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# ‘Literary Configurations of Illness and the Refiguration of Health and Well-being’

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## [Monika Class] Literary Configurations of Illness and the Refiguration of Health and Well-being

Hilary Mantel's *Giving up the Ghost* (2003), Gillian Rose's *Love's Work* (1995) and John Bayley's *Iris: A Memoir of Iris Murdoch* (1998) communicate subtle insights into health. Notably, these literary memoirs resist health in the terms of the bio-politics of the population (Foucault 1981, 139). If we presuppose this Foucauldian concept, staying healthy can be said to morph into a mode of "self-discipline" when one is "being governed from the outside" (Gastaldo 1999, 118). Such a notion of health regulates individual subjects by reinforcing governmental control for the benefit of the state and the population at large. In turn, ill health then does not only entail multiple social failure, such as being unproductive, or profitless, but – by way of the sufferers' internalisation of disciplinary power – ill health, especially when it persists over an extended period of time, also brings about feelings of guilt as if the sufferers' ailments were their fault. From this advantage point, chronic ill health becomes conflated with the neglect of, or even the wilful offence against, self-management. The three present auto/biographies advocate no such idea. They do not promote 'healthy' lifestyle for the sake of bodily self-optimization, the enhancement of individual productivity, nor the prevention of disease (Gastaldo 1999, 113-14). Nor do they belong to the group of popular memoirs and books on self-help, that "have infused our everyday understandings of who we are, what we might become and our own responsibility for determining our own well-being" (Aktinson 2015, 48). In contrast to self-help books, these literary memoirs do not offer any direct advice for the restitution of health or well-being either (Broughton 2008, 345-46). Indeed, readers in search of practical guidelines might be disappointed with these three publications.

The special insights into good health and well-being which these works proffer in sophisticated, and, at times, provocative ways have to do with the fact that all three have been subsumed under the category 'illness narrative', owing to the fact that author-narrators include their story of illness in the life narrative (in the case of Bayley: the story of caring for an ill person). One of the remarkable ideas which these memoirs allow us to recognise is the curious phenomenon that our experiences of good health are more prone to feel disembodied than embodied. One might object that our experiences of health are not generalizable. Nonetheless, they can be described phenomenologically by philosophers while the resulting philosophical descriptions can serve as heuristic models including reader reception. The present argument operates on the assumption concerning health that a number of medical anthropologists and philosophers provide, namely that "health is," as René Leriche notes, "life lived in the silence of the organs" (cited Canguilhem 1989, 91). Accordingly, bodily discomforts usually heighten our sense of embodiment. In contradistinction from health in the terms of bio-power, the states of health and well-being which Mantel, Rose, and Bayley evoke in their auto/biographies are capacious and credit ill health with an integral role for good health. As such these works resonate with Hans-Georg Gadamer's observation that "health always stands in a horizon of disruption and jeopardy" (my translation, Gadamer 1996b, 142, see Gadamer 1996a).<sup>1</sup> In brief, these memoirs suggest that understanding well-being cannot do without understanding illness.

The formal tensions between story and narrative discourse in Mantel's *Giving up the Ghost*, Rose's *Love's Work* and Bayley's *Iris* throw into relief the reciprocity of experiences of illness and well-being. The three works of literature negotiate health and well-being on the level of text-reader interaction, for which the narrative discourse is key (besides other elements of these printed books). Narratives, as defined by H. Porter Abbott, is the "representation of events, consisting of *story* and *narrative discourse*, **story** is an *event* or sequence of events (the *action*), and **narrative discourse** is those events as represented" (16). *Giving up the Ghost*, *Love's Work*, and *Iris* harness the tensions between events revealing drastic changes in bodily conditions (e.g. Iris's near drowning) and the defamiliarizing representation thereof. The story level especially in Rose's and Bayley's memoirs tends to dissolve into incoherence while the narrative discourse takes over and makes demands on readers. This formal dynamic questions and reinforces the boundaries between illness and well-being while it emphasises the ambiguity of life. The author-narrators evaluate experiences of physical discomforts in unconventional

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<sup>1</sup> Gadamer's essay in German, entitled "Über die Verborgenheit der Gesundheit", has appeared in English translation under the title "The Enigma of Health".

ways (withholding diagnosis, misleading readers, rejecting sympathy) and thus encourage readers' re-evaluation and above all the destigmatisation of chronic conditions and terminal illness (Endometriosis, ovarian cancer, Alzheimer).

On a more basal level, readers' engagement with literary configurations of physically debilitating experiences (a pain attack) brings readers' visceral constitution into focus and thus taps into and influences their embodied consciousness. Reading these literary memoirs could be cast as a mental exercise in feeling with others. Besides empathy, the present essay suggests that there is a significant element of self-interest involved in reading these literary memoirs of illness, especially for healthy readers. On the basis of Leder's phenomenology of absent body, reading about bodily disfunction can be said to heighten the experientiality of health and well-being. Put simply, reading these literary memoirs of illness is likely to remind readers of their own organs. The more readers' experiential background (still) lacks experiences of physical disruption, the higher the potential that these memoirs will shift health and well-being into their focus. Moving beyond the dichotomy of health and disease, growth and decline, the reader's interactions with the representations of bodily states in these literary memoirs are likely to heighten readers' awareness that they *are* their bodies.

## 1. The Lived Body, Health, and Well-being

Three interconnected arenas of study underpin my present analysis: first, the phenomenology of the lived body; second, illness narrative and body writing as a branch of life writing; and, third, reader-reception theory and hermeneutics. On the most basic level, I assume the subject position to be "the lived body", which refers to one of the foundational concepts that Edmund Husserl established as part of phenomenology. The "lived body" describes the subjectively experienced body in contrast to the objectified physical body perceived from the external perspective. Whereas the German lexeme "Körper," derived from Latin "corpus," stands for the objectified body, for which the meaning of English "corpse" marks one end of the bodily spectrum, the German "Leib," derived from Germanic "lîp," signals that the body is still predicated on life inasmuch as "lîp" used to connote both life and body, which represents the other extreme of the bodily spectrum (Alloa and Depraz 2019, 11).

Maurice Merleau-Ponty made a vital contribution to the development of the Husserlian concept of the "lived body". His phenomenology of perception posits the lived body as the seat of embodied selfhood. Accordingly, the lived body (also called "one's own body" or "living body") manifests itself through sensory experience (Merleau-Ponty 2012, 92–99; Landes 2012). Our five senses are not just a means to connect the world inside our heads with the outside. Rather, our bodies constantly perform a double sensation acting simultaneously as perceiving subject and the perceived object, seeing, touching, and feeling, and being seen, touched or felt. "We *are* our bodies", Havi Carel observes, "consciousness is not separate from the body" (Carel 2008, 13). At the same time, the lived body is always already situated in mutable power structures and local specificities. As such, the lived body is profoundly relational.

