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**“MY BRAND IS SICK GIRL”: IDENTITY FORMATION IN THE YOUNG
ADULT CHRONIC ILLNESS NOVELS THE FAULT IN OUR STARS
AND SICK KIDS IN LOVE**

Natalie Thompson

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“MY BRAND IS SICK GIRL”: IDENTITY FORMATION IN THE YOUNG ADULT
CHRONIC ILLNESS NOVELS *THE FAULT IN OUR STARS* AND *SICK KIDS IN*

LOVE

A Thesis

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

English and Writing Studies:

Literature

by

Natalie Thompson

August 2021

“MY BRAND IS SICK GIRL”: IDENTITY FORMATION IN THE YOUNG ADULT
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ABSTRACT

This thesis explores the identities of the chronically ill protagonists in *The Fault in Our Stars* by John Green and *Sick Kids in Love* by Hannah Moskowitz, specifically by looking at the young protagonist's self-identity, their relationships with their family members, and the romantic relationship they have with the chronically ill male lead. John Green, who does not identify as chronically ill, writes a novel that ultimately reflects ableist ideas of the medical model of disability, which sees disability as a problem to be solved by medical intervention, and compulsory heterosexuality through the portrayal of Hazel and her relationship with Augustus. Hazel's life revolves around hiding herself, and her cancer, from the world until she meets Augustus who teaches her how to live her life to the fullest, which involves striving to be as normal as possible. However, Hannah Moskowitz, a writer who does identify as chronically ill writes a teen girl protagonist who, alongside the readers, learns to understand and embrace chronic illness as an identity category, following the social model of disability. The social model states that the problem with disability comes from a society that is unwilling to accommodate disabled people. Isabel learns to demand accommodations, and, in the process, pushes back against the way her doctor father perceives her chronic illness as something to be fixed or denied. My analysis ultimately illustrates the significant impact of novels about disability being written by authors with disabilities.

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DEDICATION

To all the chronically ill and disabled young women who do not think they have a place in higher education. You do and we need your insight.

This is for you.

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JOURNAL ARTICLE:

“MY BRAND IS SICK GIRL”: IDENTITY FORMATION IN THE YOUNG ADULT CHRONIC ILLNESS NOVELS *THE FAULT IN OUR STARS* AND *SICK KIDS IN LOVE*

Introduction

In 2014 “We Need Diverse Books” put out the call for changes in the publishing industry to include novels featuring more diversity, including disability and chronic illness (Silverstein 4). It was one of the first movements to put a spotlight on the need for young adult disability and chronic illness literature because there were not many books featuring disabled characters on the market and the ones that did exist were often written by nondisabled authors. “We Need Diverse Books” brought along with it a more accurate portrayal of chronic illness that rings true to many chronically ill people’s experiences. Young Adult chronic illness literature began shifting away from heteronormative and romanticized narratives of chronic illness literature created by popular YA novels like *The Fault in Our Stars* by John Green or *Everything Everything* by Nicola Yoon. Both these novels used illness as a way to create a tragic love story in which the often nondisabled male lead taught the disabled female lead that they were worthy of love and could have life experiences like their nondisabled peers.

A year later the #OwnVoices movement became popular on the social media platform, Twitter. It called for a shift in literature for minority stories to be written by minorities. This movement was particularly prominent in the teen sick-

lit genre (a term coined by Julie Passanante Elman) as books like *Sick Kids in Love* (2019) by Hannah Moskowitz popped up. *Sick Kids in Love* features a chronically ill protagonist, Isabel, who has Rheumatoid Arthritis, and is written by a chronically ill author. As disability pedagogy theorist Patricia A. Dunn says, “novels written by people with the same impairments as their protagonists, may tell us much about the way real people with disabilities are treated in the real world” (Dunn 103). #OwnVoices stories often offer a richer and more complex portrayal of minority stories. And these stories are powerful to those with similar experiences. This is clear in the acknowledgement of Moskowitz’s novel, *Sick Kids in Love*, where she thanks everyone who has ever supported her chronic illness and those with chronic illness who share experiences with her. She ends the acknowledgement saying “thank you, to anyone... who has sat in a doctor’s office and wondered if they were losing themselves, who has lost themselves, who has found a community. We are here, we are here, we are here” (Moskowitz 320). Moskowitz hits on the notion that #OwnVoices stories are important mirror texts to the chronic illness community. Since these authors have experienced with a chronic illness, they are able to show the less seen and less represented moments of chronic illness that really impact chronically ill people. The moments of sitting in a doctor’s office and realizing you have lost your pre-illness identity and are not sure who you are anymore. These moments are moments that nondisabled people might not realize even happen.

