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SONTAG AND DISABILITY STUDIES:  
CHRONIC ILLNESS, IMPAIRMENT EFFECT, AND BIOMEDICAL METAPHOR

A THESIS SUBMITTED TO  
THE DEPARTMENT OF ENGLISH  
IN PARTIAL FULFILLMENT OF THE DEGREE OF BACHELOR OF ARTS

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## ABSTRACT

## SONTAG AND DISABILITY STUDIES:

## CHRONIC ILLNESS, IMPAIRMENT EFFECT, AND BIOMEDICAL METAPHOR

BY: TALULLA ECHO STEELE

This thesis contends with two sets of concerns regarding Susan Sontag's 1978 *Illness as Metaphor*. First, this thesis situates *Illness as Metaphor* within the disability studies canon through recourse to the works of established scholars in the field. I suggest that Sontag's interrogation of figurative language about illness can be aligned with the ideological aims of the social model of disability; her intention is emancipatory. Through examining representations of illness and ill identity in literature, Sontag hopes to liberate her readers from stigma that is perpetuated by the rhetoric used to describe illness. I argue that Sontag's advocacy for medical intervention in the lives of the chronically ill does not compromise her project of evidencing the social construction of the ill experience. I explicate the relationships between chronic illness, impairment, and disability to contextualize Sontag within disability studies discourses, introducing an embodiment perspective. Second, this thesis probes Sontag's invocation of diagnosis as the most objective way of conceiving of illness. I submit that diagnosis is metaphorical, positioning it as a synecdochic practice that relies on abductive reasoning to conceptualize disparate bodily processes as a singular entity, disease. I further question the utility of metaphoric language in medical dialogues, refiguring Sontag's stance on diagnosis and the truth of illness. This thesis uses Sontag to intervene in dominant disability studies discourses on working models, and this thesis further uses rhetorical analysis to intervene in Sontag's relationship to medicine in *Illness as Metaphor*.

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This thesis is dedicated to the memory of Elaine Jacobsen Steele.

## TABLE OF CONTENTS

Introduction: Sontag and Temperament	5
Sontag's Relationship to Disability Studies	10
The Social and Medical Models of Disability Defined	13
Contextualizing Sontag, or Sontag and the Social Model	16
Problematizing the Social Model: Distinctions Between Chronic Illness and Disability	27
An Embodied Perspective: Reconciling The Acknowledgement of Impairment Effect	35
Complicating Sontag's Concept of Medicine as Non-Metaphorical	41
Illness Experience Versus Disease Construct	45
The Semiotics of Diagnosis	47
Making Illness Disease	49
Bodily Symbolism: Metaphor in Medicine	52
Conclusion	54
Works Cited	57

## INTRODUCTION: SONTAG AND TEMPERAMENT

In the 1990 essay “Precocious Archaeology: Susan Sontag and the Criticism of Culture” Liam Kennedy says of her subject, “if Susan Sontag is not a writer behind whom a school or substantial following has gathered, this has much to do with the unsystematic nature of her work. Her studies of thought and culture are not the work of a systematic theorist” (23). Sontag’s essays on illness may be indicted of this charge; she does not structure her arguments for eliminating figurative language that stigmatizes illness from the common vernacular using any one theoretical framework or perspective or by following any clearly structured logical sequence. She says in a 1985 interview that she is not bothered by the question of an audience, and her authorial voice comes from positioning that which is subjective as being objective, that is, evidencing personal truths to an extent that they may be considered absolute.

Sontag’s use of quotations as fragments, tools of defamiliarization, exhibits this practice of making the personal academic, as she calls quotations “portraits of temperaments that express themselves in art” (np). These temperaments are the progenitors of her critical thought, and she names them as such because “ultimately ideas come out of a temperament or a sensibility, that they are a crystallization or a precipitation of temperament. It’s not that you make up your ideas to justify your temperament but that it’s the temperament first” (np). Sontag further states that “the essays are extremely personal and yet operate on a strategy by which the first person is renounced. Eventually this formula becomes impossible...there’s a first person who wants to be born in those essays and can’t be. The essays are imploding in a way that makes them extremely difficult to engender” (np). This stylistic tension is manifest not only in her form but in the content of her essays: “what she responds to in her writings is a dialectical tension between concepts (sanity/insanity, culture/nature, truth/lie, self/other) which is never resolved... unlike

poststructuralist theorists Sontag refuses to give way to the play of difference as an end in itself” (Kennedy 27). In the preface to the aforementioned 1985 interview with Sontag, Eileen Manion and Sherry Simon propose that the unconventionality of Sontag’s approach does not subvert the canonical and theoretical significance of Sontag’s works: “these paradoxes do not diminish Sontag’s work; instead they contribute to the creative tension between aestheticism and social criticism, sensuality and intellectual rigour” (np).

My choice to write a thesis on Sontag’s works on illness, *Illness as Metaphor* and *AIDS and Its Metaphors*, was born of temperament and of a preoccupation with the conceptual strife that underpins the work. I quite fittingly first encountered *Illness as Metaphor* through two quotations, plucked from their textual context. The first excerpt that drew me to the work was: “Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place” (Sontag 3). The second excerpt that drew me to the work was: “the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking” (Sontag 3). Upon obtaining a copy of *Illness as Metaphor* later that day, I would find that these were the opening passages of the essay. Sontag introduces a metaphor (citizenship) and a sentence later, excoriates the use of such figures. I was initially attracted to the metaphoric imagery of the first quote, yet found myself generally agreeing with the next, which denounced the former quote.

My body does not fit within the confines of the social definition of a normative body. However, I would from appearance be assumed to be able bodied. Because my impairment is not visible, I more and more often find myself in the position of needing to disclose my impairment

to access accommodations. Before encountering Sontag, when speaking publicly of the physical limitations I contend with, I used clinical terms: “I am diagnosed with ligament laxity, a hypermobility spectrum disorder; my physicians have proposed a subset of Ehlers-Danlos syndrome, though genetic testing for it does not exist. The head of my femur shifts out of the acetabulum of my pelvis. I have patellar instability in both knees. My right shoulder subluxes regularly.” I viewed this spiel as a process of continuous self justification.

My conditions began presenting at age eleven, and a decade of sporadic orthopedic visits, physical therapy courses, and divulging my disability repeatedly made me stoic and tired; I decided not to make the incongruities of my body transparent with familiar language to anyone that might doubt my mobility limitations due to my seeming able bodiedness. I would not speak of my impairment in relatable terms; I felt that if I used the metaphors my doctors first used to explain my joint issues to me, likening my ligaments to lax rubber bands, that my condition in its invisibility would not be taken seriously, especially as some individuals with hypermobility are just “double jointed” and can live without pain their entire lives. Medicalized language was therefore an avenue of legitimizing my impairment for an able bodied audience, while more traditionally metaphorical language was overly simplistic and undermined the severity of my condition.

I felt a pervasive shame that my body, quite literally, did not know alignment, that I cannot function in the same way as able bodied individuals my age function. Diagnostic rhetoric was therefore always a metaphor for me. I used it partly in place of the simplistic metaphors that doctors used to communicate the mechanisms in my body which had failed, that I would later discover correlate to Sontag’s description of the body being conceptualized as a machine. I also used clinical terms to avoid speaking of my pain. I could not bear the inevitable sympathy and



fear that resulted if I relayed my bodily sensations. My embodied experience of pain is taboo; it makes able bodied individuals uncomfortable to hear about the perpetual soreness, the feeling of bone against bone, the numbness in the fingertips and the shoulder, the limb hanging dead, the swollen limb, the underskin bruises from straining ligaments, or my knee giving way repeatedly. Acknowledging the ways my impairment affects me in literal terms is received poorly because hearing about my pain can cause able bodied individuals a moment of confrontation with their own physical state. Further, regardless of the general uneasiness that results if I recall my pain, no one understands the specificity of my embodied hurt besides others who have the same condition as me. We are few and far between, with much variety and severity of symptoms as well. The unrelatability of my pain when communicated to able bodied individuals is just as stymying to most as the obfuscating medical jargon I now tend to favor, but unlike talk of pain, my diagnoses elicit only some mild confusion and do not inspire fear or condolence.

What I would call diagnostic metaphors refer in less emotionally provocative terms to the constitution of my body, both in its impairment and in its sensory existence— they are euphemisms, figurative. I speak of my pain using inoffensive labels that refer to my body as apparatus, not as feeling agent. My diagnoses, however, are somewhat “offensively meaningless,” a phrase Sontag uses to describe death in the mid 20th century Western consciousness. That is, there is not a cure to be had. Treatment focuses on pain management through medication and therapeutic strengthening exercises for the muscle groups surrounding joints, to stabilize them, reducing dislocations and subluxations. Even without a diagnosis, a patient with a history of multiple dislocations would be prescribed the same regimen. Although my diagnosis has given me a metaphorical language with which I can communicate the mechanical reality of my body in a way that mitigates emotional responses that negatively

impact my self image and others' image of me, it does not give me access to some more truthful conception of my body than my pain does, and it does not give me any more options for managing my pain than if I did not have it.

