

The Girls of Sick-Lit: Illness and Gender in Young Adult Fiction



By Emma Fleet

Advisor: Prof. Susan Roberts

English Department Honors Thesis

Boston College

April 2022

To Nanny, who never stopped believing in me.

ACKNOWLEDGEMENTS

It was an absolute privilege to have more people support me than I could ever include on this page. Thank you to everyone who has held my hand at any step of the journey.

I will forever be indebted to the entire Boston College English department for everything they have taught me over the last four years. Thank you to Susan Roberts for teaching me to always ask questions and to believe in the stories I needed to tell. This thesis would not exist without you.

Thank you to my incredible roommates at Iggy A56 for letting me leave books all over the coffee table, listening to my scattered narrative theories, and dragging me off the couch when you saw I needed a break. There is no one else I would rather come home to each day.

I can not express how much gratitude I have for my family, without whom I would not be here. Thank you to Mom and Dad for everything you did, and still do, to keep me healthy and happy. You had the courage to raise a chronically ill child and the kindness to make sure you did it right. I am who I am because of you. Thank you for driving me to the library, buying me more books than I could fit in my bedroom, and supporting me when I told you I was going to study literature. You are the best parents I could ever ask for. And an enormous thank you to Adam, for bearing the burden of being the sick kid with me. I will always be so proud to be your sister.

Finally, thank you to my Steel Magnolias. Your love carried me through every word of this thesis and every second of my life.

ABSTRACT

The young adult fiction classification, which is relatively new in terms of literary studies, features a number of novels that center on the experience of chronic illness in children. This thesis examines the subgenre known as “sick-lit” and its use of illness and gender as themes. Through this study, a repetitive narrative of a beautiful teenage girl falling ill becomes clear. When examined in context, this trope can be traced through several of the most popular “sick-lit” publications. I argue that the representation of these characters is a complex narrative that does not align with the lived experience of chronically ill girlhood while still containing a degree of truth.

The first chapter focuses on Beth March, one of the four main characters in Louisa May Alcott’s *Little Women*. Beth’s death, caused by a long-term case of scarlet fever, exposes a series of assumptions about illness and womanhood that are still present. Throughout this thesis, Beth is considered to be the beginning of a long line of chronically ill young women.

Beth March’s legacy and how it persists in literature published over a century later is the subject of chapter two. The oeuvre of Lurlene McDaniel features many recycled plots, stock characters, and problematic conservative ideas. The popularity of her books overshadowed their significant issues and led to a misunderstanding of illness by her readers.

Chapter three interrogates the representation of childhood illness through Stacey McGill from Ann M. Martin’s *The Baby-Sitters Club*. Stacey’s diabetes diagnosis is a dominant aspect of her character arc, but it serves as only one element of her story. I look at both the original novels and the television adaptation to understand what lessons can be learned from Stacey.

John Green’s *The Fault in Our Stars*, the focus of chapter four, redefined “sick-lit” in contemporary pop culture. The narrator, Hazel, is a rare example of a chronically ill teenager in literature who not only refuses to be defined by her diagnosis but actively rejects the illness narratives that exist around her. The novel shows the significant growth of realistic representation in “sick-lit” while still having flaws.

Keywords: Chronic illness, Disability, Gender, Children’s literature, Young adult literature.

TABLE OF CONTENTS

Figures	i
Introduction	1
“An Angel in the House”: The Beautiful Suffering of Beth March	11
“That Doesn’t Sound like Normal Teenage Conversation”: Lurlene McDaniel’s Idealist Tragedies	25
“I Feel Like a Very Sick Person”: Stacey McGill and the Illness Paradigm	41
“Pain Demands to be Felt”: The Inversion of Disability Tropes in The Fault in Our Stars	56
Conclusion	72
Bibliography	78

Figures

Figure 1. “Beth at her new piano.” Art from *Little Women* (Easton Press, 1976)

Figure 2. Claire Danes as Beth March in Gillian Armstrong’s *Little Women* (1994)

Figure 3. Emma Watson, Florence Pugh, Saoirse Ronan, and Eliza Scanlon as Meg, Amy, Jo, and Beth in Greta Gerwig’s *Little Women* (2019)

Figure 4. Cover Art for *I’ll Be Seeing You* (1996), *A Time To Die* (1992), and *The Girl Death Left Behind* (1999)

Figure 5. *Kristy’s Great Idea* Original Cover (1986) and *The Baby-Sitters Club* Promotional Photo (2020)

Figure 6. *The Truth About Stacey* Original Cover (1986)

Figure 7. Shay Rudolph as Stacey McGill in Netflix’s *The Baby-Sitters Club*

Figure 8. Promotional Poster for *The Fault in Our Stars* (2014)

Cover Image: Munch, Edvard. *The Sick Child*. 1896. The Metropolitan Museum of Art, New York City.

Introduction

“Sick kids defied all narrative theory he’d ever known. There was nothing redemptive about a dying child.”

- Laurie Frankel, *This Is How It Always Is*

Census data estimates that the United States currently has anywhere from ten to twenty million citizens under the age of eighteen with a chronic illness or other disability.¹ That means that about 20% of all school-age children live with a chronic condition. In contrast, the Cooperative Children's Book Center reported in 2019 that only 3.4% of children's books featured a main character with a disability.² There is not an adequate representation of this population on a statistical level but, more importantly, it is comprised of narrative successes and failures. The stories we tell, especially the ones we tell to children, have the power to shape someone's entire worldview. Given the popularity of children's literature and the effects of these works, it is crucial to analyze what these stories are teaching us. On January 2nd, 2013, the British tabloid website *Daily Mail* published an article by Tanith Carey titled “The 'sick-lit' books aimed at children: It's a disturbing phenomenon. Tales of teenage cancer, self-harm and suicide...”³ Carey's writing brought widespread attention to the fact that over the last several decades, there has been a shift in the type of books seen in the young adult market. One of these new popular

¹ “Chronic Conditions.” *HealthyChildren.org*, American Academy of Pediatrics, 2022, <https://www.healthychildren.org/English/health-issues/conditions/chronic/Pages/default.aspx>. Accessed 17 Feb. 2022.

² Kingsbury, Margaret. “The Current State of Disability Representation in Children's Books.” *Book Riot*, 3 May 2021, <https://bookriot.com/disability-representation-in-childrens-books/>. Accessed 26 Jan. 2022.

³ Carey, Tanith. “The 'Sick-Lit' Books Aimed at Children: It's a Disturbing Phenomenon. Tales of Teenage Cancer, Self-Harm and Suicide...” *Daily Mail Online*, Associated Newspapers, 3 Jan. 2013, <https://www.dailymail.co.uk/femail/article-2256356/The-sick-lit-books-aimed-children-Its-disturbing-phenomenon-Tales-teenage-cancer-self-harm-suicide-.html>. Accessed 18 Jan. 2022.

trends is realistic fiction centered on the experiences of a teenager with some type of illness or disability. In colloquial terms, these novels belong to a genre referred to as “sick-lit.” In her article, Carey quoted Amanda Craig, a children’s literature scholar, who noted “when you write for children, you have a moral and social responsibility.” Carey uses Craig’s words to support her argument that sick-lit is an inherently harmful sub-genre⁴ for the impressionable readers it is marketed to, but to view the sub-genre in those terms is to ignore the more positive aspects of these novels. The driving forces behind the market for sick-lit are complex and multivariable and many of them extend far beyond a single book or time. Concern about the consequences these books may have on their readers has been integral to the genre’s existence since its conception, mostly regarding the macabre topics of the novels. Scholar Matthew Johnson says,

The concern is the choice of subject matter; dark depressing stuff which includes death, disease, depression, self-mutilation, rape, suicide, etc. When adolescents read stories about these subjects as it relates to the adolescent experience, concerned parents are afraid of what the reader is learning and what effect the story will have on their child.⁵

It is commonplace and acceptable for children to die and to suffer as they do so within fiction. Sick-lit interrogates the most vital part of being human: our mortality. It is an ugly reality, albeit truthful, that children do fall ill and they often die from those illnesses. The criticism lobbed at sick-lit is not a refusal of these facts, but rather a resistance to telling that story to such a young audience. Adolescents are drawn to these narratives, generation after generation.

My own interest in the field of sick-lit began far before I had ever read a piece of literary scholarship. Growing up as a child with a chronic illness, there were few characters in mainstream publishing who lived a life like mine. I clung to the few I could find, never stopping

⁴ Throughout this thesis, sick-lit is referred to as both a genre and sub-genre. This is due to the various definitions of the grouping itself and the unknown nature of the specific classification.

⁵ Johnson, Matthew I. *Young Adult Novels About Death and Dying: Arguments for Reading about Terminal Illness and Suicide*. 2014. The University of Wyoming, Master’s Thesis. *ProQuest*, <https://www.proquest.com/docview/1617541143?accountid=14793>.

to consider what it meant for me to model my attitude towards my illness after the girls in these books. That is not to say that these representations were all bad, but they were complicated, as this thesis shows. By the time I was in high school, I had moved past my obsession with sick-lit and largely forgot about the books I'd consumed in my youth. Then, during the summer of 2020, my mother bought me a book called *The Truth According to Blue*.⁶ It was and still is the best novel with a chronically ill protagonist I have ever read. The success of this narrative, especially given that the author does not live with the condition her character does, made me pause and reconsider what separated Yohalem's work from the other "sick-lit" novels available to this age group. What I found was that it was a question that transcended academic discipline, chronological time, and thematic interest. Moreover, there was no clear answer or even a significant amount of focus on finding one. This thesis is my attempt to answer that question for myself and for the little girl I once was.

In response to the increasing skepticism regarding the value of young adult literature, specifically concerning books focused on illness narratives, this thesis considers the field from an academic and personal standpoint to come to a new conclusion about the importance of these stories. I argue that ignoring this genre is to ignore the needs of the adolescent population that they are written for, including readers who themselves live with chronic illness. This belief stems from the separation of science and art that predominates in modern Western culture. The truth, as these novels reveal, is that literature can answer questions left unanswered by medicine. It is through science that we learn how to survive, but it is through stories that we learn how to live. By looking at books published across roughly two centuries and concern themselves with different forms of disability, this thesis aims to reconsider the sub-genre as a whole, as well as its place within children's literature.

⁶ Yohalem, Eve. *The Truth According to Blue*. Little, Brown Books for Young Readers, 2019.

A large part of the confusion surrounding sick-lit is in its ambiguity. While the exact standards by which a work of fiction can be classified under this umbrella is unclear, a general rule is to include any book about a sick child written for an audience of children. The term “sick” is, in and of itself, largely unregulated. Sick-lit bestsellers have included characters with cerebral palsy, diabetes, heart conditions, and cancer. A great number, such as Jay Asher’s *13 Reasons Why*, concern themselves with mental illness, including suicidal ideation. This thesis is particularly focused on narratives of chronic illness, which is defined as “conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.”⁷ This variety of diagnoses is not a reflection of the readers of sick-lit, or at least not precisely. A great number of sick-lit fans, like myself, are interested because of personal experience with illness, but that number is matched or even overtaken by the hordes of physically healthy teenagers who also adore the genre. Margaret Lyons, on recounting her childhood love of sick-lit, says, “I have no explanation for the origins of my obsession; no one in my family had cancer, I was not working through any kind of childhood trauma, nor was I particularly fixated on death or sadness in general in the rest of my life.”⁸ Analyzing the impact of these novels, therefore, then requires a double approach, taking into account both populations.

When it comes to the structure of the books themselves, the plotlines are quite telling of the messages of those stories. Novels in the genre tend to use a formulaic approach: narration in third-person, a sudden diagnosis, a romance subplot, and an ending of either a cure for the illness or the death of the sick character. The genre has maintained its popularity due to its reliance on

⁷ “About Chronic Diseases.” *Centers for Disease Control and Prevention*, U.S. Department of Health & Human Services, 28 Apr. 2021, <https://www.cdc.gov/chronicdisease/about/index.htm>. Accessed 9 Nov. 2022.

⁸ Lyons, Margaret. “I Was Obsessed with YA Cancer Novels Long before *The Fault in Our Stars*.” *Vulture*, New York, 4 June 2014, <https://www.vulture.com/2014/06/i-was-obsessed-with-ya-cancer-novels-long-before-the-fault-in-our-stars.html>. Accessed 10 May 2021.

the most basic tenets of contemporary literature. This is summarized by Rachel Hall-Clifford, a graduate of Oxford's Medical Anthropology program:

My research suggests that autopathographies draw on narrative tropes, such as heroic battles and triumph-over-tragedy, that are familiar to contemporary readers from other popular literary forms, including novels, epic poetry and historical fiction. The structure of autopathographies often follows the formula of: 1) the author/protagonist is portrayed living life before or in ignorance of the health condition to come; 2) the first signs or symptoms appear, and a sense of foreboding develops; 3) the process of diagnosis takes place, where it becomes clear that the protagonist is in trouble; 4) the process of treatment unfolds, often resulting in a critical climax of poor health status, crippling fear, or existential angst for the protagonist; and finally, 5) the resolution of the condition or establishment of new norms and expectations for life are established. This narrative arch maps directly on to Freytag's (1908) classic paradigm of dramatic narrative structure: 1) exposition; 2) rising action; 3) climax; 4) falling action; 5) dénouement and resolution. This narrative structure is deeply embedded in Western cultural paradigms for the presentation of dramatic stories – and illnesses, where life hangs in the balance, are considered very dramatic.⁹

Along with Freytag's pyramid¹⁰, the structure of most sick-lit stories fits in the context of the three-act structure, as explained by Aristotle in *Poetics*.¹¹ This framework states that every story has a beginning (setup), middle (confrontation), and end (resolution), with each respective segment beginning with an important plot point. For sick-lit, the variation of this formula is exposition with some illness symptoms, a diagnosis, treatment, recovery or death, and coping with the aftermath. By using either Freytag or Aristotle as a way to analyze illness stories, it is clear that the structural composition of sick-lit is aligned with these tropes.

⁹ Hall-Clifford, Rachel. "Autopathographies: How 'Sick Lit' Shapes Knowledge of the Illness Experience." *Oxford Anthropology*, University of Oxford, https://www.anthro.ox.ac.uk/sites/default/files/anthro/documents/media/jaso7_3_2015_355_369.pdf.

¹⁰ Freytag's pyramid is a structure designed by playwright Gustav Freytag that is comprised on seven key events in a dramatic narrative: exposition, inciting incident, rising action, climax, falling action, resolution, and denouement.

¹¹ Myers, Scott. "Aristotle and Three Act Structure." *Go Into The Story*, Medium, 1 July 2019, <https://gointothestory.blcklst.com/aristotle-and-three-act-structure-13495168ce73>. Accessed 26 Oct. 2022.

Sick-lit is reliant on a gender imbalance amongst the characters—the ill character is nearly always female. The exact reasoning for this tradition is not clear, but it does follow a historical trend of the romanticization of illness, especially when that illness is found in the female body. A great deal of this idea stems from the historical view of women as the “weaker sex”. Until the last few decades, illness in literature was seen as a moral punishment, so it became a natural course of action for the illness narrative to be used largely for female characters. Some of the resulting works tell valuable stories about young disabled women, while others are wrought with stereotypes. In her book *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*, Diane Price Herndl says, “Neither the woman experiencing an illness nor the author writing a story about a woman’s illness is free of the ways that illness has been represented before, but neither one is entirely constrained either.”¹² It is true that pain, as Virginia Woolf pointed out nearly a century ago, lacks language.¹³ There is no adequate vocabulary to describe pain, but we also lack the vocabulary to describe illness. When sick-lit stories are told, they are inevitably built on the foundation of preexisting works. This linear progression creates an opportunity for the expression of female pain but also limits that expression to a predetermined formula.

As this thesis is concerned with YA books, all of the heroines discussed are under the age of 18.¹⁴ Novels in which adult characters fall ill and die often carry a more complicated narrative arc. The books I’m considering here romanticize the child and this infatuation with the dying child, especially the dying girl, is a tenet of modern tragedy. This trope is both a refusal of and

¹² Herndl, Diane Price. *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940*. The University of North Carolina Press, 1993.

¹³ In “On Being Ill”, Woolf proclaims that the “merest schoolgirl when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to doctors and language at once runs dry.”

¹⁴ The only exception is Beth March, the focus of Chapter One. She is not a teenager when she dies, but is when she first becomes ill.

reflection on how we, as a culture, view sick children and the questions that their existence poses. Katy Hershberger says,

Sick kids in fiction contemplate life's biggest question, they are faced with both eternity and the lack thereof. They are the rare young people who do not believe that they will live forever. There's a magic in almost dying. They know something we don't, it turns them into a mage. Is there anything more dramatic than dying before your time? And yet, what is your time? At what point does it become acceptable, ordinary, to die?¹⁵

As I will discuss further in this thesis, idolization of a sick child is a large component of the popularity of sick-lit. What is more important is what this reveals. Death, and illness as an adjacent, are the most basic fears of the human mind. By inflicting it onto children, it raises the stakes and makes the pondering of mortality far more pressing. To cope with the inherent tragedy, these characters are then made into saint-like figures, as if illness imbues them with an understanding of the world that is unattainable for their healthy counterparts.