The relationality of the lived body can be seen in the conceptualisation of health and well-being that the World Health Organisation uses. The *WHO European health report* (2018) identifies the need "to pay close attention to lived experience" and "to investigate how social, cultural, and economic factors have influenced developments in medicine and health care and shaped subjective experiences of health and disease" (82). The authors observe that "well-being has long been recognized as an important component of health. In 1948, WHO defined health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'" (81). They add a supplementary definition of well-being, according to which well-being has "two dimensions: subjective and objective. It comprises an individual's experience of their life and a comparison of life circumstances with social norms and values" (81). Key to the subjective notion of well-being here is its experientiality.

The differentiation between health and well-being, it is possible to say, represents a parallel to the distinction of disease and illness introduced by Arthur Kleinman: whereas disease recasts discomforts in "theories of disorder", "illness is the lived experience of monitoring bodily processes such as respiratory wheezes, abdominal cramps, stuffed sinuses, painful joints" (1988, 4–5). This parallel does not extend to a comprehensive analogy, though. WHO subsumes well-being under health. For Kleinman, the category of disease is on par with, and interrelated to that of, illness. It takes narrative to capture patients' lived experiences, which in turn have transformative value for patients and practitioners (Whitehead and Woods 2016, 4). Irrespective of therapy, what matters for the purposes of the present argument is two-fold: first, each of Kleinman's examples notably consists of bodily functions that we

usually are not aware of. We feel our joints only when they hurt. Otherwise they are absent from our consciousness. Second, the concept of illness and that of well-being have the special focus on lived experience in common – lived experience that attains distinct visibility by means of emplotment. Accordingly, I will use the terms “illness” and “well-being” to refer to narrative registers for the collective and individual experiences of lived bodies and “disease” and “health” to point out the subsumption of such lived experience in terms of nosological classifications and normalcy. The terminology does not imply any ontological difference.

## 2. Embodiment, Configuration, Refiguration, and Prefiguration

The distinction of the lived versus the objectified body has served as a basis for a fundamental critique of the Cartesian dichotomy between the “body” and the “mind”. Cultural theorisations of the concept of embodiment have the common goal to move beyond the body/mind dualism and the nature/culture dichotomy (Hartung 2018 9; Fox 1999). In this spirit, the lexeme “embodiment” in the present article connotes the embeddedness of our intertwined mental and somatic being in our environment.

Embodiment is a key notion in the recent extension of narratology to enactivism. Enactivist narratologies like Marco Caracciolo’s *The Experientiality of Narrative*, Yanna Popova’s *Stories, Meaning and Experience*, and others are based on the concept of the embodied mind, which was explicated by Francisco J. Varela, Evan Thompson, and Eleanor Rosch in their foundational monograph *Embodied Mind*.<sup>2</sup> The embodied mind derives from phenomenology, especially the work of Merleau-Ponty (Gallagher 2005). “Put simply, enactivism is an alternative to the formalized, exclusively language-based description of thought processes that have dominated the sciences of mind until very recently” (Popova 2015, 4). Caracciolo applies enactivism to the notion experientiality introduced by Monika Fludernik, who defines it as “the quasi-mimetic evocation of ‘real-life experience’” (1996, 12) and thus bases her concept primarily on language. By contrast, Caracciolo’s concept of experientiality connotes “the sum of all story-driven experiences” (Caracciolo 2017 [2014], 50). The enactivist definition of experientiality reinforces the agency of readers in ways that have been theorised similarly before. Notably Wolfgang Iser’s *The Act of Reading* postulates that the text only has a meaning when it is read. Likewise, Paul Ricoeur’s mimetic theory insists: “Without a reader to appropriate it, there is no world unfolded before the text” (1991, 395). But Caracciolo’s concept of experientiality has been criticized for running into the paradoxes of the nonpresentational nature of experience (Ryan 2016, 376). Nonetheless, Caracciolo’s model does much for the conceptualisation of embodied reading experiences, since it integrates readers’ embodied consciousness into the concept of experientiality, formulates the latter as a phenomenon of coproduction, and reformulates Iser’s reader repertoire as the experiential background, which connotes the repository of embodied cognition readers can tap into during and after the act of reading. Recent enactivist approaches are helpful for gauging the role of readers’ embodied minds in the act of reading.

It is possible, however, to conceptualise embodied reading experiences without the full detour of recent enactivist philosophy of mind. This is the alternative route the present essay pursues. It returns to the hermeneutic phenomenology that underpins natural narratology as well as enactivist narratology, namely Paul Ricoeur’s work. This mimetic theory evolves over the course of the three volumes of *Time and Narrative*. Each volume covers one of three of experiential stages (mimesis<sub>1</sub> “prefiguration”, mimesis<sub>2</sub> “configuration”, and mimesis<sub>3</sub> “refiguration”). Accordingly, the third volume systematizes reading experiences at the intersection of diegesis and reality by engaging closely with the works of the School of Constance published in the 1970s and 80s.

For Ricoeur, reader-text interaction brings about intervention in the real world. He defines “literary configuration” as the “inscription” of the authorial “persuasion strategy” (Ricoeur 1991, 390). “Inscription” here connotes the sum of expressive devices on the level of narrative composition used by authors including emplotment, characters and landscape (Ricoeur 1984, 64-76). Accordingly, “literary configuration of illness” means the inscription of this strategy, namely to communicate the experience of the lived body including the disruptions caused by disease. The meaning of literary configuration ultimately depends on refiguration according to hermeneutic phenomenology. According to Ricoeur, refiguration designates “the power of revelation and transformation achieved by [literary] configurations

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<sup>2</sup> The field of the enactivist school, which revolves around the “E’s” (embodied, enactive, embedded, engaged), is vast and burgeoning. For a recent overview see the special issues on situated (embodied) cognition in *Poetics Today* (2017) volume 38.2 edited by Ben Morgan.

when” the reader applies them “to actual acting and suffering” (1991, 339). Refiguration, in other words, connotes the response of readers in terms of an experience considered individually or collectively. Refiguration as the intersection of the world of the text and that of readers marks the crucial intersection at which the work of literature takes on meaning in the real world. During and after the reading process, readers can be said to compare their reading experiences with, and potentially apply them to, their understanding of the real world. These refigurations form part of embodiment.

Similar to enactivist theory, the present essay assumes that embodied consciousness is what readers bring to the table of literary configuration. The lived body offers a repository of sensorimotor memories and mental visualizations that serve as the repertoire, or “experiential background”, which readers tap into to bring literary configurations to life. Ricoeur calls this vast repository “prefiguration”. For him, prefiguration comprises “our pre-understanding of the world of action” (1984, 54). Within my present heuristic reader model, Drew Leder’s phenomenology of surface and depth body serves as not a static placeholder but as a conduit for prefiguration (Leder 1990, 107). Leder’s theorization offers valuable insights into the interdependence of well-being and illness for the lived body. Leder extends Merleau-Ponty’s *Phenomenology of Perception* to the visceral body, which we usually pay little or no attention to while reading attentively. I call this model the “visceral reader”.