The Young Adult (YA) genre is a particularly relevant genre for the #OwnVoices Movement and “We Need Diverse Books” movement because of the way that the YA genre often centers around teenagers discovering who they are. One of the main characteristics of YA centered around characters with disabilities is a teenage protagonist

learn[ing] to question society’s apparent assumptions about disability, which they have unconsciously applied to themselves. In fact, to varying degrees, finding their new identity is directly tied to changing a number of views society has taught them to hold, about disability, and about groups unlike themselves. (Dunn 85)

The YA genre is an important site not only for showing how young people figure out their identity but also for showing how society and the stereotypes society holds are impacting young people. This is particularly relevant for young adult disabled people who are directly affected by a society that views them as a burden or too young to be disabled. Disability Studies theorists, Chloe Hughes and Elizabeth A. Wheeler, argue that YA literature lends itself well to the exploration of disability since it documents the transformation of personal and social identity” (Hughes and Wheeler 262). Often disability stories become didactic and are used to teach able bodied young people how to treat and interact with their disabled peers. However, these stories have more to offer to our society than just teaching nondisabled teenagers about disabled people. YA sick-lit can be an important vehicle to show teenagers’ expertise on commenting

on the status quo, normalcy, marginalization, and agency (Hughes and Wheeler 264). Young adult literature theorist Jen Scott Curwood says in her article “Redefining Normal: A Critical Analysis of (Dis)ability in Young Adult Literature” that these stories can do significant cultural work and act as disability counternarratives which questions dominant assumptions about what it means to be able-bodied, and they resist the dominant normalcy narratives that may otherwise marginalize or exploit certain people (Curwood 21). YA sick-lit can be a powerful tool for pushing back and resisting stereotypes and dominant narratives about disabilities.

In this thesis, I compare the identities and coming-of-age experiences of the chronically ill young adult protagonists in *The Fault in Our Stars* and *Sick Kids in Love*. I look at how each protagonist forms their chronic illness identity and is validated or invalidated by their family and at the romantic relationships of the two chronically ill leads in each book. Green plays into the ableist narrative that if you are chronically ill then you should be able to suck it up and try to be as normal as possible. Hazel, a 16-year-old girl with thyroid cancer, hides herself away; her life revolves around her cancer until she meets Augustus, who teaches her how to live life to fullest. Augustus’s idea of living life to the fullest is striving to be as normal as possible. While *the Fault in Our Stars* may have seen greater commercial success, *Sick Kids in Love* offers a richer representation of chronic illness due to its status as an #OwnVoices novel Moskowitz shows the everyday struggles of chronic illness rather than opting to depict chronic illness as

inherently tragic. Julie Passanante Elman in “Nothing Feels as Real’: Teen-Sick Lit, Sadness, and the Condition of Adolescence” argues that teen sick-lit uses tragedy to create authenticity with its disabled characters instead of developing its characters. Hannah Moskowitz, an #OwnVoice author, resists the notion that chronic illness is inherently tragic and instead shows chronically ill teenagers as complex characters. I will push Elman’s conversation further by applying it to the #OwnVoices movement to show the role the author’s own disability status plays in the identity formation of the chronically ill protagonist.

Authenticity and Tragedy in John Green’s *the Fault in Our Stars*

When Green published *The Fault in our Stars* in 2012, it became a worldwide phenomenon with 10.7 million copies sold in 46 languages and eventually became a movie (Yahr). In 2012, it was the Goodreads’s Choice Award best book of the year in the Young Adult category, an award voted on by users of the book review website, beating out 20 other YA novels with 37,438 votes. Green’s novel introduced many people, mostly nondisabled teenagers, to the YA sick-lit genre. While Green has been an influential author in the sick-lit genre he is not considered an #OwnVoice author for this novel. John Green does not have cancer but he dedicated this book to his friend, Esther Earl, who passed away in 2010 at 16 years old of thyroid cancer. Cancer is the most depicted chronic illness in the teen sick-lit genre (Elman 176) likely because of how prevalent the disease is. American society also sees cancer as tragic, due to it

stripping many young people of their lives. Cancer is an easy story to connect to because almost everyone knows someone who has or had cancer.

Green plays into the medical model perspective of disability with his novel. Under the medical model, disability is perceived as a problem with the person's body to be solved by medical intervention (Shakespeare 197). He portrays Hazel and Augustus as in constant need of medical intervention. The medical model is often contrasted with the social model which states that the problem with disability comes from a society that is unwilling to accommodate disabled people, like when a wheelchair user is trying to enter a building but there are only stairs and not an elevator. Green is not exploring the social model of disability; rather, he invents a fictional medication, Phalanxifor that is treated as a medical miracle by Hazel and her family. This drug allows Hazel to keep living by keeping the cancer at bay.

Teen sick-lit is known for centralizing the story around pain, "obsessively recounting gruesome symptoms and painful procedures" (Elman 180). Green does this with Hazel whose existence is only unbearable unrelenting pain. Green goes to great lengths describing Hazel's chronic pain; for instance, when her lungs fill with fluids, she describes it as a

supernovae exploding inside my brain, an endless chain of intracranial firecrackers that made me think that I was once and for all going, and I told myself-as I've told myself before- that the body shuts down when the pain gets too bad, that consciousness is temporary, that this will pass. But

just like always, I didn't slip away. I was left on the shore with the waves washing over me, unable to drown. (Green 105)

He barely describes any of her other symptoms like shortness of breath or fatigue. Green writes Hazel as her medical issues first and a person second. The phrase "pain demands to be felt" (Green 57) is repeated through the book and treated as an eternal truth. However, pain is more complex than that and cannot be summed up into a general catchy phrase. Instead, pain can be ignored and those who are able to ignore their pain are just as valid in their chronic pain as those who are unable to. Hazel recounts symptoms of pain repeatedly throughout the novel, leaving the reader with the idea that Hazel experiences everything through pain.