To analyze the nuances of the sick-lit genre and its relationship with female protagonists, each chapter focuses on a particular work or novel in a series and its impact on the broader field. Each chapter considers how a singular work fits into the greater context of sick-lit, how it stands on its individual merits, and how it speaks in context with the novels discussed in other chapters.

Chapter One begins with the earliest work analyzed in this thesis: *Little Women* by Louisa May Alcott. *Little Women* is not the first children's book to feature a sick character, or even the first novel to include a sick young woman, but the literary tradition set forth by Alcott sets the precedent for the female characters that appear in sick-lit up until the present day. While Beth March is a beloved figure, as are all of the March sisters, the implications of her illness and death as they apply to the genre cannot be ignored. I argue that scarlet fever is one of the earliest

¹⁵ Hershberger, Katy. "Rereading the Master of 'Dying Teen' Lit." *Literary Hub*, Grove Atlantic and Electric Literature, 12 Dec. 2019, <https://lithub.com/rereading-the-master-of-dying-teen-lit/>. Accessed 22 Apr. 2021.

instances of “narrative prosthesis”¹⁶ and the first commercially popular image of a dying teenage girl. Additionally, Beth’s angelic nature and her lasting memory complicate the idea of truthfulness in illness narratives, particularly when it is applied to the context of female bodies.

Moving forward by more than a century, Chapter 2 takes the idea of “Beth March syndrome”¹⁷ a step further by focusing on the work of author Lurlene McDaniel. The chapter establishes that McDaniel single-handedly created the foundation for the genre in contemporary YA literature, while simultaneously building on the traditions outlined in classic works, such as *Little Women*. Despite the acclaim that McDaniel received for her books, they are deeply problematic narratives underscored by racism and ableism that actively ostracize the very population McDaniel claims to be trying to give light to.

Chapter 3 stays in the same period as Chapter 2 but focuses on an entirely different type of book. Ann M. Martin’s *The Baby-Sitters Club* series was a cultural icon of the 1980s and 1990s and remains a beloved children’s series, especially for young girls. Stacey McGill, one of the original members of the club, is a type 1 diabetic and her diabetes plays a large role in several of the books. She was also one of the first disabled children’s literature characters to have received widespread acclaim.

Chapter 4 is an analysis of John Green’s *The Fault in Our Stars*, arguably the most famous recent work of sick-lit. This chapter investigates how Green actively deconstructs many of the stereotypes that have become expected in the genre. It also looks at how *The Fault in Our Stars* has shaped sick-lit since its publication in 2012, especially regarding the “second-wave” sick-lit that exists today.

¹⁶ Mitchell, David T. and Snyder, Sharon L.. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. University of Michigan Press, 2001.

¹⁷ Grossman, Marni. “Dying Teenagers in Love.” *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

Before proceeding to the thesis itself, it is important that some key pieces of information are understood.

First, as Deborah Harkness says in *A Discovery of Witches*, “all scholarship is thinly veiled autobiography.”¹⁸ This thesis and its ideas are a direct result of my own experience with chronic illness as a twenty-one-year-old woman who has lived with type 1 diabetes for eighteen years. I do not speak for the entire disability community, especially those who have conditions other than diabetes. More importantly, my lived experience was the gateway, but not the backbone of the research and writing that this thesis involved. Scholars of both children’s literature and medical humanities have given attention to the sick-lit genre and its influence. It is also crucial to remember the vast population of disabled and chronically ill children that exist in the world and what it means for them to see themselves in literature.

Second, the focus of this thesis is extremely limited by design. Young Adult literature is most commonly considered to be for readers ages 12 to 18.¹⁹ This genre can be expanded to include books written for the Middle-Grade age group (8 to 12)²⁰, leading to confusion about where some novels should be classified. Several books discussed, particularly Ann M. Martin’s *The Baby-Sitters Club*, may be seen under different categories than strictly YA. Beyond age group, the books this thesis focuses on are all realistic fiction. That is not to say that there are not disabled teenagers to be found in YA fantasy and science fiction²¹, just that they are not relevant

¹⁸ Harkness, Deborah. *A Discovery of Witches*. Penguin Books, 2011.

¹⁹ Cart, Michael. “The Value of Young Adult Literature.” *Young Adult Library Services Association (YALSA)*, 15 Nov. 2011, <https://www.ala.org/valsa/guidelines/whitepapers/yalit>. Accessed 13 Jan. 2022.

²⁰ Maughan, Shannon. “Navigating Middle Grade Books.” *PublishersWeekly.com*, PWxyz, LLC., 18 Apr. 2018, <https://www.publishersweekly.com/pw/by-topic/childrens/childrens-industry-news/article/76625-navigating-middle-grade.html>. Accessed 26 Feb. 2022.

²¹ My favorite examples are Kaz Brekker from Leigh Bardugo’s *Six of Crows* duology and Harper from Brigid Kemmerer’s *A Curse So Dark and Lonely* trilogy.

to my purpose. The subject matter is further limited by its focus on female characters. As previously stated, a vast majority of sick-lit is about girls, but there are a few popular titles with male protagonists.²²

Third, a note on language. The exact parameters that chronic illness falls under in relation to disability as a whole are still debated, but this thesis was written based on the belief that chronic illness is a subset of the disability community. I, therefore, use words like “sick”, “ill”, “ailment”, and “disability” interchangeably. This is due to my relationship with language as a result of my lived experience of chronic illness and especially applies to times where identity-first language (i.e. “disabled child”) is used in place of person-first language (i.e. “child with a disability”).²³ Like nearly all of the language decisions, this is a reflection of my opinion on these systems of identification. These choices are mine, but they are informed by extensive research and experience.

²² Examples include Zac Meier from *Zac & Mia* by A. J. Betts and August Pullman from *Wonder* by R. J. Palacio.

²³ Hawley, Erin. “Person-First and Identity-First Language Choices.” *National Aging and Disability Transportation Center*, 1 Sept. 2020, <https://www.nadtc.org/news/blog/person-first-and-identity-first-language-choices/>. Accessed 7 Feb. 2022.

“An Angel in the House”: The Beautiful Suffering of Beth March

“There are many Beths in the world, shy and quiet, sitting in corners till needed, and living for others so cheerfully that no one sees the sacrifices till the little cricket on the hearth stops chirping, and the sweet, sunshiny presence vanishes, leaving silence and shadow behind.”

- Louisa May Alcott, *Little Women*

In 1868, Louisa May Alcott published *Little Women*, the story of four sisters growing up in central Massachusetts. The novel was an instant hit and its success was attributed to Alcott’s ground-breaking use of the domestic sphere to investigate the lives of teenage girls. *Little Women* was a particularly honest tale about the realities of early to mid-nineteenth century life, which stood opposed to the moralistic messages of many novels published during that time. On October 19th, 1868, the *Salem Register* (Salem, MA) called the story “a charming picture of the first act of an interesting domestic drama.”²⁴ The idea for the book came from Alcott’s publisher, who asked her to try writing a book designed for a female audience. To write the story, she pulled from her childhood and familial relationships. Meg, Jo, Beth, and Amy were based on Alcott and her three sisters, as she famously said that “I could not write a girls' story knowing little about any but my own sisters.”²⁵ The novel was a bestseller, mainly among young girls, and it was one of the first coming-of-age novels to focus on women. Each of the four central characters has a distinct personality and unique hopes for the future, a rarity for female characters of the time. The original publication of *Little Women* (Part I) follows the girls as children and stops during their teenage years, but Alcott published a sequel the next year, titled *Good Wives* (Part II), that details their lives as young adults; modern publications put both volumes together under the

²⁴Young, Patrick. “Miss Louisa May Alcott Publishes a Novel for Girls: Press Reacts to ‘Little Women’ 1868 & 1869.” *The Reconstruction Era*, The Reconstruction Era, 21 Dec. 2019, <https://thereconstructionera.com/miss-louisa-may-alcott-publishes-a-novel-for-girls-press-reacts-to-little-women-1868-1869/>. Accessed 4 Dec. 2021.

²⁵ Rioux, Anne Boyd. *Meg, Jo, Beth, and Amy: The Story of Little Women and Why It Still Matters*. W. W. Norton & Company, 2018.

original title. As most who have read the book or seen the numerous film adaptations remember, only three of the four sisters grow old enough to marry. Beth, the third March daughter, falls ill with scarlet fever in Part I and later dies from complications of the illness in Part II. The character arc of Beth March serves as a volume in the expansive history of dying teenage girls in literature, while also beginning a new iteration of the trope.

Of the four sisters, Beth is the least developed character but is paradoxically lauded throughout the novel as the best of the March girls. She is shy, gentle, and serves as the family peacemaker. While Meg, Jo, and Amy each have glaring flaws, Beth is written to be the perfect girl. This is asserted from the very start of the novel, in the opening scene itself. Meg, the eldest daughter, tells Beth that she is "...a dear, and nothing else" (5). Calling her "a dear" is a sweet sentiment, but claiming that it is all that she is as a person is both dismissive and reductive. While the comment could have been ignored as a slip of the tongue if it was later refuted, the meaning carries through the entire novel by both Beth and her family. At no point is she praised for anything other than her caring nature and her musical talents, which she says keep her "perfectly satisfied" (126). Unlike her sisters' ambitions—especially Jo's writing—Beth's only goal in life is to care for her family; even her skill at the piano is something she only endeavors to use to please her sisters. Beth's venerated personality is actually a lack of identifiable traits. Jo is ambitious but impulsive, Meg is considerate but envious, Amy is artistic but selfish; Beth is simply kind. The only aspect of her personality that has ever been identified as a "fault" by fans of the novel is her shyness,²⁶ which is more of a personality nuance than a legitimate flaw.

As admirable as Beth's nature is, it is unclear if her lack of personal goals is the result of her own desire for life or an inability to escape her place within her family. An answer to that

²⁶ "Elizabeth March." *Little Women Wiki*, https://littlewomen.fandom.com/wiki/Elizabeth_March. Accessed 8 Dec. 2021.

question is never revealed, as her illness chains her to the house itself and, by association, her family. The sudden illness seems unexpected but it is the only plotline that allows for her ultimate fate to come to fruition without any pushback. It would have been narratively unsupportable for Beth to remain in her home for her entire life, given that all of her sisters can, and do, leave. The use of illness as a *deus ex machina* is not revolutionary by any means. The tradition of the “narrative prosthesis”, as it was dubbed by David T. Mitchell and Sharon L. Snyder in *Narrative Prosthesis: Disability and the Dependencies of Discourse*²⁷, goes back centuries before Alcott’s life. One of the earliest examples comes from Sophocles in the form of Oedipus’s limp in *Oedipus Rex* and it can also be seen in Shakespeare’s *Richard III* through the titular protagonist. Both Sophocles and Shakespeare use disability as a symbol of moral weakness. While Beth is not morally flawed or “evil”, her illness is still a plot device used to communicate her narrative arc. By making Beth March’s health decline, Alcott ensures that she is equally imprisoned by her lack of character and her ill health, stemming from her stereotype as the “good girl” of the March family by invoking the tired trope of bestowing tragic death onto morally good characters. Meg, Jo, and Amy suffer few losses outside of their grief for their sister—but Beth loses her life.²⁸

²⁷ Mitchell, David T. and Snyder, Sharon L. *Narrative Prosthesis: Disability and the Dependencies of Discourse*. The University of Michigan Press, 2000.

²⁸ That is not to undermine the reality of grief or the depiction of it within *Little Women*, but merely to contrast the great difference between the suffering undergone by the March women.

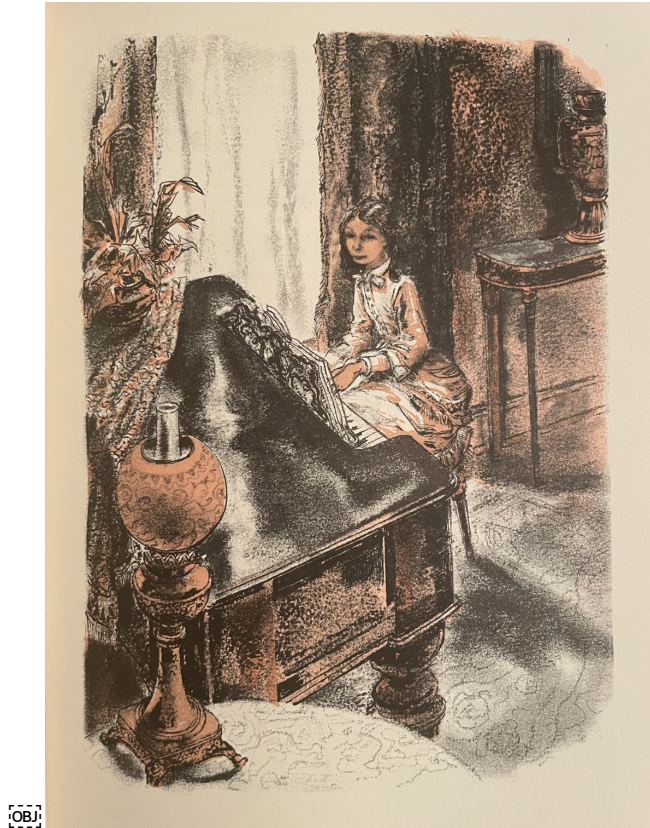


Figure 1. “Beth at her new piano.” Art from *Little Women* (Easton Press, 1976)

Tied to Beth’s role as the family “Mouse” (5), she is viewed as a child even as she ages. At the time of her death, Beth was about twenty years old.²⁹ In the nineteenth century, she would have been old enough to marry³⁰ and have children, and in any era, she was far too old to be considered anything other than an adult. There is one point at which Jo tells Marmee that “Beth’s eighteen, but we don’t realize it, and treat her like a child, forgetting she’s a woman” (283). This is the only scene that calls into question Beth’s true age, as during all others she remains separate from Meg, Jo, and Amy; the child in a group of young women. In one notable scene, Mr. Lawrence refers to her as “dear little Beth” (374) after her death, exposing the sentiment that she

²⁹ This is an estimate based on her age during other chapters of *Little Women* and the progression of time in the book.

³⁰ According to the United States Census, the average age for a first marriage was 22 for women in 1890.

is restrained by her family's own beliefs about who she was. It makes her death seem more painful, that she is the sister who fails to grow into a woman. Each of her sisters marries for love and finds a suitable life purpose, all while Beth is in her grave, reduced to a memory.

Within that continuum exists the central question of Beth March: why is she remembered as just the dead girl? At the most basic level, the answer is that it is the truth. Beth was based on Alcott's sister Lizzie, who died from the effects of scarlet fever when she was in her early twenties³¹. In studying the connection between Beth and Lizzie, it becomes increasingly clear that Beth's infantilization was modeled after Lizzie's role within the Alcott family. From the surviving letters and diaries, ample evidence exists to show that Lizzie was also characterized as a child by her loved ones, despite being twenty-two when she died. Lizzie's writings³² reveal her to be an intelligent young woman with a dark sense of humor, none of which is present in her family's remembrance of her. Carmen Maria Machado, a contributor to *March Sisters: On Life, Death, and Little Women*, says, "Lizzie's family had a narrative about her, and it killed her. Not just once, but over and over again. A woman who lived and had thoughts and made art and was snarky and strange and funny and kind and suffered tremendously and died angry at the world becomes sweet, soft Beth. A dear, and nothing else."³³ It makes sense then, that when Lizzie was translated into the world of *Little Women*, her counterpart would have her story similarly monopolized by those who claimed to love her the most.

Lizzie was a real person, and there is no symbolism in her death beyond tragedy, despite whatever insight her life can give scholars into the character of Beth March. Beth, however, exists within the context of a work of literature and her death becomes metaphorically more

³¹ Lizzie died on March 14th, 1858, at the age of 22. She had been ill for over two years at the time of her death.

³² The only remaining work of Lizzie's are a few letters and diaries. It is not known if she was an infrequent writer or if her work was lost to time.

³³ Bolick, Kate et al. *March Sisters: On Life, Death, and Little Women*. Library of America, 2019.

significant than Lizzie's did. Regardless of the underlying cause of her death, the result is a character who remains in perpetual girlhood. Anne Boyd Rioux claims that "each of the sisters finds a path to womanhood that suits her—or falters along the way, as Beth does. Is it a mysterious illness or a refusal to grow into a woman's body that kills Beth? Either way, her story is a cautionary tale about some girls' failure to thrive."³⁴ Rioux's argument reverses the previously held assumptions about Beth's death. Rather than being unable to age due to her death, Beth's inability to grow into adulthood is the cause. This is supported by the numerous points at which Beth resigns herself to dying young. She is the one who embraces her approaching end and helps her family cope with the loss—a caretaker, even on her death bed. But before it is clear that she is dying, no discussion or speculation of what Beth will be like as a grown woman occurs. In a letter written by Amy to the March family, she says that "one of us *must* marry well; Meg didn't, Jo won't, Beth can't yet, so I shall" (280). At this point, it is important to remember that the birth order of the sisters places Beth before Amy, despite how her family treats her as the youngest sister. By declaring that her sister "can't yet" marry, Amy buys into the narrative that has been promulgated by her older sisters and parents. It is the word choice here that is most revealing: Meg "didn't", Jo "won't", Amy "shall", but Beth "can't". Why can't she? Both Jo and Beth indeed claim they will never marry, yet Jo is constantly reminded of the possibility of love while Beth is relegated to the corner with her dolls. The truth is that Beth is not allowed to marry because doing so would contradict everything she has been told to be. By dying young, Beth's image as "a dear, and nothing else" is preserved for eternity.