### 3. Health and Dualism

Leder’s monograph *The Absent Body* (1990) offers an innovative heuristic model for the experience of health. Scholars in the theatre and literary studies have applied it to enactment and embodied narration (Hazou 2008, Matlok-Ziemann 2018). Ellen Matlok-Ziemann, for instance, applies Leder’s dis- and dys-appearance to Eudora Welty’s “A Worn Path” in order to read the short story as an example “for overcoming the binary of decline stories and progress narratives of successful ageing” (Hartung 2018, 15). Likewise, Leder’s concept is useful to elucidate the manner in which Mantel’s, Rose’s, and Bayley’s memoirs transform the dichotomy of illness and well-being and undermine the teleology of decline as well as that of progress.

The main innovation that Leder’s book makes to the lived body is two-fold. In the *Phenomenology of Perception*, Merleau-Ponty confines embodiment to the sensorimotor surface of the human body, on which and across which perception takes place. By contrast, Leder extends the notion of embodiment to our viscera (Leder 1990, 104). Broadly speaking, Leder focuses on the observation that health is a state in which we take our body for granted. Drawing on Gestalt psychology, Leder explains that “in good health [...] body surface and depth disappear by virtue of their unproblematic operation” (1990, 103). Central to his theory of health is that our viscera lie outside of our consciousness when nothing hurts (Leder 1990, 53). Like Leriche, he explains health largely through our oblivion of our viscera when we feel fine.

For this purpose, Leder introduces the “recessive body”, which consists of the digestive, respiratory, cardiovascular, urogenital and endocrine systems along with the spleen. Our inner organs are basically “unexperienceable” for us. Leder calls this “depth disappearance”. Analogously, Leder introduces the concept of “surface disappearance”, which pertains to the sensorimotor surface of our bodies (also called “surface” or “ecstatic” body). Leder illustrates the focal disappearance of the surface body with the observation that our eyes disappear from our perceptual field when we look at a tree for instance; indeed, we cannot see ourselves seeing. All sensory perceptions are depicted as the body’s surface falling away from conscious awareness. Leder emphasises that the perceptual field is directed away from sensory organs (Leder 1990, 14–15). This description suggests that inasmuch as embodiment manifests itself through our sensory perception, “we tend to turn away from [our bodies] while turning toward that which it perceives” (Lafrance 2019, 171). Lafrance points out that Leder’s description disregards a whole range of embodied activity from feeling one’s heartbeat when doing sports to brushing one’s teeth (Lafrance 2019, 171). Experiencing hunger is a case point. Drawing on Ricoeur, Leder observes that visceral experience tends to elude bodily localisation, ““this strange mixture of the local and non-local’ that is encountered in phenomena such as pain, hunger, thirst, and all vital needs” (1990, 41). Pain features here alongside other vital needs as a diffuse experience. Both Leder’s depth and surface disappearance elucidate the ways in which our bodies tend to fade into the background while we feel fine; indeed, both depth and surface disappearance highlight a remarkable, hidden quality of our bodily experience especially in states when we feel fine and healthy.

Moreover, Leder presupposes that consciousness is always already embodied. However, this assumption does not preclude that our consciousness feels sometimes detached from our bodies: “We may well be our bodies”, Marc Lafrance paraphrases Leder, “but our bodies do not always feel like us” (2019, 171). Leder develops this tendency into a fully-fledged explanation for the dominance that the body-mind dualism has wielded over Western cultures. He correlates embodiment with illness, and, conversely, the mind-body dualism with health. It is in periods of relative health and well-being that the body seems to disappear and to be “absent from consciousness” (Lafrance 2019, 170). This insight questions the correlation of being embodied with identifying with one’s own body and thus makes room for alienation and alterity within embodied subjectivity in health although alienation is otherwise often exclusively associated with illness. Central to Leder’s theory is that health can be characterised by our unawareness and oblivion of our bodies (Leder 1990, 91).

This (healthy) *disappearance* of the surface and recessive body from consciousness is Leder’s main explanation for the enormous success of the “Cartesian paradigm” in the history of ideas and Western culture at large (Leder 1990, 3). Inasmuch as healthiness tends to conceal our embodiment to us, illness, discomfort or chronic pain (in our surface and depth body) tend to throw into sharp relief the porous boundaries between disrupted embodiment (illness) and disembodied disappearance (well-being). Leder calls this foregrounding of our bodies through discomfort “*dysappearance*”, as in disappearance with the Greek prefix “*dys*” signifying bad, hard, or ill (Leder 1990, 84, Lafrance, 2019, 170). Moreover, Leder compares the relation between wellness and illness to that of silence and speech (Leder 1990, 91). His theory strongly supports the view taken in the field of the study of illness narratives, which credits sufferers’ stories with a special predisposition to communicating the complexities of what it means to “be a body”.

#### 4. Illness Narratives, Now and Then

Mantel’s *Giving up the Ghost*, Rose’s *Love’s Work* and Bayley’s *Iris* are usually grouped together with other memoirs of illness within the literary segment of the book market. Stories about illness had never been such a recognised publishing phenomenon in English-speaking countries as they are today. They form part of the pervasive memoir boom and are regarded as a distinct genre (Couser 2011, Rak 2013). Paul Kalanithi’s *When Breath Becomes Air*, the memoir of a young neurosurgeon faced with a terminal cancer, was the winner of goodreads choice award 2016; memoir in form of a collage about a young girl dying at the age of 16 written by her family Esther, Lori and Wayne Earl with the title *This Star Won’t Go Out: The Life and Words of Esther Grace Earl* won the same prize in 2014. According to Neil Vickers, the term “illness narrative” in current publishing practice is used for “any text in which illness plays a conspicuous part” (Vickers 2016, 388). Regarding book-size illness narratives, Anglo-Saxon publishing houses have made available a wide spectrum of fiction and non-fiction about illness, which reaches across the divide of high and popular culture (Vickers 2016, 388). At the higher end of this range, we find narrations written by celebrated literary authors about their lived experience of illness. One of the most recent examples is the autobiographical account written by the Irish novelist Colm Tóibín about his diagnosis and treatment for testicular cancer, which appeared on the first pages of the *London Review of Books* in April 2019. Under the heading “Instead of Shaking All Over, I Read the Newspaper [...]”, Tóibín narrates how he responded to the physical ailment and chemotherapy that temporarily took over his life (Tóibín 2019). Beforehand, the *LRB* featured Jenny Diski’s cancer diary as a monthly column, which Bloomsbury subsequently published as the book-size memoir *In Gratitude* (2016). In the U.S., Oliver Sacks, who had been diagnosed with terminal cancer, narrated his dying in several first-person accounts that appeared in the *Times*, after Sacks had published influential third-person accounts about people suffering from neurological impairment (Couser 2016, 7).