I learned to not speak of my pain. I privately wrote once, tentatively, a secret metaphor: "my body is a treacherous home." Notions of self betrayal plagued me— I did not know at how many steps my body would refuse to cohere. On page 40 of *Illness as Metaphor*, Sontag writes of the body's treachery, of the feelings of self-judgment and self-betrayal inherent to the illness experience of those with tuberculosis and cancer. While my condition is degenerative or progressive, it is certainly not mortal, and would be classed as an impairment or a chronic condition versus a chronic illness. This discrepancy did not affect the stirrings of sympathy and of temperament I felt upon reading *Illness as Metaphor* for the first time, five months into the global pandemic. When I finished the essay, there were two aspects of it that concerned me. First, it was difficult for me to reconcile the way in which her essay resonated with me; cancer and tuberculosis as mortal illnesses differ so starkly from my impairment regarding their fatality, their bodily presentation, and their causes. The implied prognoses and etiologies of the diagnoses are incomparable. Second, I was interested in Sontag's repeated claim that diagnostic labels were not metaphorical, as my relationship to metaphor, diagnosis, and impairment, contrasted that notion. These two concerns led me to the field of disability studies.

## SONTAG'S RELATIONSHIP TO DISABILITY STUDIES

Disability studies emerged as a discipline in the purview of more general identity studies, complementary to critical gender and race theory, in the latter half of the 20th century. Rosemarie Garland-Thomson, a prominent gender and disability rights scholar, considers the history of the movement in her 2013 essay entitled "Disability Studies: A Field Emerged." She states that "the field emerged in the 1980s, part of a cluster of politicized identity-based interdisciplinary fields of study" (*A Field Emerged* 915). The fledgling publications of the novel field that gained traction in the 1980s were built upon in the 1990s, and this twenty year period may be considered the "first wave of disability studies" (916). This was an interdisciplinary effort, with different fields contributing different ways of conceptualizing disability: "historians revealed that disabled people, a group newly constituted through disability rights, had a history; literary critics brought forward previously unrecognized patterns of representation; social scientists theorized the social constructions of ability and disability" (916). In *Illness as Metaphor*, Susan Sontag assumes the authority of all of these figures: the historian, the literary critic, and the social scientist.

Sontag's 1978 *Illness as Metaphor* predates the conception of disability studies as a discrete field by a handful of years. *Illness as Metaphor* concerns itself primarily with an investigation of the regulatory social discourses surrounding two illnesses, both historically fatal and therefore equivalent to death, that are longstanding symbols of mortality: tuberculosis and cancer. In probing the two aforementioned illnesses, Sontag seeks to separate those parts of illness which are essential and embodied, and those parts of illness that are constructed through discursive systems: the language we use to describe illness, its symptoms, and the ill individual. She does this through an excavation of literary references of tuberculosis and cancer in the English canon, uncovering a history of the cancer patient and of the tubercular that is not solely

medical but also social. Sontag details the narrative archetypes designed around the illnesses and argues that these fabrications contributed to the formation of identity categories defined by illness. Sontag's project is representative of the project of early disability studies, as "much of the material in this first wave reflected the self-consciously political turn in criticism toward exposing the violence of representation, uncovering oppression and discrimination" (916). Sontag does exactly this, performing a rhetorical analysis of the representation of tuberculosis and cancer in popular media to dispel the myths that stigmatize those afflicted by each disease. Her project is one of liberation.

The first concern that arose from my reading of Sontag was the seemingly inexplicable congruity between her description of the social experience of the ill and my personal knowledge of the social experience of my impairment. To investigate the relationship of illness to impairment, I sought existing operational definitions in use in the critical sphere of discourse to contextualize Sontag's main thesis. Disability studies has a disciplinary specific vocabulary that may be used to define Sontag's project in *Illness as Metaphor*. The application of disability studies jargon to *Illness as Metaphor* has the result of both clarifying Sontag's critical arguments and justifying Sontag's work on illness as a text that has theoretical relevance to modern day disability studies projects. This thesis proposes that disability studies can be used to intervene in Sontag's *Illness as Metaphor* and legitimize her position that literature and language have a marked impact on the lives of the ill. Simultaneously, this thesis further proposes that Sontag's *Illness as Metaphor* can be used to intervene in the dominant discourses of disability studies which privilege the social model of disability and exclude chronic illness from disability activism.

The genesis of the concerns that drive my research was my understanding of my own impairment. The concerns were phrased subjectively, without reference to the language of disability studies. Therefore, framing these two issues in scholarly terms is necessary because I am seeking to answer them using existing critical discourses and frameworks. My first concern phrased in academic terms is as follows: I am questioning how chronic illness is treated by scholarship on the disability studies concept of the social model of disability. I am questioning the intersection of chronic illness and impairment using Sontag's work on illness as a departure point, arguing that advocating for medical intervention refocuses the body and reinserts embodiment into the social model of disability. With this first set of questions, I am placing Sontag into discourses and debates central to disability studies, confronting the disability studies tendency to position medical intervention as a private matter without relevance to disability advocacy. My second concern phrased in academic terms is as follows: I am questioning the assumed objective correspondence of diagnostic labels to bodily phenomenon to emphasize what may be called the synecdochic aspects of the diagnostic process. I am questioning the utility of metaphor in medical settings, resisting Sontag's complete denunciation of metaphors to describe illness. With this second set of questions, I am using disability studies to probe and challenge a concept central to Sontag's arguments: medicine's neutrality. To begin to answer these questions, working critical definitions of terms such as "the social model," "disability," and "impairment" must be established.

## THE SOCIAL AND MEDICAL MODELS OF DISABILITY DEFINED

In *Staring at the Other*, Rosemarie Garland-Thomson states that historically, non-normative bodies have captivated the social imagination because they diverge from and define in negative terms the normative, a practice alive in the modern day, as “experts still read exceptional bodies to establish the supposed truth of the ordinary” (np). The most recent iteration of the stare to befall the non-normative, extraordinary body is the medical gaze, which relegates the subject to clinical environments of pathologization and categorization. Garland-Thomson asserts that the change in the dynamic of the stare produced the shift in the social consciousness and treatment of extraordinary bodies. Sontag also details the shift in attitudes towards illness that occurred as religious institutions and discourses were usurped by medical institutions and discourses as the dominant force that defined normativity. Disability studies as a field rejects both what may be called the religious and medical models of disability, instead privileging the social model of disability.

The foundational principles of the social model of disability were conceived of in a joint effort by The Union of the Physically Impaired Against Segregation and The Disability Alliance during a discussion of the fundamental principles of disability in 1975, which can be accessed as a transcript with additional commentary. The groups agree that “disability is a situation, caused by social conditions, which requires for [disability’s] elimination” and that “it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society” (4). This distinction between impairment and disability is integral; the conference goes on to describe impairment “as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body,” while they

name “disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (20). The Union and the Alliance maintain that impairment is bodily while disability is social; impairment is neutral while disability is oppressive.

The social model as a theoretical framework of explaining disability was coined as such by Mike Oliver, a disability studies scholar and activist, in his 1983 publication *Social Work with Disabled People*, and he goes on to claim “parental rights to disability models” in his 1990 essay “The Individual and Social Models of Disability.” It is in this essay that he clarifies his proposed binary of individual and social models of illness, referring to what is in the 21st century referred to as the medical model of disability as a subset of his individual model of disability, naming it “the medicalization of disability.” The individual model “locates the 'problem' of disability within the individual,” and “sees the causes of this problem as stemming from the functional limitations... assumed to arise from disability” (3). It further relies upon the tragedy/charity model, which views disability as a terrible, individual circumstance. Alternatively, the social model locates disability within the oppressive cultural constructions that surround non-normative bodies, naming any limitation impaired individuals face as being wholly socially fabricated, and not a result of the individual’s physical condition. Sontag’s descriptions of the narratives surrounding cancer and tuberculosis have nothing to do with the illnesses as they exist in the body, but with the meanings that society projects onto said illnesses. Therefore, we can align Sontag’s works with the social model.

Through her study of the social mythologies of tuberculosis and cancer, Sontag questions the function of language: is it descriptive or productive? Does language refer to ill bodies as they

exist or does it create the social notions of what an ill body is? What does it mean on an individual level to exist while ill? Sontag concludes that while the language we use to describe cancer and tuberculosis may begin as descriptive of the presentations of the diseases within the body or the speculated causality, it constructs archetypes, both physical and characterological, that those with cancer or tuberculosis were identified with, to their detriment. Sontag posits that their illness itself is not the cause of the reactions it receives in society; instead, dehumanizing metaphors are at fault, the way we speak about illness is at fault. To understand the ways in which Susan Sontag engaged with disability studies concepts before the birth of the subject as a discrete field, a brief sketch of the essay's key concepts and thesis must be analyzed through comparison to some seminal essays by distinguished disability studies scholars that either established or notably expanded the field with their research on the aesthetics and etiologies of disability. Explicating the ways in which Sontag's *Illness as Metaphor* is in agreement with concepts like the social model of disability is necessary for my subsequent discussion of how Sontag concurrently complicates the social model of disability due to her positioning of the role of medical intervention in the lives of ill individuals.



## CONTEXTUALIZING SONTAG, OR SONTAG AND THE SOCIAL MODEL

The direct intervention into the scholarly discussion this section of my thesis makes is to position Sontag's work on illness as a precursor to the field of disability studies. I use works by disability studies scholars published after Sontag to validate her discussion of tuberculosis and cancer as prefiguring the social model, though her subject is illness and not impairment. In the following summation and analysis of *Illness as Metaphor*, the works of disability studies theorists including Simi Linton, Michael Bérubé, Rosemarie Garland-Thomson, and G. Thomas Couser are used to substantiate the ways in which Sontag engages with disability studies discourses in her accounts of tuberculosis and cancer. Disability studies encourages utilizing literary criticism as a component of disabled advocacy. Examining representations of disability is essential to the project of disability studies because the portrayal of the aesthetics and etiologies of impairment have implications for the formation of and the individual's identification with disabled identities. Depictions of disability have further implications for the treatment of disabled individuals as it might be influenced by media. Sontag's analysis of literature exemplifies how both of these implications manifested in practice, having a real and measured effect on ill individual's social experiences and attitudes towards their illnesses.

