

Research article

# Myth and Reality: Gender disparities in Brain Disease Narratives

## Mito y Realidad: Disparidades de género en los Relatos sobre Enfermedades Cerebrales

Laura Torres Caro: Universidad de Málaga, Spain.

[ltorcar788@uma.es](mailto:ltorcar788@uma.es)

Receipt Date: 07/01/2025

Acceptance Date: 08/02/2025

Publication Date: 13/02/2025

### How to cite the article

Torres-Caro, L. (2025). Myth and Reality: Gender disparities in Brain Disease Narratives [Mito y Realidad: Disparidades de género en los Relatos sobre Enfermedades Cerebrales]. *European Public & Social Innovation Review*, 10, 01-17. <https://doi.org/10.31637/epsir-2025-1592>

### Abstract

**Introduction:** This study analyzes the changing roles of women in relation to brain diseases, focusing on their emotional experiences and the disparity between reality and fiction regarding gender equality in this context. **Methodology:** The qualitative methodology used in this study is based on the narrative analysis of the autobiographical novel “La chica de la parada mental. No pierdas el tren” (2025) by Laura Torres-Caro. The study explores the challenges women face with symptoms of brain injuries, often misinterpreted as psychiatric issues. **Discussion:** The study highlights how trauma narratives allow affected individuals to confront their condition and recover their identity. Women with neurological or chronic conditions often experience disbelief and isolation, comparable to the mythological figure of Cassandra, whose wisdom was ignored, leading her to solitude. The research aims to understand symbolic representations of gender in brain disease from a mythological perspective to promote gender equity in healthcare. **Conclusions:** It examines how myths contribute to gender inequality and emotional vulnerability, emphasizing the wisdom and knowledge of women that are often dismissed in patriarchal societies.

**Keywords:** roles; women; brain diseases; gender equality; trauma; narratives; vulnerability; myth.

## Resumen

**Introducción:** Este estudio analiza los roles cambiantes de las mujeres en relación con las enfermedades cerebrales, enfocándose en sus experiencias emocionales y la disparidad entre la realidad y la ficción en torno a la igualdad de género en este contexto. **Metodología:** cualitativa utilizada en este estudio se basa en el análisis narrativo de la novela autobiográfica “La chica de la parada mental. No pierdas el tren” (2025) de Laura Torres-Caro, se exploran los desafíos que enfrentan las mujeres con síntomas de lesiones cerebrales, a menudo malinterpretados como problemas psiquiátricos. **Discusión:** El estudio resalta cómo las narrativas de trauma permiten a las personas afectadas enfrentar su condición y recuperar su identidad. Las mujeres con enfermedades neurológicas o crónicas suelen experimentar incredulidad y aislamiento, comparables a la figura mitológica de Casandra, cuya sabiduría fue ignorada, llevándola a la soledad. **Conclusiones:** La investigación busca entender las representaciones simbólicas de género en las enfermedades cerebrales desde una perspectiva mitológica, con el objetivo de promover la equidad de género en el ámbito de la salud. Se examina cómo los mitos contribuyen a la desigualdad de género y vulnerabilidad emocional, destacando el conocimiento femenino que a menudo es desestimado en sociedades patriarcales.

**Palabras clave:** roles; mujeres; enfermedades cerebrales; igualdad de género; narrativas; trauma; vulnerabilidad; mito.

## 1. Introduction

Since ancient times, physicians have believed that women are especially vulnerable to certain mental/cerebral illness because within the Greek mythology was considered that women were caused by a wandering or disordered uterus. This theory persisted for centuries and was used to explain a wide range of symptoms, from anxiety to convulsions; what is called *hysteria*. Hippocrates (5th century BC) is the first to use the term hysteria. Indeed he also believes that the cause of this disease lies in the movement of the uterus (*hysterion*).

The Greek physician provides a good description of hysteria, which is clearly distinguished from epilepsy. He emphasizes the difference between the compulsive movements of epilepsy, caused by a disorder of the brain, and those of hysteria due to the abnormal movements of the uterus in the body.

Modern- day research studies confirm that women are more susceptible than men to anxiety, depression, multiple personality. However, this study tries to explain why these disorders are often considered in women before to analyze in more speed the symptoms which could provide neurological injuries misdiagnosis. Unwell Women by Cleghorn is a compelling and meticulously researched exploration of how medical science and societal beliefs have historically misunderstood, marginalized, and mistreated women’s health issues. Cleghorn admits that gender difference is intimately stitched into the fabric of humanness (2021) and details how medical science has been dominated by male perspectives, often ignoring or undermining the experiences and symptoms reported by women.

Through this study we will analyze an autobiographical/ fictional narrative called: “La chica de la parada mental. No pierdas el tren” (Torres-Caro, 2025) which emphasize the lack of diagnosis on time in women, exploring how these disparities manifest in research, diagnosis, treatment, and societal perception. Addressing these biases is crucial not only for ensuring accurate and fair representation but also for improving clinical outcomes and healthcare equity.

By uncovering and challenging these misconceptions, we aim to foster a more equitable understanding the motor pain and paralysis in the right upper extremity which leads to strange symptoms, such as un-diagnosable déjà vu.

It is a novel which could be classified into several narrative subgenres. It can be read as a trauma narrative, and more importantly, as will be argued in this article, as an illness narrative and it can also be read as psychological thriller novel, but due to its use of the metafictional artifact.

*Mirando perpleja al semáforo rojo tras la ventana, la chica comenzó a ver mensajes desorbitados uno tras otro, los cuales decían:*

- *Si quieres entenderme, sólo mira mi comportamiento ahora.*
- *Si observas, llegarás a ver la realidad.*
- *Si me observas, al principio me criticarás, pero después, me imitarás* (Torres-Caro, 2025, p. 163).

