

“Sick-Lit”: Comparing 19th and 21st Century Portrayals of Illness in Literature as a Figurative

Device

AP Capstone

Introduction

Illness has been a consistently well-explored topic in literature. More specifically, illness is often used as a device to develop both plot and character, and has become a figurative way to delve into notions of self, morality, sexuality, and emotion. The use of this device and the portrayal of those who are ill is very much reliant on two often interconnected things: medical knowledge and cultural attitudes at the time of publication. The combination of social relevance and powerful metaphor has resulted in authors favoring various diseases with unique connotations for different narrative purposes in different time periods.

One disease that grew to dominate literature in the 19th century was tuberculosis (TB), or as it was known then, consumption. At the time it was an indiscriminate disease known by all, and both the medical and art world grappled with how to approach it. Authors and painters had a tendency to give the disease its own distinct aesthetic, thus creating an era in which tuberculosis was seen to be a beautiful illness to have. But in the aftermath of this trend, questions regarding how illness is handled— or should be handled— in writing have come about, as well as the question of what the next literary illness might be. Susan Sontag argues in her 1978 book *Illness as Metaphor*:

“The fantasies inspired by TB in the last century, by cancer now, are responses to a disease thought to be intractable and capricious—that is, a disease not understood... Now it is cancer's turn to be the disease that doesn't knock before it enters, cancer that fills the role of an illness experienced as a ruthless, secret invasion...” (Sontag 5)

To begin to understand the potential consequences or manifestations of a romanticized literary cancer today, if it does exist, its predecessor must be understood first.

Although tuberculosis affected prehistoric humans, it became more prevalent when population density in Europe increased with industrialization. The most common type was pulmonary tuberculosis (then known as phthisis), which caused bleeding and lesions in the lungs, as well as pain, fever, weight loss, and a persistent cough. It was widespread, but relatively enigmatic— the medical community had yet to accurately identify the precise cause or cure for it. They believed it was hereditary or happenstance (i.e., not contagious), and the best treatment was fresh, dry air. Even the possibility of death was a mystery— chronic or dormant forms of tuberculosis that lasted for a lifetime existed, but could transition into “galloping consumption,” for which the mortality rate was around 80%. Therefore, there was little certainty for how long one was to live after diagnosis (Snowden, 1-4).

Consumption was also thought to be intertwined with the emotional state of the patient. Essentialist theorists like Rene Laennec (who also invented the stethoscope and was the leading cardiopulmonologist in France at the time) agreed TB was hereditary, but also perhaps associated with hedonism, excessive sexual drive, sorrow, or general poor conduct, thus attaching the element of preconceived morality to the ill (Barnes 1.1). Consumption was linked in a similar way to romance and erotics, and contributed to the idea that those with the illness were suffering because of a heartbreak or a lack of love— both being, in a way, the opposite of hypersexuality— and less romantically, representing the lack of reproductive viability in consumptives (Cokal 167).

What set consumption apart from other diseases at the time was that the symptoms, despite being quite awful, were considered to be socially acceptable, even fashionable. It lacked connotations of uncleanness, low social status, violence, and terror that other contagious diseases had, especially the more visible ones such as typhus or cholera. Coincidentally, the few visible symptoms aligned well with pre-existing beauty ideals of the period. This, in conjunction with art and literature pioneering a romanticized view of consumption, popularized a “consumptive type” of ideal physicality— thin, frail, glittering eyes, and pale with flushed cheeks (6).

Given the often supporting role they are given to the story, the consumptive character is best interpreted figuratively. Like other metaphors and symbols, the underlying meanings (which were either derived from the medical community or were “invented” by romanticism) vary, ranging from reformed impropriety, lovesickness, frustration, innocence, spirituality, sensibility, and/or genius. Some of the resulting character tropes conflict directly, like the pious ingenue, the feverish love interest, or defeated artist (Wilsley 5). However, the development of the trope was also dependent on age, gender, type of tuberculosis, and what purposes they were to serve in the narrative. Regardless, consumptive characters were consistently young, delicate, wise, distinct, and tragic as a result of their illness.