Other book-length examples of the high-end spectrum of illness memoirs are the literary and philosophic memoirs such as Philip Roth’s *Patrimony: A True Story* (1991), Joah Didion’s *The Year of Magical Thinking* (2005) and *Blue Nights* (2011), Andrea Gillies’ *Keeper: Living with Nancy, a Journey into Alzheimer’s* (2009), Candia McWilliam’s *What to Look for in Winter: A Memoir in Blindness* (2010), and Nick Coleman’s *The Train in the Night: A Story of Music and Loss* (2012). Since 2009, the prestigious Wellcome Book Prize has awarded a substantial sum each year to the winning author of a new work of fiction or non-fiction in English that engages “with some aspect of medicine, health or illness” (Wellcome Trust 2019). The annual shortlists usually include at least one auto/biography of illness. These factors suggest that illness narratives are well established in high culture in English-speaking countries today. The evolution of illness narratives can be divided in three waves. As I shall

explain, Mantel's *Giving up the Ghost*, Rose's *Love's Work*, and Bayley's *Iris: A Memoir of Iris Murdoch* belong to the third stage, which began in the 1990s, when certain memoirs of illness were received into the contemporary Anglo-Saxon literary market.

What can be seen as the first wave of illness narratives started in the Anglo-Saxon niche book market in the second half of the twentieth century. At this stage, illness narratives "were mostly self-help books" (Vickers 2016, 388). The term "self-help" refers to the tendency of illness memoirs to select for a readership with a similar condition as the sufferer in the book. The first major survey of biographical and autobiographical accounts of illness in English, Anne Hunsaker Hawkins' *Reconstructing Illness* observes that "book-length personal accounts of illness are uncommon before 1950 and rarely found before 1900" (Hawkins 1993, 3). Drawing on Freudian terminology (Rycroft 1995, 127), Hawkins used the term "pathography" to denote "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (1993, 1). Hawkins's explanations for the significance of pathographies was two-fold: pathographies react, firstly, against the typical twentieth-century view that serious illness can be "isolated from an individual's life" and, secondly, against the "dominant biophysical understanding of illness" (1993, 11). While pathography places a certain emphasis on pathological processes, pathognomonic signs, and dysfunction, the common use of the term "illness narrative" is more capacious, extends to fiction, and "need not pay any attention to the biological aspects of the illness's experience" (Vickers 2016, 399). Hawkins detected a major change in pathographies in the 1970s. Post-1950s illness narratives were mainly driven by didactic and altruistic principles. They were meant for sufferers as a reinforcement of "a positive attitude towards medicine" in so far as they tried to convince their readers to keep up the faith in modern medicine and its therapies (Hawkins 1993, 4).

What can be called the "second-wave" illness narrative started in the 1970s. By then, pathographers like Norman Cousin in *Anatomy of an Illness* (1979) took issue with the "dehumanising experiences that are so common in medical institutions" (Jurecic, 2012, 8). One might say that the pain and frustration that often accompanies medical treatment started to replace the faith in modern medicine in these second-wave pathographies. During this period, the "Women's liberation, with its signature manifesto *Our Bodies Ourselves*, supported breast cancer narrative; the gay rights movement encouraged AIDS narrative in response to the deadly epidemic; and the disability rights movement stimulated a surge in narratives of various disabilities" (Couser, 2016 3).

The third wave of illness memoirs coalesced with the period in 1990s when academics paid increasing attention to, and started to map the territory of, illness narrative (Couser 2016, 4). Central to this development was the combination of the study of illness narrative with identity politics. In analogy to the concept of "writing back" in postcolonial studies (Tiffin 1987; Ashcroft, Griffiths, and Tiffin 1989), Arthur W. Frank notes that "the post-colonial impulse is acted out less in the clinic than in the stories that the members of the remission society tell each other about their illnesses" (Frank 1995, 13). Likewise, important book-size studies such as Thomas Couser's *Recovering Bodies* have taken the cue from the above-mentioned liberation movements and collectivised experiences of cancer, AIDS and deafness as forms of "counterdiscourse" (e.g. Couser 1997, 47, 51, 89, 221), opposing the latter to the dominant mainstream discourse in the name of bio-power. According to Couser, narratives of illness and disability help us to gauge marginalisation processes that take people's entire embodiment into consideration, including "gender and race" (1997, 12). Ever since, the literary and cultural studies of illness narratives have typically given deviance pride of place over normalcy. Couser coined the term "autopathography", adding "auto" to the above-mentioned "pathography", in order to distinguish "these new narratives, [in which] people with certain kinds of problematic conditions were writing about their own bodies, rather than leaving the job to medical professionals" (2013, 44-45).

A foundational contribution to this spirit was Frank's taxonomy of illness narratives, which distinguishes the "restitution narrative," from "chaos narrative" (a narrative at the boundary of dissolution with events lacking in contiguity), and "quest narrative" (the integration of illness in the person's life). Out of the three types, the restitution narrative is the most common but also the most conformist: "Anyone who is sick wants to be healthy again. Moreover, contemporary culture treats health as the normal condition that people ought to have restored. Thus the ill person's own desire for restitution is compounded by the expectation that other people want to hear restitution stories" (Frank 1995, 75). Frank's observation that contemporary culture considers health to operate as the default option for life in general is vital; and so is his conceptualisation of "restitution": On the one hand, Frank recognises the natural wish for anyone to make a full recovery. On the other hand, he reveals the highly



problematic nature of “restitution narrative” since this plot conforms to the often overbearing social pressures on sufferers to realign their bodily experiences to hegemonic discourse of normalcy, productivity and cost efficiency. By contrast, chaos and quest narratives have attracted more scholarly attention in literary and cultural studies since they enhance our understanding of illness as counterdiscourse.

During this (third) phase, another development occurred that resonated with the resurgence of academic interest in the topic: Whereas illness narratives had made up a niche in the book market, they gradually attracted the attention of wide intellectual readerships; indeed, it is fair to say that certain illness narratives became a part of high culture. Neil Vickers calls this ambitious category “literary memoirs of illness” (2016). His concept coalesces broadly with Couser’s term “body writing” (Couser 1997, 294). Whereas Vickers’s term points to literariness in terms of genre, form, and valorisation, the latter takes its name from the afore-mentioned special correlation of illness and embodiment: “illness and disability inescapably attend human embodiment” (Couser 2016, 3). “Body writing” should not be mistaken as a mere reference to some bodily content as it has been suggested (Linke 2019, 418–419). Rather, “body writing” pertains to the representations of embodied consciousness in life writing; indeed, it treats “the body’s form and function [...] as fundamental constituents of identity” (Couser 1997, 12). Examples for “body writing” include John Updike’s *Self-Consciousness* (1989), Sacks’s *The Man Who Mistook His Wife for a Hat* (1985), Lucy Grealy’s *Autobiography of a Face* (1994), Leonard Kriegel’s *Falling into Life*, Nancy Mairs’s *Carnal Act* (1990) and *Plaintext* (1986), John Hull’s *Touching the Rock*, Tim Brookes’s *Catching My Breath* (1995), or Andre Dubus’s *Broken Vessel* (1991) (Couser 1997, 291–94). As such, the concept “body writing” marks Couser’s attempt to elevate pathography to the literary acumen of modernist prose (Couser 1997, 75).