Sontag states on the first page of *Illness as Metaphor* that "My subject is not physical illness itself but the uses of illness as a figure or metaphor" (3). Sontag's framing of the subject matter of her work, making a strict delineation between illness as a phenomenon and illness as a linguistic construct is in accordance with Simi Linton's proposition in her 1998 chapter "Disability Studies/Not Disability Studies" that "we should... utilize the term 'Disability Studies' solely for investigations of disability as a social, cultural and political phenomenon" (535). By this definition, Sontag's subject may be categorized as falling within the purview of

disability studies. Linton additionally proposes that “the objectification of disabled people can be redressed... by breaking down stereotypes through the analysis of metaphors, images, and all representations of disability in the academic and popular cultures” (*Not Disability Studies* 531). Rosemarie Garland-Thomson’s 2005 “Disability and Representation” corroborates this idea and codifies it through defining disability studies as principally challenging “our collective representation of disability, exposing it as an exclusionary and oppressive system rather than the natural and appropriate order of things” (524). Sontag makes disputing stereotypes the goal of *Illness as Metaphor*, stating that “it is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry” (4). Sontag’s statements regarding her intentions for her illness essay establish that she shares the concerns of disability studies regarding how exegesis can contribute to freeing the oppressed, disabled individual. Sontag’s goal is to scrutinize and subsequently deconstruct the metaphors surrounding cancer and tuberculosis through a review of the portrayals of the diseases in literature.

In the introductory chapters of *Illness as Metaphor*, Sontag states that tuberculosis was and cancer is an enigma, representing a “ruthless, secret invasion” of the body. As the two diseases are positioned as a mystery to be feared, they have been thought of as morally and literally contagious, which results in ostracization of those afflicted. The mere names themselves carry the weight of that social stigma resulting from negative mythologies. In personifying cancer through metaphor, imbuing it with dastardly qualities, the negative association of the label is furthered, and the negative impact on those diagnosed is greater. The solution Sontag proposes is to “rectify the conception of the disease, de-mythicize it” (7). Tuberculosis was and cancer is often thought of as synonymous to death, as they are mortal illnesses. Sontag’s thesis on the effect of metaphor is that said metaphors are responsible for the feelings of shame that co-occur

with infection of tuberculosis and cancer and that this shame defines the social experience of those ill with them; there are serious implications to the aesthetic and etiological mythologies of the diseases. Michael Bérubé's 2005 publication "Disability and Narrative" maintains that "scholars in disability studies are right to point out that literary representations of people with disabilities often serve to mobilize pity or horror in a moral drama that has nothing to do with the actual experience of disability" (570). The construction of an equivalency between cancer, TB, and death does just what Bérubé describes; the illnesses are catastrophized.

Sontag further details the social reaction to the tubercular patient's appearance in the 18th century to establish the prevalent aesthetic narratives of tuberculosis that circulated at the time. The increased social mobility of the 1700s made status something to be signified through the dressing and constitution of the body in an effort to convey identity, allegiance, and ideas of selfhood. The construction of a "consumptive appearance" dictated behavioral norms and decorum because tuberculosis became a signifier of class association, as garments and illness, bedecking the exterior and interior of the body, were viewed in equal measure as components of communicating self as image. A sparse diet of small portions and more restrictive corsetry than was previously popular because "the TB-influenced idea of the body was a new model for aristocratic looks—at a moment when aristocracy stops being a matter of power, and starts being mainly a matter of image" (Sontag 28). Tuberculosis was therefore attractive, and when associated with pedigree, it dictated a beauty standard.

The actual agony of the disease was neglected in favor of romanticization: "Gradually, the tubercular look, which symbolized an appealing vulnerability, a superior sensitivity, became more and more the ideal look" (Sontag 30). The rise of individualism as a dominant social ethos was responsible for this willful ignorance of the morbid reality of the disease. As TB was

associated with class distinction, it distinguished the individual, granting them intrigue. The sick were interesting, and the aesthetics of tuberculosis (wasp waisted-ness, a wan pallor but with rosy cheeks) became a way of signaling ones belonging to a social class, that of the romantically ill. Tuberculosis being vogueish did nothing to alleviate the suffering of the individual inflicted with tuberculosis, and in fact the glamorization of it would invalidate the physical pain it begat, and the existential pain of contemplating mortality it required of its sufferers.

This section of *Illness as Metaphor* can be classified as dealing with aspects of the aesthetic characterization of tuberculosis. Michael Bérubé's "Disability and Narrative" examines a series of popular culture depictions and treatments of disability narrative with the purpose of establishing that the "unknown" immanent to "othered" bodies solicits mythologization. He explains how bodily difference is productive of the topos that surround disabled individuals: "many of the narrative devices and rhetorical tropes we take for granted are grounded in the underrecognized and undertheorized facts of bodily difference" (570). This assertion is echoed in Rosemarie Garland-Thomson's "Staring at the Other," in which she proposes that staring is an expressive and meaning-laden response to the appearance of others. Such a gaze does not belong only to the individual staring; it communicates interest, positive or negative, and is always a result of confrontation with the unexpected. Staring has direct cultural and historical connotations, and in Western culture it is taboo, which contextually can make it a socially transgressive act. It has been ritualized by its restriction to the strange. This results in the ostracization of those afflicted: contact becomes taboo. The stare circumvents this boundary, even as it is still transgressive. There is an intrinsic objectification in becoming a spectacle, in one's social identity being supplanted by narratives that dehumanize through romanticization.

Sontag's focus on the appropriated aesthetics of illness as one source of oppression for the ill individual can be further aligned with the ideologies of disability studies through referencing Rosemarie Garland-Thomson's "Disability and Representation." In this essay, Garland-Thomson states that "to deal in images and narratives, whether they come from literature, art, film, or popular culture, is to focus on issues of representation" (523). Sontag is creating a composite portrait of the tubercular body through referencing primary sources. Garland-Thomson continues her discussion of representation, positioning it as productive rather than descriptive: "representation structures rather than reflects reality. The way we imagine disability through images and narratives determines the shape of the material world, the distribution of resources, our relationships with one another, and our sense of ourselves" (523). The way tuberculosis was imagined as having a corresponding aesthetic and the status that the tubercular look came to signify is an example of the socio-economic implications of aestheticizing disease.

In the intermediary chapters of *Illness as Metaphor*, Sontag discusses the speculated cause of both cancer and tuberculosis in the literary pre-modern age, evidencing the prevalent etiological narratives. The tuberculosis sufferer is said to be "consumed" by ardor, as the Romantics forged an association between Tuberculosis and love, excess passions. Cancer, conversely, is a disease characterized by a deficiency of passion, afflicting the repressed. Both ideas have the same root: "both psychological accounts of a disease stress the insufficiency or the balking of vital energies" (Sontag 21). Tuberculosis, though thought of as manifesting when an individual is too impassioned, has another crucial aspect: frustration arises when strong emotion is somehow hindered or thwarted in its expression. In the case of cancer, it was thought to be a product of not a spontaneous or isolated event of suppression of avidity, but instead

conceptualized as the result of a prolonged and constant repression of feeling. Sontag states that “the link between cancer and characterological resignation” parallels earlier ideas of TB being caused by resignation, inherent passivity, and a victim-mentality (Sontag 23). This assigns blame to the sufferer, assigns them sole responsibility for their illness. The social imagination’s preoccupation with the causes of tuberculosis and cancer is indicative of a compulsive tendency to narrativize, as Michael Bérubé states in “Disability and Narrative” that “whether the disability in question is perceptible or imperceptible, a matter of a congenital illness or of a degenerative disease, an effect of aging or the object of the inconceivably rude query *How did you get that way?*, disability, too, demands a story” (570). There is a prevailing curiosity that demands that those afflicted with illness divulge their deficiencies.

Sontag expands this discussion of the role of energy in the metaphors that surround cancer and tuberculosis, providing socio-economic context. The tubercular has misspent their energy or is lacking in it and is manic, while the individual with cancer has repressed their energy and is emotionally dissociated: both of these deviate from the status quo. Conditions of the modern capitalistic, individualistic society create concerns regarding energy, concerns about having a “correct” reserve (as defined by an economic system of overproduction and exploitation) and concerns about how said reserve is allowed expression. Tuberculosis is therefore associated with early capitalism, a time in which energy is thought of as finite. It must be spent wisely, or the body consumes itself, is diminished. Cancer as it physically manifests is the inverse, correlated with late capitalism and exponential, uncontrollable growth. The tumor, for example, is granted its own agency and energy, is personified, as cells’ replication is not “self-limiting” or inhibiting. Early capitalism necessarily requires limits on desire, while late

capitalism requires excess desire, and the creation of new material needs to quell the need to consume. Cancer is then “abnormal growth,” as corresponding desire, energy, is quashed.

This again instills shame and guilt in the illness sufferer, as the individual is responsible for the proper management and expenditure of their innate energies. In the 2005 essay “Disability, Life Narrative, and Representation,” G. Thomas Couser notes that “as a trope, disability serves to conflate narrative and character; even when it does not generate narrative, it may imply a backstory” (603). Sontag documents the conflation of narrative and character in her discussion of the proposed etiologies of cancer and TB. The aspect of self blame that is central to the implied backstories of the referenced diseases is also a highly discussed topic within disability studies, with Rosemarie Garland-Thomson noting that “we are told that if we... cultivate the right habits, pay careful attention... we can banish disability from our lives” (*Representation* 524). In the case of tuberculosis and cancer, the assumption of the individual’s responsibility for their disease can be directly correlated to the economic system of the time, which requires increased individualism.