From the beginning of the novel, all the reader really knows about Hazel is that she loves *America's Next Top Model (ANTM)* and the novel *An Imperial Affliction*, which is about a teenage girl who dies of cancer midsentence at its conclusion. Hazel is obsessed with *An Imperial Affliction* because she believes it is the only book that has ever got her experience with cancer right (Green 70). It is likely that this is what John Green is trying to do with his novel. He is trying to create his own version of *An Imperial Affliction* for teenagers with cancer. However, the plot focus of *The Fault in Our Stars* is about how Hazel and Augustus are still living their lives with cancer. The cancer story Green creates is a tragic one and Hazel and Augustus's relationship revolves around how tragic their cancer relationship is. It becomes clear that Hazel's identity revolves around

cancer, and if she did not have cancer, we as readers, would not know who Hazel is. As a result, Hazel comes across as a two-dimensional character. Literary critic, Helen A. Aveling points out that often in sick-lit, disability is sufficient to define a character and they are not entitled to a deeper personality (Aveling 2). This is clear with Hazel, who “struggled with how to pitch [herself] to Augustus Waters, which enthusiasms to embrace, and in the silence that followed it occurred to [her] that [she] wasn’t very interesting” (Green 33). Even Hazel does not know who she would be without her cancer. She is an underdeveloped character. It is interesting to note that even though Hazel’s identity is cancer, she does not embrace or actively identify with her cancer diagnosis within the world of the novel. She is not actively choosing to participate in the chronic illness or cancer community, which is easy to do through support groups and online forums. When Hazel is told to go to a cancer support group by her doctor, she is hesitant and refuses to engage with most of the chronically ill teenagers there.

It is not until Augustus is introduced, that Hazel is challenged on her lack of identity. When he asks her what her story is, Hazel tells him her cancer story. Augustus responds with “Don’t tell me you’re one of those people who becomes their disease” (Green 32). It is apparent to even those around Hazel that she lacks a developed identity. Green is commenting on the stereotype that chronically ill people are only their chronic illness or disability. However, instead of subverting this stereotype, Green takes it and makes it so that Augustus

teaches Hazel how to be a “normal” person. Green could have resisted this stereotype by writing Hazel as a character with a multifaceted identity.

Even by the end of the novel, we still do not get a sense of who Hazel is outside of cancer and her love for Augustus. It is a common trope in the teen sick-lit genre for the novels to show teens’ acceptance of death, but not an acceptance of their illnesses (Elman 179). This trope is becoming less common with the rise of #OwnVoices movement; however, it still persists. Hazel and Augustus have an acceptance of death from the beginning of the novel, but Green does not show an acceptance of either of their illnesses. This can be seen particularly in Hazel’s hesitancy to go to a cancer support group and affiliate herself with other people with cancer (Green 4-5). She will not take the elevator at the support group because she believes that the elevator is for those at the end of their life due to cancer and not a useful tool for her because of her reduced lung capacity (Green 8). She fears portraying her illness or weakness even though she has no choice since her illness is visible by her oxygen tank and cannula. Hazel both has a lack of depth to her character because she is only her chronic illness, but she also perpetuates the stereotypes of chronic illness.

The tragedy of Hazel’s life is most clear in her relationship to Augustus but also exists in her relationship with her parents. Hazel has a great relationship with her parents. This is not common within the YA genre. Parents in the YA genre are generally not present or do not understand what their teenagers are going through, which leads to conflict (Dunn 114). Hazel has a unique

relationship with her parents. She repeatedly brings up that she fears the emotional damage she will do to her parents when she dies. She tells her parents

I'm a grenade... I just want to stay away from people and read books and think and be with you guys because there's nothing I can do about hurting you; you're too invested, so just please let me do that, okay? I'm not depressed. I don't need to get out more. And I can't be a regular teenager, because I'm a grenade. (Green 99)

She keeps her parents emotionally at an arm's length and everyone else even farther away. She does not see herself as worthy of having any kind of relationship because she will die in the future. Hazel's inability to articulate the emotional pain she is in to her support system only further makes her story tragic. She sees herself as dying and unable to express her feelings about dying with anyone but Augustus. However, Hazel spends most of her time, before she meets Augustus, with her mother who quits her job to take care of Hazel, watching *America's Next Top Model*. It is overwhelmingly clear that Hazel's parents love her and believe her symptoms. Her parents are her best friends and caregivers. While Green portrays teenage chronic illness unrealistically, he does successfully show the very real and realistic emotions of having a chronic illness. Feelings of being a burden are common in chronically ill people because of the stereotype that disabled people are a burden to nondisabled people. Green resists the stereotype that disabled people are a burden by showing that Hazel's

parents truly do love her and do not think she is a burden. Hazel's mom tells her "Even when you die, I will still be your mom, Hazel. I won't stop being your mom... [H]ow could I stop loving you?" (Green 297). Hazel's parents shower her in love and support, in the way that we would hope parents would do but do not often see in YA novels.

