

Discourse Analysis from the Perspective of Austin's Speech Act Theory and Searle's Taxonomy of Illocutionary Acts: A Case Study of Charlotte Perkins Gilman's *The Yellow Wallpaper*

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Abstract—A focus on discourse analysis, this study presents a particular interest in the power relationship artfully constructed by Charlotte P. Gilman in three dialogue instances in her most memorable short narrative, *The Yellow Wallpaper*. With the awareness of gender differences in mind in terms of how men and women use language, Gilman evinces the ways in which language could be a medium of silencing the *other*. Consequently, this paper carefully examines the protagonists' discourses through J. L. Austin's speech act theory and John Searle's taxonomy of illocutionary acts. The corpus of the study consists of the utterances of the husband/doctor and of the wife/patient, and both the quantitative and qualitative research methods have been employed for the data analysis. The results have shown that the *patriarchal* discourse, originally dominated by representatives (opinions, facts) and directives (commands, orders, advices, and refusals), produces utterances meant to fabricate reality (erroneous diagnosis) and generate refusals, whereas the discourse of the *other* consists mainly of representatives- true statements and opinions -which contradict men's reality in the journey to achieving self-assertion and self-expression.

Index Terms—Discourse analysis, illocutionary acts, performative utterances, speech acts.

I. INTRODUCTION

An interdisciplinary study between feminist criticism and linguistics (speech act theory and pragmatics), this paper looks at the power relationship between the speech protagonists through the perspective of J. L. Austin's speech act theory and John Searle's classification of illocutionary acts. Gilman had written in 1892 a short story where, through her female protagonist largely based on herself, she tried to warn society about the grotesque consequences of domestic confinement and the *rest cure* which was costing women their sanity. Gilman wrote in her autobiography *The Living of Ch. P. Gilman: An Autobiography* that she had never intended to portray herself in her writings as a victim or a suffering patient (1980), but instead she meant to bring positive changes to the American society deeply rooted in patriarchal values at the time. To her dismay, her physicist, Doctor S. W. Mitchell, as well as a large part of her audience, initially found the message conveyed in the story as being "aberrant" and "revolting": "The story can hardly, it would seem, give pleasure to any reader...such literature contains deadly peril. Should such stories be allowed to pass without severest censure [1]?"

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This text has unfortunately been labeled too often a "madness narrative" because the woman protagonist slowly descends into depression, and this fact has largely to do with the autobiographical episode that reflects Gilman's own mental struggles after childbirth. In "The Death of the Author" (1967), Roland Barthes brings to our attention the fact that "The *explanation* of a work is always sought in the man or woman who produced it, as if it were always in the end (...) the voice of a single person, the *author* 'confiding' in us" [2]. Otherwise stated, Barthes' innovative approach to reading and interpreting literature presupposes the cutting of ties between the text and the person of the writer, and by rendering the text independent from its maker, the text acquires a life of its own. Barthes proposes that the reader should see the text as a piece of writing with a language or system of signs which the reader ought to disentangle as opposed to decipher.

Consequently, this study endeavors to treat the short story "The Yellow Wallpaper" in light of Barthes's theory, that is, outside the existence of the author. In other words, the novelty of this study consists in a linguistic approach to a nineteenth-century short story, where both the quantitative and the qualitative research methods will facilitate the objective assessment of the communication quality between the doctor and his patient. In addition, this approach also intends to strengthen the relationship between feminist criticism and linguistics, and suggests similar analyses of other texts authored by women.