Sontag describes the effects that conceptualizing disability as an individual problem has on the afflicted. The aesthetics of tuberculosis were appropriated to the end of obfuscating the grim reality of the disease. This invalidates the gruesome lived experiences of those infected with tuberculosis; the reduction of their disease to a status symbol minimizes its severity. The dissonance between the illness-experiencer’s stark reality and the positive light in which physical presentations of the disease were viewed could foster a sense of shame born of the isolation that the afflicted individual was suffering; while others galavanted around, fashionably waifish, the tubercular was segregated. Additionally, the proposed characterological deficiency of those inflicted with tuberculosis and cancer, the inability to responsibly manage their energy, promotes

culpability for their suffering on an individual level. These ways of thinking about illness are an inheritance of the ideas espoused by the dominant Western institutions of the pre-modern era's hegemonic power: the Christian church.

Sontag outlines how humanity has long displayed moralizing tendencies in his conception of illness. In an ancient context, disease was thought of as afflicting individuals either randomly, by whim, or as divine retribution. Through the 16th century, epidemics were seen as having a negative effect on the character of society—moral corruption was thought to thrive when disease ravaged communities and people became desperate. There was a connection forged between the idea of disease as punishment and the appearance of widespread moral deficiencies. With the advent of Christianity came the moralization of disease and the construction of victim as identity by the logic that if disease is a punishment, there are cases when it could be deserved. By the 1800s, instead of disease being seen as a punishment fitted for a sinner, the genesis of disease was an expression of character. Disease was not an external agent acting upon the body, it was of interior origin, namely, the afflicted's will to either health or unhealth. Recovery was determined by the individual's ability to subsume sickness under the will of health, quashing the revolt of the organs, exerting their mind over their body. Illness became a symbol of some internal bodily drama, and was the responsibility of the afflicted. G. Thomas Couser expresses that "one way of getting at the relation between somatic variation and life narrative is through a common phenomenon: the way deviations from bodily norms often provoke a demand for explanatory narrative in everyday life" (604). The explanatory narrative assigned to disease and illness in pre-modern times was one that could be endorsed by the dominant cultural institution of the era, Christendom. Sontag is again echoing the concerns about victim-blaming that disability studies discourses center, as Couser continues: "in effect, people with extraordinary



bodies are held responsible for them... to acknowledge having brought it on themselves” (604-605). Health versus illness was thought of in the binary terms of reward and punishment in pre-modern times, and this attested to the idea that individuals with ailments had agency over their disease.

Near the end of *Illness as Metaphor*, Sontag states definitively that “in the name of the disease (that is, using it as a metaphor), that horror is imposed on other things. The disease becomes adjectival. Something is said to be disease-like, meaning that it is disgusting or ugly” (58). This reflects directly onto how sufferers of diseases perceive themselves. Disease, due to its associations, becomes tainting in an ethical sense. Sontag continues: “feelings about evil are projected onto a disease. And the disease (so enriched with meanings) is projected onto the world” (58). These meanings that become synonymous with particular diseases, intensely negative in their connotation, have a marked impact on the self image of those afflicted with those vilified diseases. That which marks someone as other is stigmatized, which contributes to the shame complex of the tuberculosis or cancer patient, the victimization of those afflicted, and the characterological assumptions that surround them. There is nothing inherently shameful about contracting a disease such as tuberculosis and cancer, of course, but society speaks about illness in a way that cultivates shame; illness is otherizing. Sontag’s statements on the projection of meaning and negative sentiment onto the disease label are comparable to Simi Linton’s discussion in “Reassigning Meaning” about the use of the word cripple, which is often used metaphorically to mean damaged or used for its evocative power and effect as well as to deride disabled individuals. Linton states that “it has been particularly important to bring to light language that reinforces the dominant culture's views of disability” (*Reassigning* np). In her

discussion of the use of cancer as an adjective, Sontag is doing just what Linton describes, undermining the common vernacular, exposing its prejudice.

The similarity of Sontag's arguments about the metaphors surrounding tuberculosis and cancer to defining, fundamental concepts in disability studies cannot alone completely align her with the movement; Sontag discusses illness while disability studies deals primarily with impairment, though the two are not mutually exclusive. Although her project in *Illness as Metaphor* testifies to the oppression resulting from the cultural superstructure's illness myths, proves the social construction of the illness experience, and outlines through rhetorical analysis the social model of disability, Sontag still relies upon the medical model of disability. She emphasizes that the metaphors surrounding mortal illnesses will only be completely dispelled with the discovery of a cure. The accepted discourse in contemporary disability studies is skeptical of this sentiment, as it upholds the hegemony of the medical model, which is generally viewed as oppressive. *Illness as Metaphor* makes several points regarding the medical model versus the social model of disability that are seemingly antithetical to the core tenets of disability studies, as both a theoretical and activist framework.

Sontag's *Illness as Metaphor* is, most fundamentally, an ontological inquiry into what it means to be ill as it is understood socially. She launches a polemic against the linguistic construction of illness as an identity marker and the implications for the afflicted individual of making illness social. She is concerned with the narratives surrounding illness, the narratives that comprise the individual's illness-experience, the social model. Sontag states explicitly that she is not concerned with the physical mechanisms of illness as a phenomenon. However, through recognizing illness as a bodily occurrence that begs medical intervention, she certifies that illness is not solely socially constructed, and through maintaining the notion of diagnosis-as-truth,

Sontag upholds the medical model. When examined through a contemporary disability studies framework, this contradiction could be read as undermining the rigor of Sontag's illness essays. However, the social model of disability has evolved from its original conception, and an examination of both 20th and 21st century analyses of the dominant model's shortcomings provides the basis for further discussion of the validity of Sontag's reliance on what are commonly conceived of as opposing perspectives on disability, the individual or medical and the social. The next section of my project examines how in writing *Illness as Metaphor*, Sontag starts a discourse on chronic illness that begs incorporation into 21st century discussions of disability and the ethics of its medicalization, and she can be conceived of as proposing a more inclusive form of the social model that considers chronic illness and does not stigmatize medical intervention.

## PROBLEMATIZING THE SOCIAL MODEL: DISTINCTIONS BETWEEN CHRONIC ILLNESS AND DISABILITY

Sontag's works on illness proliferate discourses about the medical and social models of disability, discourses that contend with the diagnostic and theoretical distinctions between impairment, disability, and chronic illness, distinctions which are in turn central to discourses on impairment, disability, and chronic illness as social identities. The direct intervention into the scholarly discussion this section of my thesis makes is the problematization of the social model; I examine Sontag's works on illness as they challenge the theoretical assumption that prevails in the field of disability studies: the social model of disability and the medical model of disability are mutually exclusive. The tension in Sontag's work on illness is the seeming contradiction of describing the effects of the individual model of disability and advocating for a perspective on illness that recognizes society's role in constructing the illness experience while also strongly advocating for medical intervention. This tension could be read as promoting an expanded model that accounts for illness as well as impairment: illness has the potential to permanently impair, and therefore it is necessary to rethink the treatment of illness/impairment and the medicalization of the impaired body in discussions about disability. Sontag's argument for the de-metaphorization of illness relies upon the medical model of disability as a conduit of objectivity and medicine as an absolving force for those who have experienced chronic illness. Her stance on diagnosis as absolute truth is not problematic when contextualized through an examination of contemporary theory on the utility of the medical model for ill-bodies.

In her 2001 essay "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities" Susan Wendell writes on the distinctions between chronic illness, impairment, and disability, explaining the necessarily divergent and contrasting relationship of each to the institution of medicine. In

doing so, she provides a foundation by which Sontag's reliance upon the medical model can be reconciled with disability studies through introducing terms such as "unhealthy" versus "healthy" disabled, referring to the "stability" of an individual's condition and their need for medical intervention to survive. This clarification of the different social and embodied experiences of individuals that are impaired versus ill contextualizes and excuses Sontag's preoccupation with medicine as a purveyor of certain "truths" of illness in the context of critical disability theory favoring the social model of disability.

Though it addresses chronic, potentially disabling illnesses and not disabilities, Susan Sontag's 1978 *Illness as Metaphor* should be considered part of the critical disability studies canon. Susan Wendell's "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities" contextualizes chronic illnesses within the existing rhetoric of disability studies. The essay tackles a theoretical gap in disability studies by addressing a neglected topic: chronic illness. Through providing definitions of key terms and acknowledging the overlap between illness and disability, Wendell advocates for those with chronic illnesses in terms of accommodation and participation in disability activism. The sections of Wendell's text which include definitions of the medical model of disability, as opposed to the social model of disability, as well as her discussions of identity and impairment directly relate to Sontag's examination of the social metaphors surrounding tuberculosis and cancer. "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities" is relevant to positioning Sontag's *Illness as Metaphor* as a critical precursor to the emergence of the field of disability studies as it provides an interpretive framework for the relationship between Sontag's discussion of illness and the scholarly/theoretical conceptions of what constitutes disability. Recognizing the distinctions between illness and disability and the

relationship of disabled people to illness is necessary to understanding *Illness as Metaphor* as engaging with ideas parallel to and encompassed by the field of disability studies.