Hazel believes that she cannot have love because she is dying and will hurt people around her with her death (Green 134). Disability studies theorist Ria Cheyne points out that romance novels have a common trope that the chronically ill or disabled character is asexual or incapable of giving and receiving love (Cheyne 40). On top of Hazel's fear of hurting others, she resists starting a romantic relationship with Augustus because she sees herself as ugly. When she meets Augustus for the first time, she says she is "suddenly conscious of my myriad insufficiencies" because she is wearing old jeans that are not form fitting, an old yellow shirt with a band she does not listen to anymore, a pageboy haircut that she has not brushed, and chipmunk cheeks and cankles from her treatment (Green 9). Hazel sees herself as ugly because her attire and look do not conform to traditional gender expectations of young women. Hazel feels ugly because she is not trying hard enough to maintain traditional standards of able-bodied feminine attractiveness (Elman 182). Hazel's sudden care about her appearance enforces both compulsory heterosexuality and compulsory able-bodiedness. Compulsory heterosexuality is a theory created by American writer Adrienne Rich which states that heterosexuality is treated as the default sexuality and that

women are expected to act traditionally feminine by the patriarchy (McRuer 396). Compulsory able-bodiedness is a theory created by disability studies scholar Robert McRuer that builds off Rich's theory and states that like heterosexuality, able-bodiedness is treated as the default or normal requirement for life and those who cannot conform to it are rejected by society (McRuer 398). Hazel feels ugly because her body resists both of these societal standards. Hazel does not mention her appearance until she meets Augustus. Only then does she become aware of her clothing choices and begins to wear dresses whenever she sees him.

Hazel and Augustus's story is typically heteronormative. Augustus, the male character, is the one who plans all their adventures. This is typical of the teen sick-lit narrative which "through its conjoined romance and illness narratives, reaffirms compulsory heterosexuality and able-bodiedness as part of its pedagogical project of cultivating sadness" (Elman 187). Hazel is particularly tragic because she is not dressed traditionally feminine or pretty. Gender expectations play a significant role in the YA sick-lit genre. The chronically ill female protagonist is often enforcing gender expectations by doing things to look pretty such as: putting on makeup, wearing feminine clothes, using wigs, or styling their hair and these behaviors are used to counteract the "ugliness" of chronic illness. By dressing up as feminine these women are depicted as attempting to feel less sick and more normal. When they fail at these gender expectations it is treated as sad and tragic. Green reinforces the notion that

women must be pretty in order to be desirable by having Hazel be embarrassed by her outfit when she first meets Augustus. *ANTM* does the cultural work of reinforcing traditional gender expectations of beauty with its depiction of models that are all thin and dress traditionally feminine. The models on this show compete to be the most photogenic and traditionally beautiful in order to win a monetary prize. When Hazel realizes her appearance has a myriad of insufficiencies, after she meets Augustus, she is primed for this response by her hours of watching *ANTM*. Hazel's expectations of beauty have been partly learned from this tv show which emphasizes a certain type of women's beauty. When Hazel meets Augustus she becomes aware that she has a myriad of insufficiencies because her appearance does not line up with the models on *ANTM*.

Hazel and Augustus's love story is treated as the ultimate love story. When Augustus dies at the end of the book, his parents tell Hazel that their relationship was "real love" (Green 269), meaning that it was more authentic. Often teenage love is treated as not real love or just puppy love but because Hazel and Augustus have cancer, they are treated as if their emotional connection is more authentic. Many people view having a chronic illness and constantly being in a medical setting as making young people more mature.

Hazel and Augustus's romantic relationship makes it clear that this is a tragic story. *The Fault in Our Stars* uses the notion of "realness" that Elman theorizes to represent chronic illness as a means to gain a passionate romantic

relationship rather than show the painful complexity of chronic illness. Green's novel is focused on depicting a tragic relationship where Hazel builds her identity through her male partner. There are lines like "I never took another picture of him" (Green 229) when Augustus is dying to remind the reader how tragic Hazel's story is and make you feel something. These teen sick-lit stories conjure a relationship between "realness" and emotional intensity in which sadness connotes authenticity (Elman 175). Green uses cancer as the antagonist of the story that helps emphasize the tragedy of the story.

John Green does not show the day-to-day life of chronic illness and instead opts to show the grand adventures of Hazel and Augustus. Green writes scenes of a movie night after support group (Green 22-37), Hazel and Augustus's picnic where he asked her to go to Amsterdam with him (Green 82-90), Augustus's make-a-wish trip with Hazel to Amsterdam (Green 136-218). Having chronic illness is not constantly having grand adventure to track down your favorite author or sharing a kiss at the Anne Frank house. It is treatments, days in bed, low key adventures, and when you do have grand adventures, it is often cut short because of symptoms like fatigue or pain. When Green does include mundane scenes of Hazel and Augustus showing how their cancer symptoms affect them, it is when Augustus is dying of cancer or Hazel ends up back in the hospital to get the fluid in her lungs drained. Green again plays into the medical model of disability by constantly showing Hazel and Augustus as a medical problem needing to be solved. Green sees teenage chronic illness as

opening a door to adventure for these teenagers; however, this is not how chronic illness works. Often symptoms stop chronically ill people from enjoying the adventures Hazel and Augustus have. Green's depiction of these adventures can also make actual chronically ill teenagers feel less valid in their chronic illness because they are unable to have the same adventures that Hazel and Augustus have. Hazel and Augustus's relationship is painted as high stakes because of the fear of dying at any point. Elman states, that many sick-lit novels "conjure a relationship between 'realness' and emotional intensity in which sadness connotes authenticity" (175). Green creates this idea that Hazel and Augustus's lives, and their relationship are "real" and "authentic" because their story is coated in tragedy and sadness, from the moment they meet at a cancer support group to the ending where Augustus dies not long after Hazel and he start a romantic relationship.