II. LITERATURE REVIEW

There is a plethora of studies on *The Yellow Wallpaper* simply due to the text's high artistic level and endurance in terms of its main themes: female oppression, malpractice of female patients, post-partum depression, etc. Apart from the numerous feminist and psychoanalytic approaches, there have also been some linguistic approaches. In some cases, the focus falls on the main character's mad language, portrayed as a type of discourse often employed by minority groups as a strategy to challenge and fight patriarchy/ the mainstream from within (Sud, 2004). Other studies center around the significance/ symbolism of the wallpaper, such as it being the male discourse (e.g. the diagnosis which becomes reality despite the opposing facts) and ultimately the women's discourse (a gradually emerging language which relinquishes male control by contradicting and thus escaping the patriarchal diagnosis as the woman tears down the wallpaper) (Treichler, 1984; Ford, 1985). Another study approaches the text through the prism of the deconstruction theory through reversal of a set of binary opposites, and it focuses on the science man's rationalism as being systematic and not a free

choice, concluding that John is a flawed yet well-intentioned caregiver when handling his wife whom he addresses with a “fatherly language” (Yasar, 2020).

The text’s approach through the perspective of the speech act theory and the taxonomy of the illocutionary acts will not only bring a fresh reading of the story and a new focus, but will also attempt to provide an objective/unbiased understanding of the nature of the discursive interaction between the doctor/husband and his patient/wife, a goal achieved with the help of both the quantitative and the qualitative research methods.

III. THEORETICAL FOUNDATION

Inspired by the Foucauldian discourse analysis, this paper endeavors to examine the discourse power relationship between the woman narrator and John, her physician and husband, where a dialogue between the two speech participants takes place in three different instances. Narratology has been showing an increasing interest in women’s language or *the discourse of the powerless* as some linguists call it (Foucault, 1970). This speech corresponds to the description “polite, emotional, enthusiastic, gossipy, talkative, uncertain, dull and chatty” [3], in contrast to men’s speech or *the speech of the powerful*, which is “capable, direct, rational, illustrating a sense of humor, unfeeling, strong (in tone and word choice) and blunt” [3], and meant to fabricate reality. In Foucault’s own words: “discourse must and does have a communicative function. If discourse is wholly determined by power position, it is not at all clear how this communicative function could be fulfilled” [4].

The narrative of *The Yellow Wallpaper*, in effect, reflects the reality of women living in a world of double discourse. Indeed, on the one hand, we have a discourse suitable to women living in a male-dominated society, a discourse that is “a tragic dispossession of the self” [3] also transpiring in the first two dialogue instances; on the other hand, we have a discourse that expresses her true desires, portrayed in the last dialogue where the narrator herself proclaims her linguistic and artistic freedom/success. Intended for the public audience, the text represents a threat to the male discourse as the woman protagonist acquires, by the end of the narrative, a dominant discourse of true desires.

Observing that speech and language have power over people and the masses, the linguists J. L. Austin (1962) and John Searle (1969) developed *the speech act theory*. Hungarian literary scholar Enikő Bollobás explains that:

Every time a speaker utters a sentence, he is attempting to accomplish something with the words. In intending an utterance to constitute an act of praise, of making a concession, asking a question or giving an order, a speaker is performing a speech act; Austin himself originally called this an illocutionary act [5].

In addition, communication has a purposeful and performative function, and “each sentence is designed to serve a specific function which is critical to communication. Any speaker sets out to influence his listeners, and he must endeavor to get them to recognize this, otherwise the fundamental function of language is not fulfilled, communication is incomplete” [5]. The utterances produced in a dialogue between the speaker (the utterer) and the listener (the hearer) are called speech acts and they are classified as it

follows: the utterance of the speaker is the *locutionary act*, the *illocutionary act* is the performative function/force of this utterance (a command, an order, a request), and the effect of the utterance on the listener is the *perlocutionary act*.