TB also carried a distinctly feminine connotation, as the debilitating nature of the disease parallels the perceptions of female fragility. Morality and sensibility, considered to be the strengths of women particularly during the Victorian era, could also be attained through illness. Further, the perceived emotional causes of consumption would be especially uncouth for women, and therefore illness would be an aptly extreme corrective measure. As a result, literary

consumptive women would undergo accentuated femininity while consumptive men gained favorable feminine traits (eg. sensitivity) in exchange for emasculation (Wilsley 7). This manipulation of gender roles serves as its own literary device. Discussing the role of sickness in Jane Austen's novels, Kelly Bryan Smith argues illness is an opportunity for women to gain social status, while the opposite is true for men, because male invalids excluded from masculine positions leave a "power vacuum which sometimes serves to give the women in their lives more power" (Smith 20). For the male consumptives in James' *The Portrait of a Lady* and Chekov's *The Story of a Nobody*, consumption allows them to act outside of the restrictions placed on healthy men— forcibly excluded from "assuming the typically masculine roles of husband, man of action, successful businessman, father or lover" but free to follow their "personal inclinations to be lazy, sarcastic, outspoken, and over-familiar with other men's wives" (Tankard 63, 65). As a result, incapacitated men are portrayed as indulgent, which is not a trait frequently attributed to ill women. Additionally, indulgence in women would be a trait corrected by illness, which further exemplifies the gendered divide.

A second character trope, usually reserved for children, was the precocious, mild consumptive. Their illness and nature separates them from the rest of their society, painting them as an "almost divine being, who is... too pure, too innocent, and too good for this sinful Earth," and a peaceful death establishes the archetype (Wilsley 23). *Jane Eyre*'s Helen Burns and *Uncle Tom's Cabin*'s Little Eva, who are both supporting characters, are classic literary examples of this trope. Helen and Eva are mature for their age (due to their tuberculosis and other hardships), unusually religious, sober, selfless, and frail, and their key contribution to the plot is a final lesson or wish on their deathbed to impart on the surviving characters. Helen effectively changes

Jane's previous opinion on avoiding spiritual damnation (that she "must keep in good health, and not die") in exchange for the belief that Jane will attend "the same region of happiness; be received by the same mighty, universal Parent" as Helen, which sets Helen as her moral role model (Bronte "Jane Eyre" 34, 84). Eva more explicitly martyrs herself for the cause of freedom for slaves, saying that she "would be glad to die, if my dying could stop all this misery" and wishes for Tom's freedom as soon as she is "gone" (Stowe 290, 292). Their calm outlook on illness and death is similar, and is arguably required for their last words to have the intended impact. Eva is said to have a "calm, sweet, prophetic certainty that Heaven was near" and says before her passing "I am *not* any better, I know it perfectly well...I want to go— I long to go!" while Helen tells Jane "We all must die one day, and the illness which is removing me is not painful; it is gentle and gradual; my mind is at rest." (Stowe 289, 291; Bronte 84). Likewise, her assessment of her illness and death ties the nature of Helen's disease to her stoicism.

The predominant and arguably most blatant narrative, however, followed those who had the disease due to their past and changed into an ideally moral person, inventing the redemptive quality of having tuberculosis. Characters who undergo character development often follow this plot, whereas those who do not (typically minor characters) have the ingenuelike qualities. The transition from health to illness often coincided with transitions from hypersexuality to chastity, immorality to morality, indulgence to restraint. This version of the consumptive character is most in line with the essentialist theory of tuberculosis, which associated the emotional and moral state with the physical state. Regarding the portrayal of illness in Jane Austen's novels, Kelly Bryan Smith writes, "The punishment for [Marianne from *Sense and Sensibility*'s] emotional and behavioral excess is exile in a sickroom," (Smith 10) where she "undergoes a mental cure to