³⁴ Rioux, Anne Boyd. "What really killed Beth March? And other gender lessons from 'Little Women'." *Salon*, September 30, 2018.
<https://www.salon.com/2018/09/30/what-really-killed-beth-march-and-other-gender-lessons-from-little-women/>. Accessed 20 Nov. 2021.

While Beth's illness and subsequent death are central to her character, the way in which she dies deserves its own investigation. The cause of her death, scarlet fever, is unfamiliar to a modern reader, but it was a common cause of death in Alcott's time. Beth did not die directly from the illness; she initially recovered. By nature of falling ill twice throughout the novel, Beth is able to enact both of the major endings given to characters in sick-lit: miracle cure and death.³⁵ During Beth's first bout with the fever, Meg and Jo tend to her until she becomes so unwell they call Marmee home from tending to their ill father in Washington D.C., fearing Beth will not survive much longer. As she trembles at the precipice of death, she is pulled back for some mysterious reason, although her family attributes her recovery to their dutiful care. Beth goes on to live several more years, but she is marked by the effects of scarlet fever. The fever is commonly regarded to be a short-term illness, even though it causes long-term complications.³⁶ For this portion of her life, Beth falls decidedly into the group referred to as "chronically ill"³⁷ in today's world. The most probable cause of her death is heart disease as a result of untreated scarlet fever, which would explain her paleness and fatigue in her last few years.³⁸ As previously stated, Beth falls ill again in the second part of the novel, this time less spontaneously, and dies in her bed.

³⁵ Jae, Ava. "Why the 'Miracle Cure' Trope Hurts." *Writability*, Blogger, 2015, <http://avajae.blogspot.com/2015/05/why-miracle-cure-trope-hurts.html>. Accessed 3 Apr. 2021.

³⁶ The CDC says that scarlet fever has been proved to cause pneumonia, rheumatic fever, post-streptococcal glomerulonephritis, and arthritis.

³⁷ Beth's illness lasted roughly two years and reduced her ability to perform daily tasks, such as dancing or knitting, which fits the criteria for a chronic illness.

³⁸ The CDC outlines symptoms of rheumatic fever as fever, fatigue, and rash. Heart failure often results from this condition.



Figure 2. Claire Danes as Beth March in Gillian Armstrong's *Little Women* (1994)

It is Beth's kindness that kills her and the specific type of kindness she shows is an extension of her status as a woman in America during the nineteenth century. Before leaving to go tend to her husband, Marmee had been visiting and caring for the Hummels, a poor family in their town. All four girls were entrusted with the task of carrying on her work, but it is only Beth who follows through. During one of these visits, the Hummel baby dies in her arms from scarlet fever and passes it onto Beth. All of this makes narrative sense given Beth's previous actions, but what does not fit is how she retains her kind nature through her suffering. This becomes a trademark characteristic of Beth March: being the ideal patient and accepting death. It is Jo who rages at this unfairness, not Beth. This concept becomes more evident during her second bout with the illness. Beth is the first one to realize she is going to die and has a conversation with Jo nearly a year before her actual death:

“Not through me,” said Jo decidedly. “Amy is left for him, and they would suit excellently; but I have no heart for such things, now. I don’t care what becomes of anyone but you, Beth. You must get well.”

“I want to, oh, so much! I try, but every day I lose a little, and feel more sure that I shall never gain it back. It’s like the tide, Jo, when it turns, it goes slowly, but it can’t be stopped.”

“It shall be stopped, your tide must not turn so soon, nineteen is too young. Beth, I can’t let you go. I’ll work and pray and fight against it. I’ll keep you in spite of everything; there must be ways, it can’t be too late. God won’t be so cruel as to take you from me,” cried poor Jo rebelliously, for her spirit was far less piously submissive than Beth’s. (327)

Beth comforting an emotional Jo is well within the scope of *Little Women* but it is unfair that Beth is expected to be the comfort for her family. When the March family accepts that Beth will not be with them much longer, they “put away their grief, and each did his or her part toward making that last year a happy one” (362). She moves to the best bedroom in the house, in which all of her favorite things are placed. In trying to compensate for the impending loss, Beth’s family shows her a type of attention and care that had been lacking for much of the novel. What is more interesting is that during the time that Beth is finally allowed to be as selfish as she pleases, she is still giving to others. She knits mittens for the school children who walk by her window and spends her time with her sisters. Her death becomes more palatable for readers because of her acceptance of it and her endless well of generosity. If she had fought against it, she might have been remembered differently.

Outside of her personal nature, the other dominant theme of Beth’s death is the duality of beauty and horror. Beth is described as having a “hoarse, broken voice” (160) and “a shadow of pain” (220) on her face, but is nearly simultaneously said to have a “serene soul” (363) and speaking “hopefully of being better soon” (220). By counteracting the realistic brutality of illness with the idea of Beth as an “angel”, death itself is effectively sanitized. It is not truthful to act as if death would have bestowed Beth with otherworldly grace. The act of dying is ultimately a graceless one, and it is made more repulsive by the nature of the patient being so young. Beth, however, is not allowed her pain in body or spirit. There are few physical signs of illness noted,

and film adaptations often mark her state with either pale makeup or pink cheeks to show the fever.³⁹ Beth is never depressed or angry about her untimely end. She does not scream or rage or even cry but accepts it with the characteristic grace that she shows throughout the novel. During her slow death, Beth transcends the boundaries of the human experience and becomes a nearly divine force. Just before Beth tells her that she knows she is dying, Jo sees her face and says, “It was no paler and but little thinner than in the autumn; yet there was a strange, transparent look about it, as if the mortal was slowly being refined away, and the immortal shining through the frail flesh with an indescribably pathetic beauty” (325). Even during her most acutely human moments, Beth is characterized as something other than a young woman. She is beauty, she is grace, she is an angelic figure. Her death is no more her own than her short life was.

Whether intentional or not, Alcott’s decision to have Beth die began a trend in young adult literature that persists to the present day. The narrative arch that Beth falls into, the tale of a wonderful girl who dies from a sudden illness, appears repeatedly. Marni Grossman has dubbed this phenomenon “Beth March syndrome” after the *Little Women* heroine.⁴⁰ But for such a trend to exist, there has to be a need for it. Grossman ties her ideas about Beth to the prolific writer Lurlene McDaniel, who published over 70 young adult novels in the 1980s. Over a century separates McDaniel’s work from Alcott’s. Despite the drastic difference in the time, teenage girls were obsessed with their books. Why do young women love stories about dead girls? Grossman attributes this desire for tragic endings to the very reason that “girl books” exist at all: the expectations placed on girls are so drastically different from those given to boys that it alters the fundamental experience of growing up. Grossman goes on to claim that,

³⁹ Examples include the 1994 and 2019 film adaptations. *Little Women* (1994) showed Beth as extremely pale, whereas *Little Women* (2019) had her flushed from the fever.

⁴⁰ Grossman, Marni. “Dying Teenagers in Love.” *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

All girls are susceptible to Beth March syndrome, because we're taught that suffering is a woman's most noble role, and bearing the wrath of a terminal illness lends an innate goodness to the sufferer. In literature, men go to war to become heroes, achieving immortality through great acts, while women earn their place by courageously battling illness before graciously dying.⁴¹

The idea of women's suffering is an omnipresent theme in *Little Women*; it is the March women who stay home, scraping by with meager funds, while their father is away fighting a war. This notion comes back twofold for Beth, who is bestowed angelic goodness upon her death. Within a feminist framework, the implications of this disturbing phenomenon are intertwined with the traditional ideas of women as the weaker sex, both mentally and physically. Leslie Jamison supports this reading, musing "the possibility that being a woman requires being in pain, that pain is the unending glue and prerequisite of female consciousness."⁴² By giving young girls literature filled with this narrative, it confirms their innate fears about what the world expects from them.

⁴¹ Grossman, Marni. "Dying Teenagers in Love." *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

⁴² Jamison, Leslie. "Grand Unified Theory of Female Pain." *VQR Online*, Vol. 90, No. 2, 2012. <https://www.vqronline.org/essays-articles/2014/04/grand-unified-theory-female-pain>. Accessed 9 Mar. 2021.



Figure 3. Emma Watson, Florence Pugh, Saoirse Ronan, and Eliza Scanlon as Meg, Amy, Jo, and Beth in Greta Gerwig’s *Little Women* (2019)

Little Women is considered to be a stand-alone novel but was intended by Alcott to be part of a series. Sequels to the work include *Little Men* and *Jo’s Boys*. While the focus of these books is on Jo and the boys at the school she opens at the conclusion of *Little Women*, Alcott spends significant time on the remaining sisters. Amy, who ends *Little Women* as a newly married wife to Teddy, goes on to have one daughter. The baby girl is referred to as “Bess”, a diminutive of her full name, Elizabeth, in tribute to her deceased aunt. Bess is born frail, with unidentified health concerns, and the possibility of her not surviving childhood seemed likely. She does survive, but her challenging start to life brings the concept of chronic illness and death to the next generation. On a darker note, Bess serves as both reincarnation and foil to Beth. Outside of the memorial name, the two girls have remarkably similar personalities, but what differentiates them is their ability to “overcome” the constraints of their illness. Beth, as has been explored at length in this chapter, succumbs to the effects of her initial infection and dies an

angelic death befitting of her personality. Bess shares the subdued nature of her aunt, but ultimately “triumphs over” her childhood illness and becomes a healthy teenager. What Bess Laurence shows us about illness is that tragedy is as interwoven into the fabric of life as joy is. Like the death of Beth, Bess’s illness is also framed, at least to some degree, as a moral infliction. Bess’s mother Amy was the March girl who served as the opposite of Beth. By having her then become the parent to the next generation, Amy implies that her daughter’s illness is her final trial to prove her selflessness and responsibility; both of which are qualities she lacked as a child. Amy was not present at Beth’s deathbed because she was traveling in Europe and, by then parenting a sick child, she is absolved of the guilt of not being present for her sister’s demise. Bess, therefore, becomes just as much a vehicle for another character’s development as Beth was.

Little Women has formed a legacy in the one hundred and fifty-four years since its publication. Each new generation of American girls is introduced to the March sisters by way of film adaptations, graphic novels, and modern rewrites of the original story. It is a story that is handed down from grandmother to mother to daughter. But by passing down this novel, the legacy of Beth March is upheld as an ongoing standard of the illness narrative. In a review of Greta Gerwig’s 2019 film adaptation of *Little Women*, Elyse Durham says “Beth, more than anyone, knows what it means to be bound by time. And yet, Beth faces her end with bravery.”⁴³ Without ever saying the word “death”, Durham captures the ongoing ways that Beth becomes the original model for the sick girl trope. Beth March is not allowed to be a feminist icon like Jo, an admired mother like Meg, or even have a completed character arc like Amy. She is a lesson to

⁴³Durham, Elyse. “What Greta Gerwig's New Take on 'Little Women' Teaches Us about Death.” *America Magazine*, America Press Inc., 7 Apr. 2020, <https://www.americamagazine.org/arts-culture/2020/02/07/what-greta-gerwigs-new-take-little-women-teaches-us-about-death>. Accessed 5 Mar. 2022.

young women about how they should live their lives and what it means to maintain grace while in immense pain. It is not wrong to say she is a brave character and that nuance of her character is often forgotten. Her reserved personality is not the mark of someone who fears the world but is symbolic of her choice to embrace kindness when the world has not been kind to her. That is not a downfall, not in the slightest. What is a loss is how she is pigeonholed into a box so tight that she is unable to falter for even a second. Beth March is not afforded the simple grace of being able to slip up because she is more lesson than she is a girl. If we ignore the truth of that and refuse to acknowledge the root of our cultural obsession with illness in women, it does a disservice to everyone who upholds Beth as a standard of female character.

Two truths can exist at once without inherently making one void. *Little Women* is one of the best works of literature to come out of 19th century America and it also failed one of the four main characters. That does not make the entire book worthless or make it so that we can ignore Beth March entirely. She was brave and kind and the support system of the entire March family. The least she is owed is the decency of a legacy more than “a dear, and nothing else” or the poor little dead girl. It seems so simple, but Beth’s illness and death allow readers to feel comfortable writing her off as the sister who fails to grow. We never stop to wonder what she would have been like at 25, 35, even 75. That resistance to consider the real tragedies of illness is what allows the stereotype of the beautiful sick girl to endure and what cages Beth March to her sickbed.

“That Doesn’t Sound like Normal Teenage Conversation”: Lurlene McDaniel’s Idealist Tragedies

“When your best and dearest friends were sick girls, it was difficult to talk about them.”

- Lurlene McDaniel, *All The Days of Her Life*

I read my first romance novel when I was eleven, a book titled *Letting Go of Lisa*. It was a tame romance, one I had found in my middle school’s library. When I brought it home and left it sitting on the kitchen table, my mother was taken aback. She questioned me about it, showing a concern that she had previously never exerted over my reading material. Being young and oblivious, I was unclear about why she seemed upset and went to ask my dad. I can remember the exact conversation, although it’s been over a decade. He looked visibly uncomfortable and said, “I think your mom doesn’t like how the couple looks all, uh, lovey-dovey on the cover.” Still lost, I responded with, “Oh, I assumed it was because of the brain tumor.” The book was not just a high school romance, but the chronicle of love and loss between two teens, one of whom was actively dying of terminal cancer.

Letting Go of Lisa was the product of sick-lit juggernaut Lurlene McDaniel. From the mid-1980s to the early 2000s, McDaniel published over 70 young adult novels, nearly all of which involve some sort of major tragedy. Her favorite was a life-threatening illness, especially cancer. She also dove into the realms of diabetes, organ failure, and HIV/AIDS. Her popularity took off in 1985 after the publishing of *Six Months to Live*, the first novel in what would later become a series referred to as the *Dawn Rochelle Quartet*. After this first success, McDaniel turned to exclusively writing sick-lit and earned the nickname of the “crying-and-dying lady”⁴⁴. As morbid as it sounds, there was a huge market for it amongst

⁴⁴ Weil, Julie Zauzmer. “Lurlene McDaniel Has Made a Career of Making People Cry.” *The Washington Post*, WP Company, 10 Aug. 2018, <https://www.washingtonpost.com/entertainment/books/lurlene-mcdaniel-has-made-a-career->

preteen and teenage girls. While I was born slightly too late to read McDaniel's novels during their initial publication,⁴⁵ I was as hooked on her writing as the original audience of girls in the 1990s. After finishing *Letting Go of Lisa*, I spent months reading every McDaniel book I could get my hands on. By the end of the sixth grade, I could describe the long-term side effects of anti-rejection medications and the symptoms of pediatric leukemia, which was in part due to McDaniel's distribution of diagnoses and my own affinity for cancer and organ transplant stories. I was far too young at the time to differentiate between "good" and "bad" literature. At that point in my life, *Six Months to Live* held the same amount of emotional and intellectual impact as *Tuck Everlasting*.⁴⁶ I read the books simply because I enjoyed them and felt that they were important in some way. When I took the time to reinvestigate McDaniel's body of work as an adult, I had accepted they were not as well-written as I remembered, but I was stunned by the fact that it was worse than I could have imagined. The covers are horrendous, each book follows the same formula as the rest, and the characters are at best unrelatable and at worst unlikable. That, coupled with the rampant sexism, racism, and ableism, makes it seem impossible that McDaniel was capable of producing any sort of fanbase, much less one as large as she did. If it isn't her writing that makes her books so popular, then what is it? If we pretend that McDaniel's work is simply an example of "trashy literature", it would come at the cost of ignoring the very real effects of her novels. McDaniel took on the challenge of writing about illness and death in teens at

[of-making-people-cry/2018/08/09/a6db5ac8-0d9f-11e8-8b0d-891602206fb7_story.html](https://www.washingtonpost.com/entertainment/books/lurlene-mcdaniel-has-made-a-career-of-making-people-cry/2018/08/09/a6db5ac8-0d9f-11e8-8b0d-891602206fb7_story.html).
https://www.washingtonpost.com/entertainment/books/lurlene-mcdaniel-has-made-a-career-of-making-people-cry/2018/08/09/a6db5ac8-0d9f-11e8-8b0d-891602206fb7_story.html.
Accessed 16 Dec. 2021.

⁴⁵ McDaniel officially retired from writing in 2019. However, her popularity had been dwindling since about 2004.

⁴⁶ Babbitt, Natalie. *Tuck Everlasting*. Farrar, Straus and Giroux, 1975.

a time when it was not as commonplace or accepted. Her writing is still considered one of the most influential forces in the sick-lit genre, if not the foundation of the entire field.

