

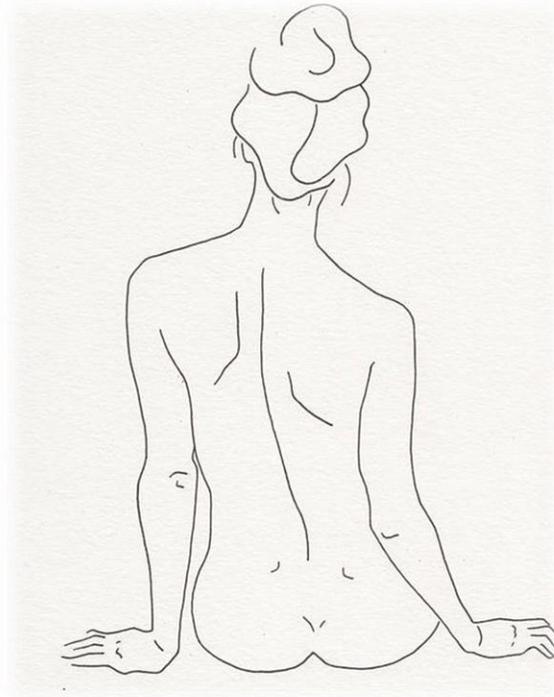


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**THE CORPOREAL DISCOURSE IN JEANETTE WINTERSON'S  
*WRITTEN ON THE BODY*:  
EXAMINATION OF ILLNESS AND ITS SIGNIFICATION**

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I do not forget my fridge and my kettle for their never-failing loyalty.

Source of illustration: Lukjanovica, Madara. "Female Silhouette." *Pinterest*, <https://www.pinterest.fr/pin/373095150375466141/>.

## GENESIS

Jeanette Winterson's *Written on the Body*<sup>1</sup> has left its mark on me. I first read it at a time when losing a loved one particularly resonated with my personal life. I was also immediately captivated by Winterson's unique writing style and I consider *Written on the Body* to be the best example of her remarkable capacity of using language. Her writing is at the same time sensuous and raw, with words rich in meaning and full of images.

The novel was assigned during my queer study class in the spring of 2016 at Dickinson College, United States. In this class, I discovered queer literature – a field of study not as prominent in France as it is in the United States – and my initial idea was to analyze the novel through a queer perspective. By focusing on the relationship between body and language, I intended to question the concept of normativity in the novel. However, a lot of papers dealing with gender and queerness in *Written on the Body* have already been published, and after a closer reading of the novel, I realized it had more to offer. Instead of focusing on the ungendered narrator, I became more interested in the body of the narrator's lover, whose thorough depiction and omnipresence in the narration makes it almost a character on its own.

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<sup>1</sup> Winterson, Jeanette. *Written on the Body*. Vintage Books, 1994. This is the reference book that has been used throughout my Master's thesis.

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## INTRODUCTION

In *Written on the Body*, British author Jeanette Winterson transposes the body into words. Using a vibrant and poetic language, Winterson tells the unconventional love story between an unnamed first-person narrator – whose gender is never revealed – and a married woman named Louise Rosenthal. Through analepses and prolepses, the novel follows the thoughts of the narrator, who alludes to previous affairs with both men and women as well as they<sup>2</sup> provide a detailed description of Louise. In spite of the internal focalization, not much is disclosed about the narrator – except that they work as a Russian-language translator and have chestnut hair – as well as the setting – contemporary England. Thus, the reader’s attention is focused on characters’ development and particularly on Louise. With *Written on the Body*, Winterson’s intent is “to bring together a different kind of fiction, certainly a fiction that makes space within it for the female voice in all its complexity.”<sup>3</sup> Indeed, the female character is at the core of the narrative. However, the reader has access to Louise only through the narrator’s depiction of her, which never mentions any traits of her personality, but instead subjects both the surface and the inner constituents of her body to examination. The narrator and Louise seem to be blooming in this relationship until the narrator learns from Elgin, Louise’s husband, that she has chronic lymphocytic leukemia and is given a hundred months to live. The disease, which plays a determining role in the plot, alters the narrator’s perception of their lover. Persuaded that Louise’s husband is the only one capable of saving her, the narrator relinquishes Louise to Elgin, an eminent cancer researcher, and starts living a miserable and secluded life in the countryside. During this time, the narrator undertakes an obsessive process of re-creating Louise’s absent body. They go to the library to consult anatomy books and portray Louise’s body parts: “I didn’t only want Louise’s flesh, I wanted her bones, her blood, her tissues, the sinews that bound her together.” (Winterson 51) The narrator seems to be slowly overcoming the loss of their beloved, until, at the very end of the novel, Louise mystically reappears.

*Unconventional* is the word that best defines Jeanette Winterson and her writing. Born in 1959, to a seventeen-year-old mother from Manchester, Jeanette was adopted by a very stringent

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<sup>2</sup> I have chosen to use *they* to refer to the narrator as a gender-neutral singular pronoun to replace *he* or *she*. I consider the use of *s/he* to be too limited, for it would mean the narrator would be either a *she* or a *he*. The pronoun *they* encompasses more possibilities of gender.

<sup>3</sup> Bush, Catherine, and Jeanette Winterson. “Jeanette Winterson.” *BOMB*, no. 43, spring 1993, p. 56. *JSTOR*, [www.jstor.org/stable/40424599](http://www.jstor.org/stable/40424599).

Pentecostal couple and spent her harsh childhood in the town of Accrington, United Kingdom. She was raised to be a missionary and was allowed to read only religious books, which in turn imbued her future writings with Biblical references. The discovery of her homosexuality at the age of sixteen made her leave the family home and she lived in her car for a while, forcing her to do odd jobs here and there. She went on to attend Oxford University, whereupon after graduation, she published in 1985 *Oranges Are Not the Only Fruit*, her first novel, which became the recipient of several prizes and marked the beginning of a prolific career as a writer. In her novels – twenty-two so far – she is interested in the idea of time, loss, desire, passion, and love. *Written on the Body*, published in 1992, is considered Winterson’s most experimental novel insofar as the story is told from the perspective of a nameless ungendered narrator. The author stands out from conventions of ordinary storytelling and, through her narrator, offers the reader fragments of stories that mingle to form coherent narration. Her writing in general is unconventional in the sense that she strives to expand the boundaries of imagination by playing with language and she writes in order to transform ordinary acts into something meaningful. Indeed, Winterson declared<sup>4</sup> that she is “most interested in what you can do with structure and with style” and that “the concerns of a writer are how to make things new, how to shock, how to revive the commonplace, how to take the banal, everyday experience and make it into something specific which has resonance.” For example, the descriptions of sexual intercourse between the two lovers are full of commonplace imagery; during oral sex, the narrator contrasts Louise’s vulva to an olive tree and her clitoris to an olive pit: “Who eats an olive without first puncturing the swaddle? The waited moment when the teeth shoot a strong burst of clear juice that has in it the weight of the land, the vicissitudes of the weather, even the first name of the olive keeper.” (Winterson 137) Winterson is particularly drawn to language and her novels are more focused on characters than action: plots are usually simple in order to make way for characters’ development and reflection. In *Written on the Body*, she “wanted to see how much information [she] could leave out – especially the kind of character information that is routine – and still hold a story together”<sup>5</sup> and thus she created a narrator that has no gender, no name, and no age. Winterson’s writing is experimental in the sense that, in each of her novel, she challenges herself and literary

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<sup>4</sup> Bush, Catherine, and Jeanette Winterson. “Jeanette Winterson.” *BOMB*, no. 43, spring 1993, p. 55. *JSTOR*, [www.jstor.org/stable/40424599](http://www.jstor.org/stable/40424599).

<sup>5</sup> Winterson, Jeanette. “Written On The Body.” *Jeanette Winterson*, 2015, [www.jeanettewinterson.com/book/written-on-the-body/](http://www.jeanettewinterson.com/book/written-on-the-body/).

conventions in order to create something different that can spark interest in the reader. In her interview with Catherine Bush, Winterson explains that she views gender as a constraint because “there’s too much emphasis put on [it]” and, therefore, writing about a genderless narrator is liberating for both the author and the reader: “I wanted to have somebody (...) men and women could identify with.”<sup>6</sup> By attributing very few characteristics to the narrator, the author hoped to draw attention onto the female character: the novel is meant to be about Louise and the intradiegetic narrator’s relationship with her. Although Louise is given little dialogue and is perceived through the narrator, she remains, according to Winterson, both “an object of desire” and the one in power in the novel; the one “who decides that her marriage will end and she will have the narrator at any cost, although not at the cost of herself.”<sup>7</sup> However, I will argue throughout this thesis that *Written on the Body* is in fact as much about Louise as it is about the narrator, if not more.

Through the character of the narrator, Winterson questions the notion of gender and suggests that gender is a norm that implicitly impacts or even determines actions, behaviors, and relationships within society. Despite her effort to give power to the female character and to utilize the narrator as a tool to show that gender is a societal concept, critics and scholars have been concerned about the narrator’s identity, trying to decipher the narrator’s words and acts in order to determine whether they are female or male. The effect Winterson aimed for failed: by removing basic elements of the narrator’s identity, she wanted to have readers focus on what is beyond a name or a gender, but instead, this is exactly what everybody seems to be interested in. Antje Lindenmeyer claims that Winterson’s initiative to have a genderless narrator “irritates the reader, who attempts to figure it out, deciding that the narrator must be a woman at first, only to revoke that decision some pages later.”<sup>8</sup> The attribution of a gender to the narrator depends on individual subjectivity and is a matter of one’s interpretation connected to one’s personal background. For example, in her part on *Written on the Body*, Mary K. DeShazer, without justifying her argument, considers the narrator to be a woman: “Not identified by gender, the narrator hints that her relationship with Louise is lesbian, but since Winterson never states this

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<sup>6</sup> Bush, Catherine, and Jeanette Winterson. “Jeanette Winterson.” *BOMB*, no. 43, spring 1993, p. 55. *JSTOR*, [www.jstor.org/stable/40424599](http://www.jstor.org/stable/40424599).

<sup>7</sup> *Ibid.*, p. 56.

<sup>8</sup> Lindenmeyer, Antje. “Postmodern Concepts of the Body in Jeanette Winterson's *Written on the Body*,” *Feminist Review*, p. 50.

definitively, gender ambiguity abounds.”<sup>9</sup> On the other hand, Francesca Maioli views the narrator as male and suggests that “*Written on the Body* is based on a discourse of colonization” since the attitude of the narrator towards Louise is “violent and dominating.”<sup>10</sup> When reading the story of a narrator who can be anyone, one systematically tends to identify them and categorize them according to a sex – male or female – and a gender – masculine or feminine – revealing one’s conditioning. This was my case when I first read the novel: as a heterosexual female reader, I immediately imagined that the narrator was a man and it took me time to adopt a rather neutral attitude as to the narrator’s sex and gender. Winterson expects her readers to free themselves of the normative restraint imposed by society and to develop their imagination. One does not need to be assigned the gendered characteristics associated with one’s sex in order to exist as an individual and thus whether the narrator of *Written on the Body* was born with male or female genitals has no importance in the development of the novel. And yet, because Jeanette Winterson’s sexual inclination tends to categorize her as a queer author, several critics asserted that the narrator of the novel is a woman based on hints in the text resulting from Winterson’s own lesbianism: “Many of these critics were lesbian feminists, who had been following Winterson’s work from the start, and, because of this, they were expecting a lesbian novel.”<sup>11</sup> In response to that, Winterson declared in an audio interview for *The Guardian* that she does not perceive herself as what critics have labelled her: “I hate labels. I’ve worked for twenty-five years to rip the labels off.”<sup>12</sup> In *Art Objects*, she writes that critics have tended to focus too much on her personal life, on her lesbianism, rather than on her work as a writer: “What you fuck is much more important than how you write. [...] I am a writer who happens to love women. I am not a lesbian who happens to write.”<sup>13</sup>

In my Master’s thesis, I have decided not to focus on the notion of gender in the novel since it has already been examined to great lengths, but instead to concentrate on the study of corporeality. Indeed, as the title suggests, the body is central to the novel. Though the body is described in all its sensuousness, fleshliness, tastes and textures, it also has meaning: “Your hand

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<sup>9</sup> DeShazer, Mary K. *Fractured Borders: Reading Women's Cancer Literature*, University of Michigan Press, 2010, p. 175.

<sup>10</sup> Maioli, Francesca. “Palimpsests: The Female Body as a Text in Jeanette Winterson's *Written on the Body*.” *European Journal of Women's Studies*, p. 144.

<sup>11</sup> Tisseur, Wine. “Gender Use in Jeanette Winterson’s *Written on the Body*.” University of Reading, 2008, p. 41.

<sup>12</sup> Hanman, Natalie, and Alex Healey. “Interview with Jeanette Winterson.” *The Guardian*, 2010.

<sup>13</sup> Winterson, Jeanette. “The Semiotics of Sex.” *Art Objects: Essays on Ecstasy and Effrontery*. Alfred A. Knopf, 1996, p. 104.

prints are all over my body. Your flesh is my flesh. You deciphered me and now I am plain to read.” (Winterson 106) Throughout my first year of Master’s degree, I was interested in the female body in relation to the colonial discourse since there are numerous references to corporeal possession and appropriation in *Written on the Body*. My initial idea was to connect the themes of colonization, nature, and illness, in regard to the female body, by analyzing the novel from an ecofeminist perspective. According to Maioli, the relationship between the narrator and Louise fits in the patriarchal model of colonization considering the way the narrator objectifies Louise and compares her to a land to be conquered. This emphasizes the parallel between nature and the female body: the narrator uses a language “full of expressions referring to sea, sea voyages and conquest, suggesting a colonial setting” and associates the body “with a natural element or landscape that is there to be appropriated by one lover or another.”<sup>14</sup> Also, Maioli mentions the importance of the gaze in the novel: while the narrator undertakes an anatomical discovery of Louise’s body, she becomes subjected to the colonizing gaze, as well as the medical gaze. Maioli recalls that medicine and geography – discipline to which colonization is linked – share the common characteristic of “appropriat[ing] and control[ing] a specific object: while medicine and anatomy aimed to gain knowledge over the inner functioning of the body to defeat disease, geographical discoveries were linked to colonialism.”<sup>15</sup> Lindenmeyer agrees with Maioli on the colonial discourse in *Written on the Body* and the idea of mapping the body/land as a way for the narrator/colonizer to gain power: “Woman’s body as a dark continent, passively waiting for the male conqueror to penetrate, explore and exploit it, where mapping the body is a way of gathering knowledge.”<sup>16</sup> Lindenmeyer argues that this act of colonizing is mutual, and so, in their projection onto Louise’s body, the narrator also expects involvement from her: “both bodies involved are constantly and reciprocally mapped and re-mapped, read and covered with telltale bite-marks.”<sup>17</sup> But she also insists on mapping Louise’s body as “part of a mourning process”<sup>18</sup> insofar as the narrator’s obsession for their lover’s anatomy begins when the narrator leaves Louise to her husband. As for Elizabeth D. Harvey, she considers colonization through the study of female pleasure. She explains that the medical discovery of female pleasure took place around the same time as geographical exploration and colonization outside of Europe: the more

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<sup>14</sup> Maioli, Francesca. “Palimpsests: The Female Body as a Text in Jeanette Winterson's *Written on the Body*,” p. 145.

<sup>15</sup> *Ibid.*, p. 149.

<sup>16</sup> Lindenmeyer, Antje. “Postmodern Concepts of the Body in Jeanette Winterson's *Written on the Body*,” p. 56.

<sup>17</sup> *Ibid.*, p. 56.

<sup>18</sup> *Ibid.*, p. 56.

knowledge one gained, the more power one exerted. The dissection of Louise's body is a way for the narrator to continue having power over an absent body, but also to have access to female pleasure, and therefore, to be able to control it. In her paper, there is also the idea of loss – similar to Lindenmeyer's concept of mourning – that drives the narrator to engage in an anatomical discovery of Louise, but also loss of the narrator themselves. Since colonization is a mutual – although unbalanced – process, the narrator projects themselves into Louise and, for this reason, the loss of Louise means, for the narrator, the loss of a part of themselves.

The papers above-mentioned offer interesting approaches showing the links between the female body, nature, and colonization. However, these perspectives remain limited and would not offer enough matter for a Master's research paper. Moreover, after several readings by ecofeminist authors, I realized the study of ecofeminism did not trigger any interest in me and I decided to focus on corporeality through the perspective of illness. As the title suggests, the body holds an important place in the novel: above all, it is Louise's corporeality that is displayed through the narrator's words and thoughts, while the narrator rarely includes references to their own body in the plot. According to the OED, the term *corporeal* was first coined in 1610 and comes from Latin *corporeus*, which means “of the nature of body, bodily, physical.” This adjective then gave two nouns: *corporeity* in 1628 and *corporeality* in 1651, which are semantically closely related. The OED defines *corporeality* as “[t]he quality or state of being corporeal; bodily form or nature; materiality,” while *corporeity* is “[t]he being of the nature of body; the quality of being, or having, a material body.” Both involve a substance, a form of materiality; but *corporeity* refers to the mental conception of matter, while *corporeality* is the concrete existence of matter. The human body has a corporeal dimension insofar as it manifests its existence in the real world through form and matter. The OED defines the term body as “[t]he complete physical form of a person or animal; the assemblage of parts, organs, and tissues that constitutes the whole material organism.” Thus, the body gives form and structure to corporeality. In this paper, I am interested in the corporeality of human beings, and especially, of the female body as it is the main recipient of the narration in *Written on the Body*. Since the human body is literally the body of this research paper, it seems essential to define this term that has elevated interest among philosophers, scientists, and writers for centuries. There does not exist one unique definition of the body, for there are as many interpretations as there are cultural groups:

For example, most people living in the early-twenty-first century West believe the body to be a border between the self and the external world, and one that houses only one individual self. Those whose experience departs from this are treated as suffering from a personality disorder. Many non-Western cultures, in contrast, do not regard the skin as an impermeable border between the individual and the natural world, and believe that the physical body may host multiple selves.<sup>19</sup>

The main issue when attempting to define the human body is its intricate relation with the mind, and it is this relation between body and mind, physical and spiritual, concrete and abstract, that has been – and still is – the grounds to explain the human body and has drawn various schools of thought throughout the ages. The ambivalence between body and mind suggests that it is impossible to define one without the other. As mentioned above, a body – whether it is a human body or the body of a human cell – is a physical entity made of several parts that constitute an organism. But one cannot reduce the human body to only matter and shape, for it is through the body that human beings feel, think, and desire: it is with it that we have access to the world. Thus, to reflect on the body amounts to reflecting upon ourselves. As Michel Foucault stated about the body: “je ne peux pas me déplacer sans lui [...] il est le lieu absolu, le petit fragment d’espace avec lequel, au sens strict, je fais corps. [...] Mon corps, c’est le lieu sans recours auquel je suis condamné.”<sup>20</sup> The body is above all a space and a place: it is within its borders that one exists and with it that one positions oneself in relation to the world. So, in order to briefly trace the broad lines of humanity’s conception of the body, one needs to start in Greek Antiquity. Plato considers the body to be an obstacle to the soul’s development insofar as the body’s needs (hunger, thirst) and senses (fear, desire) compel us to take care of it – to be anchored in our bodily reality – and prevent us from gaining access to reason, and therefore, to be able to master our own self. With the emergence of Christianity, great attention is paid to the body because it is through the body that one achieves purity and becomes closer to God. Indeed, God is personified in Jesus Christ, as Elizabeth Grosz reminds us: God is an immortal and bodiless soul, while “Christ was a man whose soul, whole immortality, is derived from God but whose body and mortality is human.”<sup>21</sup> The Christian body is the means to expressing one’s faith through prayers, but it is also the medium through which one can be touched by God’s grace. And so, one should

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<sup>19</sup> Bordo, Susan, and Monica Udvardy. “Body, The.” *New Dictionary of the History of Ideas*, edited by Maryanne Cline Horowitz, vol. 1, Charles Scribner’s Sons, 2005, p. 230 *Gale Virtual Reference Library*, <http://link.galegroup.com/apps/doc/CX3424300086/GVRL?u=toulouse&sid=GVRL&xid=ae12054b>.