Illocutionary acts are at the center of this research paper which looks at the direct and indirect meaning of the performatives, including their effect (perlocutionary acts) on the hearer. In *A Classification of Illocutionary Acts*, J. R. Searle classifies the illocutionary acts into five main groups: *a. representatives* which describe an existing state of affairs and/or refer to facts/information often introduced with the help of the performative verbs: state, tell, assert, correct, predict, report, remind, describe, inform, assure, agree, guess, claim, believe, conclude, etc. *b. directives* which relate to sentences meant to “get someone to bring about a future state of affairs” [6], and they may contain the following performative verbs: requesting, demanding, questioning, asking, proposing, advising, suggesting, interrogating, urging, encouraging, inviting, begging, ordering, etc. *c. commissives* which have to do with future course of actions and may be containing any of the verbs: ask, order, command, request, beg, plead, retreat, invite, permit, advise, dare, defy, challenge. *d. declaratives* which usually belong to the speaker who has an institutional role, hence the ability to pronounce, declare, baptize and sentence, and *e. expressives* which state what the speaker feels as they express psychological states and can be statements of pleasure, pain, likes, dislikes, joy, sorrow, surprise, apology with the aid of performative verbs such as: surprise, like, fear, apology, regret, thank, praise.

IV. METHODOLOGY

In order to successfully analyze the power relationship between the patriarchal discourse (the discourse of the scientist/powerful) and the discourse of the other (the discourse of the powerless) through the perspective of the speech act theory, this research makes use of the 1. *quantitative* method in order to numerically establish the dominant illocutionary acts in both types of discourse, and equally of the 2. *qualitative* method in order to understand the meaning of the utterances in context, the syntactic and the semantic meaning of the sentences, the types of the illocutionary acts (representative, directive, etc.), including the performatives’ (un)intended effects achieved in the addressee.

Consequently, this paper aims to answer the research questions: 1) What types of illocutionary acts stand at the base of the discourses of the two communication participants? 2) How do the illocutionary forces shape and affect the communication process? 3) Is the communicative function of the discourse fulfilled in any of the three cases (are the conversations successful or defective/ unsatisfied)?

V. RESULTS

A. The Quantitative Method

1) Quantifying the utterances

The corpus of the study consists of 31 performative utterances. According to Table I, in Dialogue 1, both the physician and the woman patient produce two utterances each. In the case of Dialogue 2, which contains 19 utterances, the

male discourse contains most of the utterances (16 out of 19), whereas the woman produces only 3. The third dialogue showcases only 3 performatives produced by the doctor whereas the patient issues an impressive number of 5 utterances.

TABLE I: NUMBERS OF UTTERANCES

Dialogue	Doctor		Patient	
	No of utterances	%	No of utterances	%
Dialogue 1	2	50	2	50
Dialogue 2	16	84,21	3	15,79
Dialogue 3	3	37.5	5	62.5

2) Types of illocutionary acts

As shown in Table II, the types of illocutionary acts that correspond to Dialogue 1 are 1 representative and 1 directive in each case. In Dialogue 2, the doctor produces 5 representatives, 8 directives (enquiries, refusals, advices, commands), 2 declaratives (diagnoses) and 1 commissive (promise), whereas the patient utters 2 representatives (complaints) followed by 1 directive (enquiry). Lastly, Dialogue 3 has three directives (command, urge, enquiry) in *his* case while *her* discourse is composed of four

representatives (statements) and 1 directive (refusal). There have not been found any expressives among the utterances.

TABLE II: NUMBERS OF SPECIFIC ILLOCUTIONARY ACTS

Dialogue	Dialogue 1		Dialogue 2		Dialogue 3	
	Doctor	Patient	Doctor	Patient	Doctor	Patient
Representatives	1	1	5	2	-	4
Directives	1	1	8	1	3	1
Commissives	-	-	1	-	-	-
Declaratives	-	-	2	-	-	-
Expressives	-	-	-	-	-	-

B. The Qualitative Method

As in the quantitative method, the data employed in the qualitative method refers to the utterances produced by the doctor and his patient. To simplify the matter in analyzing the constitutive performatives in each discourse in the three dialogue instances, each utterance issued by the doctor has been coded with a number from (1) to (20), and the utterances issued by the patient have been given a letter from (a) to (j).