I suggest that *Giving up the Ghost* (2003), *Love’s Work* (1995), *Iris: A Memoir of Iris Murdoch* (1998) belong to this category of writing. As I shall explain, the term “literary memoir of illness” has the advantage over “body writing” that it concurs the genre label “memoir” used by Mantel, Rose, and Bayley (and their editors) in the paratext of their three publications. In the meantime, it suffices to say that the three texts are typical for the third wave of illness narratives because they address a wide intellectual audience, which consists of the well and the sick alike. All three make diverse and high demands on “any kind readers” and highlight the vital importance of embodiment for selfhood (Mantel 2007, 105); concomitantly, they communicate embodied subjectivity across the crumbling divide that separates the so-called kingdom of the well from the kingdom of the sick (Sontag 1978, 3). The arrival of memoirs of illness in high culture suggests that they address pertinent questions in a timely fashion. The pressures of bio power on individual lives have increased. The medical anthropologist Didier Fassin observes that the divide between “life as biology” and “life as biography” has hardened during the last century (Fassin 2018, 6): “[I]n the explorations of life as biological phenomenon, the shift from [...] bodies to molecules, has progressively reduced the understanding of life to its most basic material unit” (Fassin 2018, 8). The view that illness memoirs counteract the biological reduction of the body has been very influential in cultural and literary studies. At the same time, memoirs of illness highlight the limits of social constructivism; indeed, some illness memoirs can be read as complication of, and even a provocation against, the “Foucauldian idea” that the body is ultimately a matter of discursive construction (Vickers 2016, 398; Fox 1999, 114).

Not all illness memoirs and scholarship in this field necessarily “considers illness as a social and cultural construct” as it has been suggested (Baena 2017, 2). On the contrary, autobiographies of terminal illness, such as Rose’s *Love’s Work* and Brodkey’s *This Wild Darkness* (1996), challenge the “view that the body is a secondary product of the normative discursive system” (Avrahami 2007, 12). Einat Avrahami notes that “terminal illness narratives and photographs alert us to the problems that arise from treating historically specific bodies as textual, and rather passive, surfaces whose meaning is determined by social institutions and discourses” (Avrahami 2007, 12). Her monograph, *The Invading Body*, focuses on artistic illness autobiography and photography, crediting readers and spectators with the capacity to evoke the extratextual reality of the sufferer’s body in the text (Avrahami 2007, 15). Vickers notes that “literary memoirs of [...] tend to range far into the surrounding life” (Vickers 2016, 388). The experiences of illness in the memoirs written by Mantel, Rose, and Bayley operate partly like the eruptions of dysfunction into auto/biographical life; indeed, illness can be the point at which the reverberations of biology erupt into the writing and reading of *bios* (“life”). This tension within these works does not preclude the before-mentioned distinction between “disease” as the biological process and “illness” as the lived experience of this very process (Kleinman 1988, 4–5). Rather, this tension

points to the strong correlation of illness with embodiment and to a special predisposition of literary memoirs of illness to communicate embodied consciousness.

## 5. Paratextual Performance of Health and the Absence of Illness

A primary function of book covers is to encourage as many readers as possible to purchase and consumption. Paperback editions such as those of *Giving up the Ghost*, *Love's Work*, and *Iris*, make the books generally available for any interested reader. Tellingly, the front and back covers of these works omit the direct mention of illness, let alone of any specific disease. Instead the titles mainly promise romance and mystery under the guise of undisturbed normalcy. Only Rose's subtitle on the front page, "'In Memoriam: Gillian Rose' by Geoffrey Hill" indicates the author's decease as well as her achievements as a philosopher, while "cancer" is mentioned on the back cover. Moreover, all three dust jackets feature the term "memoir" as a genre indicator.

Memoirs are usually understood as the recollections of one or several bracketed periods of the writer's entire life (Smith and Watson 2001, 3): *Giving up the Ghost: A Memoir* begins with Mantel's working-class upbringing in a Roman Catholic family in Hadfield, near Manchester, in the 1950s, includes her time at University as a student of law as well as her life as a novelist, and ends with her settling down with her husband in their new home, lodged in the attic of a converted asylum in the early 2000s (Mantel 2007, 241). *Love's Work: A Reckoning with Life* offers Gillian Rose's episodic memories of her life and those of her Jewish family in Poland and her friends in New York irrespective of chronology. Moreover, in *Iris: A Memoir of Iris Murdoch* the author-narrator John Bayley offers reminiscences of his life with Iris Murdoch in the academic environment at Oxford from the 1950s until the early 1990s and interpolates these memories with the narrative present, which takes place roughly from 1994 until 1998. In these cases, "memoir" appears as a modest choice of genre compared to autobiography or biography, which would have been an option since the stories nearly narrate entire lives. The gatekeepers of high culture have tended to frown upon "memoirs" as "scandalous" and "titillating" publications that gave too much insight in the private lives of their so-called inferior authors (Smith and Watson 2001, 3). To add further blame, memoirs were often seen as a publishing boom, an easy opportunity for low-quality works about "the next hot topic" to be sold "to niche audiences" (Smith and Watson 2001, 127). Authors of memoirs were thought to be as "socially marginal" as their readers were.

In order to eschew such marginalization, the paratextual features of Mantel's, Rose's and Bayley's paperbacks do much to signal their intellectual prowess as well as their entertainment value. The front and back covers feature quotations of rave reviews from renown magazines and newspapers such as the *Sunday Times* (Mantel, Bayley), and quotations from public intellectuals such as Edward Said (Rose) as guarantees of high culture. Thus they appeal to a generally intellectual audience. Crucially, the three front covers latch on the traditional allure of romance and mystery: "love" features in Rose's title, "greatest love story" appears in the quotation from the *Observer* on Bayley's front cover, and "ghost" is part of Mantel's title. The insinuation of romance and mystery appeals to the widest reading audience possible. The implicit promise is entertainment, not a journey beyond the familiar territory of health. In Rose's case, the suggestions of romance in the title of the memoir does a great deal to prevent people who consider reading these memoirs from dwelling on the subtle traces of terminal illness in the small print on the front and back cover.

Furthermore, the elasticity of "memoir" as genre invites readers from the start to weigh various horizons of expectations against each other. The cover page of *Iris* illustrates this. Following the announcement of the author's name, John Bayley, we read the name of the protagonist, Iris Murdoch, and are informed in a cutting from the *Daily Telegraph* of John and Iris's "marriage." This information makes demands on readers to reflect on the dynamics of a husband's authorship of his wife's biography, including the blending of autobiographical and biographical writing in the case of a life shared together, the limits of subjectivities, and the possibility of alterity in self-writing (Erdinast-Vulcan 2018). The evocation of such deliberations are typical of the modernist forms of auto/biography writing (Schwalm 2019, 510). Such ambiguities tend to appeal to an intellectual readership. In *Iris*, readers' genre, cultural and personal expectations are complicated further by the ensuing disclosure in the main text that Iris Murdoch suffered from Alzheimer's disease and, concomitantly, that John Bayley acted as her caregiver. The targeted English-speaking audiences of *Iris* and of the other two memoirs probably either expect nothing less than the defamiliarization of the romance plot or, in Mantel's case, of the supernatural. In addition, the members of these audiences have probably been familiar with the works of Murdoch (as novelist and philosopher), Rose (as philosopher) and Mantel (as novelist). Part of the

appeal of these memoirs has to do with learning about the private lives of these public intellectuals. On the front and back covers, illness forms no part of these paratextual appeals to readers: the verbal text on the dust jacket gives potential readers the general impression of the story of a healthy, intellectual life revolving around romance or mystery. The paratexts simulate health in the dominant categories of heteronormative love and entertainment to attract an average, educated audience.