<sup>20</sup> Foucault, Michel. “Le Corps Utopique.” *Sine Qua Non Art*, 2015, [sinequanonart.com/eng/wp-content/uploads/2015/05/Michel-Foucault-Le-corps-utopique.pdf](http://sinequanonart.com/eng/wp-content/uploads/2015/05/Michel-Foucault-Le-corps-utopique.pdf), p. 1.

<sup>21</sup> Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Indiana University Press, 1994, p. 5.

follow the restrictions imposed in the Bible and not subject oneself to senses and desires. In the 17<sup>th</sup> century, Descartes views the body as a machine: it is a mechanism that can be divided into parts (arms, legs, fingers) whereas the soul is immaterial and indivisible. The body is movable, in opposition to the soul, which is permanent; the body is multiple, while the soul is only one; therefore, the soul is more reliable than the body. This idea of machine-like body has come to be more and more relevant nowadays since “human body parts are being repaired, reconditioned, and replaced, sometimes by the organs of other humans, sometimes by machines.”<sup>22</sup> With the work of Darwin in particular, human beings begin to be perceived more like complex animals and placed among other creatures that philosophers used to consider mindless. In the 19<sup>th</sup> century, Nietzsche is opposed to the traditional philosophical dichotomy between body and mind, with the soul being superior to the material body. He supposes that since human beings are made of instincts and desires, phenomena of the mind are simply manifestations of the body. It is through the body that one has access to knowledge and experience of the world, and thus, thinking ensues from one’s comprehension of the world. Freud also looks at the body from Darwin’s perspective and endorses Nietzsche’s concept of instincts as natural occurrences, but considers “the repression of (sexual and aggressive) instinct as necessary to the preservation of human community and order.”<sup>23</sup> In the 20<sup>th</sup> century, for French philosopher Merleau-Ponty, the body incorporates the subject into the world: “human beings do not *have* bodies [...] they *are* bodies [...] bodies are the medium of human experience, through which they engage with their surroundings.”<sup>24</sup> From then on, most philosophers reject the idea of a dualism between mind and body, and grant more and more importance to society in their study of the body, for society shapes the body as well as the body shapes society. The body is no longer studied only as an object of science; it is both the subject and the object of the economic and political spheres. According to Bourdieu, depending on one’s socio-economic status, the individuals’ relations and uses of their body will vary: for the working class, the body is a tool to earn money that will cover the primary needs; whereas the wealthy class transcends the idea of the body as necessary tool for work and uses their bodies as mirror of their social-economic condition, as a way to project themselves into the world. Lastly, one cannot write about the body without mentioning Foucault, who thinks that bodies are constantly subjected to discipline, whether it is discipline

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<sup>22</sup> Bordo and Udvardy, “Body, The,” p. 231.

<sup>23</sup> *Ibid.*, p. 232.

<sup>24</sup> *Ibid.*, pp. 232-233.

coming from institutions or self-discipline. Thus, by conforming to the discipline inherent of their culture, bodies become an instrument of power because they can be manipulated.

Obviously, this concise overview does not cover all the work that has been undertaken through time by scholars, but it shows that the body has occupied a fundamental position in the thinking of each generation. My thesis will not provide a definition of the body per se, but the perspective adopted will nonetheless shape a certain understanding of corporeality. I am interested in looking at the body through the lenses of illness. My work will be based on Jeanette Winterson's *Written on the Body*, connecting examples from the novel to concepts linked to illness. I aim at offering a more thorough analysis of the novel than what has been done so far, concentrating on the role of illness and its significance. I will begin the first part of my thesis by focusing on the way Louise's body is addressed in all its states and forms: at first, her body is healthy, plentiful, and nurturing; but, as the disease creeps in, it becomes decaying, weak, and empty. Either way, the narrator's depiction of Louise's body as either healthy or dying is imbued with eroticism and Louise, even when she is nearing death due to leukemia, remains an object of desire and a source of attraction for the narrator. Her disease, although it is rarely named in *Written on the Body*, is omnipresent; it is the novel's guiding thread; it is the reason for the disruption within the novel, as well as in the relationship between Louise and the narrator. Thereupon, I will attempt to define the terms *illness* and *disease*, which will enable me to reflect on the medical semantic field used either by medical authority or by ordinary people, and see to what extent language fails to pinpoint what illness really means and encompasses. Also, I cannot address illness without taking into account disability studies and, although I intend to read *Written on the Body* with a perspective that sets aside the notion of gender and normativity, I am bound to ask what actually determines the existence of categories such as able vs. disable, healthy vs. ill. Even if these categories are based on a norm, they remain difficult to define, for one category does not exclude the other: one can be considered healthy and able, healthy and disable, ill and able, or ill and disable. Moreover, if Louise is ill, one must not forget that the narrator develops a pathological obsession for Louise's absent body. The second part of my thesis will open on the distinction between norm and pathology, showing that the idea of norm depends greatly upon culture and society. The character of Elgin, who is often left out in critical papers, will allow me to expand on the idea of medical authority, as well as on the relation between doctor and patient. One may wonder whether medicine should rely entirely on science and at

what moment should doctors take into account the voices of their patients in the process of treatment and understanding of diseases. Doctors and scientists witness pain and distress but they have, most of the time, never been confronted personally to the distress felt by some patients; and yet, they make assumptions as to what patients may experience. The invisibility and immateriality of pain is translated in the novel through the narrator's distress and lamentation, experiencing a process of mourning, intertwined with guilt and remorse. Lastly, the third part of my thesis will be aimed at the literary writing of bodies, both the human body and the textual body. Building on Lindenmeyer's observation that, in *Written on the Body*, Winterson focuses on body parts and not on the body as a whole, I will adapt this perspective of "parts and whole" to the novel as well as the disease. Then, I will move on to consider the two discourses – the fictional discourse and the scientific discourse – used in the novel to refer to Louise's disease, which will enable me to draw on the differences between writing about chronic lymphocytic leukemia from a literary perspective or a scientific point of view. This will lead me to ponder the power of writing; in particular, writing illness. Based mostly on Arthur Frank's *The Wounded Storyteller*, I will highlight the importance of taking into account the patient's voice throughout illness and examine the role of patients and their relatives in the process of telling an illness story. Though *Written on the Body* is not an autobiographical narrative of illness, I will see to what extent it can be considered an illness narrative that blends the narrator's and Louise's accounts of illness.

PART ONE –  
MULTIPLICITY OF BODIES

There are plenty of references to the body in Jeanette Winterson's work. From *Oranges Are Not the Only Fruit* to *Why Be Happy When You Could Be Normal*, the body is always mentioned, whether it is in love scenes (*The PowerBook*), in scenes of violence (*Lighthousekeeping*) or as part of a reflection about one's identity (*Oranges Are Not the Only Fruit*). However, the author is more interested in the intimate body, rather than the characters' outer physical appearance; the depiction of her characters' physical traits is often brief and spread here and there in the text. Instead, Winterson focuses on the unseen and concealed parts of the body and she writes much about the physicality of love. The body is the place where love and intense desire are expressed and Winterson transcribes this desire on paper using a language full of poetry and imagination. For example, in this extract from *Sexing the Cherry*, Jordan compares the female naked body to a mountain:

I never wanted anyone but her. I wanted to run my finger from the cleft in her chin down the slope of her breasts and across the level plains of her stomach to where I knew she would be wet. I wanted to turn her over and ski the flats of my hands down the slope of her back. I wanted to pioneer the secret passage of her arse.<sup>25</sup>

In terms of writing style, this passage is not dissimilar to what will be adopted by Winterson a few years later in *Written on the Body*: a first-person narrator who, using a language which is at the same time poetic and concrete, plunges the reader into the most remote places of the body.

**I) Two Versions of Louise's Body.**

The reader of *Written on the Body* follows the thoughts of a nameless, ageless, and genderless narrator. The novel is, above all, an inner monologue from the narrator, punctuated with dialogue between characters. The narrator's reflection – and so, the novel – revolves around Louise: she is not necessarily the main focus of the narrator's thoughts, but everything the narrator evokes is tied, in one form or another, to Louise. The narrator offers a reflection on love, relationships, time, and loss, alluding to previous affairs and relationships, in order to give

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<sup>25</sup> Winterson, Jeanette. *Sexing the Cherry*. Vintage, 2014, p. 55.

meaning to their situation with Louise. At first, the narrator does not name her and she is simply referred to as “you” (Winterson 9) which creates a certain mystery about her, and the reader must wait until page 28 to see the name of Louise appear on paper. The diegetic narration prevents the reader from having access to Louise’s thoughts: she is accessible only once filtered through the narrator’s mind, who gives very little detail about Louise’s personality. The reader gets the idea that Louise cares about her independence, considering that she chooses to divorce her husband with whom she is no longer happy. Not much else is conveyed about her nature; instead, the narrator provides multiple descriptions of her body. The human body does not use speech, instead it has its own language, and Winterson turns Louise’s body into a speaking object.

a) From a Healthy, Nurturing, and Plentiful Body...

Throughout the novel, the narrator presents two versions of their lover’s body: one is healthy, while the other is sick. The novel opens on this ambivalence: “What should be plump and firm, resisting the touch to give itself in the mouth is spongy and blistered.” (Winterson 9) These grapes foreshadow the illness that is going to turn Louise’s healthy body (“plump and firm”) into rotting flesh (“spongy and blistered”). The imagery of nature will be used throughout the novel by the narrator to portray Louise, which falls within the scope of a long tradition in both the arts and sciences of associating woman and nature. According to Gillian Rose, the closer linkage that has existed between women and nature is due “partly because of their childbearing capacities, but partly also because of the Judeo-Christian story of Eve accepting the apple from the serpent in Eden.”<sup>26</sup> Woman and Nature are both perceived as sources of life, they are abundant, nurturing, and resourceful; but, at the same time, Woman is not to be trusted, as she is the cause for the original sin. This correlation between Woman and Nature has resulted in a dualism opposing Woman / Nature to Man / Culture. This opposition – masculine culture vs. feminine nature – has generated a normative discourse which has been at the basis of Western societies’ imagery and development. There exists an intimate relation between Woman and Nature, as shown in this passage from the novel:

If I were to paint Louise, I’d paint her hair as a swarm of butterflies. A million Red Admirals in a halo of movement and light. There are plenty of legends about women turning into trees but are there any about trees turning into women? Is it odd to say that your lover reminds you of a tree? Well she does,

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<sup>26</sup> Rose, Gillian. *Feminism & Geography: The Limits of Geographical Knowledge*. Polity Press, 2007, p. 68.

it's the way her hair fills with wind and sweeps out around her head. Very often I expect her to rustle. She doesn't rustle but her flesh has the moonlit shade of a silver birch. Would I had a hedge of such saplings naked and unadorned. (Winterson 29)

One of the “legends” to which the narrator is alluding could be the mythical story of Apollo and Daphne as it is told in Ovid’s *Metamorphoses*, in which Daphne is turned into laurel by her father in order to avoid Apollo’s love. Similar to Louise, Daphne’s body is depicted changing into a tree:

Scarcely has she made this plea, when she feels  
a heavy numbness move across her limbs,  
her soft breasts are enclosed by slender bark,  
her hair is changed to leaves, her arms to branches,  
her feet, so swift a moment before, stick fast  
in sluggish roots, a covering of foliage  
spreads across her face. All that remains of her  
is her shining beauty.<sup>27</sup>

Nature and Woman are so strongly connected because they are both symbols of transformation. In this excerpt, Daphne’s transformation into a tree puts a stop to her frantic race and immobilizes her. There is a stark contrast between Winterson’s depiction of Louise as a tree which is suffused with liveliness and Ovid’s Daphne described as being imprisoned in the body of a tree. Yet, her new body is an effective defense against Apollo’s lust. In contrast with this female body that is protected and untouchable, Louise is beaming: there is light around her and her flesh is the color of moonlight; the “swarm of butterflies” and the tree give an impression of growth; while the wind around her head, the rustling, and the fluttering of butterflies’ wings add dynamics to the scene. However, the rhythm of the scene is broken by the narrator’s idea of painting Louise. By representing her, the narrator would have to freeze motion and present a motionless Louise. This extract is not the only reference to painting, for the narrator compares Louise to “a Pre-Raphaelite heroine” (Winterson 99) with her almond-shaped green eyes and red hair. These elements of description are reminiscent of *Lady Lilith*, executed by British painter and writer Dante Gabriel Rossetti between 1866 and 1873. The subject of the painting is the sensual Lilith, pale beauty sitting amidst flowers, combing her long red hair while staring at herself in the mirror. *Lady Lilith*

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<sup>27</sup> Johnston, Ian. “Ovid, The Metamorphoses.” *Ovid, Metamorphoses, Book 1 (English Text)*, 2012, 806-813, johnstoniatexts.x10host.com/ovid/ovid1html.html.

is not the only painting portraying a ginger-hair female beauty; other examples by Pre-Raphaelite artists are Waterhouse's *The Lady of Shalott*, Millais's *Esther*, or Hugues's *Ophelia*. On the lower portion of the painting of *Lady Lilith*, Rossetti inscribed a sonnet which is based on religious beliefs:

Of Adam's first wife, Lilith, it is told  
(The witch he loved before the gift of Eve,  
That, ere the snake's, her sweet tongue could deceive,  
And her enchanted hair was the first gold.  
And still she sits, young while the earth is old,  
And, subtly of herself contemplative,  
Draws men to watch the bright web she can weave,  
Till heart and body and life are in its hold.  
The rose and poppy are her flowers; for where  
Is he not found, O Lilith, whom shed scent  
And soft-shed kisses and soft sleep shall snare?  
Lo! as that youth's eyes burned at thine, so went  
Thy spell through him, and left his straight neck bent  
And round his heart one strangling golden hair.<sup>28</sup>

The figure of Lilith is part of a myth that goes back to Mesopotamia, where she was a venerated goddess, before the Jews developed the myth of Lilith as a murderess and a temptress who kills infants and seduces men to feed from their semen. It is said that during the first creation, God created Adam-Kadmon and Lilith. But, because they fight over their respective position to make love, Lilith decides to leave the Garden of Eden. She refuses to come back and God punishes her by condemning to death all of her children at their birth. Hopeless, Lilith wants to kill herself, but the angels give her the power to kill other women's infants instead. Still jealous of Adam's second wife, Eve, Lilith turns into the serpent which will cause Eve to sin and be cast away.<sup>29</sup> In *Written on the Body*, Esau and Sarah – Elgin's parents – are of Jewish religion and believe they are “doomed” because their son “[fell] into the clutches of a flame-haired temptress.” (Winterson 34) From their perspective, Louise as Lilith has created division within the family, only then to leave her husband for another person she has seduced. Louise's seductive charm is perceptible through hints of her physical appearance, which focus mostly on the red color of her hair. The narrator writes that Louise's hair is “cinnabar red, her body all the treasures of Egypt” (146) and

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<sup>28</sup> Tate. “Ophelia”, Sir John Everett Millais, Bt, 1851-2.” *Tate*, [www.tate.org.uk/art/artworks/millais-ophelia-n01506](http://www.tate.org.uk/art/artworks/millais-ophelia-n01506).

<sup>29</sup> See Descamps, Marc-Alain. « Lilith ou la permanence d'un mythe. » *Imaginaire & Inconscient*, vol. 7, no. 3, 2002, pp. 77-86.

that they would “paint her hair as a swarm” of Red Admirals, which are red butterflies. The comparison in this excerpt with butterflies is not insignificant: in addition to being of an ambivalent color – red represents both love and evil – butterflies symbolize transformation and rebirth. One can imagine Louise metamorphosing from her relationship with the narrator and transforming into a beautiful butterfly. The comparison of Louise’s healthy body with butterflies reinforces the idea of nurturing nature. As with the “million Red Admirals,” there is an idea of abundance and richness coming out of Louise; for example, when the narrator compares her breasts to “beehives pouring honey” (123) or when they write: “My lover is a kitchen cooking partridge. I shall visit her gamey low-roofed den and feed from her.” (136) The following extract highlights the nurturing character that ties woman and nature:

My lover is an olive tree whose roots grow by the sea. Her fruit is pungent and green. It is my joy to get at the stone of her. The little stone of her hard by the tongue. Her thick-fleshed salt-veined swaddle stone.

Who eats an olive without first puncturing the swaddle? The waited moment when the teeth shoot a strong burst of clear juice that has in it the weight of the land, the vicissitudes of the weather, even the first name of the olive keeper. The sun is in your mouth. [...] Our private grove is heavy with fruit. I shall worm you to the stone, the rough swaddle stone.” (137)

Louise is again compared to a tree: from a birch, she becomes an olive tree. Jeanette Winterson grew up in a pious family and was raised reading and studying the Bible. It is not surprising then to find numerous religious references in her work. The excerpt under study here can be interpreted as a reference to Adam in the Genesis eating the forbidden fruit offered to him by Eve. Louise’s genitals symbolize the forbidden fruit insofar as she is a married woman and her body belongs to her husband. She offers her forbidden fruit – her clitoris, compared to an olive – to the narrator, while Eve offers the apple to Adam. References to olive trees in the Bible are numerous, for instance: “The LORD once called you a green olive tree, with beautiful shape and fruit.” (Jeremiah 11:16) Also, this passage conveys an idea of fullness: Louise’s fruit is highly flavored and ripe; it is thick and rich, and tastes like the sea; and, Louise radiates with warm and bright light. The narrator proclaims in a religious way (“I shall worm you”) that they are about to feed from Louise. The union of Louise and the narrator is symbolized by a grove – trees, once more – and this grove is fruitful. Louise’s body has much to offer, it is profuse and compared to generous nature. The narrator constantly uses metaphors to translate the desire and the pleasure

they feel in contact with Louise. Scenes of sexual intercourse are rendered in a poetic imagery, where the body is intertwined with elements of nature:

She arches her body like a cat on a stretch. She nuzzles her cunt into my face like a filly at a gate. She smells of the sea. She smells of rockpools when I was a child. She keeps a starfish in there. I crouch down to taste the salt, to run my fingers around the rim. She opens and shuts like a sea anemone. She's refilled each day with fresh tides of longing. (73)

In this passage, the imagery of the sea is again used by the narrator: "sea (...) rockpools (...) starfish (...) salt (...) sea anemone (...) tides." The sea has something mysterious: when one looks at the sea, there is water as far as one can see; and yet, the sea conceals a whole world below its surface. Also, the bottom of some parts of the ocean has not yet been explored and scientists frequently discover new marine species in these unfathomable depths. The comparison between the sea and the body is quite the same: Louise's body inhabits a whole world within her boundaries and this inner world is invisible to the narrator. The narrator perceives Louise's body surface, they can see her skin, the shape of her muscles, her eyes; but they cannot see the mechanism of her body, they cannot see the muscles themselves or her entire eyes. Nonetheless, the narrator metaphorically dives into Louise's body, as they penetrate the depths of some parts of her body through sexual intercourse. In the above excerpt, the narrator refers to Louise's "cunt" as "a starfish" or "a sea anemone," which are animals invisible at the surface of the sea, but still reachable and precious. One can see the connection established between the female body and nature as part of a process of colonization, as it has been highlighted by some critics. First, there is the idea of Louise as surface and space. The body of the Other needs to be discovered: "What other places are there in the world than those discovered on a lover's body?" (82) It is a process of getting to know something different and strange to oneself. Louise's body is a territory depicted in all its hidden recesses; it is not merely a discovery of her erogenous zones, for all her body is valuable.

b) ... to a Diseased, Decaying, and Fruitless Body.

If I declare that there exist two versions of Louise's body in *Written on the Body*, I do not consider her healthy body to be fundamentally opposed to her diseased body, at least, not when it comes to the description made by the narrator: both representations of her body are loaded with poetic language, eroticism, and the narrator's words are full of love and respect toward Louise.