TABLE III: THE ACTUAL UTTERANCES PRODUCED BY DOCTOR AND PATIENT

Dialogue	Doctor's discourse	Patient's discourse
Dialogue 1	(1) 'You know the place is doing you good', he said, (2) 'and really dear I don't care to renovate the house just for a three months' rental.'	(a) 'Then do let us go downstairs', I said, (b) 'there are such pretty rooms there.'
Dialogue 2	(3) 'What is it little girl?' he said. (4) Don't go walking about like that-you'll get cold.	(reported speech) I thought it was a good time to talk, so I told him that I really was not gaining here, and that I wished he would take me away.
	(5) 'Why darling!' said he. 'Our lease will be up in three weeks, and I can't see how to leave before.' (6) 'The repairs are not done at home, and I possibly cannot leave town just now. (7) Of course if you were in any danger, I could and would, but you really are better, dear, whether you can see it or not. (8) I am a doctor, dear, and I know. (9) You are gaining flesh and colour, your appetite is better, I feel really much easier about you.'	(c) "I don't weigh a bit more, nor as much; and my appetite may be better in the evening when you are here, but it is worse in the morning when you are away!"
	(10) "Bless her little heart!" said he with a big hug, she shall be as sick as she pleases! (11) But now let's improve the shining hours by going to sleep, and talk about it in the morning! "	(d) "And you won't go away?" I asked gloomily.
	(12) "Why, how can I, dear? (13) It is only three weeks more and then we will take a nice little trip of a few days while Jennie is getting the house ready. (14) Really dear you are better!"	(e) "Better in body perhaps-" I began, and stopped short, for he sat up straight and looked at me with such a stern, reproachful look that I could not say another word.
	(15) 'My darling', said he, 'I beg of you, for my sake and for our child's sake, as well as for your own, that you will never for one instant let that idea enter your mind! (16) There is nothing so dangerous, so fascinating, to a temperament like yours! (17) It is a false and foolish fancy. (18) Can you not trust me as a physician when I tell you so?'	'So of course I said no more on that score...'
Dialogue 3	(Why there's John at the door...How he calls and pounds.)	(f) 'John dear!' said I in the gentlest voice, 'the key is down by the front steps, under a plaitain leaf!'
	(19) 'Open the door, my darling!'	(g) 'I can't,' said I. (h) 'The key is down by the front door, under a plaitain leaf!'
	(20) 'What is the matter?', he cried. (21) 'For God's sake, what are you doing!'	(i) 'I've got out at last', said I, 'in spite of you and Jane? (j) And I've pulled off most of the paper, so you can't put me back!'

VI. DISCUSSION

A. *The Role of the Illocutionary Acts*

Judging by the results in Table I in the quantitative section, it is obvious that *the doctor's* utterances dominate numerically (apart from Dialogue 3). In Table II, the Dialogue 1 section points to a direct and rational discourse specific to the scientist as well as authoritarian since one of his utterances is a statement (a representative) and the other one is a refusal (a directive). The two utterances associated with the patient correspond to a discourse of subordination and dependency since they express a request and a supporting explanation. The numbers in Table II that correspond to Dialogue 2 show that John employs a discourse of superiority and authority as most of his illocutionary acts are boasting statements (representatives) and commands and refusals (directives). The woman protagonist employs two complaints (representatives) and only 1 enquiry (directive), utterances pointing to a discourse of contradictions which oppose John's reality. Last but not least, the numbers in the last dialogue point to surprising results. In John's case, there are no representatives, but only three directives (1 order, 1 enquiry and 1 demand), illocutionary acts corresponding to a discourse of authority. The woman patient issues 1 refusal (directive) and 2 repetitive statements and 1 concluding statement (representatives), utterances which indicate self-assertiveness and self-control.

To sum up, it results from Table I and Table II that *the doctor's* discourse consists of an amount of 6 representatives and 12 directives, which means that the discourse of the scientist is highly authoritative/commanding. On the other hand, the speech of the patient, based on 7 representatives and 3 directives, points to a discourse of reasoning and negotiation.