Augustus taught Hazel how to finally have goals and ambition, which only serves to make it more heartbreaking to the reader when he dies at the end. This trope of the chronically ill character dying at the end of the novel is typical of the sick-lit genre as disability scholar, Jay Timothy Dolmage points out in his book *Disability Rhetoric* (Dolmage 34). This trope is used to add more stakes and emotions to a chronic illness relationship. The sadness of these stories, especially in *The Fault in Our Stars*, is part of their marketing and why people want to buy and read them. Books like *The Fault in Our Stars* commodify sadness to sell to an audience of often young women who want to cry.

The Everydayness of Chronic Illness in Hannah Moskowitz's *Sick Kids in Love*

Hannah Moskowitz's *Sick Kids in Love* (2019) offers a more realistic take on chronic illness. Moskowitz shows the everyday struggles of chronic illness rather than opting to depict chronic illness as inherently tragic. Moskowitz takes on the complexities of chronic illness identity with her teenage protagonist, Isabel, who is a 16-year-old in New York City. She has an autoimmune disease, Rheumatoid Arthritis (RA), and her father is a doctor. One day while she is getting an infusion of medicine for her RA at the hospital, she meets 16-year-old Sasha. He has the chronic illness Gaucher's disease, a genetic disease. Sasha quickly becomes enamored by Isabel, but Isabel resists a romantic relationship with him because she comes from a long line of women who have had unsuccessful romantic relationships. Sasha resists the trope of the chronically ill male who lives everyday like an adventure and teaches the young women protagonist how to live her life. Instead, he is accountable for his actions and tries hard to improve himself during his relationship with Isabel.

Hannah Moskowitz notes in her author's biography that she "has ankylosing spondylitis, which is an autoimmune disease, and she's doing fine" (Moskowitz 341), which shows she does not view her chronic illness as tragic. Moskowitz's book is considered part of the #OwnVoices Movement. Her novel has many Goodreads five-star reviews calling her novel "powerful" "accurate", and "thought provoking". Several Goodreads reviewers note that this book is not like *The Fault in Our Stars* and instead is "light, optimistic, and humorous".

Moskowitz's novel was clearly trying to do something different with the sick-lit genre with the tongue-in-cheek book cover tagline "They don't die in this one." She puts the tagline on the cover because she is conscious of how harmful it is that many of the sick-lit novels end with the death of a chronically ill character.

Moskowitz explores the disability studies concepts of the medical model and the social model of disability in her novel. Isabel, like Hazel, at first believes in the medical model of disability due to her father's status as a doctor and his unwillingness to acknowledge her incurable chronic illness. It is not until Isabel meets Sasha that her eyes are opened to the social model of disability.

Moskowitz's is twisting the sick-lit trope that Green uses of the male protagonist teaching the female protagonist how to live her life. Instead, Sasha is teaching Isabel how to be a part of the disability community, something she wanted. The social model is what helps her with her self-identity issues and allows her to not be ashamed of her RA. This becomes clear when Sasha says, "I certainly find that being sick only affects me in really specific situations" (Moskowitz 72) a sentiment that Isabel connects with profoundly. Sasha hits on the social model concept that it is often society that is disabling rather than the illness itself. Moskowitz resists the trope that a character must overcome their disability to find their identity and instead points to the issue with disability being society's unwillingness to accommodate people. Instead of overcoming it, Isabel must accept her disability in order to find her identity. Isabel has a more complex

relationship with her chronic illness because of what Sasha taught her about the social model and the disability community.

Moskowitz takes great care in her novel to show the reality of chronic illness and resists the depiction of chronic illness as tragic and pitiful. Moskowitz depicts chronic illness as just another way of living life for Isabel and Sasha. She incorporates the social model when she moves beyond the idea of chronically ill people suffering directly because of their symptoms to show how chronically ill people suffer because of society, in a way that we do not see with Hazel and Augustus. Isabel and Sasha suffer under a society that thinks Isabel should not need to sit on the subway or take a taxi a couple blocks to her house despite her family not having financial insecurities that would mean she could not afford a taxi. Moskowitz understands the complexities of chronic illness when Isabel says:

People think it's just pain, and if I have a cane, that's gonna reinforce that, when really what I have the biggest problem with is how goddamn tired I am. So, it's just going to be another reason people don't get it If I showed up next week with a cane, they'd think I was method acting or something. (Moskowitz 214)

Moskowitz resists the stereotypes of RA that it is an old lady disease or that RA is just minor pain in your hands in her novel and demonstrates through Isabel that she has a realistic understanding of the day-to-day experiences of people with chronic illness. In resisting these stereotypes, she uses her novel to offer an important critique of ableism, which sick-lit as a genre has a lot of potential to do

(Elman 177). Moskowitz uses this novel to help the audience question their assumptions about RA and teenagers with chronic illness.