complement her physical improvement” (15). Her illness is a cure for impropriety, and in turn, adhering to social mores cures her illness. A slightly different iteration of this is present in Marguerite in Dumas *filis*’s *Las Dame aux camelias*, a consumptive who leads a profligate life as a courtesan in Paris. Her symptoms are tied to bouts of unrestrained behavior– “At each glass of champagne her cheeks would flush with a feverish colour, and a cough, hardly perceptible at the start of supper, became at last so violent she was obliged to lean her head on the back of her chair and hold her chest in her hands every time that she coughed” (Dumas *filis* 82). Armand, the narrator, is quickly enamored of Marguerite. He becomes obsessed with saving her, saying if he “did not completely dominate her light and forgetful nature, she was lost to [him]” (89). Marguerite initially has a different opinion on how her disease can be treated, as she had “subverted the relationship between cause and effect, counteracting her hectic fever with hectic dissipation, cause becoming cure” (Groos 241). While Marguerite says in the theatrical adaptation: “If I am to live a shorter time than most people, I must live more quickly, that is all” the reader sees that when Armand and Marguerite retreat to the unhurried countryside, her symptoms recede almost completely– reform through abandoning her excessive lifestyle effectively becomes a cure (Groos 238). Only when a heartbroken Marguerite goes back to Paris without Armand does she succumb to her illness, but a final reunion alleviates her symptoms before she finally dies. *Camelias*, which was based on the rather famous courtesan (and mistress of the author) Marie Duplessis, had significant impact on future representations of tuberculosis. The story was adapted to stage countless times, most notably in the opera *La Traviata*, and adaptations are still created and performed today. The introduction of the novel to places like Japan actually perpetuated metaphorical qualities of tuberculosis in their culture (Fukuda 15, 22).

A variation on this pattern is how death, rather than the illness itself, is the way the character is redeemed. The cause and effect of tuberculosis is once again skewed: by having consumption, the character is put on the path to positive change, but bad conduct exacerbates the illness, and the resulting suffering itself requires correction. In this variation, tuberculosis doesn't rely on a romanticized image. *Les Miserable's* Fantine is one of the more overtly tragic portrayals of consumption, where she encounters misfortunes, until she contracts tuberculosis which leads to her death (Martinez 18). For Mimi in *La Boheme* as well, "the focus is on how her death frees her from the negative life she had led" regardless of a slightly more romanticized image of her illness (19). However, Mimi is similar to Marguerite in the sense that her illness provoked her to "live quickly" by pursuing love and friendship, through which she found relief from the hardships in life, whereas Fantine had few positive relationships and little relief. Regardless, the character's death is redemptive because it "cures" their hardships, as opposed to their death taking the form of martyrdom or a side effect.

The pathogen causing tuberculosis itself was identified in 1882 by Robert Koch, which led to gains in knowledge on transmission, effective treatment, and a vaccine in later years (Snowden). Consequently, many assumptions about the disease were debunked, and the romantic image faded. Medicine changed, with theories like essentialism becoming obsolete and major advances being made in the 20th and 21st century, resulting in aesthetics being less prominent in medicine and the experience of being sick. However, literature remains. The disease not understood provokes an effort to understand it— if not possible through science, the literary imagination seeks to fill that gap. Like tuberculosis, cancer has affected humans in every era, and like tuberculosis in the 19th century, there are treatments but not cures. According to Sontag,

cancer has replaced tuberculosis as the disease that “consumes” the patient, and brings with it its own unique metaphors, many of which appear to be the opposite of consumption’s. Where TB was seen as an illness that creates energy, cancer drains it; consumption speeds up time, cancer slows it. *Illness as Metaphor* has been cited in many studies as a key analysis of “illness as metaphor,” but the analysis it provides is limited to literature prior to 1978.