## 6. The Author-Narrator's Negotiations with Readers' Health and Well-being

We as readers are said to be bound by the “autobiographical contract,” according to which we agree to trust and believe in the author-narrator's reliability (Lejeune 1989, 12) because the author's name, title, subtitle, and further paratextual information indicates to us the identity of writer, narrator, and protagonist. Avrahami suggests that the terms of the “autobiographical pact” change, in illness memoirs: “[T]he contract foregrounded by illness narrative requires the reader's full belief in the writer's reality of suffering” (Avrahami 2007, 8). So strong is the contractual effect in Avrahami's view that readers' of illness narrative are automatically enlisted in “Richard Rorty's notion of ‘human solidarity’ [...] by urging readers to imaginatively reconstruct their own future selves as ‘citizens’ of the planet of the sick” (Avrahami 2007, 8). This assumption runs the risk of overestimating the power of the autobiographical pact. The textual features of the autobiographical contract do not control readers' responses but merely contribute to the complexity of the signifying process (Genette cited in Bode 2019, 365).

None of the three memoirs is primarily interested in the readers' solidarity with the sick nor does their narratorial commentary make claims about readers' obligation to the autobiographical pact. Rather, the relationship with readers appears as a matter of negotiation, judging from the narrative discourse of these three memoirs. They implicitly imagine their readers as people with independent agency and an embodied consciousness, whose attention it is a challenge to capture and sustain. The autodiegetic narrators try to broach this difficulty in various ways. On the one hand, the paratextual features on the book covers withhold, as mentioned, any indications of chronic illness or suffering and simulate instead enticing romance and mystery. On the other hand, the narrating selves in *Love's Work* and *Giving up the Ghost* contemplate their relationship with their readers anxiously, ironically, or confidently, while the author-narrator of *Iris* comments relatively little on his relation to his readers. Bayley's *Iris* revolves around the intradiegetic relation between John, the homodiegetic narrator, and Iris. Narratorial interjections, such as “I suppose,” “I often wondered”, make his assumptions, imaginings and suspicions about his partner overt; the narrative discourse is devoid of focalisation through Iris. In contrast to *Love's Work*, and *Giving up the Ghost*, the narrative discourse also refrains from addresses to readers, and keeps reader instructions, overt or covert alike, to a bare minimum. A rare example for covert readerly guidance is the Coleridgean distinction between Miltonic/Wordsworthian (self-absorbing) and Shakespearean (self-forgetting) writing and reading (see Bayley 2000, 71). Crucially, the three memoirs have in common a certain disregard for readers' sympathy mainly because the latter, in contradistinction from empathy, would entail moral judgement and condescension (Smith 2002, 20).

Mantel rejects such fellow-feeling outright at one point: “I am not writing to solicit any special sympathy” (Mantel 2007, 222). Her statement can be read as a rejection of pity, which is a condescending response to others' suffering. If that is the case, the comment is mainly directed at ableist readers. In addition, *Giving up the Ghost* contains explicit statements about the authorial hope of earning and maintaining readers' lasting attention. The narrating self interjects on the extradiegetic level that she is aware “that readers – any kind readers who've stayed with you – are bracing themselves for some revelation” (Mantel 2007, 105). Not only is the thought of readers said to accompany every part of the composition process, the implicit hope is that readers from “any” background will keep following the course of the narrated events. On the first pages of the memoir, the narrating self establishes that she won't “patronise” but “trust” her readers assuming that her readers are “at least as smart” as she is (Mantel 2007, 4). Furthermore, Mantel emphasises that the generative, affective power of words: “There is a place, a gap, a hiatus, between the hatching words, flinching and raw, and those that are ready to take their place in the world.” (Mantel 2007, 70). The narrating self expresses both her wish that readers stay attached over as much of the course of her narrative as possible and her trust that readers read as carefully as she advises everyone to write. The aim is for words to reach such stylistic precision that they develop proto-physical strength. For Mantel, it is a matter of lasting perseverance in composition until words “are ready to stand up and fight” (Mantel 2007, 70). The extradiegetic advice appeals to writers as well as readers. On the one hand, it asks writers to hone their verbal craft to keep readers engaged and, in turn, readers to appreciate the power of words. Judging from the author-narrator's

commentary alone (irrespective of readers' actual engagement with it), the reader in Mantel's text is the intellectual equal of the author and vice versa.

Given that Leder correlates disembodiment with health, such characteristics in the absence of bodily descriptors point towards the imagined health of Mantel's implied readers. Indeed, further into the memoir, the elocutionary force seems mainly directed at those readers who have remained untouched by the experience of chronic illness. I mean a kind of healthy readership whose experiential background (still) lacks the experience of such intense bodily disruption. A case in point is the sudden transition from the first- to the second-person perspective in certain parts of Mantel's episodic memories of bodily discomfort or severe illness, which enhances the quasi-mimetic evocation of real-life experience in readers' sensory imaginings (Fludernik 1996, 12). This change occurs for instance in the post-operative moment when Mantel learns that the surgeons performed a hysterectomy on her: "You understand what has happened, the medical disaster; you reason about it. But there are layers of realisation, and a feeling of loss takes time to sink through those layers. The body is not logical; it knows its own mad pathways" (Mantel 2007, 230). The pronoun "you" is Janus-faced in the sense that it refers to, and conflates, the experiencing self (Mantel) and the actual reader in the real world. In brief, the you is "doubly deitic" (Martínez 2014, 113). In the case of *Giving up the Ghost*, the second-person pronoun is paired with the present tense. This combination reinforces readers' experiential involvement and immersion, especially if we consider our intuitive reaction to think of ourselves when addressed with "you" (Ryan 2001, 138; Class 2018, 239). Such strong experiential prompts for the evocation of the ineffable seem mainly directed at attentive readers in good health who might not know nor have imagined what such an experience feels like; otherwise the narrative could have stayed in the first-person.