It is clear from the first page of the novel that Isabel is experiencing Imposter syndrome; she has complicated emotions towards her chronic illness, like many people with chronic illnesses do. Isabel says

It's always kind of awkward because the other people there are usually cancer patients, and I know they probably assume I'm a cancer patient, too, and it feels like lying to let them assume that. Some of them are dying. I'm not dying. I'm just sick. (Moskowitz 1)

Isabel has a lot of feelings about her right to be at the infusion clinic, a space for sick people, because she does not have cancer. The novel begins with Isabel in an infusion clinic getting an infusion of medicine to manage her RA. It is there that she feels like she should not be taking up space in this medical setting because she does not have cancer. Isabel worries that people are assuming that she has cancer. She feels awkward at just the thought of people thinking she has an illness that has been deemed more severe than her own. She feels that "it could be worse" and "others have it worse" (Moskowitz 35).

Moskowitz's novel resists Green's depiction of disability as a tragedy. Isabel and Sasha's relationship is not tragic because of their chronic illness; instead the tragedy comes from external forces, like the way her father treats her and how cultural stereotypes about RA have taken a toll on her self-esteem. Sasha is the first person to validate Isabel and give her the space to talk about

her chronic illness. Sasha is the first one to realize that Isabel thinks she is faking her disease (Moskowitz 139). Sasha tries to show her that chronic illness is just as valid an identity as being Jewish by saying,

[D]o you know that you're Jewish,... like...deep down. In your soul or whatever. Do you just feel it... [W]hy is it so ridiculous that you'd feel being sick deep down in you, then? It's a part of who you are. (Moskowitz 142-43)

Sasha allows her the space to work through her feelings about her illness. However, Isabel believes "he's got a disease way worse than [hers]" (Moskowitz 57), and constantly undervalues her RA to reinforce the notion to herself that Sasha is worse off. This is likely the result of the medical system and her doctor father that has taught her that RA is not that serious. As a result, Isabel frequently turns their relationship into a competition that Sasha will always be winning. Sasha gives her the space to discuss her chronic illness identity, but she does not take this space to the length that she needs.

Before Isabel becomes close friends with Sasha, Isabel never shows compassion for herself, nor does she accept that she does have it bad. Isabel is constantly hard on herself and pushes herself to do things like walk and hang out with her friends even though she knows these things are sometimes not worth the pain and possible flare that they will cause her. There are few spaces that she feels validated in her identity which causes her to not show others the reality of her illness. This is further made clear when Isabel states that she likes the

hospital because it is a space for her to “just relax and be sick and not have to be anything else” (Moskowitz 8). Isabel craves for her chronic illness identity to be validated and to have people see her illness as it really is. She only gets that when she is in a medical space where she is being treated, like in the infusion clinic. However, even in those medical spaces where she is being treated as chronically ill and being cared for, she still feels as if that space is not designated for her.

Moskowitz resists common teen sick-lit tropes like one of the characters dying at the end or getting a magical cure for their chronic illness. This causes Sasha and Isabel’s relationship to be less tragic than Hazel and Augustus’s relationship because there is not fear of one of them dying at any moment. At the end of the novel, Moskowitz makes it seem like Sasha is about to die in the hospital, but he pulls through after his splenectomy. The story ends with them playing monopoly together in Sasha’s hospital room and suggests that Isabel is content with her life and that the two will have future happiness. Moskowitz resists the teen sick-lit tropes that Green willingly uses to add tragedy to Hazel and Augustus’s love story. Moskowitz creates a relationship that features growth and learning. Sasha learns from Isabel that it is okay to have non-disabled friends and not exist solely in the chronic illness/disability community, and Isabel learns about chronic illness acceptance and the social model of disability from Sasha. Their relationship is complex and not superficially about going on fun adventures together and living life to the fullest. Instead, they often just hang out

on Sasha's bed because that is what their chronic illnesses allow them to do. This depiction of healthy relationships instead of just tragedy and heartbreak allows the young reader to connect with Isabel.

Moskowitz depicts the complex relationship between parents and chronically ill children with the same care as she uses with Sasha and Isabel's relationship. Family dynamics have a long tradition of breeding conflict in the YA genre. Disability scholars Faye Ginsburg and Rayna Rapp explore disability family dynamics in *Keywords for Disability Studies* when they say, "Families are seen as the site of nurturance, narrative, and theory building for those with disabilities. On the other hand, families are recognized as potential sites of repression, rejections, and infantilization" (Ginsburg and Rapp 81). Family is a space that either reinforces stereotypes about chronic illness or embraces disability and chronic illness acceptance. For Isabel, her father is a site of rejection because he refuses to acknowledge her chronic illness.