Given the continued prevalence of cancer as a literary motif today, this paper will aim to compare and contrast the contemporary literature with portrayals of tuberculosis in literature published in the 19th century while also reviewing Sontag’s initial comparisons to see if they still apply. This paper will discuss the use of illness as a device for relaying a social message on morals and/or lifestyles, and whether the device has changed over time. I have chosen tuberculosis and cancer because they have had similar influence in the “real” and literary world alike. In order to determine whether contemporary literature on cancer follows similar thematic trends as 19th century fictional literature on tuberculosis, I will be doing a comparative analysis between the two with a focus on language and narrative structure as well as the rhetorical purposes that I have identified in my research. I will be referencing Susan Sontag’s essay series *Illness as Metaphor* along with other sources discussed in the previous section for the general themes and the parallels drawn between the illnesses to provide a more concrete and guided basis for my analysis.

“Sick-Lit”

To select comparable sources, I have identified four traits each source should have. The book must have been published in the 21st century (with the exception of one book published in

October 1999– exclusion by two months seems arbitrary, and its popularity arguably rose in 2002 when the movie adaptation was created), and widely read and well received (measured by literary accolades or placement on reputable best-seller lists). A character must have cancer, with their disease being a major element of their narrative. Although I have not made it an exclusive factor, target demographic of the book is to be considered, as most of the literature I have found following the criteria is aimed toward children or young adults. The complete list is as follows:

A Monster Calls

Me and Earl and the Dying Girl

A Walk to Remember

Kira-Kira

Ways to Live Forever

Before I Die

The Fault In Our Stars

A Monster Calls follows a thirteen-year-old boy named Conor whose mother is terminally ill with an unspecified cancer. Conor's mother is relatively undeveloped over the course of the book. When she appears, she is usually exhausted but tranquil; she rarely complains, and instead mostly expresses concern about how her son is doing or apologizes for her symptoms. In short, she's actually quite insignificant outside of her basic identity as a mother with cancer. However, this lack of a typical parental figure (the father is largely absent and neglectful) distinguishes Conor from others in his peer group. Conor's independent preparations for the day since his mother cannot make breakfast or clean leads to a remark by his grandmother

on how how thirteen-year-old boys shouldn't be going about those tasks of their own volition. Along with being independent, Conor is portrayed as lonely, quiet, and somewhat stoic, yet still noticeably upset about his circumstances, which manifests in occasional emotional outbursts when provoked. Over the course of the book, the reader is introduced to his conflicts such as his experiences being bullied at school (where his mother's illness is actually brought up to be used against him by his classmates), clashes with his grandmother who is to be his guardian if the mother dies, and his encounters with the titular monster who visits Conor and tells him three stories which function as moral lessons and are symbolic or directly translated to the events in his life. The book culminates with a nightmare taking place on a cliff revealed to be the manifestation of Conor's struggle with wanting his mother alive, but still wanting to literally "let go" of her in order to alleviate the pain of drawing out her death.

Kira-Kira is another children's book, and is about two nisei Japanese-American sisters; the narrator and youngest, Katie, is close to and looks up to the oldest, Lynn, who is considered to be more intelligent, beautiful, and generous in comparison. As a character, Lynn is allowed more complexity before and after her diagnosis— she's allowed to be superficial or angry on occasion— but at her base her character is "to look at the world...as a place that glitters, as a place where the calls of the crickets and the crows and the wind are everyday occurrences that also happen to be magic" (Kadohata 243). Katie assumes many of Lynn's characteristics after the anaemia and lymphoma diagnosis and subsequent death, in part because the household function deteriorates during the grieving process but also because of Lynn's final request for Katie to take care of the family and to consider going to university, which Katie consciously implements into her life. Likewise, the other family members change their behaviors as well. While Katie takes

on responsibility, her father's actions are especially motivated by honorability, and her mother becomes more compassionate toward others. Katie notes, "Before Lynn died, my mother would have done anything for her own family, but she would not have done much for another family" regarding her mother's decision to vote in favor of paid grief leave for another family in a similar situation despite some bitterness from not being granted that privilege herself (Kadohata 237). In short, character development in the surviving characters is modeled after an ideal left behind by Lynn, which seems similar in fashion to the death of Little Eva or Helen Burns. In place of martyrdom for stoicism and piety, Lynn passes on selflessness, intelligence/work ethic, and optimism.