The depiction of Louise's diseased body alternates between references to nature and the medical field. First, the imagery of nature used to refer to the sick body is not the same as the one adopted with the healthy body: it is no longer a nurturing and lush nature, but rather, it has become decaying and fading, just like Louise. For instance, in their encyclopedic / scientific part about the face, the narrator explains: "The skin loosens, yellows like limestone, like limestone worn by time, show up the marbling of veins. The pale translucency hardens and grows cold. The bones themselves yellow into tusks." (132) The body – and in this case, the face – loses its steam and its plasticity; it is a lifeless face, a face that is losing its colors, revealing the only sign of life – the veins. The face depicted here is in transition from life to death: similar to a statue, she becomes rigid, but nevertheless, remains beautiful. The narrator and Louise reverse the myth of Pygmalion and Galatea: if Pygmalion gave life to the statue he fell in love with, the narrator turns their lover into a statue, a pale sleeping beauty whose bones have turned into ivory. Moreover, writing about Louise's diseased body implies the use of medical discourse, which the narrator integrates into the narrative through the use of poetic language. In the following extract, the narrator turns the medical process of chronic lymphocytic leukemia into an accessible narrative full of metaphors:

In the secret places of her thymus gland Louise is making too much of herself. Her faithful biology depends on regulation but the white T-cells have turned bandit. They don't obey the rules. They are swarming into the bloodstream, overturning the quiet order of spleen and intestine. In the lymph nodes they are swelling with pride. It used to be their job to keep her body safe from enemies on the outside. They were her immunity, her certainty against infection. Now they are the enemies on the inside. The security forces have rebelled. Louise is the victim of a coup. Will you let me crawl inside you, stand guard over you, trap them as they come at you? [...] The inside of your body is innocent [...] there's murdering going on inside." (115)

The narrator is capable of explaining Louise's health thanks to their thorough study of anatomy books. They translate scientific reading into a personification of the disease's mechanism, using the semantic of disorder. There is the idea that Louise's body has transgressed its own rules: the white T-cells are rebelling and invading other body parts, they have become "the enemies on the inside." The innocent body is besieged by its counterpart that has turned corrupt and evil. In this context, the narrator positions themselves as Louise's protector, but find themselves distressed by their incapacity to do anything that would indeed protect her. The diseased body is addressed realistically; the narrator's words are crude, but they report Louise's reality:

Cancer treatment is brutal and toxic. Louise would normally be treated with steroids, massive doses to induce remission. When her spleen started to enlarge she might have splenic irradiation or even splenectomy. By then she would be badly anaemic, suffering from deep bruising and bleeding, tired and in pain most of the time. She would be constipated. She would be vomiting and nauseous. Eventually chemotherapy would contribute to failure of her bone marrow. She would be very thin, my beautiful girl, thin and weary and lost. There is no cure for chronic lymphocytic leukemia. (102)

In this passage, Louise's body is subject to an invasion: it is first invaded from within by white cells that scatter to other body parts, before receiving heavy treatment, such as hormones and chemotherapy. Whether it is because of the dysfunction of her body or because of her treatment against cancer, in both cases, Louise's body is going to be impacted. The disease leaves marks and traces of its presence, at the same time, on her and inside her. This extract also highlights a key feature in the process of illness: pain ("in pain most of the time") – to which I will return later. If the healthy body is described as abounding and lustful, the diseased body is depicted as devoid of substance – Louise vomits and gets weary and thinner – and as deteriorated – her vital organs no longer work properly. The fact that chronic lymphocytic leukemia is incurable may compel the narrator to establish a certain distance between them and Louise. In the last part of the novel, the narrator undertakes a grieving process and becomes more self-centered, providing less depiction of Louise's body, which is absent. When addressing the leukemic body, the narrator adopts a sort of doctor-like attitude, referring to leukemic bodies at large and not referring necessarily to Louise. For example, they write about remission that "hair loss, skin discoloration, chronic constipation, fever and neurological disturbances are likely to be the price for a few months more life. Or a few years. That's the gamble." (175) The narrator no longer uses images to describe the body; it is instead displayed in a raw manner, just like a doctor would present facts. As the narrator mourns Louise's absence, they begin taking more and more into account the possibility that Louise is nearing death, if not already dead. And so, the narrator envisions Louise's body as a dead body. During their visit to the cemetery, the narrator is obliged to face the reality of death: "you must leave her, must leave him, in a dark pit where the worms shall begin their duty." (177) The dead body is a body that has lost its matter and its character: "Before sinkage, as they call it at the mortuary, a body must be washed, disinfected, drained, plugged and made-up." (177) Furthermore, the importance of the erotic dimension differs between the healthy body and the diseased body. Louise as a diseased body is less eroticized than its former version; instead, when she is sick, the narrator remembers the healthy version of her body and eroticizes

it. One of the few instances takes place during the narrator's process of anatomization of Louise's various body parts: "Let me penetrate you. I am the archeologist of tombs. I would devote my life to marking your passageways, the entrances and exits of that impressive mausoleum, your body." (119) In this case, the body is no longer perceived as sick, it is already dead and compared to a "mausoleum." The narrator's obsession of recreating Louise turns into a necrophiliac obsession, as they want to appropriate Louise's lifeless body.

The portrayal of Louise by the narrator is part of a long tradition of representing the female body as tightly connected to nature, or as a lifeless body, but always beautiful and eroticized. By providing a description of the female body that follows these codes, Winterson turns her narrator into a stereotype: the narrator is compared to an explorer, scientist, anatomist, and archeologist, which are roles associated with masculinity. The author rewrites classic codes by challenging the dichotomy Woman and Nature vs. Man and Culture.

## **II) Defining Illness and Disability.**

Louise's chronic lymphocytic leukemia disrupts the novel, as well as it disrupts Louise's life, and invites the reader to tackle several issues raised by the question of illness at large. The notion of illness is intrinsically linked to the idea of a norm in the sense that good health is deemed to be the normal state of being. It will also need to be considered in relation with disability since both notions are based on society's understanding and establishment of a "normal" body. I will show that, even though illness and disability have always been part of life, there still remains a constant need to erase them from the surface of society.

### **a) Illness Is Part of Life.**

Variable, and therefore miserable condition of Man; this minute I was well, and am ill, this minute. I am surpriz'd with a sodaine change, and alteration to worse, and can impute it to no cause, nor call it by any name. [...] our *Health* is a long and a regular work; But in a minute a Canon batters all, overthrows all, demolishes all; a Sicknes unprevented for all our diligence, unsuspected for all our curiositie; nay, undeserved, if we consider only disorder, summons us, seizes us, possesses us, destroys us in an instant.<sup>30</sup>

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<sup>30</sup> Donne, John. *Devotions Upon Emergent Occasions*. Edited by John Sparrow, Cambridge University Press, 1923, p. 1.

Here are the opening lines of John Donne's *Devotions Upon Emergent Occasions*, written in 1624, where he underscores the volatile nature of human condition: one can be healthy, but sick the next day. Sooner or later, any individual is condemned to experience illness. For indeed, who has never suffered from a cold? Who has never had to cancel plans because a fever was keeping them in bed? Nobody. Everybody has experienced, at least once in their life, illness. In *Illness as Metaphor*, Susan Sontag expresses the idea that "[e]veryone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick."<sup>31</sup> The term *illness* is generic: the OED defines it as "[b]ad or unhealthy condition of the body," which means that illness encompasses any state which differentiates itself from the state of "well-being." There is no degree of intensity or different levels of illness: someone who has an ear infection and a person who suffers from cystic fibrosis are both classified under the category "ill." Within this broad category, there are diseases. A disease is an illness that has been diagnosed and identified by medical authority. In a way, it is a state of non-well-being that has been classified and labelled. Someone who has a fever will feel ill, but a fever is not a disease, it is a symptom; while cystic fibrosis or chronic lymphocytic leukemia are diseases insofar as their symptoms and treatments have been diagnosed and established by medical authority. These are examples of serious diseases, but there are many very common diseases, such as the flu, diabetes, or migraines. Moreover, illness takes shape within someone's body, often regarded as patient. The first meaning of the term *patient* was: "one who endures suffering without complaint" and is "subject to supervision, correction, or pastoral care by another" (OED). This definition has become obsolete and, nowadays, a patient is a person receiving medical care "at a particular establishment or from a particular practitioner" (OED). The patient is thus someone subordinated to medical authority. This means that not somebody who is ill can be a patient and that somebody who is not ill can be a patient. For instance, someone who suffers from a sore throat is ill, but if they decide to take care of their health without consulting a physician, then they are not a patient. On the contrary, if a person with a broken arm has to do physical therapy, they will be regarded as a patient in the eyes of the physical therapist and within the medical structure; even though they do not fall within the category of the ill.

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<sup>31</sup> Sontag, Susan. *Illness as Metaphor*. Farrar, Straus and Giroux, 1988, p. 3.

b) Connotations of Illness and the Healthy Body as Reference.

It is widely agreed that it is better to be well than ill. For a long time – and it is still the case nowadays when dealing with certain diseases – illness was linked to death: a simple cold could lead to dangerous symptoms and sometimes cost the patient’s life. While John Donne writes his *Devotions*, he is recovering from an unknown but serious illness, and he reflects on his experience: illness is a misery because one has the feeling they are actually going to die, but death never presents itself. As pointed out in the OED: “[a]lthough ill is not etymologically related to evil, the two words have from the 12th cent. been synonymous, and ill has been often viewed as a mere variant or reduced form of evil” and the initial definition of the term was: “[b]ad moral quality, condition, or character; wickedness, depravity; evil conduct; badness.” This belief of illness as incarnation of the devil itself is found in language as well. For example, Bornholm disease is also called the Devil’s Grip<sup>32</sup> or, in French, there is the expression “avoir la crève” (“having caught a cold”) which refers to the verb “crever,” a familiar word meaning “to be extremely tired” or “to die.” As a consequence, everything is made to keep people healthy<sup>33</sup> and one can argue that being healthy – or, at least, not ill – is the norm. Except in the case of incurable diseases, the patient is expected to come back to the realm of the non-ill, of the normal; for illness is seen as just a phase one has to go through before enjoying recovery. Also, there is a certain degree of normal and abnormal even within the category of illness, in the sense that some diseases belong more to the norm than others. The common cold, the flu, or an ear infection, are not considered abnormal: there are thousands of cases each year and the symptoms are known enough to be easily recognizable and quickly treated. These diseases are accepted as being part of what is normal, as long as the period of illness remains limited in time. Indeed, someone who is in a state of illness cannot remain so for too long, they have to “get better” by receiving treatment in order to return to normality. Nonetheless, it is important to note that diseases evolve throughout time, which means a change in the norm. What was deemed abnormal a century ago may be considered normal nowadays. This change of perspective is first due to the eradication of

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<sup>32</sup> Payinda, Gary. “Treatment Limited for Pain of Rare 'Devil's Grip!'.” *Hamilton News*, NZ Herald, 22 Jan. 2018, [www.nzherald.co.nz/hamilton-news/lifestyle/news/article.cfm?c\\_id=1503360&objectid=11055241](http://www.nzherald.co.nz/hamilton-news/lifestyle/news/article.cfm?c_id=1503360&objectid=11055241).

<sup>33</sup> This idea that everything is made to keep people healthy should be questioned if one considers, in particular, the role of the pharmaceutical industry nowadays. The example of Bayer, a German pharmaceutical company, highlights the paradox of our times: in addition to creating medicines, Bayer has recently repurchased Monsanto, an American company known for its mass-selling of pesticides and GMOs. Bayer is now in charge of selling chemicals and producing medicine: the number of cancers has increased in recent years due to exposure to these harmful substances; whereupon, Bayer can increase their profit margin with the rise of medicinal demand.

some diseases thanks, in part, to vaccination; apart from singular cases, there no longer exist cases of plague, scurvy, or scabies. On the other hand, new diseases have emerged – such as hepatic steatosis, due to the increase of high-fat diets in the Western world from the second half of the 20<sup>th</sup> century – while others, which already existed in limited numbers have become prominent nowadays, the most striking example being cancer. These changes in the standardization of health and illness go hand in hand with the advancement of scientific research and the evolution of society’s perspective. For instance, the consideration of women’s condition has evolved and, since the mid-1950s, female hysteria is no longer considered to be a disease.

c) Mechanism of Illness, or the Instigation of Chaos Within One’s Body.

The first observation about illness is that the body is its recipient: it is within the body that symptoms become illness. As Foucault declares in *Naissance de la clinique*: “le corps humain constitue, par droit de nature, l’espace d’origine de la maladie.”<sup>34</sup> Whether illness is stimulated by an external element or originates because of internal malfunctions, it always takes form within the boundaries of the body. Illness creates disorder in the ill person’s life: it is “a loss of the ‘destination and map’ that had previously guided the ill person’s life” and “ill people have to learn ‘to think differently’.”<sup>35</sup> Illness creates a disruption of the body’s organism, which leads to a feeling of alienation, while at the same time it secludes the ill person because it is an experience impossible to share as it is. Everything that seemed familiar – one’s body and environment – becomes strange. In the case of Louise, disorder began in her white blood cells which failed to regulate themselves, started being produced in great number, and spread to her entire body. Her disease was generated by her own body. An example of illness stimulated by external elements are viral diseases: the body is exposed to viruses, and depending on the body’s immune defense, the virus will cause an infection inside the body. But, even when caused by external factors, diseases are situated within one’s body. If some diseases are clearly determined by outside factors – high-fat diets and coronary heart disease, or alcohol and cirrhosis – one could wonder to what extent are all diseases caused by external factors. This question is particularly significant when dealing with mental illnesses. Is the abnormal functioning brain of a psychopath due essentially to a genetic error, or is it connected to the way the pregnancy was carried? Also, what about a

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<sup>34</sup> Foucault, Michel. *Naissance de la clinique*. 7<sup>e</sup> ed., Quadrige, 2003, p. 1.

<sup>35</sup> Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. University of Chicago Press, 1997, p. 1.

broken arm or declining eyesight? Both create a disruption in the state of normalcy of the body, but all would agree that someone with a broken arm is not ill and neither is someone having to wear glasses because they are nearsighted.

d) Marginalization of the Ill and the Disabled.

Because the idea of norm is tackled when dealing with illness and disability, the term itself must be clarified. Georges Canguilhem provides the following explanation:

Une norme tire son sens, sa fonction et sa valeur du fait de l'existence en dehors d'elle de ce qui ne répond pas à l'exigence qu'elle sert. [...] La norme, en dépréciant tout ce que la référence à elle interdit de tenir pour normal, crée d'elle-même la possibilité d'une inversion des termes.<sup>36</sup>

Norm should not be confused with law: a norm does not exist by itself and for itself; but rather, it results from a multitude of factors. The norm defines what it excludes: whatever the norm does not encompass is abnormal. In relation to illness and disability, it can be inferred that as long as the state of abnormality does not have an impact on the individual's health, then this individual is not ill or diseased. Of course, this raises the question of ability and disability: what is abnormal enough for an individual to be considered ill? To the definition of *illness*, the OED adds an interesting element: a healthy individual is someone “hale or sound (in body), so as to be able to discharge all functions efficiently.” Thus, health includes the idea of capability. If so, the individual with a broken arm now falls into the “ill” category since their broken arm prevents them totally from performing some daily tasks or, at least, makes it more difficult to carry out certain ordinary activities. If this person with a broken arm is considered ill because they fail “to discharge all functions efficiently” but at the same time are regarded as healthy because their broken arm does not impact their well-being, can they fall within another category, that of the disabled? In the first article of its “Convention on the Rights of Persons with Disabilities” the United Nations state:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.<sup>37</sup>

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<sup>36</sup> Canguilhem, Guillaume. *Le normal et le pathologique*. PUF, 2010, p. 176.

<sup>37</sup> See: [www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html](http://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html)

Based on this definition, the individual with a broken arm cannot be considered disabled since their condition exists only in the short-term. Disability is the long-term incapacity – resulting from either physical or mental impairment(s) – of some people to perform activities that are considered normal for a majority. Obviously, this definition questions the notion of normality: what is deemed normal for a person and not for another? As Susan Wendell points out in her attempt to define disability, the definition given by the United Nations assumes “that there is some universal, biologically or medically describable standard of structure, function, and human physical ability.”<sup>38</sup> This definition assumes that the norm is that of ableism, therefore, whoever does not fit in that norm is regarded as disabled. Disability is a social product, a category for those who do not fit the requirements of the established norm. What distinguishes disability from ableism is a lack; it is an absence at the biological level that prevents one from performing basic human actions, such as walking, talking, or seeing. Nonetheless, it should not be assumed “that people who are disabled are disabled in all respects.”<sup>39</sup> Indeed, there are degrees of disability: one cannot compare a girl who has nine fingers instead of ten to a quadriplegic boy. The nine-finger girl, although she is regarded as slightly different, can still perform daily activities (taking a shower, opening a can, cooking food) without any struggle, whereas the quadriplegic boy will have to rely on external assistance for his most basic needs. Furthermore, it is important to stress that not all disabilities are visible. One usually associates disabilities with being blind or deaf, but severe food allergies, sleep disorders, or major depression are also instances of disabilities, which are not necessarily perceptible. This emphasizes a major element in society’s perception of disabilities: the degree of visibility. Someone who suffers from chronic insomnia looks normal, while it is easy to detect a blind person’s abnormality. Disabilities which are noticeable are more prone to stigmatization, since people with perceptible disabilities look instantly different from the able norm. In that sense, illness and disability share a common trait: they “represent forms of marginalization”<sup>40</sup> inasmuch as ill and/or disabled people are implicitly or explicitly put away from society because of their physical and/or mental condition, that is to say, because of who they are. An obvious example would be someone who has the flu and who has to stay confined at home in order to avoid contact and transmission of the disease. A hospital is another instance of

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<sup>38</sup> Wendell, Susan. “Who is Disabled? Defining Disability.” *The Rejected Body: Feminist Philosophical Reflections on Disability*. Routledge, 1996, p. 14.

<sup>39</sup> *Ibid.*, p. 26.

<sup>40</sup> Couser, Thomas G. *Recovering Bodies: Illness, Disability, and Life Writing*. University of Chicago Press, 1997, p. 4.

place for the marginalized: it is a place of transition from one state to another, but it is also a place where the diseased and the disabled are under control. These examples are quite explicit, but the act of implicit stigmatization and marginalization is rooted in society's unconsciousness. Individuals are set to think in terms of ableism and whoever does not meet these criteria tends to unwittingly create a sense of awkwardness toward others.

e) The Dividing Line Between Illness and Disability.

The line between illness and disability is blurry, for one does not necessarily imply the other. With the idea that being ill means being in a state of disruption of normal health, one can be disabled and healthy, and in turn, one can be able and ill. Nonetheless, in some cases, a disease is necessarily disabling: diseases which affect people's ability to live according to the norm are seen as disabilities. For example, rheumatoid arthritis is a common disease that causes chronic inflammation in joints and organs throughout the body, creating pain and causing the incapacity to perform certain daily activities. In this case, rheumatoid arthritis is a disabling disease. Another aspect to the definition of *disability* is that disabled people require assistance at some point. Assistance can take the form of an object or a machine, such as a wheelchair or an oxygen tank, or it can be human assistance. One thinks obviously of people whose job is to help disabled people in their everyday life – for example, to clean or drive – but human assistance is also embodied by the medical community. For example, people with chronic insomnia or severe allergies need the help and assistance of doctors to accompany them in their daily life. Assistance then may come in various forms: medication intake, counselling, or a regular follow-up with a physician. During her treatment procedure, Louise is followed by doctors, who guide her and prescribe her the adequate medicine. Her illness is then disabling in the sense that certain aspects of it prevent her from achieving daily tasks: chemotherapy can be so exhausting that it becomes difficult for some patients to do anything. However, disability is not something static and invariable: it is expressed in various degrees. According to the definition given above, a disease is disabling if it prevents someone from living an ordinary life. But, obviously, the degree of disability correlates with the stage of the disease. A patient with early-stage cancer will not face the same difficulties as one with cancer in terminal stage. Thus, *illness* and *disability* share the idea of variability: both are broad categories in which a variety of elements are inserted. Nevertheless, being disabled does not always imply being ill. Some people were born with a

defective organ – eye(s), ear(s) – and live a healthy life; and yet, they are regarded as disabled because they are admittedly not part of the norm. When attempting to define the notions of *illness* and *disability*, one realizes that it is impossible to provide a definite description, for the two categories can be interchangeable and encompass different levels of characterization. Their definition depends greatly – if not, only – on the idea of norm and, thus, emphasizes their socially constructed status. Margo DeMello claims that “[t]he whole notion of disability only makes sense within a context in which the standardized or “normal” body has already been defined.”<sup>41</sup> The normal body is defined as a healthy and functioning body; a body which responds to society’s expectations. But, as Wendell points out, “the distinction between the biological reality of a disability and the social construction of a disability cannot be made sharply,”<sup>42</sup> that is to say, disabilities are based on physical or mental distinctions, but these distinctions are emphasized and distorted by society. Therefore, there is a need to categorize people as soon as they seem to diverge from the norm.

f) Dis-integration From Society.