Wendell opens her essay by asserting that the scholarly and activist discourses of disability studies have overlooked the lived experiences of chronically ill individuals in their complete rejection of the medical model of disability. She provides the reader with three main reasons for the reticence of disability theorists to equate the experiences of disabled peoples and ill peoples. First, the pathologization of physical differences positions any abnormality as being “wrong” and as therefore needing external intervention to be made “right” through treatment, cure, etc. Second, treating illness as disability or disability as illness negatively homogenizes the disabled experience, propagating the idea that disabled people are socially worthless, as illness is thought to be “globally incapacitating.” Finally, identifying disability with illness could have the consequence of justifying the unnecessary institutionalization of those with disabilities who have no medical need for inpatient care, only a social need for accommodations. Through this outline, in which Wendell acknowledges and affirms her opposition’s efforts to distance disability from illness, she provides a foundation for addressing the negative repercussions of such a staunch ideological stance.

Broaching the topic of the relationship between disability and illness means interrogating the interdependence between the concept of “illness” and the concept of “cure.” Wendell states that “some people with disabilities *are* sick, diseased, and ill” (18). The rhetoric of social constructivist analyses of disability ignores or minimizes the experiences of those disabled individuals with highly medicalized bodies, bodies that are such due to “suffering, deteriorating health, or threat of death” (Wendell 18). Simply, ending ableism will not keep pain from being a defining motif of the lives of some people with disabilities. Wendell coins these individuals, the

disabled and the ill as being “unhealthy disabled,” as one half of a binary, opposite the “healthy disabled.” While a strictly social model of disability serves the healthy disabled, it excludes the lived experiences of the unhealthy disabled. The unhealthy disabled, a group which encompasses sufferers of chronic illnesses, would benefit from the elimination of ableist constructions and from medical treatment. In the context of the unhealthy disabled, a cure is not necessarily just a medical construct of oppression; Wendell posits that many would like a cure in addition to an end to discriminatory social structures.

This is especially relevant to Sontag’s discussion of cancer in *Illness as Metaphor*. The Center for Disease Control considers cancer a chronic disease, alongside diabetes, which Wendell mentions specifically in her essay. The social stigmas and practices that surround those with cancer certainly degrades the individual afflicted with it, as described by Sontag: “getting cancer can be a scandal that jeopardizes one’s love life, one’s chance of promotion, and even one’s job” (Sontag 8). The performance of secrecy that cancer requires is a result of death having become “an offensively meaningless event, so that disease widely considered a synonym for death is experienced as something to hide” (Sontag 8). No amount of correction to the social discourses which make cancer shameful will fully liberate someone who suffers from cancer. No amount of accommodations for those who have had organs incised or transplanted or limbs amputated because of cancer will make cancer any less deadly, or those with cancer any less susceptible to recurrency. As it is often a mortal illness, a cure for cancer determines a body’s ability to sustain life: not “meaningful” life, which is a whole separate debate in disability-studies spheres, but life at all.

Cancer’s status as a chronic illness is validated by Wendell’s further description of the unhealthy disabled, versus the healthy disabled in a section of her essay focusing on identity. The

healthy disabled have no lowered life expectancy and no need for medical care with any greater frequency or specificity than able-bodied people. Their condition is stable. The category of the unhealthy disabled is more transitory: those individuals who are healthy disabled may become unhealthy disabled, or may have begun as unhealthy disabled before their condition stabilized. Wendell classifies diseases as being either typical or atypical-chronic. Both tuberculosis (before the formulation of streptomycin as a treatment) and cancer fall more closely into the latter category, being acute but potentially lasting for years. Wendell states that she considers “illnesses that go into remission chronic when they require prolonged medical treatment or surveillance, or when patients must fear recurrences because there is no reasonable expectation of cure” (21). This consideration includes cancer as a chronic illness; Wendell’s discussion of “impairment” affirms tuberculosis’ status as a chronic illness.

Wendell explains the rhetorical difference between “impairment” and “disability.” Impairment is medically defined, while disability is socially constructed, based upon impairment. Wendell addresses impairment as *not* being in conflict with social constructionist analyses of disability. Impairment’s association with illness and its subsequent exclusion from disability discourses is due to, again, an aversion to the medicalization of disability. This exclusion, also again, ignores the challenges that those with disabilities face when impairments affect their physical health. While the medicalization of impairment through diagnostic language is inherently metaphorical and thus relates to Sontag’s *Illness as Metaphor*, Wendell’s concept of impairment correlates most directly to the lasting effects of tuberculosis, as “chronic complications can arise... mycetomas developing within residual TB cavities, impaired pulmonary function, or focal neurologic deficits from tuberculomas” (Shah). Neurologic deficits caused by tuberculosis are parallel to the impairments addressed by Wendell, for example,



fatigue. Through further analysis of Wendell's writing on fatigue and neurological conditions, tuberculosis can be understood as a chronic illness.

Wendell's consideration of both the medical and social models of disability creates space for Sontag's discussion of cancer, tuberculosis, and AIDS within the field of disability studies. Wendell further discusses the visibility (or invisibility) of chronic illnesses as an impediment to their classification as disabilities, while also noting the effects of shame and blame on the unhealthy disabled. She continues, explicating the harm that exclusion from a label, and therefore a conversation, can perpetuate for the unhealthy disabled. These are topics that Sontag directly addresses in *Illness as Metaphor*, as outlined in the previous section. Because Sontag's topic is chronic illnesses, she rightfully and unproblematically claims that both the metaphors around illness and the actual conditions of the body, or impairment, negatively impact her unhealthy disabled subject. Additional discourses on the subject of the necessity of discussing impairment effects both pre- and post-date Wendell, further supporting Sontag's split model approach to chronic illness.

Wendell is not the lone voice advocating for the inclusion of chronic illness in disability studies discourses. In the 1998 essay "Disability Studies/Not Disability Studies," Simi Linton offers a perspective on how impairment effect has been treated by disability studies discourses that predates Wendell. Linton acknowledges that "there are, of course, problems that are a direct result of impairment. Pain, suffering, frustrations and anxiety often accompany impairment, and no amount of social change or theory will take those away" (529). This admission affirms that the unhealthy disabled, to continue to use Wendell's terminology, are justified in their turn to medicine. Linton continues, stating that while she believes "that discourse on the social, cultural and political meaning of disability can and should take these issues [of impairment effect] on,

Disability Studies has not yet been successful in doing that” (529). Sontag participates in the disability studies tradition of literary criticism that situates the problem of disability in society instead of the individual while also endorsing necessary medical intervention for those with unstable conditions. This is a way of acknowledging impairment effect without detracting from her larger goal of liberating her subjects from social stigma, and in this way Sontag anticipates discourses on the importance of including impairment effect in larger discussions on disability.

In the 2015 essay “Rethinking Disability: The Social Model of Disability and Chronic Disease,” Sara Goering offers a more current perspective on the debate over the inclusion of chronic illness in disability studies conversations. Paralleling both Wendell and Linton before her, she states that “people living with impairments can experience negative effects tied more directly to their bodily conditions” (np). She further attests that the concerns of the social model of disability do not fully address the experience of impairment, and that impairment effect should be considered a way to foreground the voices of the unhealthy disabled: “people with impairments that involve, for example... chronic illness may want both to overcome social barriers and discrimination... and to voice their desire to remove or address the troubling accompaniments of their impairments, through medical or other means. They may want attention to what have been called ‘impairment effects’” (np). This statement illustrates the nuance of the experience of disability and impairment for those with chronic illnesses and explains Sontag’s intentions in advocating for medical intervention.

The medicalization of the body is, for Sontag, a way of engaging with the concept of impairment effect. Through invoking medicine as truth, Sontag gives her readers an alternate way of engaging with their illness versus understanding it through stigmatizing social narratives. She fully testifies to the idea that much of the negative experience of illness is the fault of

oppressive discourses and metaphors, but also does not equivocate about medical intervention being a viable way of alleviating suffering when used in tandem with rectifying our speech and practices of representation. Discussion of impairment effects is often silenced, avoided, or thought to be outside the purview of disability studies. In the context of the unhealthy disabled, it is necessary to heed impairment effects, and by considering Sontag's recourse to medicine with reference to the works of Wendell, Linton, and Goering, the relationship of chronic illness to impairment and disability is fully understood and the impaired body is recognized.

## AN EMBODIED PERSPECTIVE: RECONCILING THE ACKNOWLEDGEMENT OF IMPAIRMENT EFFECT

The direct intervention into the scholarly discussion this section of my thesis makes is to address the position that maintains that discussion of impairment effect and medical intervention to mitigate impairment effect has no place in disability studies. I will counter two points made in favor of excluding discussion of impairment in order to fully attest to the validity of Sontag's decision to encourage a turn to medicine for the unhealthy disabled. The inclusion of impairment effect in disability studies discourses is a contentious matter; there are some who disagree that discussions of impairment have a place in disability advocacy for the aforementioned reasons that Wendell outlines in her article. The most prominent concern is that discussions of impairment could cause the concept of disability to become individualized once again, to the detriment of healthy disabled people.

Both Linton and Goering mention this issue. Linton posits that impairment effect has been absent from theory because there is "tremendous difficulty in articulating impairment in ways that do not essentialize disability or do not reduce it to an individual problem. I think we recognize that outside readers might be likely to latch on to ideas about impairment, and that would deflect attention from the more socially demanding issues such as civil rights or oppression" (*Not Disability Studies* 529). Goering expresses a similar sentiment, stating that "discussion of the negative effects of impairment was, for a long time, excluded from disability rights writing, in large part because of the worry that acknowledging such realities would undermine the important work of addressing disability oppression and discrimination" (np). The most prominent voice actively excluding impairment effect from disability studies discussions is the creator of the social model, Mike Oliver. It is important to address his counterpoints to the

argument for the inclusion of impairment effect in critical discourses because Sontag's insistence on the necessity of medical treatment for the chronically ill is a way of acknowledging impairment effect.