A Walk to Remember has a similar narrative structure to *La Boheme*, where the female romantic interest, Jamie, is revealed to be dying late into the book. Like Mimi and consumption, Jaime's private knowledge of having terminal leukemia prompted her to act on her list of things she wanted to do in life which she may not have done otherwise. Sparks also minimizes the symptoms of cancer and cancer treatment, focusing instead on her weight loss, weakness, dizziness, pallor, and low body temperature, which all, with the exception of being connoted with vitality, correspond to symptoms typically described in consumptive characters. These symptoms are also supplemented with statements such as "Despite all this she still looked beautiful" and "Yet her eyes, those soft blue eyes, were as lovely as ever," which keeps Jaime from being unattractive in addition to being unhealthy, perpetuating the notion that the death of a young woman must be beautiful (Sparks 177, 188). This novel also avoids the length of time Jaime actually spends being ill in favor of a timeline more akin to that of a "galloping consumption". When Landon (the male romantic counterpart and narrator) discovers Jaime will

die, he notes he “had started to spend time with her only a few months earlier, and I’d been in love with her for only eighteen days” (Sparks 170). Like other romantic plots in literature like *La Dame aux Camelias* or *La Boheme*, the tragedy is in transience.

Me and Earl and the Dying Girl, a young adult novel, is about a teenager, Greg, who is forced to reconnect with a childhood friend who has leukemia. It’s made clear very early on that Rachel, the friend in question, would not be making any philosophical, profound discoveries in a near-death moment of enlightenment–

“This book contains precisely zero Important Life Lessons... there are definitely no sugary paradoxical single-sentence-paragraphs that you’re supposed to think are deep because they’re in italics. Do you know what I’m talking about? I’m talking about sentences like this: *The cancer had taken her eyeballs, yet she saw the world with more clarity than ever before*” (Andrews, 3).

The author attempts to establish upfront that it will counter pre-existing plots and purposes characters with cancer have stereotypically filled in the past. It could also be argued that what the author is attempting to subvert is a remnant from the various consumptive tropes, or more broadly a continuation of the perception that people near death are more attuned to the “truth” of the way things are. For the most part, Rachel doesn’t offer any profundities, and the majority of the book is less about her and more about Greg’s navigation through high-school. *Me and Earl and the Dying Girl* makes Rachel a nearly blank character, since “She orchestrated our conversations so that [Greg] did the talking and she did the listening” describes quite accurately any scene where Rachel appears (Andrews 90). However, the key character development for Greg, his decision to take his filmmaking hobby seriously by applying to film school, was

heavily influenced by Rachel telling him “I want you to take your films and apply to them...That’s the only thing that I want you to do,” as one of the only people to enjoy his films(Andrews 268). This is one of the only outright requests she makes, and although this book isn’t quite about her entirely, using her life and death as the catalyst for Greg’s development of self-esteem doesn’t subvert pre-existing tropes as much as the book supposedly sets out to do.

In another YA novel, *The Fault in Our Stars*, Hazel and Augustus (Gus) both have cancer, which affects their own development and their relationships with family, friends, and partners. The narrator, Hazel, is presented as a somewhat unimpressive person who, because of her illness, spends her time in a sedentary routine, while Gus serves to force her out of the routine. Like *Me and Earl and the Dying Girl*, *The Fault in Our Stars* also aims to avoid popular tropes by making characters aware of those tropes. Caroline, a girlfriend of Gus’ who passed away before the events of the novel, is explicitly used as an example to detail problems with the aestheticized cancer patient–

“The thing about dead people...The thing is, you sound like a bastard if you don’t romanticize them, but the truth is... complicated, I guess. Like, are you familiar with the trope of the stoic and determined cancer victim who heroically fights her cancer with inhuman strength and never complains or stops smiling even at the very end, etcetera?... I mean aside from us obviously, cancer kids are not statistically more likely to be awesome or compassionate or perseverant” (Green 173).

