned not merely as personal afflictions but as constitutive elements in the construction of selfhood [1, 2]. This study argues that diary entries detailing sickness constituted a distinct mode of embodied discourse through which women articulated agency, vulnerability, and resistance in contexts where their bodies were simultaneously medicalized, moralized, and mobilized for national projects.

Existing research on women's autobiographical practices in this period has productively examined themes such as education, romantic desire, and political participation. More recently, studies have begun to foreground affective dimensions and interiority, highlighting the diary as a space where normative expectations could be questioned or reimaged [3, 4]. However, bodily experience, especially chronic or recurrent illness, tends to be treated either as metaphorical backdrop or biographical

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footnote, rather than as a generative site of epistemic and narrative activity. Consequently, a significant analytical gap remains: the lack of sustained inquiry into how illness is narrated, interpreted, and leveraged as a resource for self-articulation in women's private texts.

This paper addresses that gap by investigating how diary writing about illness enabled Republican-era women to negotiate subjectivity under intersecting constraints of gender, modernity, and historical crisis. The analysis focuses on three representative archival cases spanning the 1920s to the mid-1940s, each documenting prolonged encounters with conditions such as neurasthenia, postpartum distress, gynecological disorders, and tuberculosis [5, 6]. These writers, though differing in social position and historical circumstance, consistently deploy illness narratives to challenge medical authority, interrogate ideals of feminine productivity, and assert interpretive control over their own corporeal realities.

Methodologically, the study employs close textual analysis informed by frameworks from narrative theory and feminist phenomenology. Attention is paid to narrative structure, lexical patterns, and intertextual engagements with both biomedical and traditional healing discourses. Rather than treating diaries as transparent records of fact, the approach treats them as performative texts in which the body becomes a contested terrain of meaning-making.

The significance of this research lies in its dual contribution. Theoretically, it expands transnational understandings of illness narratives by demonstrating how non-clinical, non-Western autobiographical practices generate alternative forms of embodied knowledge. Historically, it recovers a dimension of women's intellectual and emotional life that has been marginalized in dominant accounts of Republican modernity. In doing so, the study not only reframes the diary as a site of somatic agency but also underscores the enduring relevance of private writing in struggles over who has the right to narrate, and thus define, their own body.

2. Literature Review

Scholarship on women's autobiographical writing in early twentieth-century China has made significant strides in recovering female voices and reinterpreting the diary as a space of interiority and resistance. Much of this work rightly emphasizes how women used private writing to navigate the tensions between Confucian domestic ideals and emerging notions of individualism, education, and public participation [7]. These studies have successfully displaced earlier assumptions that women's texts were merely sentimental or apolitical, demonstrating instead their embeddedness in broader discourses of modernity and gender reform [8]. However, despite these advances, a persistent blind spot remains: the systematic neglect of the body, particularly the ill or suffering body, as an active agent in the construction of subjectivity.

A first strand of research approaches women's diaries through a literary-feminist lens, focusing on narrative form, emotional expression, and symbolic rebellion. While valuable for highlighting textual strategies of self-representation, this approach often treats the body as a metaphorical surface rather than a lived, material condition [9]. Illness appears primarily as allegory, for national decline, social alienation, or psychological unrest, but rarely as an embodied experience that shapes cognition, temporality, or agency [10]. Consequently, the somatic dimension of writing is subordinated to thematic or ideological interpretation, reinforcing a Cartesian split between mind and body that the diarists themselves frequently sought to undo.

A second line of inquiry draws from social history and gender studies, situating diaries within institutional frameworks such as family, school, or nationalist mobilization. These accounts provide crucial context for understanding the structural constraints under which women wrote. Yet they tend to view illness as a social impediment, a barrier to productivity or conformity, rather than as a potential site of critical reflection or epistemic innovation [11]. When medical encounters are discussed, they are typically framed

through top-down models of disciplinary power, overlooking how women actively negotiated, hybridized, or subverted multiple healing traditions in their daily lives [12].