McDaniel's books were published at a time when YA literature defined itself by cheap paperbacks with pastel illustrations. The covers of her books both followed and refuted this trend through the images displayed on the front. While her books were, and still are, published primarily in mass-market paperback, a significant effort went into differentiating these books from *The Baby-Sitters Club* and *Sweet Valley High*. The titles were enough to express this sentiment, especially when it came to ones like *Baby Alicia is Dying* and *Mother, Help Me Live*. If the titles did not make it clear what these books were about, the covers most certainly did. Each one featured a model as a stand-in for the heroine staring wistfully into the distance, sometimes accompanied by a boyfriend or sister. These cover models were able to look sad, but not sick. By making their illnesses physically invisible, these covers remove the idea that the sick protagonist is visibly different from the healthy reader. This erasure of the physical aspects of chronic illness is entangled with the concept of illness as romantic, as well as implying that the experience of illness restricts itself to the most socially acceptable patients. The unspoken message of the covers is that it is only permissible to talk about illness when it is through the mediating force of traditionally beautiful girls. This heterogeneous imagery is in part a reflection of the repetitive nature of the heroines themselves. The respective plots of McDaniel's novels were as formulaic as the images on the covers. Her focus included only white, middle-class teenagers, as her covers show. Most of her novels involve an ordinary girl developing strange symptoms, getting a serious diagnosis, going through treatment, and either recovering or dying. If the heroine doesn't die, someone else will. In the *Dawn Rochelle*

series, Dawn develops leukemia, meets her best friend Sandy in the cancer ward, and ultimately survives her illness while Sandy dies. Despite the morbidity of McDaniel's endings, her method closely mimicks other mass-market paperbacks by making the outcome so predictable that the reader is comforted by the inevitable end. The stakes, high as they are, are set from the start and there is never any doubt about where the path is leading.

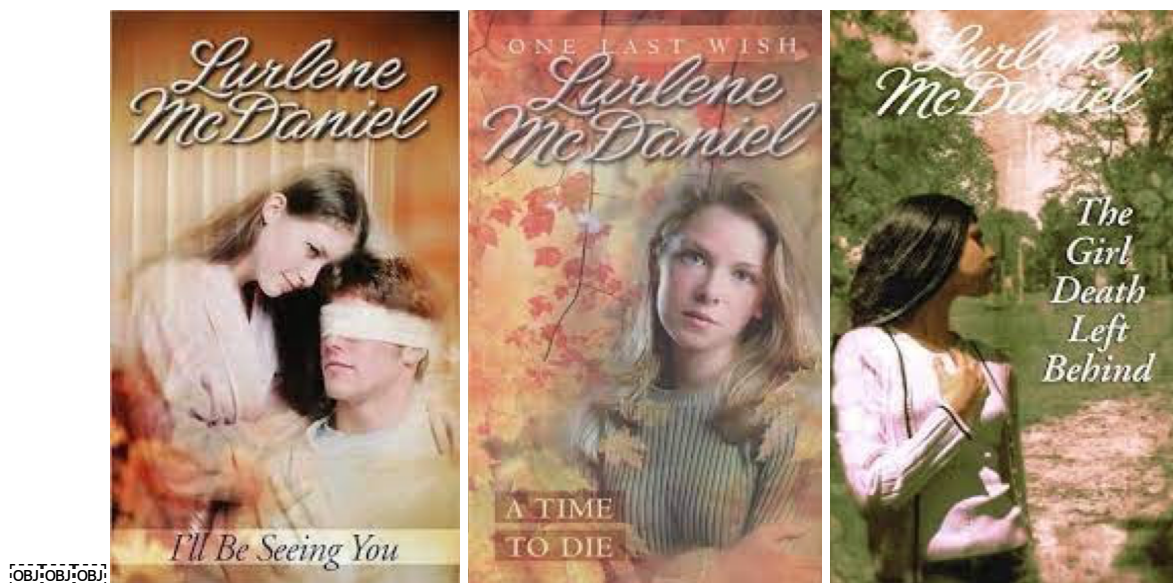


Figure 4. Cover Art for *I'll Be Seeing You* (1996), *A Time To Die* (1992), and *The Girl Death Left Behind* (1999)

One of the key literary techniques utilized by McDaniel is her use of third-person omniscient narration. While this is a common style of narration in children's and YA literature⁴⁷, the use of it in McDaniel's novels serves a complex purpose. By their nature, these books take away identity and autonomy from their protagonists by placing them into situations they cannot control. Not allowing her heroines the chance to tell their own stories further distances them from a sense of self and prevents the reader from having the chance to truly understand them. The characters are not driving the story, their illness is. By looking

⁴⁷ Examples include the *Harry Potter* series by J. K. Rowling and *Charlotte's Web* by E. B. White.

at illness a step removed from the person experiencing it, McDaniel appeals to an inner voyeurism. Alana Kumbier says that McDaniel's use of third-person narration "allows readers to access the emotional responses—however trite and melodramatic—of all major characters. It also prevents direct identification and places readers in a perfect position to pass judgment on characters and use them as vessels through which we experience our desired emotions, including pity, sadness, and inspiration."⁴⁸ The third-person narration style ties closely into the lack of personality in the protagonists. By making sure readers remain unattached to the characters, the ultimate purpose of the novel succeeds. The point is not to cry over the death of a specific character but to mourn for the existence of death and allow for the exploration of emotions that are just becoming relevant for teenage readers, although the point stands even if the reader has experienced some of what McDaniel's work shows. The central purpose of sick-lit, specifically when it comes to authors like McDaniel, is catharsis. The novels are exploitations of human fears about death and sickness. In *Six Months to Live*, Dawn is tasked with treating an illness that she doesn't know if she will survive. Other novels, like *She Died Too Young*, explore both illness and grief when the ill protagonist outlives a close friend. Making the sick girl the star of the story gives readers a window into what it means to grapple with mortality, but the distance between themselves and the characters makes this exploration of death safe as the loss is kept confined to the fictional world.

⁴⁸ Kumbier, Alana. "YA Novels Treat Sick Girls like Perverse Fascinations." *Bitch Media*, Bitch Media, 6 June 2018, <https://www.bitchmedia.org/article/in-sickness/the-popularity-of-illness-lit>. Accessed 23 Mar. 2021.

The unintended consequence of the illness narrative, when used in this way, invites a reader's misconceptions about illness and the implication that the way these books show illness is a realistic representation. Katy Hershberger says,

McDaniel created a fantasy out of youth illness. Her characters suffer but endure, perhaps weaker in the body but stronger where it counts. They learn something about family and friendship and love and what truly matters in the world, and carry that with them, wisely ever after. If they have to die—and only the non-point-of-view characters do—they do it surrounded by friends and family, convinced of the love of their crush.⁴⁹

These novels romanticize illness by the insistence that suffering must be beautiful to be worthy. McDaniel's heroines are noteworthy only because they are sick, which gives the impression that terminal or chronic illness is a gateway to memorability. This claim is supported by the confessions of sick-lit readers such as Grossman, who says that she “envied the girls in McDaniel's books, not in spite of their ailments but because of them.”⁵⁰ Her words illuminate a new aspect of the popularity of sick lit: that readers may be idolizing characters because they are sick. The predominant understanding is that a novel with an illness plot should teach young readers to see past differences, but Grossman implies that the opposite is true. Instead of teaching teenagers about the lives of the disabled and chronically ill, McDaniel creates a space for her readers to learn that illness is simply a dramatic plotline. The production of these novels is creating a generation of teenagers who consider illness to be romantic. These readers, therefore, view ailments like leukemia with the same desire that extends to other YA tropes, like magic powers. I can't say I blame them when the only way they ever encounter chronic illness is within the perfect bodies of angelic heroines.

⁴⁹ Hershberger, Katy. “Rereading the Master of ‘Dying Teen’ Lit.” *Literary Hub*, Grove Atlantic and Electric Literature, 12 Dec. 2019, <https://lithub.com/rereading-the-master-of-dying-teen-lit/>. Accessed 22 Apr. 2021.

⁵⁰ Grossman, Marni. “Dying Teenagers in Love.” *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

There is no way to pretend as if McDaniel does not have some culpability when we consider how she frames her sick girls. Above all else, they are desirable and enviable, which then makes their illness an extension of the reverence that readers have for them. Dawn Rochelle, for example, is described as a “cheerleader for Adams Junior High” (6) with “long, auburn hair” (20). Even in their worst moments, these characters retain some form of their beauty and their pain is glorified. What teenage girl doesn’t wish to be seen like that? Young adult literature has a long track record of capitalizing on this aspect of the adolescent psyche by centering on protagonists who are “special” in some way.⁵¹ In sick-lit, the special quality is an illness, which is not special at all, just tragic. This distortion of tragedy and romance is ultimately caused by the way the sick characters view their illness and how those characters are then treated within the context of the work.

As characters, the protagonists of McDaniel’s book lack any kind of depth or development. Most have the personality equivalent of a stock character and have only a few definitive traits. To some degree, this can be explained by the publishing trends at the time.⁵² Mass-market paperbacks do not offer the same opportunities for deep character exploration as more classic literature does. But more perplexing than her characters’ banal existence is their resignation to their fate. McDaniel’s work is the foremost example of “Beth March syndrome”⁵³ in contemporary literature. Her characters are all well-behaved, girl-next-door types who are utterly unremarkable before their diagnoses. Being sick makes them

⁵¹ Consider a few of the most popular Young Adult novels of the last few decades: Rick Riordan’s *Percy Jackson & the Olympians* and Suzanne Collins’s *The Hunger Games*. In both, the protagonist has a quality that sets them apart from other teenage characters. This can also be labelled as the “Chosen One” trope.

⁵² See Chapter Three for more information about YA and children’s publishing during the 1990s.

⁵³ Grossman, Marni. “Dying Teenagers in Love.” *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

interesting, but it also gives them a chance to prove how perfect they are. They are shocked, sometimes sad, but never angry or defiant about their fate. After Sandy's death, Dawn finds a page from the Bible in which Sandy had marked Ecclesiastes 3:1-8, which says "To everything there is a season, and a time to every purpose under the heaven: A time to be born, and a time to die" (130). It is a reflection of McDaniel's Christian faith⁵⁴, to accept all tragedy as the will of a higher power, but it is starkly removed from reality.

There is one character who does not fit McDaniel's mold: Lacey Duvall from the *One Last Wish* Series. Lacey is a teenager with diabetes who refused to accept her condition, repeatedly trying to affirm that her diabetes does not qualify her to be in the same category as other children with chronic illnesses. Not only does she reject her illness, but she also rejects the diagnoses of others at the Jenny House, the summer camp for teenagers with medical challenges where a number of the books are set. She memorably tells Katie, another Jenny House resident and heart transplant recipient, that "I'm not used to hanging around with sick people. I'm not sick!" (39) upon first arriving at camp in *Please Don't Die*. During the run of the *One Last Wish* series, Lacey consistently does whatever it takes to keep herself separate from her diabetes, so she can "pass" as healthy. In her solo novel, *All The Days of Her Life*, Lacey goes so far as to experiment with her insulin dosages and develops an eating disorder. The catalyst for her behavior is partially her desire to be seen as attractive (i.e. skinny)⁵⁵, but it is predominantly the result of her refusal to deal with what life has

⁵⁴ McDaniel self-identifies as Christian.

⁵⁵ Lacey's eating disorder is not fully explored in the book, likely given McDaniel's avoidance of mental illness. From the details provided, it is clear that Lacey actually suffers from two disorders: bulimia and diabulimia. Bulimia is the purging of food, either via regurgitation or laxatives, after eating and is the most common eating disorder after anorexia. Diabulimia is only found in diabetics and involves reducing insulin doses to intentionally drive the blood glucose levels high, which causes the body to obtain energy by burning fat.

handed her. It is the one occasion where McDaniel writes a chronically ill teenager who acts like a teenager. Hershberger says that Lacey “is a teen rebelling against the hard truths of her body, a theme which resonates as much now as when I was 12. She’s an outlier among McDaniel’s characters—while others accept their fate, Lacey is hard-edged and cynical. She’s the closest thing to a real person in books that are extremely unrealistic.”⁵⁶ It is telling, however, that McDaniel wrote the stories of dozens of sick girls, but only got it right once. One possibility for Lacey’s distinct attitude is that she is a rare McDaniel heroine who does not fall into the traditional “miracle cure or death”⁵⁷ conundrum. By nature of her diagnosis, Lacey’s mortality is put into perspective, but not in the way that Katie’s or Dawn’s is. Moreover, her status is static and her health regimen only maintains that state. This puts her in a different category than the rest of McDaniel’s girls, who are always moving between the two possibilities of dying or being cured. This could be the rationale behind Lacey’s refusal to accept her diabetes, but it also may be a conduit for McDaniel’s judgment of teenage rebels. Until the end of *All The Days of Her Life*, Lacey is not written in a sympathetic light. It is Katie and Chelsey who are pitied; Lacey is scorned. Whatever McDaniel had imagined in writing Lacey, the message is that there is no place for angry sick girls, only compliant ones.

A notable fixation in McDaniel’s novels is how she interweaves the burgeoning sexuality of teenagers into the experience of a disease. The image of dying girls is often framed with a sense of eroticism, which McDaniel’s work both supports and refutes. By

⁵⁶ Hershberger, Katy. “Rereading the Master of ‘Dying Teen’ Lit.” *Literary Hub*, Grove Atlantic and Electric Literature, 12 Dec. 2019, <https://lithub.com/rereading-the-master-of-dying-teen-lit/>. Accessed 17 Apr. 2022.

⁵⁷ Jae, Ava. “Why the ‘Miracle Cure’ Trope Hurts.” *Writability*, Blogger, 2015, <http://avajae.blogspot.com/2015/05/why-miracle-cure-trope-hurts.html>. Accessed 3 Apr. 2021.

dying young, her characters remain suspended in a state of fixed growth, never reaching their full maturity. The idea of being romantically or sexually attracted to a girl on her deathbed dates back centuries, particularly with the glamorization of tuberculosis during the nineteenth century. By making the victim of illness a teenager, rather than an adult woman, the idea of sexual promiscuity is never a possibility for their character. McDaniel taps into this idea at an almost disturbing level. Her heroines, regardless of age or ailment, are all sexually abstinent and they are venerated for their behavior. Nathalie op de Beeck says, “These virtuous virgins perform their physical and psychological suffering in a stoical way, inspiring their peers with their ability to bear pain and their uncompromising morality”.⁵⁸ McDaniel’s agenda suggests virginity is a symbol of virtue and her heroines are nothing if not pillars of righteousness. What is so interesting about McDaniel’s avoidance of sex is her use of romance. It is one thing for a novel to ignore issues of intimacy when they are not relevant to the story, but almost all of McDaniel’s books involve a central romance plot. It is a distinctly Christian ideal, to act as if romantic love can be separated from sexual activity or that teenagers are not participating in it. That is not to say that it would be wrong to have a character who makes the personal choice to wait for marriage, or even a teenager who is not sexually active, but McDaniel frames it within the realm of pre-sexual revolution ideas about women lacking agency over their bodies. This is problematic in and of itself, but it takes on a more sinister connotation when viewed in conjunction with the characterization of these heroines. The message of McDaniel’s novels implies that by remaining virginal, her heroines have proven their worth and deserve to live. Is this the message that should be given to her readers, most of whom are young women? Aside from the feminist

⁵⁸ op de Beck, Nathalie. “Sixteen and Dying”: Lurlene McDaniel’s Fantasies of Mortal Endangerment.” *Children’s Literature Association Quarterly*, Vol. 29, No. 1-2, 2004. *Project Muse*, <https://muse.jhu.edu/article/247535>. Accessed 4 Apr. 2021.

interpretation, McDaniel's refusal to include any reference to her characters having sex, or even considering the possibility of it, follows the tired stereotype that chronically ill and disabled people are all asexual.

Both within and outside of a sexual context, the aesthetic of the female body is a major theme in McDaniel's work. Nearly all of her heroines are described as attractive and their femininity is tied to their physical appearance. The problem with this, aside from the cultural connotations, is the fact that sick bodies do not fit into the prescribed beauty ideals. As her heroines undergo whatever treatments their respective ailments require, their perceived loss of beauty is one of the things they mourn the most. These standards come from a desire for attention from the opposite sex, but also within female communities. In both *Dawn Rochelle* and *One Last Wish*, a featured character is a female camper with an attitude problem. These two characters, Marlee and Dullas, who might as well be carbon copies of each other, are marked by their refusal to subscribe to the ideals of beauty upheld by their counterparts. Dawn tries to "fix" Marlee by giving her a makeover and covering her head. In Dawn's own words, cancer camp allows them to be themselves "without pretense or shame about how awful they might look or feel" (296). But she still proceeds to essentially force Marlee into a cabin makeover, believing that her physical appearance is the root cause of her defiance, rather a personal expression of style. A makeover is a common motif used by McDaniel, but her preference is clearly in hair. Her virtuous heroines all have beautiful long hair, and if that hair is lost to chemo, they always cover their heads. The refusal to hide a bald head is equated with a refusal to make themselves more palatable to society. It is here that McDaniel creates an unobtainable standard specifically for sick girls. Her heroines aspire to hide their illnesses, believing that pretending as if they are healthy is

the only way to survive socially. She taps into a long-held cultural idea about the female body: that sickness is simultaneously repulsive and attractive.