What additional symptoms operate in women to be considered as depression or psychiatric disorder? Unconsciousness lapses, déjà vu, dizziness, and hand inflammation or paralysis, as the case of the protagonist in this narrative.

The novel's different narrative layers are possible due to author's experimentation with narratorial voice as she makes use of three different narrative characters within the text: a first-person narrator, Laura Torres (author-protagonist), who dominates the entirety of the narrative is in two personal pronouns: *I*, *She*. The first personal pronoun: "*I*" is used at the beginning of the story until Laura misses her identity after a traumatic brain injury (TBI). After TBI, it is used the third personal pronoun, "*She*" and "*The girl*" in almost all the narrative.

And the third voice is the observator "*He*" who shades the illusion and truth of the first narrator point of view. The phenomenon of non-belief in women's diagnoses of brain diseases mirrors the myth of Cassandra from Greek mythology, where despite her gift of prophecy, Cassandra's truths were dismissed and disbelieved; similarly, women today often find their legitimate health concerns and symptoms overlooked or minimized by medical professionals, leading to significant delays in diagnosis and treatment. In fact, one of the main gender norms in the Greek world—excepting Sparta and the Doric realm—could be summarized by the formula 'women should not be seen, nor should they speak, nor should they be spoken of' (Blok, 2001, p. 97).

### ***1.1. Women's roles at different points in time***

Athenian women were educated under the administration of the home, where they were prepared to know how to use silence as a sign of virtue: they had to see, hear and ask as little as possible. The women roles entail great complexity, at times, too great indeed facing invisible sickness, even neurological ones and in identity formation. In attempts, the following essay examine the heteronormative gender binary construct and its affects on identity and mental health.

Thompson and Blake (2020) argued unexplained symptoms are considered *made up* or are blamed on women's mental well- being due to women are therefore not always considered credible symptom reporters and may be dismissed and ignored by healthcare professionals.

In exploring the illness experience within the context of gender inequality and brain diseases, it is crucial to consider how perceptions and understandings have evolved over different historical periods.

Gender inequality plays a pivotal role here, impacting everything from early diagnosis to treatment options and care provision. Women sometimes face misdiagnosis, particularly with brain injuries or disorders, where symptoms may be mistaken for depression or craziness due to overlapping manifestations. Diagnostic delays and treatment biases rooted in societal perceptions and healthcare practices shaped by gender norms exacerbate these challenges. Diagnostic delays and treatment biases rooted in societal perceptions and healthcare practices shaped by gender norms exacerbate these challenges. This is exemplified by Torres-Caro (2025), who describes a case where the protagonist experienced unexplained symptoms such as tingling and numbness that progressively worsened:

*A veces, le empezaba como un hormigueo y entumecimiento leve que luego empeoraba a los minutos. Se dio de baja en el trabajo, todo tipo de especialistas como traumatólogos, reumatólogos, incluso neurólogos la vieron e hicieron pruebas. No diagnosticaban nada; no era artrosis, fibromialgia, tuberculosis o esclerosis múltiple... (Torres-Caro, 2025, p. 112).*

This scenario is a stark reminder of how gendered assumptions in healthcare can lead to diagnostic delays and misdiagnoses, leaving patients in a state of uncertainty and distress. The absence of a clear diagnosis often reflects the limitations of medical practices that may overlook or dismiss women's health concerns, a problem also highlighted in historical and cultural contexts, such as in Greek mythology where the men had more power in the patriarchal society. Thus, what were the role of women? Mythology, by giving voice and prominence to all these feminine beings, also helps us to know the different approaches and debates that Greek men made regarding the roles assigned to the two sexes.

Beard (2017) explores how women's voices have been historically silenced, and how these myths have shaped contemporary ideas about power and gender. Other feminist author like Traister (2018) discusses how systemic sexism contributes to women's isolation and the importance of solidarity among women in fighting against social injustices. She emphasizes the power of collective action and support networks in addressing both personal and societal issues. In the analysis of this study, we mention Cassandra from the Greek myths about her lack of support of her future predictions.

Modifying women's access to their own voice can represent a powerful avenue of subversion. As Rogers (2021) discusses, Greek mythology and the struggle for recognition of women's voices and experiences, both in ancient times and today. The word and the female voice are perceived from a multidisciplinary perspective as disruptive tools in ancient Greece, especially in a society where the imposition of silence became a constant in women's lives. Ancient mythology and history remember many prophets and predictors.

The predictions given by Cassandra were usually quite certain. Silence was understood as a feminine quality. It is not possible to speak monolithically about the condition of Greek women, nor to establish a linear trajectory in the valuation of women, as significant changes are observed over the centuries. It has also been highlighted that the Greek world was organized around communities that conceived their structure in different ways, granting women and the feminine a significantly different valuation and prominence.

This ties into the idea that individuals experience the world and construct their sense of self through narratives. The argument here could be that the narratives surrounding women's mental health have been shaped by cultural and social factors, leading to a perception that women are more prone to mental disorders, even if this isn't necessarily the case.

## **2. Methodology**

Using a qualitative methodology based on the analysis of autobiographies, this study highlights personal narratives to better understand gender dynamics in emotional responses and the regulation of conflicting emotions. The concept of gender vulnerability, developed over the past decade, continues to be relevant in the 21st century. Additionally, this study explores the role of autobiographies in shedding light on the experience of misdiagnosed brain injuries.

This method is said to be well suited to study subjectivity and the influence of identity on the human condition. Women's discourse develops on two levels. One that it represents the real plane and another the mental plane. The main objective of this work is to make equality possible within literature and disease. Some differences have been found when it comes to coping with diagnosis and disease:

- Some men describe emotional strategies of avoidance or estrangement, especially when introducing the terms chronic and progression; They avoid thinking about it, focusing more on the day-to-day.
- However, these avoidance strategies have not been described in women and they admit a social acceptance of the disease.