The process of classification can be a way to ensure better control over a part of the population that is not subject to the same laws as the majority. Any kind of society works based on law, that is, order and the respect of rules. If the law is not respected, then there is chaos. Thus, bodies are taught to be disciplined and to abide by the law. The issue with ill and/or disabled bodies is that they do not conform to a normative framework: because of their physical and/or mental condition, they cannot comply with the law and, therefore, they have to be set aside. As Virginia Woolf wrote: “The law is on the side of the normal.”<sup>43</sup> The ill and the disabled constitute a form of dissent because they are somewhat different and deviant from the norm. Thus, categorizing ill and/or disabled bodies as abnormal is a form of subordination, and this categorization integrates the dichotomy opposing Nature to Culture. The ill and the disabled are categorized alongside Nature and Woman because they are not identified with the white heterosexual male at the basis of Culture. Louise is a good example of individual who is associated with all possible handicaps: she is a woman and, what is more, a woman who suffers from illness. Nonetheless, there has been an impulse to integrate those with disabilities and

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<sup>41</sup> DeMello, Margo. “The Scientific and Biomedical Body.” *Body Studies: An Introduction*. Routledge, 2013, p. 28.

<sup>42</sup> Wendell, Susan. *The Rejected Body: Feminist Philosophical Reflections on Disability*, p. 35.

<sup>43</sup> Woolf, Virginia. “On Being Ill.” *The Criterion*, 1926, p. 43.

socially erase signs of difference. Yet, by striving to incorporate the disparate group within the normal group, one highlights the dissimilarities of this group from the whole. In a way, the ill and the disabled are included but, in their inclusion, still identifiable as different. Rosemarie Garland-Thomson emphasizes an interesting point: nowadays we live in “a world that rewards diversity of all types and still emphasizes particular standards of acceptable bodies.”<sup>44</sup> Tolerance and inclusion have been important keywords in (Western) society’s recent social policy while, at the same time, reinforcing the control and standardization of bodies. Again, by accepting illness and disability as a part of society, the gap between the normal and the non-normal becomes even more outstanding. Despite efforts to embrace differences, the law remains on the side of the normal and everything is made to erase disabilities. Indeed, “[d]isability and illness frustrate modernity’s investment in controlling the future.”<sup>45</sup> Illness and disability constitute an obstacle for society’s growth insofar as they are not as efficient as other normal bodies. In a God-like manner, science’s role has always tended to erase signs of defect, and the human of the future shall be flawless. Since the “dominant understanding is that disability confers pain, disease, functional limitation, disadvantage” (53), there is an alleged need to conceive unimpaired bodies. These flawless, painless bodies would then be more productive and, thus, better contribute to society.

Illness and disability are in contradiction with the established discourse of a majority and they have been shaped by society into conditions of the human being that are regarded as abnormal. In *Written on the Body*, the question of norm is thus not only tackled through the narrator’s genre, but also through Louise’s illness.

### **III) Dissidence and Rupture.**

The ill and the disabled, because they resist integration into the discourse of a norm, create disharmony within the biological organization of society. But, at the micro level, the development of illness and disability can also be regarded in itself as a form of dissidence. Indeed, the body attacks itself and turns against its own rules. The idea of dissidence is often

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<sup>44</sup> Garland-Thompson, Rosemarie. “Building a World with Disability in It.” *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*. Edited by Waldschmidt, Anne, et al., Transcript Verlag, 2017, p. 53.

<sup>45</sup> *Ibid.*, p. 59.

presented in a political context as a way of disagreeing with something, of expressing difference, and one can understand dissidence as a form of rupture with something preestablished.

a) Cancer and the Semantic Field of Warfare.

In *Written on the Body*, the disease creates dissent within Louise insofar as her body rebels against itself and instigates chaos: her body is invaded and besieged by undisciplined white cells which take control of her body. The narrator explains that cancer “is the body turning upon itself” (105) and that “Louise is making too much of herself.” (115) It is interesting to note the semantics used when referring to illness and to cancer in particular: a lot of metaphors and comparisons are used to describe a condition that is difficult to understand. In *Illness as Metaphor*, Sontag focuses on the relation between illness and language. Taking the examples of tuberculosis and cancer, she highlights the connotations associated with these diseases, as well as the vocabulary that ensues from society’s perceptions of them. Just as illness in general is closely linked to death, Sontag mentions that “in the popular imagination, cancer equals death.”<sup>46</sup> Indeed, when the narrator of *Written on the Body* learns from Elgin that Louise has cancer, they ask four times: “Will she die?” (102) before Elgin deigns to answer. Cancer is perceived as a disease that consumes the individual from within: it is an invasion from an “invincible predator”<sup>47</sup> that settles, spreads, and assumes ownership of the body. One can apply Freud’s concept of *unheimlich* to illness in the sense that the body, under the influence of illness, becomes at once familiar and strange. The body represents a familiar place – the home (das Heim) – but the arrival of an external element that is unknown and invasive turns this familiar place into something strange. Sontag writes about cancer that it is “a ruthless, secret invasion,”<sup>48</sup> “a demonic pregnancy” which results for the individual in the invasion “by alien cells, which multiply, causing an atrophy or blockage of bodily functions.”<sup>49</sup> The body gives birth to an undesired entity that is going to divide and spread. Moreover, Sontag emphasizes how the relation people have with illness has influenced and shaped language. Indeed, it is common to associate cancer with the imagery of warfare: patients are the victims of an aggressive disease, their bodies are “considered to be under

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<sup>46</sup> Sontag, Susan. *Illness as Metaphor*, p. 7.

<sup>47</sup> *Ibid.*, p. 7.

<sup>48</sup> *Ibid.*, p. 5.

<sup>49</sup> *Ibid.*, p. 14.

attack” by “invasive” and “destructive cells” which “colonize from the original tumor to far sites in the body.”<sup>50</sup> The imagery of warfare is also noticeable in Winterson’s novel:

In the secret places of her thymus gland Louise is making too much of herself. Her faithful biology depends on regulation but the white T-cells have turned bandit. They don’t obey the rules. They are swarming into the bloodstream, overturning the quiet order of spleen and intestine. In the lymph nodes they are swelling with pride. It used to be their job to keep her body safe from enemies on the outside. They were her immunity, her certainty against infection. Now they are the enemies on the inside. The security forces have rebelled. Louise is the victim of a coup. (Winterson 115)

The white T-cells express dissent and no longer “obey the rules” of the body: like an army, they take the body over and subjugate it. The cancerous cells have turned Louise’s body into her new real enemy. Cancer is a form of internal colonization of Louise’s body: an unwanted but powerful force invades and takes control of her, resulting in the breaking off of the natural order of her body. Louise is overwhelmed, but she is expected to fight back the disease and to do so, she will have to submit herself to an army of doctors and nurses, who will take care of her. Doctors usually remove metastases from the body and subject their patient to treatments, such as chemotherapy, which, at the same time that it helps get rid of cancer cells, damages or even destroys the healthy cells of the body. Cancer is a battle where there are casualties on both sides: patients “are bombarded with toxic rays”<sup>51</sup> in the aim of killing cancer cells.

b) Translating Discord Through the Body.

Dissidence is also noticeable among characters. In one way or another, characters transgress rules and make decisions for themselves and for what they believe in. They detach themselves from the patterns they had been following, similar to Winterson’s desire to break with normativity, the ordinary, the usual storyline. The narrator “turn[s] thief” (Winterson 16) and steals letters they had sent to a previous girlfriend; Inge, the narrator’s “anarcha-feminist” girlfriend is “ordered by her commander to detonate the lift” of the Eiffel Tower because it is “a hideous symbol of phallic oppression” (21); Elgin marries Louise against his parents’ will; and Louise divorces Elgin. Everything is chaotic and constantly questioned: the characters’ paths are not predictable. Dissidence is found in the choices the characters make, but also in their behavior. Jacqueline, another of the narrator’s girlfriend, uses violence to express dissidence, as she wrecks

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<sup>50</sup> *Ibid.*, p. 64.

<sup>51</sup> *Ibid.*, p. 65.

the narrator's apartment after she finds out the narrator is seeing Louise. There is chaos inside the house: "The pillows had been ripped, the duvet gutted and emptied. She had torn the drawers from their chests and tipped the contents about like any good burglar." (70) The narrator and Jacqueline illustrate the cliché of the comfortable but boring relationship that is going to be questioned by the arrival of a third element – Louise. The narrator think their relationship lacks passion: it is as though, through the destruction of their apartment, Jacqueline was trying to prove the narrator that she *is* a passionate person. Moreover, dissidence is expressed through the body. Jacqueline flies off the handle and her anger becomes articulated through destruction of the apartment of the person that has hurt her. She leaves her marks by writing insults on the walls, as well as she smudges the word "shit" on the bathroom door with her own faeces. It is also through their body that the narrator expresses their disagreement with Elgin. Unable to find Louise, the narrator is driven to despair and ends up at Elgin's place to find out where she could be. Upon realizing that Elgin has not cared for Louise, as he promised, the narrator "grab[s] him by his tie and jam[s] him against the door." (171) Elgin fights back and punches the narrator in the stomach, but the latter has the final say, as they punch Elgin in the jaw. Thus, the body becomes a surface that bears the traces of conflicts: it produces and receives violence, and this violence is, in turn, imprinted on the body.

Through the character of Louise, Winterson echoes literary themes of writing the female body and turns it into a palimpsest. The body is both the recipient and the source of multiple meanings: in the novel, bodies are healthy and ill, written in a language both poetic and scientific, and shown devoid of artifice. The female body is multiple: it is at the same time natural body, medicalized body, and dissident body. If this first part focused essentially on Louise's body, it is important not to neglect the corporeal presence of the narrator.

## PART TWO – THE PATHOLOGICAL BODY

The OED defines pathology as “[t]he study of disease; the branch of science that deals with the causes and nature of diseases and abnormal anatomical and physiological conditions.” Pathology is the scientific study of everything revolving around diseases, that is, their causes, symptoms, and treatments. Thus, the adjective ‘pathological’ refers to an animate object<sup>52</sup> impacted by disease, whether it is physically or mentally. Pathology brings into question the idea of norm, as well as the place of the pathological body in society.

### **I) Norm and Pathology.**

First and foremost, it is essential to point out that illness and pathology refer to different concepts. A pathologist focuses on what causes diseases and how to treat them, while a physician is in charge of applying a pre-determined pathological protocol to their patient. Pathology is interested in the extra-ordinary; that is, in anomalous bodies: the entities which encompass diseased bodies, as well as disabled bodies. In short, any human body that is out of the ordinary and thus needs to be analyzed in order to understand its anomaly and potentially overcome it.

#### a) Marginalization of the Pathologized Body.

Open any book and look at it. There is a page with text on it, but the text does not occupy the whole page: there is a blank space between it and the edge of the physical page. This blank part devoid of text is called the margin. It is a space in-between: neither part of the text, nor excluded from it because it serves to delimitate the text’s physical boundaries and the text cannot exist without it. But margins are not only present in texts. For example, a suburb can be considered the margin of a city, that is, the space between the city and the countryside. Of course, when dealing with bodies and society, the idea of ‘margin’ is relevant: if society is a text, the margin encompasses all these bodies which do not belong to the core and are standing at the edge of society, but which still remain part of a whole. Metaphorically speaking, marginalized bodies are part of the book, but not part of the text. Society tends to exclude from the text whoever is not

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<sup>52</sup> Pathology does not focus exclusively on human beings. Other branches of pathology are interested in plants and animals.

regarded as normal and to marginalize them. Pathology, because it concentrates on defining what is abnormal, is interested in the assumed biological oddities; thus, the marginalized people become abnormal and enticing to study. The mere definitions of illness and disability reveal the marginalization at stake for those who fall under these categories: both the ill and the disabled are defined according to a standard of physical, mental, and social traits accepted in society. They are placed – explicitly or implicitly – in the margin because of their incapacity to fit in the normative text. Margo DeMello sums up: “society is constructed to favor the able-bodied and to marginalize the disabled.”<sup>53</sup> In *Written on the Body*, one can argue that both the narrator and Louise occupy the margin. Undoubtedly, Louise is marginalized because she is diagnosed with leukemia and is de facto considered an outsider. She is ill with an incurable disease, which puts her in a vulnerable position in relation to others and results in her being cast away: she is supposedly sent to a hospital in Switzerland, where Elgin works and she can be cared for. The geographical distance imposed between the narrator and Louise reinforces the absence of Louise’s voice in the narration. Because of the autodiegetic narrator, the reader has access exclusively to what the narrator is willing to share; thus, when Louise is physically absent in the narrator’s life, she still remains present in their mind, but no longer has an actual voice in the text. The absence of her voice places her a bit further in the outskirts of the margin: she exists through her body in the narration, but her voice – her humanity – is relegated to the margin. Also, Louise’s marginalization results in the narrator marginalizing themselves. Because the city reminds them too much of Louise, they move to a cottage in Yorkshire with the intent of healing from their lover’s absence. The narrator’s idea for coping with their loss consists of reading anatomy books, the closest representation of Louise they can find. The narrator neglects their work as a translator to focus entirely on their beloved, as they are totally unable to forget her: “If I could not put Louise out of my mind I would drown myself in her.” (Winterson 111) This obsession for Louise is pathologized into necrophilia, reinforcing the narrator’s marginalization. Yet, Louise’s isolation from the narrator in Switzerland and the narrator’s auto-marginalization in the countryside – and more particularly, in the medical book section of the library – aim to cure both characters in order for them to reintegrate themselves into society as normally functioning individuals. Louise, although she suffers from an incurable disease, is supposed to be looked after and maintained in a stable condition, while it is expected of the narrator to overcome their grief and go back to a

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<sup>53</sup> DeMello, Margo. *Body Studies: An Introduction*, p. 33.

‘normal’ life. In the context of Western society where everything is based on success and achievement, disability and illness are signs of failure, and it is always implicitly expected that those in the margin transcend their condition and reintegrate normative discourse.

b) The Norm is a Moving Perspective.

The margin exists because of the presence of a text and so the pathological body exists because of the preexistence of a standardized body. DeMello observes that “disability only makes sense within a context in which the standardized or ‘normal’ body has already been defined.”<sup>54</sup> Society has been constructed on the idea that the able body is the norm, but criteria have changed throughout time. For instance, there is nowadays a strong ambiguity concerning disability: there is a call for tolerance, acceptance, and inclusion of difference, at the same time as science aims at the eradication of diseases, disabilities, and human flaws. Besides, the norm is a subjective idea, for it varies from one individual to another. As Nancy Mairs writes:

Medical professionals tend to pathologize disability, assuming that people whose bodies or minds function in abnormal ways have something wrong with them. [...] but the wrongness of that something depends on one’s point of view. From a doctor’s perspective, a disability is wrong because it deviates from the ideal norm built up during years of training and practice. But for the patient, disability simply is the norm.<sup>55</sup>

The idea of a norm is, above all, a matter of perspective. Mairs’s point is that living with disabilities is the norm for those who live with them: for the marginalized bodies, the norm is the margin. I would argue that, although disability or illness are standard patterns for those living with them, they remain a form of marginalization anyhow. People with disabilities might live a smooth life, but they nonetheless endure the gap between them and the others. DeMello underlines the difficulty for marginalized people to deal with society’s consideration of their so-called difference: “they find that disability is not simply a physical affair, it is their condition of being in the world.”<sup>56</sup> Yet, it is worth mentioning that disability is, to a certain extent, deemed normal. This is the case, for instance, when aging: disabilities such as vision or hearing loss are so usual for old people that they have become normal. Moreover, one must not forget that a norm

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<sup>54</sup> *Ibid.*, p. 28.

<sup>55</sup> Snyder, Sharon L., et al. *Disability Studies: Enabling the Humanities*. Modern Language Association of America, 2002, p. 160.

<sup>56</sup> DeMello, Margo. *Body Studies: An Introduction*, p. 28.

depends greatly upon one's culture. For example, perception of albino people varies from a continent to another: if in France, albinism is considered a disability, in some African countries, albino people are sought-after for human sacrifices because they are said to possess magical powers.<sup>57</sup> One's perception of the body is thus never neutral: when encountering another body, one always makes a judgment determined by one's cultural background. DeMello points out the dilemma raised by the idea of a normalized body:

In other words, is there such a thing as a universal, *decontextualized* body? [...] Bodies are shaped in myriads ways by culture, by society, and by the experiences that are shared within a social and cultural context. In addition, bodies are shaped by history, and as such, they are always changing, as are our ideas about them. Bodies are contingent: molded by factors outside of the body, and then internalized into the physical being itself.<sup>58</sup>

The body is again the recipient of external elements, which are appropriated and translated into behavior and discourse. It is impossible to erase the impact these contextualizing factors has on bodies; however, it is possible to influence the very structure of bodies. The human body has been a privileged object of scientific study, and the research and interpretations undertaken have reflected the preoccupations and beliefs of one's time.

c) Knowledge is Power.

Interest in the body as a pathological object is not new: often associated with religious beliefs, abnormal bodily activities were – and still are in some places – healed through prayers, rituals, and natural remedies. In the 4<sup>th</sup> century BC, Hippocrates contributed substantially to the medical field through his numerous treaties and established medicine as a scientific field of its own. And yet, if an early curiosity for the body existed, it remained largely unknown until the period of the European Renaissance when a large process of discovery and anatomization was undertaken. Interestingly, the dissection and examination of the human body coincided with the first major explorations and colonization of new lands in the early 15<sup>th</sup> century: “The body was territory, an (as yet) undiscovered country, a location which demanded from its explorers skills

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<sup>57</sup> “Les Albinos, Victimes De Sacrifices Humains.” *Afrik.com*, 15 Jan. 2019, [www.afrik.com/les-albinos-victimes-de-sacrifices-humains](http://www.afrik.com/les-albinos-victimes-de-sacrifices-humains).