Of course, it is a common trope for parents to not listen to their teenagers in the YA genre (Dunn 114). Isabel fits into a long tradition of the YA genre of teenagers who do not receive support from their parents. If they want familial support, they have to learn how to resist power dynamics between parents and children to assert themselves and demand support. This is something hard to do for a teenager who is not taught how to assert themselves to authority figures. It is not until the end of the novel that Isabel figures out how to assert herself to her father. When she does it is because Sasha taught her that her illness is valid and

that if she wants accommodations in life, she must be able to assert herself. This is something Sasha says he learned from his father. Sasha was raised with the social model of disability, which is likely why he has a better relationship with his disability identity. Isabel is stuck in the belief that this fight is not worth it because her father is a doctor who “knows what sick looks like so it’s not as if his opinion isn’t valid here” (Moskowitz 68). However, Isabel’s father is rarely around because he is always working. She is a New York City latchkey kid, which is a young person who raises themselves because their parents are not home. Her father does not understand what she is going through because he is not home to help her in moments like when she has a bad flare and cannot get out of bed (Moskowitz 55). Isabel’s identity has become fragmented because of her father’s medical view of what illness is. Unfortunately, her illness does not fit into that. Moskowitz does a good job depicting Isabel as a normal chronically ill teenager who must learn to stand up to her parents. Isabel is not a sick special kid who is adored by her parents like Hazel is. Isabel is a regular YA character who is struggling with her parents, and also happens to be sick.

Isabel’s father does not emotionally support her or give her the space to discuss her chronic illness. He does not discuss her RA unless it is a problem (Moskowitz 15). It is clear that her father’s experience as a doctor where he sees medical issues as a problem needing a cure first which is in line with the medical model. He only sees the worst illness since he works in a hospital and this has shaped his approach to his daughter’s chronic illness. Disability scholar Kathy

Cologon points out it is not uncommon for “parents’ views [to be] shaped by context and experience, as they are enculturated into dominant ways of thinking and being” (Cologon 2). This is clear with Isabel’s relationship with her father who has been shaped by an ableist culture and the hospital. This has caused him to not provide his daughter with extra help, like fighting for accommodations at her high school. His views on chronic illness and disability shaped the way Isabel views herself and her world.

Isabel’s father exists in a culture that does not believe in disability or chronic illness acceptance. It does not think young adults can get chronic illness, and if they do, the disability is not that bad or not requiring mobility aids or other coping mechanisms. Isabel’s father only looks to medical treatments, like infusions or pills, to help Isabel instead of talking to her about using mobility aids or using taxis or staying home from school when she needs to. When she wears a wrist brace for the first time, he asks her why and she notes that “he sounds so confused. Like he’s literally never considered that I could possibly, ever, need anything” (Moskowitz 216). When she has a doctor’s appointment that her father cannot come to, he only cares about her blood test results, saying, “That’s great” (Moskowitz 123) in response and then hanging up. He does not ask her if she is feeling okay (she is not), because the only thing that matters to him is her doctor’s take on her chronic illness. He shows an inability to support her because he is used to working at a hospital where he sees medical emergencies like

broken limbs, cancer, and end of life care and does not feel that his daughter fits into those categories.

It is likely that Isabel's father fears having a child that has an incurable disease. "Disability scholars have theorized that this fear is behind much of the prejudice toward people with disabilities in our culture. Visible disabilities remind people of their own vulnerability and mortality" (Dunn 104). Her father should be the person most capable of understanding his daughter's pain and fatigue, and yet he is unable. Isabel shows this emotional struggle when she says:

I don't really know what to say about that for a few reasons, mainly that it's hard to hear about all the ways he planned ahead to try to have a healthy kid and then I went and got sick anyway. He'll talk sometimes about the irony of a doctor having a sick kid, and I always feel so weird and guilty. He doesn't talk about it much, thankfully. We don't really discuss me being sick unless it's a problem, and it hasn't been a problem in a long time.

(Moskowitz 15)

Isabel's RA reminds her father just how powerless doctors really are.

Acknowledging Isabel's disease also means that he cannot walk away from his work at the end of the day, because when he goes home, he sees more illness. These feelings are clearly validated by the nurses he works with, whom Isabel overhears describing "her poor father, *such* a nice man, really doesn't deserve"(Moskowitz 39). Their perspective not only suggests that Isabel is a burden because of her chronic illness but also the ableist notion that chronic

illness is a punishment inflicted on bad people. Isabel's father "doesn't want [her] to define [herself] by [her] illness or whatever" (Moskowitz 44), which cements that he also views illness as a bad thing in need of a cure and not part of one's identity. He pushes this view of chronic illness onto her when he tries to convince her to not hang out with Sasha, the only person who supports her chronic illness identity, because he is chronically ill. Her father sees this as him "just looking out for [her]" (Moskowitz 67) when Isabel tells him she is going to go hang out with Sasha. Isabel's father desperately does not want her to be chronically ill or identify as chronically ill to the point that he tries to stop her creating friendships. Moskowitz explores the complex emotions around chronic illness identity and depicts it in a realistic way that can allow nondisabled people to get a better understanding of what it is like to be chronically ill and the emotions of having a chronic illness.

Isabel is trying hard to validate her own identity with her brand "Sick Girl". Branding herself as "Sick Girl" in her school newspaper column allows her to have more control over her identity. It allows her to actively participate in the chronic illness community. However, the reader only sees her use of this brand for her newspaper column. In her column she asks strangers and her friends random questions like "What's your favorite place in New York?". Isabel calls her article "Sick Girl Wants to Know" (Moskowitz 44). Her choice in branding shows that she desperately wants part of her identity to be her chronic illness. However, she only uses it for her newspaper. She is not directly connecting with the

chronic illness community in the way that she would if she was using her brand online with social media. Even though Isabel has a hesitancy to use the “Sick Girl” brand, likely due to her imposter’s syndrome, she still clearly finds strength in it because it gives her control over her identity, and allows her to own and celebrate her uniqueness.