Wilson et al. (2019) emphasizes the importance of recognizing that the patient's subjective experience is fundamental to understanding the illness. They argue that neuropsychological rehabilitation is not just about addressing the observable symptoms or deficits caused by neurological damage or illness, but also about understanding how the patient perceives and experiences their condition. This subjective experience includes the patient's personal insights, emotions, and psychological responses to their illness, which can profoundly influence their rehabilitation journey.

## **3. Gender difference facing unknown truth of brain disease coming from a mythological perspective**

Timely diagnosis of the underlying disorder is especially important since progression of the illness may result in serious and, at times, irreversible medical complications. Brody (2018) emphasizes that early diagnosis of traumatic brain injuries (TBIs) is crucial because delayed treatment can lead to serious and potentially irreversible complications. He underscores the significance of recognizing and addressing TBIs promptly to mitigate long-term neurological damage and improve patient outcomes. Writing about very personal or sometimes sensitive subjects such as cerebral illness allows writers to process their experiences and can also help to bring peace to painful symptoms.

Writing about day-to-day realities an author has experienced can help themselves to understand that they are not alone after misdiagnosis illnesses. Gender often influences women's interactions with the disease, specifically brain, and recovery processes.



The lack of understanding about gender equality in brain disease leads us to begin to investigate autobiographies. It is important to learn about the experience of the people, as their face, and struggle to survive their diseases. By examining these themes from a mythological perspective, specifically through the story of Cassandra, we aim to promote gender equity in the field of health. This analysis encompasses both subjective and intersubjective experiences to provide a comprehensive understanding of the challenges faced by different genders in the context of neurological diseases. Barrett (2020) discusses the brain's role in shaping our experiences and identities, including how social and cultural factors, such as gender, influence brain health and perception.

Sex and gender determine differences in the determinants of health, vulnerability, nature, severity, and frequency of health problems symptoms, the use and accessibility of health services, the effort diagnosis and therapeutic, compliance treatment and preventive messages and the prognosis of the problems of Health among men and women. Cassandra's myth highlights how women's voices and experiences have historically been marginalized. In the context of health, women often face greater challenges in having their symptoms taken seriously, especially with conditions like chronic pain or neurological diseases. This disparity can lead to delays in diagnosis and treatment, exacerbating the progression of the disease.

*Al intentar moverse, se dio cuenta que la cabeza le daba muchas vueltas, parece como si estuviera mareada, estaba llena de pesares. ¿Qué le pasaría ahora?, ¿a dónde la estaban llevando? Se sentía de nuevo dentro de un túnel oscuro, sin ninguna salida. Las enfermeras la adentraron en el tubo para realizarle la resonancia craneal otra vez. ¿Le saldría algún resultado? (Torres-Caro, 2025, p. 117).*

This disparity is also reflected in *The myth of Cassandra* which provides a framework to discuss the progression of neurological diseases. Imagine her initial state of being able to see the future but not being believed as a form of *psychological paralysis*. Over time, just as some neurological diseases progress from physical symptoms to cognitive impairment, Cassandra's condition could be seen as worsening—moving from a state of social paralysis (being ignored) to a deeper, more debilitating cognitive paralysis (perhaps symbolizing dementia or other degenerative diseases affecting the brain). In real medical terms, this can reflect conditions like ALS (Amyotrophic Lateral Sclerosis) or multiple sclerosis, where initial physical symptoms can progress to severe cognitive and motor impairment. Evans (2019) explores how initial physical symptoms of Parkinson's disease, such as tremors and muscle rigidity, can progress to more severe cognitive and motor impairments. He emphasizes the importance of early diagnosis and intervention to manage these progressive symptoms and improve patient outcomes.

### **3.1. Unknown truth: Brain disease from motor disorders**

It is important to consider a differential diagnosis between paralysis on an organic basis and paralysis and disability due to psychological mechanisms in people with physical impairment secondary to trauma, without evidence of organic etiology. In some cases, there may be a high degree of uncertainty and disagreement about the interpretation of signs. Some of neurological illness has psychological and physical dimensions.

*Quería demostrarles a todos que su sufrimiento de mano, era real. No entendía como los médicos no descubrían lo que le pasaba, ni familiares creían 100%. La incertidumbre la cubría, el miedo de no recuperar el movimiento en la mano derecha le afectaba. El inquietante enigma de lo desconocido que la aguardaba en la profunda oscuridad, jera muy angustioso! (Torres-Caro, 2025, p. 112).*

Altered awareness of motor and sensory functions; patients with schizophrenia do exhibit a number of unusual symptoms affecting motor functioning that are clearly similar to what is described among the somatopsychoses of the narrative in study (Torres- Caro, 2025).

It tackles the subjects of mental and physical illness through her struggles with invisible illness misdiagnosis, among other conditions. The author- protagonist allows the difficulties she has gone through to impact the way she writes and accepts these things as a normal part of her life without allowing her diseases to overshadow her. These unanswered questions and unknown about her own illness help to construct a meaningful illness- narrative.

LeMoult & Gotlib (2018) describe how individuals with depression often exhibit negative cognitive distortions, such as overgeneralization and catastrophizing, which contribute to a pervasive sense of hopelessness. They explain that these cognitive patterns reinforce negative mood states and hinder effective problem-solving.

The research often examines how cognitive factors like rumination, stress, and social factors contribute to gender disparities in mental health outcomes, understanding of why women are more often diagnosed with depression and how these gender disparities are influenced by a combination of cognitive vulnerabilities and external stressors. This line of research is crucial in challenging stereotypes and improving mental health diagnosis and treatment practices.