Other than traditional feminine appearance, the heroines of these novels base their self-worth on the attention they receive from boys. Despite McDaniel's claim that her novels advocate for ill teens, she creates a hierarchy of "normalcy" within the framework of desire. In her characters' quest to mask their various illnesses, they seek the approval of healthy boys. Dawn Rochelle writes in her diary in *I Want to Live*, "I wonder if any 'normal' boy will ever kiss me" (133). Love interests who are also ill appear in various installments, but only as a secondary choice. The implication is that being loved by someone who is also disabled is equivalent to inadequacy. McDaniel gives her characters only one option: to present themselves as perfect as possible and to find boyfriends who add to that facade. During the run of the *Dawn Rochelle* books, Dawn and Sandy have very chaste affairs with Greg and Mike⁵⁹, two boys at cancer camp. After Sandy's death and Dawn's subsequent move back into the "kingdom of the well"⁶⁰, she pursues a relationship with Jake, a healthy boy at her high school, and ends the series as his girlfriend, the relationship acting like a trophy for her recovery. The timeline of Dawn's romantic interests cannot be passed off as a coincidence, given how McDaniel's hierarchy is solidified from the first installment of the series.

This dynamic is also seen in the *One Last Wish* series but subverted by Lacey. During her time at Jenny House, Lacey has an on-again, off-again relationship with Jeff, a hemophiliac. When she is resistant to labeling herself as sick, she is equally resistant to

⁵⁹ As a side note, the two boys are actually compared to each other as symbols of illness. Greg retains no physical signs of his cancer treatment, while Mike is an amputee. Within the novel, Mike's missing leg is a reminder to both Dawn and Sandy that he will never be "normal" again.

⁶⁰ Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador, 2001.

letting herself love someone else who is ill. They do not start a serious relationship until Lacey integrates into the community at Jenny House and comes to terms with her health. In both of these instances, McDaniel heavily subscribes to the idea that sickness and health are binary. Dawn, despite being a cancer patient, can heal from her illness and is, therefore, able to date “normal” boys. Lacey will never be completely healthy and must exclusively date partners who share her health status. The issue here is extremely nuanced, as neither outcome is inherently wrong or untruthful. Some disabled people fall in love with other disabled people, whether they share the same diagnosis or not, and other disabled people have non-disabled partners. McDaniel doesn’t present this range of experience as a natural result of human diversity but segregates her characters based on their ability to “cure” their respective illnesses.

Outside of romantic relationships, McDaniel’s work shows an interesting representation of the friendships that can form between sick girls. In most of her books, the protagonist has few, if any, significant interactions with any other disabled teenage girls. The two notable exceptions occur in *Dawn Rochelle* and *One Last Wish*. As previously discussed, Dawn becomes exceptionally close with Sandy while they are both undergoing cancer treatment. Dawn says that while in the hospital, “Sandy suffered the same agonies. When it was especially bad for one or the other, the one least affected would help the other” (51). Their shared experience binds them.

The same idea plays out during the Jenny House timespan of the *One Last Wish* series with several characters, but most obviously through Lacey, Katie, and Chelsey. After the first meeting at Jenny House, the girls maintain a strong friendship for the remainder of the series, which spans several years. Rather than mirroring each other, as Dawn and Sandy

do, the trio works so well because of their different attitudes. Just as Lacey is the closest McDaniel ever gets to accurately writing the experience of chronically ill adolescence, Lacey's friendship with Katie and Chelsey is the only instance where she accurately depicts what a relationship between disabled girls can look like. This is best encapsulated in *Please Don't Die*, when Katie says, "But after spending the summer at Jenny House, after meeting so many kids who were sick with something or other, I can see how it does help to meet others like yourself. It makes you feel less alone" (150). Lacey, Katie, and Chelsey are outliers in the world of McDaniel for the reason that they all come to terms with their illnesses as a result of their love for one another, rather than from a romantic relationship. She succeeds here in understanding sick teenagers, despite failing in almost every other book. Outside of racism and ableism, this may be the biggest downfall of McDaniel's work: playing down the importance of friendship to push a romance agenda.

Lurlene McDaniel was quoted in an interview about her retirement saying that "I loved changing people's perceptions of life of the disabled, of the chronically ill. And yes, it's true that many of the characters died, but I always had a little love story and I always tried to end the books on a note of hope. I never wanted to leave a reader without hope."⁶¹ Her novels most certainly changed public perception of disability and chronic illness, but that change was not always for the better. Her novels both romanticized and sanitized the realities of childhood health issues, making it seem as if the "note of hope" is enough to justify the suffering that her characters undergo. The death of a child, no matter how much hope comes from it, will never be supportable, both in fiction and in real life. But it is

⁶¹ Cruz, Alysia. "USF to Honor Lurlene McDaniel, Whose Books Inspired Young Adults." *WUSF* 89.7, WUSF Public Media, 6 Nov. 2019, <https://wusfnews.wusf.usf.edu/university-beat/2019-11-06/usf-to-honor-lurlene-mcdaniel-whose-books-inspired-young-adults>. Accessed 3 Mar. 2022.

impossible to extricate the mistakes in McDaniel's work from the positive impact that they did have. In that same interview, McDaniel said "The girls of the '90s were the go-getters and the doers. They've gone into medicine and nursing and doctoring and missionary work just because they read a book and it lit their imagination." There is no way to prove this, but I am of the opinion that these "girls" were all white, straight, and upper-middle-class, just as McDaniel's heroines were. And there is something to be said about that, considering that illness does not care about race, sexual orientation, or socioeconomic status in the same way that privilege does.

Around the time that I was checking out my third or fourth McDaniel book from the middle school library, I remember the school librarian looking at me with a smile and saying "Oh, you like Lurlene McDaniel! We have a bunch of her." I'd already known that, having found the row of faded paperbacks along the back wall. When I tried to track down copies of her books for this thesis, I couldn't find a single one at the Boston College library or the Boston Public Library online database. Only a few decades ago, Lurlene McDaniel was one of the most famous authors among American teenagers. *Six Months to Live* was even chosen as one of the fifty novels buried in a time capsule for Nation Young Reader's Day 1990.⁶² The complete lack of regard her work receives today may be due to the changing culture of YA literature or it is due to embarrassment about how we used to view illness, especially sick girls, even if those attitudes still pervade novels published today. Tiffany Harmon, one of the children interviewed for the time capsule stated that *Six Months to Live* taught her

⁶² Henry, Tamara. "Time Capsule Stuffed with Book Reviews." *AP NEWS*, Associated Press, 14 Nov. 1990, <https://apnews.com/article/9befacfb6a0a408b059f6364d2ffb13a>. Accessed 5 Mar. 2022.

“how to cope with personal problems—the ones you can’t change.”⁶³ Whether or not that was the message Lurlene McDaniel intended to send is impossible to say. What I do know is that the heroines of her books made me feel less alone when I thought no one else in the world understood what it was like to be a chronically ill child.

⁶³ Henry, Tamara. “Time Capsule Stuffed with Book Reviews.” *AP NEWS*, Associated Press, 14 Nov. 1990, <https://apnews.com/article/9befacfb6a0a408b059f6364d2ffb13a>. Accessed 5 Mar. 2022.

“I Feel Like a Very Sick Person”: Stacey McGill and the Illness Paradigm

“It was almost more than I could stand. I tried to figure out how much it would hurt to have just one piece of white chocolate.”

- Ann M. Martin, *The Truth About Stacey*

When I was eight years old, my grandmother took me to her basement and pulled out a box from under the stairs. She told me to look inside where, to my delight, there were dozens of books. Digging through the volumes, I realized they all had the same style of cover: a pastel background with a photorealistic painting of various girls and the title in bold letters. It was a series I’d never heard of called *The Baby-Sitters Club*. The books were first printings, relics from my youngest aunt’s teenage years in the 1980s, and had sat in my grandmother’s house for two decades by the time she gave them to me. Over the next several months, I read every book in the box and then took myself to the public library to find more. I had fallen in love with Stoneybrook, the fictional Connecticut suburb where the *BSC*⁶⁴ is set, and its group of rag-tag babysitters. I was drawn to each of the BSC members for different reasons, but it was Stacey McGill, the club treasurer and New York City fashionista, who held a special place in my heart. By the time I found the BSC, I had read books in every genre, from fantasy to contemporary to classics. There were all sorts of girls in fiction, but there were none with chronic illness. *BSC* was the first series I’d found that featured a diabetic protagonist, particularly a girl close to my age at the time. It wasn’t the best representation of Type 1 diabetes, but it existed and I would take what I could get. Stacey was the first person who gave me hope for a future in which I could be more than the diabetic girl. As I grew older, Stacey and the rest of the BSC slowly faded to the back of my

⁶⁴ BSC is an abbreviation for The Baby-Sitters Club used by the characters in the books. In this thesis, it is italicized (*BSC*) when referencing the name of the series and non-italicized (BSC) when referring to the club as an entity within the fictional world.

mind as I moved on to more mature novels. To my surprise, I found my way back to Stoneybrook when I was twenty and a reboot of the television series appeared on my Netflix homepage. In an instant, I was eight years old again. How was it possible that I could be halfway through a degree in English literature and still find myself enraptured by *The Baby-Sitters Club*? Gabrielle Moss answered my question in her book *Paperback Crush: The Total Radical History of '80s and 90s Teen Fiction*⁶⁵ when she said, “These are the stories that made us and, as I found out, the stories that can save us, even now. That alone makes them worth another look.” The *BSC* had saved me as a child and then again as an adult. Looking at these novels, as strange as it may seem, would end up saving me for the third time.



Figure 5. *Kristy's Great Idea* Original Cover (1986) and *The Baby-Sitters Club* Promotional Photo (2020)

⁶⁵ Moss, Gabrielle. *Paperback Crush: The Totally Radical History of '80s and '90s Teen Fiction*. Quirk Books, 2018.

Between the early 1980s and late 1990s, YA literature took a detour from where it had been going. Before 1983, novels written for teenagers tended to be emotionally intense with a social impact agenda, popular topics being drugs or teen pregnancy. It was during this era that Judy Blume's *Are You There God? It's Me, Margaret*⁶⁶, a novel about a preteen girl who is grappling with her parents' interfaith marriage and her imminent puberty, and *Go Ask Alice*⁶⁷, the anonymous⁶⁸ stylized diary of a teen girl who becomes addicted to heroin, could be seen in the hands of girls in middle and high school. While these novels maintained popularity among teens and tweens, they were not well-known in mainstream publishing. This changed in 1985 when *Sweet Valley High*⁶⁹ became the first YA series to make the *New York Times* Bestsellers List.⁷⁰ The success of *Sweet Valley High* spurred a trend of series that followed a similar formula: set groups of characters, a self-contained plot per issue, and a focus on "wholesome values". The characters were groups of friends with varying personalities; *BSC* took this idea a step further by giving each main character a defined "type", allowing readers to align themselves with a specific babysitter. While these series had an overarching plot, such as a club of babysitters, each issue had its own contained storyline, much like a half-hour sitcom. A problem would be presented in the first few chapters and neatly solved by the last page. Thematically, YA literature of this era was a pushback against the more progressive literature of the 1960s and 1970s. There was no mention of drugs, alcohol, or sex. In a way, these pastel paperbacks harked back to the

⁶⁶ Blume, Judy. *Are You There God? It's Me, Margaret*. Bradbury Press, 1970.

⁶⁷ Anonymous. *Go Ask Alice*. Prentice Hall, 1971.

⁶⁸ Upon original publication, the novel was publicized as the actual diary of a teenage drug addict who remained unidentified, hence the "Anonymous" writer. Many attribute its writing to Beatrice Sparks, who was credited as an editor. It is unclear if she used an actual diary as the basis for the work or if it is entirely fictional.

⁶⁹ Pascal, Francine. *Double Love*. Random House, 1983.

⁷⁰ Moss, Gabrielle. *Paperback Crush: The Total Radical History of '80s and 90s Teen Fiction*. Quirk Books. 2018.

repression culture of the 1950s more than they connected to the world as it was in the 1980s, although they did align with Reagan era politics of “family values” restoration. Despite that dissonance, these “superficial books about gossip, proms, and amnesia”⁷¹ were flying off shelves. Ann M. Martin published *Kristy’s Great Idea*⁷², the first novel of *The Baby-Sitters Club*, in 1985 during the height of this trend. The novel chronicles the start of the BSC when Kristy Thomas, the narrator, sees her mother struggling to find a babysitter for her younger brother. She gets the idea to form a club of babysitters and recruits her neighbors, Claudia Kishi and Mary Anne Spier. Stacey McGill, the new girl in Stoneybrook, becomes the fourth founding member when Claudia invites her to the club. Each subsequent *BSC* book is narrated by a different club member and Stacey took center stage in the 3rd book, *The Truth About Stacey*.⁷³

The tagline for the original cover of *The Truth About Stacey* was “Stacey’s different...and it’s harder on her than anyone knows.” Unsurprisingly, Stacey’s secret is her diabetes, which the back cover and previous installments of the series reveal.⁷⁴ This was the first *BSC* book whose major plotline is about her illness. In this novel, her parents take her to see a special doctor in New York City who is described as “practically a faith healer” and “a fad doctor” (76). When she visits this doctor, fears about him being a quack are confirmed when she is asked to “do weird things like draw a picture of my family, make up stories about inkblots, and build towers of blocks” (143). Despite her parents’ hopes, none of these tests are medically useful or any help to Stacey’s health. The problem with Stacey’s

⁷¹ Moss, Gabrielle. *Paperback Crush: The Total Radical History of ‘80s and 90s Teen Fiction*. Quirk Books. 2018.

⁷² Martin, Ann M. *Kristy’s Great Idea*. Scholastic, 1986.

⁷³ Martin, Ann M. *Stacey’s Emergency*. Scholastic, 1991.

⁷⁴ Stacey initially hides her condition, but tells the other members of the BSC at the end of *Kristy’s Great Idea*.

parents, as it exists in this book, is that they are well-intentioned but severely misguided. Through the run of the *BSC*, they consistently struggle to accept Stacey's illness and desire to "find either a miracle cure or a better treatment" (20). Stacey, however, is more rational and has accepted that a cure is out of the question, as is changing her treatment. She is blunt about what it means to live with diabetes, but the execution is questionable. The issues surrounding Martin's portrayal of diabetes can simplify to anachronism. Stacey's routine of syringe injections and manual blood glucose readings would not be seen today because diabetes technology has advanced so far since 1986. A clear example is when Stacey states, "I can't, for instance, suddenly decide to eat a Twinkie or something over at Claudia's, and then make up for it by giving myself extra insulin" (26). At the time that Martin was writing *BSC*, this would have been true due to the forms of insulin that were available. By 2000, short-acting insulin made its way to the market⁷⁵ and would have allowed Stacey to eat the Twinkie at Claudia's. This is the issue with using Stacey as representation for diabetic children in today's world—she is a product of a bygone era. The secondary issue is the attitude given about her illness. Stacey struggles to accept it, but more importantly, she is shown to be separate from it. The narrative of the *BSC* makes it seem as if Stacey can act like a "normal" teenage girl despite her diabetes, rather than asserting that it is as integral to her as her blonde hair. The result is the inadvertent message that chronic illness can be overcome by overcompensating for it when that is simply not true.

⁷⁵ Quianzon, Celeste C, and Issam Cheikh. "History of Insulin." *US National Library of Medicine*, National Institutes of Health, 16 July 2012, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714061/>. Accessed 11 Jan. 2021.

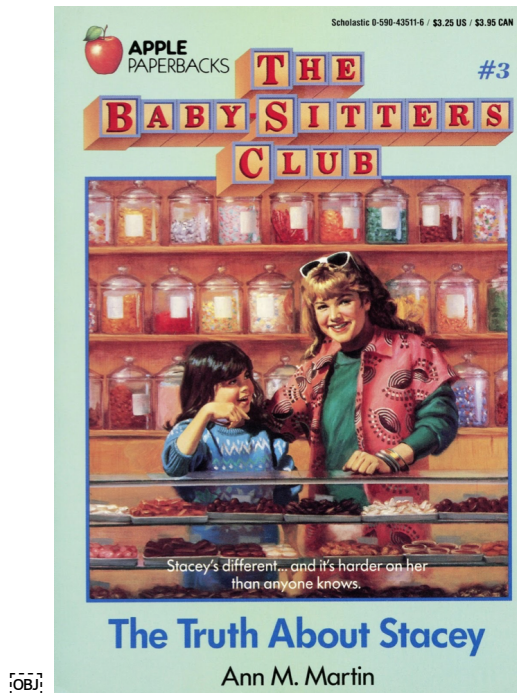


Figure 6. *The Truth About Stacey* Original Cover (1986)

When Netflix took on the challenge of adapting BSC into a reboot television series, the producers made the risky decision to move the babysitters into the modern-day. Unlike reading the books, where I had no other diabetic characters to compare it to, I had seen diabetes on television, and every example was a disappointment (*The Big Bang Theory*⁷⁶, *Hannah Montana*⁷⁷, *Law and Order: Special Victims Unit*⁷⁸). I expected Netflix to pull Stacey's diabetes straight from the pages of the book and keep her outdated system even in a modern setting. To my surprise, they didn't. To reveal her diabetes, they used a shot of her in a tank top, putting her insulin pump and continuous glucose monitor on full display.⁷⁹ I

⁷⁶ Season 8, Episode 1. A character remarks on a group of individuals ordering extra dessert by saying that "one of them even had an insulin pump!"

