



Illness Autobiographies: Theoretical Possibilities and Perspectives

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Abstract

Illness autobiographies pose challenges to traditional autobiographical criticism and feminist theories. They offer theoretical possibilities and perspective in literary studies and critical theories. Illness autobiographies, with lived body experiences as their center, underscore the importance of body in construction of a self and thus challenge the traditional autobiographical study. Moreover, environmental autopathographies' emphasis on the inseparability of body and environment contributes to the rise of material feminism.

Key words: Illness autobiographies; Autobiographical study; Material feminism

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Illness has long been a forbidden area in literature. Virginia Woolf complained in "On Being Ill" of the inadequacy of description of illness in English language. "English, which can express the thought of Hamlet and the tragedy of Lear, has no words for the shiver and the headache." (p.6) Luckily, because of the political movements in 1960s and the women's health movement in the 1970s, patients, the same marginalized group as African Americans, women and homosexuals, try to make their voice heard. From the 1970s, there was a dramatic rise of illness memoirs in the United States. In the past

decades, hundreds of illness autobiographies and memoirs were published or electronically available on blog and social media. Some of the authors are professional writers while others are common people. What they have in common is to voice out their illness experience and their opinions on modern Western medicine.

What are the values of illness autobiographies? In literary criticism, illness narratives tend to be ignored because many of them are quite conventional in content and form and cannot be counted as masterpieces of art. My opinion is that we cannot expect so much from such a young literary genre. The value of illness autobiographies lie in their theoretical possibilities and perspectives in literary studies and critical theories. The aim of the thesis is to argue that illness autobiographies, with lived body experiences as their center, underscore the importance of body in embodiment and thus contribute to the innovation of traditional autobiographical study and feminist theories.

1. BODY EXPERIENCES AS THE CENTER OF ILLNESS AUTOBIOGRAPHIES

In the Western history, body has long been considered an inferior counterpart and dangerous interference to reason. In *Volatile Bodies*, corporeal feminist Elizabeth Grosz scrutinizes body in western philosophical tradition. To Plato, matter is a denigrated and imperfect version of the idea. The body is a betrayal of and a prison for the soul, reason or mind. In Christian tradition, body is sinful and mortal carnality, an inferior counterpart of immortal soul. what is most influential is Descartes' dualism in which mind and body are two separate spheres. Descartes distinguishes two kinds of substances: a thinking substance from an extended substance. The body is a self-moving machine, a mechanical device, functioning according to causal laws to the laws of nature. (Grosz, p.6) According to Grosz, dualism of body and soul is responsible for the modern forms of elevation of consciousness above corporeality. (p.7)

Besides, the rise of modern Western medicine in the 18th century leads to a further marginalization of patients and silence of body's voice. Foucault says that with the birth of clinic, patients have been reduced to disease itself and lost subjectivity. In the clinic, "one is dealing with diseases that happen to be afflicting this or that disease; what is patient is the disease itself...which is not that of the patient". (p.59) Moreover, in the clinic, "the patient is the accident of his disease, the transitory object that it happens to have seized upon". (p.59) When the patient has been reduced to disease itself, he can no longer tell his body's stories because modern medicine diagnose the patient with symptoms instead of listening to his story. In this process, the voice of the patients, which indeed is the body's voice, has been silenced.

Illness autobiographies challenge the marginalization of body in western philosophy and by positioning the body experiences in the center of their narratives. Illness autobiographies are featured by their blunt representation of body experiences. When body gets ill and diminishes, People have to face up with body's pain and suffering and grapple with the question of life and death. In most illness autobiographies, the physical pain of the body and accompanying psychological sufferings have been honestly recorded.