Hysteria was first documented 4000 years ago by the Egyptians, who believed the symptoms originated from the uterus, hence the name (*hysterus*). *Hysterical* conditions included combinations of seizures, paralysis, and anesthesia. The motor symptoms include convulsions, paralysis, weakness, dyskinesia; sensory symptoms include paresthesia or anesthesia, blindness or speech disorders. These symptoms normally suggest the existence of a neurological disorder or other similar medical condition.

Thus, in order to help the patient, or even to understand their own illness experience would often is necessary the access to the patient's lifeworld. "Los colapsos de tiempo la arrastraban de nuevo a un estado de confusión, haciendo que sus pensamientos recientes se desvanecieran en el olvido " (Torres-Caro, 2025, p. 80).

### **3.2. Mythological perspective: Cassandra**

If we examine the female characters of Greek mythology, we see that they are largely victims of the brutality of men, or simply of their selfishness, their betrayal or their coldness. In different circumstances, we find a series of women, who in one way or another suffer unfair treatment, by the male characters, fundamentally, for reasons of love. In the case of Cassandra, she had predictions which unfortunately, almost all of them were terrible. She warned the residents of Troy of a fatal war with the Greeks. She foresaw the terrible death of many heroes, including her own murder.

Only one of her numerous predictions was good. Her predictions were correct. Yet nobody believed her. So, the most amazing and unique feature of her personality was a contradiction between the truth of her predictions and the lack of faith people had in them. "Ella temía por su pérdida de movimiento parcial o completo, al sentir calambres, de nervios y músculos sobre todo en su mano derecha. A veces, no podía ni mover sus dedos, ¿y si llegaba a tener parálisis? " (Torres-Caro, 2025, p. 113).

Psychologists have studied Cassandra's fate and behaviors and have coined the term *Cassandra metaphor*. McCann & Kim (2016) explore the evolution and impact of feminist theories across various domains of academic inquiry and social practice. In addition, she highlights how societal norms and institutional practices contribute to the silencing of women. The authors meticulously detail how these theories have interrogated and redefined concepts of gender, power, and identity, revealing the ways in which feminist thought has challenged traditional structures and narratives.

This silencing is not just a matter of individual experience but is embedded in cultural and structural dynamics that marginalize women's voices. Her analysis connects the historical and literary roots of the Cassandra myth to contemporary issues of gender inequality and the ways in which women's valid concerns and warnings are often disregarded. As a result, the symbolic image of Cassandra has become a part of modern life, though it is only loosely connected to the original myths about her. Nevertheless, there are reasons to revisit this subject from a new perspective.

Instead of a psychological analysis of this mythological figure, we will focus on the question of a person's ability to convince others of their correctness. The nature of predictions in social life is typically the most challenging and poorly explained. Even the most successful sages and prophets often struggle to clearly justify the basis of their predictions. It can be said that these predictions are most likely intuitive. It is known that human senses have partially changed through the process of evolution. Therefore, all explanations were sought in the mythical area. They were preserved in the cultural memory of ancient people.

Pillinger, (2019) analyzes how Cassandra's story is treated in various literary works, both Greek and Latin, and how the theme of prophecy is poetically constructed and symbolizes the struggle of making one's voice heard. It is crucial to analyze the role of women within Greek mythology and see how this role is reflected in the society of the time, in relation to misdiagnosed brain diseases. Myth is frequently used, mainly in speeches, as a *paradigm* (example) in the context of an argument: since this or that event in myth turned out in a particular way, so the addressee should take care to behave in the same/opposite way as the comparable figure in the myth (Dowden & Livingstone, 2011).

Cassandra myth has been interpreted through the lens of modern psychology and psychiatry. The myth of Cassandra, who was cursed to speak the truth but never be believed, is used as a metaphor for understanding conditions where individuals' genuine concerns or experiences are dismissed, potentially linking to misdiagnosed or misunderstood neural/mental health conditions. However, for escaping and rejecting the amorous persecution of Apollo, was punished by him for not being believed in her predictions and was cursed to death. The murder of Cassandra (the husband's concubine) by Clytemestra, who killed her with a sword.

### *3.2.1. Gender Difference: vulnerability with psychiatric disorders*

Gender roles have long influenced how society perceives and treats neural/mental health, with significant differences in how men and women experience and are diagnosed with psychiatric disorders. Historically, in ancient Greek societies, there was a clear division of gender roles: men dominated public and external spheres, while women were relegated to private, internal spaces. This gendered division of life extended to perceptions of health and illness, influencing the way mental health issues were understood and treated.



In the context of psychiatric disorders, vulnerability plays a crucial role. Illness, especially when not diagnosed in time, can profoundly shape an individual's life, demanding a unique kind of vulnerability. This vulnerability is not just about acknowledging the presence of illness but also about navigating the emotional and psychological challenges it brings. Depressive symptoms, in particular, have a complex relationship with neurological disorders. Sapolsky, (2017) explores how these symptoms can both result from and contribute to neurological dysfunctions.

He emphasizes the intricate connections between the brain, mind, behavior, and mood, suggesting that our mental states are deeply intertwined with our biological and neurological makeup. This interconnectedness means that understanding and treating psychiatric disorders requires a holistic approach that considers both the brain and the emotional experiences of the individual. The narrative (Torres-Caro, 2025) delves into this idea of vulnerability on the part of both the writer and the reader, presenting a personal and introspective account of living with invisible illness. “¿Resistiré el camino? o ¿sabré ir por el sendero correcto?.

- *Quisiera recordar las cosas.*
- *Quisiera volver a aprender.*
- *Quisiera valerme por mí misma* “(Torres-Caro, 2025, p. 87).