Gus’ inclusion of himself and Hazel as part of the “awesome...compassionate... perseverant” group is clearly meant to be facetious, but is ironically how their characters are expected to– and do– act throughout the novel. Both characters express their insights on the

experience of being ill throughout the book, are portrayed as intelligent, intellectually precocious teenagers, and are prone to relating the illness to philosophies on life and death, e.g. “Depression is a side effect of dying. (Cancer is also a side effect of dying. Almost everything is, really)” (Green 1). When Gus dies, he leaves behind a letter written during his final period of declining health summarizing what he had learned about himself and Hazel from their time together. However, whether the illness is romanticized is debatable. While the two main characters are given a prudent worldview as a result of their illness, the negativity of the physical and mental symptoms is rarely understated, with explicit descriptions of physical deterioration throughout the final third of the book. However, the trope perpetuated and in the tradition of the consumptive era is that of superior intellectual capabilities, both creative and moral, rather than aesthetic value. Gus’ letter, for example, emphasizes his admiration of Hazel’s ability to “leave a lesser scar” on the earth and calls it “the real heroism,” and as mentioned before, the two are also seen as uniquely astute in their perception of the world (Green 312).

Sontag notes, regarding forms of cancer, “in the hierarchy of the body's organs, lung cancer is felt to be less shameful than rectal cancer. And one non-tumor form of cancer now turns up in commercial fiction in the role once monopolized by TB, as the romantic disease which cuts off a young life” (Sontag 17). Out of five books, three have characters with leukemia, or in the case of *Kira-Kira*, a non-tumorous cancer and an additional disease which both affect the circulatory system. (*A Monster Calls* doesn’t specify the cancer, so in that way, it is also exempt from implications of organ function.) *A Walk to Remember* notes the metaphorical effect in saying “Leukemia is a disease of the blood, one that runs its course throughout a person’s body. There was literally no escape from it as long as her heart was still beating” (Sparks 184).

This emphasis on blood, although inexplicit in cancer, does seem to reflect a tradition of invisible, pervading diseases circulating through the body. This reflects the image of consumptive characters, and the effects, again mentioned by Sontag, seem similar: “John of Trevisa: ‘Whan the blode is made thynne, soo folowyth consumpcyon and wastyng’” (Sontag 9).

A significant trope present with literature on tuberculosis but mostly absent with cancer is the progression of a flawed person being transformed by their disease. This role has been transferred to the primary character who interacts with the person with the illness. For *Kira-Kira*, *Me and Earl and the Dying Girl*, and *A Walk to Remember*, the narrator has a distinct flaw (each, interestingly, sharing un-studiousness among other traits) which is either changed or on the path to change after the illness of their friend or loved one. *The Fault in Our Stars* and *A Monster Calls* appear to be slight and distinct variations on this. *The Fault in Our Stars* is the only book where the narrator herself was ill (in with the narrator’s role in literature also regarding tuberculosis) which has a significant role in her experiences, although her boyfriend’s sudden decline in health and death is arguably the major factor in her personal development. In *A Monster Calls*, Conor’s problems are diverse but stem from his mother’s illness, so his development is rooted in coming to terms with the illness’ inevitable outcome and effect on his future. In this way, his flaw was his emotional state from his mother’s illness, and the events of the book are the cause of change rather than the mother’s illness.

Only one main character with cancer is male (Gus from *The Fault in Our Stars*), but the portrayal of his illness does not appear to be as disparate from women with cancer, as was the case in *A Portrait of a Lady* and *The Story of a Nobody*. The fact that so few characters with cancer were men does speak to a continued association of illness as feminine, as well as the

depiction of the symptoms in particularly *Kira-Kira* and *A Walk to Remember*, although perhaps the absence of a drastic gendered difference in characterization indicates a step away from that tendency.