Take the pain narratives as examples. Chronic pain, though not a fatal disease like cancer, crushes the sufferers' mind. When the French writer Alphonse Daudet suffered from the form of neurosyphilis in the 1880s, he had to face up with the increasing pain and gradual paralysis in his last 12 years. He managed to keep notes on his pain and sufferings. These notes, later published as *In the Land of Pain*, honestly recorded the pain in his late years. He writes, "Varieties of pain. Sometimes, on the sole of the foot, an incision. A thin one, hair thin. Or a penknife stabbing away beneath the big toenail. The torture of 'the Boot'. Rats gnawing at the toes with very sharp teeth." (p.21) The detailed metaphorical description of pain experiences voice out the body's voice and the patient's suffering in a straightforward way. Daudet's modern successors are the pain narratives emerging in recent years like Melanie Thernstrom's *Pain Chronicles* (2010) and Lous Heshusius's *Chronic Pain: an Intimate and Critical Account* (2009).

2. ILLNESS AUTOBIOGRAPHIES' CHALLENGE TO AUTOBIOGRAPHICAL STUDY

The most distinctive attribute of illness autobiographies is their representation of an embodied self. This challenges the traditional opinions of autobiography criticism. Influenced by post-structuralism, critics doubt the existence of a Cartesian rational subject "I" in autobiographies. For example, citing Vico,

Kierkegaard, and Nietzsche, Freud, Sprinker points out "self is constituted by a discourse that it never completely masters", and hence "autobiography, the inquiry of the self into its own origin and history, is always circumscribed by the limiting conditions of writing, of the production of a text". (p.342)

Paul Eakin thinks that the Cartesian rational subject is not a suitable model for the self-represented in the autobiographical discourse because "autobiography's 'I' refers to a person, to "a body living a human life" instead of "the bodiless 'thinking substance' of the Cartesian subject". (8) Illness autobiographies are the best counter-examples of the conception of the fictitious subject. What features illness autobiographies is the lived body experience and the embodied self. Just as Couser says, life writing about illness and disability "...foreground somatic experience in a new way by treating the body's form and function as fundamental constituents of identity". (p.12)

A lot of illness autobiographies touch on the narrators' disembodiment caused by physical ailments. Oliver Sacks, a neurological doctor, argues for the neural foundations of the self and calls for a "neurology of identity" (1985, p.xiv). Sacks finds Descartes' dualism of body and mind "absurd" because it fails to understand the inseparable relation between body and mind. Sacks used his own injury as an example to prove the relation. When he skied in the Mountains of Norway, his leg got severely injured. He could see his leg's movements, but he couldn't feel them at all. When he closed his eyes, he couldn't sense his leg too. (1984, p.50) Sacks points out the normal situation is that even if you close your eyes, you have no difficulty judging the movements of your body.(1984, p.50) Although the leg objectively, externally was still there; it had disappeared subjectively, internally. (1984, p.53) His own experience proves body is the foundation of self-identity. In normal condition, we are not aware the constitutive function of body in identity formation because body and mind are connected so closely. Only in extreme occasions when the link between body and mind is broken, can we sense the body's function in making the coherent self.

Similarly, Robert Murphy, using his own experience of becoming a quadriplegic, points out "the damage to the body causes diminution of the self" (p.93). The loss of the use of one's legs, or other vital function, is an infringement on the integrity of the mind, an assault on character, a vitiation of power (p.98). The body is incorporated into thought, into the very structure of the personality. Murphy quoted Sigmund Freud, Edmund Husserl, Merleau Ponty to prove the unity of body and mind. Besides, he used his own experience of disembodiment. Like Sacks, he no longer knew where his feet were. He also became emotionally detached from his body and he called his leg "the leg". As his situation became worse, he even feels his body has no use except support his head. (p.101)

These examples prove that self is not an abstract philosophical concept but inseparable from body. Just as

Hawkins comments, “The self of pathographical writing is the self-in-crisis; when confronted with serious and life-threatening illness, those possibilities, fictions, metaphors and versions of self are contracted into a ‘hard’ defensive ontological reality-primed for action, readied for response to the threat of the body, alternatively resisting and inviting the eventual disintegration of the self that is death.” (p.17)

3. ILLNESS AUTOBIOGRAPHIES’ CONTRIBUTION TO FEMINIST THEORIES

Body has been a very hot topic in feminist theory in the past two decades. Grosz explains the reason why feminism has focused so much attention on body. Misogynists justify themselves by containing women within a body represented as “frail, imperfect, unruly and reliable” (p.13). The female/male opposition has been allied with mind/body opposition. Mind is equivalent to masculine and body is equivalent to feminine. (p.14) Feminists resist such kind of conception and want to break the feminine/body connection. Their strategy is either to regard body as women’s limitation to access of rights or an biological object whose representation and functioning is political. (Grosz, pp.15-17) What they have in common is a dualism of body/mind.