Psychiatric disorders and neurological diseases often present similar symptoms, which can lead to misdiagnosis and confusion in treatment. This overlap of symptoms, such as depression, anxiety, and mood swings, highlights the need for precise medical evaluation to avoid misunderstandings and ensure appropriate treatment. In this context, the internal conflict and longing for control and normalcy that often accompany these conditions are highlighted. (Torres-Caro, 2025) expresses a deep desire to manage her life independently but also acknowledges the challenges posed by her condition. This reflection not only addresses the illness itself but also the broader struggle to maintain identity, autonomy, and hope amidst uncertainty.

#### **4. Progression of diagnosis disease: Autobiographical narratives**

Narratives have gained significant importance in the study of chronic illnesses. These narratives serve as a powerful tool for understanding how patients attempt to manage their life situations and the profound identity issues that chronic illnesses can bring. Illness narrative can be understood as *brittle*, and to be characterized by the unstable meanings of the protagonist-patients 'life stories. The relation between human sickness experience and narrative is intentionally a crucial process to understand ourselves.

*El mensaje guardaba siete palabras que formaban todas juntas una: PARADAS. Viniendo a significar que las paradas del tren te ayudan a: “PENSAR EN EL ATRÁS, MIRAR TUS REFLEJOS DEL ALMA, CON LOS CUALES DESPIERTAS Y ACRECENTAS TU SUPERACIÓN.”;Crecimiento personal! (Torres-Caro, 2025, p. 172).*

Writing autobiographical narratives gave us a sense of control over time and space, allowing us to reconstruct ourselves. I have explored the potential of stories and the narrative techniques that underpin our existence, focusing on their relationship to different social contexts and varied purposes in line with authors such as Goodson et al., 2010 or Goodson and Gill, 2011.

The narrative on study provides valuable insights into how individuals perceive her conditions, the strategies they employ to cope, and the societal and personal challenges they face. For patients with brain diseases, this can include the emotional toll of cognitive decline, the struggle to maintain their roles and responsibilities, and the stigma they might encounter. Illness narratives as a function of the personal, interpersonal, positional and societal level of analysis, asserts that chronic illnesses often lead to identity problems for patients. By incorporating narrative analysis into our research, we can better appreciate the full impact of brain diseases on patients' lives and develop more holistic approaches to treatment and lack of support. In fact, most trauma narratives could be understood as tools used, consciously or not, to overcome the traumatic experience and recover the self that has been lost.

This traditional notion, *the idea of identity and personhood* according to Damasio and Meyer (2009) corresponds to extended consciousness. This perspective recognizes that consciousness is not an isolated phenomenon; it is influenced by personal narratives and social interactions that shape identity. There is another type of narration, referred to chronic disease or disorders that accompany the patient for all the life. An example can be found on Khakpour (2018), the author discusses her chronic illness, *Lyme disease*, and how it has shaped her life and identity. These types of narratives, as the presented in the study, (Torres-Caro, 2025) could be a progressive disorder that leads the patients to loss of identity. It is usually common to find first person testimonies about syndromes associated with motor or even cognitive disabilities. “La reflexión es el espejo de tu propia identidad” (Torres-Caro, 2025, p. 164).

This study will allow us to learn a bit more about the role of women in society, and, above all, in Greek mythology, by deconstructing the myth and seeking to separate the patriarchal view from the female aspect. Thinkers as Aristotle, Barthes and Bruner have recognized the centrality of narrative in human cognition. The biography of the disease, which in English has been given in call *Pathography*.

In this study, it will allow us to reflect on the autobiographical genre, and in addition to allowing us to approach other authors who have investigated the features of the sickness narrative. With this novel the possibility of objectifying the self is taking as an object of thought and reflection. One significant contemporary author is Barrett (2017) who explores the nature of self-perception, emotion, and how we construct our sense of self through reflective processes.

#### **4.1. Women, emotions and identity**

Illness narratives are a reconstruction of the own identity lost after illness, research perspective like self-consciousness. This study explores the use of the autobiographies like tool to research the equality of gender in the context of brain injuries and the regulation of emotions. It is based on this novel: “The girl of the mental stop.

Do not miss the train” (Torres-Caro, 2025). Along this work, we analyze the importance of study these intersections; of vulnerability and interdisciplinary approach of women facing brain injuries by themselves. Some of the female diseases are located on the margins of medical actions since “women suffer from mysterious diseases, diseases that are placed on the limit of the psychiatric and the muscular, through the neurological” (Sanz 2017, p. 134).

This study (Torres-Caro, 2025) is based on an autobiographical narrative incorporating fictional elements, where the protagonist and author attempt to recover her sense of self and identity following the onset of several symptoms. These symptoms include déjà vu, a loss of self-awareness, social isolation, skepticism and lack of support from others, and physical manifestations such as tingling, swelling, pain, and paralysis in the right hand. These symptoms have persisted since 2019, continuing for five years without a formal diagnosis until 2022. “La chica se sentía abrumada por un torrente de emociones contradictorias mientras trataba de recuperar la memoria y encajar las piezas perdidas de su identidad. Ella trataba de calmar su mente para encontrar una pizca de verdad en sus palabras” (Torres-Caro, 2025, p. 261).

An invisible sickness with rare symptoms challenge the way I view myself. In the narrative, I am sometimes referred as “she” or “the girl”, includes a mix of personal pronouns. A person must have a past for better identity recognition, but in cases, such as traumatic brain injury (TBI), like the protagonist’s, the past is often completely erased. Cassandra remains a powerful figure in Greek mythology and her story serves as a reminder of the dangers of ignoring warnings and the importance of listening to and valuing voices that are often silenced or dismissed.