⁷⁷ Season 2, Episode 30. A main character is diagnosed with diabetes and his friends stop him from eating sugar. The episode was titled "No Sugar, Sugar" and was pulled from broadcast.

⁷⁸ Season 15, Episode 14. A diabetic child is found after being tracked via his insulin pump. That technology is not available.

⁷⁹ "The Truth About Stacey." *The Baby-Sitters Club*, created by Rachel Shukert, Netflix, 2020.

watched as she treated a low blood sugar level by drinking a juice box while continuing to keep an eye on the child she was baby-sitting. She is smart, funny, and capable of being an incredible friend and babysitter. Her problem lies not within herself, but in how others perceive her to be once they know about her diagnosis. That begins with her parents, who in this version, aren't looking for a cure but are still overbearing. What struck me was how they are not framed as the villains of the story, but as people who love their daughter and nearly lost her. Their concern is understandable given the challenges of raising a chronically ill adolescent, even if they drive Stacey insane. The truth is that by trying to help Stacey, they inadvertently harm her. This dissonance comes through when her mother tries to help her hide her insulin pump, which Stacey perceives as her mother being ashamed of her and who she is. When she confronts her mother, she explains that she was trying to prevent Stacey from being hurt again. It is the most basic desire of all parents, but one that is ultimately unattainable. Stacey is unable to escape pain, caused both by her illness and others' reactions to it. In the television adaption, Stacey's parents are minor characters within the main storyline about a group of rival babysitters. These rivals, who are several years older than the BSC, get ahold of a video of Stacey having a seizure caused by low blood sugar and send it to all of the BSC's clients. It was heartbreaking to watch, but Stacey's friends were able to pull her back together, which is especially heartwarming after she reveals that all of her friends in New York abandoned her when she first fell ill. When she shows them the video and reveals her diagnosis, they show up for her, making sure she knows they would never bully her for who she is. As a group, they gather the parents who saw the video. Stacey, in a remarkable show of courage, tells them the truth about everything and answers their questions. As she does so, her friends stand behind her,

literally and figuratively. Stacey says this moment “was when I realized I belonged. Not just to the club, to something bigger...a community. And they liked me just the way I was” (20:01-20:12). Stacey has finally realized that she is who she is not despite her diabetes, but because of it, and to separate herself from her illness is to create a self that doesn’t exist. The episode closes with her covering her insulin pump in sparkles and wearing it outside of her clothing for the first time. It stays visible for the rest of the season and Stacey openly refers to her diabetes at several points. The message is clear: Stacey’s diabetes isn’t going away, nor is she going to waste her time wishing it would. It is a sharp departure from her previous mindset, but it sets the tone for both the character and the series going forward. By embracing difference and having the bravery to show the world who she is, Stacey makes a small step toward creating a more accepting world than the one she was given.



Figure 7. Shay Rudolph as Stacey McGill in Netflix’s *The Baby-Sitters Club*

In the original book series, Stacey’s diabetes fades into the background after book three but reemerges in book forty-three: *Stacey’s Emergency*.⁸⁰ The tagline for this issue,

⁸⁰ Martin, Ann M. *Stacey’s Emergency*. Scholastic, 1991.

“Stacey just can’t win”, is spot on. With diabetes, as well as most chronic illnesses, there are good days and bad days. It is impossible to maintain control, regardless of how closely a patient sticks to their routine. In the novel, Stacey visits her father in New York City and exhibits concerning symptoms, such as excessive thirst and lethargy. Her blood sugars spin wildly out of control and she ends up in the hospital. It is an extremely plausible plotline.⁸¹ The problem is in the execution. Stacey’s “emergency” is continuously blamed on her own failures, rather than the unfortunate realities of life with diabetes. The book opens with her going off the strict diet she followed and her complicated emotions surrounding her disease are partially tied to her hospitalization. When I first read the book at eight years old, my mom found me curled up in bed crying because I was so scared about what had happened to Stacey. It would have been easy to resent *BSC* for showing me that reality, but I was inevitably going to learn about what could happen to me if things went wrong. What I do blame the book for is showing a world in which the only way to survive with diabetes is to be perfect. If the representation we give chronically ill children tells them they cannot afford to mistakes, we are asking them to carry a bigger burden than what has already been handed to them. It is true, to some extent, that issues of medicine leave little room for error, but, at the same time, that error is inevitable. Their healthy peers also need these narratives, both for purposes of empathy and understanding, but also to prevent them from believing a falsified reality about illness. Telling a story where someone loses control of their health through no fault of their own would be a less dramatic story than the plot of *Stacey’s Emergency*, but it would be a more honest story. We owe children, disabled or not, the truth even if it comes at the cost of entertainment.

⁸¹ Elevated blood glucose levels can result in a condition known as diabetic ketoacidosis, which causes the body to produce more ketones (acids) in the blood.

Netflix's *BSC* moved "Stacey's Emergency"⁸² to earlier in the sequence of episodes, placing it as the third episode of season 2 (the thirteenth episode overall). The plot changed drastically, with the catalyst being an invitation for Stacey to speak at a JDRF Gala rather than a trip to New York City. JDRF⁸³, previously known as the Juvenile Diabetes Research Foundation, is a real organization and one of the largest research and advocacy networks for type 1 diabetes. I can attest that Stacey's experience as it is shown in the show is fairly accurate, having been a JDRF poster child myself. As Stacey prepares her speech and involves the entire BSC in the fashion show portion of the gala, she struggles to maintain the control she had previously exerted over her illness. This control is what she prides herself on and what allows her to cope with her diabetes. When that control slips, she is in denial, and her friends notice signs of what is going on before she is willing to see them. Claudia comments on her excessive water drinking, at which point the camera pans to her iPhone app that is monitoring her blood sugar, showing a high level that is rapidly increasing. It is exactly how a modern teenager with diabetes would take care of herself. A few scenes later, Stacey is visibly unwell and she sits to drink a juice box. Jessi, who practicing her ballet routine nearby, comments that Stacey's juice is like her protein smoothie. In her voice-over, Stacey quips that "Jessi eats certain things so she can be some super athlete. I eat them so I don't go into a coma" (8:55-9:01.) Is it a tad dramatic? Yes, but Stacey is only thirteen and she's right in what she's trying to say. There is a divide between herself and her friends that exists between all chronically ill people and their healthy counterparts.

⁸² "Stacey's Emergency." *The Baby-Sitters Club*, created by Rachel Shukert, Netflix, 2020.

⁸³ "Our Impact." *JDRF*, <https://www.jdrf.org/impact/>. Accessed 25 Feb. 2022.

The girls in the BSC are incredibly supportive of Stacey, but they cannot relate to her when it comes to diabetes. The dissonance is exhibited when Stacey snaps at her friends for their offhand comments or apparent concern for her wellbeing. It is a crack in her regular “adult-like” persona, but for good reason. There is a difference between maturity accrued by personality, like Kristy’s leadership skills, and maturity that results from trauma, which is what Stacey exhibits. The persona that Stacey embodies, that of someone much older than her true age, is the direct product of her health issues. To cope with adult-sized challenges, she responds by acting as though she is more mature than other thirteen-year-olds. In truth, the question is not whether she actually is mature or if it is an act, but whether the world has asked for too much from her. During the climax of the episode, she has a low blood sugar on stage at the gala and confesses to her doctor and her parents all the pressure she has felt the last few weeks. Rather than telling her what she could have done differently, like in the original text, her support system of family and friends shows up for her and meets her where she’s at. They sit and listen without interruptions, allowing her to express her emotions without judgment. After her confession, Stacey’s doctor tells her, “Not being ashamed of your disease doesn’t mean you have to love having it all the time. Sometimes it sucks” (17:59-18:10). Those are the exact words I wish someone had told me when I was thirteen. Stacey takes this advice to heart and the episode ends with her apologizing to her friends for how she treated them, explaining why she was so irritable but taking responsibility for her actions. They forgive her, extending her grace when she needs it most. More importantly, Stacey extends kindness to herself, allowing herself to have permission to be who she wants to be and to make mistakes along the way.

The “Stacey McGill Effect”, as I have dubbed it, is equal parts positive and negative in terms of how it is used in modern media. When Stacey was first crafted, chronic illness wasn’t a feature of literature written for children. The problem is not with the existence of Stacey McGill, as the *BSC* is a huge step forward for the representation of chronic illness, but it is a failure to stop here. Kristen Lopez says,

As disabled representation remains so underseen, Stacey McGill’s diabetes becomes placed on the same pedestal. And where it concerns feminine disabled representation, it’s par for the course. Throughout most disabled narratives in film, when disabled women are depicted they are given “pretty disabilities,” a term I use to refer to anything perceived to be a disability that doesn’t render the actress physically unattractive.⁸⁴

I disagree with Lopez in her classification of diabetes, as well as any other chronic illness, as a “pretty disability”, both from my personal knowledge of its brutality and the inherent ethical issues of trying to create a hierarchy of disability. But she has a valid point about how disability, specifically the portrayal of disability in women, is often relegated to be aesthetically pleasing. Stacey is accepted by such a broad population because the audience can ignore her diabetes until it is visible. This idea is more difficult in the television adaptation due to its use of wearable technology; insulin pumps and continuous glucose monitors make a previously invisible illness into a painfully visible one. This does not take away from Stacey’s physical capabilities and her beautiful clothes, however. The same could not be said for a character with a more visible disability. The truth that no one wants to face is that we are socially trained to avoid things we cannot understand and that avoidance applies to the media we allow children to consume. In 2017, R. J. Palacio’s bestselling novel

⁸⁴ Lopez, Kristen. ““The Baby-Sitters Club’: The Regrettable Persistence of Pretty Portrayals of Childhood Disability.” *IndieWire*, July 9 2020.
<https://ca.sports.yahoo.com/news/baby-sitters-club-regrettable-persistence-131547031.html>
Accessed 17 Jun. 2021.

*Wonder*⁸⁵, the story of a preteen boy with a facial difference, was produced into a high-budget film. Although Palacio gave extensive descriptions of Auggie’s face⁸⁶, his appearance through the screen version’s prosthetics, “make Auggie difficult to look at, but not too difficult, allowing viewers to be more receptive to the film’s message of accepting those who look different—though not too different,”⁸⁷ according to Ariel Henley. This is a more extreme example than Stacey McGill, but the idea holds true. Disability is allowed to be represented when it is a minor variable presented only in a positive light, not a major life experience that encompasses both pain and joy.

It is also notable, in terms of literary representation, to look at the legacy of books about diabetic children that began after the publication of *The Baby-Sitters Club*. If any significant works existed before 1986, they are now nearly impossible to track down. Since there is such a small time gap between this period and today, it is within reason to assume that these books simply did not exist. After Stacey came into the world, there were a few published, although none of them follow the “Stacey McGill Effect” closely. Several of Lurlene McDaniel’s novels, including *Last Dance*⁸⁸ and *All the Days of Her Life*⁸⁹, feature diabetic teenage girls but rely far more heavily on the melodrama of the illness narrative than *BSC* does. Peter Hautman’s *Sweetblood*⁹⁰ details the descent of a cynical diabetic into a vampire sub-culture, but it falls short of delivering a compelling and realistic portrayal of

⁸⁵ Palacio, R.J. *Wonder*. Knopf Books for Young Readers, 2012.

⁸⁶ “Sometimes people assume he’s been burned in a fire: His features look like they’ve been melted, like the drippings on the side of a candle,” says Palacio in *Wonder*.

⁸⁷ Henley, Ariel. “‘*Wonder*’ Is a ‘Feel-Good’ Movie That Needed More Realism.” *The Atlantic*, Atlantic Media Company, 21 Dec. 2017, <https://www.theatlantic.com/entertainment/archive/2017/12/wonder-is-a-feel-good-movie-th-at-needed-more-realism/548828/>. Accessed 9 Mar. 2022.

⁸⁸ McDaniel, Lurlene. *Last Dance*. Darby Creek, 2006.

⁸⁹ See Chapter Two for an in-depth analysis of Lacey Duvall, the protagonist of *All The Days of Her Life*.

⁹⁰ Hautman, Pete. *Sweetblood*. Simon Pulse, 2003.

chronic illness. It makes sense then, for Stacey to be the golden standard of diabetes representation for far longer than should have been allowed. Despite that, some credit has to be given to the fact that she started a conversation about the kinds of characters we allow to exist. It is because of Scholastic's Stacey in 1986 that Netflix's Stacey in 2020 was able to reach such a wide audience.

Stacey exists in the limbo of being perpetually thirteen, even as her readers grow older. As a child, I didn't need her to grow any older, I just needed her to exist. If you had told me that at twenty-one, I would still be turning to Stacey McGill for comfort about my diabetes, I would wonder why an adult would need a children's book character. The truth is, by watching a modern Stacey in Netflix's adaptation, I could imagine a space for Stacey as a diabetic adult. In her essay "Stacey McGill, The Girl Who Lived", Robin Benway says,

It's tricky to think of Stacey as an adult—not after watching her stay young in a never-ending time trap that's both necessary and comforting in a book series. I can picture her waiting in line with her large purse for a fancy restaurant bathroom, though, or lining up her juice and granola bar on her nightstand before climbing into bed. Or maybe that's just me. I'm not sure, and that's why kids—and adults— need to see her, why they need to know that their story continues, that their illness isn't a plot device or a death sentence, that there are twists and turns you can never see coming, but if you take a deep breath and steady yourself, you can survive.⁹¹

These experiences that Benway lists (the oversized purse and the nightstand juice) are deeply specific to the experience of diabetic girlhood, but the hope that Stacey gives is not limited to any one condition. She is one of the rare examples of a sick character who is not defined by their illness. The portrayal of Stacey gives light to the possibility of living a productive life with chronic illness, which is a stark contrast to the more morose narratives

⁹¹ Benway, Robin. "Stacey McGill, The Girl Who Lived." *ELLE*, ELLE, 29 Nov. 2021, <https://www.elle.com/culture/movies-tv/a33463053/baby-sitters-club-stacey-mcgill-diabetes-representation/>. Accessed 14 Jun. 2021.

of authors like Lurlene McDaniel. Benway's words encapsulate the possibilities that can come from accurate representation for children. Stacey McGill's real achievement was not within her health care or babysitting endeavors, but in the space she carved out for herself in the world. By making space for herself, as a chronically ill teenager, to exist in the world of children's literature, she made it possible for the representation of chronic illness to become more mainstream.

“Pain Demands to be Felt”: The Inversion of Disability Tropes in *The Fault in Our Stars*

“You have a choice in this world, I believe, about how to tell sad stories, and we made the funny choice.”

- John Green, *The Fault in Our Stars*

John Green’s *The Fault in Our Stars*, first published in 2012, is arguably the most famous sick-lit novel ever written. Refuting the longstanding history of formulaic plotlines and heavy reliance on reused tropes, *Stars* makes a conscious effort to avoid this tired approach and actively subverts the traditions of the genre. This subversion is evident within the premise of the book, as Green moves the romance storyline, which is normally seen as a subplot, to the forefront of the book. It is just as much a love story as it is a cancer story and to separate the two aspects is to devalue each. This revision of genre is taken even further by the characters themselves, who are funny to the point of snark and completely rational about their odds of survival. Instead of serving as moralistic guides to the able-bodied readers of the novel, the main cast of characters is a truthful reflection of disabled teenagers. Ultimately, *Stars* redefines what a cancer book can be, because, as Hazel says, “cancer books suck” (48). The novel’s popularity is therefore even more surprising. How is it possible to ignore every staple of a genre and still be at the top of the bestseller list? I would argue that *Stars* was exactly the book that sick-lit needed, to see what was missing from the genre, and should be viewed as the guideline for future sick-lit publications.