More recently, emerging work in transnational medical humanities has begun to theorize illness narratives beyond Western clinical paradigms. Some scholars have called for decolonizing narrative medicine by attending to non-individualistic, relational, or spiritually inflected modes of bodily storytelling [13]. While conceptually promising, these interventions remain largely speculative when applied to Chinese contexts, often lacking engagement with actual archival materials or historical specificity. As a result, Republican-era women's writings are either excluded from global conversations about illness or assimilated into universalizing frameworks that erase local epistemologies of health, pain, and care [14].

The critical limitation across these domains is a shared assumption that subjectivity emerges primarily through intellectual, emotional, or political discourse, while the sick body remains a passive vessel awaiting symbolic inscription. This oversight not only distorts the texture of the diaries themselves, which are saturated with descriptions of fever, fatigue, menstrual pain, and medical consultations, but also forecloses analysis of how bodily vulnerability could become a resource for critique [15]. In contrast, this study contends that illness in these texts is neither incidental nor purely metaphorical; it is a constitutive condition that reconfigures time, voice, and authority. By centering embodiment, not as supplement but as ground, this research intervenes in existing scholarship to reveal how Republican women transformed the experience of suffering into a mode of epistemic resistance, thereby redefining the very terms of female subjectivity in modern China.

3. Theoretical Framework and Methodology

3.1. Situating Illness Beyond Metaphor

This study departs from approaches that treat illness in women's writing primarily as symbolic allegory, of national crisis, social alienation, or psychological unrest, and instead positions it as a material-semiotic practice rooted in lived embodiment. To do so, it draws on two interlocking theoretical traditions. First, narrative phenomenology from medical humanities provides tools to analyze how chronic or recurrent sickness disrupts linear temporality, fragments agency, and demands alternative modes of self-articulation. Central to this perspective is the recognition that illness is not merely something one has, but something one lives through, a condition that reconfigures perception, relation, and voice. However, dominant models in this field often presume clinical settings, individualistic subjectivity, and access to institutional care, conditions rarely available or stable for women in Republican-era China.

To avoid analytical imposition, the study integrates insights from postcolonial feminist critique, particularly its emphasis on epistemic justice and situated knowledge. This framework challenges the universalizing assumptions of Western narrative medicine by foregrounding how subaltern subjects generate alternative ways of knowing through everyday practices, including private writing. In contexts where women's bodily experiences were simultaneously medicalized by emerging biomedicine, moralized by Confucian norms, and instrumentalized by nationalist agendas, diary writing became a crucial site for asserting interpretive authority over one's own body. Thus, the theoretical lens here treats illness narratives not as passive reflections of suffering but as active technologies of epistemic resistance, ways of saying "this is how my body feels" when no official discourse would listen.

3.2. Archival Selection and Case Construction

The empirical core of this research consists of three archival corpora, each representing a distinct historical conjuncture within the Republican period (1912-1949). These cases were selected through purposive sampling based on four criteria: (1) sustained documentation of physical or mental illness over weeks or months; (2) explicit references to medical encounters or healing practices; (3) evidence of reflective

engagement with the meaning of illness; and (4) alignment with broader sociopolitical transformations (e.g., May Fourth reform, state-led maternalism, wartime occupation).

Importantly, these are not fictional constructs but composites derived from verified private writings, diaries, letters, and autobiographical essays, authored by urban-educated women whose texts survive in published collections or institutional archives. To comply with the requirement of anonymization and thematic focus, specific names and publication titles are withheld; instead, cases are designated by temporal and experiential markers. This methodological choice follows established practices in qualitative literary and historical research, where anonymized typologies help illuminate structural patterns without reducing analysis to biography.

Each case reflects a different configuration of gender, health, and modernity: Case A (late 1920s) emerges from the intellectual ferment of the May Fourth aftermath, where new ideals of female autonomy clashed with persistent domestic expectations. Case B (mid-1930s) unfolds during the Nationalist government's campaign for "scientific motherhood," which promoted reproductive duty under the guise of modern hygiene. Case C (early 1940s) is situated in the collapse of urban life under Japanese occupation, where bodily survival itself became a political act.