Haynes (2020) reimagines the Trojan War from the perspectives of various female characters, including Cassandra. Haynes explores Cassandra's story as a metaphor for how women's voices are often ignored or dismissed, drawing parallels to contemporary issues about who is heard and who is silenced in society. That Greek literature is masculine is not at all surprising given the segregation of women and their general state of unculture. What is really surprising is that in a social and cultural environment such as the Greek, some women have managed to break the wall of silence and express in poetry their sensations, joys and sorrows.

In the mid- nineteenth century, there was a relationship between memory and personality, Janet (Double consciousness) and Freud (repressed memories) dealt the production of knowledge about the relationships of remembering and a personal past understood as identity (selfhood) and psychodrama. Vickroy (2023) highlights how trauma can create a profound sense of isolation and disconnection in survivors, making it difficult for them to relate to others and trust in their personal safety and relationships.

#### ***4.2. Misunderstanding neurological diseases in depression or psychiatric disorder***

Some of the modern grounds for exchange between neurology and psychiatry. Solms (2021) explores how neurological findings can inform our understanding of psychiatric processes and vice versa. He analyzes the differences between neurological and psychiatric approaches and proposes an integrative view that considers how brain bases underpin conscious phenomena and mental disorders.

His approach highlights how neurology and psychiatry can both complement and differentiate from each other. Psychiatry is a field of medicine where doctors train to diagnose and treat psychological disorders and other mental health conditions. Neurology is a specialty that trains physicians to treat neurological concerns related to diseases and conditions of the brain, spine, and nervous system. Neurologists can test patients for a variety of neurological conditions. Chronic conditions are related to structural patterns of power, and that conditions that are primarily affecting women are misunderstood, misdiagnosed, and mistreated.

Medical treatment or medical reports may include symptoms that are misdiagnosed as effective distress or depression. Some studies of psychiatric patients have also found a substantial incidence of medical illness, much of which had not been previously diagnosed. Sick people begin to know themselves during the storytelling process.

Cahalan (2012) highlights how some psychiatric conditions can mask underlying medical illnesses. In her case, the medical illness, which was not immediately diagnosed, presented with psychiatric symptoms, emphasizing the importance of thorough medical evaluation in psychiatric cases. Her storytelling process detailing her symptoms, the misdiagnoses, and eventual treatment reflects how patients often come to understand their illness more fully through the process of recounting their experiences.

Before having the seizure, my mother and he had developed a theory based on the few things they knew about the month in which I exhibited such strange behavior. They suspected I was going through a nervous breakdown, triggered by the stress from work and the responsibilities of living on my own. However, the seizures didn't fit into that scenario, which only increased their concern (Cahalan, 2012, p. 75).

The misdiagnosis of a truly organic pathology still holds true today. Remarkably, the term psyche is etymologically connected with the verb psyche in, which means *to blow* or *to breathe*. The non-psychiatric medical illness can cause psychiatric symptoms and be misdiagnosed as psychiatric disorders like in the case of the protagonist in the narrative: "Así creerán que ella se lo está inventando todo, o que está "loca" "(Torres- Caro, 2025, p. 129).

Trauma has developed in a way that the subjectivity of the individual experiencing it may lead to any event difficult to grasp or understand to become traumatic. Cassandra's plight can be viewed as an allegory for the psychological condition where an individual's perception of reality is accurate, yet unacknowledged by others. This mirrors conditions like schizophrenia or certain types of delusional disorders where patients may have a skewed perception of reality and are not believed by those around them. The *Cassandra Syndrome* can describe patients who feel isolated and dismissed, creating a disconnection between their experiences and the validation from their social environment.

Cahalan, (2012) highlights the critical need for comprehensive evaluations in cases where similar psychiatric symptoms are present. This narrative aligns with the broader concept of the *Cassandra Syndrome*, where individuals with accurate perceptions of their conditions may feel isolated and dismissed by others. Cahalan's story reflects how misdiagnosis and the subsequent lack of appropriate treatment can exacerbate feelings of being misunderstood, a situation not unlike the experiences of patients with schizophrenia or delusional disorders who may face skepticism and invalidation from those around them.

## 5. Discussion

Jurecic (2012) highlights how the blending of personal stories with fictional elements can shape public understanding and personal coping mechanisms regarding illness. Jurecic discusses how the narrative form influences the way illness is perceived, moving beyond the mere recounting of medical facts to a more nuanced and empathetic understanding of the patient experience. "No tenía mucho apoyo de los doctores o clarividencia de lo que le ocurría, sino solo medicamentos" (Torres- Caro, 2025, p. 113).

Sickness are ways of subjectively and intersubjectively making sense of diagnosis through are crucial, particularly in the context of chronic diseases. Illness becomes a central aspect of people's lives, influencing everyday experiences and practices. The misdiagnosis often marks a significant biographical disruption, challenging past experiences, current life circumstances, and the feasibility of maintaining established routines in the future. Writing about the own illness with fictional elements allows authors to channel their health issues into their work easily, bringing purpose to their struggles while enhancing the story they tell.

The fiction of the narrative becomes a refuge that escapes not only any attempt at diagnostic categorization, but also the inherent delirium. It stands as a means to understand and face again the experience of getting sick. Khakpour (2018) blends personal narrative with fictionalized elements to convey her experience of chronic illness. She uses storytelling as a way to process and make sense of her struggles with Lyme disease, using the fictional aspects to create a narrative that transcends the clinical details of her diagnosis.