Cancer doesn't explicitly affect the sexualization one way or another for the characters afflicted, but the characters with cancer are desexualized. Rachel in *Me and Earl and the Dying Girl* is immediately disregarded as a romantic or sexual character, to which Greg says he "was worried this would become necessary with Rachel, but thank God it did not," and Jaime in *A Walk to Remember* is considered a sweet, innocent, devoutly Baptist daughter of a protective preacher, and she is also never sexualized as a result (Andrews 90). *The Fault in Our Stars* acknowledges desexualization through describing a circle within a circle, and joking "The larger circle is virgins. The smaller circle is seventeen-year-old guys with one leg" (Green 119). Books where the character is a family member (seemingly more common than in books about tuberculosis) are obviously lacking the romantic or sexual component. Part of this could be due to how young the characters are in comparison to the twenty-year-old consumptive characters who had been sexualized, but also because many of the "moral of the story" takeaways of these books parallel the effects of Helen Burns and Little Eva, so avoiding implications of hypersexuality or promiscuity would be important to that narrative.

An awareness of storytelling stereotypes is not seen in the previously examined literature on consumptives, and in this sample, seems to be present in a specific subgroup of cancer sick-lit from the 21st Century: YA fiction and humor. While tragedy and romance/friendship carry the events of each written work discussed in this paper, the element of humor is potentially an outlier, as none of the literature from the 19th Century that is discussed in depth is comedic in

nature. However, in the period after tuberculosis began to be demystified and thus de-romanticized, Thomas Mann's 1924 novel *The Magic Mountain* had an ironic, arguably humorous take on tuberculosis. Albeit, illness is also a metaphor in *The Magic Mountain* for problems in post-war Europe, but it primarily conveys sincere lessons on life and death, and illness was almost prerequisite for characters to have these insights. Susan Sontag writes "Mann's novel is a late, self-conscious commentary on the myth of TB. But the novel still reflects the myth," meaning that awareness can still perpetuate (Sontag 35).

Finally, there's a significant element from prior analyses of cancer in culture and literature that these books are missing, which is the militaristic metaphor, which is seen in language used like "battling" cancer, or tumors that "invade"-- invoking something that needs to be exterminated or defeated. Sontag makes the argument that that bleeds into rhetoric, notably in matters of state and ideology, and that hyperbole could negatively impact people with cancer. The implication of "winning" and "losing", where losing is dying, excludes people who have non-terminal cancer, leads to feelings of guilt, and puts responsibility to not die on personal effort. A recent study by Lancaster University comes to the same conclusions, but also mentions the battle metaphors are potentially useful for efforts like awareness and fundraising— which is to say, battle metaphors serve to attract people who aren't sick, and who aren't personally subjected to the metaphors that appeal to them (Cooper 1; Demmen 207) However, in the 5 books, associations of "bravery" with stoicism were present, but aside from that and likening cancer to an invasion occasionally, militaristic language wasn't all too pervasive. This isn't to say the metaphor is nonexistent today, and especially given the potential parallel between how

cancer metaphors don't typically benefit the person with cancer, an analysis on that subject with other books or other forms of media may produce interesting results.

Conclusion

Susan Sontag is among those who hold the opinion that the element of metaphor should be removed from depictions of illness in literature, and recognizes tuberculosis as a precursor to the modern iteration, saying "Many of the literary and erotic attitudes known as 'romantic agony' derive from tuberculosis and its transformations through metaphor" (Sontag 29). She argues a key difference, however: "Nobody conceives of cancer the way TB was thought of—as a decorative, often lyrical death... it seems unimaginable to aestheticize the disease" (Sontag 20). This assertion is debatable. Although the cancer physicality may be beyond physical aestheticization, literature today reflects an emotional aesthetic in the fashion of the "Little Eva" trope combined with a reforming quality which affects those around the character who is ill, only now translated to teenagers and young adults. A tendency to attach metaphors to symptoms, as well as portray sick people primarily as catalysts for the philosophical change of others, persists. Despite some awareness, authors continue to perpetuate monolithic ideas of what the disease is like, and while well intentioned, lingering preconceptions may affect individuals in the real world, and limit the value of their necessary representation in literature.

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