<sup>58</sup> DeMello, Margo. *Body Studies: An Introduction*, p. 5.

which seemed analogous to those displayed by the heroic voyagers across the terrestrial globe.”<sup>59</sup> Just as European nations began discovering and colonizing new territories, the human body was appropriated and explored. The term *colonization* refers to the action of “appropriating a place or domain’s for one’s own use” (OED), which implies domination and control over an object or subject. And so, the process of anatomization of the body “was truly colonial, in that it appeared to reproduce the stages of discovery and exploitation which were, at that moment, taking place within the context of the European encounter with the New World.”<sup>60</sup> Winterson’s narrator embodies both roles; they are at once an explorer and a scientist:

I can’t enter you in clothes that won’t show the stains, my hands full of tools to record and analyse. If I come to you with a torch and a notebook, a medical diagram and a cloth to mop up the mess, I’ll have you bagged neat and tidy. I’ll store you in plastic like chicken livers. Womb, gut, brain, neatly labelled and returned. Is that how to know another human being? (Winterson 120)

Armed with “tools,” the narrator travels through Louise’s body, considering her in detail and, more importantly, dissecting her. The process of knowing Louise through her body is lethal since she is deprived of some of her most vital organs, which are compared to “chicken livers.” The narrator is skeptical about this way of proceeding, which is gruesome and degrading, and makes a difference between knowing a body and knowing a human being. The use of “a notebook” and “a medical diagram” reveals this importance of knowledge in the process of discovery and colonization. The narrator remembers and explores Louise in order to keep her alive in their mind, while at the same time, scientists explore and examine corpses in order to be able to master death to a certain extent. The drive to colonize both the body and new territories was to gain knowledge and thus assert power. Indeed, in the collective imagination, new lands promised riches which would bring wealth to the mother country; but, access to these precious goods required knowledge of the occupied territory, which was perceived as wild and virgin. Therefore, in order to have a better understanding of the space they were about to settle in, colonists needed to gather information about the territory and to map it. The same applied to the human body: this mysterious place one inhabits needed to be scrutinized and mapped by the scientist who was like a “heroic voyager and intrepid discoverer.”<sup>61</sup> The body constituted a world of its own and its

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<sup>59</sup> Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. Routledge, 1996, p. 23.

<sup>60</sup> *Ibid.*, p. 25.

<sup>61</sup> *Ibid.*, p. 24.

“bounds needed to be fixed, its dimension properly measured, its resources charted.”<sup>62</sup> It is interesting to note that the term *pathology* was first coined in 1555 (OED), that is, during this period of discovery. Thus, in addition to discovering and classifying body organs, exploring the body’s secrets also meant identifying diseases and their pathology. The knowledge gained by analyzing the human body enabled scientists to prevent some diseases and, in certain cases, death. Anatomization of the human body helped defining a ‘normal’ body, which was constructed from the encounter with bodies looking so different that they were deemed monstrous.

d) The Monstrous Body.

The monstrous body is not simply a pathologized body; it is a body whose corporeality is deviant from the normative human body and, because of its deformities, transgresses the natural order of things. A popular idea of a monster is, according to its definition, something unnatural because of its great dimensions. Quite obviously, one thinks of literature’s iconic monster created by Victor Frankenstein in Mary Shelley’s novel, but the term *monster* is also attributed to anyone “exhibiting such extreme cruelty or wickedness as to appear inhuman.” (OED) Needless to say, the monstrous body is marginalized because of its physical differences – and sometimes, mental ones. But, by being put in the margin, it becomes recognized into a distinctive figure. Punday writes: “The monster here becomes a symbol of difference, of what is repressed by the dominant culture.”<sup>63</sup> In the arts, the monstrous body is used to point out issues within society: it embodies everything that is somewhat different from the established norms and, faced with the monstrous body, the viewer / reader is expected to react and to question the world in which they live. The figure of the monster is interesting because of the dichotomy it implies. As Margit Shildrick remarks, popular attitude toward monstrous bodies is ambivalent and works as a set of binaries: the monstrous body is difficult to classify because it oscillates between the natural and the unnatural and therefore calls for “the simultaneous rejection and recognition, horror and fascination.”<sup>64</sup> Monstrous bodies attract special attention because they fascinate at the same time as they produce repulsion. Shildrick adds: “[t]hough frequently cast as the absolute outsider, it is

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<sup>62</sup> *Ibid.*, p. 26.

<sup>63</sup> Punday, Daniel. “Narrative Performance in the Contemporary Monster Story.” *The Modern Language Review*, vol. 97, no. 4, October 2002, p. 806.

<sup>64</sup> Shildrick, Margit. “Monsters, Marvels and Meaning.” *Embodying the Monster: Encounters with the Vulnerable Self*. Sage Publications, 2011, p. 29.

always both strange and external, *and* familiar, even intimate.”<sup>65</sup> The monstrous body is disturbing in the sense that it does not appear normal – it may be distorted, amputated, hybrid – and yet, it is still recognizable as the body of a human being. Because of its strangeness, the monstrous body has to be shown – the term comes from Latin *monstrare*, to show – and thus freak shows appeared in England in the Middle Ages and became very popular in the 19<sup>th</sup> and 20<sup>th</sup> centuries, until their extinction in the mid-50s. They were exhibitions displaying animals or human beings with rare abnormalities. Nowadays, freak shows no longer exist as such, but they have taken the form of documentaries or television shows where monstrous bodies or freaks are exposed to satisfy the viewer’s morbid curiosity. Although, in most cases, monstrous deformities are overall no longer perceived as punitive signs from God or symbolic phenomena, there is still a constant attempt to erase signs of abnormality and impairment. Rosemarie Garland-Thomson highlights the eugenic logic at stake in modern society.<sup>66</sup> Eugenics aim at improving genetics for the survival of the human race and it promotes the idea that “our world would be a better place if disability could be eliminated.”<sup>67</sup> In relation to *Written on the Body*, I would claim that monstrosity is present, though not necessarily visible. In the novel, Louise is not described as being disproportionately big, nor does she suffer from extreme physical deformities. In this way, she is not a monster per se. And yet, instances of the narrator’s depictions of Louise bring something monstrous to her diseased body. When the narrator describes what awaits Louise, they write:

When her spleen started to enlarge she might have splenic irradiation or even splenectomy. By then she would be badly anaemic, suffering from deep bruising and bleeding, tired and in pain most of the time. She would be constipated. She would be vomiting and nauseous. Eventually chemotherapy would contribute to failure of her bone marrow. She would be very thin, my beautiful girl, thin and weary and lost. (Winterson 102)

Monstrosity is taking place inside Louise. As mentioned above, monstrosity refers to someone of great proportions: this disproportion creates a distortion of physical traits and metamorphoses the subject into someone unrecognizable as a normal human being. Louise’s body is becoming

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<sup>65</sup> *Ibid.*, p. 34.

<sup>66</sup> Garland-Thomson, Rosemarie. “Building a World with Disability in It.” *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*. Edited by Waldschmidt, Anne, et al., Transcript Verlag, 2017.

<sup>67</sup> *Ibid.*, p. 53.

distorted as her spleen is growing bigger, while, as a whole, Louise is getting thinner. There is again the idea of an alien growth born inside her body that will create chaos. She who is so beautiful will be marked by bruises and drained by the disease. When reading this passage, one is at the same time disgusted and compassionate because, although it highlights the least noble aspects of human bodies, one is aware of the vulnerability and possibility of suffering a similar fate. After leaving Louise, the narrator undertakes the reading of anatomy books in order to understand what is happening to their lover and, by doing so, they recreate her in their mind. The narrator becomes a creator and their re-creation of Louise is an adaptation based on previous writings. The narrator reads about what is invisible at the surface of the body, investigating the hidden parts, and adapting their reading to their understanding of Louise's condition. Anatomy books reveal the mechanical part of the human body, an unnatural vision of who we are, as they present bodies that are cut open, with organs enlarged and detailed. Out of such readings, the narrator turns Louise's body into something monstrous: her body has been cut open, dismembered, and each of her constituents is subject to examination. As Punday suggests, a parallel can be drawn between the monster and the process of storytelling, insofar as both the writer's story and the monster are a creation. As with any creation, the narrator does not create an ill Louise from scratch; instead, they gather pieces of information in anatomy books and recompose her according to what they have read. By doing so, they recompose Louise in accordance to a certain norm of the leukemic body that is displayed in anatomy books.

### **III) The Controllable and Controlled Body.**

So far in this paper, I have paid attention to the marginalized – the ill and the disabled – but it seems essential to focus on the intermediary between the margin and the text. Medicine and pathology are closely linked and one could not exist without the other: medicine puts into practice what pathology has studied. In this part, I will take into consideration only the bodies “in the kingdom of the sick,”<sup>68</sup> whether they are disabled or not; that is, I do not take into account healthy disabled bodies.

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<sup>68</sup> Sontag, Susan. *Illness as Metaphor*, p. 3.

a) Institutionalization of Medical Authority.

The link for any individual between “the kingdom of the well” and “the kingdom of the sick” is made via medical authority, often embodied by the figure of the doctor. Although the use of the term *doctor* has changed, it refers originally to someone “who gives instruction in some branch of knowledge, or inculcates opinions or principles.” (OED) A doctor is thus someone who knows and passes down their knowledge. In medicine, the doctor’s role is to deduce the patient’s disease according to the symptoms presented and then to bring this patient from a state of unwellness to a state of wellness by following treatment protocol. Thanks to the knowledge the doctor has acquired, they act as a medium between the patient and their disease, and help the patient transit – or, at least, attempt to – from one state to the other. The birth of the clinic greatly contributed to the normalization and regulation of medical knowledge and practices. In his *Naissance de la Clinique*, Michel Foucault writes about the clinic that it is “la structure commune qui découpe et articule ce qui se voit et ce qui se dit.”<sup>69</sup> Medical practices have become ritualized through a protocol: an initial dialogue between the patient and a health practitioner leads to various medical exams – or simply examination. This will determine the causes of the problem, resulting in medication intake and/or in medical intervention. During the entire time of the consultation, the patient is under the responsibility of medical authority and must rely blindly on the practitioner’s knowledge. This knowledge has been acquired and doctors must use it in their diagnoses, while considering each medical case as unique. According to Foucault, the doctor must be equipped with double gaze: “un regard pur, antérieur à toute intervention, fidèle à l’immédiat qu’il reprend sans le modifier” and “un regard équipé de toute une armature logique qui exerce d’entrée de jeu la naïveté d’un empirisme non préparé.”<sup>70</sup> The gaze adopted by the doctor on their patient gives them a certain authority, which translates in various ways. Obviously, the practitioner is in charge of curing their patients, whose lives depend – sometimes – solely on medical decisions. Mastering the thin line between life and death reinforces doctors’ power and authority. There is a relation of subordination between the patient – from Latin *patiēns* “able or willing to endure or undergo, capable of enduring hardship, long-suffering, tolerant” (OED) – and the physician. This relation of domination, Thomas G. Couser explains, “is based on the assumption that a professional has such special esoteric knowledge and humanitarian intent

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<sup>69</sup> Foucault, Michel. *Naissance de la clinique*, xv.

<sup>70</sup> *Ibid.*, p. 107.

that he and he alone should be allowed to decide what is good for the layman.”<sup>71</sup> Thus, the saying “knowledge is power” takes on its full meaning: the knowledge the practitioner has acquired gives them the right to exert power over patients; in turn, this creates a clear divide between the doctor who knows and the patient who is ignorant. This gap is reinforced by the language used by medical authority: the use of “specialized scientific vocabulary”<sup>72</sup> maintains the patient in their ignorance and, therefore, makes them easily influenced and controllable. Because the patient does not have sufficient knowledge and does not master medical lingo, they are expected to place their entire trust in their healer, who “exercise[s] their medical authority through their privileged place in a specialized discourse.”<sup>73</sup> If medical discourse serves initially to identify and put names on the disease, procedures, and symptoms a patient is about to go through, it fails nevertheless to bring the emotional support one needs and, thus, “may alienate doctors from patients and patients from their bodies and bodily experience.”<sup>74</sup> At times, doctors make a patient’s situation even more difficult because of the distance implied in the language they use.

b) Rethinking Medical Ethics.

This relation between a dominated patient and a dominating doctor has been questioned over the past decades. Scholars like Thomas G. Couser, Arthur Frank, Mary K. DeShazer and more highlight the importance of the patient’s voice – too often absent from illness narratives – and call for a reconsideration of the patient’s position in the treatment and handling of the disease. For Couser, there is a necessity to readjust the balance between patient and healer: “[t]he treatment of illness or disability typically, and necessarily, involves a sort of narrative collaboration between doctor and patient.”<sup>75</sup> The patient is the first one involved and should be regarded as an equal to the expert(s) around them. The reassessment of medical ethics means changing the on-going perception of the patient: the main issue has been the tendency to objectify and dehumanize patients. The evolution of medical techniques and devices keeps helping saving lives and has tremendously improved the lives of diseased people. But, at the same time, the essential – the human being – is forgotten and “the personal, social, moral, and spiritual

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<sup>71</sup> Couser, Thomas G. *Recovering Bodies: Illness, Disability, and Life Writing*, p. 18.

<sup>72</sup> *Ibid.*, p. 19.

<sup>73</sup> *Ibid.*, p. 19.

<sup>74</sup> *Ibid.*, p. 19.

<sup>75</sup> *Ibid.*, p. 10.

significance of illness”<sup>76</sup> is pushed into the background. Experiencing illness and the estrangement of oneself to one’s body is a hardship which calls for respect and empathy. There is a need for the patient to regain control over their narrative and inscribe their voice within their own distinctive discourse. Changes also call for medicine as field of study to question the way of approaching its practices. Medicine and pathology deal with the body’s vulnerability and practitioners encounter sensitive situations where their role is to put aside their emotions in order to be able to help those in distress. Sawday’s statement about corpses and anatomy can be applied to the relation between doctor and patient: anatomy “led the enquiring human subject to a form of self-analysis.”<sup>77</sup> Indeed, opening another’s body or dealing with a patient’s body amounts to opening or dealing with one’s own body. It is a mirroring process where the relation between Self and Other is at stake. The anatomist and the doctor are faced with the body of an Other – dead or alive – and this other body is at once identical and different from their own. There is simultaneously a mechanism of Self *as* Other and of Self *and* Other. Because of the similarities, the anatomist and the doctor project themselves into the Other’s body, while also dissociating themselves from it. Questioning medical ethics thus implies the reconsideration of Self *and* Other, that is, the detachment between medical authority and patient. There is a need for the patient and their healer to work together and offer a discourse on illness that is not one-sided. In *Written on the Body*, Winterson presents vehement criticism of the medical system, especially through the character of Elgin, Louise’s husband: a distinguished doctor specialized in carcinoma. Louise describes him as being obsessed with his work, not for the sake of his patients, but for the hope of finding the cure against cancer and receiving the Nobel Prize. Elgin is a good example of what Couser criticizes about nowadays medicine:

The same phenomena that have made contemporary diagnosis and treatment so sophisticated have, ironically, diverted doctors’ attention toward disease and away from illness, toward the laboratory and away from the bedside, toward curing and away from healing.<sup>78</sup>

Elgin was hired by a wealthy American company to sit “in a multi-million pound laboratory in Switzerland for half the year and stare[s] at a computer.” (Winterson 67) He has very little interest in patients and has never liked hospitals, which is incredible for a doctor, and his

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<sup>76</sup> *Ibid.*, p. 22.

<sup>77</sup> Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, p. 110.

<sup>78</sup> Couser, *Recovering Bodies: Illness, Disability, and Life Writing*, p. 10.

capacities as a doctor have become limited. Louise remarks ironically that he “can no longer wrap a Band-Aid round a cut finger but he can tell you everything there is to know about cancer.” (67) Uninterested in the human aspect of medicine, Elgin relies purely on science to find a remedy to cancer. One can only wonder if solely applying science to the medical field can work without seriously taking into account the patients’ struggles. It would be interesting to know what Elgin’s reaction would be if tomorrow he were to find a cure for cancer, but yet the treatment found would be extremely painful for the patient. Once again, Winterson questions stereotypical thinking patterns: because of his lack of sympathy toward patients and his ambition to find the cure against cancer – death – Elgin embodies Man. Because of his belief that technology will cure cancer, he represents Culture dominating and controlling Nature, that is the ill, and he also stands in opposition to Louise – Woman.

Again, medicine needs to clarify its priorities: its primary aim is to take care and heal patients, but there is an inclination to objectify the patient and dehumanize illness. Illness means chaos at the same time in the patient’s body and in their life, and medical institutions must ensure control over this chaos. Because of the normalization of medical practices, medicine reduces the patient’s experience of illness to a “general unifying view”<sup>79</sup>, thus erasing the individual’s voice behind it.

### **III) The Body in Pain.**

It seems difficult to write about illness and not mention pain. Indeed, one tends to spontaneously associate disease with pain. Pain seems to be the common denominator to all diseases<sup>80</sup> insofar as the state of unwellness felt by the diseased body is mostly due to the pain endured. It is, however, difficult to identify the cause and effect relationship between pain and unwellness: is pain the cause or the consequence of one’s unwellness? Pain’s complexity resides in its immateriality and its resistance to language.

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<sup>79</sup> Frank, Arthur. *The Wounded Storyteller*, p. 11.

<sup>80</sup> Congenital insensitivity to pain is the only disease where pain is not a factor. In fact, it is a rare condition caused by the mutation of the SCN9A gene, which results in the total absence of pain felt by the individual.

a) What Is Pain Exactly?

Scarry qualifies pain as “an invisible geography.”<sup>81</sup> It is not something which can be recognized as such; instead, pain is expressed through verbal and/or facial expression. When gymnast Sam Cerio broke both her legs during floor routine, her pain was visible on her face, but the pain she experienced was also felt in the audience as everybody gasped. Pain implies two agents: it is a passive state where something external hurts me. For example, if one’s leg hits the corner of a table, then the table is the cause for suffering; or if one learns about the death of a loved one, the idea of loss is responsible for my feeling of pain. Arthur Frank supports this point, writing that a “person who has recently started to experience pain speaks of ‘it’ hurting ‘me’.”<sup>82</sup> On the contrary, Elaine Scarry considers that “physical pain – unlike any other state of consciousness – has no referential content.”<sup>83</sup> I would argue that pain never comes out of nowhere: although the source of pain may be the result of several internal factors, especially when dealing with mental pain, the body cannot be dissociated from that which causes pain. Scarry defines pain as a manifestation “at once internal and external,”<sup>84</sup> which contributes to the difficulty of situating it. Indeed, pain is felt within one’s body – in the limits of a familiar territory – but it is, at the same time, an unwanted state. It is part of *myself* without being part of *me* and therefore “something so alien that it must right now be gotten rid of.”<sup>85</sup> It is interesting to note the Latin origin of the word: *poena*, meaning penalty, punishment (OED). It goes back to the idea that diseases and physical or mental deformities were perceived as manifestations from God, as forms of punishment; thus, whatever transgressed the natural order was supposed to be painful. Pain transgresses the natural order of the body and, in this way, is experienced as punitive.

b) Pain and the Failure of Language.

In *Written on the Body*, the idea of alienation suggested by Louise’s leukemia is reinforced by pain, as both are seen as invasive forms situated in the body. Although she is briefly mentioned, Elgin’s mother, Sarah “had cancer of the bone and would not live.” (Winterson 65) Her condition is so extreme that pain deprives her of language: “Sarah was in hospital unable to speak for the pain.” (65) It is one of the only two instances where the word *pain* is written.

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<sup>81</sup> Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford University Press, 1985, p. 3.

<sup>82</sup> Frank, Arthur. *The Wounded Storyteller*, p. 103.

<sup>83</sup> Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*, p. 5.

<sup>84</sup> *Ibid.*, p. 52.

<sup>85</sup> *Ibid.*, p. 52.