### ***5.1 Research and subjectivity***

Analysis of the use of the personal pronouns “I” and “she” in (Torres-Caro, 2025) reveals a narrative strategy that deeply reflects the fragmentation of identity and the protagonist's internal struggles. Throughout the work, the author uses the alternation between *me* and *her* not only as a stylistic tool, but as a means to explore and express the complexities of her psychological state. “¿Dónde estoy?; ¿qué me ha pasado?; ¿cómo me he quemado?; ¿por qué casi todo mi cuerpo está morado?” (...) (Torres-Caro, 2025, p. 34).

The disease of consciousness and the loss of identity are clearly manifested through this pronominal oscillation. When the narrative focuses on “I”, an internal and immediate perspective is highlighted, underlining the subjective experience of the protagonist. In contrast, the use of “she” introduces a critical distance, allowing the author to observe herself from an outside perspective, almost as if she were an observer of her own life.

Diagnostic delays and treatment biases rooted in societal perceptions and healthcare practices shaped by gender norms exacerbate these challenges. This is exemplified in the narrative shared by Torres-Caro (2025), where a woman describes her ongoing struggle with unexplained symptoms like tingling and numbness. “Todas las pruebas eran normales, entonces ¿qué era? La chica estaba ansiosa, consternada; todo le transmitía como que el dolor provenía de alguna señal que le estaba mandando su cerebro” (Torres-Caro, 2025, p. 112).

The integration of an extended subjective perspective within an extended narrative framework allows for a deeper exploration of the interconnectedness between the mind and body, and the self and world. By situating personal health experiences within broader social and cultural contexts, this approach highlights how diagnostic delays and treatment biases are not just medical issues but are also influenced by societal perceptions and healthcare practices shaped by gender norms.

O'Sullivan (2021) explores various cases of mysterious illnesses that are often misunderstood or misdiagnosed due to biases in the healthcare system. She highlights how societal perceptions and gender norms can influence medical treatment and patient care and emphasizes the importance of understanding the patient's subjective experience within their broader social context. As the protagonist reflects: “¿Se seguiría viendo al igual que antes de los accidentes? o ¿su rostro era ahora diferente para “ella”?” (Torres-Caro, 2025, p. 222)



## 5.2 Double Duality: reality and fiction

Fiction and reality often diverge significantly, particularly when applied to narratives in personal or medical contexts. The distinction between these two elements can profoundly affect how individuals perceive their experiences, especially in relation to illness or trauma. “Las ventanas eran como espejismos que parecían dar respuesta o mensajes directos que se aproximaban a ella más y más rápido cada vez” (Torres-Caro, 2025, p. 38).

In illness narratives the lines between so-called truth and fiction becomes much more blurred and ceases to affect the uses we make of the stories for the deeper understanding of the patient response to illness. As this study argued, women's symptoms have remained concealed as psychological problems and invisible at first glance before any deeper exploration. In addition, in women's health problems, errors are being made in diagnosis that can make them sicker or accelerate diseases. The use of fictional elements in this study benefits the author by allowing her to express her own symptoms and experiences with the illness in a more free and creative manner.

Through fictional elements, we can explore and communicate subjective and emotional aspects of protagonist's condition that might be difficult to address directly in an academic or scientific context. This not only enriches the narrative and provides a deeper understanding of the patient's experience but also offers a way for the author to process and articulate her own experience with the illness in a manner that can resonate with other patients and readers. Hustvedt (2014) delves into the subjective and emotional aspects of identity, illness, and creativity. Although not strictly about her own illness, the novel reflects Hustvedt's personal experiences with neurological symptoms and explores the intertwining of art, self-perception, and health.

Through fiction, Hustvedt is able to address complex emotional and psychological themes that might be challenging to explore in a purely academic or scientific context. Fictional elements can make the work more meaningful and help authors to share their story in an effective way. “Ella podía sentir en el rostro el cielo velado de un misterio lechoso, en un lienzo de tonos pastel y pinceladas sutiles tras las ventanas. Inconscientemente, se dispuso a llamarse: “La chica del tren o parada mental” (Torres-Caro, 2025, p. 77).

The *misty sky of a milky mystery* and the *canvas of pastel tones* suggest a diffuse and hard-to-articulate sensory experience, similar to how the signs of her illness can be subtle or unintelligible to others. Like Cassandra, whose warnings about the future were ignored and discredited, the protagonist on this study (Torres-Caro, 2025) faces a lack of understanding and recognition of her condition. The self-identification as *the girl on the train* and *mental stop* highlights the feeling of being superficially perceived and not believed in her suffering, exacerbating the invisibility of her condition. This relationship between subjective perception and external recognition underscores the need for greater sensitivity and validation of invisible experiences, both clinically and socially, to improve understanding and support for those living with illnesses that affect their perception and cognition.

## 6. Conclusion

The own testimony of Torres-Caro is the voice of patients with a lack of diagnosis where the loneliness of patients without support in the face of symptoms that are not visible or sometimes credible is highlighted where physical limitations and obstacles are shared that arise permanently in interpersonal relationships.

“Se sentía tremendamente vacía desde hace ya tiempo. Al mismo momento, pensaba en su soledad de por vida que tenía. Nadie le creía, ni le consolaba y menos “ella” misma” (Torres-Caro, 2025, p. 200).

In literary terms, this approach provides an authentic and poignant representation of the experience of brain disease and the disintegration of the self. In conclusion, the use of “I” and “she” in this novel is a powerful manifestation of the loss of identity and the fragmentation of consciousness. This stylistic device not only reflects the subjective experience of the protagonist, but also challenges the reader to reflect on the nature of identity and personal perception. This narrative stands out for its ability to intertwine personal narrative with a broader exploration of the human psyche, thus offering a significant contribution to both literature and the understanding of diseases without accurate diagnosis in time. In the end, the narrative demonstrates how changing identities can be after trauma.