Mike Oliver's chapter "The Social Model in Action: If I Had a Hammer" contains further comments on impairment that give insight into the position of disability studies on opening critical discourses to discussions of impairment effect. Mike Oliver notes that the social model of disability does not prohibit seeking medical treatment for impairments: "endorsement of the social model does not mean that individually based interventions in the lives of disabled people, whether they be medically, rehabilitative... are of no use or always counter-productive" (4). Oliver goes on to state that the social model of disability "acknowledges that in many cases, the suffering associated with disabled lifestyles is due primarily to the lack of medical and other services" (6). This frames suffering as resulting from lacking access to medical treatment, which is an issue that can be socially remedied, but it ignores the physical, embodied suffering of impairment effect for the unhealthy disabled.

In 2013 Mike Oliver reflected on the impact of the social model of disability in an essay entitled "The Social Model of Disability: Thirty Years On." Oliver notes that critics immediately emerged, decrying the social model as neglecting the needs of impaired individuals. Oliver claims that a focus on impairment does not have utility regarding developing new models by which disabled peoples may continue to advocate for themselves or by which disabled peoples' lives may be improved. He states that it is important to not center impairment in critical discourses because the diversity of disabled peoples' needs and experiences can be used as an excuse by policy makers and organizations to terminate services to disabled peoples or be used as a metric by which disabled peoples may be evaluated as deserving or not deserving services

and support. As Wendell states, an omission of any mention of impairment from critical discourses has a negative impact on those that are chronically ill and therefore unhealthy disabled; it makes physical suffering a taboo and further isolates ill individuals.

Oliver's reflection on the social model of disability concludes that proliferating discourses on the failures of the social model have proved counterproductive in the movement for the promotion of disability rights, as a suitable replacement has not been adopted: "focusing on impairment and difference will only de-politicise the social model and will not lead to the development of any approaches or alternative models that are likely to be useful in developing campaigns to improve or defend the lifestyles of disabled people" (1025). Sontag's reliance on medicine as an institution to improve the lives and to save the lives of the unhealthy disabled or chronically ill is quite crucially not the focus or thesis of her works on illness, so it does not undermine her work's alignment with the ideologies and goals of the social model. Entreating the chronically ill to seek treatment is, for her, a political action: it grants those individuals ill with cancer or tuberculosis an alternate way of conceiving of their body using what she considers to be neutral, objective terms that do not stigmatize them as figurative language does.

The main criticisms regarding impairment that Oliver references in "The Social Model of Disability: Thirty Years On" were originally outlined in greater detail in "The Social Model in Action: If I Had a Hammer." Oliver states that a main criticism of the social model is that it "ignores or is unable to deal adequately with the realities of impairment" (7). His rebuttal to this critique is to say that "the social model is not about the personal experience of impairment but the collective experience of disablement" (7). Another main criticism of the social model detailed by Oliver in "The Social Model in Action: If I Had a Hammer" is that "our subjective experiences of the 'pain' of both impairment and disability are ignored by the social model" (8).

Oliver's rebuttal to this critique is to say that he "cannot accept assertions that the social model is not based upon disabled people's experiences" (8). Oliver defends the social model as a tool that may be utilized by disabled peoples to intervene into social institutions and demand equality, and he maintains that discussing impairment is only relevant to individual models of disability.

Turning to phenomenological perspectives on the proposed impairment/disability dichotomy challenges Oliver's rejection of the inclusion of impairment in disability studies discourses and grants a new perspective on Sontag's dual endorsements of the social model and the medical model. Bill Hughes and Kevin Paterson wrote two essays on the subject, the 1997 "The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment" and the 1999 "Disability Studies and Phenomenology: The Carnal Politics of Everyday Life." In "The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment," Hughes and Paterson assert that phenomenology may be used to construct a sociology of impairment that re-centers the body, and that the social model of disabilities should be expanded upon to include an embodied notion of disability as this has implications for disabled identity politics—bodily agency, control, independence, and emancipation are all embodied.

They claim, correctly, that the social model of disability has caused a shift away from biomedical concepts and definitions of disabled bodies in an effort to disembody disability. The social model prescribes that the body is synonymous with its impairment, is a purely biological phenomenon, or that impairment is not socially produced. The bio-essentialism of the disability movement's conceptualization of impairment reduces the body to a signifier of meaning and makes it impotent, lacking in agency, as its organic, material existence is ignored. If impairment is viewed through the lens of the "phenomenological body," the impaired body is a "lived,"

experiencing agent that becomes a source of meaning and knowledge. Hughes and Paterson therefore maintain that the experience of impairment and the experience of disablement are not separate and are instead known as affliction and oppression as they may be conceived of as a singular, though complex, entity. The impaired body is therefore both experienced and is the basis of experience, so impairment becomes a lens through which disablement is experienced.

The potential pain of the impaired body is relegated to medicine and not politics; however, pain is not a solely bodily phenomenon and has meaning in itself: “in this context impairment... enters the realm of signification and its meaning arises from a symbiosis of personal embodied knowledge (personal knowledge about pain) and abstract cultural beliefs (social knowledge about pain)” (Hughes and Paterson 335). Medicalized language and diagnostic discourse would fall under this category of “social knowledge about pain,” and impairment is accordingly transfigured: “in the realm of signification, impairment becomes transformed into narratives about impairment. In such narratives, the corporeal, the personal and the cultural collapse into one another and the experience of impairment and of disability dissolve into a living unity” (Hughes and Paterson 335). Impairment is indelibly connected to its cultural meanings, those words used to describe it, and so oppression is embodied as pain. A phenomenological approach to disability recognizes that the subjective body is comprised of lived experience and sensation too. Pain, a common but unessential feature of impairment, is a carnal property that is both culturally produced and is culturally productive, and because of this, impairment must be made social and can no longer be viewed as individual and private. The social model of disability has reached a point in which impairment must be considered within the context of pain, even as it is associated with only some impairments



Hughes and Paterson are proposing an “embodiment perspective” of disability that directly contests Oliver’s rebuttals to the criticisms of the social model. Through unifying impairment and disability, impairment can no longer be thought of in the way that Oliver conceives of it, as an individual and private matter. Further, while the social model is of course based on the experiences of disabled peoples, it positions the disabled body as a passive recipient, acted upon externally by social forces, which fails to regard individual agency and the body as a “locus of action.” Hughes and Paterson would explain this as a product of the structuralist fixation of the social model of disability causing a neglect of the personal daily realities and pains of the impaired, unhealthy disabled individual. Simi Linton’s “Disability Studies/Not Disability Studies” suggests that “Disability Studies theorists do need to grapple more directly with ‘impairment’ and recognize that it is as nuanced and complex a construct as ‘disability’” (529). The propositions of Hughes and Paterson recognize impairment as being multifaceted and inextricable from experiences of disability. Linton suggests that disability scholars have been reticent to address impairment because “of a personal denial of the impact and consequences of impairment” (529). Sontag’s positioning of medicine as one method of emancipating her subjects, the unhealthy disabled, from the social figures that dominate the conception of their illnesses is an appeal to her audience to recognize and honor those consequences of impairment. Sontag acknowledges that disability exists as an embodied relationship between the body and society through her assertions that the ill body generates meaning through its aesthetics and is also the subject of a projection of fear, the physical mechanisms of illness and the social myths of illness working in tandem to define the experience of illness.

## COMPLICATING SONTAG'S CONCEPT OF MEDICINE AS NON-METAPHORICAL

The previous sections have addressed how Sontag can be discussed within the field of disability studies due to her alignment with the goals and methods of the social model of disability studies and due to her subject matter anticipating the current debates on the inclusion of chronic illness in disability discussions. However, although her advocacy for medicine can be rationalized through reference to current scholarship on chronic illness and impairment effect, post-structuralist notions of the body and diagnosis facilitate a different, rhetorical critique of her treatment of medicine as non-metaphorical. Despite the previously detailed existing scholarship providing a theoretical basis for the validity of Sontag's reliance on a medical model of disability, Sontag's understanding of diagnosis-as-truth remains problematic because "the categories against which any individual patient's condition must be mapped are unstable, because they are conceived by human beings in specific historical, scientific, and cultural contexts. In any culture, the framework for diagnostic classification is fundamentally metaphorical" (Hanne 42). A proliferation of disease concepts that a diagnostician can compare symptoms against have "shifted the etiological questions of disease from being the personal responsibility of the patient to being the institutional responsibility of medicine, a lapse or failure 'destined to be corrected'" (Fleischmann 14). This transfer of the onus of contextualizing an illness in personal history from the ill individual to the medical institution supports Sontag's goal of liberating the ill individual from those metaphors of the religious model which label illness as punitive or conflate it with a character or moral defect.

However, an ethos of medical triumphalism could encourage the notion that diagnosis can be equated to management, treatment, or cure. This too is a direct result of the pathologizing undertaking of modern biomedicine, as "the construction of increasingly technical, specialized

diagnostic categories has taken over as a central concern of Western medicine... this has led to the widespread adoption of the notion that ‘diagnosis is health,’ a misleading metaphor” (Hanne 41). Sontag’s assertion that diagnosis is truth is a metaphor that functions similarly to that assertion that diagnosis is health— it implies that to be undiagnosed is to live in ignorance, to live in un-health. While this metaphor is mobilizing in its converse shift of responsibility back to the individual by creating an imperative to get diagnosed, and it therefore makes sense for Sontag’s purposes of examining a disease like cancer which has a less fatal prognosis if caught earlier, there are moral implications for those whose diagnosis is more opaque in its relative uncommonality or for those whose diagnosis is harder to procure because of structural barriers such as sex, race, or class. There is, therefore, a situational appropriateness of diagnosis being positioned as truth.