Moskowitz creates an authentic experience of chronic illness that many chronically ill teenagers can connect with. She deals with the ideas of branding yourself in relationship to identity, which is something that many people are thinking about with the increased usage of social media like Twitter, Instagram, Tiktok, etc. Branding has become something very prevalent in contemporary society and not something that only mainstream celebrities are considering. Even though social media is not explicitly mentioned in the novel, Isabel says that her branding “Sick Girl” started as a pen name when she joined “this forum online right after [she] got diagnosed, and it kind of...stuck. I don’t know” (Moskowitz 44), which shows Moskowitz is aware of how chronically ill people are engaging with the internet. Online forums are a huge source of community for chronically ill people. When she is explaining to Sasha her pen name you can see an uncertainty in her explanation. She ends her explanation with ‘I don’t know’ and pauses before she says “stuck”. This hesitancy suggests that she not confident in owning the “Sick Girl” brand likely because her father and the medical model has taught her that having a chronic illness is something to hide.

Her support system does not do a good job of supporting her chronic illness identity either until later in the novel when Sasha teaches her how to speak up about her identity. Her friends only engage with the “Sick Girl” brand when they want to insist that she should not date Sasha because “Sick Girl is Single” (Moskowitz 25). When Isabel’s friends do warm up to Sasha, they ask Isabel if he has the same chronic illness as Isabel and when she says ‘no’ they ask if Sasha is “like for real sick, then” (Moskowitz 58). Isabel’s friends do not see her as “for real sick” which is why they are uncomfortable with the “Sick Girl” brand. Isabel’s eagerness to brand herself as “Sick Girl” becomes complicated when her father enters the conversation about branding. While Isabel repeatedly calls herself “Sick Girl”, her father shows that he is uncomfortable with her proudly referring to herself as chronically ill or sick. Her father refuses to talk about her chronic illness outside of discussing what happened at her doctor’s appointments with her and her friends change the subject when she talks about her chronic illness. It is likely that because Isabel does not fit the stereotype of RA or disabled that her friends do not see her as such. Often when people think of disability, they think of disabilities that they can see, such as wheelchair users or blind people who uses a white mobility cane, but Isabel has an invisible illness or invisible disability which means that a stranger cannot tell that Isabel is chronically ill just by looking at her. Harmful stereotypes about chronic illness and disability and the way her father treats her RA have taken a huge toll on Isabel and the way she lives her life. Moskowitz’s novel does not commodify sadness.

Instead, it asks its chronically ill and nondisabled teenage audience, to show compassion towards themselves and others like Isabel learned to do.

Conclusion

The Fault in Our Stars by John Green and *Sick Kids in Love* by Hannah Moskowitz have parallel plot lines about being a teenager with a chronic illness. However, Green relies on the commodification of sadness to tell a tragic story about love and grief between Hazel and Augustus, while Moskowitz tells a more complex story about Isabel and Sasha navigating a new romantic relationship with chronic illness and learning how to develop their own identities. As a result, Moskowitz's novel has more potential to be meaningful to young, chronically ill people also trying to navigate their identities and relationships. Moskowitz's novel, and others like hers, do important cultural work. Cultural work is defined as "a text's impact on changing the world. Texts can challenge society's views of certain groups, cement existing views, or even construct more negative views" (Dunn 86). This novel could teach chronically ill teens how to stand up for themselves in terms of their chronic illness. It also does important cultural work in educating nondisabled audiences about the experience of chronic illness and how to treat disabled people.

Disabled authors writing their own stories offers a richer, more complex narrative with better developed characters. This can be seen with Hannah Moskowitz's characters, Isabel, and Sasha, who have depth to them and personality outside of their chronic illness; John Green's characters, in contrast,

lack that same depth and complexity. Green's characters are bland; they would not have any adventures if they did not have cancer. Authors who experience similar chronic illness have intimate experiences with the everydayness of chronic illness that often does not show up in research. This experience allows for a richer narrative that is closer to real life. Therefore, the #OwnVoices movement and the "We Need Diverse Books" movement are important. Representation matters. We need more authentic chronic illness and disability stories that young adults with chronic illness and disabilities can relate to.

Diverse texts are also important mirror texts that contribute valuable cultural work. Diverse works are not only meaningful to people who experience similar things as Isabel, Sasha, Hazel and Augustus but they are also valuable to the friends and family of those who are disabled, educators with disabled students, and anyone who participates in society, as disabled people are the largest minority group in the United States. Realistic and meaningful works like Hannah Moskowitz's novel resist the stereotypes many nondisabled people hold about chronic illness and show nondisabled people why they are wrong. These stories help teach nondisabled people why it is inappropriate to say things like "if I had your disease, I would just kill myself" without relying on individual chronically ill people to do the emotional labor of educating them. #OwnVoices stories do important cultural work that is beneficial to not only disabled people but also for nondisabled people. They push back on stereotypes like disability as a

tragedy or that chronically ill people are all sitting around waiting to die. Instead they present chronically ill people as normal people striving to live a fulfilling life.

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