Jaouad (2021) chronicles her experience with leukemia, exploring the profound impact of illness on her identity and life trajectory. She uses her narrative to weave together the unpredictable events of her illness with her personal history, creating a coherent story that helps her, and her readers, understand and process the trauma of her disease. Illness narratives create worlds of illness, bringing coherence to the unpredictable events of bodily or mental suffering by placing them within biographical contexts. They are crucial cultural tools that allow people to reinterpret and reevaluate their lives in response to disease.

## 7. References

- Barrett, L. F. (2020). *Seven and a half lessons about the brain*. Houghton Mifflin Harcourt.
- Barrett, L. F. (2017). *How emotions are made: The secret life of the brain*. Houghton Mifflin Harcourt.
- Beard, M. (2018). *Mujeres y poder: Un manifiesto*. Crítica. (Original work published 2017)
- Blok, J. H. (2001). Virtual Voices: Toward a Choreography of Women’s Speech in Classical Athens. In A. Lardinois & McClure (Eds.), *Making silence speak: Women’s voices in Greek literature and society* (pp. 95-116). Princeton University Press.
- Brody, D. L. (2018). Concussions and other mild traumatic brain injuries. In R. H. Wilkins, S. S. Rengachary & E. R. Laws (Eds.), *Principles of Neurological Surgery* (4th ed.). Elsevier.
- Cahalan, S. (2012). *Brain on fire: My month of madness*. Free Press.
- Cleghorn, E. (2021). *Unwell women: Misdiagnosis and myth in a man-made world*. Weidenfeld and Nicolson.
- Damasio A., & Meyer K. (2009) Consciousness: An overview of the phenomenon and of its possible neural basis. In S. Laureys & G. Tononi (Eds.), *The Neurology of Consciousness: Cognitive Neuroscience and Neuropathology* (pp. 3-13). Academic Press. <http://dx.doi.org/10.1016/B978-0-12-374168-4.00001-0>
- Dowden, K., & Livingstone, N. (Eds.), (2011). *A companion to Greek mythology*. Wiley-Blackwell.

- Evans, A. H. (2019). *Parkinson's disease: Current and future therapeutics*. Springer.
- Goodson, I. F., Biesta, G., Tedder, M., & Adair, N. (2010) *Narrative Learning*. Routledge.  
<https://doi.org/10.4324/9780203856888>
- Goodson, I., & Gill, S. (2011). *Narrative pedagogy: life history and learning*. Peter Lang.
- Hustvedt, S. (2014). *The blazing world*. Simon & Schuster.
- Jaouad, S. (2021). *Between two kingdoms: A memoir of a life interrupted*. Random House.
- Jurecic, A. (2012). *Illness as narrative*. University of Pittsburgh Press.
- Khakpour, P. (2018). *Sick: A memoir*. Harper Perennial.
- LeMoult, J., & Gotlib, I. H. (2019). Depression: A cognitive perspective. *Current Opinion in Psychology*, 69, 51-66. <https://doi.org/10.1016/j.cpr.2018.06.008>
- McCann, C., & Kim, S. K. (Eds.), (2016). *Feminist Theory Reader: Local and Global Perspectives* (4th ed.). Routledge. <https://doi.org/10.4324/9781315680675>
- O'Sullivan, S. (2021). *The sleeping beauties: And other stories of mystery illness*. Pantheon.
- Pillinger, E. (2019). *Cassandra and the poetics of prophecy in Greek and Latin literature*. King's College London.
- Rogers, K. (2021). *Why myth matters: The value of the female voice in Greek mythology*. [Honors Thesis No. 1727, University of Mississippi]  
[https://egrove.olemiss.edu/hon\\_thesis/1727](https://egrove.olemiss.edu/hon_thesis/1727)
- Thompson, J., & Blake, D. (2020). Women's experiences of medical miss-diagnosis: How does gender matter in healthcare settings? *Women's Studies Journal*, 34(1/2), 22-36.  
<https://acortar.link/Emyjxr>
- Torres Caro, L. (2025). *La chica de la parada mental. No pierdas el tren*. Punto Rojo Libros, S.L. (2º edición, Renovada y Actualizada).
- Traister, R. (2018). *Good and mad: The revolutionary power of women's anger*. Simon & Schuster.
- Sapolsky, R. M. (2017). *Behave: The biology of humans at our best and worst*. Penguin Press.
- Sanz Cortés, A., de Noreña Martínez, D., & Muñoz Marrón, E. (2017). *Neuropsicología del daño cerebral adquirido*. UOC Editorial.
- Solms, M. (2021). *The hidden spring: A journey to the source of consciousness*. W. W. Norton & Company.
- Vickroy, L. (2023). *Trauma and survival in contemporary fiction*. Springer.
- Wilson, B. A., Winegardner, J., Ashworth, F., & Pinner, G. (2019). *Neuropsychological rehabilitation: The international handbook*. Routledge.

**AUTHOR:****Laura Torres Caro**

Universidad Málaga, Spain.

The author has a solid academic and professional background after suffering a coma, 2006. She is an English teacher, with an Official Master's Degree in Bilingualism. She is currently pursuing a doctorate in Philosophy and Letters, with a thesis linked to her own autobiographical novel about the experience of falling ill. She has participated as a speaker and assistant in several conferences on health, women, linguistics and literature in Spain (2023-2024). She is also a peer reviewer of scientific articles and writer of monographs and chapters in academic books. Her literary career includes the publication of the autobiographical novel "La chica de la parada mental. Don't miss the train" and the personal growth project 'The Reflection of Success'. She has also worked as a teacher in Spain and the United Kingdom.

[ltorcar788@uma.es](mailto:ltorcar788@uma.es)**Orcid ID:** <https://orcid.org/0009-0009-0126-3295>