The narrating self in *Love's Work* highlights author's lack of control over the reading processes based on her own unruly reading experiences. For Rose, authorial efforts to control interpretations seems futile, diverging interpretations inevitable. Even if the author-narrator wished to solicit readers' sympathy, it would not be in her power to prescribe such a response. The narrative discourse raises the question of how an author can exert control over the interpretation of her text if she does not even fully control the writing process? For Rose, writing is a "mix of discipline and miracle, which leaves you in control, even when what appears on the page has emerged from regions beyond your control" (Rose 1997, 59). Reading in this memoir is said to strongly depend on the reader's personality as well as on cognitive diversity. For the experiencing self in *Love's Work* (Gillian Rose as a child), reading is initially a painful matter of "coercion, reluctance, cajolery, and humiliation" (Rose 1997, 40). The story recounts how an ophthalmological defect and dyslexia prevent the young Gillian from learning how to read until she was aged seven. Subsequently, reading becomes inseparable from self-analysis for Rose: "Reading was never just reading: it became the repository of my inner self-relation" (Rose 1997, 40). Rose turns the initial cognitive impairment into a source of intellectual inspiration.

Readerly selfhood always accompanies the reception process according to the extradiegetic commentary in *Love's Work*. As such, reading in this memoir is described as depending largely on readers' personal repertoires and experiences including their cognitive make-up as well as their "desire" (Rose 1997, 142; Ratekin 2006, 74). The narrating self even speaks of "the terms of our contract" (Rose 1997, 77), that is, with her readers. This contract enables readers to interpret Rose's story as an allegory for something else. Vice versa, the narrating self describes herself as feeling obliged to leave her readers "large tracks of compacted equivocation at every twist in the telling" (Rose 1997, 77). These gaps usually leave enough room for readers to recognise some of their own experiences in the text. Conversely, the narrating self regards the disclosure of any disease as a breach of contract since it limits the freedom of interpretation: "Why should I deliberately spoil this narration by reduced equivocation?" (Rose 1997, 77). The narrating self seems anxious to lose readers' interest because of the alleged reductive certainty of disease.

*Love's Work* makes the link of readers' disengagement and disease explicit: "Suppose that I were now to reveal that I have AIDS, full-blown AIDS [...] I would lose you" (Rose 1997, 76). The narrating self thus challenges her readers with the allusion to Sontag's kingdom of the sick and kingdom of the well. Her provocation seems to be directed particularly at her healthy and able audiences, unblemished by biological dysfunction, for she adds rather sarcastically that readers are endlessly attracted to the monotony of the sorrows of love. Echoing the title of her memoir ironically, the narrating self complains about many readers' predictability: "while the sorrows of love in their monotony are endlessly engaging, illness is intrinsically not" (Rose 1997, 77). The point that Rose makes here implies ideologically that

the popularity of romance is linked with a heteronormativity and reproduction in the age of bio power; Rose's narration of her affairs, her friendship, and her cancer experience resists such disciplinary power. The narrating self in *Love's Work* addresses the healthy and able readers directly, and does so in a provocative, slightly antagonising way by asking the rhetorical question:

Are you willing to suspend your prejudices and judgement? Are you willing to confront and essay a vitality that overflows the bumble mix of average well-being and ill-being – colds and coughs and flu, periodic lapses in the collaboration with culture, or headachy days, when one feels gratuitously lacking inclination, never mind inspiration (Rose 1997, 78).

This is an overt appeal to the kingdom of the well to open its gates, and for notions of well-being to become more inclusive. The rhetorical questions address and counteract prejudices and try to break down the entitlement of healthy people to pass judgement. These narratorial interjection thus confronts ableist prejudice against the sick in general, and against cancer patients in particular. Echoing Susan Sontag, the narrating self explains that “‘cancer’ means [...] a judgement, a species of ineluctable condemnation” (Rose 1997, 78). This implicit complaint tries to reverse stigmatisation and gain recognition for the convergence of “well-being” and ill health as the experiencing self narrates: “For what people seem to find most daunting with me, I discover, is not my illness or possible death, but my accentuated being; not my morbidity, but my renewed vitality” (Rose 1997, 79). The social environment around Rose has difficulty accepting her “renewed vitality”, which implies that the healthy, on the one hand, claim a monopoly on well-being, and, on the other hand, are quick to pass judgments about the personal experiences of sick people. Rose's set of rhetorical questions therefore can be said to reconfigure healthy readers' attitudes towards well-being in a plea for the kingdom of the healthy to recognise the possible vitality of the sick, such as people living with cancer.

## 7. The Dynamics of Well-being in the Reading Experiences

Each of the three memoirs delays the full disclosure of the protagonists' diseases until the narrative discourse is well underway. These delays show that the memoirs branch far into the life stories. Moreover, the retardation of the diagnosis can be seen as a narrative device to keep readers interested as long as possible, assuming that, as mentioned above, sickness is otherwise too reductively unequivocal especially for ableist readers to “stay with” the narrative (Mantel 105; see Rose 1997). The postponements thus indicate compositional decisions that highlight the literary acumen of the memoirs in question since they eschew the master plot of some illness narratives which typically starts with a diagnosis. Above all, however, each disclosure in these memoirs marks a moment wrought with heightened meaning, emotion, and affect for readers.

In *Iris*, this occurs in Chapter Two. The homodiegetic narration is focalised through John. Unruly readers, whose interpretation won't be constrained by the title of this memoir, might even read *Iris* as John's autobiographical narration rather than John's biography of his wife. After all, his consciousness lies at the heart of the narration. In any case, the disclosure of Alzheimer's disease follows the juxtaposition of the couple's first rendezvous in the 1950s and an occurrence in the recent past in the 1990s. Both events revolve around going swimming in the river Thames near Oxford. Much of the unsettling effect of this chapter has to do with the potentially dysfunctional dynamics between the couple. In old age, the roles of the couples are no longer equal and John's performance of the robust caregiver entails hegemonic masculinity and sexualised dominance.

The incident of the recent past in Chapter Two, set in the 1990s, taps into cultural codes according to which self-sovereignty and invulnerability appear as masculine whereas dependence and vulnerability count as feminine. The event, which is set forty-five years previously in Chapter One, revolves largely around the young man's falling in love with an enigmatic, highly accomplished woman called Iris, who is his senior. The narration in Chapter Two recounts the story from John's perspective of when the couple goes swimming outdoors for the last time. The occurrence ends this activity for good, although swimming used to be their favourite one, according to John:

Now I had quite a struggle getting Iris's clothes off: I had managed to put her bathing dress on at home, before we started. Her instinct nowadays seems to be take her clothes off as little as possible. Even in this horribly hot weather it is hard to persuade her to remove trousers and jersey before getting into bed. She protested, gently though vigorously, as I levered off the outer layers. In her shabby old one-piece swimsuit [...] she was an awkward and anxious figure, her socks trailing round her ankles. (Bayley 2000, 40).