This thesis has so far addressed the ways in which Sontag anticipated 21st century discourses on the relationship of chronic illness to the advocacy of disability studies, expanding the social model to recenter what might be called impairment effect, or the pain experienced by the unhealthy disabled. The inquiry that drives the remainder of my research is the second issue that provoked my temperament on my initial reading of *Illness as Metaphor*: I will explore the medicalization of the impaired body as it relates to disabled identity formation, foregrounding Sontag’s work as it may be used as a framing device or a point of entry to the discussion. I will examine the moral implications of the metaphorical tendencies of biomedical rhetoric, considering the relationship between clinical jargon and the body and the function of figurative language in medicine on a contextual, particular basis. I will address questions on the relationship of disabled identity to the social and medical models of disability while making the argument that there is a social and individual utility to constructing identity based on diagnostic

categories, despite Sontag's repudiation of characterological assumptions based on diagnosis. This argument is grounded in the notion that the moment of diagnosis is inherently personally metaphorical; representing a boundary, it is constituted of a before and an after, and the ill body is therefore momentarily rendered liminal. Through diagnosis, the non-normative body is the locus of a sometimes visual, always living metaphor.

Sontag claims that "the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking" (*Illness as Metaphor*, Sontag 3). Sontag refers to diagnosis as the "truth" of an illness three times in the first chapter of *Illness as Metaphor*, therefore naming it as unsusceptible to metaphORIZATION. In her subsequent publication *AIDS and Its Metaphors* that expounds on the ideas presented in *Illness as Metaphor*, she explains her motivation in *Illness as Metaphor* as imploring her readers, presumably those affected by cancer, to "get the doctors to tell you the truth; be an informed, active patient" (*AIDS and Its Metaphors*, Sontag 13). Therefore, for the intents and purposes of *Illness as Metaphor*, the healthiest way of understanding being ill is that way which forsakes social, metaphorical imperatives of self-victimization and is biomedical, as the institution of medicine is the arbiter of objective truth of a given pathology.

Sontag's stance on the language of medical professionals and the medical profession is ironic. Considering that she is opposed to metaphor being used in reference to illness, her use of the metaphor "diagnosis is truth" is one of the points of tension in her arguments that might be read as lack of rigor. In both *Illness as Metaphor* and *AIDS and Its Metaphors*, Sontag maintains that diagnosis is an objective practice, and in doing so, she does not acknowledge the types of logic involved in medical semantics that make the practice of diagnosis inherently metaphorical. This omission is the basis of Sontag's analysis of the use of metaphor in the dialogues that occur

between patient and practitioner. Sontag decries metaphoric thinking about illness, endorsing diagnosis as an alternative, and in doing so, disregards the symbolic function of the body in the process of diagnosis and the central role of metaphor in dialogues between patient and doctor.

It is important to acknowledge that Sontag does not argue that current medical discourses are entirely exempt from the negative metaphORIZING tendencies she repudiates throughout the rest of her works on illness. Sontag is advocating for the neutralization of disabling illnesses. Her neutralizing force is diagnosis, is doctor-patient dialogues composed solely of clinical jargon and terminology, devoid of any language that might compare body to machine, or body to battleground. Diagnosis, being inherently metaphorical, is not the neutralizing agent Sontag proposes it could be, and dialogues composed of clinical jargon and terminology can cause further comprehension issues for afflicted individuals in their process of making the disease concept assigned to their illness experience accessible and reconcilable with their personal narrative of illness.

## ILLNESS EXPERIENCE VERSUS DISEASE CONSTRUCT

It is necessary to make lexical distinctions between illness and disease to explain Sontag's concept of diagnosis-as-truth. As previously stated, diagnostics, to Sontag, are those ways of speaking about illness that are most resistant to metaphoric thinking. *Illness as Metaphor* is in some ways paradoxical in its argument: it purports a goal of freedom from metaphor but provides no applied solution beyond recourse to the biomedical, only elucidating the metaphors that surround illness to the end of contributing to figurative discourses (Kistner 1-2). This paradox must be addressed directly to the end of a more multifaceted understanding of the relationship between illness-experience and figurative speech, between the body and biomedical rhetoric. Medicine deals with disease, as it is defined by, is constituted of, the mean of illness presentation. Sontag's illness essays are an attempt to address the incongruence between illness-experience (social phenomenon) versus having disease (medical phenomenon), but assume the literality of diagnostic language. Ronald Frankenberg's 1986 essay "Sickness as Cultural Performance: Drama, Trajectory, and Pilgrimage Root Metaphors and the Making Social of Disease," notes the inextricability of diagnosis from the socially defined illness-experience: "in the 'prison house of language' there is no 'liberation' from metaphors and their interaction; there is only awareness of the benevolent/malevolent multiplicity of meanings. A major part of the experience of being ill is, in fact, to experience at second hand the disease of the doctors and the structured metaphorical sickness of social forms" (607). This sentiment, of the illness-experience as an amalgam of social metaphors and of medical metaphors, creates an existential portrait of individuals inhabiting non-normative bodies.

Sontag's repetition of diagnosis-as-truth implies that diagnosis imparts an absolute understanding to those affected. Diagnosis then has a causal relationship with the affected

individual's objective knowledge of not their illness-experience, but of their *disease*. There are connotative lexical distinctions between sickness, illness, and disease that have utility for claiming identity, signifying group belonging. In her 1999 essay "*I am... , I have... , I suffer from... , A Linguist Reflects on the Language of Illness and Disease*" Suzanne Fleischmann states that "the conceptual distinction... maps onto language" (8) manifesting as identity specific vocabularies and syntactic-semantic conventions. Illness is a discourse belonging to patients, while disease is a discourse belonging to medicine. Illness is a bodily and social experience, disease a framework of classification. Language denotes the relationship of disease to the individual: being (I am...), versus possessing (I have...), versus experiencing (I suffer from...). The language that is used to describe illness-experience denotes whether the malady is subjective or objective, internal or external, embodied or possessed. As a result, "lexical choices define you as a person" (Fleischmann 7). To say "I have been diagnosed with..." is to put ultimate distance between individual identity and pathology; it is passively phrased. Fleischmann states that "Western medicine... shows a tendency... to reify disease through the use of nouns" (8), that is, the language of medicine concretizes disease as an immutable object or a state versus a process or series of processes. Illness is the sensory experience of those processes, disease is that appellation that makes illness legible.

## THE SEMIOTICS OF DIAGNOSIS

Diagnosis is a fundamentally semiotic undertaking. Allan M. Brandt's 1991 "Emerging Themes in the History of Medicine" elucidates Sontag's position on medical institutions and discourses: "she suggested that as scientific understandings of disease processes replaced metaphorical views, the metaphors of disease would wither away... In Sontag's positivist view, science would free disease of metaphor, making disease simply 'disease'" (204). Brandt goes on to concede, "even science cannot 'purify' disease" (204). Sontag's tendency to privilege the scientific is noted by Frankenberg, as the author postulates in his analysis of Sontag's work on illness that "solutions are to be found for... individual ills in physical manipulation... or in biological regimens... rather than in changes in social relationships" (604). In her reliance on the medical institution to free the ill individual from social narratives of illness, Sontag neglects that metaphorization which is inherent to the diagnostic process.

Michael Hanne, author of the 2015 essay "Diagnosis as Metaphor," claims that "metaphor...lies at the heart of the process of diagnosis" (35). This sentiment is expanded upon by Fleischmann, as she describes diagnosis as "the process through which a set of pathophysiological data (i.e. a set of 'symptoms') come to be configured into 'a disease,' and as an essential part of a process, receive a name" (11). This emphasizes language's role in constructing disease: symptoms (particulars) are drawn under a diagnostic label (a universal). Disease as a clinical entity is granted identity through the recognition of some number of co-occurring bodily presentations. Naming disease reveals its bodily implications— prognosis. Disease is therefore a "diagnostic construct, a product of definition or construction, which takes on identity in the clinical world once it has a name" (Fleischmann 11). Diagnosis constructs the pathology of a disease: "language, and particularly naming, plays a crucial role in the social



construction of disease. Naming confers existence. It creates a 'thing,' to which one can subsequently make reference, out of the seamless data of the physical and experiential world" (Fleischmann 12). Understanding a disease is reliant upon naming it. Social metaphorization is a byproduct of a bastardization of clinical understanding.

## MAKING ILLNESS DISEASE

The diagnostician's process of making illness disease is metaphorical. Fleischmann classes the diagnostician's undertaking as an "art of prognosis", an assertion attested to by Hanne's explanation of the necessity of abductive reasoning in the diagnostic process; he states that there is an "imaginative leap whereby the diagnostician 'transforms apparently random symptoms' into a tentative hypothesis" (39). Diagnosis is a practice, then, of speculative, intuitive reasoning followed by deduction. Diagnostic naming is reliant upon a recognition and interpretation of the relationality of any variety of bodily processes (symptom) in order to subsume those physical processes under a category, and "metaphor involves a process of reordering and reclassifying, of playing with categories" (Hanne 42). The metaphor that is diagnosis is a hypothesis of meaning of bodily processes in which a variety of physical mechanisms (the tenor) are granted meaning beyond the individual, beyond the sensory, are made clinical and therefore "real" through a series of comparisons to already existing categories (the conceptual vehicle). Fleischmann's explains the utility of metaphor in clinical spaces: figurative language facilitates "cognitive understanding of an unknown entity through analogy to a known entity" (20), and it is this characteristic of metaphor that allows Hanne to assert that they "figure strongly at every point in the medical procedures and in the cognitive and linguistic moves by which doctors arrive at a diagnosis and communicate that diagnosis with other medical professionals" (37). The medical model and metaphor are not mutually exclusive; the medical model relies upon metaphorical leaps and constructions.