The protagonist of *Stars* is sixteen-year-old Hazel Grace, who also serves as a first-person narrator. By making Hazel narrate the story, *Stars* removes the distance between the sick character and the reader that was a sick-lit standard, especially in literature

published in the 1990s.⁹² Typically, these books are narrated either by a character close to the sick person (a sibling, friend, etc.) or in the third person. This narration style benefits the reader, allowing them to remain emotionally safe from the ramifications of illness, but it also removes the chance for true understanding. Take, for instance, Lurlene McDaniels's *Dawn Rochelle Series*, which also chronicles the experience of a teen girl with cancer, but uses a third limited omniscient point of view. In comparing the two characters, Imogen Bleacher says,

Hazel and Augustus's cancer is described, not as horrifying and repellent, which is true within McDaniel's conservative text, but as an illness which affects Green's protagonists because: 'of the universe's need to make and unmake all that is possible' (p. 266). Thus cancer is presented as natural and random occurrence and therefore is incorporated into Hazel and Augustus's lives as something they have to adapt to, rather than being explicitly repellent.⁹³

The result of using third-person narration gives illness an "otherness" quality that is not seen in first-person narration. Hazel's first-person perspective provides a deeper and more intimate look at life with an illness that cannot be replicated in third-person narration. If we are reading a book about illness, there is no better storyteller than the person who is sick. Hazel is in control of her story, even if she cannot dictate the events of her life. This gives her character a sense of agency that is severely lacking in the rest of the genre. *Stars* is about more than just Hazel, but it belongs to her. She retains the ability to define herself on her terms, effectively preventing her from becoming the stereotype of an "ill girl"⁹⁴ or "littlest

⁹² Namely, Lurlene McDaniel. See Chapter Two for more information on the pitfalls of the third-person narrative voice.

⁹³ Belcher, Imogen. *Curing cancer fiction: The significance of abjection within young adult novels about cancer*. 2013. University of Chester, Masters Thesis. *ChesterRep*, <https://chesterrep.openrepository.com/handle/10034/311994>.

⁹⁴ "Ill Girl." *TV Tropes*, TV Tropes, <https://tvtropes.org/pmwiki/pmwiki.php/Main/IllGirl>. Accessed 18 May 2021.

cancer patient”⁹⁵. Moreover, there is less opportunity for readers to come to their own conclusions about what it feels like to be ill because Hazel tells them exactly how it feels to her.

To see Hazel’s life through her eyes is to understand the nuances of that life. Not only does Hazel give readers a more intimate look at illness, but readers are also able to hear her thoughts completely unfiltered. It is a huge benefit to the novel, especially when it applies to her honesty and humor. The story opens several years after her diagnosis, during which time Hazel has come to terms with her impending death, calling everything from depression to cancer “a side effect of dying” (3). Much of the humor in the novel comes from Hazel laughing at her unfortunate circumstances and it creates an interesting paradox. Death is a scary topic, made even more fearsome by the death of a teenager. Hazel’s constant jokes make light of a heavy premise and allow the reader to see her as more than just a dying girl. Her one-liners, such as “I was a bit of a Victorian lady, fainting-wise” (31), give her a vibrance and dimensionality far beyond that of a typical sick-lit character. That sense of black humor and rounded personality is also seen in the other cancer patients, namely love interest Gus and his friend Isaac. They joke about their illnesses with each other to cope with the realities they are facing. One such occasion occurs near the end of the novel, in a conversation between Hazel and Gus:

“Right, it's primarily his hotness,” I said.
“It can be sort of blinding,” he said.
“It actually did blind our friend Isaac,” I said.
“Terrible tragedy, that. But can I help my own deadly beauty?”
“You cannot.”
“It is my burden, this beautiful face.”
“Not to mention your body.”

⁹⁵ “Littlest Cancer Patient.” *TV Tropes*, TV Tropes, <https://tvtropes.org/pmwiki/pmwiki.php/Main/LittlestCancerPatient>. Accessed 18 May 2021.

“Seriously, don't even get me started on my hot bod. You don't want to see me naked, Dave. Seeing me naked actually took Hazel Grace's breath away,” he said, nodding toward the oxygen tank. (251)

As a result of this attitude held by the main characters, it makes it far easier to understand them because they are so completely honest. They remind readers of teenagers they know, or even themselves, and do not serve as role models imbued with divine power from their circumstances.

A unique aspect of the book, especially as it falls into the category of YA literature, is Hazel's attitude towards life and her desire to remain alone. In many sick-lit books, the female main character is desperate to fall in love, both to assert her vitality and to experience as much as she can in the event of death. Despite her initial attraction, Hazel does everything in her power to prevent herself from falling in love with Gus. A large part of her reluctance stems from her lack of desire to “pass” as healthy. In contrast to sick-lit protagonists who try to obtain desirable boyfriends as a way to assert their vitality, Hazel veers in the opposite direction. This is clear even before she meets Gus, shown by her utter disregard for fashion and her vivacious reading habits. In other words, Hazel opposes social norms in several ways outside of illness, which inverts the traditional sick-lit narrative of the sick girl doing whatever she can to follow social norms as a way to contradict her illness. Trying to track down which characteristic causes the other is a bit of a “chicken or egg” riddle. Because Hazel is introduced several years after her diagnosis, whatever effects that her cancer had on her personality are impossible to pinpoint. She has been sick for so long, and at such a young age, it has shaped the person she grew up to be.

Hazel's skewed belief that her death will have fewer ramifications if she lets fewer people into her life is the driving force behind her isolation. Not only does the script become

utterly flipped on her and Gus, but the message of the book stems from this narrative lynchpin. Hazel is no more able to stop love from entering her life than she is to stop tragedy. Hazel has come to terms with her cancer when the story begins. What she refuses to accept is that she has just as much right to love as someone healthy. During one notable scene, she tells her mother “I’m a grenade and at some point I’m going to blow up and I would like to minimize the casualties, okay?” (99). She is made into a grenade by the terminal status of her illness, but that illness is also what brings her to Gus. Without cancer, they never would have met. By extension, the stakes of their romance are greatly raised by the nature of the disease. They exist in limbo, able to live and laugh and love, but always aware of death looming over them. Gus believes in taking all he can from life while he still has it and he charges into their relationship with no reservation. Hazel is dying and wants to minimize the damage, whereas Gus has survived and desires to truly live. It makes the end of the story that much more brutal and simultaneously revealing of the inner consequences of morality. Bildungsroman often focuses on the idea of the temporality of life, but Green raises the stakes significantly for Hazel and Gus. They are not pondering what purpose the decades of their adult lives will serve, but rather what they can do in the next few days. By nature of being terminally ill, everything they do is cast in the shadow of death. Their romance is a perfect example of the intertwining of love and loss.

It is on a trip to Amsterdam that Hazel and Gus become romantically involved. Gus uses his Wish Trip to take Hazel to meet her favorite author. On the first night abroad, Gus tells Hazel that “It would be a privilege to have my heart broken by you” (179). They share their first kiss the next day and have sex soon after. While the physical aspect of their relationship is fast-paced for a YA novel, the emotional labor exists in the first half of the

book, making their relationship seem destined rather than hasty. It is important to note that they do have sex, which is seldom seen in sick-lit. There is an assumption in Western society that disabled bodies can't experience sexual attraction. Gus, despite being outwardly healthy, has a prosthetic leg and Hazel is visibly ill due to her oxygen tank. By having them engage in behavior typical of healthy teenagers, Green refutes the idea that their lives lack the opportunity for exploration. Furthermore, the sex scene is not simply alluded to and is quite explicit for a YA novel. There are constant reminders of their illness from Hazel's oxygen tube getting caught in her shirt to Gus's attempt to explain his residual limb before she sees it. According to Hazel, there are also some "condomy problems" (207). Aside from the ramifications regarding disability studies, the sex scene in *TFIOS* is a quintessential coming-of-age story trope since it is both Gus and Hazel's first time. This is established earlier in the novel during a phone conversation:

He moaned in misery. "I'm gonna die a virgin," he said.

"You're a virgin?" I asked, surprised.

"Hazel Grace," he said, "do you have a pen and a piece of paper?" I said I did. "Okay, please draw a circle." I did. "Now draw a smaller circle within that circle." I did. "That larger circle is virgins. The smaller circle is seventeen-year-old guys with one leg."

I laughed again, and told him that having most of your social engagements occur at a children's hospital also did not encourage promiscuity. (119)

This scene not only establishes their sexual inexperience but reminds readers of their youth and the lack of social opportunities they have been afforded. While Green walks a precarious line in writing a sex scene about teenagers in a novel for teenagers, it is well-executed and serves the narrative. Julia Passante Elman says, "Characters with disabilities or diseases are often desexualized within the dominant culture, a tendency teen sick-lit occasionally resists when it celebrates eroticized ill bodies and transformative crip

[disabled] sexuality.”⁹⁶ *Stars* does not strictly fall into either of these categories. While Gus and Hazel are sexualized, their ill bodies are not eroticized. Gus’s prosthetic and Hazel’s cannula are not depicted with a sense of subversive sexual attraction, but just a factual matter of their lives. It is fitting narratively, as this is how they seem to view their respective cancers.

After returning from Amsterdam, the novel dives deep into the nature of a relationship destined to end in tragedy. Up until this point, Gus is the healthy one and the assumption is that if they don’t break up, their story will end with Hazel’s death. Gus’s sudden relapse throws everything they thought they knew out the window. It is partially a remark on the nature of illness—how violent and unexpected it can be. In the view of literary tradition, it parallels the story of the original star-crossed lovers: Romeo and Juliet. Green is aware of this precedent and directly calls it out when Van Houten writes to Gus before his terminal status, saying,

Everyone in this tale has a rock-solid *hamartia*: hers, that she is so sick; yours that you are so well. Were she better or you sicker, then the stars would not be so terribly crossed, but it is in the nature of stars to cross, and never was Shakespeare more wrong than when he had Cassius note, “The fault, dear Brutus, is not in our stars / But in ourselves.” (111)

Van Houten is wrong; Gus does become sicker and his death does not change their fate. All it does is switch which of them is left behind when cancer takes a life. He is also wrong in calling cancer a “hamartia”, which refers to the Ancient Greek idea of a fatal flaw. Cancer is often fatal, as it is for Hazel and Gus, but to compare it to something like the hubris of classical heroes like Achilles, Icarus, and Odysseus, is to act as if they have the capacity to change the outcome when they have no control over their cancer. This section is also

⁹⁶ Elman, Julie Passanante. ““Nothing Feels as Real”: Teen Sick-Lit, Sadness, and the Condition of Adolescence.” *Journal of Literary & Cultural Disability Studies*, Vol. 6, No. 2, 2 Nov. 2012, pp. 175-191. *Project Muse*, <https://muse.jhu.edu/article/480110/pdf>.

important to the novel due to its revelation of the title. Through Hazel and Gus's love story, *Stars* attempts to redefine the term "star-crossed". Romeo and Juliet are ill-fated due to the circumstances of their families; neither the Capulets nor the Montagues are willing to forgo their feud for the sake of their children. They fall in love anyway. Hazel and Gus are so sick that they do not know how much time they have left. They fall in love anyway. Both stories end with a horrible death. While Gus's death from osteosarcoma is a cause unrelated to his love story, Romeo and Juliet die because of their romance. Notably, *Stars* ends with one character (Hazel) alive, but with an uncertain amount of time left until she too will die. For Romeo and Juliet, their love cost too much, even if it brought their families together. If they could do it again, would they? Hazel and Gus's love ultimately only costs Hazel, but she sticks to her belief that it was worth the pain. She communicates this idea during a conversation with her father,

"It's total bullshit," he said. "The whole thing. Eighty percent survival rate and he's in the twenty percent? Bullshit. He was such a bright kid. It's bullshit. I hate it. But it was sure a privilege to love him, huh?"

I nodded into his shirt.

"Gives you an idea how I feel about you," he said.

My old man. He always knew just what to say. (278)

If able to, she would choose to love him all over again. It is a more hopeful ending than *Romeo and Juliet*, if only because Hazel is left alive, than Romeo and Juliet on the surface, yet it is still a star-crossed romance. In some ways, it is a harder ending to accept because there is no one to blame. Romeo and Juliet were backed into a corner, but their deaths were the result of their character flaws and choices. They are guilty of falling victim to the youthful delusion that love can overcome anything. Hazel and Gus never delude themselves into believing their love can beat death, but it is also impossible to put any blame on them in

the end. Green also plays with the *Romeo and Juliet* ending by showing Hazel's grief for Gus, making the reader ask themselves which ending is worse: dying together or surviving the other's death.

Stars plays with the notion of literature interacting with readers beyond the ties to Shakespeare. Hazel loves to read, and her favorite book is the fictitious *An Imperial Affliction* by Peter Van Houten. *AIA*⁹⁷ is the story of Anna, a girl dying from cancer, but Hazel maintains that it is unlike other books about cancer. This is a direct call-out of sick-lit itself, asserting that *Stars* is aware of its place in YA literature as the next in a long line of tear-jerkers about dying teenage girls and their lovers. Using *AIA* as a central scaffold for *Stars* delves into the realm of meta-fiction, pushing the very boundaries of literature. It is important to note that *AIA* is also a subversion of the sick-lit genre, which is precisely why Hazel loves it so much. She tells Van Houten "As a three-year survivor of Stage IV cancer, I can tell you that you got everything right in *An Imperial Affliction*. Or at least you got me right" (70). It is the power of *AIA* that draws Gus and Hazel together after their chance meeting in the support group and the reason for their trip to Amsterdam. While in Amsterdam, the couple meets with Van Houten to inquire about the end of the novel, although his response is utterly devastating to Hazel since Van Houten ascribes to Roland Barthes's idea of the death of the author.⁹⁸ Barthes argues that the meaning gleaned from literature is the result of a reader's interpretation rather than authorial intent. Van Houten confirms his belief in Barthes's ideas when he tells Hazel, "That novel was composed of scratches on a page, dear. The characters inhabiting it have no life outside of those

⁹⁷ This abbreviation was used repeatedly by Hazel in reference to the book.

⁹⁸ Barthes, Roland. "The Death of the Author." *Image, Music, Text*, translated by Stephen Heath, Hill and Wang, 1977, pp. 142–48. *Southampton Solent University*, <https://sites.tufts.edu/english292b/files/2012/01/Barthes-The-Death-of-the-Author.pdf>.

scratches” (191). It is Hazel’s deepest wish to know what happens to Anna’s loved ones after her death at the end of *AIA*, reflecting Hazel’s fear of abandoning her parents (and Gus) when she dies, and Van Houten fails to give her this comfort.

Despite Van Houten’s adamant denial that his characters carry any meaning outside of *AIA*, he ultimately contradicts himself when he reveals that he wrote the novel after the death of his daughter. The child passed from leukemia at the age of eight, and Van Houten used her as the basis for his teenage heroine. This goes against his earlier assertion that the characters cease to exist outside the novel, particularly knowing that Anna is a love letter to his daughter, allowing her to grow at least a bit older before dying. It is a remarkably dark moment, even for sick-lit, especially since Hazel is so aware of the implication. She says that “there is only one thing in this world shittier than biting it from cancer when you’re sixteen, and that’s having a kid who bites it from cancer” (8). The tension between Van Houten and Hazel is a result of Hazel being a living reminder of what Van Houten’s daughter was never able to grow into. Anna’s story then informs Hazel’s life, creating a direct line of parallels from Van Houten’s daughter to Anna to Hazel. Hazel herself understands this series of connections, even if Van Houten doesn’t. Green himself confirms this idea in the Author’s Note at the beginning of *Stars*. He says,

This is not so much an author’s note as an author’s reminder of what was printed in small type a few pages ago: This book is a work of fiction. I made it up.

Neither novels nor their readers benefit from attempts to divine whether any facts hide inside a story. Such efforts attack the very idea that made-up stories can matter, which is sort of the foundational assumption of our species.

I appreciate your cooperation in this matter.

AIA likely has some degree of fact interwoven with the fiction, due to the inspiration for Anna being an actual girl with cancer. The same is true for *Stars*, as Green based Hazel

loosely off of Ester Earl⁹⁹, a devoted fan who died from thyroid cancer at sixteen. Beyond that, the existence of truth in literature depends less on the author's intent and more on the impact of the story. Anna's story made a difference for Hazel, just as *Stars* had impacted millions of readers.

The social commentary that Green builds into *Stars* does not stop once Gus dies. Hazel's interactions with various characters during this time reveal several interesting facets of the experience of grieving for a teenager. At Gus's funeral, Hazel recounts how

A minister walked up and stood behind the coffin, almost like the coffin was pulpit or something, and talked a little bit about how Augustus had a courageous battle and how his heroism in the face of illness was an inspiration to us all, and I was already starting to get pissed off at the minister when he said, "In heaven, Augustus will finally be healed and whole," implying that he had been less whole than other people die to his leglessness, and I kind of could not repress my sigh of disgust. (271)

The sphere of the novel's setting limits Hazel's interactions with the general public, many of whom have a flawed understanding of disability. By having the minister give a eulogy in this manner, rather than a more honest speech about Gus, Green forces the reader to confront their conceptions of disability, especially as it is challenged by *Stars*. It is almost a cultural standard for the experience of undergoing cancer treatment to be referred to as "fighting a battle". But when we use this terminology about someone who dies from their condition, it feeds into the most pervasive idea of illness: that failing to overcome it is in some way a reflection of personal effort rather than the inescapable rules of nature. Gus did all he could, which Hazel understands, and Gus himself says that "My cancer is me. The tumors are made of me. They're made of me as surely as my brain and my heart are made of me. It is a civil war, Hazel Grace, with a predetermined winner" (216). The minister lacks

⁹⁹ Earl, Ester. *This Star Won't Go Out: The Life and Words of Esther Grace Earl*. Dutton Books for Young Readers, 2014.

the insight that he needed to have any frame of reference on what Gus's life was like, and he confirms that when he says that heaven will make Gus "healed and whole", implying that his amputation somehow reduces his inherent worth.