Iris physically struggles with her husband and protests against his taking her clothes off while at the river shore. On the one hand, this scene does much to trigger readers' heterogeneous repertoires of embodied memories, stories, histories or beliefs. Some readers might recall an embarrassing moment while getting changed in a public place irrespective of gender. The fact that John undresses Iris against her will, however, taps into associations of feminine infantilization, shaming and sexual violence. John's respective commentary even reinforces the sexualisation of this scene through the forced humorous remark that, to the two young bystanders who watched the scene, "we must have presented a comic spectacle – an elderly man struggling to remove the garments from an old lady, still with white skin and incongruously fair hair" (Bayley, 40–41). John's inner male gaze makes Iris's protest and struggle disappear from his perceptual field; the association with sexual conquest prevails and reinforces heteronormative masculinity. Moreover, the adverb "now" followed by the alleged imperative "I had" (in the quotation above) emphasises John's authority over Iris. The hegemonic masculinity that shines through his performance of the caregiver associates his robust health with a form of aggression which recurs in the memoir, for instance when Iris feels anxious on the bus from Heathrow to Oxford and John forcibly quiets her.

The swimming episode ends abruptly with the unwarranted disclosure of Iris's mental illness: "Alzheimer sufferers are not always gentle" (Bayley 2000, 41). The sharp contrast with the romance of the previous chapter reinforces the paratextual division of Part 1 "THEN" (Bayley 2000, 1) and Part 2 "NOW" (Bayley 2000, 239). More importantly, it evokes a shock in readers by virtue of such sudden juxtaposition. As Rita Felski explains, shock entails a "distinctive temporality characterized by the logic of punctuation, as a continuum of experience shatters into disconnected segments" (Felski 2008, 113). Alzheimer's here erupts into the auto/biographical text and shocks attentive readers in a way that resembles the disruption caused by biological dysfunction in the lived experience of sufferers and in that of caregivers (Zimmermann 2017, 75–94). The evocation of shock helps readers to intuitively grasp that lived time in the story has become disconnected in John's and Iris's life with Dementia: "Time constitutes an anxiety because its conventional shape and progression have gone, leaving only perpetual query" (Bayley 2000, 70). Furthermore, the disrobing scene can be read as a sinister allegory for the entire narrative, namely as a public exposure without explicit consent, an unsolicited account of the intimate affairs in an influential woman's life. This perspective certainly defamiliarizes readers' expectations raised by the cover page: "The greatest love story of our age: incomparable" (Bayley 2000). In *Love's Work*, the disclosure of disease occurs in the middle of the book (see above). Rose's confession of suffering from terminal ovarian cancer demands a high degree of abstraction from readers inasmuch as the entire story does. The latter follows no "generic master plot" but represents associatively connected events from Rose's childhood, from the AIDS epidemic in New York, from the elimination and ordeal her Jewish-Polish ancestors endured during the Holocaust, and from private and academic life as a professor at the Universities of Sussex and Warwick (Avrahami 2007, 23). The narrative discourse forces attentive readers to undergo doubt and disbelief since the disclosure is preceded by the narratorial hoax about AIDS and the actual disclosure of cancer is formulated in conditional phrases. Rose presents her cancer in poststructuralist terms as an empty signifier: "'cancer' has no meaning [...]. It merges without remainder into the horizon within which the difficulties, the joys, the banalities, of each day elapse" (Rose 1997, 78). Indeed, climax becomes anti-climax as the narrating self bars the existential threat from narrative discourse and discourse-time. This move does much to block readers' pity. The disappearance of cancer from the self's horizon and from the readers' story-induced imagination does not mean a blatant denial of a life-changing diagnosis – the remainder of the story shows that – but rather the authorial insistence on maintaining her well-being despite her illness and ensuing death.

Ironically, the diagnosis in *Giving up the Ghost* marks a triumph on the levels of discourse and story: Mantel self-diagnoses correctly after a series of professional misdiagnoses. "Little Miss Neverwell had graduated at last," the narrating self comments sarcastically (Mantel 2007, 190). At the age of twenty-seven, Mantel finally identifies her condition: endometriosis. The self-diagnosis solves the mystery of young Mantel's episodes; however, this event creates a new kind of ambiguity rather than reductive certainty. Mantel's coming of age consists, on the one hand, of the self-asserting discovery of her chronic condition, and, on the other hand, the self-victimisation of signing herself over to medical treatment as a life-long patient. In short: her quest for personal identity culminates temporarily in becoming an expert patient. This role oscillates between submission and resistance and thus retains a high degree of post-diagnostic ambiguity. Contrary to Rose's commentary, illness does not automatically "spoil the

narration” (Rose 1997, 77). Rather, readers learn that young Mantel’s low health expectations are largely the result of converging inequalities in terms of class (working class), ethnicity and religion (Irish Catholic), and gender: “when I grew up, expectations of health were so low, especially for women. The proper attitude to doctors was humble gratitude; you cleaned the house before they arrived” (Mantel 2007, 226).

If *Love’s Work* is dissonant by focalizing mainly through the narrating self, *Giving up the Ghost* is consonant in that the events in the first two thirds are told through the experiencing child and adolescent self, to whom her suffering is a disorientating ordeal, while the last third focalizes more through the narrating self, who has become an expert patient. As mentioned, equivocality continues after the diagnosis. In the first to two thirds, being kept in the dark about the diagnosis entices readers to pay special attention. The riddle that this uncertainty creates tends to enhance readers’ attention to detail. The search for possible clues resembles the experience of reading about a dark secret in Gothic fiction or thrillers. Thus readers are engaged in imagining the bodily symptoms of Mantel, i.e. the experiencing self of the narrative. These reading experiences tap into readers’ experiential background. In doing so, people’s awareness is likely to extend to their recessive body. Imagining the disorienting pain in the narrative can be so intense that it feels visceral. Thus the attentive perusal of the narrative can have a similar effect as some bodily discomfort. This serves to remind mainly healthy readers of their visceral embodiment since their functioning organs remain otherwise experienceable for them.

## 9. Coda

Health, according to Leder, often eludes us since it is a state in which we can take our bodies for granted. Thus health can be said to feel disembodied: If and when our organs are silent, our depth body is absent from our consciousness while our sensorimotor bodies disappear from our perceptual fields when we focus on our daily activities. Reading, for instance, tends to induce our surface body to disappear from our consciousness; indeed, reading might often feel disembodied. The three literary memoirs of illness, *Giving up the Ghost*, *Iris*, and *Love’s Work* have a strong potential to make a kind of well-being experientable that would otherwise remain unnoticed. They are written for a wide intellectual readership which reaches across the cultural boundaries that still divide the kingdom of the ill from the kingdom of the well. In other words, they go beyond the niche readership of self-help for the ill, develop various strategies to attract and retain readers’ attention, defamiliarize illness, and reconfigure well-being. This includes in Bayley’s and Rose’s cases, on the one hand, the simulation of conventional romance on the covers, which tap into the discourse of heteronormative sexuality and reproduction which form part of readers’ cultural repertoire. On the other hand, the three memoirs do much to foreground well-being in the terms of Leder’s theory: they remind readers, first, that the well are not to judge the ill; second, that well-being can be part of the experience of illness; and third, that illness and bodily discomfort are vital for an understanding in how far we are our bodies including our viscera. It seems fair to say that the present three cases of literary memoirs of illness have overcome the double glass ceiling, namely that of normative health and literary gatekeeping.

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