Sarah's inability to speak illustrates Scarry's main argument: the failure of language to identify, materialize, and account for pain. "Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language."<sup>86</sup> Language lacks words to make pain concrete and is unable to transpose it into the realm of the real. Virginia Woolf rightly wrote in her essay "On Being Ill": "The merest schoolgirl, when she falls in love, has Shakespeare, Donne, Keats to speak to her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry."<sup>87</sup> Acute pain may lead to a severe state of distress where no words can truly express what is going on for the patient. This is probably the reason why pain is rarely mentioned in *Written on the Body*: the reader does not have access to Louise's narrative on her disease and the narrator cannot allow themselves to speak for Louise's pain. The narrator is aware that Louise will be "in pain most of the time" (Winterson 102) but they cannot – and should not – write about her experience of pain because pain is something personal, even intimate. The absence of direct references to pain is replaced by descriptions of Louise's disease: the different steps she will have to go through – chemotherapy, surgery, treatments, etc. – are presented as though the narrator wanted the reader to understand, by themselves, the extent to which the disease is painful. Thus, pain is not inscribed on paper, but instead, it is imagined from the elements revolving around it. Nevertheless, one could interpret the narrator's position to not mention their lover's pain as guilt. From the beginning of the novel, when the reader has not yet met Louise, the narrator expresses remorse for something they have done and regret. They write on the very first page: "[y]ou said 'I love you.' (...) I did not worship [these three words] but now I am alone on a rock hewn out of my own body." (Winterson 9) The narrator struggles greatly with the loss of their lover: loss first takes the form of physical absence, as the narrator decides to leave Louise to her husband; but then, unable to gather any information about Louise's health, the narrator suffers from Louise's potential death. The narrator's distress becomes more and more invasive, and the idea of loss punctuates the novel through the question: "Why is the measure of love loss?" (9), which opens the novel. It is not so much the thought of losing a loved one that torments the narrator, but the fact that they ran away from Louise in times of need. Although Louise told the narrator she was about to divorce her husband, the narrator left her and did not bring her any support while she was battling against cancer. Because the reader is

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<sup>86</sup> *Ibid.*, p. 4.

<sup>87</sup> Woolf, Virginia. "On Being Ill," p. 34.

part of the narrator's thought process, it is difficult to determine whether the narrator abandoned her for heroic purposes – Elgin being apparently the only one capable of saving Louise – or out of weakness and cowardice. Not mentioning Louise's pain can be a way for the narrator to protect themselves from their powerlessness faced with something immaterial they cannot control. Louise is the character who is legitimately ill, but her own experience of pain is absent from the surface of the novel; on the contrary, the narrator's pain, stemmed from Louise's absence, steeps in the novel, which is interspersed with lamentations from the narrator, such as "I had failed Louise and it was too late." (157) or "I want to accept what I've done and let go." (184) The narrator's mental pain at the idea of Louise being ill and lost to them even ends up being translated into violence.

c) Pain leads to More Pain.

Physical pain is not totally absent from *Written on the Body*: instead of being related to Louise's leukemia, the narrator's pain materializes in the form of physical violence. It first happens when Jacqueline decides she is going to wreck the narrator's apartment: "I grabbed Jacqueline's wrist and twisted it back against her arm. [...] I slapped her across the face [...] I took her by the collar and frog-marched her to her car." (Winterson 86) Since the reader does not know what Jacqueline feels after this violent altercation, pain is not described as it is. It is again imagined and deduced from physical acts, and it is expected of the reader to be aware of the pain linked to these rather ordinary gestures – slapping, grabbing, or dragging. Later on in the plot, the narrator is no longer the one dominating and inflicting pain, and their physical fight with Elgin correlates their fight for Louise:

I grabbed him by his tie and jammed him against the door. [...] Elgin punched me in the stomach and winded me against the wall. I slipped on to the floor honking like a seal. Elgin kicked me in the shins but I didn't feel that until later. [...] I saw Elgin's look of complete astonishment as my fists, locked together in unholy prayer, came up in a line of offering under his jaw. Impact. (170-172)

Jacqueline and Elgin are the two characters targeted by the narrator's wrath because they both, at some point in the plot, threaten the love between the narrator and Louise. On the one hand, Jacqueline gets upset when she learns that the narrator has an affair with Louise and even threatens to kill her in front of the narrator; while, on the other hand, the narrator entrusts Louise to Elgin, later to find out that he never took care of her. It seems that the narrator translates their

distress into violence, as can be seen in the excerpt above, and the pain they express reflects the process of mourning they are going through.

Pain is an external element that has an impact on the whole self, creating a feeling of distress which fails to be distinctively expressed through language. Yet, the dread associated with pain can be apprehended through freeing speech. As Scarry remarks: “the act of verbally expressing pain is a necessary prelude to the collective task of diminishing pain.”<sup>88</sup>

#### **IV) Mourning and Necrophilia.**

The loss of Louise plunges the narrator into a state of mourning during which they are going to engage in necrophiliac practices. Mourning is characterized by the experience of having lost something or someone. This loss is irreversible: the object of the loss is absent and unretrievable. This definite absence changes the existence of the mourning subject in the sense that it creates a new reality in which they have to reconstruct a world without the lost object.

##### **a) Disconnection Between Mind and Reality.**

Marshall W. Alcorn highlights that “true mourning responds to the loss of real object in a real world.”<sup>89</sup> The object of mourning can keep living in one’s mind – based on memories – but it can no longer exist in the mourner’s actual world. It is this reality that is problematic for the mourning subject insofar as there is a disconnect between what the subject figures in their mind and reality. It is interesting to note that mourning is never about an object as a whole, but rather aspects of that object: “we mourn figurations: images, memory ‘complexes,’ associations.”<sup>90</sup> In *Written on the Body*, the narrator focuses their attention on Louise’s physicality: they concentrate on intimate moments spent with Louise and emphasize their desire for her. Since the chronology of the novel is non-linear, the narrator punctuates their narrative with memories of Louise, offering a retrospective view on their relationship with her. As the novel begins, even though the name of their lover has not been mentioned yet, the narrator recalls “a hot August Sunday” (Winterson 10) spent with Louise: “You laughed and waved, your body bright beneath the clear

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<sup>88</sup> Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*, p. 9.

<sup>89</sup> Alcorn, Marshall W. “Loss and Figuration: Paradigms of Constructive and Deconstructive Mourning.” *The Centennial Review*, vol. 35, no. 3, Fall 1991, p. 504.

<sup>90</sup> *Ibid.*, p. 505.

green water, its shape fitting your shape, holding you, faithful to you. You turned on your back and your nipples grazed the surface of the river and the river decorated your hair with beads.” (11) Everything seems idyllic in this depiction of Louise: happiness, communion with nature, and beauty are represented. The narrator mentions this memory long after they have left Louise and one can only wonder about the veracity of the representation. When going through mourning, one tends to idealize certain aspects of the lost object or situations experienced with them; and so, the lag between the moment the event took place and the moment the narrator lets the reader know about it may have altered the way the memory is remembered by the narrator. Additionally, one can interpret the representation of Louise in this excerpt as a reference to the painting *Ophelia* by British artist Sir John Everett Millais. Indeed, inspired by Shakespeare’s *Hamlet*, the painting features Ophelia, a young woman with ginger hair, carried by the green water of a stream and surrounded by lush nature. The painting represents the young beauty just after she drowned, upon learning that her lover Hamlet killed her father. One can clearly see the similarities between Louise and Ophelia: two ginger-haired beauties carried out by water and surrounded by nature. The stark difference would be that Ophelia is dead, whereas Louise is alive. My claim is that part of Louise is already dying during that summer, since symptoms of her leukemia appeared before the narrator and Louise began their affair, and so, the narrator remembers Louise with hindsight and with the knowledge that Louise was actually ill. During this mourning process, the narrator recalls memories and pictures Louise with the knowledge they have at the moment when they are narrating and so, by altering their perception of past events, they recognize that they had already begun losing Louise. Winterson qualifies her novel as Shakespearean in the sense that “what you lose cannot return to you until you know why you’ve lost it.”<sup>91</sup> Indeed, at the very end of the novel, after the narrator has had time to think and process their actions, Louise does return<sup>92</sup> on her own volition. This being said, can one consider the narrator to be in a process of mourning if, in the end, the object of their loss reappears? Alcorn insists on the fact that mourning implies something “fully absent and *inalterably* lost.”<sup>93</sup> To lose something means to be deprived of it, but it does not necessarily entail that the lost object will never be found again. At first, the narrator

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<sup>91</sup> Bush, Catherine, and Jeanette Winterson. “Jeanette Winterson.” *BOMB*, p. 56.

<sup>92</sup> There have been speculations concerning the ambiguous last two paragraphs of the novel. It is difficult to determine whether the narrator is hallucinating Louise’s return, or if she has indeed come back. However, Winterson herself made things clear, declaring in the interview above-mentioned that it “is [Louise’s] choice both to go away and to come back on her own terms.” (56)

<sup>93</sup> Alcorn, Marshall W. “Loss and Figuration: Paradigms of Constructive and Deconstructive Mourning,” p. 502.

thinks Louise is in Switzerland with Elgin, but then, they found out that has never been the case and, since no one knows where she is, the narrator believes she is dead. In their mind, Louise is forever lost, which justifies mourning. Yet, it is not Louise as such that the narrator seems to be grieving, but rather the loss of desire and physicality involvement with the woman they loved. The narrator often refers to Louise's body as theirs: "Nothing about you has faded. You are still the colour of my blood. You are my blood. When I look in the mirror it's not my own face I see. Your body is twice. Once you once me." (99) The narrator imprints Louise's body onto theirs: since Louise is absent, the only way to keep experiencing the relationship is through their own body, where Louise has touched them and left her marks. This illustrates Sigmund Freud's point in his essay on "Mourning and Melancholia": the mourning subject withdraws from reality by "clinging to the object through the medium of a hallucinatory wishful psychosis."<sup>94</sup> The narrator cherishes Louise and becomes obsessed with her: "instead of taking hold of myself I can only take hold of Louise." (Winterson 39) Another stage of mourning requires "the acceptance of some substitute for the lost person."<sup>95</sup> The only substitute available for the narrator is Gail Right, a middle-aged woman who works in the same bar and who is determined to share the narrator's life by inviting herself over the narrator's place on several occasions. However, the narrator has a different take on the situation and remains focused on Louise, although they try to end their obsessive thinking of her.

b) Loved and Possessed Beyond Life.

This pathological passion for Louise goes even further than having hallucinations of her and constant thoughts of her. One can argue that the narrator has necrophiliac tendencies since they express their desire and attraction for someone who is – supposed to be – dead. *Written on the Body* is suffused with depictions of erotic and sexualized bodies. When Louise is no longer present in the narrator's life and is potentially already dead, the narrator continues to express desire for her, even more since Louise's life is about to stop. Mary K. DeShazer emphasizes "the sensual dimensions of dying."<sup>96</sup> In a way, when dealing with fatal illnesses, death is so obvious that it is pushed into the background, and instead, the ill subject is given their humanity again.

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<sup>94</sup> Freud, Sigmund. "Mourning and Melancholia." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, edited by James Strachey, vol. 14, Hogarth Press, 1914-6, p. 244.

<sup>95</sup> Alcorn, Marshall W. "Loss and Figuration: Paradigms of Constructive and Deconstructive Mourning," p. 504.

<sup>96</sup> DeShazer, Mary K. *Fractured Borders: Reading Women's Cancer Literature*, p. 174.

Pain makes way for pleasure; the miserable body turns into a beautiful and venerated one; and the patient becomes actor of their own corporeality anew. Winterson transgresses the common idea that diseased or dying patients cannot feel sexual desire. The narrator's necrophiliac obsession is particularly prominent in the anatomy section, when they dissect their lover's body into smaller parts in order to know her better. Anatomization and dissection only take place on dead bodies, which means that the narrator considers that Louise is already dead. But, even dead, she remains attractive and desirable. One of the anatomy sections begins as such: "Let me penetrate you. I am the archeologist of tombs. I would devote my life to marking your passageways, the entrances and exits of that impressive mausoleum, your body." (Winterson 119) The narrator fetishizes the inside of Louise's body and wants to uncover all its mysteries, anything that is not visible on the body surface. In their mind and through their words, they penetrate a lifeless body they still find appealing and beautiful. Winterson, as a postmodern writer, aspires to move away from the expected and the conventional, as she "represents transgressive sexual practices as healthy."<sup>97</sup> One of Winterson's strengths is her writing style and her capacity to insert beauty where there usually cannot be: she turns necrophiliac practices into a love scene, diverting the reader's attention from the fact that necrophilia is part of mental disorders, and showing things from the perspective of the diseased mind. Be that as it may, at some point, the narrator seems to have eventually worked through their grief for Louise as they take refuge inside a church, during service, "[t]o think of Louise in her own right, not as [their] lover, not as [their] grief." (Winterson 153) This means the narrator has taken distance on their loss and placed Louise in their mind as a memory, nothing less, nothing more: "I embalm you in my memory." (119) The narrator is eventually aware that Louise is gone for good and that there is no need to keep bringing up old memories of her because it is not going to bring her back: "Now that I have lost you I cannot allow you to develop, you must be a photograph not a poem." (119) Louise's return at the end of the novel will be of short duration anyway since her disease has condemned her to live about a hundred months. Therefore, the narrator is doomed to mourn her again, with sadness and certainty that, this time, Louise will be gone forever.

This part on the pathologized body enabled me to bring more attention onto the narrator, who is often studied in relation to questions of gender, but rarely as a character affected by illness

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<sup>97</sup> *Ibid.*, p. 208.

– that is, Louise’s disease, but also, their mourning and necrophilia. The last part of this thesis will focus on the correlation between illness, bodies, and the novel’s structure. It will consider the importance for patients to voice their illness and examine Winterson’s writing of the body as a powerful and meaningful surface.

## PART THREE –

### LITERARY WRITING OF THE BODY

*Written on the Body* is articulated around the body and draws meaning from it: the body is experienced, written, and read. The body – in particular, the female body – is not a theme new to literature, but the richness of the novel lies in the multiple meanings carried through the body. It is at the same time a love object and a scientific object, a surface where power is exerted and yielded, and the reflection of one's life and identity.

#### **I) Louise's Chronic Lymphocytic Leukemia.**

Illness is not a theme new to literature and one can only wonder why Winterson decided to have her character suffer from chronic lymphocytic leukemia. Mental illness has affected literature throughout history: this includes, for example, plays like William Shakespeare's *Hamlet* or *Macbeth*, and novels such as Sylvia Plath's *The Bell Jar* or Charlotte Brontë's *Jane Eyre*. With industrialization, disorders such as anorexia or bulimia emerged and from the late 20<sup>th</sup> century, illness literature flourished around breast cancer and AIDS. My aim in this part is not to trace the history of illness in literature, but to reflect on Winterson's choice of disease and to see how fiction and scientific facts complement one another.

##### a) Scientific Perspective of Chronic Lymphocytic Leukemia in Fiction.

Leukemia is cancer of the body's white blood cells. Chronic lymphocytic leukemia is a type of leukemia, which starts in the mature cells of the body, affecting blood and the bone marrow, before potentially spreading to other organs. It is interesting to compare how the disease is presented online to non-specialists. The first definition is taken from the online version of the Oxford English Dictionary:

A progressive disease of man and other warm-blooded animals characterized by the hyperplastic transformation and greatly increased activity of leucopoietic tissue, leading to abnormal accumulations of leucocytes (frequently of immature or abnormal form) first at the site of leucopoiesis and then (usually) in the blood and elsewhere.

This definition of ‘leukemia’ is surprising: the OED is a reference dictionary of the English language which does not specify in medical terms but is intended for a general audience. Yet, the use of specific terms like “hyperplastic,” “leucopoietic,” and “leucocytes” can be destabilizing for the average reader. On the other hand, the description found on the American Cancer Society is more accessible:

Chronic lymphocytic leukemia (CLL) is the most common leukemia in adults. It's a type of cancer that starts in cells that become certain white blood cells (called lymphocytes) in the bone marrow. The cancer (leukemia) cells start in the bone marrow but then go into the blood. In CLL, the leukemia cells often build up slowly. Many people don't have any symptoms for at least a few years. But over time, the cells grow and spread to other parts of the body, including the lymph nodes, liver, and spleen. Leukemia is cancer that starts in the blood-forming cells of the bone marrow. When one of these cells changes and becomes a leukemia cell, it no longer matures the way it should and grows out of control. Often, it divides to make new cells faster than normal. Leukemia cells also don't die when they should. This allows them to build up in the bone marrow, crowding out normal cells. At some point, leukemia cells leave the bone marrow and spill into the bloodstream. This increases the number of white blood cells in the blood. Once in the blood, leukemia cells can spread to other organs, where they can prevent other cells in the body from functioning normally. In chronic leukemia, the cells can mature partly (and more are like normal white blood cells) but not completely. These cells may look fairly normal, but they're not. They generally don't fight infection as well as normal white blood cells do. The leukemia cells survive longer than normal cells, and build up, crowding out normal cells in the bone marrow. It can take a long time before chronic leukemias cause problems, and most people can live with them for many years. But chronic leukemias tend to be harder to cure than acute leukemias.<sup>98</sup>

This description is made for people concerned with the disease to understand in concrete terms the impact of chronic lymphocytic leukemia on their body. The vocabulary used in this description is understandable because it refers to the imagery of warfare, which is ingrained enough in the collective mind, with words like “grows out of control [...] crowding [...] spill [...] spread [...] fight [...] survive.” In *Written on the Body*, the scientific discourse is not present throughout the novel: it emerges within fiction once the narrator has found out about Louise’s chronic lymphocytic leukemia and undertakes their process of anatomization and re-creation. For instance, the narrator explains: “Louise would normally be treated with steroids, massive doses to induce remission. When her spleen started to enlarge she might have splenic irritation or even a splenectomy.” (Winterson 102) During this period – which lasts over forty pages – hard facts and fiction blend without the impression that one discourse is in contradiction with the other. This harmony of discourses is the result of the first-person narrator rendering their own understanding

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<sup>98</sup> See: [www.cancer.org/cancer/chronic-lymphocytic-leukemia/about/what-is-ctl.html](http://www.cancer.org/cancer/chronic-lymphocytic-leukemia/about/what-is-ctl.html)

of scientific facts. The narrator works as a Russian-language translator, meaning that their knowledge of chronic lymphocytic leukemia is probably as limited as the reader's, but from their reading of medical books and their visits to the hospital, the narrator appropriates scientific discourse and shares their gathered knowledge. Nevertheless, the narrator's medical knowledge distinguishes itself from the knowledge acquired by doctors, in the sense it is accessible knowledge and does not relegate the patient to the background. The narrator translates medical information into fictional facts by using a set of imagery and metaphors, and turns medical discourse into a poetic one.

b) It Is Not About Illness, but About Its Meaning.

Louise's cancer tackles the very structure of both the novel and the body. Chronic lymphocytic leukemia starts in bones, which form the basis of the human foundations, and results in a crisis within Louise's organism, at the same time that the announcement of Louise's disease by Elgin disrupts the narrative. Thus, the disease does not simply alter the characters' lives, it changes them at the core. Another reason which could explain Winterson's choice of disease is its incurability. In the novel, Louise is given a hundred months to live, which inevitably adds a tragic element to the plot. Instead of focusing on Louise's imminent death, Winterson concentrates the attention on the narrator and their way of dealing with the idea of loss. It is obviously about physical loss of a loved one, but also, about loss of meaning of the disease itself. The actual name of Louise's disease is only mentioned when the narrator learns about it; thereafter, it is referred to as 'cancer' or simply 'disease.' Whether Louise's condition is caused by something named "cancer" or "chronic lymphocytic leukemia," in any case, she is going to die. What is more, chronic lymphocytic leukemia is too complex for anyone to be able to grasp the true meaning of it, while cancer is a more generic term understood by people with no medical knowledge. In a way, Winterson breaks the language barrier between everyday language and specialized vocabulary, and Louise's disease makes sense once it is no longer "chronic lymphocytic leukemia" but has become "cancer." Sontag calls for the de-mythicization of cancer<sup>99</sup> and this is what Winterson attempts to do by integrating scientific discourse within fiction and turning her narrator into a scientist.

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<sup>99</sup> Sontag, Susan. *Illness as Metaphor*, p. 7.

## II) Anatomy of Bodies: Parts and Whole.

The first reading of *Written on the Body* can be somewhat confusing. In line with Woolf's stream of consciousness, the reader is locked in the narrator's mind and follows their thoughts throughout the novel, alternating between past and present events. Winterson's style is distinctive and unique: as a postmodern writer, she tries to distance herself from the traditional 19<sup>th</sup> century novel, and her novels experiment with form and content. It is clear that Winterson read *The Waves* and potentially drew her inspiration from it: in addition to the mingling of voices, Christine Reynier adds that Woolf "a tenté de redéfinir le personnage comme voix, laissant entendre dans le texte un discours direct dont on ne peut dire s'il est prononcé ou pas."<sup>100</sup> In her interview with Catherine Bush, Winterson declares: "The terrible thing is that, in this country since Virginia Woolf died, nobody has really bothered about experimenting with the shape and the form of the novel in a way that keeps it readable and pleasurable."<sup>101</sup> Thus, the unusualness of the novel lies not only in its unidentifiable narrator, but also, in the way the novel is modelled.