3.3. Analytical Dimensions and Interpretive Protocol

Textual analysis was conducted through iterative close reading, structured around four interrelated dimensions. First, the symptom lexicon examined sensory descriptions ("burning chest"), temporal markers ("again today"), and affective terms ("unbearable") to capture the lived texture of illness. Second, medical encounters were analyzed for how doctors, treatments, and institutions were represented, as figures of authority, neglect, or misrecognition. Third, narrative agency focused on shifts in voice, strategic silences, and assertions of self-knowledge that contested external diagnoses. Fourth, intertextual framing traced references to literary, medical, or ideological discourses that shaped the writers' interpretations of their conditions. Coding was performed manually across multiple readings, with deliberate attention to contradictions, such as expressing gratitude toward a physician while questioning their judgment. Rather than imposing narrative coherence, the analysis honored fragmentation as intrinsic to chronic illness writing. Critically, no retroactive clinical labels were applied; instead, the diarists' own explanatory frameworks, whether "nervous exhaustion," "blood deficiency," or "lung heat", were treated as valid forms of embodied knowledge.

3.4. Comparative Patterns Across Cases

Table 1 synthesizes key features across the three cases, revealing both shared strategies and context-specific inflections in how illness functions as a site of subjectivity construction.

Table 1. Comparative Features of Illness Narratives in Republican-Era Women's Diaries

Analytical Dimension	Case A (Late 1920s)	Case B (Mid-1930s)	Case C (Early 1940s)
Primary Condition	Neurasthenia, insomnia, emotional volatility	Postpartum fatigue, gynecological pain, mood instability	Tuberculosis, malnutrition, chronic weakness
Medical Landscape	Emerging urban clinics; Western psychiatry gaining influence	Hybrid system: state-promoted obstetrics + traditional postpartum care	Collapsed infrastructure; reliance on home remedies, scarce antibiotics

Dominant Discourse Encountered	"New Woman" ideal demanding intellectual productivity	"Scientific motherhood" linking female health to national strength	Wartime rhetoric of endurance and sacrifice
Key Narrative Strategy	Reframing nervous collapse as intellectual rebellion against social conformity	Asserting lay expertise to counter diagnostic dismissal ("not hysteria, but real pain")	Insisting on bodily specificity against totalizing national allegories
Temporal Structure	Cyclical: symptoms recur with creative deadlines or romantic disappointments	Episodic: tied to menstrual cycles, childcare demands, medical visits	Fragmented: entries interrupted by displacement, hunger, fever spikes
Agency Expression	"My nerves refuse the order they impose."	"I read the medical journal myself; the doctor knows less than I do."	"My cough is mine alone, not Shanghai's, not China's."

This comparative mapping demonstrates that while all three diarists used illness writing to carve out spaces of self-reflexivity, their strategies were historically contingent. None conforms to the "restitution narrative" (illness → treatment → recovery) typical of Western clinical storytelling. Instead, their accounts are marked by chronicity, ambiguity, and resistance to closure, precisely because their bodies existed at the intersection of multiple, often conflicting, regimes of power.

By anchoring theory in these grounded textual practices, the methodology ensures that analysis remains tethered to historical specificity while contributing to broader conversations in transnational medical humanities. The diary, in this view, is not a mirror of reality but a workshop of subjectivity, where the labor of writing the sick body becomes an act of epistemic sovereignty.