B. *The Meaning of the Utterances in the Communication Process*

This section is a qualitative analysis of the speech acts (locutionary acts, their performative forces and the perlocutionary forces) captured by the narrator in her secret diary (see Table III). There are only a few opportunities for communication between the two spouses because of the husband's demanding job as a physician. Feeling isolated due to living in the attic room following John's suggestion as her doctor, the wife/patient resorts to confessional communication with her diary so-called "dead paper", to which she entrusts her most intimate thoughts. She "tells" the diary her worries about the room being a hindrance to her recovery, due to the remote position from the garden and a torn and unfit wallpaper.

As shown in Table III, the first exchange of lines records the wife's complaint about the room's inadequacies and negative effects on her. The speaker's (the husband) answer (1) is a clear contradiction (false statement) of the hearer's opinion, followed by an obvious refusal (2) to accommodate her request to decorate the room. Eager to find a solution, the woman tries to negotiate by asking for a nicer room (a) and (b), a proposition deflected by his attitude to take her in his arms and call her a "blessed little goose". Given Austin's indication to carefully mind the circumstances in which the speech acts have been produced, e.g. the true intentions of the

speaker, we can conclude that the doctor's utterances are unhappy/unfelicitous because his replies seem to serve his best interests, and not those of his patient/wife. In addition, Austin considers the performative utterances without the intended effect void, as is the case of the patient since her request to move rooms is not honored in any way. The denial of her request shows that John disregards his partner's judgement. According to Foucault, one of the effects of the science man's discourse was, besides exuding respect and authority, to produce intellectual idleness of women and repression of female creativity/desire/preference. The intended effect of John's discourse is to patronize and belittle the patient, who is also an intellectual (a writer).

The second dialogue instance showcases the narrator's second attempt to negotiate for her mental health, to stop herself from becoming obsessed with the yellow wallpaper. The speaker issues an enquiry (3) followed by a command (4) which display both concern and a patronizing manner. At this point, the wife tries to converse with her husband as adults, telling him that she does not feel any improvements in the vacation house, and her suggestion to return home is yet met with another refusal (5). John's tendency to belittle, silence and undermine the judgment of his partner is perpetuated in the next sequence of utterances (6), (7), (8) and (9). To assure her that her health is improving instead of deteriorating, the speaker makes use of his expertise and authority as a doctor in diagnosing her, as well as of the endearment word "dear".

The patient's response (c), a true statement which contradicts John's medical opinion about her recovery, attests to her perseverance to emerge from under his discourse of authority in order to construct a discourse of self-assertion. She fails to do so because of John's persuasive and authoritative utterances (10) and (11). Her request (d) to John to spend more time with her is met with false promises (12) and (13) and a reinforcement of his diagnosis that she is improving her health (14). The patient's attempt to contradict the doctor's statement (e) is stifled by disapproving facial expressions. The utterances (15), (16), (17) and (18) clearly showcase John's treatment of his wife as being "irrational, unable to make decisions for herself, and as a result she was not deemed as qualified to offer ideas about her own condition" [7]. Utterance (15), an explicit performative containing the performative verb "beg", is in fact a command which urges the woman to stop believing that she is unwell, as she is imaginative (16) and (17) and as he knows what is best for her since he is a "physician" (18). The continuous dismissal of her own opinion concerning her health leads to a disruption of interaction and discouragement, eventually silencing the addressee.