Materialist feminists Stacy Alamo and Susan Hekman point out although there has been a tremendous outpouring of scholarship on “the body” in the last twenty years, nearly all the works have been confined to the analysis of discourses about the body. (p.4) In other words, body is treated as an object and loses its agency. But in fact body is “an active, recalcitrant force” (p.4). “Women have bodies; these bodies have pain as well as pleasure. They also have diseases that are subject to medical interventions that may or may not cure those bodies.” (p.4)

Materialist feminists call environmental autopathographies “material memoir” for they think environmental autopathographies feature the materiality of both the lived body experience and active nature. The recent publication of environmental autopathographies has tried to analyze the relationship between toxic body and environment. In these works, body and nature are not a passive social construction but active agents. These “material memoirs” include Zillah Eisenstein’s *Manmade Breast Cancers*, Susanne Antonetta’s *Body Toxic*, Sandra Steingraber’s *Living Downstream* and so on.

All these “material memoirs” or environmental autopathographies have unique opinions on body. They believe there must be a cause and effect connection between toxic body and environment. Zilla Eisenstein has a family history of breast cancer but she never accepts biological destiny. She argues that breast cancer is “intimate and public, personal and political, genetic and environmental, economic and economic, local and global.” (p.66) She further explains cancer cells are “a complex

multifarious process of long-term mutations that interacts with the body and its environments. The environment enters our body and does not remain outside.” Eisenstein wants to indicate that human cells have been influenced by environment and gene is only part of the reason why people get cancer.

Material feminists are greatly inspired by these environmental autopathographies. They develop a unique conception of human body. Human corporeality is a kind of “trans-corporeality, in which the human is always intermeshed with the more-than-human nature”. (Alaimo, 2010, p.2) Trans-corporeality makes possible the transmission of toxic between body and environment. Body has become an open ecological system which transmits materials with the environment. Body and environment influence each other and can never be separated.

To make a conclusion, illness autobiographies pose challenges to traditional autobiography criticism and feminist theories. They offer theoretical possibilities and perspective in literary studies and critical theories. Illness autobiographies, with lived body experiences as their center, underscore the importance of body in construction of a self and thus challenge the traditional autobiographical study. Moreover, environmental autopathographies’ emphasis on the inseparability of body and nature contributes to the innovation of feminist theories.

REFERENCES

- Alaimo, S., & Hekman, S. (Ed.) (2008). *Material feminisms*. Bloomington: Indiana University Press.
- Alaimo, S. (2010). *Bodily natures: Science, environment and the material self*. Indiana University Press.
- Couser, T. (1997). *Recovering Bodies: Illness, Disability and Lifewriting*. The University of Wisconsin Press.
- Daudet, A. (2002). *In the land of pain* (J. Barnes, Tran.). London: Jonathan Cape.
- Eakin, P. J. (1999). *How our lives become stories: Making selves*. Ithaca: Cornell University Press.
- Eisenstein, Z. (2001). *Manmade breast cancer*. Ithaca: Cornell University Press.
- Foucault, M. (1973). *The birth of the clinic: Archaeology of medical perception*. New York: pantheon.
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. Bloomington: Indiana University Press.
- Hawkins, A. H. (1993). *Reconstructing illness: a study in pathography*. West Lafayette: Purdue University Press.
- Murphy, R. (1987). *The body silent*. New York: W. W. Norton.
- Sacks, O. (1985). *The man who mistook his wife for a hat*. New York: Summit Books.
- (1984). *A leg to stand on*. New York: a Touchstone Book.
- Sprinker, M. (1980). *Fictions of self: The end of autobiography*. In J. Olney (Ed.), *Autobiography: essays theoretical and critical* (pp.321-343). Princeton: Princeton University Press.
- Woolf, V. (2012). *On being Ill*. Paris Press.