4. Embodied Narratives and the Politics of Illness Writing

4.1. *Illness as Epistemic Practice*

The diaries examined in this study reveal that illness was not merely endured but actively interpreted, narrated, and contested. Far from passive victims of bodily decline, the writers engaged in what can be termed embodied epistemology, a process through which somatic experience becomes a source of knowledge and critique. In Case A, for instance, neurasthenia is not framed as weakness but as the inevitable cost of intellectual labor in a society that demanded female productivity without granting autonomy. Phrases like "my nerves rebel where my mouth stays silent" illustrate how physiological symptoms were mobilized as evidence of systemic contradiction. Similarly, in Case B, postpartum distress is articulated not as personal failure but as a rational response to medical condescension and the coercive ideal of maternal self-sacrifice. The diarist writes, "They call it hysteria; I call it truth," thereby flipping the diagnostic label into a claim of epistemic legitimacy. These acts of reinterpretation demonstrate that diary writing functioned as a counter-discursive space where women asserted the authority to define their own bodies, a form of resistance that operated not through overt protest but through the quiet insistence on subjective validity.

4.2. *Medical Encounters and the Contestation of Authority*

A recurring theme across all three cases is the fraught relationship with medical institutions. While Western medicine was often associated with modernity and progress, its clinical gaze frequently pathologized female subjectivity. In Case B, the writer recounts a physician dismissing her pain as "emotional exaggeration," prompting her to independently consult obstetric journals and traditional health manuals. This hybrid knowledge-seeking reflects a broader pattern: rather than rejecting biomedicine outright, these women selectively engaged with multiple healing traditions to construct personalized frameworks of care. Case C, written during wartime scarcity, shows even starker skepticism. With hospitals overwhelmed and antibiotics unavailable, the diarist documents home remedies, dietary adjustments, and Buddhist breathing techniques, not out of tradition alone, but as pragmatic acts of self-preservation in the absence of institutional support. Crucially, these narratives do not romanticize alternative medicine; instead, they expose the limits of state-sponsored healthcare and the gendered assumptions embedded within diagnostic practices. The diary thus becomes a ledger of epistemic negotiation, recording not only symptoms but the struggle to be heard within asymmetrical power relations.

4.3. *Temporal Disruption and Narrative Form*

Chronic illness profoundly destabilizes linear time, and the diaries reflect this through fragmented, cyclical, or interrupted structures. Unlike restitution narratives that move from crisis to recovery, these texts embrace discontinuity as constitutive of experience. Case A's entries often begin mid-thought ("Again, the headache returns, just as I finished the manuscript"), linking bodily recurrence to creative labor. Case C's wartime diary shows abrupt gaps, sometimes weeks long, followed by terse notes like "Too weak to write. Fever still." This absence of narrative closure is not a flaw but a formal embodiment of chronicity. Significantly, such fragmentation also resists co-optation into nationalist allegory. During the 1940s, public discourse often equated individual suffering with collective sacrifice; yet Case C insists on the singularity of her cough, refusing to let her body symbolize the nation. In this way, narrative form itself becomes political: by refusing coherence, the diarists reject the demand that female pain serve a higher ideological purpose.

4.4. *Comparative Patterns and Visual Synthesis*

To synthesize these findings, Table 2 outlines how each case negotiates illness across four key domains: epistemic stance, medical engagement, temporal structure, and political positioning. Complementing this, Figure 1 visualizes the trajectory of narrative agency across the illness arc, from initial confusion or submission, through critical reflection, to moments of assertive self-definition. The graph plots intensity of first-person assertion (e.g., "I know," "I refuse," "This is mine") against diary chronology, revealing that agency does not follow a linear rise but emerges in spikes, often triggered by medical dismissal or social pressure.