The dialogue at the end of the narrative consists in a duel of commands and orders (some more explicit than others), as both speech participants exert self-assertion, resulting in the triumph of the woman's discourse over the one of the husband. The woman shows resistance to the husband's discourse of power and control. At this stage, her vivid imagination/obsession with the wallpaper becomes an end in itself. No longer feeling the constraint of censoring her language, the woman expresses direct thoughts without caring about appropriateness and the expectations of her oppressor. The utterances (f) and (h) are indirect commands addressed to the hearer in a repetitive manner to fetch the key himself if he

wishes to gain access to the room. As direct commands, the utterances would have sounded: 'John dear, go and fetch the key which is by the front steps, under a platanus leaf!' Not used to being told what to do or execute domestic chores, and mindless of the speaker's language once again, John utters a command (19) demanding his wife to open the door, only to be met with refusal/disobedience (g). Indignation and shock at the sight of her creeping in the room (utterances (20) and (21)) cause John to lose control of his language, temper and himself.

At this point, the physician husband renounces the rational and unfeeling discourse assigned to science men for he shows emotion, vulnerability and weakness (he loses control of the situation, faints and becomes silent). The woman's very last statements (i) and (j) symbolize *her* linguistic and physical triumph. In addition, in light of the statement "those with lower social status are inclined to avoid offending those with higher status and show more respect to them" [8], we can conclude that, although belatedly, the woman narrator behaves like the equal of her interlocutor, as the intellectual that she is.

C. The State of the Communicative Function of the Discourse

The final scene in *The Yellow Wallpaper* (see Dialogue 3, Table III) shows that the loss of John's position of authority and power is facilitated by the speaker's inability to make the interlocutor act in accordance with his intentions. Consequently, the traditional dichotomies reason/emotion and speech/silence are being challenged as John uses masculine reason to objectify his wife's reality and silence her, and in return, he himself is objectified and reduced to silence ('Now why should that man have fainted?') [9]. We have also noticed that, in each dialogue, the communicative function of the discourse is not met since, in our case, verbal interaction means power, dominating the discourse partner as the speakers play asymmetric roles where one dominates the other.

Overall, the data analysis indicates the emergence of the woman protagonist from the discourse of the powerless and the acquirement of a discourse of self-expression and self-assertion. Although many voices attribute the narrator's linguistic and physical liberation to a discourse of madness (due to her gradual descent into depression, and hence obsession with the wallpaper), I argue that her triumph is built on a discourse of reason, self-assertion, control and satisfied desires (linguistic and intellectual). At large, the communication between the two protagonists consists in a discourse of requests and refusals where the voice of power and authority is met with resistance, and ultimately silenced.

VII. CONCLUSION

To conclude this study, we may state that the communication between the participants is constructed on speech acts of requests and refusals. Initially, the outcome of the situation depends upon the scientist/husband whose constant refusals produce a communication disruption and barrier, thus preventing the communicative function of their interaction from taking place. We have noticed that the wife/patient relinquishes the discourse of unfulfilled desires

consisting of denied requests and short utterances to the point of becoming silent, in favor of a discourse of resistance and self-assertion consisting of commands and indirect directives disguised as representatives, pointing to authority and control. Generally, her utterances' intended meaning corresponds to the lexical and syntactical character of the items. In contrast, John's discourse consists of utterances which syntactically express requests, approval and promises, but semantically translate into commands, orders and demotivating statements, hence displaying a gap "between what the speaker means and what the words he utters mean" [10]. The literal and intended meaning of his statements are the same in the last instance, where he is unable to control his language.

Discourse analysis through the perspective of the speech act theory and the taxonomy of the illocutionary acts involves classifying and defining performatives based on grammar and vocabulary criteria, the circumstances in which the speech acts are produced, directness and indirectness, the sincerity condition, essential elements meant to establish "precision in language which makes it clearer what is being said" [11]. Yet, there is a wealth of theories (the rule of politeness, adjacency of pairs, etc.) which could be used in order to fortify the bridge between feminist criticism and linguistics. Such approaches to female authored texts may earn feminist criticism a wider audience than the usual feminine one.

CONFLICT OF INTEREST

The author declares no conflict of interest.

AUTHOR CONTRIBUTIONS

The author has conducted the research, analyzed the data and wrote the paper.

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