### a) All Bodies Are not Made out of Flesh.

The focus of this thesis is on Louise and the representation of the diseased female body, but one should not forget that the text, as well, has a body of its own. Bodies, whether there are made out of text or flesh, are at the same time written and read. Any body is the witness of one's life and the reflection of one's existence: scars, wrinkles, stretch marks, birth marks... The body is dotted with signs to read. The narrator, in their reading of Louise's body, pays attention to these details: "I have had you beneath me for examination, seen the scars between your thighs where you fell on barbed wire." (Winterson 117) This is a mutual process of revealing and interpretation: Louise lays herself bare to the narrator and uncovers her past through the marks on her body, while the narrator draws meaning from the signs she chose to reveal. A text also works with this twofold component: it is a body that is written and read. In *Written on the Body*, the text is the materialization of the narrator's thought process and its transcription into words. Because the narrator's obsession for Louise and their necrophiliac tendencies have led me to present them as ill and since the text is the direct manifestation of the narrator's mind, I think interesting to view the text as an ill body. Therefore, as a scientist would do, one must study the anatomy of the

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<sup>100</sup> Reynier, Christine. *Jeanette Winterson : Le miracle ordinaire*, p. 53.

<sup>101</sup> Bush, Catherine, and Jeanette Winterson, "Jeanette Winterson," p. 56.

text, just as the narrator studies Louise's anatomy. Indeed, there is a connection between the anatomy of the novel and the way Louise's body is anatomized by the narrator: both work as wholes made up of an assembly of parts. *Written on the Body* is like an English-style garden: ordered in disorder. Following the thoughts of the narrator can be quite chaotic: if Louise is the guiding thread of the novel, the narrator frequently breaks up the narration to mention past relationships. In a way, these allusions work as chapters, both in the narrator's life and in the novel: "I had a lover once, her name was Bathsheba." (16) "I was in the last spasms of an affair with a Dutch girl called Inge." (21) "Then I met Jacqueline." (24) "I had a girlfriend once" (59, 75) "I had a boyfriend once, his name was Bruno." (152) In addition to these parentheses, the text constitutes a whole severed in four parts in its middle. These four parts are dedicated to the process of anatomization and they are themselves divided into smaller parts. The narrator looks at Louise's body from four perspectives: her "Cells, Tissues, Systems and Cavities," (113) her "Skin," (121) her "Skeleton," (127) and her "Special Senses." (133) There appeared to be a certain progression of Louise's somewhat humanity: from an organism, she becomes a human being. As a first step in the mental re-creation of Louise, the narrator goes back to the origins of humanity and focuses on the cells that are part of their lover's body. Cells are microscopic units, present in tremendous number in the organism, and common to all living species – plants, animals, or human beings. It is also inside cells that genetic data is contained, that is, the biologic identity of any organism. The resemblance between the narrator and a scientist is again relevant: both are interested in the origin of life and the constitution of organisms. And yet, cells – which are synonym for life – are, in Louise's case, too many and equate to death for her. Then, cells are regrouped in tissues, which, like cells themselves, are invisible to the naked eye, but form an organic structure. It is impossible for the narrator to visualize distinctively all the tissues that bring Louise's body into existence; instead, they are faced with the finished material. After cells and tissues, the narrator narrows down their dissection by referring to body cavities, which are thin protective membranes containing organs.<sup>102</sup> In the following chapter, the narrator makes a transition from the hidden and invisible elements of the body to its most noticeable component: the skin. Unlike the other sections, the one dedicated to the skin is not divided into sub-parts: it seems to be indivisible matter constituting the demarcation between external and internal, visible and invisible, reachable and unreachable. But the skin, though it reveals first and foremost

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<sup>102</sup> "Body Cavities and Organs." *Biology Dictionary*, 16 Mar. 2018, [biologydictionary.net/body-cavity/](http://biologydictionary.net/body-cavity/).

external signs, also bears witness of internal malfunction. Louise's skin shows traces left by chemotherapy and the disease at large: "You are bruised all over. Burst figs are the livid purple of your skin." (124) The third section concerns the skeleton: the structure that holds muscles, organs, and skin all together. The narrator highlights the sensual potential bones can have because of their ambiguity: some bones are, at once, discernable by their shape and concealed beneath the skin. On a night Louise is wearing a dress showing cleavage, the narrator is attracted to "the bolts of [her] collar bone" (129) and, later, remembering the touch of Louise's bones – and, in particular, her collar bone – will enable them to forget the pain associated with Louise's absence. In contrast to the previous sections which pay attention to elemental parts of the body's basic frame, the last section deals with senses: hearing, smelling, tasting, and seeing. It is surprising to note the absence of touch – which is one of the five senses – in a narration where the body occupies a central place. I think the absence of a sub-part about touch is due to the fact that touch is omnipresent throughout the novel: knowledge of each other's body and love between Louise and the narrator are translated into physical contact. As for the other senses, they are presented from the narrator's perspective: the focus is on the narrator hearing, smelling, tasting, and seeing Louise, not the opposite. For example: "I call Louise from the doorstep because I know she can't hear me" (135) or "The smells of my lover's body are still strong in my nostrils" (136). The narrator always thinks of Louise in relation to them, depriving her of a certain autonomy; but also, this re-creation is done in a fragmented way.

b) Dissecting Louise's Body and Questioning the Essence of the Blazon.

The idea of the female body presented as a whole made out of severed body parts is reminiscent of the anatomical blazons. Introduced by French poet Clément Marot in his 1535 *Epigrammes*, blazons were short poems describing a part of the female body. The practice of blazoning the female body was very common during the Renaissance and every part of the female body had its poem: hair, forehead, hip, lips, stomach, buttock, knee, foot, etc. Sawday defines the blazon as "a richly ornate and mannered evocation of idealized female beauty rendered into its constituent parts."<sup>103</sup> Here are the first verses from "Le Blason du Beau Tétin," one of Marot's most famous blazons, in which a woman's nipple receives particular attention from the poet.

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<sup>103</sup> Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, p. 191.

Tétin refait plus blanc qu'un œuf,  
Tétin de satin blanc tout neuf,  
Tétin qui fait honte à la rose,  
Tétin plus beau que nulle chose !  
Tétin dur, non pas tétin, voire,

Mais petite boule d'ivoire,  
Au milieu de qui est assise  
Une fraise, ou une cerise,  
Que nul ne voit, ne touche aussi.

If the blazon focuses on this woman's nipple, the nipple is in fact used to refer to the entire female body. It is a body which appeals to the senses: vision ("blanc [...] rose [...] beau"), taste ("œuf [...] fraise [...] cerise"), smell ("rose [...] fraise [...] cerise") and touch ("satin [...] dur [...] ivoire") merge to please the poet and satisfy his desire. Nevertheless, one should not forget the primary meaning of the term *blazon*: "a shield used in war." (OED) The literary blazon was a way for the poet to express his talent by displaying the beauty of his mistress and compete against envious men. Yet, if the female body was the focus of the poem, Woman was not more than the object of male desire. The blazon remained an exercise of male wit and the depiction of female bodies was a pretext for men to place their desire at the center of the poem. Sawday remarks: "The female body may have been the circulating token, but it was male desire which valorized the currency."<sup>104</sup> Also, a distinction has to be made between the French blazon and the English blazon, which was somewhat different in the sense that "the female body was partitioned once more, but partitioned in accordance with a political imperative which circulated around the temporal and spiritual body of the queen."<sup>105</sup> Indeed, Elizabeth I embodied both "partition and division,"<sup>106</sup> for she symbolized the English nation as a whole, as well as she represented discoveries undertaken under the English crown over the world. Blazons were the reflection of scientific and geographic advancements that took place during the Elizabethan era: the female body's division was part of a process of discovery and Woman became a new continent to explore, appropriate, and exploit. As Sawday observes, the line between colonial language and poetic language was very thin: "are we reading about female bodies which are metamorphosing into continents, or continents which are to become bodies?"<sup>107</sup> Be that as it may, the female body was not celebrated as such: if, on the surface, poets praised the bodies of their lovers, English blazons carried more political messages. At the core of the blazon was the idea of power: the female body was correlated with geographical discoveries, trade – resulting from exploitation of

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<sup>104</sup> *Ibid.*, p. 192.

<sup>105</sup> *Ibid.*, p. 198.

<sup>106</sup> *Ibid.*, p. 197.

<sup>107</sup> *Ibid.*, p. 198.

new lands – and medical developments. Woman was compared to a virgin territory which/who had to be tamed, mapped, and utilized in order to gain control and assert power over it/her; at the same time that anatomical explorations led to a better understanding of the female body, ensuring a better control of it and reinforcing patriarchy. As a result, the female body was presented as something precious that needed to be controlled. The narrator in *Written on the Body* can be compared to a poet writing blazons since they proceed to the division of Louise's body. Yet, the narrator's approach differs from traditional blazoning in the sense that Louise is portrayed through unusual perspectives that one could qualify as unflattering. While it is true that certain blazons were less complimentary than others, a majority of Renaissance blazons focused on body parts which carried meaning – for example, eyes reflect the soul – and had an erotic dimension. Winterson's narrator focuses on the untold, on the female body parts that are not deemed sensuous enough to be written about, all the while maintaining the erotic nature of the blazon. If Elizabethan blazons were embedded with colonial and geographical language, the narrator's blazons are steeped in medical language: "Within the clinical language, through the dispassionate view of the sucking, sweating, greedy, defecating self, I found a love-poem to Louise." (Winterson 111) The blazons take the form of prose poems in which, like an anatomist, the narrator dissects Louise's body into very precise constituents: cells, tissues, cavities, skin, skeleton, and senses. Unlike during Renaissance, blazoning the female body does not aim to affirm the narrator's superiority over their mistress; rather, through the blazon a connection is established between the two lovers. The narrator is aware of the colonial language they use, but wishes to reverse the dynamic implied in colonization: "How could I cover this land? Did Columbus feel like this on sighting the Americas? I had no dreams to possess you but I wanted you to possess me." (52) It is no longer a one-way exchange where one takes advantage of the other: in *Written on the Body*, bodies blend and enrich each other. Love demands mutuality; it is a whole where the line between one body and another is blurred: "if you are broken then so am I." (125)

c) Your Pleasure Is My Power: When Colonial Discourse and Eroticism Meet.

At the same time that territorial discovery and expansion were taking place, scientists of the Renaissance began investigating the human body to understand its functioning and improve knowledge. The same appeal that urged explorers to conquer new territories applied to the

female body and, in particular, the female sexual organs. Elizabeth D. Harvey<sup>108</sup> argues that the conquest of new territories and colonization at stake from the 15<sup>th</sup> century were similar to the process of dis-covering female genitals: a better knowledge of the remotest areas of a land or of the female organs responsible for pleasure enabled a better control over them. The dissection of the female body led scientists – men – to consider that female pleasure and desire was derived only from one single organ, the clitoris, which represented a potential threat inasmuch as it is not a reproductive organ, but an organ for pleasure. Women were – and still are for some groups or individuals – considered to have only one function: procreation. Harvey points out that the identification of the clitoris as the organ responsible for female pleasure also reinforces the idea that woman is “identified wholly with the flesh” and deprived “of will and soul by making her utterly subservient to the clitoral organ that supposedly governs her being.”<sup>109</sup> Woman represented a double threat: in addition to being the cause of the original sin, it was scientifically proved that Woman could experience non-procreative sexual pleasure. These discoveries related to new regions – at the same time geographical and anatomical – were steeped in the arts and particularly literature. Sawday points out that, at the end of the Renaissance era, “the anatomic intensity of the blazon became a more overtly misogynist exercise, particularly in the hands of John Donne.”<sup>110</sup> One of his most famous poems, “To His Mistress Going to Bed” written in 1654, emphasizes the correlation between land discovery and the uncovering of female nakedness. Here is an extract:

O my America! my new-found-land,  
My kingdom, safeliest when with one man mann'd,  
My Mine of precious stones, My Empirie,  
How blest am I in this discovering thee!  
To enter in these bonds, is to be free;  
Then where my hand is set, my seal shall be.  
Full nakedness! All joys are due to thee,  
As souls unbodied, bodies uncloth'd must be,  
To taste whole joys.<sup>111</sup>

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<sup>108</sup> Harvey, Elizabeth D. “Anatomies of Rapture: Clitoral Politics/Medical Blazons,” *Signs*, vol. 27, no. 2, 1 Jan. 2002, pp. 315–346. *JSTOR*. [www.jstor.org/stable/3175784](http://www.jstor.org/stable/3175784).

<sup>109</sup> *Ibid.*, p. 318.

<sup>110</sup> Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, p. 202.

<sup>111</sup> Donne, John. “To His Mistress Going to Bed by John Donne.” *Poetry Foundation*, Poetry Foundation, [www.poetryfoundation.org/poems/50340/to-his-mistress-going-to-bed](http://www.poetryfoundation.org/poems/50340/to-his-mistress-going-to-bed).

Throughout the poem, the male speaker encourages his mistress to get rid of all the attire that is covering her body, focusing his description on his mistress's clothes in order to describe what is underneath. Making love is a voyage and an adventure into an unknown territory and, once undressed, the speaker celebrates the discovery of his lover's vulva, comparing it to the exploration of the New World. Similar to new lands which promised wealth, "[t]he female body has become a receptacle into which (literally) the male can deposit his treasure."<sup>112</sup> Male genitals and sperm were the manifestation of male sense of superiority and, in more concrete terms, ensured him with family succession. The discovery of the female sex has given Donne's speaker more power over his mistress, he has appropriated ("My") her genitals, and is now in control of his new domain: "where my hand is set, my seal shall be." The vulva is comparable to a fertile soil, a new earth full of riches; an expansion of the explorers' pursuit for newly conquered lands. The narrator of *Written on the Body* focuses much on their lover's genitals and erogenous zones, and their depictions are imbued with geographical references as well. The narrator compares themselves to the most famous explorer: "How could I cover this land? Did Columbus feel like this on sighting the Americas?" (Winterson 52) Yet, the narrator admits they do not want to sustain a relation of dominating colonizer against oppressed colonized as it is implied with the name of Columbus, and they add: "I had no dreams to possess you but I wanted you to possess me." (52) Similar to Donne, the narrator associates their lover to a land full of riches and Louise's sex is described as a source of abundance. For example, the narrator describes Louise as "an olive tree whose roots grow by the sea" and whose "fruit is pungent and green." (137) They describe orgasm as the "waited moment when the teeth shoot a strong burst of clear juice that has in it the weight of the land, the vicissitudes of the weather, even the first name of the olive keeper." (137) By connecting elements of Nature with Louise, the narrator participates in the perpetuation of the dichotomy opposing masculine culture to feminized nature. My point here is not to assume that the narrator is a man or identifies with the male sex, but rather to underline the tendency to associate Woman and Nature. Indeed, Nature and Woman are linked together because of the procreative character they share and, upon this equation, Western culture has built a scheme opposing Nature and Woman to Culture and Man. Greta Gaard observes that "Western

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<sup>112</sup> *Ibid.*, p. 206.

culture has constructed nature as a force that must be dominated if culture is to prevail.”<sup>113</sup> Therefore, if Nature stands in opposition to Culture and if Woman is linked with Nature, then Woman needs to be dominated and controlled as well in order to ensure patriarchy. Since Nature encompasses everything that is opposed to Culture, then Woman is associated with all the attributes of Nature:

Nature, as the excluded and devalued contrast of reason, includes the emotions, the body, the passions, animality, the primitive or uncivilized, the non-human world, matter, physicality and sense experience, as well as the sphere of irrationality, of faith and of madness.<sup>114</sup>

In short, anyone who is not Man and does not conform to a certain cultural norm is categorized alongside Nature and Woman.<sup>115</sup> This dichotomy has also pervaded science, which remained a man’s field for centuries:

[...] in a patriarchal system that conceives of nature as female, there is a clear and necessary connection between the development of science as the rational control of a chaotic natural world and the persecution of women as inherently irrational, erotic, and therefore evil creatures.<sup>116</sup>

In the particular case of geography, the discourse has been built on a “masculinist”<sup>117</sup> assumption that since Woman and Nature were similar, the same approach to unravel their mysteries would be applied, that is, through “conquest, violation and penetration.”<sup>118</sup> The connection between Louise and Nature is one element of the narrator’s colonial attitude toward their beloved. The following extract, taken from the section entitled “The Cells, Tissues, Systems and Cavities of the Body” illustrates the colonization of the female and nature-like body by showing how the narrator possesses, appropriates Louise’s body, and establishes a dominant/dominated relationship:

The naked eye. How many times have I enjoyed you with my lascivious naked eye. I have seen you unclothed, bent to wash, the curve of your back, the concurve of your belly. I have had you beneath

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<sup>113</sup> Gaard, Greta. “Toward a Queer Ecofeminism.” *Hypatia*, vol. 12, no. 1, Winter 1997, p. 120. *JSTOR*, [www.jstor.org/stable/3810254](http://www.jstor.org/stable/3810254).

<sup>114</sup> Plumwood, Val. *Feminism and the Mystery of Nature*. Routledge, 1997, pp. 19-20.

<sup>115</sup> I will not expand on this, but it is interesting to take into consideration Gaard’s observation that homosexuality is often perceived as ‘non-natural.’

<sup>116</sup> Gaard, Greta. “Toward a Queer Ecofeminism,” p. 132.

<sup>117</sup> Rose, Gillian. *Feminism & Geography: The Limits of Geographical Knowledge*, p. 4.

<sup>118</sup> *Ibid.*, p. 69.

me for examination, seen the scars between your thighs where you fell on barbed wire. You look as if an animal has clawed you, run its steel nails through your skin, leaving harsh marks of ownership. My eyes are brown, they have fluttered across your body like butterflies. I have flown the distance of your body from side to side of your ivory coast. I know the forest where I can hide and feed. I have mapped you with my naked eye and stored you out of sight. The millions of cells that make your tissues are plotted on my retina. Night flying I know exactly where I am. Your body is my landing strip. (Winterson 117)

The narrator's positioning indicates their superiority over Louise, as they closely inspect the surface of her body ("I have had you beneath me for examination"). The narrator seems to refer to Louise as though she were a land that had been explored and mapped. Like a scientist, the narrator has proceeded to minute study of the female body and their eyes have wandered all over Louise's body. The mapping of her body seems complete ("from side to side"), conveying the impression that the narrator has exploited all the resources their lover's body had to offer. One can understand that Louise is very precious and valuable: her body is compared to ivory, which recalls the ivory trade between African countries and European nations in the 19<sup>th</sup> century. She is also depicted with much eroticism: the narrator mentions "the forests where [they] can rest and feed," comparing the female sex to a forest. One can see again the analogy made between Woman and Nature: both are considered to be nurturing and fruitful. Moreover, the semantic field of vision is recurring: the narrator gets at the same time into the position of a geographer and an anatomist, scrutinizing Louise who is naked, in her most vulnerable state. References to eyesight intersperse this excerpt: it begins with "The naked eye" which is repeated in an epistrophe in the following sentence, the narrator mentions their own eyes (their working tool to examine Louise), the past participle "seen" appears twice, as well as other references ("look [...] plotted [...] examination [...] sight [...] retina [...] Night"). She is subjected to the narrator's gaze and the reader is subjected to the narrator's perception of Louise. The narrator is the bearer of the look and the term "lascivious" reinforces Louise's subjection to the narrator's visual pleasure. However, there does not exist between the narrator and Louise a relation based on authority, as it is the case between a colonizer and their colonized subject(s). Although the narrator as geographer / anatomist is over Louise, there is no kind of distance or filter between them. The lovers share close proximity and intimacy and this absence of barrier between them enables the narrator to decipher imperceptible details on Louise's skin, such as "the scars between [her] thighs." Louise is not a virgin land and her life is written on her body: marks on her body bear witness to her past, which the narrator is able to interpret. The passage under study

illustrates certain features specific to the colonial discourse that the narrator adopts. Yet, as mentioned about blazoning Louise's body, the relation between the narrator and Louise is not an unbalanced relationship based on power. Instead, focusing on Louise's body enables the narrator to reconnect with her as a whole.

d) Illness or the Fragmentation of a Whole.