While Sontag's reliance on the medical model is valid in that diagnosis, with metaphor as a foundational component, allows for a linguistic assertion of further distance between the individual and their disease, facilitating an un-incorporation of disease from self, Sontag is

remiss in her charge that diagnosis is ultimately objective. In the 1999 essay “Illness as Metaphor? The Role of Linguistic Categories in the History of Medicine,” Ulrike Kistner states that “[cancer, tuberculosis, and HIV] etiologies have either not been fully established in modern biomedicine OR have remained contested over a long period of time. These disease constructs show in an exemplary way that a theory linking causes and effects has remained the weakest spot of pathology” (11). This process of linking causes (diseases) and effects (symptoms) by “reading a particular pathological state in the course of its evolution, and of foreseeing its most probable development” (Kistner 4) is not just one of categorizing the affliction of an individual to signify prognosis, but one of constructing categories. The myriad of mutable illness presentations in the body are represented by a single category, a category constructed through parallels drawn between disparate ill bodies. Not only is a practice of metaphor, or more specifically applied synecdoche, necessary for the diagnosis Sontag so champions to occur, it can be stated that there is a moral imperative to include metaphor in doctor-patient discourses throughout the diagnostic process and subsequent care.

Metaphor has the potential, contrary to Sontag’s claims, to empower the ill individual in the context of medical dialogues. Martha Stoddard-Holmes’s 2011 personal essay “After Sontag: Reclaiming Metaphor” responds directly to *Illness as Metaphor*. Stoddard-Holmes acknowledges the positive impact of the work; it causes the reader to become aware of language as it produces meaning, to become aware of the systemic constraints that language can place on individual existences by virtue of its tendency to prop-up unexamined, ingrained social beliefs. *Illness as Metaphor* is also dangerous. It calls for censorship based on a moralization of metaphors, which Stoddard-Holmes sees tyrannical potential in, as the righteousness of all forms of representation is suddenly in a position to be scrutinized. In the context of illness, metaphor is central to

diagnosis, as diagnosis defines and grants a set of relations to a series of conditions of the body. Stoddard-Holmes opposes the complete de-metaphorization of illness, as *Illness as Metaphor* “has had an uneven impact on the discursive power of patients and doctors... In calling for an end to metaphoric thinking about illness, Sontag may have unwittingly lessened patients’ already marginal power” (266). Through issuing a ban on metaphorical language to describe illness, Sontag is inadvertently undermining the diagnostic process, limiting the vocabulary that an ill individual might use to describe their physical state to a doctor so that they might receive a diagnosis and understand the etiology and prognosis that come with it, as Stoddard-Holmes notes that “the first questions answered — “What is it and what is it like?” — powerfully determine the others, as metaphor determines narrative” (266). Metaphors in a strictly medical context are central to personal understanding of illness-experience, and communicating illness-experience is central to securing an accurate diagnosis.

## BODILY SYMBOLISM: METAPHOR IN MEDICINE

Bodily symbolism informs the diagnostic process. Regardless of medical terminology being intrinsically metaphoric in the comparative practice by which bodily phenomena are named as a disease, technical jargon is of little use to a patient understanding their illness, outside of the realm of social narrative. Fleischmann asserts that to nonspecialists, “terms...are semantically opaque. They connote nothing” (14). Patient and doctor belong to different linguistic communities, different social schemas of understanding and communication, simply, “doctors and patients do not share a common language when talking about disease and illness” (Fleischmann 19). Clinical rhetoric is not only not as objective as Sontag purports, it is also too exclusive to be of use to the patient lacking requisite, specialized knowledge, because it “creates a barrier between those who know and those who don’t know, between the biomedical establishment and those it ostensibly serves” (Fleischmann 19). This furthers an imbalanced power hierarchy and removes the patient from involvement in their care.

Barbara Clow’s 2001 “Who’s Afraid of Susan Sontag? or, the Myths and Metaphors of Cancer Reconsidered” considers Illness as Metaphor too subjective a project to Sontag to be consumed uncritically, stating “while [Sontag] elaborated a convincing portrait of disease as symbol, her assertion that metaphors warp illness experience is less persuasive, substantiated mainly by her personal confrontation with cancer and her limited exposure to other victims of the disease” (294). The essay ultimately refutes the metaphor-effect that Sontag purports. To Clow, metaphor is not only an external influence on illness-experience: the illness-experience itself is also a point of genesis for metaphor.

Metaphor functions to mediate between realms of discourse. While Sontag may be correct in her insistence that illness is not a metaphor, disease is constituted by metaphor, and

metaphor is integral to mediating between patient and doctor. The metaphoric concept of disease and the metaphors that dominate clinical discourses are essential to contextualizing the illness-experience, as “metaphor provides a concrete image for an abstract concept, and this is especially useful when speaker and addressee occupy different domains or have access to different domains of knowledge, such as the patient’s experience of ‘illness’ and the doctor’s knowledge of ‘disease’” (Hanne 37). Hanne postulates that “our body functions on certain occasions as ‘a symbolic tool, as a language to communicate with others and ourselves about matters beyond corporeality’” (47), which would suggest that the experience of non-normative embodiment is immanently allusory. Sontag details the ways in which moral and psychological deviation have been positioned causally in relation to illness—there is a eugenical implication of such an association that is dangerous. The supposition that diagnosis demystifies illness to an extent that the body is rendered symbolically neutral is Sontag’s rebuttal to conflation of spiritual and physical malady. However, because diagnosis is a practice of applied synecdoche and the making-disease of illness requires abductive logic, Sontag has neglected that the ill body remains a symbolic medium post-diagnosis. The demystification of illness that diagnosis seems to imply is not mutually exclusive from diagnosis being considered as metaphor, and this is evident in the rhetoric and figures that pervade patient-doctor communication.

## CONCLUSION

In “Precocious Archaeology: Susan Sontag and the Criticism of Culture,” Kennedy says of Sontag: “she insists on the possibility of viewing the self as agent, as constituting as well as constituted” (31). *Illness as Metaphor* positions the ill individual’s body as producing the narratives that surround it through its aesthetics, and the ill individual’s experience of their illness is simultaneously produced by those social narratives that speculate about etiology. Sontag’s project is one of liberation, as “for Sontag, the unyielding elements of experience, while not reducible to linguistic formality, are nonetheless under threat from various forms of ‘interpretation’ which operate to domesticate them” (Kennedy 31). In addressing the questions that arose from my reading of Sontag, I found that Sontag’s acknowledgment of the social fabrication of illness or disability as a marginalized identity category and simultaneous recognition of the value of medical categories in dealing with disease is a statement of rapprochement. Her work on illness was on the vanguard of scholarly discussions on disabled identity and representation. She describes illness as a social phenomena before the social model of disability had been conceived and adopted as the most legitimate way of regarding disability. She does not see advocating for medical treatment for the chronically ill as undermining her work on evincing a social model. Sontag’s project contends with issues of disabled identity and inclusion before the social model was ultimately problematized for excluding those disabled peoples whose physical conditions are insecure or degenerative.

Sontag’s works on illness are genealogical explanations of how cancer and tuberculosis came to be used as metaphors through an examination of the literary canon, using textual evidence to chart the shift from the religious model of disability to the social model of disability in regard to dominant institutions and discourses. Through expounding on the history of the

construction of illness, sufferers of cancer or other chronic, disabling illnesses will be able to live free of the burden of negative figurative associations. Through her deconstruction and detailing of the ways in which illness is used metaphorically, Sontag is describing the social model of disability, which can be attested to by juxtaposing her analysis with what is considered canonical disability studies scholarship. However, Sontag also heavily privileges a cure for illness because of its potential as a de-metaphorizing agent, which, when examined through a disability studies framework, contradicts the social model of disability.

21st century disability studies prescribes that if disability is a socially constructed category, it must be de-constructed socially, not medically. There is a range of contemporary literature on this topic, the necessity of the reunification of the social and medical models of disability, or the utility of their application as tandem lenses of understanding. Using current disability studies discourses as a framing device reveals that Sontag's subject of chronic illness is often excluded from discussions about disability because it often begets recognition of impairment effects. Chronic illness occupies a unique position in discussions of disability, because those that are unhealthy disabled need medical intervention to survive. Sontag's recourse to medicine is de-problematized in the context of disability studies by considering the differences in experience between those with stable versus unstable impairments. Her insistence that diagnosis might free the individual from social stigmas through giving them a new vocabulary is valid, however, her notion that diagnosis is an objective practice utilizing language that is descriptive and not productive can be investigated and complicated. While her stance on diagnosis is useful for her purposes, she mischaracterizes its rhetorical nature. Sontag's unwavering faith in diagnosis as the "truth" of illness can be read as a total rejection of interpretation, of metaphor, even though the statement itself is figurative. Through interrogating



the function of diagnosis as a metaphor, this thesis redefines Sontag's "truth" as advocating for a metaphor that inflicts the least harm, mitigating societal stigmas. Both sets of questions I sought to answer in this thesis had an overlapping focal point: Sontag's deployment of medicine. Her treatment of diagnosis and medicine as an institution has complex implications; her reliance on diagnosis and medicine as salvatory forces is acceptably within the discursive parameters of disability studies, but her positioning of diagnosis as an objective truth remains controversial in the context of rhetorical analysis.

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