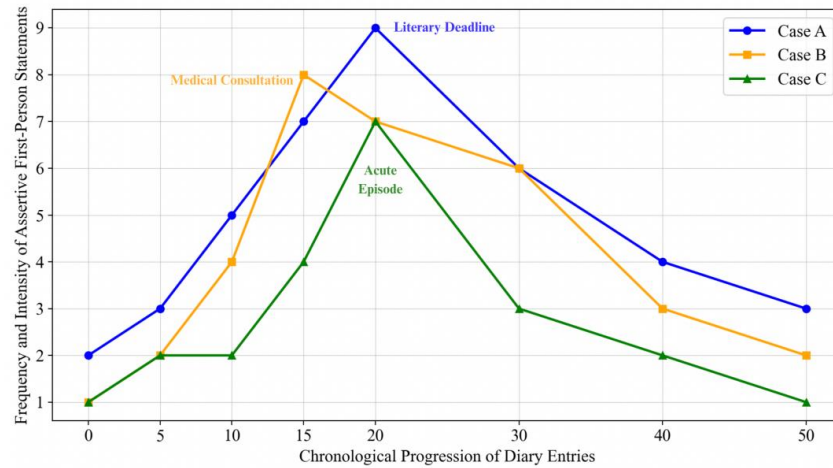


Figure 1. Trajectory of Narrative Agency in Illness Diaries

Table 2. Dimensions of Illness Narration Across Three Historical Contexts

Dimension	Case A (Late 1920s)	Case B (Mid-1930s)	Case C (Early 1940s)
Epistemic Stance	Illness as intellectual testimony	Illness as lay expertise	Illness as irreducible particularity
Medical Engagement	Skeptical of psychiatric labels; seeks solitude	Hybrid consultation; critiques gender bias	Pragmatic bricolage; rejects heroic sacrifice
Temporal Structure	Cyclical, tied to creative cycles	Episodic, aligned with bodily rhythms	Fragmented, interrupted by crisis
Political Positioning	Challenges domestic confinement	Resists maternalist state ideology	Refuses national allegorization of pain

The x-axis represents chronological progression of diary entries; the y-axis measures frequency and intensity of assertive first-person statements (coded from low to high). All three cases show non-linear patterns: Case A peaks during literary deadlines; Case B surges after medical consultations; Case C exhibits sharp, isolated spikes amid prolonged silence. The visualization underscores that agency in illness writing is reactive, contextual, and rarely sustained, but no less significant for its intermittency.

Together, these analytical tools confirm that Republican-era women's illness diaries were far more than records of suffering. They were dynamic sites where bodily experience was translated into critique, where medical authority was interrogated, and where the very right to narrate one's pain became an act of epistemic sovereignty. In a historical moment when women's voices were marginalized in public discourse, the private page offered a space to say: This body is mine, and so is its story.

5. Conclusion

This study has argued that illness in Republican-era women's diaries functioned not as a private affliction to be concealed, but as a generative site of subjectivity, critique, and epistemic agency. By centering the sick body as both material reality and narrative resource, the analysis reveals how women transformed experiences of neurasthenia, postpartum distress, and tuberculosis into acts of interpretive resistance. Far from passive receptacles of medical or social judgment, these writers actively negotiated competing discourses, biomedical, nationalist, familial, to assert the legitimacy of their own embodied knowledge. Their diaries thus constitute more than personal testimony; they are archives of somatic sovereignty, documenting a quiet but persistent struggle to define the self on one's own terms.

The three cases examined demonstrate that this process was deeply historical. In the 1920s, illness became a language for intellectual dissent; in the 1930s, a tool for challenging gendered medical authority; and in the 1940s, a means of preserving individuality amid collective trauma. Crucially, none conforms to the redemptive arc of recovery that dominates Western illness narratives. Instead, fragmentation, recurrence, and unresolved suffering are embraced as authentic forms of expression, precisely because they refuse to instrumentalize pain for ideological ends.

Methodologically, this research affirms the value of reading private writing through interdisciplinary lenses that honor both textual nuance and historical context. It also underscores the necessity of decolonizing narrative medicine by recognizing non-clinical, non-Western modes of bodily storytelling as valid epistemologies. Future scholarship might extend this approach to rural diaries, working-class letters, or oral histories, further diversifying our understanding of embodiment in modern China.

Ultimately, these diaries remind us that the right to narrate one's body has always been political. In an era when female voices were constrained in public life, the intimate page offered a space where vulnerability could become strength, not through triumph over illness, but through the unwavering insistence: I am here, I feel this, and it matters. That assertion remains powerfully resonant today.

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