The fragmentation of Louise's body is visible in the way the narrator describes her, but disintegration of her body is also perceptible in relation to the disease. In her essay, Lindenmeyer claims that "Winterson introduces a splitting of the body that becomes potentially lethal: the body turns on itself, and the single parts take over."<sup>119</sup> She argues that the splitting of Louise's body due to the disease is lethal insofar as it has generated in her a loss of control over her own individuality. However, Lindenmeyer attempts to prove that the splitting of Louise's body does not end up being lethal thanks to love between her and the narrator, which heals the feeling of dissolution and replaces it by "a feeling of total fusion."<sup>120</sup> The idea of dissecting the diseased body and focusing only on the diseased parts falls within the approach adopted by modern medicine. Regarding this aspect, the narrator is very critical: "In doctor-think the body is a series of bits to be isolated and treated as necessary, that the body in its very disease may act as a whole is an upsetting concept." (Winterson 175) Medical practices tend to consider the patient as being made of parts, rather than as a whole: the focus is on the patient's problematic body part(s) and not on the patient as an individual facing a unique but traumatic experience. Couser recalls that the standardization of medical practices, as well as the improvement of illness treatments "achieved undeniable gains at the expense of loss of sight of the whole patient."<sup>121</sup> Similarly, Lisa Diedrich points out that "the patient is individualized, and yet still objectified,"<sup>122</sup> meaning that the patient is regarded as a body and not a person. There is no account from Louise on how she deals with her disease and it is interesting to note that she initially hides it from the narrator. The narrator learns about Louise's cancer from Elgin, who explains that Louise has had symptoms for two years, and one can wonder if Louise hides the truth out of shame or to protect her relationship with the narrator. Sontag writes about cancer that it is "not just a lethal disease

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<sup>119</sup> Lindenmeyer, Antje. "Postmodern Concepts of the Body in Jeanette Winterson's *Written on the Body*," p. 54.

<sup>120</sup> *Ibid.*, p. 53.

<sup>121</sup> Couser, Thomas G. *Recovering Bodies: Illness, Disability, and Life Writing*, p. 22.

<sup>122</sup> Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*. University of Minnesota Press, 2007, p. 5.

but a shameful one,” underlining that it is “the cancer patient who is made culpable.”<sup>123</sup> Illness carries two important stigmas: it is, as I have already mentioned, strongly associated with death, but also, it is commonly perceived as a sign of failure since being ill prevents one from fully being part of society. Cancer has become the disease of the 20<sup>th</sup> and 21<sup>st</sup> centuries and is one of the main causes of mortality.<sup>124</sup> It is a dreaded disease that many catch and from which many die as well. Thus, illness creates a disconnection between Self and Other on two levels: there is a splitting between Self as diseased person and Other as society, as well as a disruption within the diseased body itself where the person feels estranged of themselves. This idea of fragmentation is also found in the way illness is handled by medical authority: the tendency to disintegrate the patient from their disease and their diseased body is contradictory. Concentrating mainly on the patient’s issue is supposed to save the patient’s life, but, on the other hand, not taking the patient’s voice into account sometimes leads to failure of healing or, at least, makes healing more difficult.

In *Written on the Body*, Winterson emphasizes the importance of analyzing the different parts of something in order to understand its general idea. Dissection is perceptible in relation to the novel itself and the narrator’s mental process of dealing with Louise’s disease and re-creating her, as well as in the way the female body is portrayed. In the end, studying Louise’s body is as much about her as it is about the narrator themselves, for anatomy “[leads] the enquiring human subject to a form of self-analysis.”<sup>125</sup> Thus, re-creating Louise blurs the line between *I* and *You*, between *Self* and *Other*. Louise is re-created according to the narrator’s memory of her; and this memory is ingrained in the narrator’s body. It is through their own body that the narrator remembers Louise: “Bone of my bone. Flesh of my flesh. To remember you it’s my own body I touch.” (Winterson 129-130) Louise’s body is imprinted on the narrator’s body, and the narrator uses this imprint to re-create Louise’s absent body. Hence, the dissection of Louise’s body equates to a form of dissection of the narrator’s body: the narrator must be able to anatomize themselves in order to regain access to the memory of Louise.

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<sup>123</sup> Sontag, Susan. *Illness as Metaphor*, p. 57.

<sup>124</sup> The World Health Organization has listed trachea, bronchus, and lung cancers in 6<sup>th</sup> position of global causes of deaths for the year 2016. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

<sup>125</sup> Sawday, Jonathan. *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, p. 10.

### III) The Power of Writing.

Taking the patient's voice into account is essential. It is essential for the patient themselves, but also, for others; for those surrounding the patient – family, doctors – and those who are not directly affected by illness. Because, to borrow Sontag's words, we are all concerned with illness at some point. Writing about illness helps to put an experience into words and, by sharing it, brings awareness to it and serves to demystify it.

a) “Storytelling is for an other just as much as it is for oneself.” (Frank 17)

First of all, when dealing with illness narrative, the distinction between *autopathography*, and *illness memoir* needs to be made. *Illness memoir* refers to writing about illness by the patient's family or friends, whereas *autopathography* is an “autobiographical narrative of illness or disability.”<sup>126</sup> Autopathography is the direct evidence of one's personal experience of illness and it transposes into words “one's awareness of one's mortality, threatening one's sense of identity, and disrupting the apparent plot of one's life.”<sup>127</sup> Illness memoirs bring up the issue of authenticity since the narrator of the memoir is not the patient but a witness of the patient's experience. In the case of patients with physical and/or mental disabling conditions – for whom it is impossible to write – illness memoir is the way not to be forgotten and have their voice heard. Thus, the question arises of who can legitimately claim the right to an illness narrative: “whose story get told, why, by whom, and how.”<sup>128</sup> Diedrich adds to this:

Illness narratives bring up a number of questions about the relationship between language and embodiment: Is the experience of embodiment determined and structured by and in language? What is lost in the attempt—the urgency, even—to bring the body to language? Can we encounter the body outside of or prior to language? Can we tell stories and bear witness, not only about the body but also *through* the body?<sup>129</sup>

There is no definite answer: autopathography does not have more value than illness memoir because it is written by the ill person themselves. Any illness narrative is worth considering, whether it is conveyed from an internal or external point of view, because both complement perspective on the disease. This reasoning does not intend to place illness at the core of illness

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<sup>126</sup> Couser, Thomas G. *Recovering Bodies: Illness, Disability, and Life Writing*, p. 5.

<sup>127</sup> *Ibid.*, p. 5.

<sup>128</sup> *Ibid.*, p. 4.

<sup>129</sup> Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*, p. 115.

narrative: it is clear that illness plays an important role, but what remains crucial is the integration of patient's reality into the narrative. Writing about one's own illness is a difficult task insofar as it requires from the writer to be able to transpose into words an experience that is indescribable. Frank points out that "[t]he personal issue of telling stories about illness is to give voice to the body,"<sup>130</sup> for the ill body, the body in pain, the estranged body, resist language. The relation to illness is too intimate to find materialization in words and writing about one's account of illness requires to adapt one's experience to language and to a narrative mode. As a consequence, the patient's account once written can take a different form compared to their true experience. Language lacks words to express feelings and one tends to resort to comparisons to explain one's sensation. For example, when in love, one can experience an unusual feeling which is impossible to describe and so repeats a made-up sentence: "it feels like I have butterflies in my stomach." I consider that language has its limit and it is for the better. Some intense feelings are primitive matter – pain, love, sadness – and can only be captured and understood by one's inner self. To materialize these feelings into words would alter and distort them. In a society where the idea of transparency is emphasized and everything is known by everybody, it seems vital to maintain the unique character of each individual and one's most intimate feelings should resist materialization into language because otherwise this would lead to standardization of feelings. Therefore, to answer Diedrich's questions, embodiment will be translated into language, although language will fail to translate everything one feels or has felt. It should be pointed out that what I mean by language does not necessarily imply words: exhibiting pictures of naked breast cancer survivors calls for the viewer's individual perception and can be as meaningful as words. In addition to the question of language, another element which arises when writing about illness is the worthiness of the patient's experience. Society is conditioned to process plots in which a hero is faced with hardship, but thanks to the help of his companion(s), overcomes adversity and offers a positive ending. It is often disturbing to read about someone's life, struggling with illness, knowing that this person will die and therefore not participate in the normative scheme. It seems, then, that to be narratable illness has to be both appealing and noteworthy: this does not necessarily mean that illness has to be overcome, but that the disease at stake should be important enough to be interesting to the reader. No narrative has (to my knowledge) ever told the story of someone suffering from the flu or diarrhea, and one's interest

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<sup>130</sup> Frank, Arthur. *The Wounded Storyteller*, p. 2.

in narratives about serious illness is the closeness it shares with death. In Western society, death has always been a source of mystery, at the same time intriguing and frightening, fascinating and dreaded. Because certain diseases are automatically associated with death – cancer, AIDS – there is a sort of morbid fascination to learn about the story of people suffering from these diseases and to know what it feels like to be so close to death. Aside from satisfying a certain morbid curiosity, society must integrate illness narratives because the people involved in these narratives need recognition. It is necessary not to leave in the margin the voices and bodies of those that society has excluded from the normative discourse. The reality of illness needs to be shared: too much is known from a medical perspective, but the world must listen to the voices involved at the core of illness. Medicine roots illness in reality through the use of numbers, protocols, diagnoses, and terminology; however, it cannot render a unified version of patients’ reality because every experience of illness is different. The patient’s role is then to go beyond medical discourse and offer testimony. Testimony for themselves and for others, to help them cope with trauma and to help other patients: “illness narratives reflect mixed motives: an urge for self-exploration and a desire to serve those with the same condition.”<sup>131</sup> By claiming authority on their illness, patients regain power over themselves, as a “way of resisting and reversing the process of depersonalization that often accompanies illness.”<sup>132</sup> As I have claimed above, language fails to express everything the body experiences, but it remains absolutely necessary to transpose as much as possible into oral or written words. Scarry explains in powerful words the essentiality of the voice for the one in pain: “the voice becomes a final source of self-extension; so long as one is speaking, the self extends out beyond the boundaries of the body, occupies a space much larger than the body.”<sup>133</sup> Writing and/or speaking is a matter of saving the patient’s humanity and reclaiming their story. Otherwise, it will only be known through medical discourse. Regaining one’s individuality through illness narrative also help coming to terms with the new self that one has become. Illness is a traumatic experience: it marks a pause in one’s life, creating a fragmentation of one’s Self and life, and it is impossible once the disease is overcome to “return to the way one was before.”<sup>134</sup> The fracture caused by illness is too deep to heal and thus a new Self is formed out of the patient’s victory over illness. One can then wonder why it

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<sup>131</sup> Couser, Thomas G. *Recovering Bodies: Illness, Disability, and Life Writing*, p. 15.

<sup>132</sup> *Ibid.*, p. 29.

<sup>133</sup> Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*, p. 33.

<sup>134</sup> Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*, p. 4.

matters to read accounts by terminally ill patients, to read stories in which there is no overcoming of illness but failure and loss. In a way, writings from terminally patients are even more relatable than the ones by survivors because they put readers in front of the reality of their own humanity. Diedrich explains that narratives of terminal illness confront readers “with many failures: the failure of the body, the failure of conventional and alternative medicine, and, in the end, the failure of stories in the face of death.”<sup>135</sup> These narratives humbly bring one back to one’s nature and mortality.

Through illness narrative, voice and body complement one another. Frank rightly points out that “[p]eople telling illness stories do not simply describe their sick bodies; their bodies give their stories their particular shape and direction.”<sup>136</sup> Illness narratives need to permeate social reality because people in these stories have the right to be remembered.

b) The Body as Place of Expression, Translation, and Transformation.

If *Written on the Body* is not an illness narrative as such, it still borrows some features from the genre. Louise is the character concerned by chronic lymphocytic leukemia, but she is not the agent of her story; instead, her disease is perceived through the narrator’s account. The reader never learns about the way Louise is dealing with her disease; rather, the first-person narrator gives the account of their struggle at the idea of their lover being ill. The perspective offered is not from the diseased person, but from their lover; and yet, it is not an illness memoir since the perspective of the narrator is not directed toward Louise, but toward themselves. Indeed, the narrative focuses on the narrator contemplating someone else’s illness, but the narrator’s reflection on Louise’s is going to result in a pathological state of obsession. Thence, if one considers the narrator’s obsession and necrophilia as mental disorders – which fall within the category of illness – then the novel concentrates on the narrator’s illness narrative. The disease serves as a mirror for the narrator: in a first time, Louise’s disease transforms the narrator and leads to a state of mental ill-being, but then, thinking and writing about it bring the narrator to overcome Louise’s disease and therefore surmount their own disorder. Louise’s illness has as a sort of cathartic effect on the narrator: because writing about her disease amounts to writing

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<sup>135</sup> *Ibid.*, p. 75.

<sup>136</sup> Frank, Arthur. *The Wounded Storyteller*, p. 27.

about their own self, the narrator is capable of dealing with this traumatic event. The importance of writing extends beyond the process of self-healing undertaken by the narrator. The title of the novel implies that the body is a surface which carries meaning; that it is a text which one can read and interpret. The following extract emphasizes the significance of language and writing in relation to the body:

Articulacy of fingers, the language of the deaf and dumb, signing on the body body longing. Who taught you to write in blood on my back? Who taught you to use your hands as branding irons? You have scored your name into my shoulders, referenced me with your mark. The pads of your fingers have become printing blocks, you tap a message on to my skin, tap meaning into my body. Your morse code interferes with my heart beat. I had a steady heart before I met you, I relied upon it, it had seen active services and grown strong. Now you alter its pace with your own rhythm, you play upon me, drumming me taut.

Written on the body is a secret code only visible in certain lights; the accumulations of a lifetime gather there. In places the palimpsest is so heavily worked that the letters feel like braille. I like to keep my body rolled up away from prying eyes. Never unfold too much, tell the whole story. I didn't know Louise would have reading hands. She has translated me into her own book. (Winterson 89)

The body is a surface onto which language is inscribed. In this excerpt, “I/me” is opposed to “you/your,” showing the binary relation of language, but also possession. Indeed, by imprinting her body onto the narrator’s body, Louise leaves marks of physical ownership: “scored your name into my shoulders, referenced me with your mark.” If the narrator is in charge of the narrative, Louise is the one inscribing a codified language onto the narrator’s body. Love is a process of translation and physical expression of love translates through messages, codes, marks: Louise’s hands are compared to “branding irons” and her fingers to “printing blocks.” Physicality between bodies transforms the body surface and language shapes it. The narrator is similar to a reader deciphering the meaning of a text, as Reynier explains: “Le narrateur voyageant sur et dans le corps de Louise se fait image du lecteur entrant dans le texte et suivant ses différents trajets de lecture.”<sup>137</sup> Corporeal passions impel writing, which, in turn, materializes into texture. The text is not a linear or flat surface: the layering of meaning(s) gives it texture. The reference to braille is interesting and suggests that the body as text and the text as body are complex surfaces which carry more meaning than their appearance reveals: their surface is formed out of a multitude of signs, all of which make sense for those who know how to decode them. The writing process is not one-sided; it is not about the narrator molding

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<sup>137</sup> Reynier, Christine. *Jeanette Winterson : Le miracle ordinaire*, p. 91.

meaning onto Louise's body, but rather the interaction of the narrator and Louise. Both are texts and bodies, written and read, imprinting and giving meaning to each other. In their love letter to Louise, the narrator writes: "Can love have texture? It is palpable to me, the feeling between us, I weight it in my hands the way I weigh your head in my hands." (Winterson 105) The love between Louise and the narrator manifests through corporeal reciprocity: it is written on their bodies and deciphered throughout the novel by the reader.

This part served to show that the fracture created by illness in one's life and Self can be eased through language. In order to avoid a complete dehumanization of the medical field, it is necessary to be aware of the patient's voice in the approach to illness. Reading about others struggling with their bodies calls for respect and reminds us of our own vulnerability in regard to illness. The power of Winterson's writing lies in her ability to merge the voice of the body and the voice of the text, and to weave meaning from it.

## CONCLUSION

My Master's thesis aimed at presenting Jeanette Winterson's *Written on the Body* in a different light than what it is often associated with, and I decided to focus on the body from the perspective of illness. The body is ever-present in the novel and presented in multiple ways, which sometimes intertwine and turn it into a palimpsest. Louise embodies corporeality: it is her body that is subjected to various descriptions and affected by illness, but the novel also gives voice to other bodies. The narrator's body, although not mentioned, is present through Louise's corporeality, for their love is expressed and translated through bodily connection. Elgin embodies the medical body: the importance of his character lies in the representation he conveys of medicine, its role, and its ethics. As for Jacqueline, her body is expressed through acts of violence. Moreover, Louise is connected and depicted in relation to themes such as nature, painting, colonization, and anatomy, which subsequently places the narrator as an explorer, a geographer, a scientist, and a doctor. Winterson, in addition to questioning gender in her novel, challenges the duality Woman / Nature vs. Man / Culture, by attributing presumably male roles to the narrator and female characteristics to Louise. This idea of standards was also tackled through the brief definition provided on illness and disability. Indeed, ill and/or disabled bodies questions the idea of a preexisting normative body which is supposedly able and healthy. Yet, there is a need to reassess the common perception of illness and disability, for they are unalienable conditions of the body, and "perhaps the essential characteristic of being human."<sup>138</sup> The ill and the disabled are relegated to the margin of society because their physical and/or mental differences do not correspond to a certain cultural norm. But marginalized bodies require greater control from institutions in order not to disrupt the organism that constitutes society: "Those who are deemed outside the norm – by virtue of gender, race, class, disability and/or illness – are subjected to greater discipline."<sup>139</sup> The chaotic impression that illness conveys at the scale of society is also found in regard to the body and the organization of the novel. Illness creates a rupture within one's body, which translates by a feeling of estrangement with oneself and generates "a crisis of language."<sup>140</sup> Indeed, one of the main difficulties in understanding

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<sup>138</sup> Garland-Thompson, Rosemarie. *Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies*, p. 51.

<sup>139</sup> Diedrich, Lisa. *Treatments: Language, Politics, and the Culture of Illness*, p. 15.

<sup>140</sup> *Ibid.*, p. 116.

illness is its impermeability to language. Words fail to translate the experience of illness, for it is a unique and individual experience and the ill body does not offer a unified version of itself. This dissociation between language and the ill person's experience is reinforced by the attitude adopted by medical authority, which tends to separate the patient from its illness. The patient, subjected to medical control, is thus unable to express their distress, which strengthens the feeling of alienation with their own body. Writing and telling become then essential for the patient to find their place in the process of dealing with illness, but also to overcome the dehumanizing tendencies of medical practices. It is clear, therefore, that the body expresses more than corporeality: it is the reflection of social issues and the medium through which one can assert their positioning in society. The body is a meaningful surface which has its own language: through physicality, the narrator and Louise decipher each other and inscribe meaning into each other's body. Through *Written on the Body* and her work at large, Jeanette Winterson has been striving to question, challenge, and offer innovative reading perspectives. Reynier encapsulates the atmosphere of her novels as "un monde familier et inconnu."<sup>141</sup> In her novels, Winterson incorporates recognizable literary codes and themes in order to reassess their validity and confront the reader with a different perception of literature and the world.

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<sup>141</sup> Reynier, Christine. *Jeanette Winterson : Le miracle ordinaire*, p. 13.

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