While *Stars* advances the narrative framework of disability, it is not perfect. The progress it makes is monumental, but that does not negate the mistakes it does have. Pediatric oncologist Charles Hemingway says that the more intense side effects of cancer are "things that we don't typically encounter. It's a dramatic fictional piece of work, so that's fine — poetic license is up to the author, but it deviates from what we typically encounter."¹⁰⁰ Hemingway goes on to cite that the three cancers depicted in detail (Hazel's thyroid cancer, Gus's osteosarcoma, and Isaac's retinoblastoma) are rare in teenagers, making it unlikely that these three would have ended up in the same support group. That may be true, but sick-lit is about the drama of illness, which gives more space for the suspension of disbelief about the details of the novel. Whether or not this is acceptable in terms of morality is another issue altogether. But despite Hemingway being adamant that *Stars* shows too much tragedy, many cancer survivors argue that it is not brutal enough. Lauren Szudio says that the story "omits many of the painful, messy truths about sex and dying far too soon."¹⁰¹ She specifically cites the ways that body image and sexual experience among cancer patients are shown. There is no easy answer here, given the

¹⁰⁰ "New Movie Portrays Teen Cancer Unrealistically, Expert Says." *Healio*, Healio, 23 May 2014, <https://www.healio.com/news/hematology-oncology/20140523/new-movie-portrays-teen-cancer-unrealistically-expert-says>. Accessed 3 Mar. 2022.

¹⁰¹ Sczudlo, Lauren. "How '*The Fault in Our Stars*' Looked to an Actual Cancer Survivor." *The Washington Post*, WP Company, 7 Oct. 2021, <https://www.washingtonpost.com/posteverything/wp/2014/06/09/how-the-fault-in-our-stars-looked-to-an-actual-cancer-survivor/>. Accessed 1 Mar. 2022.

conflicting opinions on the novel. But when it comes to portrayals of illness, I am inclined to believe those who belong to that community over doctors and art critics.



Figure 8. Promotional Poster for *The Fault in Our Stars* (2014)

Due to the immense commercial success of *Stars*, as well as the surge of YA book-to-movie adaptation in the 2010s, the novel was adapted into a blockbuster film just two years after the initial release. Starring Shailene Woodley as Hazel Grace Lancaster and Ansel Elgort as Gus Waters, the movie made over \$48 million on opening weekend alone, despite having a budget of only \$16 million. The total box office revenue surpassed \$300 million.¹⁰² The promotional work for the movie centered around its status as a tearjerker. Richard Lawson's review of the film declares that "Maybe not since 'Titanic' has a movie threatened to so thoroughly burrow itself into young hearts only to beautifully break them

¹⁰² West, Kelly. "How '*The Fault in Our Stars*' Became a Box-Office Phenomenon." *Business Insider*, September 19, 2014. <https://www.businessinsider.com/fault-in-our-stars-box-office-phenomenon-2014-9>. Accessed 5 Mar. 2022.

by the end credits. (Or, really, about a half an hour before the end credits.) Look out for a mighty deluge of teen tears flooding multiplexes this weekend, which will be well-earned by this clever, attractive, sad little movie.”¹⁰³ When I first saw the movie, it was in theaters on release day and there was a girl in the row behind me who was crying so hard she started choking. At least part of the draw to the film was the fact that it was so tragic, even for viewers who had not read the book. The tagline “One sick love story”, along with Hazel’s cannula in the poster image, remind everyone what is going on in the movie and prepares them for the tears they will shed.

In the trailer for *Stars*, which was released several months before the film itself, Hazel says in a voiceover, “I believe we have a choice in this world about how to tell sad stories. On the one hand, we can sugarcoat it. Nothing is too messed up that can't be fixed with a Peter Gabriel song, I like this version as much as the next girl does. It's just not the truth. This is the truth. Sorry.” This line is an adaptation of the quote that serves as this chapter’s epigraph and lays out the stakes of the narrative as effectively as Green’s writing does. Unfortunately, *Stars* does not make as nuanced of a film as it does a novel. This may in part be because all adaptations must cut some of the source material. *Stars* removes two characters from the plot, Hazel’s best friend Kaitlyn and Gus’s ex-girlfriend Caroline, as well as some scenes from the text. There is a loss in that, as there always is when details are cut, but there are no huge structural changes to the plot. And yet, *Stars* fails to translate into film, namely because it caters to its audience. Green’s writing makes it clear that his book intended to tell a tragic story, filled with brutal truths, even if that made it unpopular. By the

¹⁰³Lawson, Richard. “Review: *The Fault in Our Stars* Is the Ultimate Teen Tearjerker.” *Vanity Fair*, Vanity Fair, 4 June 2014, <https://www.vanityfair.com/hollywood/2014/06/fault-in-our-stars-review>. Accessed 6 Mar. 2022.

time the movie began production, it had already become the “next big thing” for preteens and teenagers.

Trying to draw in the largest audience possible, Shailene Woodley and Ansel Elgot were cast as the two leading characters. At the time of filming, they were two of the biggest names in the teen movie industry. They did a wonderful job of portraying the characters, but their status within pop culture makes Hazel and Gus seem more glamorous than they should be. Woodley, in particular, looks completely unaffected by illness aside from the oxygen tank. Her memories of her illness are shot in dream-like sequences, even when those scenes contained extensive detail in the book. The only time in which illness appears unfiltered is when Hazel goes to meet Gus at a gas station and she has to call paramedics to help him with an infected G-tube. It is one moment of reality in a movie that is deliberately designed to keep viewers comfortable. Alyssa Rosenberg says she was “skeptical of Hazel’s claims to radical truth-telling, or the oft-repeated mantra from her favorite book that ‘pain demands to be felt.’ It may make that demand, but Hollywood is determined to deliver a heavy dose of pain relief in the name of prettiness.”¹⁰⁴ That is the real tragedy of the film adaptation of *Stars*: it had the chance to tell a tale about what it is like to be a terminally ill teenager but chose to hide whatever truths that entailed behind perfect hair and stunning scenery.

Both the original book and film adaptation of *Stars* were hugely successful and that success spurned what I call “second-wave sick-lit”. If “first-wave sick-lit” can be classified as the novels published in the 1980s and 1990s, the ones populated by homecoming queens or star quarterbacks with leukemia, then second-wave sick-lit is its antithesis, but it is an

¹⁰⁴ Rosenberg, Alyssa. “The Flaws of ‘the Fault in Our Stars’.” *The Washington Post*, WP Company, 26 Oct. 2021, <https://www.washingtonpost.com/news/act-four/wp/2014/06/11/the-flaws-of-the-fault-in-our-stars/>. Accessed 6 Mar. 2022.

opposition that does not actually change all that much. A shortlist of the most famous ones includes *Me and Earl and the Dying Girl* by Jesse Andrews¹⁰⁵, *Everything, Everything* by Nicola Yoon¹⁰⁶, and *Five Feet Apart* by Rachael Lippincott¹⁰⁷. In an interesting connection, each of these titles was also adapted into a film.¹⁰⁸ As with every piece of art discussed in this thesis, they each have their respective successes and failures. Aside from what they do right or wrong, it is important to note that the existence of these titles, especially in such a high-profile way, connects second-wave sick-lit back to first-wave in that the demand for these stories has not abated in any significant way. Teenagers are as entranced by tales of illness and death as they were forty years ago. All that has changed is how these stories are packaged.

¹⁰⁵ Andrews, Jesse. *Me and Earl and the Dying Girl*. Amulet Books, 2020.

¹⁰⁶ Yoon, Nicola. *Everything, Everything*. Ember, 2017.

¹⁰⁷ Lippincott, Rachael. *Five Feet Apart*. Simon & Schuster Books for Young Readers, 2018.

¹⁰⁸ For clarification, *Five Feet Apart* was written as a screenplay and then adapted into a novel. The others were published as novels then adapted into screenplays.

Conclusion

“I have nothing to prove to the world because the world has everything to prove to me. It is the world’s responsibility to make space for my body, my words, my lopsided gait – our bodies, our words, our ways of moving through the world – to hold my childhood dreams of being a princess and a superhero close and help me understand that there is no need to want to be either. To start telling different stories about a body that might just look like mine, and reshaping the world to fit them.”

- Amanda Leduc, *Disfigured*

This thesis is a simultaneous exploration and analysis of the sick-lit genre and the effects of sick-lit books. As I stated in the introduction, the catalyst for this research was my affection for sick-lit and the interest I had in studying it through the lens of English literary scholarship. Although the start of the project was deeply personal, it is by no means a niche subject. There is not a person in this world who lives a life untouched by illness. It is one of the most terrifying things that can happen to a person, closely tied to questions of morality. Instead of facing that reality head-on, it has become a cultural expectation to ignore the less appealing sides of life, including illness. When it comes to sick children, that attitude is not only ignorant, it can be actively harmful. If we don’t tell the stories of kids who live with medical conditions, we are effectively ignoring an entire population that is already marginalized. Emily Rapp, a disabled writer and mother of a terminally ill child, asks us “Who counts in this world and how much? Who does the deciding? Who has “potential” (that is, value) and who does not?”¹⁰⁹ The stories we tell, and how we tell them, are in and of themselves an answer to Rapp’s question. When readers can see themselves reflected in literature, it is an affirmation that their lives do matter. Unfortunately, the representation of

¹⁰⁹ Rapp, Emily. *The Still Point of the Turning World*. Penguin Books, 2013.

disabled and chronically ill children is severely lacking in modern fiction. But more pressing, I argue, is the various successes of the characters that do exist.

Sick-lit is a popular genre whose notoriety grows exponentially every year. Both due to its recent inception and the lack of scholarship available on the topic, it is a grouping of books that ranges from children's paperbacks to some of the most beloved classics. All of it is adored by teenagers around the world. Alana Kumbier asks, "In light of the ongoing popularity of the genre, we might consider how the books—both the 'good' literary ones and the 'bad' trashy ones—function for their readers, and why they are so appealing, especially to a readership of preteen girls. And, more important what do they teach their readers about illness and the desirability of a 'normal' (read: straight, white, healthy, middle-class) teen girlhood?"¹¹⁰ When we look at the backlash sick-lit readers receive, both from critics and their own families, it becomes increasingly pressing to work to understand the hold the genre has over these readers. In trying to find the answer by studying a variety of works, what comes out is a layered and nuanced understanding of the very foundations of contemporary fiction and the way it uses the illness narrative. The base truth, as it related to the study of form, is that sick-lit is an extension of the tragedy genre. For every person who prefers to laugh at a comedy, there is someone who would rather cry over a tragedy. When it comes to the experience of women specifically, sick-lit reflects the cultural lessons taught to women about graciously suffering and their responsibility to care for the emotional burdens of their loved ones. As seen in the titles used in this thesis, that concept applies whether it is a literary classic like *Little Women* or "chick-lit trash" like Lurlene McDaniel's numerous

¹¹⁰ Kumbier, Alana. "YA Novels Treat Sick Girls like Perverse Fascinations." *Bitch Media*, Bitch Media, 6 June 2018, <https://www.bitchmedia.org/article/in-sickness/the-popularity-of-illness-lit>. Accessed 23 Mar. 2021.

novels. The loss here, by dividing the books into these abstract categories, is that it ignores the power that they can have over their readers.

There is no identifiable “starting line” for sick-lit. The trope of the physically weak young woman rose to prevalence in concordance with the rise of consumption in the 19th century, but it existed in works that existed for centuries prior. The concept of sick-lit in modern literature, particularly in the form of teenage girls, can be traced back to 1868 with the publication of Louisa May Alcott’s *Little Women* through the character of Beth March. The death of Beth is one of the most heartbreaking sections of *Little Women* and has reduced readers to tears for over a hundred and fifty years. Beth’s role in the story, to be “a dear, and nothing else”, is effectively embodied by her contraction of scarlet fever. Alcott reinforced Beth’s status as the moral compass of the March family by having her accept her fate with grace. Although *Little Women* was a rebuttal to the novels of the time, designed to teach young women lessons about proper behavior, Beth March is every bit a moralistic role model. Within the context of *Little Women*, this isn’t so much of a glaring issue, as it is countered by Meg, Jo, and Amy, but the legacy becomes extremely problematic as it extends to the present.

Over a century after Alcott published *Little Women*, sick-lit solidified its foundation in the works of author Lurlene McDaniel. McDaniel’s oeuvre of over 70 novels are all focused on young adults and the majority can be classified as sick-lit. Despite being largely responsible for the origins of the genre, McDaniel’s work is representative of the worst that sick-lit has to offer. Her heroines are all afflicted with “Beth March syndrome”¹¹¹, as Grossman calls it, and there is no plot outside of the illness narrative. Moreover, McDaniel’s

¹¹¹ Grossman, Marni. “Dying Teenagers in Love.” *Utne*, Utne Reader, Mar. 2010, <https://www.utne.com/arts/sick-lit-lurlene-mcdaniel/>. Accessed 17 Apr. 2022.

ideas about sick girls “affirm some of the most insidious dominant cultural ideas we have about sick people: They are consistently portrayed as objects for both our inspiration and our pity, narcissistic and/or deceitful figures to be constantly inspected and surveilled, tragic figures, innocent victims, and vehicles for others’ emotional growth and sentimental education.”¹¹² Her books, as misaligned and flat as they are, also manage to uphold harmful conservative views, including racism and ableism. While McDaniel is vocal in her desire to advocate for the chronically ill children she writes about, her novels actively work against them by perpetuating a narrative that isn’t based in truth. Her popularity, therefore, is gained because her books filled a void insofar as the lack of representation for chronically ill teenagers, particularly girls.

Ann M. Martin’s *The Baby-Sitters Club*, a mass-market paperback series comprised of hundreds of titles, was published nearly concurrently with Lurlene McDaniel’s work but took nearly the polar opposite approach to illness. Stacey McGill, BSC treasurer and founding member, is a type one diabetic whose experience with chronic illness forms both her paradoxical identity as a member of the BSC¹¹³ and serves as a positive representation for chronically ill children in the media. The significant downfalls of Stacey McGill, including the outdated medical terminology and the perpetuation of the aesthetic disability stereotype, are counteracted effectively by the Netflix adaptation of the series.

¹¹² Kumbier, Alana. “YA Novels Treat Sick Girls like Perverse Fascinations.” *Bitch Media*, Bitch Media, 6 June 2018, <https://www.bitchmedia.org/article/in-sickness/the-popularity-of-illness-lit>. Accessed 23 Mar. 2021.

¹¹³ McCormick-Evans, Kathe. *That’s What Little Girls are Made of: Paradoxical Productions of Identity in The Baby-Sitters Club*. 2019. Wesleyan University, Bachelor’s Honors Thesis. <https://digitalcollections.wesleyan.edu/object/ir-39>.

After the successes of McDaniel and Martin, sick-lit lost some of its popularity, but the relevance of the genre saw a resurgence in 2012 with the publication of John Green's *The Fault in Our Stars*. The widely popular novel follows the love affair of two teenage cancer patients, but actively refutes many of the tropes associated with sick-lit. That is not to say that it is the perfect illness novel, but it is a step forward in the direction of telling authentic stories about life-threatening illnesses in children and teens. By using flawed characters, ample amounts of dark humor, and honest views on death, Green's novel gives a glimpse into what it means to be a sick teenager, without the idolization of previous sick-lit novels. That romanticization exists but it is not the ultimate purpose of the novel.

Little Women, Lurlene McDaniel, *The Baby-Sitters Club*, and *The Fault in Our Stars* are samples of an expansive genre, but they are examples of what sick-lit is and why we both love and despise it. It is not possible to pretend that this is not a world in which children suffer and sometimes die. Books about this experience can be immensely educational, as well as emotionally impactful. Sick-lit, when done well, simultaneously validates the lives of chronically ill children and teenagers while also providing an engaging opportunity for healthy adolescents to understand what it means to live a life touched by illness. When it comes to female characters, the lens through which sick-lit is seen becomes more convoluted. We idolize the sick girl for her beauty and her wisdom, making her into a nearly divine figure. It does not matter if a character is fictional if she is only allowed to be one thing. As Blue Boen says, "I was so sick of being the sick girl."¹¹⁴ In the future, I hope to see more stories about girls with chronic illness who are not defined by their illness, nor limited to that experience. Tales of falling in love and traveling the world and finding

¹¹⁴ Yohalem, Eve. *The Truth According to Blue*. Little, Brown Books for Young Readers, 2019.

friends in the unlikeliest of places. Life doesn't stop when you receive a diagnosis, but you do learn to go on in spite of it. I am living proof of that, as are the millions of disabled children that go to libraries and bookstores to look for stories about people like them.

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